



10.10.2014

The following submission is written on behalf of the Australian College of Advanced Postgraduate Psychologists Inc (ACAPP).

For the purpose of the submission, we have made comments under the eight areas of focus outlined in the Review of the National Registration and Accreditation scheme for Health Professionals (August 2014). These are:

1. Complaints and notifications
2. Public protections
3. Mandatory notifications
4. Workforce reform and access
5. Assessment of overseas trained practitioners
6. Governance of the National Scheme
7. Cost and sustainability of the National Scheme
8. Proposed changes to the National Law

### **1. Complaints and notification**

No comment at this point

### **2. Public protections**

ACAP has a number of significant concerns in this area. In the review it was stated:

“This is an important aspect of the National Scheme: it sets a minimum standard of professional practice and requires a minimum standard of qualification to practice using a protected title, but it does not require standardisation of all other elements of health regulation in the States and Territories. There is a clear distinction between regulators setting minimum standards for registration and the role of employers in determining employees’ scope of practice in the workplace. (pg 5)

Within the NRAS regulation of the profession of Psychology, there are no provisions for specialist titles, instead the specialist training in the nine specialist areas of psychology have been bundled under the “endorsement” process. This means that the postgraduate training at Masters level or higher, has become an **optional extra** to be able to professionally practice in the nine psychology specialist areas. That is, a person registered as a psychologist under general registration can practice in any of the nine specialist areas, without having the postgraduate university training. Professional practice is therefore currently identical between generalists registered with less training, and those with specialist training at Masters or higher (Doctorate/Ph.D.). Generalists are not allowed to use the endorsed titles, but are not restricted in any way in their practice in endorsed areas. This essentially makes the



endorsed titles of no value to the public in terms of helping them to determine who they should go to.

ACAPP believes that the clear differentiation between the training of a generalist psychologist and that of an endorsed psychologist, would be assisted firstly by having specialist registration for each of the nine areas in psychology (university postgraduate training of two years plus two years supervision as a minimum), and secondly for there to be clear distinctions and restrictions placed on what a generalist psychologist can do in professional practice in the specialist areas. If the minimum training for working in specialist areas in psychology were locked to post graduate training as indicated above, this would be in keeping with international standards, plus it would provide a far greater protection to the psychological health and wellbeing of the public. This is especially important in the area of mental health, but is equally important for the other areas in psychology.

Specifically relating to the regulation of psychology under the Psychology Board of Australia, ACAPP is very concerned about the narrowing focus of the Board onto sections of our training relating to mental health. Often this has led to other areas of psychology training such as organisational psychology, sport psychology, community psychology, forensic psychology, which are less related in professional practice to mental health treatments, being neglected. This has significant ramifications for the maintenance of professional training programs at universities and the ability of trainees to find supervisors.

To quote a member of ACAPP:

“The national scheme has encouraged the Psychology Board of Australia to crash down to a ‘minimum standard’ (around mental health competencies) rather than think more strategically about the possible range of places psychologists work. Anyone working outside the mental health area (ie outside what they learnt to pass the Board exam) will be working outside their training and there is NO mechanism for the public to know this. They see ‘registered psychologist’ and they will assume this person has the skill set they purport to have. Danger!!!”

The psychology profession, unlike all other professions regulated by the NARS, has professional training which is not exclusively aimed at “health” or “psychological health” areas. Our profession is quite unique in this sense. However because NRAS regulation is for “health professionals” it does not capture the range of expertise and experience our profession offers to the community. We do not wish to lose significant and important areas of our profession and nor should the community lose professionals with these skills.

There is also an argument here which would support holding a separate regulation board for the profession of psychology, as it also is the only NRAS profession which is not focussed on physical health. The Government could then examine this area, i.e. its statistics, workforce numbers etc quite separately for the benefit of the public.

(The second important point in the first quote above regarding employer’s role in determining the scope of practice of employees, is discussed in the section on “workforce reforms and access” below.)



### 3. Mandatory notifications

No comments at this point

### 4. Workforce reform and access

The scope of practice of employees in the workplace, as determined by the needs of the employer or organisation, can often bear little relationship, especially in the mental health area, to the training base of the employee. There are numerous accounts where people with very limited training or no training have worked outside their area of competency and have “treated” people with mental health problems. A case recently was highlighted in the media where school chaplains were “treating” children with mental health problems and actually did harm. Where the community is especially vulnerable, then higher standards of training need to be maintained and the scope of practice need to be closely examined and matched to the training base. Mental health appears to be one of the major areas of health where nearly everyone with a bit of training appear to be encouraged to work with (i.e. to treat), people with often significant mental health problems such as depression and anxiety.

The review document also states:

“National Boards have noted the opportunities for their leadership to support and drive innovation and practice, including by supporting expanded scopes of practice, multidisciplinary teams and inter-professional learning. .... Workforce reform is focused on initiatives that maximise the skills and flexibility of all health professionals to address the challenges of workforce shortages. This can require change to the models of care and the practises of individual practitioners, and over time, to professions as a whole . (pg 35)

Whist this sound good perhaps in theory, the concern about workforce needs or shortages can often drive standards of training down, or blur the competencies across professional groups, leading workers to be **capable of a lot, but competent in little.**

There is also no evidence our registration board, nor the NRAS governing bodies, have been active in the promotion of psychological or health services, nor in outlining to the public the training of people who hold generalist, specialist or endorsed registration.

### 5. Assessment of overseas trained practitioners

ACAPP has been made aware by several members that there have been some inconsistencies in this area in relation to psychology. It appears that some specialist psychologists from overseas who have had specialist training and expertise, have been required to do additional training or supervision in order to achieve general registration or endorsement. Consistency and clarity around decision making is not of the standard it should be.

### 6. Governance of the National Scheme

No comments at this point.



## **7. Cost and sustainability of the National Scheme**

The following question was raised in the review document:

“Should a single Health Professions Australia Board be established to manage the regulatory functions that oversee the nine low regulatory workload professions?” (pg. 11)

We would like to indicate a loud “**NO**”. As indicated above, the profession of psychology and the people we serve would stand to significantly lose if this were to be done as it would be very difficult for a single Board to understand or relate to the diverse aspects of our profession. If our own Psychology Board has difficulty managing this, we do not have any confidence that a single regulatory body could manage this, and we would see further training courses and standards across the nine areas being eroded and diminished. The loss to the community would be significant.

## **8. Proposed changes to the National Law**

No comments at this point.

Finally, ACAPP would welcome any comments and feedback on our submission and would welcome the opportunity to discuss with you any issues or matters we have raised in our submission.

Yours sincerely,

Dr. Jillian Horton

President of the Australian College of Advanced Postgraduate Psychologists Inc