Review of the National Registration and Accreditation Scheme for health professions:
Response to the Consultation Paper (August 2014)

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Introduction

The Australian Psychological Society (APS) is the national professional organisation for psychologists, with over 21,000 members across Australia.

The APS contributed to the implementation of the National Registration and Accreditation Scheme (the National Scheme) for health practitioners through the provision of feedback on the draft National Law and the various discussion papers. The APS also provided significant assistance to psychologists and the public during the initial transition period of the Scheme. During late June 2009, the APS answered over 700 queries (phone calls and emails) per day in relation to the Scheme. This was more than double the regular number of daily queries to the APS. As a result, the APS had to divert a significant portion of its resources to answer queries from psychologists and the public about the Scheme. The APS has continued to provide submissions to the Australian Health Practitioner Regulation Agency (AHPRA) and the Psychology Board of Australia (PsyBA) in response to consultation papers and draft documents, and to take queries from the public.

The APS considers the Review of the National Scheme to be timely as several aspects of the current Scheme would benefit from revision. These include the need to:

- Improve the balance between the competing imperatives of workforce challenges, quality service delivery, and protection of the public
- Address the apparent shift away from a standard national approach
- Streamline and improve the efficiency of the notification and complaint process.

The APS has taken a broad approach to the questions posed in the Consultation Paper (August, 2014) for the Review of the National Scheme, but has also drawn on the organisation’s knowledge of the performance of the National Board and Accreditation Agency for the psychology profession.

Responses to Consultation Paper Questions

1. Should the Australian Health Workforce Advisory Council be reconstituted to provide independent reporting on the operation of the National Scheme?

The Australian Health Workforce Advisory Committee (AHWAC) was established in 2000 to oversee national level, government initiated health workforce planning in Australia, covering the nursing, midwifery and allied health workforces. They provided advice on the composition and distribution of the workforce, supply and demand, and data collection and reported to the Australian Health Ministers’ Advisory Council (AHMAC) and through it to the Australian Health Ministers’ Conference. AHWAC ceased to operate following a review of workforce committees in June 2006, prior to the establishment of AHPRA.
The accountability for the National Scheme currently operates through the State/Territory Health Ministers and ultimately to AHMAC, with AHPRA and its National Boards providing annual reports on key statistics and work plans. The APS has two concerns regarding the introduction of a reconstituted AHWAC to undertake independent reporting on the National Scheme. Firstly, this action has the potential to lead to the prioritisation of workforce issues over the protection of the public. While Australia is facing health workforce challenges, it is critical that workforce matters do not impact on public safety through a reduction in standards. Secondly, there would be a duplication of reporting of the National Scheme, given that AHPRA is governed by an Agency Management Committee that reports to and advises AHMAC.

2. Should the Health Workforce Advisory Council be the vehicle through which any unresolved cross professional issues are addressed?

It is not apparent to the APS why AHWAC would be required to act as the vehicle through which unresolved cross professional issues are addressed given the existence of other bodies that are better placed to undertake this role. When it existed, AHWAC provided advice on the composition and distribution of the workforce, supply and demand, and data collection. On the basis of its former role, it is unclear how AHWAC could be well placed to comment on cross professional issues, particularly if the issues related to the safety of the public. An additional major concern is the potential for workforce pressures to override the matter of safety of the public should AHWAC become the sole vehicle through which unresolved cross professional issues are addressed, especially if it is in the absence of input from the relevant professionals bodies.

The resolution of cross professional issues is complex precisely because of the imperative to balance workforce issues against the need to ensure the safety and quality of professional services. In the context of workforce challenges, the resolution of cross professional issues requires input from both regulatory bodies (protection of the public) and professional bodies (development and maintenance of professional standards). The professional bodies and the National Boards must work collaboratively to resolve such differences in order to best protect the public and provide quality professional services.

3. Should a single Health Professions Australia Board be established to manage the regulatory functions that oversee the nine low regulatory workload professions? Estimated cost saving $11m per annum

No. The APS supports option two (see question 4).

4. Alternatively, should the nine National Boards overseeing the low regulatory workload professions be required to share regulatory functions of notifications and registration through a single service? Estimated cost saving $7.4m pa.

The promise of a nationally consistent regulatory approach for health professionals is the foundation on which the National Scheme was built. There was much gained in terms of administrative efficiency through this approach, with the abolition of State/Territory-based registration boards and streamlined administration of the professions. It appears the next logical step in achieving even greater efficiency is
through economies of scale by combining the administrative functions of some of the National Boards.

The APS recommends the adoption of the second option outlined in the Consultation Paper (i.e. shared regulatory functions of notification and registration through a single service). This option provides for greater efficiency via shared administrative functions but still maintains the professional identity of each of the professions.

Given that the core functions of registration and notification are largely administrative in nature it is appropriate they be streamlined. This option is preferable to a single Board managing regulatory functions because it facilitates greater professional involvement in the establishment of professional standards and hence ensures that all regulated professions have equivalent access to governance and policy setting capacity. This option also enables the process of investigation (and therefore public trust in the professions) to be carried out with involvement from the relevant professions.

5. **Should the savings achieved through shared regulation under options 1 or 2 be returned to registrants through lower fees?**

Yes, provided that the shared core functions outlined under option two can be safely carried out in a timely manner that protects the public.

6. **Should future proposals for professions to be included in the National Scheme continue to require achievement of a threshold based on risk to the public and an associated cost benefit analysis?**

The APS is unable to comment on this issue.

7. **Should the National Law be amended to recognise those professions that provide adequate public protection through other regulatory means?**

The National Law has six stated objectives relating to regulation of health practitioners to ensure safety to the public and facilitation of health workforce training, development and mobility. Provided that the professions regulated through other means can demonstrate their ability to meet the six stated objectives of the National Law, there should be no barriers for them to be included under the National Law.

8. **Should a reconstituted Australian Health Workforce Advisory Council be the vehicle to provide expert advice on threshold measures for entry to the National Scheme to the Health Workforce Ministerial Council?**

The APS does not support the reconstitution of AHWAC. As previously stated, the APS is concerned that the introduction of a reconstituted AHWAC within the current national regulatory and accreditation framework has the potential to lead to workforce issues being given priority over protection of the public. It is also unclear how AHWAC could provide expert advice on threshold measures for entry to the National Scheme based on their previous functions.

9. **What changes are required to improve the existing complaints and notifications system under the National Scheme?**

It is evident from the database of calls to the APS that the vast majority of callers, both consumers and practitioners, do not distinguish between notifications and
complaints. Consumers who lodge notifications may be doing so under the assumption they are lodging a formal complaint and may therefore expect full investigation. The limited feedback from the National Boards to the notifier appears to be anxiety-provoking and create a loss of faith in the system. Practitioners who are subject to a notification consistently report to the APS that the assessment and investigative process is slow, heavy handed and limited in natural justice.

Also of concern to the APS is the apparent lack of consistency between the jurisdictions in terms of the management of complaints and notifications. Although one of the drivers for the National Scheme was standardisation across Australia, it is evident from many practitioner queries to the APS that there are variations between the four Regional Psychology Boards with regard to the management of complaints and notifications.

The current complaints and notifications system in Australia has become increasingly complex and difficult to understand for both consumers and practitioners. The National Scheme has not achieved an easily navigated, standard approach across Australia. The APS would like to see the following changes to the complaints and notifications system under the National Scheme:

- A single point of entry for notifications and complaints in each jurisdiction that is clearly communicated to potential users
- Adequate resourcing to the Boards to enable complaints and notifications to be handled in a timely and effective manner. Adequate resourcing should also enable greater consistency between the regional boards in terms of the management of complaints and notifications
- The implementation of standard performance measures and agreed timelines for the management of complaints and notifications
- Enhanced communication by the Boards (across both the investigative and disciplinary phase) to notifiers/complainants and practitioners subject to a notification or complaint
- The flexibility to enable alternative dispute resolution processes
- Provision of information and resources to practitioners and the community about the difference between a notification and a complaint and the processes involved in each so that they understand what to expect.

10. **Should the co-regulatory approach in Queensland, where complaints are managed by an independent commissioner, be adopted across all States and Territories?**

The APS does not support a co-regulatory approach such as the one recently adopted in Queensland. In its submission to the Queensland Health Ombudsman Bill 2013, the APS indicated that there were alternative options for improving existing complaint handling mechanisms in Queensland including increased communication between AHPRA and the Queensland Health Quality and Complaints Commission and improved referral processes between AHPRA and the Commission. Similar options should be considered in other jurisdictions in order to maintain the intent of the National Scheme to establish consistency across jurisdictions with respect to how complaints and notifications are managed. Co-regulatory approaches have the potential to negate the benefits associated with national registration, such as having
a national database of de-registered health practitioners and those with limitations or conditions on their practice. A jurisdiction-based co-regulatory mechanism also has the potential to enable at-risk health practitioners to transfer from one State/Territory to another, therefore exposing other consumers to risk.

The APS emphasises the importance of strengthening existing mechanisms in relation to complaints handling and cross agency communication between AHPRA and the State/Territory-based complaint handling entities before considering introducing co-regulatory mechanisms.

11. Should there be a single entry point for complaints and notifications in each State and Territory?

The APS believes that a single point of entry for complaints and notifications in each jurisdiction provides the most effective approach to the protection of consumers. Consistent with the views of the APS expressed in question 4 in relation to the shared administrative functions of the 9 boards, there could also be significant savings to the Scheme through shared infrastructure via a single point of entry. These increased efficiencies have the potential to reduce the cost of registration to practitioners.

For a single point of entry approach to complaints and notifications to be effective, it will require greater communication between AHPRA and the complaint handling entities that exist in some jurisdictions. The APS recommends that a regulatory review of the powers and responsibilities of the various State/Territory-based complaints handling entities be undertaken in light of the Review of the National Scheme to identify how a single entry point could be effectively implemented. AHMAC may be best placed to commission this review.

12. Should performance measures and prescribed timeframes for dealing with complaints and notifications be adopted nationally?

Yes. However, this will require close communication and cooperation between AHPRA and the State/Territory complaint handling entities and a mechanism for oversight.

13. Is there sufficient transparency for the public and for notifiers about the process and outcomes of disciplinary processes? If not, how can this be improved?

Firstly, the APS reiterates that consumers and practitioners must be fully informed of the inherent differences between the notification process and the complaint process, and the consequent actions that may result from each. This is not currently well understood and contributes to a perceived lack of transparency and diminished trust in the process.

Irrespective of the differences between a complaint and a notification, consumers and notifiers have the right to be regularly informed of the progress of the matter, the outcomes of the notification or complaint, and any disciplinary actions. The APS suggests the use of an active case management approach when dealing with both notifications and complaints so that complainants and notifiers are informed of the progress of the matter and any subsequent actions (including options for review).
14. **Should there be more flexible powers for National Boards to adopt alternative dispute resolution, for instance to settle matters by consent between the Board, the practitioner and the notifier?**

The National Law does not appear to prohibit alternative dispute resolution processes for notifications. On this basis, dispute resolution may be a feasible option to be explored by the National Boards in relation to notifications. The APS would support resolution processes on the condition that the National Boards must have access to qualified and experienced dispute resolution practitioners to undertake this role.

15. **At what point should an adverse finding and the associated intervention recorded against a practitioner be removed?**

Many States/Territories in Australia as well as the Commonwealth have spent conviction schemes (or similar) that allow people with less serious convictions (or where convictions have been quashed) the right to non-disclosure after a certain period of time. The APS contends that the concept of a spent conviction should be adopted by the National Scheme. The APS recommends that the adverse finding should be removed after a period of 2 years of supervision following the completion of the intervention, as long as there have been no further complaints or notifications.

The APS has consistently argued that spent conviction provisions should also apply to the criminal history check provisions under the National Scheme. The APS continues to express deep concern about the current requirement for practitioners and registrants to reveal details of their criminal histories irrespective of spent conviction provisions that may apply in their respective State/Territory.

16. **Are the legislative provisions on advertising working effectively or do they require change?**

The APS believes that the current provisions on advertising and testimonials do not reflect the current technologies available to the community, are overly restrictive, and difficult to enforce. For example, it is particularly difficult for practitioners to be held liable for a third party posting on a third party’s social media pages. However, it would be reasonable to expect practitioners to desist from using quotes or postings from a third party on the practitioner’s own social media pages as a form of advertising or testimonial.

The APS also seeks clarification about the commonly used practice of using testimonials for the promotion of continuing professional education events and books. Both running a workshop and publishing a book could be interpreted to be a service provided by a health practitioner. The APS recommends that a distinction be made between advertising therapeutic or clinical services and other activities such as promoting workshops, books and industrial/organisational consultations. This would then enable the use of testimonials for the delivery of non-therapeutic or non-clinical services.
17. How should the National Scheme respond to differences in States and Territories in protected practices?

The APS believes that the intent of the National Scheme was to provide standardisation across Australia and that this principle should be prioritised.

18. In the context of the expected introduction of a National Code of Conduct for unregistered health practitioners, are other mechanisms or provisions in the National Law required to effectively protect the public from demonstrated harm?

The APS welcomes the introduction of a National Code of Conduct for unregistered health practitioners. For such a Code to be effective there will need to be an appropriate body who can take responsibility for investigations and sanctions against unregistered health practitioners.

19. Should the mandatory notification provisions be revised to reflect the exemptions included in the Western Australian and Queensland legislation covering health practitioners under active treatment?

The APS has consistently argued for exemptions to the mandatory reporting obligations of health practitioners providing services to other health practitioners, where there is no impairment to practice. The APS believes that the current mandatory reporting provisions in the National Law have the potential to drive practitioners who may otherwise be seeking treatment underground.

20. To what extent are National Boards and Accrediting Authorities meeting the statutory objectives and guiding principles of the National Law, particularly with respect to facilitating access to services, the development of a flexible, responsive and sustainable health workforce, and innovation in education and service delivery?

The APS has responded to this question from the point of view of the psychology profession, in particular, the evidence of increased demand for psychological services and constraints on the supply of the psychology workforce (HWA, 2014). The constraints on the supply stream are primarily associated with the educational pathways to registration as a psychologist in Australia. The APS has addressed this question with regard to both the National Board and the accrediting body for the psychology profession.

Psychology Board of Australia

Workforce

The APS is concerned that the National Board has not met the requirements under the National Law to facilitate access to services; develop a flexible, responsive and sustainable health workforce; and enable innovation in education and service delivery.

The HWA (2014) report on the psychology workforce indicates that the increased supervision requirements in the internship pathway to registration (primarily the 4+2 pathway) that were introduced following the implementation of the National Scheme have placed substantial constraints on the internship pathway. Although the aim of the National Scheme is to establish minimum standards to ensure public
safety, the Psychology Board of Australia (PsyBA) produced guidelines for the internship pathway that adopted the *highest* standards operating across the jurisdictions prior to the National Scheme. This was despite the lack of evidence to suggest that any previous State/Territory-based guidelines were inadequate or placing the safety of the public at risk. In other words, instead of adopting the minimum standards to ensure public safety, the PsyBA has taken the opposite approach of setting a ‘highest-bar’ standard.

The high requirements of the 4+2 internship program have reduced the supply of psychologists through the internship pathway. Table 1 indicates that prior to the National Scheme there was almost an equal split between the internship (47%) and postgraduate training pathways (53%). More recent data (November 2013) shows the internship route had substantially declined. This data presents a very concerning picture of the training pipeline for the psychology workforce. In the five years between 2008 and 2013, there was a drop in the number of intern psychologists and there is no longer an even split between the two pathways to registration. That is, internships are now providing a pathway to registration for only about 30 per cent of psychologists.

*Table 1. Number of provisionally-registered psychologists in the two training pathways (internship and postgraduate training) in 2008 and 2013*

<table>
<thead>
<tr>
<th></th>
<th>Workplace internship</th>
<th>Postgraduate (Masters/Doctorate) training</th>
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<tbody>
<tr>
<td><strong>October 2008</strong>*</td>
<td>2,118</td>
<td>2,376</td>
</tr>
<tr>
<td></td>
<td>47%</td>
<td>53%</td>
</tr>
<tr>
<td><strong>November 2013</strong></td>
<td>1,307</td>
<td>2,712</td>
</tr>
<tr>
<td></td>
<td>32%</td>
<td>68%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>4,494</td>
<td>4,019</td>
</tr>
</tbody>
</table>

*Sources:*
*Littlefield, Giese, & Geffen, (2009); ^Psychology Board of Australia (2013)*  

In addition to the heavy supervisory and administrative burden on supervisors of interns, the PsyBA also requires supervisors to undergo mandatory training and refresher courses to maintain their accreditation to supervise. These time demands and administrative burdens are costly for the Scheme, supervisors and their employers, as well as interns. The APS is aware that many organisations (including public health departments and large non-government organisations) have substantially reduced or ceased taking interns because it is no longer an economically viable option.

There is currently a bottleneck in the training of psychologists in that many students undertake undergraduate training (a 4-year accredited psychology program) to be eligible for provisional registration but only a minority of these students will be able to become registered psychologists. This is a result of the decline in internships, and
the limited number of places available in the alternative pathway to registration (accredited postgraduate training) as a result of inadequate resourcing of professional psychology programs.

In addition to constraints on the supply of psychologists through educational pathways, the PsyBA has implemented rigid requirements for the overseas qualification assessment process. Currently, overseas trained and qualified psychologists with considerable experience are deemed to be equivalent to new graduates, and thus require supervision. Paradoxically, such supervision can be provided by supervisors with less clinical experience than the supervisee. Experienced overseas applicants are also required to sit and pass a national exam before they are eligible to be fully registered as a psychologist in Australia. This high barrier approach impacts on the capacity to recruit experienced overseas trained psychologists to work in Australia.

The APS contends that as a consequence of these excessively high and rigid structures, the PsyBA is limiting the psychology workforce mobility, stifling workforce innovation and restricting the workforce education and training pipeline, in direct contravention of the stated objectives of National Scheme. It is unclear if there is any benefit to consumers in terms of enhanced safety associated with these high standards and lack of flexibility.

**National consistency**

The current National Board for Psychology not only has members from each jurisdiction, but has also established four Regional Boards. The Regional and National Board are responsible for registration and notifications. While the relationship between the Regional Boards and the National Board (PsyBA) is described as equivalent to a committee reporting to a board under the National Law, there is very little transparency regarding how the two levels of boards interact and, more importantly, how or if Regional Boards can modify, customise or interpret guidelines set by the National Board. For example, in 2012, the APS wrote to the PsyBA highlighting concerns raised by its member in relation to the case study component of the 4+2 internship pathway. In particular, the APS highlighted considerable variation in assessment procedures across the different Regional Boards. It was noted that the assessment process adopted in the Australian Capital Territory/Tasmania/Victoria Regional Board was unclear, unhelpful, and potentially discriminatory, and appeared to put interns in these jurisdictions at a disadvantage.

**Excessive requirements**

The PsyBA has set the bar for psychologists much higher than that set by many of the other registered professions. For example, postgraduate psychology students are deemed by the PsyBA to be provisional psychologists and must therefore pay the applicable registration fees when other National Boards classify their postgraduate students as student registrants (which in most cases does not incur a registration fee).

Other areas where the requirements on psychologists are higher than those of other regulated professions are recency of practice and continuing professional development (CPD). For example, the CPD requirements for psychologists differ from the other regulated professions in that psychologists are excluded from
including peer discussions about the experience of other colleagues as part of peer consultation.

Transparency and accountability

The PsyBA is failing to meet the guiding principles of the National Scheme in terms of the delivery of transparent and accountable services. In the period between December 2012 and September 2014, the APS Member Assistance Line took 1,190 phone calls from members needing assistance to manage the continuing professional development requirements of the PsyBA and a further 635 call for assistance in managing the various requirements of the PsyBA in relation to registration and internship. A significant portion of these callers informed the APS that they called the APS as they were unable to gain any assistance from the PsyBA in relation to their queries with some callers even claiming they were referred to the APS by the PsyBA.

The Australian Psychology Accreditation Council

The Australian Psychology Accreditation Council (APAC) did not begin the process of revising psychology accreditation standards until 2012. The aim of these revised standards is to increase flexibility and to allow innovation by higher education providers whilst maintaining internationally benchmarked standards in the training of a competent psychology workforce. After extensive consultation with key stakeholders, the first draft of the revised Standards was submitted to the PsyBA who have requested further revision and consultation. This generated a further 32 submissions that are currently being considered by APAC. It is anticipated that the revised standards will be finalised by 2015.

21. Should the proposed reconstituted AHWAC carry responsibility for informing regulators about health workforce reform priorities and key health service access gaps?

Consistent with the APS responses to questions 2 and 8 above, the APS does not believe that AHWAC should be reconstituted. Information about health workforce reform priorities and key health service access gaps can be provided to regulators via AHMAC. If AHWAC was reconstituted, it could play a role in providing information to the regulator but it would not be appropriate for AHWAC to play a decision-making role given the potential conflict that exists between adequately protecting the public and addressing workforce challenges.

22. To what extent are Accrediting Authorities accommodating multidisciplinary education and training environments with coordinated accreditation processes or considering future health practitioner skills and competencies to address changes in technology, models of care and changing health needs?

The current accreditation Standards for Psychology do not include sufficient scope for encouraging the development of multidisciplinary competencies. In particular, the inability to utilise cross-disciplinary supervision is inconsistent with changing models of care and presents a significant challenge in terms of obtaining training placements, particularly in rural regions.
APAC is currently in the process of revising its 2010 accreditation standards for undergraduate, fourth year, and postgraduate professional training programs in psychology. These changes focus on key competencies and learning outcomes that are required of psychologists to work in a variety of employment settings, including health settings. The APAC standards are aligned with the Australian Qualifications Framework (AQF) and some international standards (e.g., International Project on Competence in Psychology) and training models. Further attention will be needed to support access to multidisciplinary training environments and to recognise changes in technology. Not only do competencies need to include the ability to deliver psychological services via various technologies, but psychology training programs also need to embrace the use of technology to support education and training modalities. For example, extending the capacity to utilise technology to provide clinical supervision would address a significant barrier to the psychology workforce pipeline.

23. What relationship, if any, is required between regulators and educational institutions to ensure the minimum qualification for entry to professions remains available?

In general, good communication is essential between regulators and educational institutions in order to ensure the minimum qualification for entry to professions remains viable. However, some degree of separation is also warranted because of the pressure on the regulator to set minimum standards and to address workforce issues.

In psychology, the Board of the accrediting body (APAC) includes representatives from educational institutions as well as the regulator and the professional association. Despite this arrangement, there has been difficulty in shifting the educational institutions to accept changes to the psychology training model that would better align it to international standards and workforce needs. This situation could be addressed if there was more consultation with the professions who are aware of both international benchmarks and local needs.

24. Should the appointment of Chairperson of a National Board be on the basis of merit?

Yes. The APS supports a thorough selection process where candidates have to demonstrate how they meet specific selection criteria and competencies related to chairing a board. In addition, the Chairperson of a National Board must be a member of the relevant profession as the understanding and knowledge of the profession is an essential requirement in order to effectively carry out the role.

25. Is there an effective division of roles and functions between National Boards and accrediting authorities to meet the objectives of the National Law? If not, what changes are required?

There is an inherent conflict between the registration function (i.e. setting minimum standards to protect the public) and the accreditation function (i.e. ensuring a well-trained workforce that can safely deliver quality services) of the National Boards. These functions serve two different purposes and would be more effectively carried out by two separate entities.
26. **Is there sufficient oversight for decisions made by accrediting authorities? If not, what changes are required?**

As indicated in the response to question 25, the APS believes that there is an inherent conflict between the registration function (i.e. setting minimum standards to protect the public) and the accreditation function (i.e. ensuring a well-trained workforce that can safely deliver quality services) of the National Boards. The process in which the Registration Board signs off Accreditation Standards and oversees accreditation functions is thus problematic. The APS recommends that the regulatory and accreditation functions be separated.

27. **The Review seeks comment on the proposed amendments to the National Law.**

The APS has addressed concerns with the National Law throughout this submission.
References

