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This a public document on behalf of the APS College of Organisational Psychologists, prepared by the College's National Regulatory Developments Working Party (NRD WP).

COMMENTS ON PSYCHOLOGY BOARD OF AUSTRALIA'S CONSULTATION PAPER 9 (THE NATIONAL PSYCHOLOGY EXAMINATION)

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PREAMBLE

The College of Organisational Psychologists (COP) appreciates the difficult “balancing” role that the Psychology Board of Australia (“the Board”) is playing in the National Registration and Accreditation Scheme (NRAS), a health-focused regulatory system into which much of the profession and its underlying scientific discipline do not fit. It is plainly a challenging task to recognise and try to find ways to protect the diversity of psychology, and discharge fairly its regulatory obligations that include duty of care to our scientific discipline, the whole profession, and all the “publics” served by psychologists, while adhering to an unsympathetic “health” template. The following observations and recommendations are made with the aim of assisting the Board to meet those challenges.

As psychologists working outside the health sector, we are able to provide some alternative perspectives to the Board’s, and to those inherent in the health template developed by the bodies to whom the Board reports (notable the Australian Health Ministers Council, and the Australian Health Ministers Advisory Council, the latter a group comprising the State and Territory CEOs of Health Departments who provide “behind the scenes” advice to the Health Ministers)¹. (Attachment 1 provides brief details of the NRAS structure surrounding the Board, for the benefit of readers not acquainted with it.)

We trust that these different viewpoints and action proposals may be of value to the Board and help in some small way to serve the interests of the profession as a whole, the discipline, the Universities involved in the training of psychologists, and the receivers of psychological services.

EXECUTIVE SUMMARY

The centerpiece of CP9 – the proposed National Psychology Examination – would (we consider) impose on the whole of the profession of psychology and its underlying scientific discipline a heavily “clinical” and “health care” *perspective* of the basics of professional work. We consider the *curriculum* as presented also to be very narrow and biased towards clinical work (which bias the Board itself admits in CP9). It does not reflect accurately what psychologists actually do across the full spectrum of the profession, does not capture fundamental knowledge and skill requirements adequately, and would predictably be damaging to the profession as a whole and the discipline. Therefore it must regrettably be seen as not acceptable.

We also consider that this clinical bias is not consistent with the Board’s legal obligations and duties to regulate for the whole of the profession and in the interest of

¹ This body is not recognised in the NRAS legislation, and has no formal statutory role, but has advised the Board and the Ministerial Council on a number of professional matters such as recommending against the use of specialist titles.

all the “publics” served by our diverse profession.² Nor does the process by which the proposed curriculum was developed seem consistent with the Board’s role in relation to the Australian Psychology Accreditation Council (APAC). APAC is (we understand) the appropriate body to consider professional standards and their measurement, certainly at this stage, rather than the Board doing so. At the very least (we believe) APAC should have been consulted and involved before CP9 was made public.

Further, logic requires that any training curriculum be future-oriented. The Board’s proposed curriculum seems not to consider at all the future shape of psychological services outside the health sector. In the non-health sectors, equally rapid and extensive changes are occurring as is the case in the health sector, although differently driven. Their training and workforce planning implications must be considered (we believe) if the Board is to recognise fully its obligations to undertake “whole of profession” and “whole of community” regulation.

The need for a broad Board role is strengthened by the absence of a comprehensive workforce planning responsibility in the scope of the newly-formed body Health Workforce Australia, which will assess the future workforce needs of the health sector (including psychologists) but not those of the other sectors.

In CP9 the Board has attempted to justify the acknowledged clinical bias in the NPE curriculum and test items. We appreciate this explanation even if not in agreement with it.

The Board has explained the bias partly in terms of the notion that the expectations of the public are a key referent for our professional standards-setting. CP9 states: *“The national psychology examination is a mechanism for measurement of a minimum level of applied professional knowledge of psychology, regardless of the various training backgrounds. The examination will contribute one source of evidence to the Board that an applicant meets the minimum standard expected by the public of a generally registered entry-level psychologist.”* (Our bolding.)

Thus (the Board implies) every future psychologist (whether “home-grown” or from overseas) must be or become a “clinician”, because that is how psychologists are viewed by the public, as indeed must every psychologist who takes a significant break from practice and then wants to return to it.

To adopt this notion would mean cementing public misperceptions of psychologists into our profession’s standards. We consider it conceptually indefensible and practically damaging. *Rather, the main source of professional standards must (we believe) be the profession itself, in conjunction with its underlying scientific discipline.* We recall that, in the establishment of the NRAS, assurances were given about maintaining professional autonomy in professional standards-setting.

We wish to draw to the Board’s attention that technically a *multi-purpose general*

² Non-health psychologists (through the APS) were assured, in the early consultation processes, that rather than changes being made to the National Law Act specifically for non-health psychologists, the Board would have the power to make adaptations to ensure that the full diversity of the profession was recognised, protected and enhanced.

examination like the NPE as presented - or any other single form of assessment - is not considered feasible or desirable. Axiomatically, assessment should be purpose-driven. Trying to achieve multiple purposes in the one assessment tool is seriously problematic. (See our Specific Comments below.)

One key purpose apparently not recognised by the Board in CP9 (or elsewhere) should be to enable applicants for registration who show some deficiencies to be accurately advised about those deficiencies and encouraged and helped to overcome them without unnecessary delay. This seems to require a different approach to assessment from the Board's single general examination and its apparent underlying "administrative" orientation to assessment (at least as expressed in CP9) – it needs a "tailored testing" approach, not an "omnibus" one, and a "developmental" rather than an "administrative" model of appraisal.

Alternative viewpoints and suggestions are given in more detail in the College's commentary below. Twenty specific recommendations are made. We urge their careful consideration by the Board.

RECOMMENDATIONS

Here we list our 20 recommendations. However they are best read in context, as explained in "Specific Comments" immediately after the Recommendations. They are placed here so that they may be easily re-read in conjunction with the Executive Summary.

Recommendation 1. We recommend the adoption of the following statement³.

"A psychologist who has obtained general registration and who has appropriate practice competence (through accredited and relevant training and supervised experience) is eligible and ethically able to offer to provide mental health services. However whether a Medicare rebate is available to the clients of such a registrant depends on recognition of the practitioner's qualifications and experience by a separate (non-regulatory) process overseen by Medicare authorities, not by the Board. General registrants are not automatically given Medicare provider numbers."

Recommendation 2. We recommend that assessments be purpose-tailored and - specific, not the "shotgun"/"one size fits all" form that the NPE constitutes.

Recommendation 3. We recommend against a single multi-purpose curriculum and examination.

Recommendation 4: We recommend that in the assessment of overseas applicants, provision be made for decision categories beyond "Pass" or "Fail", such as "Provisionally registered with the condition that (e.g. English language competency is

³ In place of the statement in CP9: "*a psychologist who has obtained general registration is eligible to provide mental health services*".

established by completing satisfactorily the XXX test by a specified date)’.

Recommendation 5: We recommend that the Board, in consultation with APAC and the APS⁴, extends the workforce planning work done in the reports in the September 2010 special issue of the Australian Psychologist, from “current snapshots” to “projections of future professional work and associated workforce needs”, particularly beyond the health sector.

Recommendation 6: We also recommend that if a NPE (with a number of different area-specific versions) is to be created, the various Colleges of the APS be part of a broader consultation process, to develop a wide range and large number of questions about their areas of practice that a commencing psychologist should be able to answer.

Recommendation 7: We recommend that this statement⁵ be reviewed, and either dropped (as a “capability”) or expanded to be better founded conceptually.

Recommendation 8: We recommend that (a) it (“the human lifespan”) be reframed as a topic area (for consideration by APAC in the first instance) for inclusion in the “developmental psychology” component of the four year sequence of undergraduate and Honours-level academic training, and (b) coverage of specialised practice-related knowledge of age-related issues and age-appropriate assessments and interventions be considered (again with APAC but also with the Colleges) in regard to the syllabuses of the various accredited post-graduate programs.

Recommendation 9: We recommend that discussions be held with APAC and HODSPA about broadening the coverage of: (a) the various accredited fourth year sequences (where necessary); and (b) specialist post-graduate programs; to incorporate in them at least a basic treatment of the social, organisational and community levels of conceptualisation, theory-building and analysis.

Recommendation 10: We recommend that the capability “working within a cross-cultural context” be reviewed by APAC (in conjunction with COP and the other APS Colleges), to incorporate in accredited programs the kind of material outlined immediately above. (See p.9.)

Recommendation 11: We recommend the use of the attached broader references as one basis for reviewing the curriculum and for any other assessment-development work initiated by the Board. (See Attachment 2.)

Recommendation 12: We recommend more emphasis on assessing the applicant’s grasp of the fundamentals of measurement theory, and test construction, administration and interpretation, and less on specific knowledge of particular tests.

Recommendation 13: We recommend the excising of the Mental Status Examination.

⁴ Australian Psychological Society.

⁵ In the “capabilities” required of general registrants, the statement “knowledge of the discipline”.

Recommendation 14: We recommend wide-ranging review of the various Domain specifications.

Recommendation 15: We recommend that careful evaluation of individual overseas applicants should be conducted initially using a variety of qualitative assessment methods rather than the NPE.

Recommendation 16: We recommend the adoption of a developmental, remedial approach to the appraisal of overseas applicants, with the aim of including them in the Australian psychology workforce as soon as possible, but with adequate quality assurance checks built into the remedial process.

Recommendation 17: We recommend that graduates from Australian accredited post-graduate programs be permanently exempted **by regulation** from any Board examination.

Recommendation 18: We recommend that any proposed change to the professional standards expressed or inherent in accredited undergraduate, Honours-level and post-graduate programs must continue to be discussed with APAC in the context of the training requirements set through the accreditation process.

Recommendation 19: We recommend that if a NPE is to be used, it must be substantially modified to remove its current clinical bias, and to be tailored to the profession's broad practice areas, i.e. there would in effect be multiple forms of the NPE.

Recommendation 20: We recommend that psychologists returning to work after a significant break should (a) be invited to complete a self-directed and self-managed plan for a "return to work" process, whereby they refresh and update themselves regarding the knowledge base and professional skill requirements in the area of work to which they are returning; and (b) be required to submit at least two reports, one (or more) a progress report, the other a final report. With the Board's approval, the RTW plan may commence before actual return or upon return. Its duration would be established by negotiation with the Board, depending on the psychologist's time out of practice and PD history. The Board may place conditions on the registration granted relating to successful completion of the plan including submission of the reports. Alternatively, if a suitable version of the NPE exists, the returning psychologist may choose to undertake it. (Recommendation 20.)

SPECIFIC COMMENTS:

The introductory comments as to purpose in CP9 ("1 Background" and "2 Curriculum for the National Psychology Examination") do not make clear that over time (and sooner rather than later) the curriculum underlying the National Psychology Examination

(hereafter NPE) will in effect become the core curriculum for all accredited Psychology courses leading to general registration. “Teach to the examination” effects are well-known in education, and will occur here. Thus the NPE is much more than a test of applicants following an unusual route to general registration: it is a general prescription about *“a minimum level of applied professional level of knowledge of psychology”* that will affect all registrants and accredited psychology programs. Through it the Board seems to be trying to prescribe to our scientific discipline as well as the profession of psychology many aspects of their scope and emphases.

The Board’s rationale that public perceptions and expectations about psychologists should drive the need for a single general examination and its curriculum seems quite inappropriate. There are multiple “publics” served by psychologists. They have different perceptions and expectations, ranging from the simple and very often erroneous (e.g. that psychologists are akin to psychiatrists and deliver only mental health services), to the complex and sophisticated (such as managerial perceptions and expectations of a comprehensive range of services to do with “human factors” and “human resources” in the business community, or those of senior officers in the accident research areas, or those of Family Court judges, and so on across the wide spectrum of applied psychology).

The other rationalisation offered by the Board – that *“a psychologist who has obtained general registration is eligible to provide mental health services”* and therefore must be trained to do so – also does not hold up. The statement is considered to be false descriptively, legally, and ethically. The Board’s apparent lack of recognition here of the ethical constraints on practicing outside one’s areas of expertise should, we believe, be remedied. Were the current statement replaced by the following statement, it would help create assessment policy that is more suitably differentiated and targeted and better recognises the various emphases in the different areas of psychological practice:

“A psychologist who has obtained general registration and who has appropriate practice competence (through accredited and relevant training and supervised experience) is eligible and ethically able to offer to provide mental health services. However whether a Medicare rebate is available to the clients of such a registrant depends on recognition of the practitioner’s qualifications and experience by a separate (non-regulatory) process overseen by Medicare authorities, not by the Board. General registrants are not automatically given Medicare provider numbers.”

We recommend the adoption of the statement above. (Recommendation 1.)

It seems conceptually simplistic and unworkable for the Board to wish to have a single examination to serve multiple purposes - for all psychology graduates entering the profession, as well as overseas applicants, registrants returning to active practice in Australia after a 5-year (plus) break, and as a specification of the minimum entry-level knowledge and skills standards for the profession. “Purposes” are the main driver of the character of any measure, including an examination. Trying to achieve multiple purposes in the one measure leads to various (usually insuperable) problems. *We recommend that assessments be purpose-tailored and -specific, not the “shotgun”/“one size fits all” form that the NPE constitutes. (Recommendation 2.)*

Further, the NPE (being a very clinically-biased test) is discriminatory against non-

clinical applicants. Clinically-trained applicants might know much of the NPE curriculum as it is currently shaped, but those from other specialties would, broadly speaking, have substantial problems despite being competent as psychologists. *We recommend against a single multi-purpose curriculum and examination. (Recommendation 3.)*

Overseas applicants would also be discriminated against by the NPE, if they are to be expected to have a working knowledge of Australia's many and complex multicultural and legal issues *before they can be registered* (rather than – more sensibly – making such knowledge acquisition a condition to be met under probationary or perhaps even full registration). *We recommend that in the assessment of overseas applicants, provision be made for decision categories beyond "Pass" or "Fail", such as "Provisionally registered with the condition that (e.g. English language competency is established by completing satisfactorily the XXX test by a specified date).* (Recommendation 4.) We understand that the NRAS legislation already allows for the introduction and use of such additional categories.

The curriculum seems esoteric. It does not appear to reflect current curricula in accredited psychology courses. It does not seem to flow logically from coherent analysis of and research into fundamental developments in the roles of psychologists across the full spectrum of Psychology, or from in-depth debate within the profession and discipline about desired directions in professional practice and training, or even from surveys of public perceptions and expectations of psychologists. Rather, it gives the appearance of a compromise among the "wish lists" of the members of the Board, most of whom come from health care backgrounds, as well as of apparently illogical inferences drawn from recent surveys taking snapshots of the current Psychology workforce, especially as reported in the *Australian Psychologist V. 45, No.3 Sept 2010*. The central such inference is that since the majority of professional tasks undertaken by the (approx.) 50% sample of the profession responding to the survey were counselling and mental health interventions (both terms not well enough defined, according to the authors), those tasks must therefore constitute the essential core of professional work. This seems an unfortunate *non sequitur* where:

one part (individual clinical work) is mistaken for the whole of professional work,
current frequency of activity is unwisely invested with the status of the main determinant
of training objectives for the future, and
vital diversity is to be sacrificed to an ill-conceived view of a narrow commonality of
roles.

8 Nowhere in the explanation of the perceived need for a general examination does the question of *future needs* for and *types* of psychological services appear to receive any attention beyond inferences about the "clinical service delivery" impacts of an ageing population. No attention seems to be given to the wide array of emergent changes in professional roles especially in the non-health areas.

9 The proposed curriculum is (we consider) most unlikely to gain wide acceptance across the profession or from the academic psychologists who teach basic and advanced courses in Psychology. Many would suggest that other topics are much more "generic" and important for future work roles.

We recommend that the Board, in consultation with APAC and the APS, extends the workforce planning work done in the reports in the September 2010 special issue of the Australian Psychologist, from “current snapshots” to “projections of future professional work and associated workforce needs”, particularly beyond the health sector.
(Recommendation 5.)

We also recommend that if a NPE (with a number of different area-specific versions) is to be created, the various Colleges of the APS be part of a broader consultation process, to develop a wide range and large number of questions about their areas of practice that a commencing psychologist should be able to answer. (Recommendation 6.)

10 In the opening statement in CP9 about “capabilities” required of general registrants, the statement “knowledge of the discipline” is general and non-specific to the point of being less than useful. It needs some intellectual meat, such as reference to the uses and limitations of the prevailing model of a psychologist as a scientist-practitioner, and the training implications of that model. The import of the Bologna Process which has influenced at least one Australia University (Melbourne) regarding the structure of its courses and the (late) stage of professional training in that model, should also be examined. *We recommend that this statement be reviewed, and either dropped (as a “capability”) or expanded to be better founded conceptually.* (Recommendation 7.)

11 The flawed notion of “practice across the lifespan” remains despite much objection to it in past consultation submissions, especially by COP. *We recommend that (a) it (“the human lifespan”) be reframed as a topic area (for consideration by APAC in the first instance) for inclusion in the “developmental psychology” component of the four year sequence of undergraduate and Honours-level academic training, and (b) coverage of specialised practice-related knowledge of age-related issues and age-appropriate assessments and interventions be considered (again with APAC but also with the Colleges) in regard to the syllabuses of the various accredited post-graduate programs.* (Recommendation 8.)

12 Nowhere among the “capabilities” does there appear reference to organisational, social, or community levels of conceptualisation, theory-building, analysis and forms of intervention. The underlying thinking is clearly individualistic and “clinical”, about one-to-one interactions and interventions with troubled and vulnerable clients. The focus is very much on “the person” rather than “the environment” in understanding human behaviour and seeking to modify it where change is in order. We consider that, from a “psychologist as scientist-practitioner” perspective, such higher-order multi-level thinking is more important generically (across the various practice areas) than is exposure to specific clinical tests such as the MMPI. *We recommend that discussions be held with APAC and HODSPA about broadening the coverage of: (a) the various accredited fourth year sequences (where necessary); and (b) specialist post-graduate programs; to incorporate in them at least a basic treatment of the social, organisational and community levels of conceptualisation, theory-building and analysis.*
(Recommendation 9.)

13 The proposed capability “working within a cross-cultural context” was disappointingly found not to be a reference to the “community” or “organisational” levels of conceptualisation, analysis and intervention but (when its extension into more specific curriculum content later in CP9 such as “Domains” was considered) appeared

to be little more than an instance of “political correctness” regarding recognition of and sensitivity to cultural differences within an Australian (including Torres Strait Islander) clinical population receiving individual health services.

Of course such recognition and sensitivity are very important, but there is much more to cross-cultural issues and the community and organisational levels of conceptualisation and action than just that. A very important example is the “strategic contingency” emphasis in organisational psychology’s theory and practice: the “it all depends” notion regarding organisational shape and internal systems, in adaptation to their external environments (including cultures). Organisational psychologists, conceptually and by their very client base and scope of operation, need cross-cultural understandings, “contingency” thinking and linked skills to advise and assist organisations and their managers operating globally and internationally, such as:

understanding the various forms of global businesses and their key macro and micro economic features (type of industry, capital and labour intensity, and so forth) and environments (such as levels of turbulence and volatility socio-politically and technically). These affect how organisations are structured and managed contingently, their time spans of strategic and tactical planning and operations, and other key features.

multinational compared with local (national) organisational structures and management features.

inter-country differences on a number of dimensions relevant to organisational structure and functioning, notably in terms of their cultural similarities and differences, and “human capital” and human resource management and development issues (including the role and significance of unions and other collectives in the country concerned).

the nature of public sector and private sector organisations, their similarities and differences, and their interdependencies and other relationships, both locally and in an international and global context.

This need is not reflected in the NPE curriculum at even an introductory level or in the proposed NPE. It could be partially satisfied using a “tailored testing” approach. *We recommend that the capability “working within a cross-cultural context” be reviewed by APAC (in conjunction with COP and the other APS Colleges), to incorporate in accredited programs the kind of material outlined immediately above.*
(Recommendation 10.)

15 The coverage of “forms of assessment” under Domain 2.5 is predominantly “clinical” with only peripheral reference to any other form or level of assessment, or to developments beyond classical measurement/test theory. The reference list is skewed to the clinical, and should be broadened. The current lists of tests and references reflect a preoccupation with particular (mostly clinical) tests rather than with more fundamental measurement, test development and psychometric principles and methods, or the domain of e-testing. A sample of more apposite references is attached. *We recommend the use of the attached broader references as one basis for reviewing the curriculum and for any other assessment-development work initiated by the Board.*
(Recommendation 11.)

16 That an applicant may be able to answer a number of closed multiple-choice items about (say) the CPI would give no guarantee of understanding of those fundamental principles and methodology, or of any capacity to generalise learnings from use of the

CPI to other instruments. *We recommend more emphasis on assessing the applicant's grasp of the fundamentals of measurement theory, and test construction, administration and interpretation, and less on specific knowledge of particular tests. (Recommendation 12.)*

17 The latter (knowing how to administer, score and interpret particular tests) would be more sensibly dealt with under the practice supervision arrangements for provisional psychologists, and through CPD activities (including electronic means), provided that a broader and more flexible approach is substituted for the health bias in the current supervision and CPD provisions set by the Board in these areas.

18 We consider that there is no need for non-clinical psychologists to be trained to carry out a Mental Status Examination (MSE), as is specified in the NPE. *We recommend the excising of the Mental Status Examination. (Recommendation 13.)* We suggest that it may be dangerous to encourage the belief that general registrants can make a MSE, as the legal status and the legal, financial and other outcomes of uses of the MSE are so significant that the examiner must have special training in such assessment as well as know and have experience in the various contexts in which MSE results will be used.⁶ For example, the assessment of mental status in the Victorian criminal system is or may be of crucial importance in determining whether an offender is assigned to a Mental Health List or dealt with by the Criminal courts. In some workers compensation contexts, assessment of mental health status is legislatively limited to psychiatrists, and even highly experienced psychologists have encountered problems of acceptability of their assessments. The MSE (like the invalid Psychiatric Impairment Rating Scale used in the workers' compensation arena) is in fact not a single test but is a protocol for collating the clinician's views about the person's functioning, is highly subjective without norms, and has been subject to much criticism even from its predominant users, psychiatrists. The last thing the psychology profession needs is for general registrants without special training in undertaking MSEs to blunder around in such minefields, bringing the profession into disrepute.

19 In D2.6 (on assessment forms), the prescriptions are far too narrow and at least one requirement (for training in "Memory" testing) gives unwarranted prominence to a small sub-set of more general cognitive assessment. Assessment forms widely used by organisational psychologists (such as 360-degree feedback) are not covered at all.

Again a "one size fits all" approach is unfortunately adopted, despite previous feedback and positive suggestions about the virtues of and need for a broader and more flexible approach.

20 D2.7, 2.8 and 2.9 are even worse in their clinical bias. D2.7 reads "The examination will further test the candidate's ability to administer, score, interpret and write reports using current editions of psychometric tests selected from the following categories: specialised cognitive assessments, developmental and educational, vocational, adaptive behaviour, mental health, counselling, and clinical and health tests."

⁶ This should not be taken to mean that we are suggesting that MSE assessment be part of a restricted scope of practice for (say) clinical or forensic psychologists. Rather, we are indicating the need for focused training and supervised experience in carrying out MSEs, regardless of the specialty to which the registrant belongs. Professional ethics rather than "area of practice endorsement" would determine whether one is able to undertake MSEs.

D2.8 reads “Diagnostic assessment across different settings, client groups and for different purposes: The examination will test: knowledge of psychopathology; knowledge and application of diagnostic classification systems (including current versions of DSM and ICD); hypothesis generation and testing leading to diagnosis; and, ability to formulate the predisposing, precipitating, perpetuating and protective factors which provide an account of why this particular client is presenting with these issues at this time.”

And D2.9 states baldly: “Suicide risk assessment.”

21 Of great concern is that testing of knowledge of and skills in interventions is to be restricted to “*approved Focused Psychological Strategies*”!

They are specified as:

“D3.6a Psychoeducation

D3.6b Motivational interviewing

D3.6c Cognitive behaviour therapy, including:

Behavioural interventions, behaviour modification (especially for children, including behavioural analysis and contingency management), Exposure techniques, Activity scheduling, Cognitive interventions, Cognitive analysis, challenging and restructuring, Self-instructional training, Attention regulation, Relaxation strategies, Guided imagery, deep muscle and isometric relaxation, controlled breathing, Skills training, Problem solving skills training, Anger management, Stress management, Communication training, Social skills training, and Parent management training.

D3.6d Interpersonal therapy (especially for depression).

D3.6e. Other focussed psychological strategies including narrative therapy and other brief evidence-based psychotherapies, particularly as appropriate for specific groups such as Aboriginal and Torres Strait Islander people.”

Again these specifications are considered unnecessarily and excessively clinical, and the associated requirements likely to be discriminatory against non-health psychologists, who comprise a significant base of competently practicing psychologists in Australia.

22 Even D3.8 is considered problematic and biased It reads:

“D3.8 Knowledge of how to evaluate the impact of professional services

Including: ongoing monitoring, evaluation and review of the effectiveness of the intervention, measuring change in behavioural, cognitive and emotional functioning and modifying the problem formulation, hypotheses and initial intervention accordingly.”

The clinical, individualist bias is yet again evident here. Evaluation of change at higher levels of conceptualisation and analysis (e.g. in organisational functioning, or intra- and

between-group interactions) is totally ignored.

23 But Domain 4.4. Communication suffers from an indirect expression of this bias. It refers only to reports to “employers”, presumably an effort to accommodate the reports by organisational and other non-health psychologists, but if so seems to mistakenly assume that such reports are only to employers. It should refer to reports to both “organisations and individuals”.

We recommend wide-ranging review of these various Domain specifications.
(Recommendation 14.)

ALTERNATIVE VIEWS:

The case not made:

We do not consider that the case has been made by the PBA for having a multi-purpose National Psychology Examination (NPE) at all. Nor do we believe that the case been made for the proposed curriculum:

The NPE curriculum as presented in CP9 appears not to be founded on fundamental models of and principles underlying the nature of professional work (e.g. it makes no links conceptually with the “scientist-practitioner” model) or of professional education integrated with scientific training.

It seems to give an unwarranted status to the individualistic mental health and “abnormal behaviour” side of psychology and to ignore general psychology and non-clinical forms of service delivery. The content is (we consider) excessively focused on mental health problems and “clinical” services and interventions; and there is a strong flavour of the traditional, even the old-fashioned, in the content coverage.

By failing to cover the diversity of the profession and the discipline, and their “publics”, it seems likely to be in effect discriminatory against psychologists who are not “clinical”.

It also appears to be insufficiently forward-looking, failing to address the different professional training requirements and outcomes that will be needed to accommodate future changes in psychological science and practice, across the full spectrum of areas of practice and the various types of services. Also appreciation of the serious implications flowing from contemporary changes to traditional education structures and instructional methods (especially e-education and e-testing) is not in evidence.

Its inward-looking, health-focused features are (we believe) most unfortunate at a time when the level of dynamism in the profession is very high, and knowledge, attitudinal and regulatory barriers or disincentives to the exchange of new ideas and methods (such as through NPE and CPD specifications) are more counterproductive than ever.

We also note that mass testing would be very expensive and add to the registration fees to be paid by registrants under the “self-funding” expectations of the

Commonwealth and State and Territory Governments regarding the NRAS. CP9 contains no indication that the costs of the NPE's development and future administration have been considered or are an issue for this consultation exercise.

Modification of Specific Purposes

We turn now to the specific purposes proposed for the NPE.

We accept that an examination may be needed for assessment of unusually qualified applicants, including those from overseas, but even here there would be many instances of highly qualified applicants whose suitability was plain from their CVs. Were this not the case, the current government contractual arrangement with the APS to carry out the assessment of overseas applicants would not be feasible.

The NPE should be used as a fall-back option, not a standard requirement, for the assessment of overseas applicants and locals who have unusual training and experiential backgrounds that leave doubt about their competency level. Further, different applications may arouse different concerns. For some it may be language competencies. For others it may be knowledge of psychological assessment methodology. For yet others, it may be competencies in applied research and statistical analysis, or knowledge of Australian legal requirements and ethical standards. So even for the apparently homogeneous task of assessing overseas applicants, a "tailored" approach is warranted, rather than a single, "shotgun" assessment tool that attempts to "cover the field".

More broadly, routinisation of assessment (of which the proposed NPE would be an instance) is, we judge, clearly inappropriate at this early stage. Much more developmental work is needed before it could be achieved (if ever). Use of standardised multiple-choice items (especially where based on home-grown "scenarios") would seem premature: their individual and collective relevance, reliability, validity, norms, pass-fail cutoffs and so forth have not been established.

We recommend that careful evaluation of individual overseas applicants should be conducted initially using a variety of qualitative assessment methods rather than the NPE. (Recommendation 15.)

Experience with those qualitative methods would allow evaluation of the need for and possible roles and shapes of quantitative "tests" that could eventually be routinely applied (e.g. computer scored). However assessment of overseas applicants should be focused on identifying weaknesses for remedial purposes, and not just for "pass-fail" purposes. Its outcomes should enable effective guidance to be given about those weaknesses for remedial registration purposes. *We recommend the adoption of a developmental, remedial approach to the appraisal of overseas applicants, with the aim of including them in the Australian psychology workforce as soon as possible, but with adequate quality assurance checks built into the remedial process.* (Recommendation 16.)

Graduates from accredited post-graduate programs have already passed the requisite

knowledge and skills training approved by APAC. For them a further Board-run examination is redundant and (we believe) runs the risk of distorting the syllabuses in those accredited programs (as outlined above). *We recommend that graduates from Australian accredited post-graduate programs be permanently exempted by regulation from any Board examination. (Recommendation 17.)*

Also: We recommend that any proposed change to the professional standards expressed or inherent in accredited undergraduate, Honours-level and post-graduate programs must continue to be discussed with APAC in the context of the training requirements set through the accreditation process. (Recommendation 18.)

Provisional psychologists from accredited fourth year programs followed by supervised professional employment (the “4+2” route) might eventually be tested by a better version of the NPE, but if the NPE remains clinically-biased, it would discriminate unfairly against those provisional psychologists whose employment was not in a clinical context. Professional supervisors cannot be expected to teach provisional psychologists the clinical capabilities specified in the NPE, as many of them are not clinically trained, the professional work undertaken in the employing agency is often not clinical, and clinical tests and other resources are not available in many agencies.

In any case, testing this group would be redundant, because they have already been assessed as competent, *on the specified competencies*, by their placement supervisors prior to applying for registration. Now to introduce a different set of competencies under the NPE would be an administratively confusing and disruptive process, unfair to provisional psychologists under professional practice supervision and their supervisors, and thus (we consider) most unwise.

If the Board continues to consider that a NPE must be used for provisional psychologists to convert to full registration, it must (we consider) at the very least reflect the competencies that were agreed to be developed under the supervised practice arrangements approved at the commencement of the supervised practice. Consistency of policy would demand (we believe) multiple versions of the NPE.

We recommend that if a NPE is to be used, it must be substantially modified to remove its current clinical bias, and to be tailored to the profession’s broad practice areas, i.e. there would in effect be multiple forms of the NPE. (Recommendation 19.)

There is in our view no need to examine previously-registered psychologists who are returning to professional work after a significant break. The assumption should not be made that they have not kept up to date in knowledge terms or have lost their practice skills.

The most that is needed is: (i) a statement from such persons of their professional background and what *updating* activities they believe they need – and want – as part of the process of returning to practice⁷, how they propose to arrange them, over what time span, and under what CPD and supervision arrangements; and (ii) progress and final

⁷ Return to work should not be regarded as an event following an examination to be passed presumably after some formal re-training. Rather it should be seen as a process that can commence before or while re-employment and “updating” are occurring.

reports by them about those activities. This “process” (rather than “event”) approach better allows for self-direction and self-management, and speedy return to work (albeit with supervisory safeguards), desirable elements that would help ensure relevance, timeliness, and motivation. In contrast, a generic training program to attempt a general examination would seem not to address their updating needs.

The Board would be able to intervene in any particular case where the “return to work” program, supervision arrangements, and reporting were clearly inadequate, *for the nature of the professional work to be undertaken*. It might, for instance, ask for a more detailed evaluation of the applicant’s claimed past professional history (including formal qualifications, supervised experience, CPD and so on) and its fit with the proposed professional work to be undertaken on “return”. Recognition of Prior Learning (RPL) principles could be usefully adopted and adapted here.

The criterion for evaluating adequacy of progress with up-dating should not be some set of supposed “generic competencies”. Rather, it should be the adequacy of preparation for *return to the type of work in which the person already has prior experience*.

However if a suitable version of the NPE, relevant to the person’s broad area of professional work, is available, the person should be able to elect to undertake it immediately rather than go through the “return to work” process just outlined.

If the Board insists on its current approach of testing a set of “generic competencies” (clinically biased), it would effectively be requiring significant *re-training* of many of these people rather than “up-dating”, and create a significant delay before they can resume professional work. It might be questionable whether, under the National Law Act, the Board has the power to require such re-training.

Delays may also not be in the public interest, in light of the level of demand for psychological services of all types.

We recommend that psychologists returning to work after a significant break should (a) be invited to complete a self-directed and self-managed plan for a “return to work” process, whereby they refresh and update themselves regarding the knowledge base and professional skill requirements in the area of work to which they are returning; and (b) be required to submit at least two reports, one (or more) a progress report, the other a final report. With the Board’s approval, the RTW plan may commence before actual return or upon return. Its duration would be established by negotiation with the Board, depending on the psychologist’s time out of practice and PD history. The Board may place conditions on the registration granted relating to successful completion of the plan including submission of the reports. Alternatively, if a suitable version of the NPE exists, the returning psychologist may choose to undertake it. (Recommendation 20.)

IN CONCLUSION

In the commentary above, twenty specific recommendations are made. Also a number

of other recommendations are implicit in and follow clearly from our evaluations, rather than being made explicitly. We commend them to the Board as one basis for moving forward cooperatively on the important but at times contentious task of formulating mutually-acceptable policies about the assessment of the fit between an applicant's readiness to practice and the minimum standards of professional knowledge and skills needed to do so.

ATTACHMENTS FOLLOW.

ATTACHMENT 1:

THE STRUCTURE SURROUNDING THE PSYCHOLOGY BOARD OF AUSTRALIA

The overarching Ministerial body is the Health, Community and Disability Services Ministerial Council (HCDSMC). Under it are two “Conferences” – the Australian Health Ministers’ Conference (AHMC), and the Community and Disability Services Ministers’ Conference (CDSMC).

Then there are the Australian Health Workforce Ministerial Council (AHWMC), apparently a sub-set of the AHMC.

All of these bodies (HCDSMC, AHMC, AHWMC, CDSMC and CDSMAC) comprise **Ministers** with “health” and/or “disability services” portfolio responsibilities. “Health” includes veteran affairs (this being at Commonwealth level only). They are permanent bodies with broad policy-setting and oversight roles.

The second (non-Ministerial) level down:

Below the HCDSMC and the two Conferences sits the Australian Health Ministers’ Advisory Council (AHMAC) and the Community Services Ministers’ Advisory Council (CDSMAC). *From here on, this description concentrates on the “health” parts of the structure (i.e. the parts below the AHMAC). This does not mean, however, that the area of “community services” is irrelevant or unimportant for psychologists.*

The AHMAC comprises the public service heads of State/Territory health departments around Australia, the head of New Zealand’s equivalent, and the head of the C’tth Dept of Health and Ageing.

It has an internal “executive committee” comprising a Chair, Deputy Chair and the Commonwealth member (elected and rotated about every two years).

There are other parallel and subsidiary components which are not mentioned here.

ATTACHMENT 2: NON-CLINICAL ASSESSMENT REFERENCES

Additional materials which would be advantageous at a broader level include the following:

The Ethical Practice of Psychology in Organizations

Editor: Rodney L. Lowman

Edition/Copyright: Second Edition, 2006

Publisher: The American Psychological Association and the Society for Industrial and Organizational Psychology, Inc.

Psychological Testing and Assessment

Authors: David Shum, John O'Gorman, Brett Myors

Edition/Copyright: 2006

Publisher: Oxford University Press

Handbook of Psychological Testing

Author: Paul Kline

Edition/Copyright: Second Edition, 2000

Publisher: Routledge

An introduction to Psychological Assessment and Psychometrics

Author: Keith Coaley

Edition/Copyright: 2010

Publisher: Sage Publications

Individual Assessment: As practiced in industry and consulting

Authors: Erich P. Prien, Jeffery S. Schippmann, Kristin O. Prien

Edition/Copyright: 2003

Publisher: Lawrence Erlbaum Associates, Inc., Publishers

Computer-Based Testing and the Internet: issues and advances

Editors: Dave Bartram and Ronald K. Hambleton

Edition/Copyright: 2006

Publisher: John Wiley & Sons, Ltd

