

The Australian Psychological Society Ltd

Submission to the Psychology Board of Australia

Response to Consultation Paper on registration standards and related matters

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Introduction

As the peak representative body for the profession of psychology, the Australian Psychological Society (APS) is pleased to respond to the Psychology Board of Australia's (PBA) Consultation Paper. Through its 65-year history of stewardship of the psychology profession in Australia, the APS has garnered extensive and detailed knowledge and experience of the processes and challenges of many of the functions that are the subject of the Consultation Paper. During this long period, the APS has overseen the following functions on behalf of the profession and discipline of psychology:

- Setting and ensuring maintenance of standards of education and training for practising psychologists
- Establishment of a Code of Ethics to guide ethical professional conduct
- Identification and endorsement of competencies and courses of study for specialist areas of psychological practice
- Identification of appropriate standards for, and monitoring of, professional development activities
- Identification of appropriately protective professional indemnity insurance
- Assessment of overseas qualifications in psychology on behalf of Australian Education International – National Office of Overseas Skills Recognition (AEI-NOOSR).

The APS has overseen these responsibilities with an overarching mission to maintain high standards while supporting the advancement of the psychology profession and enhancing its contribution to community wellbeing.

Since the establishment of Psychologist Registration Boards in each State and Territory of Australia between 1965 and 1991, the APS has enjoyed collaborative relationships with these Boards where regulatory matters necessarily overlapped with professional affairs. This collaboration has resulted in ensuring maintenance of high standards for the profession and streamlining of matters for practising psychologists and training institutions. An effective example of this was the formation of the Australian Psychology Accreditation Council (APAC) in 2003 which enabled a single system of accreditation of university courses for the purposes of registration as a psychologist and membership of the APS.

Many of the functions that the APS has overseen for a long period (outlined above) will now require regulation by the PBA due to the inclusion of these functions in the legislation governing the new National Registration and Accreditation Scheme (NRAS). The APS is keen to partner with the PBA to assist in the implementation of the NRAS and to ensure that, while the welfare of recipients of psychological services is protected, the integrity and sustainability of the psychology profession and its practitioners are also safeguarded. The PBA's primary delegated role on behalf of the government is to protect the public, while the APS has additional responsibilities including the protection of the discipline and practice of psychology. It is in this context that the APS response to the PBA Consultation Paper is provided, accompanied by an expectation of a similarly collaborative and effective relationship with the new national registration board as the APS has had with Psychologists Registration Boards in the past.

The release of the PBA Consultation Paper has brought with it demonstrable evidence that the legislation governing the NRAS has allowed the potential for the psychology regulatory authority to have unprecedented power over the psychology profession. This is a major concern, threatening the vital principle of the independence of professions from government influence and carrying with it a number of legal, ethical, philosophical and practical challenges. The extremely tight timeline in which to respond to the Consultation Paper, coupled with the lack of consultation in the development of the proposals, has led the APS to reserve the right to amend its response to the PBA proposals once there has been sufficient time to fully examine their implications. However, to ensure the representative voice of the psychology profession and its practitioners is heard in the current debate, the APS offers the following response to the PBA Consultation Paper.

This submission briefly reviews the intent of the introduction of the NRAS and examines the PBA proposals according to the aims of the NRAS and the expectations of the PBA as a national regulatory body. Following this, specific recommendations to address particular aspects of the proposed standards for the registration of psychologists are presented.

Review of the aims of the National Registration and Accreditation Scheme

It is important to consider the proposals put forward in the PBA Consultation Paper according to what the introduction of the NRAS aims to achieve. The Explanatory Notes for the legislation governing the NRAS, the *Health Practitioner Regulation (Administrative Arrangements) National Law Bill 2008,* state that the Scheme is expected to:

- Provide improved safeguards for the public;
- Promote a more flexible and sustainable workforce;
- Enable registered health practitioners to work across jurisdictions more readily; and
- Reduce administrative 'red tape' for health practitioners.

During the development of the legislation governing the NRAS, the extensive consultation process with the professions – conducted by the Health Ministers' Advisory Council through the National Registration and Accreditation Implementation Project (NRAIP) – established wide consensus on a vital principle: the paramount importance of the independence of the professions from government influence. The process for the development of standards by the national profession-specific boards to enable the NRAS to be implemented for the ten professions regulated by the legislation is thus expected to reflect this principle.

In developing standards to enable the implementation of the NRAS, the national professionspecific boards are also expected to be guided by the principles set out in *Best Practice Regulation: A Guide for Ministerial Councils and National Standard Setting Bodies* (Council of Australian Governments, 2007). Principle 7 states that "there should be effective consultation with affected key stakeholders at all stages of the regulatory cycle".

General response to the Consultation Paper

The PBA Consultation Paper proposes significant changes to standards and requirements for practising psychologists in Australia, many of which are associated with higher standards for the profession of psychology that will assist in ensuring high quality psychological care for the community. The APS welcomes this, as psychology practitioner members of the PBA will be familiar with the sustained efforts of the APS to increase the standards for psychology practice through such measures as minimum qualifications for full APS membership of a masters degree, mandatory professional development, establishment of peer consultation networks, promotion of professional indemnity insurance and stringent APS College requirements for recognition as a specialist psychologist.

In reviewing the PBA proposals according to the aims of the NRAS, it must therefore be stated from the outset that the proposed reforms to standards for psychological practice in Australia are likely to substantially fulfil the primary mandate of the Scheme, that of providing improved safeguards for the public through a uniformly high standard of psychological services. However, without careful consideration and planning, this achievement may come at some cost, and it is also not the solitary aim of the NRAS. The Scheme needs also to ensure that there are sufficient numbers of psychologists to provide these high standard services and that it does not create a void to be filled by non-regulated practitioners.

Many of the proposed PBA changes to current standards for practitioner registration will apply from the beginning of the new Scheme – some seven months away – and will be enforceable through the annual renewal of registration in a further twelve months. The APS has serious concerns that many of the proposals, while aspiring to high standards for the profession, will in the process require extensive administration and excessive flow-on costs to practitioners, and carry significant implications for the sustainability of the workforce. The APS therefore believes that many of the proposed PBA standards – and particularly their timelines for implementation – will result in consequences that run counter to the spirit of the NRAS.

1. Impact on the sustainability of the psychology workforce

A number of the proposals in the Consultation Paper, although of laudable intent, should only be considered as 'aspirational goals' without specific timelines as they need to be coupled with efforts to counteract the likely significant impact on the sustainability of the psychology workforce. Without careful planning the proposals may result in a significant reduction in the size, diversity and competence of both the current and future psychological workforce.

Introduction of a minimum standard of six-year university training within six years

The APS supports the proposal to introduce a minimum registration qualification of a masters degree, but to phase out other pathways to registration within six years does not appear to be responsible without a concerted effort to address the broad implications of this decision. Some members of the PBA will be familiar with the APS efforts over the last two years to increase the education and training standards for psychologists, which has resulted

in the adoption by APAC of standards that would support a '5+1' (five years university training plus one year accredited internship) pathway to registration. This transitional step towards the ultimate goal of six years of university training was only achieved after a laborious two-year consultation process due to the complexity of the issues in this area, as currently almost half of the psychology trainees enter the profession via the '4+2' (four years university training plus two years supervised internship) pathway.

The introduction of a minimum standard of six years of university training must be coupled with initiatives to address the cost implications for both the university sector (in expanding the number of student places) and psychology trainees or there is likely to be vastly reduced numbers of psychologists entering the future workforce. In addition, a change in the minimum standard will have a greater effect on those least able to afford further postgraduate study, such as those from Indigenous and culturally and linguistically diverse (CALD) backgrounds. Australia's increasingly culturally diverse population requires a psychology profession with diverse practitioners to meet its needs. Any change in the minimum standard will thus require a huge corresponding increase in university funding for professional psychology postgraduate training places and scholarships for postgraduate students. The introduction of such a significant change needs to be carefully planned in collaboration with extensive advocacy for these corresponding funding increases to ensure the sustainability of the psychology workforce.

Minimum specialist qualification of a professional doctorate degree

The APS is supportive of high standards for specialist psychologists, but the proposal to increase the minimum qualification for recognition as a specialist psychologist to a professional doctorate carries all the same implications for the sustainability of the workforce of specialist psychologists, as discussed above. It is instructive to note that, although there was a proliferation of professional doctorate degrees in psychology over the last decade or so, many universities are now reverting to only offering professional training at the masters level because it is not financially viable to run professional doctorate degrees with the current amount of funding for such courses.

Regarding the requirement for an additional one year post-doctorate of specialised supervised practice, the APS experience in this area is that the previous APS College membership standard of six years of training plus two years of supervised experience had to be revised four years ago to six years plus one year of supervised experience due to the lack of specialist supervisors in certain States for certain specialities (e.g., education and developmental psychology). Without this alteration in the standard for APS College membership, certain psychological specialisations would have become obsolete.

The impact of a change in the minimum qualifications for specialist recognition therefore needs to be fully investigated before implementation. Such an investigation needs to assess the impact on both the workforce of specialist psychologists and the continuing existence of certain smaller, but no less crucial, sub-specialties of psychology.

Mandatory individual supervision as part of professional development requirements The proposal to introduce 10 hours of individual supervision as part of the annual continuing professional development (CPD) requirements appears to be another example of a well intended aspirational goal that has not been realistically considered. The professional 'infrastructure' required to deliver such a requirement for every registered psychologist in Australia does not appear possible within the first year of operation of the NRAS. This would require supervisors to be available to deliver 10 sessions of individual supervision to every registered psychologist. With over 25,000 registered psychologists, this would mean that more than 250,000 hours of individual supervision would need to be delivered.

The proposal also raises the question of who would deliver supervision to the senior members of the profession who are supervisors themselves to enable them to also stay registered, and, indeed, whether senior psychologists really need 10 hours of supervision annually. If this proposal goes ahead it is likely to be both poorly understood by registrants and unable to be complied with given infrastructure limitations and the associated costs, and may result in a number of practitioners being deregistered for failure to meet this requirement of continuing registration. This is a major change that requires thoughtful planning and an extensive information campaign for practitioners before its introduction so that it does not have a detrimental effect on the available workforce.

2. Increased administrative and cost burdens for practitioners

The APS currently has an extensive system of recognition of specialist psychologists through its College structure, and an established CPD program with which all APS members are required to comply. Given that over half of the practising psychologists in Australia are members of the APS, the introduction of two proposed new systems in these areas that do not align with the established APS systems will place an unnecessary administrative burden on practitioners and is likely to result in a great deal of confusion and non-compliance. One of the stated aims of the NRAS is to reduce administrative 'red tape' for health practitioners, so it would be more sensible to introduce new systems that correspond to existing ones with which thousands of practising psychologists are already required to comply. Any additional changes could then be introduced through careful planning and education of practitioners to ensure maximum compliance with requirements.

The duplication by regulatory systems not only will result in confusion and non-compliance but will also significantly add to the costs of administering the new systems, which will inevitably be passed on to practitioners in increased registration fees. Practitioners will already face significantly increased costs associated with receiving individual supervision in order to meet the new CPD requirements. Together, these additional administrative and cost burdens for psychology practitioners run counter to the spirit of the NRAS and ultimately will cost the community more to access psychological services. They also carry significant implications for the psychology workforce as many psychologists may be forced to cease practice, or may be deterred from entering the profession in the first place, due to the prohibitive costs associated with working as a psychologist. It is of significance that neither the cost implications of various PBA proposals, nor the expected fees for registration for psychology practitioners, are discussed anywhere within the Consultation Paper.

3. Interference in the independence of the psychology profession

Under the NRAS, the role of the national profession-specific boards is to register practitioners, receive and investigate complaints and deal with health, performance and conduct matters in order to safeguard the community from sub-standard health practitioners and practices. As an arm of government, the national boards are required to set the standards for practitioners and then to monitor and ensure compliance of health practitioners with these standards. The national boards do not have a role in defining the professions each of them regulate, and this important principle of the independence of the professions from government is one of the hallmarks of a sophisticated democratic society. This principle is embodied in the capacity for professions to be free to define and codify the nature of their activities and the education and training standards required to practice, without influence from government or its agencies.

In the case of the psychology profession, the PBA has been assigned the role of setting minimum standards for registration and good practice for practising psychologists (which should be established with guidance from the profession), making clear what constitutes a violation of this, and setting out how it will be operationalised. However, the PBA Consultation Paper sets out proposals that go significantly beyond these functions and proposes roles in areas that should be the province of the profession of psychology. Serious examples of this are the proposal for the PBA to take the role of assessment of recognition of specialist psychologists and therefore what competencies are required (Proposal for specialist registration, p.17-18), and introducing a new specialisation of geropsychology (Proposed list of specialties, p. 19) that is outside the currently recognised nine specialities of psychology, without consultation with the psychology profession's peak representative body. The PBA's proposals in these areas, which are clearly the domain of the psychology profession, set a dangerous precedent for interference of a government-appointed regulatory body in the independence of a profession.

It is of significance that none of the other four national boards for health professions where specialist registration is proposed or already applicable (medical, dental, physiotherapy and podiatry) has proposed taking this assessment of specialist recognition role from the established respective professional colleges or accrediting bodies. The PBA proposal thus appears to be in direct contrast to the consensus principle established through the National Registration and Accreditation Implementation Project (NRAIP) of the utmost importance of the independence of the professions from government influence.

4. Inadequate consultation with the peak representative body for the psychology profession

The specific proposals presented in the PBA Consultation Paper were developed without any formal consultation with the APS, despite the content area directly relating to functions which the APS has overseen on behalf of the psychology profession for many years. Page 15 of the Consultation Paper claims that the PBA consulted the APS regarding the specific proposals, but this is not the case as there has been no formal consultation process with the APS. Further, a request subsequent to the release of the Consultation Paper for a formal consultation meeting between the APS and the PBA to discuss the specific proposals in the Consultation Paper was denied. In addition, in the absence of any prior consultation Paper, which is an inordinately short timeframe given such significant changes are proposed. These processes appear to run counter to the COAG *Best Practice Regulation* document which specifies that there should be <u>effective</u> consultation with affected key stakeholders at all stages of the regulatory cycle.

As the peak representative body for psychologists in Australia, the APS has a proud history of working in collaboration with Australian Government departments to successfully deliver policies and programs aimed at improving workforce standards and the health outcomes of Australians. It is therefore of great concern to the APS that it was not extensively consulted before the PBA proposals were developed. The APS should also have been given more time to consult with its constituent psychology groups representing psychologists who will be significantly affected by these changes (e.g., APS Colleges and Interest Groups, Branches in both metropolitan and rural areas, and practitioner and academic advisory groups), and to seek their advice as part of preparing an informed response to the Consultation Paper.

Response and recommendations for specific proposals

1. Criminal history standard

The inclusion of every charge made against a person (even if found not guilty) in the definition of 'criminal history' is a denial of natural justice. Even though this is defined in the proposed *Health Practitioner Regulation National Law Bill (2009)* and therefore could be considered outside the PBA's power to alter, the psychology practitioner members of the PBA could demonstrate their commitment to ethical practice and internationally endorsed human rights and stand against these unjust provisions in the legislation.

Recommendation 1:

Non-conviction charges should not be requested. In terms of other disclosures of criminal history, all information should be disregarded unless direct relevance to the practice of the psychologist can be demonstrated. Only then should the weighting provisions that are outlined in the Consultation Paper come into effect.

2. English language skills standard

The summary section of this standard states the necessary IELTS requirements for internationally qualified applicants but does not indicate a definition for "specified alternatives" that the PBA will endorse.

Recommendation 2:

The term "or specified alternatives" in the Summary section on page 4 should be clarified by providing some specific examples and then item (2) under Requirements should be revised.

3. Professional indemnity insurance arrangements standard

The inclusion of mandatory professional indemnity insurance in the registration requirements for psychologists is likely to be accompanied by a proliferation of insurance providers presenting products of variable standard, which could place complainants and practitioners at significant risk of inadequate cover. In particular, 'group' cover insurance relies on a pool of funds that can run out and leave practitioners uncovered.

The APS has for a number of years conducted a tender process to identify a quality individual malpractice insurance product to promote to members of the APS. The following are key features of a good quality malpractice insurance product that should be incorporated in some way into the standards for mandatory professional indemnity insurance.

- Insurance product premium level with a focus on psychology as a profession, and extended insurance coverage, especially related to costs associated with inquiries that are heard at Psychologist Registration Boards;
- Working relationship capacity of the insurance company to work collaboratively with psychologists towards better risk management practices by psychologists, and to advocate for them where necessary;

- Knowledge and experience depth of understanding of the psychology field, and related malpractice insurance matters; and
- Service delivery staffing levels to process potentially substantial volumes of applications, and ability to deal effectively with enquiries.

Recommendation 3:

The professional indemnity insurance standard should specify that 'group' cover malpractice insurance policies are not adequate to meet this standard unless they can guarantee all the provisions of 'individual' cover. This will discourage insurance providers from offering inappropriate group insurance products to psychologists.

Recommendation 4:

The professional indemnity insurance standards should incorporate a requirement for registrants' insurance policies to meet a set of specific standards and cover the features of a good quality malpractice insurance product, similar to those outlined above. This will also discourage insurance providers from offering inappropriate products to psychologists.

4. Continuing professional development standard

a. Best practice learning should be promoted

The APS strongly supports the notion that continuing professional development (CPD) must be a requirement for ongoing registration of psychologists, but believes the proposed standard does not encourage best practice learning to ensure practitioners actually acquire new knowledge and skills. In July this year the APS introduced a significant change to its CPD system to encourage its members to engage in active learning based on models of best practice adult learning. This change was introduced due to a realisation that many psychology practitioners were not actively engaged in the pursuit of new knowledge and skills, but were rather doing the minimum to meet the CPD requirements of APS membership. Systematic reviews examining the effectiveness of professional learning have demonstrated that activities which engage participants and provide an opportunity to practise acquired knowledge and skills can produce changes in professional practice, whereas didactic sessions alone are not likely to be effective in changing practice behaviour (e.g., Forsetlund et al., 2009).

The new APS system provides incentives for participation in high quality CPD by allocating two PD points per hour where the CPD activity includes some form of pre-and/or post-assessment, interactive feedback or analysis, or a requirement to write a report, whereas one point per hour is allocated where the activity consists mainly of consuming information without these more active learning elements. The advantage of a points-based system such as that adopted by the APS is that more rigorous, evidence-based and active CPD learning activities can be allocated a higher quantum of points, thereby providing an incentive for psychologists to choose these activities over passive or less rigorous ones. Such a mechanism is important considering the proliferation of poor quality CPD which is occurring across Australia, and this will only increase when CPD becomes a mandatory registration requirement for all psychologists.

Under the proposed PBS standard for CPD, psychology practitioners do not have any incentive to engage in rigorous, best practice learning. The lack of inclusion of a points-based system that allows differential allocation of points for higher quality CPD activities appears to be a retrograde step in the new standard.

Recommendation 5:

A system that allows differential allocation of points for higher quality CPD activities should be included in the CPD standard to provide incentive for psychology practitioners to engage in high quality, best practice learning that enhances their acquisition of knowledge and skills. This will also encourage CPD providers to develop high quality offerings for psychology practitioners.

b. Inaccurate description of APS CPD program

The description of the APS CPD program on page 30 of the Consultation Paper is inaccurate. The description states that "the majority of CPD activities are calculated by the formula of one hour of CPD activity equals one CPD point". The new two-level system of CPD point allocation was only introduced in July this year, so currently there is not a large offering of CPD activities that meet the requirements for two CPD points per hour. However, the intention of the introduction of the new system is to provide incentive for practitioners to engage primarily in two-point per hour high quality active learning activities, and thus it is expected that in due course most CPD activities that are on offer and that practitioners undertake will attract the higher quantum of points.

Recommendation 6:

The description of the APS CPD program on page 30 should be amended to reflect the intention that the majority of CPD activities will be offered and undertaken by practitioners at the higher level two-point per hour allocation.

c. Annual CPD cycle may create compliance problems

The established APS CPD program is a two-year cycle which provides significant flexibility for practitioners to meet their requirements and to lodge their record of activity within the timeframe. The PBA proposal for practitioners to meet CPD requirements within an annual cycle lacks the flexibility of a longer cycle and may result in compliance problems.

Recommendation 7:

Consideration should be given to setting the PBA CPD requirements within a two-year cycle to provide practitioners with more flexibility in meeting CPD requirements and therefore enhance compliance.

d. Participation in an "alternate" CPD program

The proposed standard allows registrants to participate in a CPD program through their professional society, but the meaning of the statement on page 11 of the Consultation Paper "alternate programs must meet the requirements of this standard including the mandatory individual supervision requirement" is unclear. In the case of the APS CPD program, the requirements are different from the proposed PBA requirements, so does this statement imply that an alternative CPD program would have to align with the PBA system to be

considered an "alternate" program? And if so, how would equivalencies and differences between CPD programs be judged?

A further concern in this area is that there need to be safeguards to ensure that other CPD programs offered by various psychology organisations meet rigorous standards. These safeguards are not currently present in the PBA standard for participation in alternate CPD programs.

Recommendation 8:

The requirements of an acceptable "alternate" CPD program need to be clarified and processes for assessing the equivalence of alternative CPD programs need to be developed.

e. Ambiguous arrangements for 'general and specialist registration'

The CPD requirements for categories of general and specialist registration are rather ambiguous and, as they are currently presented, could be interpreted in different ways. The table of requirements on page 10 of the Consultation Paper states that specialist registration would require a minimum of 30 hours of CPD of which 10 hours must be individual supervision and 15 hours must be activities relating to the specialist area of practice for which the psychologist is registered. However, the second last row of the table states that where both general and specialist registration is held, a registrant must accumulate a minimum of 30 'generalist' CPD hours per year (including a minimum of 10 hours individual supervision), plus an additional 15 'specialist' CPD hours, comprising a total of 45 CPD hours annually; a 'generalist' psychologist who is registered under two 'specialist' categories must accumulate a minimum of 60 CPD hours per year. This approach logically requires that it will be possible to register as a specialist only (without general registration, as set out in the second row of the table) or as a general psychologist as well as a specialist (as set out in row four of the table), otherwise, row two would not be required.

Several important implications flow from such an approach. If 'specialist-only' registration will be possible, what will be the differences in scope of practice between a practitioner who holds both specialist and generalist registration and a practitioner who holds specialist-only registration? Since the current APAC-accredited training pathways necessitate that specialist skills and knowledge are additional to those required of a general psychologist, by what route would a registrant arrive at specialist-only registration? What <u>additional</u> scope of practice would the registrant be able to add by gaining general registration as well? What is the scope of practice left for a generalist if all 10 specialities are registered?

Recommendation 9:

The requirements for general and specialist registration need to be clarified to address the current ambiguity in the proposal that suggests an option to register in a 'specialist-only' category. If it is possible to register in a 'specialist-only' category, the differences in scope of practice between a practitioner who holds both specialist and generalist registration and a practitioner who holds specialist-only registration need to be clarified.

f. Mandatory individual supervision

The requirement for 10 hours of individual supervision as part of the annual CPD requirement is of concern for a number of reasons. As discussed on page 7 of this submission, the supervision infrastructure is not currently in place to support the introduction of this major change to practitioner requirements and is likely to result in high levels of non-compliance. This will particularly result from the number of supervisors available and the number of hours of required supervision per annum, which will also place an additional financial burden on practitioners.

The introduction of this mandatory requirement is intended to ensure "a critically reflective focus on the practitioner's own practice". This could be achieved through more flexible arrangements other than formal supervision, such as mentoring or consultation from relevant professionals both inside and outside of the psychology profession. This would be particularly appropriate for very senior members of the psychology profession who are likely to be operating in leadership roles and therefore it may not be feasible or useful for them to seek supervision from another psychologist.

Recommendation 10:

The mandatory individual supervision requirement needs to be reviewed in terms of the number of required hours and the timeline for implementation, given the major infrastructure required within the profession to support this and the potentially prohibitive costs for practitioners.

Recommendation 11:

Consideration should be given to allowing more flexible ways of achieving a "critically reflective focus on practitioner's own practice" to suit practitioners' needs at different stages of their careers. Supervision would be appropriate for recently registered psychologists, whereas receiving mentoring and consultation from relevant professionals both inside and outside of the psychology profession would be more appropriate for senior psychologists to sensibly satisfy requirements. It is also suggested that to avoid confusion between collegiate supervision and trainee supervision, an alternative term such as 'professional consultation' should be adopted for already registered psychologists.

5. Recency of practice standard

Although the APS concurs with the proposed standard in this area and the definition of psychological practice, it is of concern that the PBA has taken on the role of defining what constitutes psychological practice. As a matter of principle, such a definition should always be developed with guidance from the profession.

Recommendation 12:

The psychology profession's peak representative body should be consulted regarding what constitutes psychology practice in order to define the terms 'psychological practice' and 'non-psychological practice'.

6. Requirements for general registration

The APS applauds the PBA's decision to seize the opportunity presented by national registration to increase the minimum qualification to a masters degree and work towards a uniform pathway of registration for psychology. However, as discussed on page 5 of this submission, while the APS endorses this goal, the timeframe for phasing out the '4+2' alternative pathway to registration may not be realistic or responsible due to the impact on the sustainability of the psychology workforce. It is not clear from the proposed standard whether the '5+1' pathway will also be phased out within six years and this needs to be clarified. The introduction of a minimum standard of six years university training must be accompanied by initiatives to increase funding to the university sector to enable considerably more student places in professional psychology masters degree programs to be offered and for many more of these to be available via full scholarships. Without this there is likely to be vastly reduced numbers of psychologists entering the workforce and far fewer culturally diverse practitioners, as these trainees will be differentially affected due to the prohibitive costs of postgraduate study.

Recommendation 13:

The proposed standard needs to be clarified to indicate whether the '5+1' alternative pathway to registration will be phased out along with the '4+2' pathway within six years. If the '5+1' pathway will also be phased out within six years, the same concerns as discussed for the phasing out of the '4+2' pathway would apply.

Recommendation 14:

The PBA should partner in a formal consultative process with representatives of the APS, APAC and the Heads of Departments and Schools of Psychology Association (HODSPA) to consider the impact of the proposed modification of general registration requirements on university programs, number of student places and the sustainability of the psychology workforce before committing to phasing out alternative pathways to registration. A taskforce made up of representatives of these bodies needs to carefully plan and undertake the advocacy required to secure increased funding for universities and psychology trainees, and ensure the sustainability of the psychology workforce.

7. Specialist registration

The APS endorses the concept of specialist registration but has a number of serious concerns regarding the PBA proposal for its implementation.

a. PBA role in assessing specialist psychologists

There are serious concerns about the PBA assuming the role of assessing the recognition of specialist psychologists, as the identification of competencies for specialist practice should be the domain of the profession. This proposed interference of the regulatory body in the independence of the psychology profession would set a very dangerous precedent. As discussed on page 8 of this submission, it is noteworthy that none of the other national boards of health professions where specialist registration is proposed or already applicable

has taken this assessment role from the established professional colleges or accrediting bodies.

The proposal for the PBA's role in assessing specialist recognition has been framed in such a way as to further exacerbate the extreme divisiveness within the psychology profession that has occurred because of the two-tiered Medicare rebates under the Better Access to Mental Health Care initiative. The proposal repeatedly gives the example of clinical psychology, mental health and Medicare as support for the registration of specialists, with no other examples from other specialties within psychology. This insensitive and inaccurate handling of a very delicate situation is a further example of the inappropriateness of a regulatory body assuming control of something that should be the domain of the profession – the role of specialist recognition – and would be highly likely to result in further damaging division within the psychology profession.

b. Complexity of assessment process and associated implications

The assessment and endorsement of specialist psychologists (including for the purposes of providing clinical psychology services under Medicare) is currently undertaken by the APS according to specialist College guidelines. This assessment is a painstaking process that is performed by senior psychologists within each area of specialty practice corresponding to the nine APS Colleges. Applicants who have not undergone the relevant university training (i.e., who are applying via the non-standard route) must be assessed according to an extensive set of criteria. These assessments are determined according to equivalence with the standard postgraduate course requirements and frequently involve liaison with universities to ascertain course content details, in some instances involving researching the course content of training programs offered 20 years ago and in various countries around the world. In addition, there is a frequent requirement to contact past supervisors to verify claimed supervision arrangements, and this can be particularly time consuming. These often complex assessments are associated with extensive administrative costs and need to be undertaken by senior practitioners who are highly familiar with specialist competencies and the content of postgraduate specialist psychology training programs.

The APS experience of assessing applicants for eligibility for membership of the APS College of Clinical Psychologists (and hence to provide clinical psychology items under Medicare) has identified a number of instances where a Psychologist Registration Board that has specialist registration (currently Western Australia and previously in Victoria) has mistakenly endorsed specialist practitioners who were actually sub-standard. It is understood that the Victorian Psychologists Registration Board abandoned the specialist registration process that was introduced in the 1990s because it was unwieldy, non-systematic and unreliable. Without assessments being undertaken by senior practitioners who have extensive knowledge of specialist requirements and access to significant administrative support, the regulatory authority will not be able to adequately conduct assessment of specialist psychologists for recognition on the register. If, to remedy this, the regulatory authority chose to employ senior psychologists to undertake the assessment of specialist recognition task, this would have significant implications for the costs associated with specialist registration.

There is no information in the Consultation Paper in relation to the costs of specialist registration, nor have the fees for practitioners been identified as an issue for consideration. Effective consultation therefore cannot be undertaken on the limited information that has been presented, as practitioner respondents may have a very different response to the proposal for the PBA to take on this role if they were properly informed.

c. <u>'Grandparenting' in recognition of current criteria for specialisation in psychology</u>

Greater care needs to be taken with the considerations for grandparenting to ensure that some of the most senior members of some specialisations are not penalised. On page 19 of the Consultation Paper it states that those who have completed the current criteria of a masters degree plus supervised experience will be grandparented in. However, this omits a very significant group of specialists, particularly older psychologists, who gained recognition of a psychology specialisation before there were any specialist courses in Australia, in addition to those who gained recognition as specialist in more than one field who almost always did not complete a second masters degree (and under university practice may not have been able to do so once they had a higher degree in psychology). It would be an inordinate task to process all such psychologists individually and would take years, during which time they would not be registered as specialists.

Recommendation 15:

While the APS endorses the concept of specialist registration, the decision to include specialist registration under national registration arrangements needs to be deferred pending a full investigation of the serious implications of this, such as the appropriateness of the PBA assuming the role of assessment of specialist requirements, (which is clearly government interference in the province of the profession), the complexity of the assessment process and associated implications, and the complex issues surrounding 'grandparenting' current criteria for specialist recognition.

8. Endorsement of area of practice

The APS supports the principle of endorsement of supervisors. However, the issues raised above in relation to specialist registration also apply to the endorsement of supervisors for specialist registration. This situation may be further exacerbated if the increased requirements for endorsement as a supervisor act as a disincentive for specialist psychologists being willing to be supervisors.

Recommendation 16:

Endorsement of supervisors for trainees seeking registration under the '4+2' pathway should be implemented, however, the endorsement of supervisors in specialist areas of practice should be deferred pending a full investigation of the implications of specialist registration under national registration arrangements.

Conclusion

The APS applauds the PBA for taking the opportunity presented by the NRAS to propose increased standards for practising psychologists in Australia and, as part of this, to address the variability in the current dual pathways to registration which have dogged the profession over many years. The intention to enshrine uniformly high standards for all practising Australian psychologists will assist in ensuring high quality psychological services to the community. However, it is imperative to also ensure that there are sufficient psychology practitioners to provide these high standard services so that opportunities are not created for less qualified and unregulated practitioners to fill the void.

While welcoming the aspiration for high standards for the psychology profession, the APS has serious concerns about the implications of many of the proposed changes. Careful planning is required so that the changes to practitioner standards do not affect the sustainability of both the current and future psychology workforce. It is vital that current practising psychologists are not overburdened by additional administrative and financial costs, or disadvantaged by inadequately planned 'grandparenting' of current qualifications, leading them to choose to leave the profession. The future psychology workforce also needs to be protected by secured funding for substantially increased postgraduate training places and scholarships before an increase to minimum qualification standards is introduced. The APS hopes the PBA will seriously consider the numerous recommendations presented in this submission to address the implications of the proposed changes to practitioner standards.

The other major concern with the Consultation Paper is the indications of interference by the PBA – as a regulatory arm of government – in the independent functioning of the psychology profession. This is particularly evident in the proposal to assume the role of assessment of specialist recognition, one which no other national board under the NRAS has proposed to take from the respective professional colleges or accrediting bodies. The decision to include specialist registration under national registration arrangements therefore needs to be deferred pending a full investigation of the serious implications of this for the independence of the psychology profession. Other indications of potential interference in the Consultation Paper could be addressed by the PBA seeking guidance from the APS as the representative body for the psychology profession before finalising various standards.

The long history and extensive experience of the APS' stewardship of the profession has brought a keen awareness of the time, care and resources required to implement significant changes to practitioner standards. It is hoped that the PBA's lack of formal consultation with the APS to access this knowledge and experience in developing the proposed changes to standards has not risked the opportunity for significant national reform that national registration presents. The APS firmly hopes that from this point on the collective wisdom of both the experienced practitioners and regulators of the PBA and the APS will be collaboratively used to deliver the highest standards of psychological services for the Australian community by a thriving workforce of psychologists.

Reference

Forsetlund, L., Biorndal, A., Rashidian, A., Jamtvedt, G., O'Brien, M.A., Davis, D., Odgaard-Jensen, J., & Oxman, A.D. (2009). Continuing education meetings and workshops: effects on professional practice and health care outcomes. *Cochrane Database Systematic Review, 15* (2): CD003030.