The Australian Clinical Psychology Association (ACPA) appreciates the opportunity to comment on the Discussion paper of the Australian Health Ministers’ Advisory Council (AHMAC, February, 2017), *Independent Review of Accreditation Systems within the National Registration and Accreditation Scheme for health professions*. ACPA thanks AHMAC for its dedication to the regulation and accreditation of all health professions, but particularly of psychology.

ACPA represents clinical psychologists who hold the qualifications required for endorsement with the Psychology Board of Australia. This contrasts to clinical psychologists without the Psychology Board of Australia currently required qualifications, who gained endorsement via an unaccredited pathway that the Australian Psychological Society (APS) executed prior to the inauguration of the Australian Health Practitioner Regulation Agency.

ACPA believes that accreditation should be directly linked to the regulation boards. This is the only method to ensure protection of the public, transparency, efficiency, and the capacity for reform as needed. The Psychology Board of Australia (the Board) has proven to be a strong driver of change in psychology. The Board raised standards for registration to a safer level for the public and ensured that the outcomes of psychology education programs are flexible to meet workforce priorities. At the Board’s direction, the Australian Psychology Accreditation Council (APAC) is in the process of developing new internationally benchmarked accreditation standards. They are based on competency outcomes and protected by inputs and evidence guidelines where necessary. These proposed accreditation standards clarify and develop required training outcomes in psychology to meet workforce and public safety needs.

The approach of the Board has been exemplary. Nevertheless, some inefficiencies and inconsistencies remain that undermine the capacity of the National Registration and Accreditation Scheme (NRAS) to apply best practice to achieve its objectives.
Recommendations:

a) The AQF requires urgent review to enable fulfilment of the NRAS objectives.

b) The AQF framework needs development through consultation with Government healthcare priorities, professional bodies, and regulators of professions.

c) Accreditation costs require clear justification to reduce burden on registrants and education providers.

d) Cost-subsidisation should not occur (e.g. overseas students paying more for local work).

e) Expressing accreditation standards in outcome terms alone may have unintended consequences that place the public at risk longer term. Education providers may reduce resource inputs to training programs that lead to lowered outputs that are not identified for several years.

f) Retain the post-graduation period of supervised practice for psychologists who have undertaken advanced accredited training in psychology. This enables them to take up employment safely, with support, guidance and oversight.

g) Close the unaccredited professional practice (4 + 2) pathway to psychologist registration as soon as possible, for the protection of the public.

h) National Examinations are essential where consistency and quality of professional training cannot be guaranteed in unaccredited (or substantially unaccredited) professional training pathways to registration.

i) Reinstatet professional doctorates into the AQF framework where the emphasis is on professional practice with a strong, but not overriding research component.

j) National Examination is not required for graduates of fully accredited post graduate professional pathways to registration with clear and robust accreditation processes. Such a requirement would place unnecessary burdens on students who have already undertaken extensive assessment (of knowledge, skills, clinical reasoning, and application in real world settings).
k) Accreditation authorities need to ensure that a range of professional bodies have input to accreditation functions, rather than domination by one professional entity.

l) Accreditation bodies need independence to apply understanding of international standards and requirements. This could be through an advisory group made up of members of regulatory authorities of similar jurisdictions.

m) Qualifications for skilled migration visas should be assessed by the body responsible for registration of all psychologist practitioners, the Psychology Board of Australia. The same body to register practitioners from local programs in Australia needs to be responsible for the independent evaluation of international qualifications for all purposes. The Board has one clear agenda of protecting the public. This agenda needs to drive assessment of all practitioner qualifications.

n) Retain a period of supervision and the National Examination for overseas practitioners in Australia, allowing oversight as they learn the Australian laws and systems for health practitioners. Further, by itself, accredited training cannot hope to train practitioners to deal fully/completely with each of the many kinds of psychological problem they will be asked to deal with. Only a period of supervised practice following accredited training would allow them to extend their competence in a safe way.
1. **Current constraints imposed by academic accreditation standards**

The Australian Qualifications Framework (AQF), and its standards that were established in 2013, have had an unintended consequence of lowering standards of training in Australia in the specialised area of clinical psychology. The AQF has been driven by academic input alone. As such, it does not meet the requirements of professional clinical psychology (and possibly other health professions) in establishing training qualifications in line with current international standards and training requirements. This undermines the quality and safety of patient care, which is of serious concern, as clinical psychologists provide psychological services to the most at risk and vulnerable members of the population with moderate to severe mental health disorders.

Implementation of the AQF under the Tertiary Education and Quality Standards Authority (TEQSA) has led to a marked reduction of training at professional doctoral level. In the past 35 years, since the two-year Master’s level training was introduced in Australia, the body of evidence and knowledge in clinical psychology has burgeoned and the body of literature is extensive and rich, and no longer able to be covered in a two-year Master’s degree. Prior to the release of the new AQF standards in 2013, there had been a steady development of professional doctoral level training for clinical psychology in Australia. After 2013 this trend was reversed. International standards for training in clinical psychology for most equivalent English-speaking jurisdictions (e.g. the United Kingdom, Ireland, Canada, the USA) require a professional doctorate, focussed on development of knowledge, research capability, and professional practice (Hunt & Hyde, 2013).

Doctoral level programs under the AQF, 2013, are Level 10 qualifications in which “Research is the defining characteristic of all Doctoral Degree qualifications (Australian Qualifications Framework, January, 2013, p. 63, 65). For a professional doctorate, “Research in the program of learning will be typically for at least two years of the qualification” (Australian Qualifications Framework, January, 2013, p. 65). This requirement would reduce the professional practice training in a standard three-year professional doctoral degree to a single year, or increase the time required for completion of the degree to five years. Neither option is viable, the first due to an unacceptably low standard of professional training; the second to an unacceptable length of training with associated costs for students and education providers.

Since the AQF Level 10 research requirement came into effect in July, 2013, the growth in Australia of internationally equivalent three-year professional doctoral programs in clinical psychology has ceased and reversed. Education providers (particularly universities), reverted to Master’s degrees for training clinical psychologists. In illustration, this was of serious concern at the University of Sydney, where an internationally accepted three-year Doctor of Clinical Psychology had replaced the lesser Master of Clinical Psychology degree as best training practice in 2000, but after 13 years of operation was found to be unviable under the 2013 AQF requirements.

Accreditation authorities should not be required to incorporate the decisions of TEQSA/ASQA until these are developed through consultation with the health professions. Consultation is essential to ensure that best practice training for a suitably qualified workforce is provided that meets internationally recognised qualifications and standards.

**Recommendations:**
a) The AQF requires urgent review to enable fulfilment of the NRAS objectives.
b) The AQF framework needs development through consultation with Government healthcare priorities, professional bodies, and regulators of professions.

2. **Key principles for setting fees and levies for funding accreditation functions**

   **Recommendations:**

   c) Accreditation costs require clear justification to reduce burden on registrants and education providers.

d) Cost-subsidisation should not occur (e.g. overseas students paying more for local work).

3. **Accreditation expressed only in competency outcomes, versus with input and process standards included.**

   Each profession requires a clear competency output focus, but may also need guidelines as to the minimal resourcing required to achieve such outcomes, and clear evidence guidelines for proving competencies are achieved. Psychology is currently developing competency outcome focused standards for training of psychologists to allow for greater flexibility, responsivity, and innovation in professional training. In psychology, a limited number of input-based standards and clear guidelines for acceptable proof of competency outcomes have been retained to manage potential risk.

   However, the intensity of training and the need to ensure a clinical psychology trainee is work ready when undertaking placements in the mental health system means that “the level of funding received by universities for training places in professional psychology Master’s degree programs falls short by $8, 600 per student per annum” (Littlefield & Giese, 2010, p.18). The financial loss places pressure on education providers to reduce resources for training where possible. With reduction of resources, outputs ultimately diminish, placing the public at risk, although this may not be identified for some years.

   **Recommendation:**

   e) Expressing accreditation standards in outcome terms alone may have unintended consequences that place the public at risk longer term. Education providers may reduce resource inputs to training programs that lead to lowered outputs that are not identified for several years.
4. The delivery of work-ready graduates – those graduating from accredited professional post-graduate training programs

In psychology, the application of knowledge in delivery of services is a complex endeavour demanding high level analysis and critical judgement, which is achieved with guided experience. While this experience is being developed, the provision of services by clinical psychologists who work with high risk populations suffering from moderate – severe mental health disorders is particularly critical. Supervised practice is a core component of training in professional psychology. However, the breadth of experience offered during accredited training is insufficient to cover the wide range of presentations and complexities encountered on commencement of practice as a registered psychologist.

Graduates of post-graduate professional programs in psychology are considered ‘work ready’, in that they are capable of working relatively independently with knowledge and expertise. Nevertheless, their level of experience in working with unusual or complex presentations remains limited. The requirements in the work environment for further development of knowledge and application provide safety for the public. This allows individualised, workplace specific oversight and guidance to ensure safety of those receiving services.

The post-graduation period of supervised practice that is required from an accredited professional practice training program enables mentoring, support, and guidance as an employed health professional. Entering the workforce can be difficult for graduates after undertaking a lengthy training program of study and this prepares graduates to operate safely, efficiently, effectively, and with greater confidence.

Recommendation:

f) Retain the post-graduation period of supervised practice for psychologists who have undertaken advanced accredited training in psychology. This enables them to take up employment safely, with support, guidance and oversight.

5. The delivery of work-ready graduates –
   a. Those graduating from unaccredited professional supervised practice pathways to registration.

Australia remains the only nation in the Western world to register psychologists with a four-year undergraduate degree in the science of psychology and a two-year
unaccredited supervised practice professional training (known as the 4 + 2 pathway). Skilbeck (2004, cited in Helmes and Pachana, 2006, p.105) describes this as “an awful training route”. Helmes and Panchana (2006, p.105) state, “No other jurisdiction of which we have knowledge permits the independent practice of psychology with only knowledge of the scientific core of psychology without structured coursework in applied or clinical practice”.

b. Those graduating from accredited professional post-graduate clinical psychology programs, particularly in clinical psychology

Clinical psychologists specialise in the assessment, diagnosis and treatment of the most vulnerable members of the population with mental health problems. Training in clinical psychology, which was moving from a two-year post-graduate degree to the international standard of a three-year professional doctorate until the implementation of the 2013 AQF standards has been reversed, weakening and reducing quality training. This results in graduates from Master’s programs of training being less work-ready than those graduating from the professional doctoral degrees that provided an additional year of training, with a 50% greater period of accredited supervised clinical application, and a lesser period required for post-graduate supervised practice. A Master’s graduate requires two years of supervised practice, whereas, a graduate from a professional Doctoral program requires only a year.

Recommendations:

g) Close the unaccredited professional practice (4 + 2) pathway to psychologist registration as soon as possible, for the protection of the public.

h) Reinstate professional doctorates into the AQF framework where the emphasis is on professional practice with a strong, but not overriding research component.

6. National Examinations

Psychology has multiple pathways to registration. The lowest level of training contains virtually no accredited training in professional practice. This pathway incorporates a four-year undergraduate degree in the science of psychology, plus an unaccredited two-year period of supervised practice (the ’4 + 2’ pathway). The period of supervision may be undertaken with a single supervisor. The ’5 + 1’ pathway to registration incorporates a single year of accredited professional education, plus a year of unaccredited supervised practice. These pathways to registration represent the lowest standards of training for psychologists in the Western world (Hunt & Hyde, 2013).

Given the inadequacy of these training pathways to professional registration, a National Examination is essential for the protection of the public to ensure that such graduates have
a minimal standard of knowledge. The National Psychology Examination serves this function.

A better pathway to registration requires completion of a two-year accredited qualification in professional psychology. As an accredited pathway, graduates completing this training have undertaken multiple assessments of their knowledge, research skills and professional application to graduate. Assessors have included multiple academic coursework and research assessments, and assessments of clinical practice and application in a variety of settings by senior practising clinicians. Graduates of an accredited pathway of training at this level are not required to undertake the National Psychology Examination.

Recommendations:

i) National Examinations are essential where consistency and quality of professional training cannot be guaranteed in unaccredited (or substantially unaccredited) professional training pathways to registration.

j) National Examination is not required for graduates of fully accredited professional pathways to registration with clear and robust accreditation processes. Such a requirement would place unnecessary burdens on students who have already undertaken extensive assessment (of knowledge, skills, clinical reasoning, and application in real world settings).

7. Independence of accreditation and regulation processes

Accreditation should link directly to the regulation Boards. This is the only way to appropriately oversee professions to ensure protection of the public and exclude vested interests. In psychology, the Board has invested considerable time and effort into ensuring that APAC operates independently and responsibly, bringing about reform, transparency, and honesty, while excluding vested interests. Greater independence from the Board could see these developments reversed, and place the public at risk.

Recommendations:

k) Accreditation authorities need to ensure that a range of professional bodies have input to accreditation functions, rather than domination by one professional entity.

l) Accreditation bodies need independence to apply understanding of international standards and requirements. This could be through an advisory group made up of members of regulatory authorities of similar jurisdictions.

8. Assessments of overseas health practitioners
A single system for international applicants with one evaluation process of overseas qualifications is essential. The current system of APS assessment for skilled migration has resulted in duplication, as assessments are subsequently re-assessed by the Board for registration, leading to additional costs and a lengthy and confusing process for applicants. There is a conflict of interest in the APS making such assessments, in that their assessments provide a gateway into APS membership, regardless of the assessment undertaken by the Board for registration.

Recommendations:

m) Assessment of qualifications for skilled migration visas should be undertaken by an independent committee with expertise in the assessment of international qualifications in psychology, designated by, and reporting to, the Psychology Board of Australia. The Board has one clear agenda of protecting the public. This agenda needs to drive assessment of all practitioner qualifications.

9. General registration without a supervised practice period

It is important for overseas practitioners to learn about the laws and systems in place in Australia for health professionals, as they adapt to working in Australia. This protects the public and ensures a period of oversight within a critical period.

Recommendation:

o) Retain a period of supervision for overseas practitioners in Australia, allowing oversight as they learn the Australian laws and systems for health practitioners. Further, by itself, accredited training cannot hope to train practitioners to deal fully/completely with each of the many kinds of psychological problem they will be asked to deal with. Only a period of supervised practice following accredited training would allow them to extend their competence in a safe way.

References:


Littlefield, L. & Giese, J. 2010. Submission to the Senate Standing Committee on Community Affairs Inquiry into the Commonwealth Funding and Administration of Mental Health Services.