The Australian College of Advanced Postgraduate Psychologists (ACAPP) welcomes 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*. As we are a professional body focused on the psychological well-being of the community, we thank you for the opportunity to consider how the regulation and accreditation of psychologists in particular occurs within Australia.

Who are ACAPP?

The Australian College of Specialist Psychologists was formed in 2010 as a new national professional body representing specialist psychologists from the nine speciality areas in Western Australia. It grew out of the dedicated work of specialist psychologists who were concerned about the changes taking place within the profession under the newly established Australian National Health Registration Scheme (NAHRS). In 2014 the College was forced to change its name because under the requirements of the NAHRS, the psychology profession was not allowed to use the term “specialist” in any way, as it did not have specialist registration. As a consequence, in March 2014 the College changed its name to the Australian College of Advanced Postgraduate Psychologists (ACAPP) with the aim to capture the advanced training and expert knowledge held by those psychologists who have trained at a Masters (minimum) level in the profession of Psychology.

The Psychology Board of Australia provides endorsement across nine (9) areas of expertise in psychology – Clinical Neuropsychology, Clinical Psychology, Community Psychology, Counselling Psychology, Educational and Developmental Psychology, Forensic Psychology, Health Psychology, Organisational Psychology, and Sport Psychology. Our College underscores that while each expert area has important points of difference in training and focus, the overlap and similarity in our purpose for the Australian community we serve is significant. That is, to provide highly trained and skilled people to enhance the well-being and positive functioning of individuals, families, groups and community organisations. Our contribution as expert psychologists to the Australian community operates at many levels and we can provide a wealth of knowledge and expertise in practice, research and policy making.

Focus and Format of this Submission

Our submission to this review of Accreditation Systems will focus on the psychology profession specifically as a sample of how accreditation may be occurring. This submission will address some of the key issues raised in the discussion paper with a focus on the provision of efficient and relevant accreditation that ensures the registration of professional and competent psychologists across the nine different professional areas in psychology.

The format of this submission is based on the Accreditation Review Discussion Paper and will reference relevant issues raised in that paper. We will quote the issue number and page numbers for those issues we intend to address.
Detailed Submission

Issue 1 in the discussion paper (p.22):

- What would be the benefits and costs of greater consistency and commonality in the development and application of accreditation standards?

In principle the idea of a consistent and collaborative approach to accreditation across different health professions is a good one. The idea of a consistent accreditation process (p. 21), a Quality Framework (p. 21) and key principles for accreditation (p. 21) also provide a good foundation for the governance of accreditation bodies. These higher level frameworks and principles do provide a layer of transparency, accountability, efficiency, effectiveness and fairness to accreditation. However if a consistent and common approach is cascaded down to more detailed content areas for a profession then this provides a significant risk to the public (there is no ‘one size fits all’ set of professional competencies). Each health profession still needs discipline specific standards and principles to ensure the training and education of each particular health professional covers critical knowledge, skills and abilities (competencies). For example, the process for how accreditation works across medicine, dentistry and psychology should be the same to ensure a consistent and fair process (and governance) but the content they each specify to ensure the professional competence of registrants will not be the same. We need to be sure the general medical practitioner knows and is skilled in the basics of being a general practitioner just as we want our dentist to be skilled in basic dentistry.

Recommendation 1: AHPRA should retain its current approach of providing a consistent accreditation process, quality framework and key principles for accreditation. Regulatory authorities should be allowed to then apply these governance frameworks to the development and application of accreditation standards.

Issue 6 in the discussion paper (p.32):

- What should be the key principles for setting fees and levies for funding accreditation functions, including how the respective share of income provided from registrants and education providers should be determined?

Issue 7 in the discussion paper (p.32):

- Should fees charged for the assessment of overseas qualified practitioners and assessment of offshore competent authorities be used to cross-subsidise accreditation functions for onshore programs?

ACAPP believes that the funding of accreditation is a critical issue however in the psychology profession there is a lack of clarity and transparency on how this is both costed and funded.

At the present time in psychology, the educational institutions pay fees for the accreditation of their programs every 5 years. However the financial position of the Australian Psychology Accreditation Council (APAC) is not transparent to the profession. The latest Annual Report published on their web site is dated 2014 covering the financial position of 2013 and it contains no balance sheets or budget information. It provides a single sentence on page 3 regarding their financial performance in 2013: “The net surplus of APAC for the period ended 31 December 2014 is $478,746 (net surplus $103,797 in 2013).”

---


In addition, both the Psychology Board of Australia web site and the APAC web site do not detail how accreditation is funded – whether this is part paid for by the Psychology Board (so by registrants) or whether it is fully paid for by educational institutions who are levied fees as part of the application process.

The key principles for the setting of fees and levies for the accreditation process should include:

- Consideration of the cost to education providers and whether this is sustainable for them and their students. APAC’s own modelling of a typical institution’s application for accreditation put their application fee at approximately $88,104. Institutions are likely to pass on these costs to the students over the 5 year period and this burden should be minimised as much as possible. We would like students to study psychology and ensure there is a competent workforce. To achieve this we need cost effective professional training not unrealistic university degree costs.

- The costing of accreditation should be clearly expressed and transparent. It should provide for the coverage of expenses in conducting the accreditation process and it should detail what revenue is collected. The cost of travel, accommodation, salaries and expenses for review panels should be made available to the profession.

- Fees charged to overseas qualified practitioners and offshore authorities should not be used to subsidise the accreditation of onshore programs. This seems both unfair and inequitable.

**Recommendation 2:** Accreditation bodies and Registration bodies should provide up-to-date financial information in their annual reports including balance sheets and budget information. They should also clarify how accreditation is funded and whether this is covered by the educational institution and the registration body or just the educational institution.

---

**Issue 8 in the discussion paper (p.35):**

- Should accreditation standards be only expressed in outcome-based terms or are there circumstances where input or process standards are warranted?

**Issue 9 in the discussion paper (p.35):**

- Are changes required to current assessment processes to meet outcome-based standards?

It is important for each health profession to articulate clear competency requirements. These do provide an expected standard or output for the profession. Members of the public and other health consumers can have a clear and consistent view of what to expect from that professional. It allows the profession to manage the risk to the public. However to ensure consistency and professionalism in the learning and training process, it is also important to articulate some standards or minimum requirements for how these are to be met by detailing the input and process requirements. For example in psychology you might articulate that during the 5th and 6th years of training (Masters or Doctoral level degree) that a certain number of practical placement days be completed to ensure professional competency and skill transfer. There may be greater risk to the public if inputs are reduced due to pressures such as teaching workload whilst still meeting output requirements. Although accreditation authorities should articulate some input and process requirements this should not be too prescriptive so as not to lose flexibility and innovation in professional training. University training programs should have some scope to determine how the accreditation standards are met.

Having said that accreditation standards should not be too prescriptive, it is also important they be clear and not ambiguous. When ambiguous, the accreditation authority risks being inconsistent in how they apply those standards to accredit programs. For example currently the accreditation standards for psychology postgraduate programs requires a level D or E academic to support the postgraduate masters program and provide academic leadership. It is unclear how much they need to ‘support’. Standards need to be clear so

---

that the assessment panels can be consistent and not opinion driven, and so that universities can meet the standards consistently.

There is a balance to be met between ensuring particular professional processes or inputs are included so that the risk to the public is managed and enabling training programs to deliver flexibly and innovatively.

**Recommendation 3:** Accreditation standards should be articulated as process, input and output requirements. Noting that competency standards for a health profession should be clearly articulated (outputs) whilst broader principles for process and input should be articulated to ensure clarity and consistency of accreditation as well as flexibility and innovation in professional training can still occur.

Using a common approach to the development of professional competency frameworks poses a potential safety risk to the consumer.

In organisational psychology and business, a competency framework is a framework that provides a common language for describing the specific qualities of *knowledge, skills and abilities (behaviour)* that enables staff and leaders to achieve the highest level of performance in their role and deliver organisational outcomes. Knowledge, skills and abilities are often referred to as competencies or KSAs and are defined as:

- **Knowledge:** facts, information, theories, models, concepts or procedures that enables the successful performance of a task (eg. HR policy, accounting procedures). These are discipline specific.
- **Skills:** routines, techniques or approaches that if applied competently enable an individual to perform a specific task (eg. Operating a piece of equipment, effective negotiation, media addresses). These are discipline specific.
- **Abilities (or behaviours):** qualities or behaviours that an individual applies when they first complete the task (eg. Problem solving, teamwork, leadership, planning and organising). These are generic and apply to all roles and professions.

Competency frameworks by their definition are specific to a profession to assure the required technical knowledge, skills and abilities for a competent and capable health professional. There may be job families that are common enough to have broad areas in common, however the detailed requirements for each would be specific. For example:

- **Engineers:** as a job family they have technical knowledge and skills that underpin each specialty, however there is specific knowledge and skill requirements for each specialty such as mechanical, process, chemical, aeronautical, or marine engineers.
- **Doctors:** as a job family there are common knowledge and skills that underpin medicine including pathology, anatomy, haematology, drug actions, process of diagnosis, etc, however each specialty will have unique knowledge and skill requirements for each speciality such as urologists, oncologists, gynaecologists, cardiologists, neurologists, or psychiatrists.

---


• Psychologists: as a job family have common knowledge and skills that underpin psychology such as theoretical knowledge of child development, human relationships and attachments, brain function and pathology, psychopathology, performance theory etc, however each speciality will have unique knowledge and skill requirements such as Clinical Neuropsychology, Clinical Psychology, Community Psychology, Counselling Psychology, Educational and Developmental Psychology, Forensic Psychology, Health Psychology, Organisational Psychology, and Sport Psychology.

Recommendation 4: Develop professional competency frameworks that are specific to a profession to ensure all required knowledge, skills and abilities are captured and articulated into training and accreditation. When developing these frameworks – the articulation of knowledge and skills will be technically specific to a profession and there will be specific knowledge and skills for each specialty area in each profession. The best individuals to consult would be the profession (individuals and professional groups) for the development of these competencies to ensure critical knowledge and skills are captured to protect the public. For the behavioural abilities, it would be important to include all stakeholders including consumers to ensure the behavioural definitions of each competency capture the diversity of behaviour and levels of application.

Issue 14 in the discussion paper (p.41):
• How could the embedding of healthcare priorities within curricula and clinical experiences be improved, while retaining outcome-based standards?

It is important to note that within the discipline of psychology there are four expert areas that are not health related – forensic, sport, organisational and community psychology. Forcing our profession into a tunnel of “health specific” training will mean that these four areas of expertise will be seriously impacted – output competencies lost due to the focus on health related input, training and in the content of exams. The risk to the public and clients of these four areas of expertise would be increased by this dilution to specific training in these four expert areas. Workforce numbers could also be impacted if programs in these areas reduce or lose discipline content. Critical occupations and community need may be lost – for example Australia has identified organisational psychology as a current strategic skill shortage for the medium to long term. Australia is clearly not wanting to reduce organisational psychology workforce numbers.

Recommendation 5: Accreditation standards should not articulate healthcare priorities or policy at the expense of the diversity of a profession or the standards or training within a profession.

Issue 16 in the discussion paper (p.44):
• Is there a defensible rationale for a period of supervised practice as a pre-condition of general registration in some professions and not others?

Graduates from postgraduate professional training in psychology (masters programs and doctoral programs) are considered ‘work ready’. They have completed a minimum of 2 years postgraduate training that has covered their area of specialisation in both theory and supervised practice. They have developed high levels of capability in analysis and assessment, interventions, and professional and ethical practice. This enables the postgraduate trained psychologist to work relatively independently. The supervised practice in a number of different work settings they received during their training is fundamental to their ‘work readiness’. This supervision is also accredited by the university to meet their and AQF standards and requirements.

Postgraduate psychologists are also required to have an additional period of supervised intern practice (at least 2 years) to obtain “Endorsement” by the board. This allows them to use the expert (endorsed) titles in the field they have trained in.

This is not the case with the 4 year trained psychology graduate. During the four year degree they have received general psychology education covering the basic tenants of psychology however have received little to no skills training and no university accredited supervised practice. Upon leaving university they can complete a 2 year internship whilst in the work place (often in just one work setting, with one supervisor), and this internship is not overseen or accredited by the university (referred to in the profession as the 4+2 pathway). Upon completion of the 2 years of supervised internship, the Psychology Board of Australia will then allow them to complete an exam for the award of general registration as a psychologist. They then require intensive supervision upon entry to the workforce and cannot work independently. This is similar for those who complete the 5+1 pathway where one year of additional university training is provided and only one year of supervised practice in the workplace then needs to be completed for general registration. The graduates from undergraduate psychology programs as a result are not ‘work ready’ and we question the ability of this unaccredited supervision pathway to sufficiently train a four year graduate to be have sufficient expertise and skill to work with the public, especially with vulnerable and complex clients.

The supervised practice provided in accredited professional post-graduate training programs is critical to the development of expert psychologists. These accredited programs prepare graduates to operate safely, efficiently and effectively.

**Recommendation 6:** Supervised practice should be included in all postgraduate accredited training programs in psychology. Supervised practice enables the graduate psychologist to practice safely and competently when they first enter the workforce. Work based supervised practice such as that used for those completing the 4+2 and 5+1 pathways, should not replace university post graduate programs and should not be held as equivalent.

**Recommendation 7:** Registration authorities should conduct international benchmarking of registration standards and accreditation standards to ensure they are best practice and are meeting international training and competency standards. This will support the subsequent review and accreditation of migrant professional’s and their qualifications.

---

**Issue 17 in the discussion paper (p.44):**
- How should work readiness be defined, and the delineation between registration requirements and employer training, development and induction responsibilities be structured?

It is important to note that being competent as a psychologist (as assured by accredited postgraduate training) is different to being ready to work in a particular workplace (as covered during workplace inductions and onboarding⁸). Defining ‘work ready’ in the context of accredited programs should focus on ensuring graduates are competent across their specialisation (ie they have the knowledge, skills and abilities required for competent practice), they can practice safely and are confident and effective. They should be able to practice independently and without close supervision. With mentoring and guidance they should slowly build their capability. This is the domain of registration and accreditation.

Once hired, the workplace should ensure the new employee understands their role, the organisational structures, policies and systems, and should provide clear performance parameters. A good workplace

---

⁸ On-boarding is a process that takes a new employee from starting work through to their probationary review (usually 3-6 months). The aim is to support the new employee’s integration into their role, the team and the organisation. There are many steps that may make up the on-boarding process and it is important to realise it is more than just completing an induction.
ensures these things are in place as part of their induction and onboarding processes. These processes are about ensuring the employee knows how to practice in this workplace. Any ongoing professional development delivered through the workplace will build their capability but is not the domain of the registration board. How the organisation delivers and structures their own internal training is not the registration board’s domain. The board can, as it does in psychology, provide guidance on the supervision of the professional competencies it requires for registration (see previous section for an explanation of the internship in psychology) and it has ongoing professional development requirements to ensure professional competencies are maintained. The supervisor and intern can decide how they might meet those registration requirements by packaging different learning and development experiences to build the required competencies. That is not the role of the organisation.

Note: “Work Ready” is a term used in organisations to refer to getting a new employee, or one who has been out of a workplace for a period via secondment/maternity leave/other up to speed with workplace systems, process and practice. These processes are suitable for application across different professions and work roles (cleaners, engineers, accountants, crane drivers, doctors, security personnel, etc) but are organisation-specific. They are tailored by the manager and organisation for the role but provide for an understanding for ‘how I do my job in this workplace’. Please keep in mind that this term has different meanings in different contexts.

Recommendation 8: When defining ‘work readiness’ for registration purposes, ‘work readiness’ should refer to the professional competencies required for the safe, efficient, effective and confident practice by that professional. Initial registration definitions should not extend to the application of those competencies within an organisation. Employers should be allowed to design and conduct induction and onboarding processes suitable for any employee in their organisation to make them ‘work ready’ for that workplace.

Issue 18 in the discussion paper (p.45):

- Does a robust accreditation process negate the need for further national assessment to gain general registration? Alternatively, does a national assessment process allow for a more streamlined accreditation process?

ACAPP supports the comments made in point 6 of the submission by the Australian Clinical Psychology Association (ACPA).

There are multiple pathways to registration as a psychologist. The following figure illustrates these. A four year psychology degree is currently the foundation for provisional registration and contains an overview of the science of psychology. It has little or no skills training and no supervised practice. The next 2 years of training, years 5 and 6, provide the skills for professional practice and there are multiple ways to get these. The 4+2 pathway is an internship where supervision is provided for 2 years and follows guidelines from the Psychology Board of Australia for competency development, but is not overseen by the university. The 5+1 pathway has one year of accredited advanced “general training” with 1 year of supervision following guidelines from the Psychology Board of Australia for competency development, but again is not overseen by the university. For both these pathways, the provisional psychologist needs to then complete a national exam to demonstrate a minimum level of knowledge before general registration is awarded. When this is completed there are no restrictions on graduates regarding the area in which they wish to work. This means they are allowed to work independently in any of the nine expert areas, although they do not have the post graduate training in these areas. They are only restricted from using the expert (endorsed) titles. As noted by ACPA, these two pathways are the lowest standards of training for psychologists in the Western world and this process of having “generalist” registration does not fit the profession of psychology or the practice
of psychology\textsuperscript{9}. Whilst the national examination has been developed with an aim to ensure a minimum level of competency to manage the risk to the public, we question if a multi-choice exam can actually do this. It is more likely to test knowledge which has come from study, rather than practical competency.

Figure 1: An overview of the pathways to registration as a psychologist.

The provision of specialist knowledge, skills and abilities provided during advanced professional training such as the masters and doctoral programs, ensures the specialist capabilities required for the safe, effective and efficient practice of the 9 specialist areas. There are multiple academic and professional supervisors providing input into the assessment and development of each graduate across a variety of settings and this provides for a level of capability that enables them to enter the workforce ‘work ready’. At this time these two pathways have a temporary exemption from the national exam until 1 July 2019 however the Psychology Board of Australia notes it will review this as that date approaches\textsuperscript{10}.

**Recommendation 9:** National Examinations provide a limited level of testing of knowledge and possibly competency when training and supervision varies during unaccredited training pathways to registration. We recommend the National Examination is continued in these circumstances where National Boards have low levels of training standards.

**Recommendation 10:** National Examinations should not be required where graduates complete fully accredited training in professional pathways to registration. The requirement to complete an examination on-top of an already robustly accredited program seems to be unnecessary and overly burdensome. Where students have completed multiple and extensive assessment of their competencies and have demonstrated through supervised practice they are competent, an examination seems unnecessary and an unreasonable cost to students.


Issue 19 in the discussion paper (p.49):
• Do National Boards as currently constituted have appropriate knowledge, skills and incentives to determine accreditation standards and programs of study which best address the workforce needs of a rapidly evolving health system?

National Boards should reflect the diverse nature of the profession to ensure they can provide relevant input regarding the challenges faced by clients, their workplaces, and the capability required by professionals for safe, effective and efficient practice. They should have representatives who can speak to the unique workplace issues and client issues faced in each domain. This is not currently accommodated in the current set up of national boards. The Psychology Board of Australia demonstrates this. Although the national law requires representatives across the states and territories which is reasonable, it does not require a board to represent the diversity of the profession – its capabilities and the diversity in clients. As it stands it is possible for the board to represent a narrow band of competencies within the profession and this can be done at the expense of some clients and other areas of expertise that exist within the profession.

For example the Psychology Board of Australia as described on its web site notes there are currently 11 members. Four are community members and there are seven psychologists who are endorsed in five of the nine areas of expertise currently accommodated within the profession. Table 1 below was compiled from a review of the psychology register, the LinkedIn profiles of the individuals and the web sites of their current places of work. There are four areas of psychological expertise not represented by this Board – sport psychology, clinical neuropsychology, community psychology and educational/developmental psychology.

Table 1: An Overview of the Areas of Endorsement of the Psychology Board of Australia as at April 2017

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>Area of Endorsement</th>
<th>Current Employment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professor Brin Grenyer</td>
<td>Chair and a practitioner member from NSW</td>
<td>Academic – clinical, health, counselling</td>
<td>Academic – clinical practice</td>
</tr>
<tr>
<td>Professor Alfred Allan</td>
<td>Practitioner member from WA</td>
<td>Academic – clinical* and forensic</td>
<td>Academic</td>
</tr>
<tr>
<td>Ms Vanessa Hamilton***</td>
<td>Practitioner member from ACT</td>
<td>Clinical</td>
<td>Private practice</td>
</tr>
<tr>
<td>Ms Rachel Phillips</td>
<td>Practitioner member from QLD</td>
<td>Clinical*</td>
<td>Director of Psychology at QLD Health</td>
</tr>
<tr>
<td>Mr Radek Stratil</td>
<td>Practitioner member from SA</td>
<td>Clinical, organisational and health</td>
<td>Private Practice</td>
</tr>
<tr>
<td>Professor Kathryn von Treuer</td>
<td>Practitioner member from VIC</td>
<td>Organisational and health</td>
<td>Academic</td>
</tr>
<tr>
<td>Rebecca Campbell**</td>
<td>Practitioner member from NT</td>
<td>Clinical*</td>
<td>Private Practice</td>
</tr>
<tr>
<td>Ms Mary Brennan</td>
<td>Community member</td>
<td>----</td>
<td>Health Law</td>
</tr>
<tr>
<td>Ms Marion Hale</td>
<td>Community member</td>
<td>----</td>
<td>Population Health</td>
</tr>
<tr>
<td>Ms Joanne Muller</td>
<td>Community member</td>
<td>----</td>
<td>Health Law</td>
</tr>
<tr>
<td>Mr Christopher O’Brien</td>
<td>Community member</td>
<td>----</td>
<td>Employee Relations Manager</td>
</tr>
</tbody>
</table>

* Postgraduate psychology degree (Masters or Professional Doctorate) in this area of practice endorsement (ie. Advanced training completed that includes theory, supervised practice and research in this area)  
** Does not appear when you search the register on the AHPRA web site.  
*** Unknown level of training - no degrees listed on the register, her business web site or Linked In page.

Note: A review of this table will demonstrate that it is possible in psychology to be endorsed for an area of expertise without any postgraduate training or supervision in that area. This is a legacy of moving to national registration where individuals with membership to one of the colleges of the Australian Psychological Society were given endorsement by the Board in that area of expertise with no check as to their capabilities or experience in that area of expertise. The Board has chosen to accept that potential risk.
The risk of having a Board representing only a narrow group of clients and professional expertise is that they may set the bar for registration in a narrow way placing some consumer groups at risk. A review of the current National Examination for psychology demonstrates this risk in action. With a heavily clinical flavour to the national board, the examination focuses on mental health assessments and interventions. It asks questions about ethical and professional issues relevant to the treatment of mental health concerns and the communication and interpersonal skills relevant to dealing with individuals with mental health concerns. ACAPP acknowledges that the perception of psychology in the wider community is probably a narrow one – a view focused on mental health and developmental concerns. However the national examination as it is currently written, means the Psychology Board of Australia requires a large proportion of psychologists to be knowledgeable in the treatment of mental health related issues.

But not all psychologists work in mental health specific areas. Who is protecting the child with complex educational/developmental concerns who needs appropriate assessment and intervention when this is not a focus of the national exam? Who is protecting the public from inaccurate or incompetent court reports regarding the offending behaviour and potential risks to the public of an offender when these are not a focus of the national exam? Who is protecting the government department who asks a psychologist to help them restructure their organisation to make it more efficient and productive when the person who assists them has no expertise in organisational structures, the implications for workforce planning, supervision, reporting lines, salary scales, etc and the national exam did not assess this knowledge? How would a board with a narrow perspective or an academic focus, know what issues are faced by the full range of clients and consumers? Or workplaces? And from 2019 when Masters and Doctoral graduates may have to sit this mental health focused exam, how will the student who has completed an organisational or forensic or community or sport psychology degree pass? How will universities change their curriculum to ensure the student passes the exam – what specialist content will they drop to make room for this mental health content?

With rapidly evolving health systems, there is a need for flexibility and agility in the workforce. Psychologists can support this, not just in how they assess and treat mental health concerns, but:

- The organisational psychologist can assist with the changing nature of the work, the workplace and the human factors and safety issues faced at work. It is estimated that the future workplace will look very different and will have as yet unimagined jobs—support around how to select, develop and retain employees such as millennials in the health system, in a changing world of work, will be critical to well-being and performance. The strategic need here has been acknowledged by the Department of Immigration and Border Protection.
- Community psychologists can provide input into the social well-being and connectedness of communities in a changing technological and diverse community. This has a prevention as well as intervention role for well-being, mental health and productivity.
- Sport psychologists can provide significant advice to the elevation of performance in the workplace and the value of sport to the well-being and long term health outcomes of the community.
- Educational/developmental psychologists can assist with the assessment and of treatment of issues facing children and adolescents as they navigate all this change such as social media, changes to the delivery of education, social and community expectation changes and other rapid changes in the community such as career planning.

Recommendation 11: National Boards should represent the diverse nature of the profession and ensure regulatory steps such as national examinations reflect the areas of employment for the diverse range of professionals who practice. They should recognise ‘one size does not fit all’ and if the Psychology Board decide to have post graduates sit an exam after July 2019 (which we do not support), they must ensure the exam is specific to each area of practice.

Recommendation 12: Consumer representatives on national boards should reflect the diverse nature of the consumers and the clients of those services.
**Recommendation 13:** National Boards should be looking strategically to the needs of the Australian workforce and community and ensuring the accreditation standards and programs of study will support community needs and workforce needs as they change.

<table>
<thead>
<tr>
<th>Issue 25 in the discussion paper (p.60):</th>
</tr>
</thead>
<tbody>
<tr>
<td>• What is the optimal governance model for carrying out the accreditation functions provided in the National Law while progressing cross-profession development, education and accreditation consistency and efficiency? Possible options include:</td>
</tr>
<tr>
<td>o Expanding the remit of the AHPRA Agency Management Committee to encompass policy direction on, and approval of, accreditation standards.</td>
</tr>
<tr>
<td>o Establishing a single accreditation authority to provide policy direction on, and approval of, accreditation standards.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Issue 26 in the discussion paper (p.60):</th>
</tr>
</thead>
<tbody>
<tr>
<td>• How best in any governance model could recognition and accreditation of cross-professional competencies and roles be dealt with?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Issue 28 in the discussion paper (p.65):</th>
</tr>
</thead>
<tbody>
<tr>
<td>• What role should the Ministerial Council play in the formal consideration and adoption of proposed accreditation standards?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Issue 29 in the discussion paper (p.65):</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Is the requirement that the Ministerial Council may only issue directions under s11(3)(d) if it considers a proposed accreditation standard may have a substantive and negative impact on the recruitment or supply of health practitioners, too narrow to encompass all the National Law objectives and guiding principles, and if so, how should it be modified?</td>
</tr>
</tbody>
</table>

Accreditation functions should be linked to the regulation boards. This will ensure the professions are producing capable and competent professionals. More general, less discipline specific governance of accreditation, may mean a more generic approach to training and programs of study and result in important competencies being omitted. The risk with any oversight from people removed from the profession, is a lack of understanding of the discipline and of vested interests undermining standards. For example one risk of greater input from policy driven entities could be a pressure to increase workforce numbers, which could lead to the accreditation and regulation authorities being pressured into changing and lowering standards by shortening training programs in order to boost workforce numbers. The aim is to protect the public and the consumer and this is best done with an accreditation body that is discipline specific with no potential conflicts of interest.

The reality is that there should be clear assessment guidelines for assessors to be consistent and efficient. I.e. the different assessment bodies can have the same competencies in their respective areas, but they may be at a different level. Bringing them all under the same assessment body will not fix inconsistencies and inefficiencies. We already see inconsistencies and inefficiencies within a single accrediting body, so this is likely to be the same for others. It would not be wise then to water them down to further dissipate any semblance of relevance from the accrediting body. It is all about the metrics being fair, relevant and consistent.

Accreditation and regulation should be driven by input from the consumer and the profession – what are the issues faced by all stakeholders, what are the best practice trends, what are the future opportunities or risks. This suggests that accreditation and regulation authorities should be consulting and listening to the consumers and the profession as much as they listen upwards to the governing bodies (eg. ministerial council, AHPRA)

In the profession of psychology, a major conflict has already occurred which relates to these concerns above. ACAPP has twice surveyed psychologists across Australia to determine if there is support for specialist registration for the nine expert areas in psychology, rather than have the “endorsement” process. There has been overwhelming support for specialist registration. It is believed to aid a better understanding by the public and referring bodies as to the areas of expertise and training levels in our profession. This in turn
provides better protection to the public as it gives clear guidance as to who to turn to for such expertise. Specialist registration would also formally recognise the lengthy training (at least 8 years) and specialist knowledge and skills obtained by graduates. Although the Psychology Board has been made aware of this and there have been numerous submissions to the Board by independent psychology organisations asking them to apply for specialist registration, the Psychology Board has not undertaken this. We are led to believe, that they think the Ministerial Council would not grant specialist registration to the profession and therefore believe it is not worth applying for. Many within the psychology profession, especially those in WA who lost a long and successful history of specialist registration when national registration was completed, find this quite concerning.

Recommendation 14: Accreditation authorities need to ensure a range of professional bodies and consumer groups have input into the accreditation functions and processes. Diversity of thought and challenge to individual agendas are important processes for ensuring clear and transparent governance.

Recommendation 15: The current provisions for AHPRA to provide governance for the regulation of health profession and for the ministerial council to issue directions should not be expanded. This will ensure workforce trends are not used to undermine standards and place the public at risk.

Recommendation 16: That the registration authorities listen to and be more responsive to the recommendations made by the profession regarding standards of training and professionalism.