

Consultation paper on codes and guidelines

comprising

Guidelines on advertising

Guidelines on mandatory notification

Proposal for a code of ethics

Guidelines on continuing
professional development

Guidelines on area of practice endorsements

Guidelines on internship



If you wish to provide comments on this paper, please lodge a written submission in electronic form, marked 'Attention: Psychology Board of Australia' to natboards@dhs.vic.gov.au by close of business on Wednesday 14 April 2010.

Please note that your submission will be placed on the Board's website unless you indicate otherwise.

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Guidelines on internship

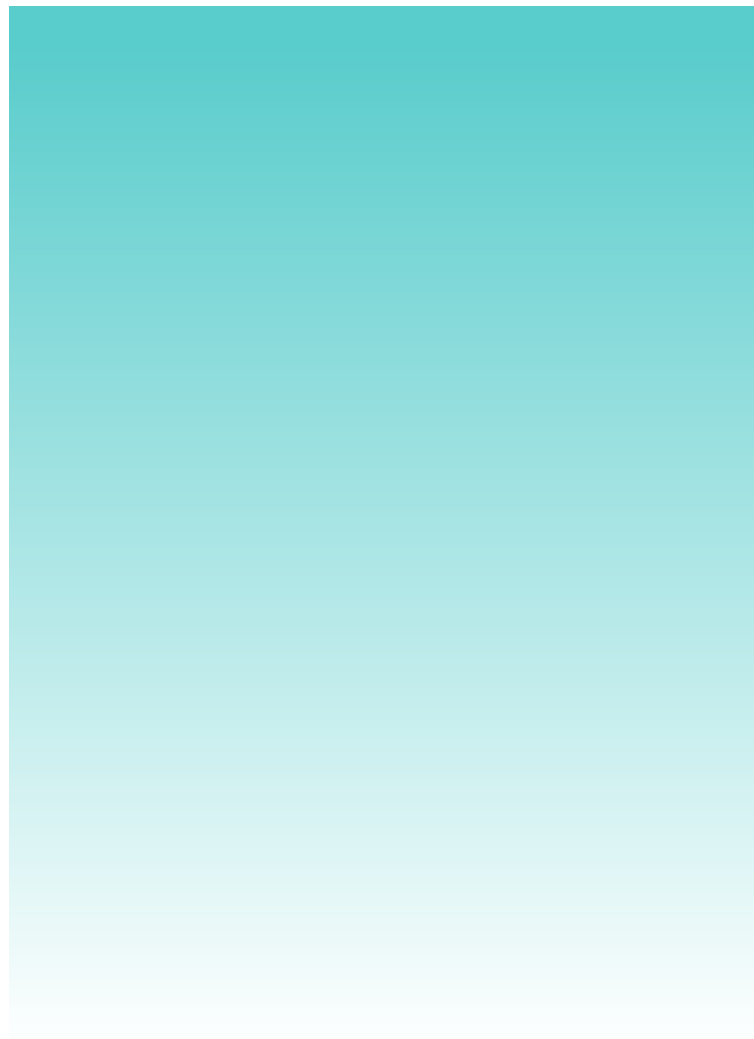
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Introduction

This consultation paper has been developed under the requirements of the *Health Practitioner Regulation National Law Act 2009* (the National Law). The National Law empowers national boards to develop and approve codes and guidelines to provide guidance to the health practitioners a board registers and about other matters relevant to the exercise of boards' functions.

The National Law includes a requirement for national boards to ensure there is wideranging consultation on proposed registration standards, codes and guidelines.

The Board has previously consulted on proposed registration standards to apply from 1 July 2010. Once finalised and approved by the Board these codes and guidelines will come into force from 1 July 2010.



Additional information

The Psychology Board of Australia will commence operation on 1 July 2010. From 1 July 2010 the Board will commence registering psychologists under the *Health Practitioner National Law Act 2009* (the National Law). Psychologists already registered by State and Territory psychologist registration boards will transition to registration under the National Law.

A link to the National Law is available at www.ahpra.gov.au.

In October 2009, the Board released a consultation paper inviting comment on proposed registration standards and other registration matters. The Board has now revised these draft standards in light of the feedback received and has submitted them for approval by the Ministerial Council in accordance with requirements of ss. 12 and 13 of the National Law.

The Board now seeks further feedback on its proposals for codes and guidelines.

This consultation paper does not include all matters in relation to the commencement of the new scheme. Further consultation papers will be issued by the Board in the future. These will cover other issues including (1) requirements for approved training programs in supervision to allow the Board to approve supervisors of provisional psychologists and supervisors of psychologists preparing to apply for an endorsement; (2) consultation on the restriction of psychological testing; and (3) proposed review of the registration standard that permits registration of psychologists who have not undergone postgraduate professional training.

This consultation paper has been developed to meet a requirement of the National Law. Pursuant to s. 40 of the National Law, national boards are required to undertake wide-ranging consultation on proposed codes and guidelines.

Under s. 39 of the National Law, the Board is empowered to develop and approve codes and guidelines to provide guidance to psychologists and about other matters relevant to the exercise of its functions.

Specifically, this consultation paper invites comment on:

Common codes and guidelines for all professions

- guidelines on mandatory notification
- guidelines on advertising.

Psychology Board of Australia codes and guidelines

- proposal for a code of ethics for the psychology profession
- guidelines on continuing professional development
- guidelines on area of practice endorsement
- guidelines on the 4+2 internship program for provisional psychologists and supervisors.

The Board considers that the codes and guidelines should be in place prior to commencement of the national registration and accreditation scheme on 1 July 2010.



Guidelines for advertising of regulated health services

Introduction

These draft guidelines for advertising of regulated health services ('the guidelines') have been developed jointly by the national boards under s. 39 of the *Health Practitioner Regulation National Law Act 2009* ('the National Law')¹.

The purpose of the guidelines is to provide guidance about the interpretation of the provisions of the National Law that apply to advertising of regulated health services. Under the National Law, a regulated health service means 'a service provided by, or usually provided by a registered health practitioner'.

The relevant sections of the National Law that apply to the regulation of advertising of regulated health services are set out in **Attachment 1: Extract of relevant provisions from the *Health Practitioner Regulation National Law Act 2009***. In particular, s. 133 of the National Law states that 'a person must not advertise a regulated health service, or a business that provides a regulated health service, in a way that –

- a). is false, misleading or deceptive or is likely to be misleading or deceptive; or
- b). offers a gift, discount, or other inducement to attract a person to use the service or the business, unless the advertising also sets out the terms and conditions of the offer; or
- c). uses testimonials or purported testimonials about the service or business; or
- d). creates an unreasonable expectation of beneficial treatment; or
- e). directly or indirectly encourages the indiscriminate or unnecessary use of regulated health services.'

These guidelines have been developed to advise registered health practitioners ('practitioners') and others who advertise the regulated health services ('services') provided by practitioners of:

- the operation of s. 133 of the National Law
- how the boards may exercise discretion in interpreting and applying these provisions
- what the boards have determined to be minimum standards of practice in relation to the advertising of regulated health services.

Who needs to use these guidelines?

These guidelines are of relevance to any person who provides or operates a business that provides regulated health services, including:

- practitioners registered under the National Law
- employers of practitioners
- other persons who provide services through the agency of a registered health practitioner.

Students who are registered in a regulated health profession under the National Law should also be familiar with these guidelines.

Summary of guidelines

The national boards recognise the value of providing information to the public about practitioners and the services they provide. Advertising can provide a means of conveying general information on the availability of services and procedures to consumers, helping them obtain a better understanding of services and options available and enabling them to make informed health care choices.

Any information provided in an advertisement for a service should be reliable and useful and assist consumers to make informed decisions about accessing services.

There are risks that advertising which is false, misleading or deceptive can lead to the indiscriminate or unnecessary provision of services or create unrealistic expectations about the benefits, likelihood of success and safety of such services with possible adverse consequences for consumers. There is potential for inaccurate or misleading advertising of services to cause harm to consumers, both physically and psychologically. This is particularly relevant in cases in which the consumer may be vulnerable or not sufficiently well informed to make a decision about the suitability of certain types of services.

The guidelines aim to support the provisions of the National Law, to protect the public from advertising that is false, deceptive and misleading and provide guidance to practitioners about advertising of services.

Advertising of regulated health services

1. Definition of advertising

The National Law does not contain a definition of 'advertising'. Therefore, for the purposes of these guidelines, advertising includes but is not limited to all forms of printed and electronic media and includes any public communication using television, radio, motion pictures, newspapers, billboards, books, lists, pictorial representations, designs, mobile communications or other displays, the Internet or directories and includes

1. The *Health Practitioner Regulation National Law Act 2009* is set out in the Schedule to the *Queensland Health Practitioner Regulation National Law Act 2009*.

business cards, announcement cards, office signs, letterhead, telephone directory listings, professional lists, professional directory listings and similar professional notices.

Advertising also includes situations in which practitioners make themselves available or provide information for media reports, magazine articles or advertorials, including where practitioners make comment or provide information on particular products or services, or particular practitioners.

This definition excludes material issued to persons during consultations where such material is designed to provide the person with clinical or technical information about health conditions or procedures and where the person is afforded sufficient opportunity to discuss and ask questions about the material. Also, this definition is not intended to apply to material issued by a person or organisation for the purpose of public health information or as part of a public health program.

2. Obligations under other legislation

These guidelines relate specifically to advertising of services under s. 133 of the National Law. Persons who advertise regulated health services must also comply with Commonwealth, State and Territory consumer protection legislation. Compliance with these guidelines does not exempt advertisements for services from the need to comply with these laws.

Trade Practices Act 1974 (Cwlth)

Under federal law, the *Trade Practices Act 1974* (Cwlth) permits advertising unless it is misleading or deceptive or likely to mislead or deceive.

The Australian Competition and Consumer Commission (ACCC) takes action against persons who make false or misleading claims about their products or services and profit from the desire of vulnerable people to change their appearance or improve their wellbeing. The ACCC is also a member of the International Marketing Supervision Network (IMSN), a network of law enforcement agencies in 30 countries that regularly undertakes Internet sweeps to prevent and redress deceptive marketing practices that have an international component.

Practitioners should become familiar with the *Trade Practices Act 1974* (Cwlth). The boards also refer practitioners to the publication *Fair Treatment: Guide to the Trade Practices Act for the advertising or promotion of medical and health services* (Commonwealth of Australia, July 2000). This publication can be accessed on the Australian Competition and Consumer Commission's website at www.accc.gov.au.

Fair trading legislation

As well as becoming familiar with relevant Commonwealth trade practices legislation, practitioners should also become familiar with the provisions of relevant State and Territory fair trading legislation that apply to unincorporated persons.

The relevant Acts are:

Fair Trading Act 1992 (ACT)

Fair Trading Act 1987 (NSW)

Consumer Affairs and Fair Trading Act (NT)

Fair Trading Act 1989 (Qld)

Fair Trading Act 1987 (SA)

Fair Trading Act 1990 (Tas)

Fair Trading Act 1999 (Vic)

Fair Trading Act 1987 (WA)

The sections most relevant to advertising are:

- sections addressing unconscionable conduct
- sections addressing misleading or deceptive conduct and false representations.

These provisions mirror those contained in the *Trade Practices Act 1974* (Cwlth).

The fair trading legislation refers to the substantiation of claims, unconscionable conduct and misleading and deceptive conduct, including false representation in relation to goods and services.

The relevant consumer affairs departments publish brochures with information regarding the advertising of services and penalties for breaches of the fair trading legislation.

Therapeutic goods legislation

The advertising of therapeutic goods (including medicines and appliances) is regulated by the Commonwealth Therapeutic Goods Administration under the *Therapeutic Goods Act 1989* (Cwlth) and the Therapeutic Goods Regulations 1990 (Cwlth).

Under the *Therapeutic Goods Act 1989* (Cwlth), an 'advertisement in relation to therapeutic goods includes any statement, pictorial representation or design, however made, that is intended, whether directly or indirectly, to promote the use or supply of the goods'.

With respect to the advertising of therapeutic goods, practitioners are expected to comply with the requirements of the *Therapeutic Goods Act 1989* (Cwlth) and Regulations and relevant standards, including:

Therapeutic Goods Advertising Code 2007

Price Information Code of Practice

The full text of the *Therapeutic Goods Advertising Code 2007* may be downloaded from the Therapeutic Goods Advertising Code Council's website at www.tgacc.com.au.

For specific requirements with respect to the advertising of therapeutic goods, see Section 6 Specific requirements of these guidelines.

3. Professional obligations

Practitioners should always consider their professional ethical obligations and their legal obligations when advertising services. Persons who advertise services should always consider how members of the public will receive their advertising and be mindful that some consumers may have particular vulnerabilities in relation to the advertising and the provision of services.

Practitioners should not advertise in a manner that could be considered as attempting to profit from or take advantage of limited consumer understanding of the properties of medicines, other therapeutic goods or services.

Ensuring competence

When advertising a service, a practitioner should ensure that he or she is competent by reason of his or her education, training and/or experience to provide the service advertised or to act in the manner or professional capacity advertised.

Professional qualifications

Practitioners must state clearly their professional qualifications. Credentials and a practitioner's expertise in a particular field should be clear to the public. A practitioner who does not hold specialist registration or an endorsement must not claim or hold himself or herself out to be a specialist or hold an endorsed registration, either explicitly or by implication, or attempt to convey that perception to the public. See Section 6.4 Advertising of qualifications and titles for further information.

Substantiation of claims

Practitioners must be certain that they can substantiate any claims made in advertising material, particularly in relation to outcomes of treatment, whether implied or explicitly stated. Unless there is accepted scientific evidence that there are no material risks associated with the type of treatment, an advertisement for services should alert the public to the fact that there are associated health risks.

Authorising the content of advertising

Practitioners are responsible for the style and content of all advertising material associated with the provision of their goods and services. Practitioners may not delegate accountability for ensuring the accuracy of advertising and compliance with these guidelines to an administrator, manager, director or other unregistered person.

It **will not** be considered a defence in relation to an alleged breach of these guidelines that the practitioner did not have control over the content of the advertisement and the boards may view failure to take reasonable steps to control the content of advertising as possible unprofessional conduct.

Practitioners should not allow the services they provide to be advertised or make themselves available for 'advertorials', media reports or magazine articles to promote particular health services or therapeutic goods unless they have made specific arrangements to approve and sign off the content and have had reasonable opportunity to ensure that the published version of the advertorial or article adheres to these guidelines.

Informed consent

The main purpose of advertising of services is to present information that is reasonably needed by consumers to make an informed **initial** decision about the availability and suitability of services offered. Any initial decision by a consumer in response to an advertised service does not substitute for informed consent and does not remove the obligation on a practitioner to obtain informed consent before proceeding to provide the service.

4. What is acceptable advertising?

Advertising used to inform the public of the availability of regulated health services may be considered to comply with these guidelines if it is information published in the public interest and is factual, honest, accurate, clear, verifiable and not misleading. As such, advertising may contain:

- a). a factual and clear statement of the service(s) and/or any product(s) offered
- b). contact details of the office of the practitioner, including e-mail or website addresses and telephone numbers
- c). the gender of practitioners
- d). a statement of office hours regularly maintained by the practitioner and the availability of after hours services
- e). for any surgical and/or invasive procedures, the appropriate warning statement in a clearly visible position (see Section 6.2 Use of warning statements for surgical or invasive procedures)

- f). non-enhanced photos or drawings of the practitioner or his/her office
- g). advice on the availability of wheelchair access to any premises to which the advertisements relate
- h). a statement of any language(s) other than English fluently spoken by the practitioner or another person in his/her office
- i). a statement about fees charged, bulk billing arrangements or other insurance plan arrangements and instalment fee plans regularly accepted
- j). a statement of the names of schools and training programs from which the practitioner has graduated and the qualifications received, subject to Section 6.4 Advertising of qualifications and titles
- k). reference to any practitioners who hold specialist registration or endorsement under the National Law and their area of specialty or endorsement
- l). a statement of the teaching positions currently or formerly held by the practitioner in board approved or accredited institutions, together with relevant dates
- m). a statement of the accreditation or certification of the practitioner with a public board or agency, including any affiliations with hospitals or clinics
- n). a list of the practitioner's publications in peer reviewed journals
- o). any statement providing public health information encouraging preventative or corrective care.
- c). mislead, either directly, by implication, through emphasis, by comparison, by contrast, or by omission
- d). use testimonials or purported testimonials
- e). compare different regulated health professions
- f). claim that the services provided by a particular regulated health profession are better or safer than others
- g). refer to the recovery time following provision of a regulated health service that may lead to unrealistic expectations
- h). lead to, or be likely to lead to inappropriate self-diagnosis or self-treatment
- i). abuse the trust or exploit a lack of knowledge by patients or clients
- j). fail to disclose that there are health risks associated with a treatment
- k). omit the necessary warning statement (see Section 6.2 Use of warning statements for surgical or invasive procedures)
- l). contain language that could cause fear or distress
- m). contain any information or material which is likely to make a person believe his or her health or wellbeing may suffer from not taking / undertaking the service
- n). contain price information that is inexact or fails to specify any conditions or variables to an advertised price (see Section 6.5 Advertising of price information), or offers time-limited discounts or inducements
- o). contain any claim, statement or implication:
 - either expressly, or by omission, that the treatment is infallible, unfailing, magical, miraculous or a certain, guaranteed or sure cure
 - that a practitioner has an exclusive or unique skill or remedy, or that a product is 'exclusive' or contains a 'secret ingredient'
 - that a practitioner provides superior services to those provided by other practitioners
 - that the results of the service offered are always effective
 - that the services can be a substitute for public health vaccination or immunisation
- p). purport to inform the public fully of the risks of undertaking a health procedure or to replace the process of informed consent
- q). provide a patient or client with an unsolicited appointment time which has not been requested by the patient or client

5. What is unacceptable advertising?

This section is intended to provide a clear indication of the type of advertising of regulated health services that the boards consider to be unacceptable. Where examples are provided, they are intended to assist practitioners and other persons who advertise services to comply with the advertising provisions of the National Law. They are not intended to be exhaustive.

To comply with s. 133 of the National Law and these guidelines, advertising of services **must not**:

- a). create or be likely to create unwarranted and unrealistic expectations about the effectiveness of the services advertised
- b). encourage directly or indirectly inappropriate, indiscriminate, unnecessary or excessive use of services - for example, references to a person improving physical appearance and the use of phrases such as 'don't delay', 'achieve the look you want', 'looking better and feeling more confident' have the potential to create unrealistic expectations about the effectiveness of certain services and encourage unnecessary use of such services
- c). either expressly, or by omission, that the treatment is infallible, unfailing, magical, miraculous or a certain, guaranteed or sure cure
- d). that a practitioner has an exclusive or unique skill or remedy, or that a product is 'exclusive' or contains a 'secret ingredient'
- e). that a practitioner provides superior services to those provided by other practitioners
- f). that the results of the service offered are always effective
- g). that the services can be a substitute for public health vaccination or immunisation
- h). purport to inform the public fully of the risks of undertaking a health procedure or to replace the process of informed consent
- i). provide a patient or client with an unsolicited appointment time which has not been requested by the patient or client

- r). promote tobacco products, smoking or alcohol or any other addictive substances or products that are known to affect health adversely
- s). be vulgar, sensational, contrary to accepted standards of propriety or likely to bring a regulated health profession into disrepute.

6. Specific requirements

6.1 Use of graphic or visual representations

Practitioners should use any graphic or visual representations in service advertising with caution. This includes photographs of patients, clients or models, diagrams, cartoons or other images. A 'photograph' in relation to the advertised treatment includes images, graphic or other visual representations or facsimiles.

If photographs of people are used in advertising, the photographs must only depict patients or clients who have actually undergone the advertised treatment and who have provided consent for publication of the photograph.

Use of 'before and after' photographs in advertising of regulated health services has a significant potential to be misleading or deceptive, to convey to a member of the public inappropriately high expectations of a successful outcome and to encourage the unnecessary use of services.

If 'before and after' photographs are used, care must be taken to ensure the public can trust the truthfulness of the images; for example by:

- providing images that are as similar as possible in content, camera angle, background, framing and exposure
- ensuring consistency in posture, clothing and make up
- ensuring consistency in lighting and contrast
- stating if photographs have been altered in any way
- confirming that the referenced procedure is the only change that has occurred for the person being photographed.

6.2 Use of warning statements for surgical or invasive procedures

Where a surgical (or 'an invasive') procedure is advertised directly to the public, thus bypassing the gatekeeping and referral role of the primary care practitioner, the advertisement should include a clearly visible warning, with text along the following lines:

'Any surgical or invasive procedure carries risks. Before proceeding, you should seek a second opinion.'

The text of any warning label must not be in smaller print than the main text of the advertisement or in an obscure position in the advertisement.

6.3 Use of comparative advertising

It is difficult to include all required information to avoid a false or inaccurate comparison when comparing one health service or product with another. Therefore, comparative advertising is at risk of misleading the public. If any form of comparative advertising is used, practitioners must not make unsubstantiated claims, refrain from deriding or otherwise criticising the services or products offered by another practitioner or making sensational statements which cannot be corroborated.

6.4 Advertising of qualifications and titles

A practitioner should state clearly his or her professional qualifications. Credentials and a practitioner's expertise in a particular field should be clear to the public.

Use of titles in advertising

S. 117 of the National Law prohibits a practitioner from knowingly or recklessly taking or using any title that could be reasonably understood to induce a belief that the practitioner is registered in a regulated health profession or a division of a health profession in which the practitioner is not registered.

S. 116 prohibits a person who is not a practitioner from knowingly or recklessly taking or using a title that, having regard to the circumstances, indicates or could be reasonably understood to indicate the person is a practitioner or authorised or qualified to practise in a health profession.

There is no provision in the National Law that prohibits specifically a practitioner from using titles such as 'doctor' or 'professor'.

If practitioners choose to adopt the title 'Dr' in their advertising, and they are not registered medical practitioners, then they should make clear that they do not hold registration as medical practitioners; for example, by including a reference to their health profession whenever the title is used, such as:

Dr Isobel Jones (Dentist) or

Dr Walter Lin (Chiropractor)

The Psychology Board of Australia advises registered psychologists that use of the title 'doctor' in their practice, has potential to mislead members of the public. Specifically, patients or clients may be misled into believing that the practitioner is a psychiatrist when they are not. Therefore, registered psychologists may not use such a title unless they hold a doctoral qualification

from an approved higher education provider as listed in Part 2-1 Division 16 of the *Higher Education Support Act 2003* (Cwlth), or an overseas institution with an equivalent accreditation status. Where a registered psychologist holds a doctoral qualification that meets the above standard, if they advertise their services to the public, they should make it clear when using the title 'doctor' that they are not a registered medical practitioner or psychiatrist, for example:

Dr Vanessa Singh (Psychologist) or

Dr Ivan Hassam (Doctor of Psychology)

Advertising of specialties and endorsements

S. 116 of the National Law prohibits an unregistered person from claiming to be registered under the National Law or holding himself or herself out as being registered under the National Law in any of the health professions.

S. 115 prohibits a person from knowingly or recklessly taking or using a specialist title for a recognised specialty unless the person is registered under the National Law in the specialty.

S. 118 prohibits a person who is not a specialist practitioner from taking or using a title, name, initial, symbol, word or description that, having regard to the circumstances indicates, or could be reasonably understood to indicate that person is a specialist practitioner or is authorised or qualified to practise in a recognised specialty.

A list of health professions with recognised specialties and the approved specialist titles for each recognised specialty is available at the websites of the relevant national boards. A practitioner who does not hold specialist registration under the National Law may not use the title 'specialist' or through advertising or other means, present themselves to the public as holding specialist registration in a health profession.

S. 119 prohibits a registered health practitioner from claiming to hold a type of registration, or endorsement of registration under the National Law that they do not hold, or to claim to be qualified to hold an endorsement they do not hold.

A list of health professions with approved area of practice endorsements is available at the websites of the relevant national boards. A registered practitioner who does not hold an endorsement under the National Law may not through advertising or other means, present themselves to the public as holding such an endorsement, for example, by using professional titles that are associated with an approved area of practice endorsement.

Other qualifications or memberships

Advertising qualifications or memberships may be useful in providing the public with information about experience and expertise but may be misleading or deceptive if patients or clients can interpret the advertisements readily to imply that the practitioner is more skilled or has greater experience than is the case.

Patients or clients are best protected when practitioners advertise only those qualifications that are:

- approved for the purposes of registration or endorsement of registration or
- conferred by approved higher education providers (within the meaning of the *Higher Education Support Act 2003* (Cwlth)) or
- conferred by an education provider that has been accredited by a government accreditation authority

A list of accreditation authorities and approved qualifications for each health profession is available at the website of the relevant national board.

Practitioners who are considering the use of titles, words or letters to identify and distinguish themselves in advertising, other than those professional titles protected under the National Law for their profession, are encouraged to ask themselves the following questions:

- Why do I wish to use this title, qualification, membership, words or letters in advertising material?
- Am I well qualified in the areas of practice that I offer and promote with these words?
- Is the basis for my use of title, qualification, membership or other words or letters:
 - > relevant to my area of health practice?
 - > current?
 - > verifiable?
 - > credible?
- If I display/promote my qualifications in advertising materials, is it easy to understand?
- Is there any risk of people misunderstanding or misinterpreting the words, letters or titles I use?

6.5 Advertising of price information

Information in advertising of regulated health services about the price of procedures must be clear and not misleading. If the advertising is for goods or equipment that fall within the definition of a therapeutic good under the *Therapeutic Goods Act 1989* (Cwlth), then the advertising must comply with the *Therapeutic Goods Advertising Code 2007* and the *Price Information Code of Practice* as updated from time to time.

It is generally difficult to provide an accurate price of a service in an advertisement due to the personal nature of services and the number of variables involved in the treatment of each person. Any person advertising regulated health services should be very careful when including price information in service advertising due to the significant potential for such information to mislead or encourage the unnecessary use of services.

If fees and price information are to be advertised, then price information should be exact, with all fees for services clearly identifiable and any conditions or other variables to an advertised price or fee disclosed.

Practitioners or other persons who advertise services:

- are advised against using phrases like 'as low as' or 'lowest prices' or similar words or phrases when advertising fees for services, prices for products or price information or stating an instalment amount without stating the total cost
- should not compensate or give anything of value to a representative of the press, radio, television or other communication medium for professional publicity unless the fact of compensation is made known publicly
- must not advertise time-limited and special offers.

6.6 Use of gifts or discounts in advertising

The use of gifts or discounts in advertising is not supported, due to the potential for such inducements to encourage the unnecessary use of regulated health services.

If a practitioner or a person advertising a regulated health service does use a discount, gift or any other inducement to attract patients or clients to a service the offer must be truthful and the terms and conditions of that offer must be set out clearly in the advertisement.

Discounts, gifts or other inducements must not be used in advertising of medicines that have potential for abuse or misuse. In relation to other medicines and therapeutic goods, the boards discourage the use of prizes, bonuses, bulk purchases or other endorsements that may encourage the unnecessary consumption of medicines or other therapeutic goods.

6.7 Use of scientific information in advertising

The boards encourage caution when using scientific information in advertising of regulated health services. When a practitioner chooses to use scientific information in advertising, it should:

- be presented in a manner that is accurate, balanced and not misleading
- use terminology that is understood readily by the audience to whom it is directed

- identify clearly the relevant researchers, sponsors and the academic publication in which the results appear
- be from a reputable and verifiable source.

7. Advertising of therapeutic goods

7.1 Therapeutic Goods Advertising Code 2007

Under the *Therapeutic Goods Advertising Code 2007*:

- there are general prohibitions on advertisements for therapeutic products that appeal to fear, are misleading, raise unrealistic expectations on claims to efficacy, claim that the products have miraculous properties, etc.
- advertising must not be directed to minors, with certain exceptions
- representations about abortifacient action, neoplastic disease (except in relation to the use of sunscreens), sexually transmitted diseases (except in relation to contraceptive devices), HIV/AIDS or mental illness are prohibited
- approval must be obtained from the Therapeutic Goods Administration to advertise therapeutic goods for 'serious diseases' that are listed in the *Code*.

Advertisements must contain:

- the trade name of the product
- a reference to its permitted indications only
- where applicable, a list of the ingredients
- the following statements prominently displayed:
 - Always read the label.
 - Use only as directed.
 - 'If symptoms persist, see your medical practitioner/health care professional'.

7.2 Advertising of scheduled medicines

State and Territory drugs and poisons laws prohibit the advertising to the public of substances in Schedule 4 (prescription only medicines), Schedule 8 (controlled drugs) and Schedule 9 (prohibited substances) of the current Poisons Standard (the Standard for Uniform Scheduling of Drugs and Poisons). The same restriction applies to the advertising of substances in Schedule 3 (pharmacist only medicines), with the exception of those substances listed in Appendix H of the current Poisons Standard.

A list that states only the names, strengths, pack sizes and prices of medicines in the above categories is a price list rather than an advertisement. Other words and pictorial representations and photographs are not permitted in advertising of these medicines.

7.3 Advertising of vitamin supplements

Advertisements for vitamin supplements must be accompanied by the words 'Vitamin supplements may be of assistance if dietary intake is inadequate'. These words must be placed as close as possible to the item being advertised. Placement of these words in a footnote is not acceptable.

7.4 Advertisements for analgesics for internal use

Subject to Section 7.2 Advertising of scheduled medicine, any advertisements for analgesics for internal use are to be accompanied by the words 'Use only as directed and consult your medical practitioner if pain or symptoms persist'. These words must be placed as close as possible to the item being advertised. Placement of these words in a footnote is not acceptable.

An analgesic for internal use consists of one or more of the following:

- salicylic acid and its derivatives and their salts
- codeine
- other non-steroidal anti-inflammatory drugs
- paracetamol, except when formulated in combination with other ingredients for symptomatic and episodic use in the treatment of colds.

7.5 Advertisements for Schedule 3 medicines listed in Appendix H of the current Poisons Standard

Advertisements for Schedule 3 medicines listed in Appendix H of the current Poisons Standard (the Standard for Uniform Scheduling of Drugs and Poisons) are to be accompanied by the words: 'Your pharmacist's advice is required'. These words must be placed as close as possible to the item being advertised. Placement of these words in a footnote is not acceptable.

7.6 Use of Repeat Authorisation Forms for advertising

The tear-off strip on the right hand side of Repeat Authorisation Forms for prescription medicines must not be used for advertising, other than a statement, if considered necessary, of the name, address and telephone number of the pharmacy that issued the repeat authorisation and their hours of business.

7.7 Other Pharmacy Board specific requirements

Advertising of medicines:

- must not offer any personal incentives to pharmacy assistants to recommend or supply therapeutic products
- must not include an offer of a sample

Advertising of other therapeutic goods must state 'Your (practitioner) will advise you whether this preparation (product name) is suitable for you/your condition'.

8. Consequences of breach of advertising requirements

The national boards remind all practitioners of their legal and ethical responsibilities in providing the public with clear and accurate information about the availability of services. Practitioners are also reminded that some members of the public may have limited understanding of many aspects of these services and as a result may be vulnerable.

In determining whether an advertisement is misleading, or whether it creates an unreasonable expectation of beneficial treatment or encourages directly or indirectly the indiscriminate or unnecessary use of regulated health services or medicines, the boards will consider the overall impression of the advertisement and the likely impact the advertisement may have on a member of the public. Specifically, a national board will consider what conclusions a member of the public can infer reasonably from material contained within an advertisement and whether the material is likely to mislead or deceive either directly or by omission. Qualifiers or disclaimers should be displayed obviously rather than contained in fine print.

National boards cannot give legal advice or opinion and cannot 'vet' or pre-approve advertisements for compliance with these guidelines. If a person is in doubt about whether his or her advertisement might be in breach of the National Law, that person should seek his or her own advice, for example, from professional indemnity insurers or lawyers, before placing the advertisement.

Registered health practitioners

Failure to adhere to the guidelines may be investigated by a national board (either in response to a notification or on its own motion). A breach of the guidelines may constitute unprofessional conduct and/or professional misconduct, and as such, may be dealt with by the boards through the disciplinary mechanisms available under the National Law.

When a practitioner is found by a national board's performance and professional standards panel or a State or Territory tribunal to have engaged in unprofessional conduct and/or professional misconduct in relation to advertising of regulated health services, the determinations that may be made under the National Law include, but are not limited to, the following:

- require the practitioner to undergo counselling
- caution the practitioner
- reprimand the practitioner

- require the practitioner to undertake further education
- impose conditions on the registration of the practitioner (for example, to require the practitioner to publish a retraction or correction)
- impose a fine on the practitioner and/or
- suspend or cancel the practitioner's registration.

Breach of consumer legislation independent of these guidelines may be dealt with under relevant Commonwealth, State or Territory laws.

Persons who are not registered

A breach of s. 133 of the National Law by a person who is not a practitioner or a body corporate may result in the person (or body corporate) being prosecuted in the relevant State or Territory Magistrates' Court and a financial penalty may be imposed.

9. How a notification or complaint may be made (s. 146)

If a person reasonably believes that a practitioner or an unregistered person has breached s. 133 of the National Law with respect to the advertising of a service, the person may make a notification to the Australian Health Practitioner Regulation Agency. A notification or complaint must include the basis for making the notification; that is, it must specify what the notification is about.

A complaint may be made verbally, by phoning <phone number to be advised>, via the Board's website, or at any of the State and Territory offices of the National Agency:

(list of addresses to be advised)

To make a notification in writing, email (email address to be advised)

or fax (fax number to be advised).

Date of issue: 1 July 2010

Date of review: This guideline will be reviewed at least every three years

Last reviewed:

Attachment 1:

Extract of relevant provisions from the *Health Practitioner Regulation National Law Act 2009*

Part 5, Division 3 Registration standards and codes and guidelines

39 Codes and guidelines

A National Board may develop and approve codes and guidelines—

- (a) to provide guidance to the health practitioners it registers; and
- (b) about other matters relevant to the exercise of its functions.

Example. A National Board may develop guidelines about the advertising of regulated health services by health practitioners registered by the Board or other persons for the purposes of section 133.

40 Consultation about registration standards, codes and guidelines

- (1) If a National Board develops a registration standard or a code or guideline, it must ensure there is wide-ranging consultation about its content.
- (2) A contravention of subsection (1) does not invalidate a registration standard, code or guideline.
- (3) The following must be published on a National Board's website—
 - (a) a registration standard developed by the Board and approved by the Ministerial Council;
 - (b) a code or guideline approved by the National Board.
- (4) An approved registration standard or a code or guideline takes effect—
 - (a) on the day it is published on the National Board's website; or
 - (b) if a later day is stated in the registration standard, code or guideline, on that day.

41 Use of registration standards, codes or guidelines in disciplinary proceedings

An approved registration standard for a health profession, or a code or guideline approved by a National Board, is admissible in proceedings under this Law or a law of a co-regulatory jurisdiction against a health practitioner

registered by the Board as evidence of what constitutes appropriate professional conduct or practice for the health profession.

133 Advertising

- (1) A person must not advertise a regulated health service, or a business that provides a regulated health service, in a way that -
 - (a) is false, misleading or deceptive or is likely to be misleading or deceptive; or
 - (b) offers a gift, discount or other inducement to attract a person to use the service or the business, unless the advertising also states the terms and conditions of the offer; or
 - (c) uses testimonials or purported testimonials about the service or business; or
 - (d) creates an unreasonable expectation of beneficial treatment; or
 - (e) directly or indirectly encourages the indiscriminate or unnecessary use of regulated health services.

Maximum penalty

- (a) in the case of an individual - \$5,000; or
- (b) in the case of an individual - \$10,000
- (2) A person does not commit an offence against subsection (1) merely because the person, as part of the person's business, prints or publishes an advertisement for another person.
- (3) In proceedings for an offence against this section, a court may have regard to a guideline approved by a National Board about the advertising of regulated health services.
- (4) In this section – regulated health service means a service provided by, or usually provided by, a health practitioner.

5 Definitions

'health practitioner' means an individual who practises a health profession.

'health profession' means the following professions, and includes a recognised specialty in any of the following professions –

- (a) Aboriginal and Torres Strait Islander health practice;
- (b) Chinese medicine;
- (c) chiropractic;

- (d) dental (including the profession of a dentist, dental therapist, dental hygienist, dental prosthetist and oral health therapist);
- (e) medical;
- (f) medical radiation practice;
- (g) nursing and midwifery;
- (h) occupational therapy;
- (i) optometry;
- (j) osteopathy;
- (k) pharmacy;
- (l) physiotherapy;
- (m) podiatry;
- (n) psychology.

Part 11 of the National Law provides powers for inspectors to conduct investigations to enforce compliance with the National Law. Schedule 6 sets out the powers of inspectors, including power to obtain information, enter places, obtain a warrant, and seize evidence etc.

Section 243 states that if a persons behaviour constitutes an offence against this Law and constitutes professional misconduct, unsatisfactory professional performance or unprofessional conduct, the fact that proceedings for an offence have been taken in relation to the behaviour does not prevent proceedings being taken before an adjudication body (a panel, tribunal, Court or entity declared in a co-regulatory jurisdiction to be an adjudication body) for the same behaviour. This means that where a registered health practitioner engages in behaviour that may breach section 133, the Board may choose to prosecute the practitioner through the courts or deal with the matter as a conduct or performance matter, depending on the circumstances.



Guidelines for mandatory notifications

Introduction

These draft guidelines have been developed jointly by the national boards under s. 39 of the *Health Practitioner Regulation National Law Act 2009* ('the National Law')¹. The guidelines are developed to provide direction to registered health practitioners, employers of practitioners and education providers about the requirements for mandatory notifications under the National Law.

The relevant sections of the National Law are attached.

Who needs to use these guidelines?

These guidelines are relevant to:

- health practitioners registered under the National Law
- employers of practitioners
- education providers.

Students who are registered in a health profession under the National Law should be familiar with these guidelines. Although the National Law does not require a student to make a mandatory notification, a notification can be made about an impaired student.

Summary of guidelines

These guidelines explain the requirements for practitioners, employers of practitioners and education providers to make mandatory notifications under the National Law to prevent the public being placed at risk of harm.

The threshold to be met to trigger a mandatory notification in relation to a practitioner is high. The practitioner or employer must have first formed a reasonable belief that the behaviour constitutes notifiable conduct or a notifiable impairment or, in the case of an education provider, a notifiable impairment.

Making a mandatory notification is a serious step to prevent the public from being placed at risk of harm and should only be taken on sufficient grounds. The guidelines explain when these grounds are likely to arise.

Importantly, the obligation to make a mandatory notification applies to the conduct or impairment of all practitioners, not just those within the practitioner's own health profession.

These guidelines also address the role of the Australian Health Practitioner Regulation Agency (the National Agency) as the body for receiving notifications and referring them to the relevant board.

Guidelines for mandatory notifications

1. Introduction

The National Law requires practitioners, employers and education providers to report 'notifiable conduct', as defined in s. 140 of the National Law, to the National Agency in order to prevent the public being placed at risk of harm.

These guidelines explain how the boards will interpret these mandatory notification requirements. They will help practitioners, employers and education providers understand how to work with these requirements; that is, whether they must make a notification about a practitioner's conduct and when.

The threshold to be met to trigger the requirement to report notifiable conduct in relation to a practitioner is high; and the practitioner or employer must have first formed a reasonable belief that the behaviour constitutes notifiable conduct.

The aim of the notification requirements is to prevent the public from being placed at risk of harm. The intention is that practitioners notify the Agency if they believe that another practitioner has behaved in a way which presents a serious risk to the public. The requirements focus on serious instances of sub-standard practice or conduct by practitioners or serious cases of impairment of students or practitioners; this is, behaviour that puts the public at risk of harm, rather than not liking the way someone else does something or feeling that they could do their job better.

The National Law also provides for voluntary notifications for behaviour that presents a risk but does not meet the threshold for notifiable conduct (see ss. 144 and 145 of the National Law).

Protection for people making a notification

The National Law protects practitioners, employers and education providers who make notifications in good faith under the National Law. 'Good faith' is not defined in the National Law so has its ordinary meaning of being well-intentioned or without malice. S. 237 provides protection from civil, criminal and administrative liability, including defamation, for people making notifications in good faith. The National Law clarifies that making a notification is not a breach of professional etiquette or ethics, or a departure from accepted standards of professional conduct. These provisions protect practitioners making mandatory notifications from legal liability and reinforce that making mandatory notifications under the National Law is consistent with professional conduct and a practitioner's ethical responsibilities.

1. The *Health Practitioner Regulation National Law Act 2009* is set out in the Schedule to the *Queensland Health Practitioner Regulation National Law Act 2009*.

2. General obligations

The obligation is on any practitioner or employer who forms a reasonable belief that another practitioner has engaged in notifiable conduct to make a report to the National Agency as soon as practicable. The definition of 'notifiable conduct' is set out in s. 140 of the National Law and in Section 3 Notifiable conduct of these guidelines.

The mandatory notification obligation applies to all practitioners and employers of practitioners in relation to the notifiable conduct of all practitioners, not just those in the same health profession as the practitioner. It applies where the notifying practitioner is also the treating practitioner for a practitioner.

There is also a mandatory obligation for education providers and practitioners to report a student with an impairment that may place the public at substantial risk of harm.

Although mandatory notification provisions in legislation are new to most practitioners, the duties covered in them are consistent with current ethical practice and professional obligations. In addition to their legal obligations with respect to mandatory reporting, practitioners are also under an ethical obligation to notify concerns about a practitioner, in accordance with the broad ethical framework set out in the health profession's code of conduct (see the code of conduct and the voluntary reporting provisions of the National Law).

There are some exceptions to the requirement for practitioners to notify the National Agency of notifiable conduct, which are discussed at Section 4 Exceptions to the requirement of practitioners to make a mandatory notification.

What is a reasonable belief?

For practitioners reporting notifiable conduct, a 'reasonable belief' must be formed in the course of practising the profession.

A reasonable belief requires a stronger level of knowledge than a mere suspicion. Generally it would involve direct knowledge or observation of the behaviour which gives rise to the notification, or, in the case of an employer, it could also involve a report from a reliable source or sources. Mere speculation, rumours, gossip or innuendo are not enough to form a reasonable belief.

A reasonable belief has an objective element – that there are facts which could cause the belief in a reasonable person; and a subjective element – that the person making the notification actually has that belief.

A report should be based on personal knowledge of facts or circumstances that are reasonably trustworthy and that would justify a person of average caution, acting in good faith, to believe that notifiable conduct has occurred or that a notifiable impairment exists. Conclusive proof is not

needed. The professional background, experience and expertise of a practitioner, employer or education provider will also be relevant in forming a reasonable belief.

The most likely example of where a practitioner or employer would form a reasonable belief is where the person directly observes notifiable conduct, or, in relation to an education provider, observes the behaviour of an impaired student.

What is 'the public'?

Several of the mandatory notification provisions refer to 'the public being placed at risk of harm'. In the context of notifications, 'the public' can be interpreted as persons that access the practitioner's health services or the wider community which could potentially have been placed at risk of harm by the practitioner's services.

3. Notifiable conduct

S. 140 of the National Law defines 'notifiable conduct' as where a practitioner has:

- (a) practised the practitioner's profession while intoxicated by alcohol or drugs; or
- (b) engaged in sexual misconduct in connection with the practice of the practitioner's profession; or
- (c) placed the public at risk of substantial harm in the practitioner's practice of the profession because the practitioner has an impairment; or
- (d) placed the public at risk of harm because the practitioner has practised the profession in a way that constitutes a significant departure from accepted professional standards.'

The following sections of the guidelines discuss these types of notifiable conduct, followed by the exceptions. The guidelines are only examples of decision making processes, so practitioners, employers and education providers should check the exceptions to make sure they do not apply. If a practitioner engages in more than one type of notifiable conduct, each type is required to be notified.

Practise while intoxicated by alcohol or drugs (s. 140(a))

The word 'intoxicated' is not defined in the National Law, so the word has its ordinary meaning. The boards will consider a practitioner to be intoxicated where his or her capacity to exercise reasonable care and skill in the practice of the health profession is impaired or affected as a result of being under the influence of drugs or alcohol.

The National Law does not require notification of a practitioner who is intoxicated outside the practice of his or her health profession, unless the intoxication triggers another ground for notification.

Decision guide – notifying intoxication



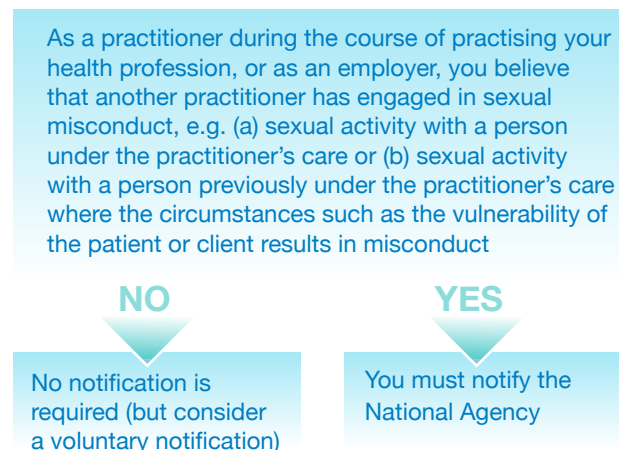
Sexual misconduct in connection with the practice of the practitioner's profession (s. 140(b))

S. 140(b) relates to sexual misconduct in connection with the practice of the practitioner's health profession; that is, in relation to persons under the practitioner's care or linked to the practitioner's practice of his or her health profession. Engaging in sexual activity with a current patient or client will constitute sexual misconduct in connection with the practice of the practitioner's health profession, regardless of whether the patient or client consented to the activity or not. This is because of the power imbalance between practitioners and their patients or clients. Sexual misconduct also includes making sexual remarks, touching patients or clients in a sexual way, or engaging in sexual behaviour in front of a patient or client, etc. Engaging in sexual activity with a person who is closely related to a patient or client under the practitioner's care may also constitute misconduct. In some cases, someone who is closely related to a patient or client may also be considered a patient or client; for example, the parent of a child patient or client.

Engaging in sexual activity with a person formerly under a practitioner's care (i.e. after the termination of the practitioner-patient/client relationship) may also constitute sexual misconduct. Relevant factors will include the

vulnerability of the patient or client due to issues such as age, capacity and/or health conditions; the extent of the professional relationship; for example, a one-off treatment in an emergency department compared to a long term program of treatment; and the length of time since the practitioner-patient/client relationship ceased.

Decision guide – notifying sexual misconduct



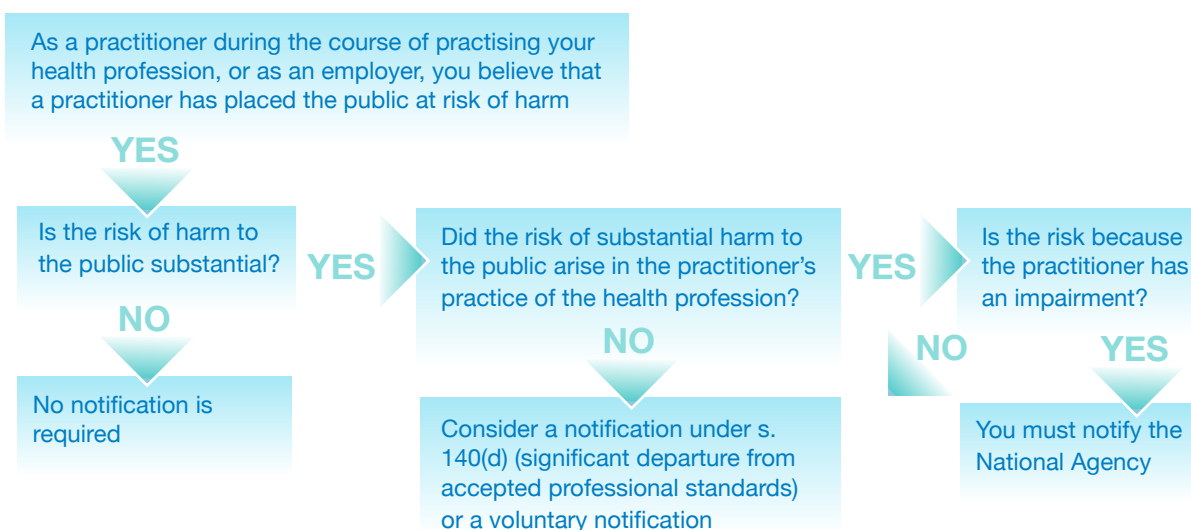
Placing the public at risk of substantial harm because of an impairment (s. 140(c))

S. 5 of the National Law defines 'impairment' for a practitioner or an applicant for registration in a health profession as meaning a person has 'a physical or mental impairment, disability, condition or disorder (including substance abuse or dependence) that detrimentally affects or is likely to detrimentally affect the person's capacity to practise the profession.'

To trigger this notification, a practitioner must pose a risk of substantial harm to the public. 'Substantial harm' has its ordinary meaning; that is, considerable harm such as a failure to correctly or appropriately diagnose or treat because of the impairment. For example, a practitioner who has an illness which causes cognitive impairment so he or she cannot practise effectively would require a mandatory notification. However, a practitioner who has a blood borne virus who practises appropriately and safely in light of his or her condition and complies with any registration standards or guidelines and professional standards and protocols would not trigger a notification.

The context of the practitioner's work is also relevant. If registered health practitioners are aware that the employer knows of the practitioner's impairment, and has put safeguards in place such as monitoring and supervision, this may reduce or prevent the risk of substantial harm.

Decision guide – notifying impairment in relation to a practitioner



* for notification of student impairment, please see Education Providers Section 6 of guidelines

Placing the public at risk of harm because of practice in a way that constitutes a significant departure from accepted professional standards (s.140(d))

The term 'accepted professional standards' requires knowledge of the professional standards that are accepted within the health profession and a judgement about whether there has been a significant departure from them. This judgement may be easier for other members of the practitioner's health profession.

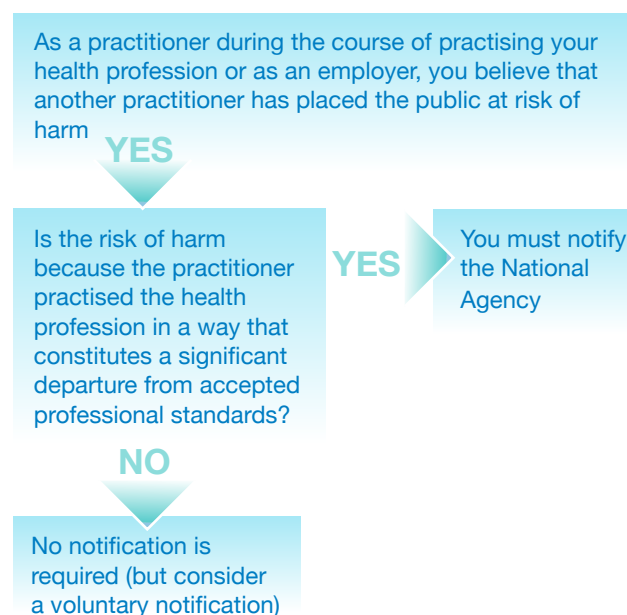
Mandatory notifications about a practitioner from another health profession are most likely to arise in a team environment where different health professions are working closely together and have a good understanding of the contribution of each practitioner; for example, a surgical or mental health team.

The difference from accepted professional standards must be significant. The term 'significant' means important, or of consequence (Macquarie Concise Dictionary). Professional standards cover not only clinical skills but also other standards of professional behaviour. A significant departure is one which is serious and would be obvious to any reasonable practitioner.

The notifiable conduct of the practitioner must place the public at risk of harm as well as being a significant departure from accepted professional standards before a notification is required. However, the risk of harm just needs to be present - it does not need to be a substantial risk, as long as the practitioner's practice involves a significant departure from accepted professional standards. For example, a clear breach of the health profession's code of conduct which places the public at risk of harm would be enough.

This provision is not meant to trigger notifications based on different professional standards within a health profession, provided the standards are accepted within the health profession; that is, by a reasonable proportion of practitioners. For example, if one practitioner uses a different standard to another practitioner, but both are accepted standards within the particular health profession, this would not qualify as a case of notifiable conduct. Similarly, if a practitioner is engaged in innovative practice but within accepted professional standards, it would not trigger the requirement to report.

Decision guide – significant departure from accepted professional standards



4. Exceptions to the requirement of practitioners to make a mandatory notification

There are particular exceptions to the requirement to make a mandatory notification for practitioners. The exceptions relate to the circumstances in which the practitioner forms the reasonable belief in misconduct or impairment. They arise where the practitioner who would be required to make the notification is employed by a professional indemnity insurer, provides advice about legal proceedings or is exercising functions as a member of a quality assurance committee, council or other similar body approved or authorised under legislation which prohibits the disclosure of the information. There is also an exception where the practitioner required to make the notification reasonably believes that someone else has already made a notification. Practitioners should refer to s. 141(4) if it is possible one of these exceptions might apply.

5. Mandatory notifications by education providers and practitioners in relation to impaired students

Education providers are also required, under s.143 of the National Law, to make mandatory notifications in relation to students, if the provider reasonably believes:

- a). a student enrolled with the provider has an impairment that, in the course of the student undertaking clinical training, may place the public at substantial risk of harm
- b). a student for whom the provider has arranged clinical training has an impairment that, in the course of the student undertaking the clinical training, may place the public at substantial risk of harm.

Practitioners are required to make a mandatory notification in relation to a student if the practitioner reasonably believes that a student has an impairment that, in the course of the student undertaking clinical training, may place the public at substantial risk of harm (s.141(1)(b)).

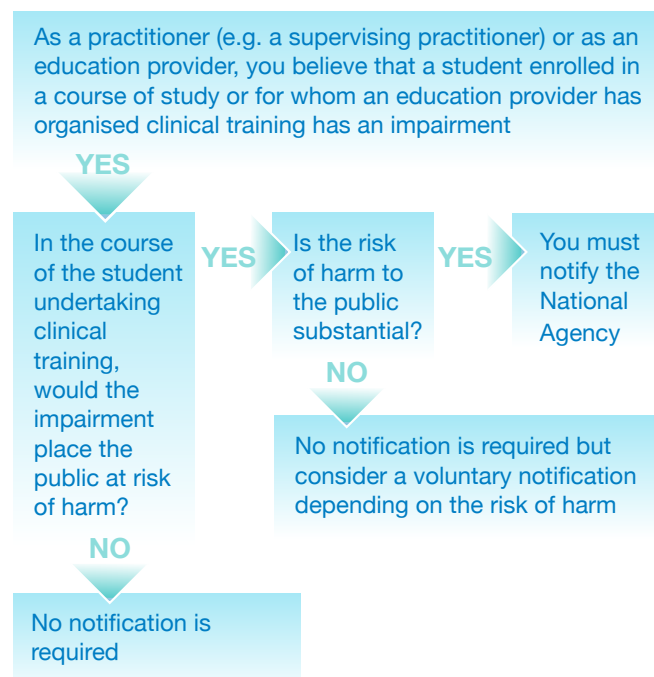
In all cases, the student's impairment must place the public at substantial, or considerable, risk of harm in the course of clinical training.

In relation to a student, 'impairment' is defined under s. 5 of the National Law to mean the student 'has a physical or mental impairment, disability, condition or disorder (including substance abuse or dependence) that detrimentally affects or is likely to detrimentally affect the student's capacity to undertake clinical training -

- a). as part of the approved program of study in which the student is enrolled; or
- b). arranged by an education provider.'

An education provider who does not notify the National Agency as required by s. 143 does not commit an offence. However, the national board that registered the student must publish details of the failure to notify on the board's website and the National Agency may, on the recommendation of the national board, include a statement about the failure in the National Agency's annual report.

Decision guide – student impairment



6. Consequences of failure to notify

Registered health practitioners

Although there are no penalties prescribed under the National Law for a practitioner who fails to make a mandatory notification, any practitioner who fails to make a mandatory notification when required may be subject to health, conduct or performance action by the board that registers the practitioner.

Employers of practitioners

There are consequences for an employer who fails to notify the National Agency of notifiable conduct as required by s. 142 of the National Law.

If the National Agency becomes aware of such a failure, the National Agency must give a written report about the failure to the responsible Minister for the participating jurisdiction in which the notifiable conduct occurred. As soon as practicable after receiving such a report, the responsible Minister must report the employer's failure to notify to a health complaints entity, the employer's licensing authority or another appropriate entity in that participating jurisdiction.

Importantly, the requirement to make a mandatory notification does not reduce an employer's responsibility to manage the practitioner employee's performance and protect the public from being placed at risk of harm. However, if an employer has a reasonable belief that a practitioner has behaved in a way that constitutes notifiable conduct, then the employer must notify, regardless of whether steps are put in place to prevent recurrence of the conduct or impairment, or whether the practitioner subsequently leaves their employment.

7. How a notification is made (s. 146)

The National Law provides for notifications to be made to the National Agency, which receives notifications and refers them to the relevant board. The notification must include the basis for making the notification; that is, practitioners, employers and education providers must say what the notification is about. It may assist practitioners, employers and education providers in making a notification if they have documented the reasons for the notification, including the date and time that they noticed the conduct or impairment.

To make a notification verbally, practitioners, employers and education providers may ring (phone number to be advised) or go to any of the State and Territory offices of the National Agency:

(list of addresses to be advised)

To make a notification in writing, email (email address to be advised) or fax (fax number to be advised).

Date of issue: 1 July 2010

Date of review: This guideline will be reviewed at least every three years

Last reviewed:

Attachment A

Extract of relevant provisions from the *Health Practitioner Regulation National Law Act 2009*

s. 5 impairment, in relation to a person, means the person has a physical or mental impairment, disability, condition or disorder (including substance abuse or dependence) that detrimentally affects or is likely to detrimentally affect—

- a). for a registered health practitioner or an applicant for registration in a health profession, the person's capacity to practise the profession; or
- b). for a student, the student's capacity to undertake clinical training—
 - i). as part of the approved program of study in which the student is enrolled; or
 - ii). arranged by an education provider.

Part 5, Division 3 Registration standards and codes and guidelines

39 Codes and guidelines

A National Board may develop and approve codes and guidelines—

- (a) to provide guidance to the health practitioners it registers; and
- (b) about other matters relevant to the exercise of its functions.

Example. A National Board may develop guidelines about the advertising of regulated health services by health practitioners registered by the Board or other persons for the purposes of section 133.

40 Consultation about registration standards, codes and guidelines

- (1) If a National Board develops a registration standard or a code or guideline, it must ensure there is wide-ranging consultation about its content.
- (2) A contravention of subsection (1) does not invalidate a registration standard, code or guideline.
- (3) The following must be published on a National Board's website—
 - (a) a registration standard developed by the Board and approved by the Ministerial Council;
 - (b) a code or guideline approved by the National Board.

- (4) An approved registration standard or a code or guideline takes effect—
 - (a) on the day it is published on the National Board's website; or
 - (b) if a later day is stated in the registration standard, code or guideline, on that day.

41 Use of registration standards, codes or guidelines in disciplinary proceedings

An approved registration standard for a health profession, or a code or guideline approved by a National Board, is admissible in proceedings under this Law or a law of a co-regulatory

jurisdiction against a health practitioner registered by the Board as evidence of what constitutes appropriate professional conduct or practice for the health profession.

Part 8, Division 2 Mandatory notifications

140 Definition of notifiable conduct

In this Division—

notifiable conduct, in relation to a registered health practitioner, means the practitioner has—

- c). practised the practitioner's profession while intoxicated by alcohol or drugs; or
- d). engaged in sexual misconduct in connection with the practice of the practitioner's profession; or
- e). placed the public at risk of substantial harm in the practitioner's practice of the profession because the practitioner has an impairment; or
- f). (placed the public at risk of harm because the practitioner has practised the profession in a way that constitutes a significant departure from accepted professional standards.

141 Mandatory notifications by health practitioners

- (1) This section applies to a registered health practitioner (the first health practitioner) who, in the course of practising the first health practitioner's profession, forms a reasonable belief that—
 - a). another registered health practitioner (the **second health practitioner**) has behaved in a way that constitutes notifiable conduct; or
 - b). a student has an impairment that, in the course of the student undertaking clinical training, may place the public at substantial risk of harm.
- (2) The first health practitioner must, as soon as practicable after forming the reasonable belief, notify the National Agency of the second health practitioner's notifiable conduct or the student's impairment.

Note. See section 237 which provides protection from civil, criminal and administrative liability for persons who, in good faith, make a notification under this Law. Section 237(3) provides that the making of a notification does not constitute a breach of professional etiquette or ethics or a departure from accepted standards of professional conduct and nor is any liability for defamation incurred.

- (3) A contravention of subsection (2) by a registered health practitioner does not constitute an offence but may constitute behaviour for which action may be taken under this Part.
- (4) For the purposes of subsection (1), the first health practitioner does not form the reasonable belief in the course of practising the profession if—
 - a). the first health practitioner—
 - (i) is employed or otherwise engaged by an insurer that provides professional indemnity insurance that relates to the second health practitioner or student; and
 - (ii) forms the reasonable belief the second health practitioner has behaved in a way that constitutes notifiable conduct, or the student has an impairment, as a result of a disclosure made by a person to the first health practitioner in the course of a legal proceeding or the provision of legal advice arising from the insurance policy; or
 - b). the first health practitioner forms the reasonable belief in the course of providing advice in relation to the notifiable conduct or impairment for the purposes of a legal proceeding or the preparation of legal advice; or
 - c). the first health practitioner is a legal practitioner and forms the reasonable belief in the course of providing legal services to the second health practitioner or student in relation to a legal proceeding or the preparation of legal advice in which the notifiable conduct or impairment is an issue; or
 - d). the first health practitioner—
 - (i) forms the reasonable belief in the course of exercising functions as a member of a quality assurance committee, council or other body approved or authorised under an Act of a participating jurisdiction; and
 - (ii) is unable to disclose the information that forms the basis of the reasonable belief because a provision of that Act prohibits the disclosure of the information; or

- (e) the first health practitioner knows, or reasonably believes, the National Agency has been notified of the notifiable conduct or impairment that forms the basis of the reasonable belief.

142 Mandatory notifications by employers

- (1) If an employer of a registered health practitioner reasonably believes the health practitioner has behaved in a way that constitutes notifiable conduct, the employer must notify the National Agency of the notifiable conduct.

Note. See section 237 which provides protection from civil, criminal and administrative liability for persons who, in good faith, make a notification under this Law. Section 237(3) provides that the making of a notification does not constitute a breach of professional etiquette or ethics or a departure from accepted standards of professional conduct and nor is any liability for defamation incurred.

- (2) If the National Agency becomes aware that an employer of a registered health practitioner has failed to notify the Agency of notifiable conduct as required by subsection (1), the Agency must give a written report about the failure to the responsible Minister for the participating jurisdiction in which the notifiable conduct occurred.
- (3) As soon as practicable after receiving a report under subsection (2), the responsible Minister must report the employer's failure to notify the Agency of the notifiable conduct to a health complaints entity, the employer's licensing authority or another appropriate entity in that participating jurisdiction.
- (4) In this section—

employer, of a registered health practitioner, means an entity that employs the health practitioner under a contract of employment or a contract for services.

licensing authority, of an employer, means an entity that under a law of a participating jurisdiction is responsible for licensing, registering or authorising the employer to conduct the employer's business.

143 Mandatory notifications by education providers

- (1) An education provider must notify the National Agency if the provider reasonably believes—
 - a). a student enrolled in a program of study provided by the provider has an impairment that, in the course of the student undertaking clinical training as part of the program of study, may place the public at substantial risk of harm; or
 - b). a student for whom the education provider has arranged clinical training has an impairment

that, in the course of the student undertaking the clinical training, may place the public at substantial risk of harm;

Note. See section 237 which provides protection from civil, criminal and administrative liability for persons who make a notification under this Law. Section 237(3) provides that the making of a notification does not constitute a breach of professional etiquette or ethics or a departure from accepted standards of professional conduct and nor is any liability for defamation incurred.

- (2) A contravention of subsection (1) does not constitute an offence.

144 Grounds for voluntary notification

- (1) A voluntary notification about a registered health practitioner may be made to the National Agency on any of the following grounds—
- that the practitioner's professional conduct is, or may be, of a lesser standard than that which might reasonably be expected of the practitioner by the public or the practitioner's professional peers;
 - that the knowledge, skill or judgment possessed, or care exercised by, the practitioner in the practice of the practitioner's health profession is, or may be, below the standard reasonably expected;
 - that the practitioner is not, or may not be, a suitable person to hold registration in the health profession, including, for example, that the practitioner is not a fit and proper person to be registered in the profession;
 - that the practitioner has, or may have, an impairment;
 - that the practitioner has, or may have, contravened this Law;
 - that the practitioner has, or may have, contravened a condition of the practitioner's registration or an undertaking given by the practitioner to a National Board;
 - that the practitioner's registration was, or may have been, improperly obtained because the practitioner or someone else gave the National Board information or a document that was false or misleading in a material particular.
- (2) A voluntary notification about a student may be made to the National Agency on the grounds that—
- the student has been charged with an offence, or has been convicted or found guilty of an offence, that is punishable by 12 months imprisonment or more; or

- the student has, or may have, an impairment; or
- that the student has, or may have, contravened a condition of the student's registration or an undertaking given by the student to a National Board.

145 Who may make voluntary notification

Any entity that believes that a ground on which a voluntary notification may be made exists in relation to a registered health practitioner or a student may notify the National Agency.

Note. See section 237 which provides protection from civil, criminal and administrative liability for persons who, in good faith, make a notification under this Law.

Part 8, Division 4 Making a notification

146 How notification is made

- (1) A notification may be made to the National Agency—
- verbally, including by telephone; or
 - in writing, including by email or other electronic means.
- (2) A notification must include particulars of the basis on which it is made.
- (3) If a notification is made verbally, the National Agency must make a record of the notification.

Part 11, Division 1, section 237 Protection from liability for persons making notification or otherwise providing information

- (1) This section applies to a person who, in good faith—
- makes a notification under this Law; or
 - gives information in the course of an investigation or for another purpose under this Law to a person exercising functions under this Law.
- (2) The person is not liable, civilly, criminally or under an administrative process, for giving the information.
- (3) Without limiting subsection (2)—
- the making of the notification or giving of the information does not constitute a breach of professional etiquette or ethics or a departure from accepted standards of professional conduct; and
 - no liability for defamation is incurred by the person because of the making of the notification or giving of the information.

- (4) The protection given to the person by this section extends to—
- a). a person who, in good faith, provided the person with any information on the basis of which the notification was made or the information was given; and
 - b). a person who, in good faith, was otherwise concerned in the making of the notification or giving of the information.



Proposal for a code of ethics for the psychology profession

The Board has determined that the establishment of a code of ethics for psychologists is a matter of priority for commencement of the national registration and accreditation scheme.

The Board, in considering a national code of ethics for psychology, has reviewed the various codes in force in the States and Territories and the Australian Psychological Society's (APS) *Code of Ethics* (2007) ('APS Code'). The Board is also aware that all jurisdictions make reference currently to the professional society code and that Western Australia, Queensland and Northern Territory do not have an independent code but refer to the APS Code. The Board therefore proposes to:

- a). initially adopt the Australian Psychological Society's (APS) *Code of Ethics* (2007) to serve as the overarching code of ethics, conduct and practice of registered psychologists in Australia
- b). engage with the APS and other relevant professional bodies to review the APS Code regularly, develop further ethical and practice guidelines as required and develop a new code in due course, with this review to occur within the first five years of commencement of the national registration and accreditation scheme on 1 July 2010
- c). consider existing State and Territory codes of conduct during the development of a new Psychology Board of Australia code.

The APS Code is available at www.psychology.org.au/Assets/Files/Code_Ethics_2007.pdf or www.psychology.org.au.

Rationale

In its role of improving Australia's health system, the Board recognises that significant numbers of psychologists provide essential services beyond the health system. Any ethics code and guidelines the Board approves should therefore meet the requirements of all psychologists, both those working as health practitioners and those who do not provide health services directly.

The Board is of the opinion that, for ease of transition of psychologists into the national psychology registration system and to ensure maximum protection of the public, the Board should ideally adopt or approve an ethical code that outlines the standards most familiar to the majority of psychologists in Australia.

The Board further believes that any code it adopts should be based on a set of clearly identified and defined ethical principles. This reflects the belief of theorists in the field of moral decision making that decisions based upon

principles tend to be more advanced than those based upon mere rule-following (Gilligan, 1993; Kohlberg, 1976).

While the Board recognises the differences between jurisdictions in respect of, for instance, different societal and cultural norms and different legal requirements, it is necessary to ensure that the ethical standards in Australia are consistent with those in other countries, and based on principles that are generally accepted by psychologists internationally.

The Board is of the opinion that the code that best meets all of these requirements currently, and so ensures protection for the public, is the APS *Code of Ethics* (2007). While the Board emphasises its independence from the APS and other professional bodies, it considers that it is important to avoid confusion that might arise from publishing alternative requirements or making changes that are not essential for the protection of the public.

The APS Code is the most widely used code in Australia, applying to APS members who comprise roughly 70 per cent of Australian psychologists. The APS Code is a historical document that was first published by the Australian Branch of the British Psychological Society in 1949, predating state regulation of psychology in this country (Allan, 2010; O'Neil, 1987). The APS *Ethical Guidelines*, which first appeared as an appendix to the 1986 APS Code, have been published as a separate document since 1997.

The APS Code is explicitly based on eight principles, which have been collapsed into three general principles for ease of use (Allan, 2010). This allows for principle-based rather than rules-based decision making to occur. The principles underpinning the APS Code are the same as those set out in the *Universal Declaration of Ethical Principles for Psychologists* that was unanimously adopted by the International Union of Psychological Science (IUPsyS) and the International Association of Applied Psychology (IAAP) in Berlin in 2008 (IUPsyS, 2008).

A representative of the Council of Psychologists Registration Boards (CPRB), a body comprising the chairpersons and registrars of the current Australian State and Territory psychology registration boards, was involved in the development of the APS Code. At its annual meeting in 2007, the CPRB resolved "*That members of the CPRB go back to Boards to endorse the APS Code of Ethics as a model for a National Code*".

The APS Code was one of the codes examined by Lewis, Sandquist, Stark and Grenyer (2009) in their comprehensive study of six ethical codes of practice currently operating in Australia. The other five codes considered had been developed by various State and Territory registration psychology boards. After conducting a content analysis of the codes, Lewis et

al. (2009) concluded that the APS Code was the most comprehensive of the codes, with only three of the remaining codes addressing more than half of the APS ethical standards. The authors conclude that while there may be some issues that may require consideration in the APS Code, it “would make an appropriate new National Code” (p. 269).

The views of interested stakeholders are sought in relation to the Board’s proposal to adopt the APS *Code of Ethics* (2007).

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Guidelines on continuing professional development

Introduction

These draft guidelines¹ have been developed by the Psychology Board of Australia under s. 39 of the *Health Practitioner Regulation National Law Act 2009* (the National Law). The guidelines:

- supplement the requirements set out in the Board's continuing professional development registration standard
- supplement the requirements set out in the National Law pursuant to s. 128 in relation to continuing professional development.

The relevant sections of the National Law are set out in Attachment A Extract of relevant provisions from the *Health Practitioner Regulation National Law Act 2009*. The Psychology Board of Australia standard for CPD is in Attachment B Continuing professional development standard.

Who needs to use these guidelines?

These guidelines apply to all general psychologists but do not apply to provisionally registered psychologists or psychologists with nonpractising registration. They also apply to psychologists with an endorsed area of practice.

Summary

A requirement for annual renewal of registration is participation in a Board-approved program of continuing professional development (CPD).

CPD designates the period of education and training of psychologists commencing after completion of basic education and postgraduate vocational training and extending throughout each psychologist's professional working life.

CPD differs in principle from the preceding two formal phases in that CPD implies self-directed and practice-based learning activities rather than supervised education and training.

CPD aims to maintain existing competencies (knowledge, skills and attitudes) and to develop new ones to meet the changing needs of clients (including the industries in which psychologists are employed) to respond to scientific developments and to fulfill the evolving requirements of registration and other professional bodies² and of society.

Continuing professional development

Educational rationale

To deliver the highest quality of professional service, the content of CPD must be directed towards enhancing professional competencies (both skills and knowledge), organisation of work (team building and leadership), communication, ethics, teaching, research and administration.

Motivation for CPD, from the perspective of the individual practitioner, derives from three main sources:

- the professional drive to provide optimal evidence-based services to clients
- the obligation to honour the requirements of employers and society
- the need to preserve job satisfaction and prevent "burn out".

The best available evidence suggests that effective CPD is characterised by the presence of three factors:

- a clear need or reason appears for the particular CPD activity to be undertaken
- learning is based on such an identified need or reason
- followup provision is made for reinforcing the learning accomplished.

Needs assessment is therefore, in most cases, an integral component of successful CPD. Methods for identifying learning needs range from formal assessments (using tests of knowledge, skills and attitudes, peer review, systematic review of practice such as audit or significant event analysis) to the more common ways that are part of everyday practice: thinking about mistakes, reflecting on practice, receiving complaints and feedback, interacting with the team.

Specifically identified needs should be the focus of CPD whenever possible; however, professional learning should also equip psychologists to deal with unpredictable future demands and relate to a broad base of knowledge and experience on which to draw, besides making up for deficiencies from past practice.

Some CPD should be based on the general professional need to explore, to develop and consider new areas of competence. Whether the need identified is specific or

¹ Based on the World Federation for Medical Education Global Standards for CPD (2003)

² For example, The Australian Psychological Society (APS) provides a professional development (PD) program at www.psychology.org.au/pd_events/pd/

general, the learning activities must be appropriate and there must be a balance between general and specific CPD. The method of learning is less important than its relevance to the need and could vary in different circumstances from reading, attending a lecture or a course, a peer group meeting or a visit to an institution.

Following up on learning undertaken reinforces that learning and offers opportunities for disseminating and sharing learning with others. Beneficial alterations in methods of practice follow and the extent of effectiveness of the CPD undertaken can be evaluated in relation to the original need or reason for it.

General oversight, improvisations and professional judgements are central to professional practice. The various forms of knowledge which enable psychologists to exercise their professional judgement include formal or factual knowledge; procedural knowledge; and intuitive knowledge. Practical wisdom derives from a complicated amalgam of these various forms of knowledge. The link between knowledge and practice is far from straightforward. New knowledge is not always applied directly to practice.

Professionals often develop and change their practice through professional dialogue with colleagues rather than as a result of formal educational processes. Thus the educational process necessary for effective practice, by which psychologists learn through reflection and deliberation about their own and others' practice, is one of continuous development rather than intermittent input. Much of this continuous development is informal and often unconscious. The importance of conversations, informal as well as in more formal settings (peer review, case conferences, and audit meetings) should be recognised to be as much part of the process as systematic formalised elements such as courses and conferences.

Organisation and methods

A multifaceted CPD system is needed to take account of differences in professional roles, needs, learning priorities, and resource availability. A basic assumption is that the profession itself bears a major responsibility for CPD, with professional organisations functioning as major initiators, providers and promoters of CPD. However, there are numerous providers of CPD not accountable directly to the profession, including universities, research societies, industry and consumer organisations.

Opportunities to benefit from CPD on a day-to-day basis depend to a large extent on the working environment. Extreme contrasts are present. Work in large institutions differs vastly from working in a rural area, in solo or in a small practice in the community, in the stimulus derived from collegiate interaction. Information technology can help remedy some of the handicap of isolation.

Evaluation and recognition

CPD does not always relate directly to current practice, but extends the capacity of psychologists to make wiser judgements in the situations of uncertainty they will certainly encounter in their professional future. Differentiated systems have been developed which specify the level of acceptable CPD engagement. For example, professional organisations have developed mechanisms for specifying numbers and duration of accredited CPD courses or activities for which the individual psychologist obtains CPD points. Another development focuses on monitoring individual daily learning activities. Use of personal portfolios or logbooks for recording activities with a CPD component provides a tool for planning and monitoring individual self-directed learning. The Board's standard recognises the full range of activities, provided they are documented appropriately.

Peer consultation

A psychologist must complete a minimum of 10 hours of peer consultation a year. 'Peer consultation' is defined as supervision and consultation in individual or group format, for the purposes of professional development and support in the practice of psychology and includes a critically reflective focus on the psychologist's own practice. As such, psychologists are required to consult with a colleague or colleagues in either a group or individual format. The hours of this consultation must be a minimum of 10 hours each year and those hours must be focused on the psychologist's own practice. The consultation should fit within the goals of the overall CPD plan; that is, it should follow an educational rationale. It is preferable that the psychologist, where possible, consults a fellow peer or senior psychologist; however, other professional persons may be acceptable if they advance the CPD goals. Peer consultation can be face to face or by alternative means such as by telephone.

Active CPD

Ten (10) hours each year are recommended to be 'active CPD' which refers to continuous professional development activities that engage the participant in active training through written or oral activities designed to enhance and test learning. This is a recommendation of the Board, not a requirement. Examples of 'active' CPD include attending seminars where there is a written test; reading a structured series of professional psychology articles followed by completing an online assessment; doing an oral presentation or tutorial to a group of peers on a new topic in psychology; attending a workshop which required in vivo roleplay of skills; studying a new technique, followed by trialling this technique in the workplace, followed by a review and evaluation of the effectiveness and implementation of that technique.

Tools for recording CPD

Portfolios maintained for alternate CPD programs to that of the Board program may be used as long as the portfolio provides the information required by the standard. Alternatively, a psychologist may use the templates attached to this guideline.

References

Psychology Board of Australia continuing professional development standard

Date of issue: 1 July 2010

Date of review: This guideline will be reviewed at least every three years

Last reviewed:

Attachment A

Extract of relevant provisions from the *Health Practitioner Regulation National Law Act 2009*

Division 3 Registration standards and codes and guidelines

39 Codes and guidelines

A National Board may develop and approve codes and guidelines—

- a). to provide guidance to the health practitioners it registers; and
- b). about other matters relevant to the exercise of its functions.

Example. A National Board may develop guidelines about the advertising of regulated health services by health practitioners registered by the Board or other persons for the purposes of section 133.

40 Consultation about registration standards, codes and guidelines

1. If a National Board develops a registration standard or a code or guideline, it must ensure there is wide-ranging consultation about its content.
2. A contravention of subsection (1) does not invalidate a registration standard, code or guideline.
3. The following must be published on a National Board's website—
 - a). a registration standard developed by the Board and approved by the Ministerial Council;
 - b). a code or guideline approved by the National Board.
 - c). An approved registration standard or a code or guideline takes effect—
 - d). on the day it is published on the National Board's website; or
 - e). if a later day is stated in the registration standard, code or guideline, on that day.

41 Use of registration standards, codes or guidelines in disciplinary proceedings

An approved registration standard for a health profession, or a code or guideline approved by a National Board, is admissible in proceedings under this Law or a law of a co-regulatory

jurisdiction against a health practitioner registered by the Board as evidence of what constitutes appropriate professional conduct or practice for the health profession.

Specific provisions

128 Continuing professional development

A registered health practitioner must undertake the continuing professional development required by an approved registration standard for the health professional in which the practitioner is registered.

A contravention of subsection (1) by a registered health practitioner does not constitute an offence but may constitute behaviour for which health, conduct or performance action may be taken.

In this section –

registered health practitioner does not include a registered health practitioner who holds non-practising registration in the profession.

109 Annual Statement (part relating to CPD only)

An application for renewal of registration must include or be accompanied by a statement that includes the following – a declaration by the applicant that –

- iii). the applicant has completed the continuing professional development the applicant was required by an approved registration standard to undertake during the applicant's preceding period of registration

Attachment B

Continuing professional development standard

Summary

A requirement of annual renewal of registration is participation in a Psychology Board of Australia (Board) approved program of continuing professional development (CPD).

Registered psychologists have a responsibility to ensure that they continue to maintain, enhance and extend their knowledge and skills throughout their working lives. Consumers also have an expectation that registered psychologists providing professional services do so in a competent and contemporary manner.

Scope of application

This standard applies to all registered psychologists. It does not apply to practitioners who have student registration, provisional registration and non-practising registration.

A registered psychologist who has been registered for less than 12 months at the time of application for renewal of registration or endorsement must have accumulated the minimum number of CPD hours for every month of registration. For example, 30 hours per year equates to 2.5 hours per month.

Requirements

1. An applicant for renewal of registration or endorsement must declare that he or she has completed the minimum requirements of the CPD standard, in the previous 12-month registration period, that applies to his or her registration category.
2. A registered psychologist must complete a minimum of 30 hours of CPD activities annually. Of these 30, a minimum of 10 hours must be peer consultation, and 10 hours are recommended to be 'active' CPD activities.
3. As a general guide, CPD activities should be relevant to the psychologist's area of professional practice and have clear learning aims and objectives that meet the individual's requirements.
4. A registered psychologist is required to develop a learning plan based on a self-assessment of skills and knowledge, which ascertains areas for development or improvement and enhances life-long learning. Professional development activities selected should:
 - a). be outcome focused
 - b). seek to ensure continued competence in the psychologist's area of practice
 - c). seek to ensure activities have contributed to the quality of a psychologist's practice, which results in the maintenance of high quality client services.
5. A registered psychologist must maintain an up to date CPD portfolio which includes:
 - a). a learning plan, as previously described, which also includes desired outcomes;
 - b). how the CPD relates to the psychologist's professional development; and
 - c). all CPD activities undertaken.
6. In addition to the CPD portfolio, where applicable, registered psychologists are required to retain any receipts, tax invoices, or certificates of attendance to verify participation in CPD activities.
7. Registered psychologists may participate in a professional development program through their professional society or an equivalent program; however, participation in these programs must meet the minimum requirements of this standard.
8. Portfolios that are maintained for alternate programs and which contain the information required in this standard, will be accepted by the Board.
9. Random audits of registered psychologists will be undertaken annually. A registered psychologist will be notified in writing that he or she has been selected for audit and will be required to submit their CPD portfolio and evidence of participation in CPD activities.

Requirements during the first year of national registration

The Board recognises that not all registered psychologists transitioning to the national register have been subject to CPD requirements. Accordingly, the initial period for complying with the requirements of this standard will be from 1 July 2010 until 30 November 2011 (i.e. the Board will apply the standard to applications for renewal from November 2011).

Exemptions

1. Special circumstances:
 - a). An applicant for renewal of registration who wishes the Board to consider an application for partial exemption from this standard, due to ill-health, maternity/paternity leave or other special

circumstances, must submit a request in writing to the Board prior to the expiry of registration for the Board's consideration. The submission must include the nature of the special circumstance and the period of time during the previous registration period for which an exemption is being requested.

Failure to comply with this standard

1. In the event that a registered psychologist has failed to meet the requirements of this standard the Board may:
 - a). refuse to renew registration or endorsement; and/or
 - b). impose a condition on registration requiring the registered psychologist to successfully complete:
 - c). additional CPD activities within a specified period; and/or
 - d). further education; and/or
 - e). a period of supervised practice with a Board approved supervisor; and/or
 - f). require the registered psychologist to undergo a performance assessment; and/or
 - g). require the registered psychologist to undergo an examination; and/or
 - h). instigate disciplinary proceedings pursuant to Part 8 of the *Health Practitioner Regulation National Law Act 2009* (Qld) or the relevant legislation applying to that jurisdiction.

Definitions

Continuing professional development is the means by which members of the profession maintain, improve and broaden their knowledge, expertise and competence, and develop the personal qualities required in their professional lives.

Peer consultation means supervision and consultation in individual or group format, for the purposes of professional development and support in the practice of psychology and includes a critically reflective focus on the practitioner's own practice.

Active CPD refers to continuous professional development activities that engage the participant in active training through written or oral activities designed to enhance and test learning.

Review

This standard will commence on 1 July 2010. The Board will review this standard at least every three years.

Continuing professional development learning plan

Year:

(If completed part of 12-month period, insert dates from and to)

| | |
|--|--|
| Learning need identified | |
| Type of activity proposed (peer review, supervision, seminar etc.) | |
| Is the proposed activity “active” CPD? | |
| Date proposed activity planned (weekly/monthly/specified date) | |
| Relevance to area of practice | |
| Outcome desired | |
| Outcome achieved (If no, explain why and provide details of any further development planned in future) | |

| | |
|--|--|
| Learning need identified | |
| Type of activity proposed (peer review, supervision, seminar etc.) | |
| Is the proposed activity “active” CPD? | |
| Date proposed activity planned (weekly/monthly/specified date) | |
| Relevance to area of practice | |
| Outcome desired | |
| Outcome achieved (If no, explain why and provide details of any further development planned in future) | |

Name of psychologist: _____

Signed: _____

Date: _____

Page: ____ of ____

Continuing professional development activity log

Year:

(If completed part of 12-month period, insert dates from and to)

| Date of activity | Type of activity (peer review / supervision / seminar etc.) Indicate whether CPD is "active" | Duration | Activity details (e.g. name of course, presenter, institution etc.) |
|------------------|--|----------|--|
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| | | | |
| | | | |
| | | | |
| | | | |
| | Total no. of hours | | |

Note: Attach copies of receipts, certificates of attendance etc to verify participation in CPD activities.

Name of psychologist: _____

Signed: _____

Date: _____

Page: ____ of ____



Guidelines on area of practice endorsements

Supporting information for guidelines on area of practice endorsements

To assist stakeholders in providing feedback on the Guidelines on area of practice endorsements, stakeholders should be aware of the Board's proposal for transitioning arrangements in relation to psychologists eligible for area of practice endorsements from 1 July 2010, including any provisions for transition under the National Law.

1. Transitional provisions for Western Australia

Under the National Law, s. 281 provides that a person who held specialist registration in Western Australia immediately before the participation day may continue to use specialist titles for a period of three years from participation day.

2. Continued use of the title 'registrar'

The title 'registrar' is currently used in Western Australia to identify psychologists undertaking supervised practice for the purpose of gaining specialist registration. The title "Registrar" is used by many professions and can be used to identify an employment status. It is not a protected title under the National Law and the Board's view is that it may continue to be used by generally registered psychologists undertaking supervised practice for the purpose of gaining an endorsement in an approved area of practice. However, the psychologist must ensure that he or she does not use the title in such a way that it may lead a person to believe that he or she currently holds an endorsement.

3. Transition arrangements for psychologists currently registered

A number of grandparenting clauses are proposed in acknowledgement of the pre-existing methods by which approved areas of practice have been recognised by the profession, registration boards and government. The transition arrangements also attempt to provide equitable measures by which psychologists may complete, within a reasonable timeframe, an approved program to gain recognition that was begun in good faith before the commencement of the National Law. The arrangements are as follows:

- a generally-registered psychologist who holds a masters or doctorate accredited by the Australian Psychology Accreditation Council (APAC) in one of the approved areas of practice on the day preceding participation day and who submits an application by 30 June 2013 detailing a recent history of supervision, professional development and practice equivalent to the standard for area

of practice endorsements will be eligible for endorsement in that area of practice

- a generally-registered psychologist holding specialist title in an approved area of practice in Western Australia on the day preceding participation day is eligible for endorsement in that area of practice
- a generally-registered psychologist who, on the day preceding participation day, has an approved supervision plan for the purposes of gaining specialist title in an approved area of practice in Western Australia and who then completes the supervision plan by 30 June 2013 will be eligible for endorsement in that area of practice
- a psychologist who has been assessed before 1 July 2013 as eligible to provide clinical psychology Medicare services is eligible for endorsement in the area of clinical psychology
- a psychologist who, on participation day, holds full membership or who is granted full membership between participation day and 30 June 2013 of one of the colleges of the Australian Psychological Society listed in Table 1 Colleges and approved area of practice will be eligible for endorsement in the corresponding approved area of practice.

Table 1 Colleges and approved* areas of practice

| College | Approved area of practice |
|--|--|
| APS College of Clinical Psychologists | Clinical psychology |
| APS College of Counselling Psychologists | Counselling psychology |
| APS College of Forensic Psychologists | Forensic psychology |
| APS College of Clinical Neuropsychologists | Clinical neuropsychology |
| APS College of Organisational Psychologists | Organisational psychology |
| APS College of Sport Psychologists | Sport and exercise psychology |
| APS College of Community Psychologists | Community psychology |
| APS College of Health Psychologists | Health psychology |
| APS College of Educational and Developmental Psychologists | Educational and developmental psychology |

* The proposal for approved areas of practice are subject to Ministerial Council approval.

In some states, industrial awards enable the employment of a psychologist in a position that has a protected title - for example, as a clinical psychologist - despite the psychologist not meeting the requirements of this standard. In such cases, the psychologist must not use a title that may induce a belief that the psychologist holds an endorsement in an approved area of practice.

The Board seeks feedback from individuals, interested private organisations, colleges or groups on these provisions. The Board invites these groups to provide a detailed argument based on evidence for equivalence (qualifications, supervision arrangements, credentialling), should they wish to be recognised in these grandfather provisions.

4. Other matters related to area of practice endorsements

The Board seeks the views of interested parties as to whether an APAC-accredited masters or doctorate in one endorsed area, when combined with either subjects from an APAC-accredited masters or doctorate and/or supervised professional practice and/or professional development in another area, provides the integrated training experience required for eligibility for endorsement in a second area of practice. The Board proposes to not recognise individualised non-accredited bridging courses. The Board's view is these do not provide the sustained education, training and supervision that characterises the integrated experience in a specific postgraduate degree plus supervision program required for endorsement.

5. Transition arrangements for all Board-approved supervisors

There are two types of Board-approved supervisors:

- a). supervisors of provisionally registered psychologists undertaking a supervised practice program or university course
- b). supervisors of psychologists undertaking a university course or a supervised practice program leading to an application for endorsement; these supervisors must have an endorsement in the relevant area of practice.

This excludes other types of 'supervisors', such as those supervising a research dissertation or line-managers who do not need to be Board-approved.

Supervisors providing supervision for the purposes of general CPD peer consultation do not need to be Board-approved.

Provisional psychologists and psychologists preparing to apply for an area of practice endorsement must be supervised by a Board-approved supervisor. In

transitioning to the National Law, any person who held an endorsement, or an authority to practise as a supervisor, or who was approved to provide supervision by a state or territory board immediately before participation day for a participating jurisdiction will be approved to provide supervision under the National Law from participation day until 30 June 2013, at which time the requirements set out in the guidelines must be met to maintain approved supervisor status.

Supervisors who have not fulfilled the requirement to have completed a Board-approved training program in psychology supervision but meet all other requirements will be granted approval until 30 June 2013. This will allow the development of programs in those states and territories that do not currently have Board-approved training programs to put in place such programs.

Important note: The standards for these supervisor training programs are the subject of a future consultation paper.

Introduction

These draft guidelines have been developed by the Psychology Board of Australia under s. 39 of the *Health Practitioner Regulation National Law Act 2009* (the National Law). The guidelines

- supplement the requirements set out in the Board's registration standard for area of practice endorsements
- supplement the requirements in the National Law as set out under ss. 15, 98 and 99.

The relevant sections of the National Law are set out in Attachment A. The Psychology Board of Australia Area of practice endorsements standard is in Attachment B.

Who needs to use these guidelines?

These guidelines are developed to provide guidance to applicants for general registration and general psychologists applying for endorsement in an approved area of practice.

These guidelines address the qualification and supervision requirements to be completed to become eligible for endorsement.

Summary

Pursuant to s. 15 of the National Law, the Australian Health Workforce Ministerial Council (Ministerial Council) has approved³ nine areas of practice for endorsement. The endorsement function allows the Board to grant an endorsement on registration to a psychologist with additional qualifications and advanced practice in an approved area of practice. Health professionals and members of the public will be able to identify psychologists who are qualified and skilled to practise in the endorsed areas of practice.

The endorsed areas of practice are:

- a). clinical psychology
- b). counselling psychology
- c). forensic psychology
- d). clinical neuropsychology
- e). organisational psychology
- f). sport and exercise psychology
- g). community psychology

- h). health psychology
- i). educational and developmental psychology.

Area of practice endorsement

1. Endorsement and use of title

Only a psychologist with general registration and with an approved area of practice endorsement may use a title that indicates that he or she holds an endorsement. For example, a psychologist who has been endorsed to practise in the area of clinical psychology may refer to himself or herself as a 'clinical psychologist'. A person who does not have an endorsement for 'clinical psychology' must not use the title 'clinical psychologist' or any other title that may mislead the public into a belief that the person holds such an endorsement when he or she does not.

Only generally registered psychologists who are engaged in a Board-approved supervised practice program (registrar program) leading to an endorsement may use the title 'registrar'. Examples of acceptable use is 'registrar clinical psychologist' or 'clinical psychologist registrar'.

Under the National Law, s.119 enables a Board to instigate proceedings against a person claiming to hold an endorsement of registration for an approved area of practice when he or she does not, as it may constitute unprofessional conduct. Further information is also included in the guidelines on advertising in this consultation paper.

2. Requirements for endorsement

2.1 General

To be eligible for endorsement in one of the approved areas of practice, a psychologist must have:

- a). an accredited doctorate in one of the approved areas of practice and at least one year of approved, supervised, full time equivalent practice with a Board-approved supervisor; or
- b). an accredited masters in one of the approved areas of practice and a minimum of two years of approved, supervised, full time equivalent practice with a Board-approved supervisor; or
- c). another qualification that, in the Board's opinion, is substantially equivalent to clauses a). or b).

Accredited qualifications are listed at www.apac.psychology.org.au.

³ Approved areas of practice are subject to Ministerial Council approval of the Board's proposal on area of practice endorsements dated 22 December 2009. A decision is expected in late March 2010.

Note on doctoral degrees: Only accredited professional doctorates that have coursework are approved under Section 2.1a). (i.e. DPsyc or PsyD), combined PhD/Masters programs or PhD programs with Masters equivalent coursework are accepted as equivalent to Section 2.1b). because the additional coursework and hours of supervision required in professional doctorates is not included. Overseas PhD programs with coursework will be assessed under Section 2.1c).

2.2 Equivalence guidelines

In granting endorsement under section 2.1(c) of these guidelines, the Board will use the following to guide its judgement: qualifications that are considered to be substantially equivalent to an accredited doctorate or masters in one of the approved areas of practice are:

- psychology qualifications gained overseas that have been assessed by the Board or an authority authorised by the Board as being equivalent to an accredited doctorate followed by a minimum of one year of supervised, full time equivalent practice acceptable to the Board
- psychology qualifications gained overseas that have been assessed by the Board or an authority authorised by the Board as being equivalent to an accredited masters followed by a minimum of two years of supervised, full time equivalent practice acceptable to the Board
- accredited, post-doctoral bridging courses followed by a minimum of two years of approved, supervised, full time equivalent practice with a Board-approved supervisor
- postgraduate psychology qualifications gained in Australia before APAC began accrediting postgraduate professional degrees that have been assessed by the Board or an authority authorised by the Board as being equivalent to an accredited masters or doctorate, followed by supervised, full time equivalent practice acceptable to the Board.

2.3 Maintaining endorsement

To maintain endorsement in an approved area of practice, the psychologist must meet the requirements of the Board's registration standards on continuing professional development. Requirement 3 of this standard is 'As a general guide, CPD activities should be relevant to the psychologist's area of professional practice and have clear learning aims and objectives that meet the individual's requirements'. This means that psychologists are expected to obtain the majority of their CPD within their endorsed area of practice.

3. Approved supervised practice program (registrar program)

3.1 General

In addition to holding an approved qualification, a period of supervised practice is required to be eligible for endorsement.

For the purposes of gaining endorsement, approved supervised practice consists of three components:

- psychological practice
- supervision with a Board-approved supervisor
- active continuing professional development.

The qualification held by the applicant for endorsement determines the level of each component required, as set out in Table 2 Qualifications for area of practice endorsement (approved supervised practice).

Table 2: Qualifications for area of practice endorsement (approved supervised practice)

| Qualification | DPsych / PsyD | Masters | Combined MPsyc/PhD |
|--|------------------------------|-------------------------------|-------------------------------|
| Duration of psychological practice | One year fulltime equivalent | Two years fulltime equivalent | Two years fulltime equivalent |
| Total supervision required during psychological practice | 40 hours | 80 hours | 80 hours |
| Total active professional development required during psychological practice | 40 hours | 80 hours | 80 hours |

Before beginning supervised practice for the purposes of endorsement, the psychologist must submit a supervised practice plan (on a template to be provided) to the Board for approval, setting out in detail the practice, supervision and professional development arrangements. Approval must be sought from the Board before any substantial change is made to the supervised practice plan including changes to the work role or the supervisor.

Participation in an approved supervised practice program will meet the compulsory CPD requirements to maintain

registration as a psychologist, as long as the program meets or exceeds the minimum CPD requirements.

3.2 Psychological practice

To be approved by the Board for the purpose of endorsement, the psychological practice must:

- be within an area of practice approved for endorsement
- comprise a minimum of 80 per cent of the psychologist's work role
- commence after the awarding of the relevant qualifications, except in the case of combined professional M Psych/PhD programs where the psychological practice may commence after completion of all coursework and placement components of the M Psych program; in such cases, endorsement will not be granted until the combined M Psych/PhD is awarded and supervision is completed
- consist of at least 17.5 hours per week; full time psychological practice is considered to be 35 hours per week over a 44-week year (allowing 8 weeks of annual and personal leave).

3.3 Supervision

To be approved by the Board for the purpose of endorsement, the supervision must be:

- provided by a Board-approved supervisor who is endorsed to practise in that field
- provided at least fortnightly when practising, regardless of how many hours have been provided previously and regardless of the number of hours per week of psychological practice completed
- at least one hour per session
- provided on an individual (one-on-one) basis
- provided at a minimum rate of 40 hours per full time equivalent year of psychological practice.

3.4 Professional development (PD)

Professional development (PD) for the purposes of gaining endorsement must meet the requirements of 'active continuing professional development'; that is, activities that engage the psychologist in active training through written or oral activities designed to enhance and test learning. As such, they must meet adult learning criteria. Examples of 'active' PD include attending seminars where there is a written test; reading a structured series of professional psychology articles followed by completing an online assessment; doing an oral presentation or tutorial to a group of peers on a new topic in psychology; attending a

workshop which required in vivo role play of skills; studying a new technique, followed by trialling this technique in the workplace, followed by a review and evaluation of the effectiveness and implementation of that technique. For workshops or activities without an active component, the supervisor must set written work or another activity to meet the 'active' requirement. In consultation with the supervisor, the psychologist should:

- design a PD program with clear learning aims and objectives that meet the psychologist's practice requirements
- ensure the workshops are directly relevant to the approved area of practice
- abide by the recording requirements as set out in the Board's template for PD.

4. Board-approved supervisors

4.1 General

To be approved by the Board to provide supervision for the purposes of endorsement in an approved area of practice, the supervisor:

- must hold general registration as a psychologist
- must hold endorsement in the approved area of practice for at least two years before commencement of supervision and continue to be endorsed throughout the period of supervision
- must have completed a Board-approved training program in psychology supervision
- must not be a member of the supervisee's immediate family or household
- must not have been nor be engaged currently in a therapeutic relationship with the supervisee.

4.2 Maintaining approved supervisor status

An approved supervisor will be required to renew his or her status every five years. In applying for renewal, the supervisor will be required to provide a declaration as to how many psychologists he or she has supervised in the preceding five-year period and how his or her supervised practice and professional development have been maintained and show evidence of completion of a supervision revision course approved by the Board.

5. Examination

The Board may require the psychologist to pass an examination after completing the supervised practice plan, prior to having a final endorsement application accepted.

6. Application for endorsement

On completion of the above requirements, psychologists may make application for endorsement. The application will need to provide evidence of completed psychological practice, supervision and workshops. The supervisor will be required to sign the application.

Definitions

Board means the Psychology Board of Australia.

National Law means the *Health Practitioner Regulation National Law Act 2009*.

Ministerial Council means the Australian Health Workforce Ministerial Council comprising Ministers of the governments of the participating jurisdictions and the Commonwealth with portfolio responsibility for health.

Standard means a registration standard approved by the Ministerial Council. In this guideline, the standard is for area of practice endorsements.

Active professional development are professional learning activities in the endorsed area of practice that engage the participant in active training through written or oral activities designed to enhance and test learning.

References

Psychology Board of Australia area of practice endorsements standard

Date of issue: 1 July 2010

Date of review: This guideline will be reviewed at least every three years

Last reviewed:

Attachment A

Extract of relevant provisions from the *Health Practitioner Regulation National Law Act 2009*

Division 3 Registration standards and codes and guidelines

39 Codes and guidelines

A National Board may develop and approve codes and guidelines—

- a). to provide guidance to the health practitioners it registers; and
- b). about other matters relevant to the exercise of its functions.

Example. A National Board may develop guidelines about the advertising of regulated health services by health practitioners registered by the Board or other persons for the purposes of section 133.

40 Consultation about registration standards, codes and guidelines

1. If a National Board develops a registration standard or a code or guideline, it must ensure there is wide-ranging consultation about its content.
2. A contravention of subsection (1) does not invalidate a registration standard, code or guideline.
3. The following must be published on a National Board's website—
 - a). a registration standard developed by the Board and approved by the Ministerial Council;
 - b). a code or guideline approved by the National Board.
 - c). An approved registration standard or a code or guideline takes effect—
 - d). on the day it is published on the National Board's website; or
 - e). if a later day is stated in the registration standard, code or guideline, on that day.

41 Use of registration standards, codes or guidelines in disciplinary proceedings

An approved registration standard for a health profession, or a code or guideline approved by a National Board, is admissible in proceedings under this Law or a law of a co-regulatory

jurisdiction against a health practitioner registered by the Board as evidence of what constitutes appropriate professional conduct or practice for the health profession.

Specific provisions

15 Approval of areas of practice for purposes of endorsement

The Ministerial Council may, on the recommendation of a National Board, approve an area of practice in the health profession for which the Board is established as being an area of practice for which the registration of a health practitioner registered in the profession may be endorsed.

Note: See section 98 which provides for the endorsement of health practitioners' registration in relation to approved areas of practice.

98 Endorsements in relation to approved areas of practice

1. A National Board established for a health profession may, in accordance with an approval given by the Ministerial Council under section 15, endorse the registration of a registered health practitioner registered by the Board as being qualified to practise in an approved area of practice for the health profession if the practitioner —
 - a). hold either of the following qualifications relevant to the endorsement —
 - i). an approved qualification
 - ii). another qualification that, in the Board's opinion, is substantially equivalent to, or based on similar competencies to, an approved qualification; and
 - b). complies with an approved registration standard relevant to the endorsement.
2. An endorsement under subsection (1) must state —
 - a). the approved area of practice to which the endorsement relates; and
 - b). any conditions applicable to the practice by the registered health practitioner in an approved area of practice.

99 Application for endorsement

1. An individual may apply to a National Board for endorsement of the individual's registration.
2. The application must —
 - a). be in the form approved by the National Board; and

- b). be accompanied by the relevant fee; and
 - c). be accompanied by any other information reasonably required by the Board.
3. For the purposes of subsection (2)(c), the information a National Board may require an applicant to provide includes –
- a). evidence of the qualifications in the health profession the applicant believes qualifies the applicant for endorsement; and
 - b). evidence of successful completion of any period or supervised practice required by an approved registration standard; and
 - c). if the applicant is required to complete an examination or assessment set by or on behalf of the Board, evidence of the successful completion of the examination or assessment.

Attachment B

Area of practice endorsements standard

Summary

Registered psychologists who practice in certain areas of psychology may be eligible for endorsement in an approved area of practice.

The approved areas of practice for endorsement of registration are:

- (a) clinical psychology
- (b) counselling psychology
- (c) forensic psychology
- (d) clinical neuropsychology
- (e) organisational psychology
- (f) sport and exercise psychology
- (g) community psychology
- (h) health psychology; and
- (i) educational and developmental psychology.

Scope of application

This standard applies to all applicants for general registration and registered psychologists who have general registration. It does not apply to any other category of registration.

Requirements

To be eligible for endorsement in one of the approved areas of practice a registered psychologist must have:

- a). an accredited doctorate in one of the approved areas of practice, and a minimum one year of approved supervised full-time equivalent practice with a Board approved supervisor; or
- b). an accredited Masters in one of the approved areas of practice, and a minimum of two years of approved supervised full-time equivalent practice with a Board-approved supervisor; or
- c). another qualification that, in the Board's opinion, is substantially equivalent to (a) or (b).

References

Psychology Board of Australia Endorsement Guidelines are available on the Board's website.

Review

This standard will commence on 1 July 2010. The Board will review this standard at least every three years.



Guidelines for 4+2 internship program: provisional psychologists and supervisors

Definitions

In these guidelines, unless inconsistent with the context or subject matter:

Board means the Psychology Board of Australia established under the *Health Practitioner Regulation (Administrative Arrangements) Act 2009*

Client contact means direct client contact performing specific tasks of psychological assessment, intervention and prevention

Client-related activities refer to activities including reading and researching to assist problem formulation and diagnosis, case consultation with colleagues, formal and informal reporting, and professional development

A **complete** application for provisional or general registration is one that complies with the requirements under s. 77 of the National Law and is at a standard approved by the Board; a progress report that is complete is one which is at a standard approved by the Board

Guidelines refers to the Psychology Board of Australia Guidelines for 4+2 internship program: provisional psychologists and supervisors, and any subsequent amendments approved by the Board

An **incomplete** application for provisional or general registration is one in which the information required under the National Law or as set out in an application form or approved registration standard is not provided; a progress report that is incomplete is one that is not of a standard approved by the Board

Internship means a supervised practice program approved by the Board

National Law means the *Health Practitioner Regulation National Law Act 2009* where adapted in a jurisdiction and as amended from time to time

Principal supervisor means a supervisor who has been approved by the Board, pursuant to s. 9 of the guidelines to supervise provisional psychologists undertaking the 4+2 internship program and to be responsible for the training undertaken in that program

Provisional psychologist means a person registered as a provisional psychologist pursuant to s. 62 of the National Law

Psychologist means a person who holds general registration as a psychologist pursuant to s. 52 of the National Law

Secondary supervisor means a supervisor who has had at least two years of experience practising as a generally registered psychologist and has completed a Board-approved training program in psychology supervision prior to applying to act as a Board-approved supervisor;

the secondary supervisor fulfils a component of the supervision of the internship program as agreed with the Board, the principal supervisor and the provisional psychologist and is responsible to the principal supervisor

Supervised practice program is a training and supervision plan approved by the Board consisting of supervised psychological work and professional development activities designed to enable a provisional psychologist holding an accredited four-year sequence of study to develop the psychological capabilities required for general registration

Supervisee refers to a registered provisional psychologist undertaking the 4+2 internship program as outlined in the guidelines

Supervisor refers to a registered general psychologist approved by the Board to act as a supervisor to a provisional psychologist undertaking the 4+2 internship program; a supervisor must have a minimum of three years of experience as a registered general psychologist and have completed a Board-approved training program in psychology supervision prior to applying to act as a Board-approved supervisor.

1. Introduction

These draft guidelines have been developed by the Psychology Board of Australia under s. 39 of the *Health Practitioner Regulation National Law Act 2009* (the National Law). The guidelines supplement the requirements set out in the Board's registration standard for provisional registration.

The relevant sections of the National Law are set out in [Appendix A](#).

Who needs to use these guidelines?

These guidelines are developed to provide the requirements to be met by provisional psychologists undertaking the 4+2 internship program to become eligible for general registration. It applies to applicants for provisional registration, provisional psychologists and their supervisors.

2. Registration and training of provisional psychologists: general information

2.1 Provisional registration

The Board grants provisional registration to enable the applicant to undertake or complete any period of supervised practice required for general pursuant to s. 62 of the National Law.

2.2 Use of title

Provisional psychologists undertaking an accredited higher degree or a Board approved 4+2 internship program are entitled to use the title 'provisional psychologist' while engaged in supervised practice undertaken for the purpose of gaining general registration. Provisional psychologists are not entitled to use the title 'provisional psychologist' for work outside an approved course of study or an approved period of supervised practice. Any psychological work outside an approved pathway must be approved by the Board. In addition, in accordance with the National Law, provisional psychologists must not take, or use the title of 'psychologist' or 'registered psychologist' or any other title that might induce a belief that they hold either general registration or an endorsement under Part 7 of the National Law.

2.3 Purpose of the guidelines

The Board has developed the guidelines to provide for the protection of the public by registering psychologists who are suitably trained and qualified to practise in a competent and ethical manner. These guidelines apply to provisional psychologists who:

- have completed the equivalent of at least a four-year, accredited sequence of study in psychology; and
- are undertaking an internship for the purpose of general registration as psychologists in Australia.

With the exception of the provisions in Section 2.2 Use of title in these guidelines, the guidelines do not apply to individuals undertaking placements within an accredited post-graduate degree in psychology.

The guidelines provide essential information for supervisees and supervisors about the requirements of the Board's internship program. A provisional psychologist must meet these requirements to be considered by the Board to be eligible to apply for general registration.

The current versions of the forms that must be completed for an internship are published on the Board's website. The Board's policy is that provisional psychologists must use the most recent published version of forms.

The guidelines define the requirements of the internship including the:

- content and structure
- required hours for professional practice, supervision and professional development

- core capabilities to be addressed during the internship, including training objectives, methods of developing the capabilities and assessment tasks
- records to be kept and reporting requirements
- eligibility requirements for supervisors for the internship program
- responsibilities and accountabilities of supervisees and supervisors.

2.4 Prerequisites for registration as a provisional psychologist under the internship program

Registration as a provisional psychologist under an internship program is dependent upon the Board being satisfied that the applicant:

- meets the mandatory registration standards
- has completed an accredited, four-year sequence of study (or its equivalent) in psychology within the last ten years
- has proposed a supervised practice program that is consistent with the guidelines and agreed by the applicant for provisional registration and the principal and secondary supervisors.

3. The internship program: scope and provisions

3.1 Objectives

The internship program is designed to ensure that all provisional psychologists receive generalist training according to defined core areas of practice, knowledge and expertise within the profession of psychology. To this end, the internship program defines training in eight core professional capabilities.

Some provisional psychologists may wish to develop specialist expertise in a particular area of the profession (e.g. forensic, organisational, educational psychology) and may consider that some of the capability tasks of the internship program are not relevant to their future career. As psychologists often change the direction of their career over time however, the Board considers it essential that provisional psychologists undertake a broad generalist training program in the practice of the profession prior to being granted general registration. To achieve this broad generalist training, it may be necessary for the provisional psychologist to undertake more than one work role. For example, a provisional psychologist who secures a

position working only with children (e.g. in a school setting) will be required to secure another position and in another setting working with adult clients (e.g. in a mental health setting) to achieve all of the core capabilities. The Board has an obligation to the community that all psychologists who hold registration are safe and competent to practice psychology, including delivering psychotherapy for mental health problems using focused psychological strategies.

Although the scope of the internship program is generalist in nature, psychologists must be mindful of their ethical responsibility to practise the profession only within their demonstrated areas of knowledge, expertise and training (refer to the Board-endorsed Code of Ethics). For example, provisional psychologists with limited exposure to certain areas of practice during their internship program (e.g. use of a particular psychological assessment tool or method of therapeutic intervention) would need to undertake further supervision and professional development in this area (or postgraduate study) to meet their ethical responsibilities before going on to practise in this area.

The principal objectives of the internship program are to:

- help provisional psychologists to develop a broad base of knowledge and understanding of general psychological principles and their application to human behaviour
- give provisional psychologists experience in and instruction about the practice of the profession with a variety of clients (e.g. individuals, groups, couples and families) and for a variety of presentations (e.g. depression, psychoses in a clinical psychology setting, or selection, recruitment and change management in an organisational setting)
- help provisional psychologists become competent in the administration and interpretation of a range of psychological assessment tools and techniques and develop skills in diagnosing psychological disorders and formulating appropriate interventions
- support the professional development of provisional psychologists in ways that will increase their effectiveness as psychologists and awareness of the importance of continuing professional development (CPD) and ongoing supervision
- teach provisional psychologists the ethical and professional standards of conduct and practice required of a psychologist
- teach provisional psychologists self-evaluation skills to develop their awareness of professional limitations
- protect clients, employers and provisional psychologists while professional tasks and roles are being learned.

3.2 Requirements of the internship program

Core capabilities

The core capabilities and attributes of the two-year internship program that must be achieved by the provisional psychologist are:

- a). knowledge of the discipline
- b). ethical, legal and professional matters
- c). psychological assessment and measurement
- d). intervention strategies
- e). research and evaluation
- f). communication and interpersonal relationships
- g). working within a cross-cultural context
- h). practice across the lifespan.

Supervised practice

A provisional psychologist undertaking the Board-approved, two-year internship must complete the internship successfully in accordance with the Board's internship guidelines which include:

- a). a minimum two-year program based on a 35-hour week and seven-hour day, totalling a minimum of 3080 hours
- b). a minimum of 17.5 hours per week internship
- c). a maximum eight-week provision for annual and personal leave per year
- d). supervision with a Board-approved supervisor at a ratio of one hour of supervision to 17.5 hours of supervised practice; two-thirds must be individual supervision, with the rest either being individual or group supervision which equates to a minimum of 176 hours of supervision with a minimum of 117.33 hours of individual supervision
- e). a minimum of 60 hours of professional development per full-time year designed to meet the eight core capabilities of the internship program with pro rata equivalent applying to part time practice.

Other requirements

- a). The program must consist of a minimum of 40 per cent client contact and the remainder (maximum 60) per cent client-related activities. 'Client contact' means direct client contact which includes performing specific tasks of psychological assessment, intervention and prevention while 'client-related' activities refer to activities including reading and

researching to assist problem formulation and diagnosis, case consultation with colleagues, formal and informal reporting and professional development.

- b). The program must be completed within a maximum of five years from commencement.
- c). All work roles/placements must be approved by the Board prior to commencement.
- d). Six-monthly progress reports must be submitted by the supervisor and provisional psychologist.
- e). On completion of the internship program, a final *Assessment of Capabilities* form signed by the supervisor and case studies completed by the provisional psychologist must be submitted with an application for general registration.
- f). On completion of the internship program, the Board may require the participant to pass an examination.
- g). The Board may include any other requirement as set out in a registration standard or the National Law.

3.3 Timeframes for the internship program

Commencement of the internship program

The commencement date of a provisional psychologist's internship program is the date of his or her registration; that is, the date that the Board approves the provisional registration.

Only practical experience gained while registered as a provisional psychologist will be recognised by the Board.

The Board will only consider and credit hours of psychological practice, formal supervision and professional development accrued by a provisional psychologist after the date of his or her initial registration and while such registration is maintained.

The Board does not approve any 'backdating' of commencement of an applicant's supervised practice program.

Minimum timeframe for completing the internship program

A provisional psychologist must undertake the internship program for a minimum of two years from the date of his or her registration as a provisional psychologist if working full time, or the equivalent of two years' full time work if working on a part time basis.

If any provisional psychologist completes the internship program before conclusion of the minimum period, he or she is not eligible to apply for general registration. The provisional psychologist must continue to be supervised

in accordance with these guidelines until the end of the minimum period of the internship program and until general registration as a psychologist has been granted by the Board.

A provisional psychologist must continue to be supervised in accordance with the guidelines upon completion of the internship program while his or her application for general registration is being considered by the Board, including during any period of delay in processing due to incomplete applications. The provisional psychologist must also continue to keep records of practice and supervision until such time as general registration has been granted by the Board.

Maximum timeframe for completing the internship program

To ensure recency of practice requirements are met, all provisional psychologists must complete their internship program within five years from the date of their registration as a provisional psychologist, irrespective of whether provisional psychologists are working in full time or part time work roles. The maximum five-year period to complete the internship program includes any periods of leave taken. Leave may be granted for a maximum of 12 months with the possibility of extension in exceptional circumstances. However, if a provisional psychologist has a break of more than one year from the internship program, the Board may, at its discretion, decide not to credit all or part of the program completed previously.

A provisional psychologist may not apply to the Board for an extension of the period of his or her internship beyond five years. The applicant will need to make a new application for provisional registration, setting out the circumstances that resulted in the previous internship not being completed. The Board will consider on a case-by-case basis any reduction in the internship requirements if the new application is approved.

For reasons of competency and recency of practice and to be eligible for general registration under the National Law, an application for general registration must be received no later than five years after the completion of the internship program. Where an application for general registration is lodged more than five years after the completion of the internship program, the application will not be approved. The applicant will need to make a new application for provisional registration and no reduction in the internship requirements will be offered.

3.4 Arranging an internship program

Applicants for provisional registration must complete the following steps:

Step 1: Find psychological work

Find a work role(s) of a psychological nature (refer to sections 3.5 Work roles for the internship program and 4.2 Psychological practice: definitions and workplace settings), paid or unpaid, which consists of a minimum of 17.5 hours of work each week for a minimum of six months from commencement of the supervised practice program that can be logged as 'psychological practice'. For the Board's definition of psychological practice refer to Section 4.2 Psychological practice: definitions and workplace settings. Less frequent psychological practice would not provide the provisional psychologist with the depth and continuity of experience necessary to ensure the effectiveness of the internship program. The program must consist of a minimum 40 per cent direct client contact with the remainder (maximum 60 per cent) client-related activities.

Step 2: Find a principal supervisor

Enter into a supervision arrangement with a Board-approved supervisor. A directory of Board-approved supervisors is available on the Board's website.

The identification of a suitable principal supervisor may take some time and require discussions or meeting with several prospective supervisors. A meeting between the prospective supervisee and supervisor should be used to:

- determine if the two can work well together
- establish those capabilities the supervisor has the training and recent experience in which to supervise.

The Board-approved supervisor:

- must be able to regularly oversee the provisional psychologist's work
- should preferably be a person who works onsite with the provisional psychologist.

If the supervisor is not onsite, the applicant should be engaged in a multidisciplinary work environment. It will be at the Board's discretion as to whether it approves any offsite supervisory arrangement. The Board will make such determination based on the applicant's supervised practice program and/or job description or other such information requested by the Board.

In the event that an applicant submits an application for an offsite supervisory arrangement, the applicant and supervisor should ensure before submitting the application that the proposed employer of the applicant is aware of the requirements of the supervised practice program. The applicant and the supervisor must ensure that any employment confidentiality and privacy requirements are not in conflict with the requirements of the supervised practice program.

In developing a supervised practice program, a principal supervisor must assist the provisional psychologist to identify an appropriate secondary supervisor(s).

Step 3: Find a secondary supervisor

Nominate for Board approval a secondary supervisor who has agreed to assist in the internship program (refer to Section 4.1 Internship program: focus of these guidelines). Secondary supervisors may contribute to no more than 25 per cent of the provisional psychologist's total supervision. Secondary supervisors must have had at least two years of experience as a psychologist. Information regarding the secondary supervision arrangement must be incorporated into the supervised practice program, signed by all parties and forwarded to the Board for approval.

Step 4: Develop a supervised practice program

In accordance with the requirements specified in these guidelines, develop a supervised practice program to be approved by the Board consisting of supervised psychological work and professional development activities designed to ensure the psychological capabilities required for general registration are developed; refer to Section 7. Supervised practice program of these guidelines on how to complete the supervised practice program.

Step 5: Complete and submit to the Board

Submit all the required materials to the Board including:

- application forms for provisional registration
- the supervised practice program form
- formal position description(s) from the organisation/ agency for the proposed work role(s)
- other relevant supporting documents.

The applicant must retain a copy of all forms and documents for his or her personal records.

3.5 Work roles for the internship program

Work roles for the internship program must be psychological in nature: based on direct client contact and involving the psychology-specific tasks of psychological assessment, problem formulation, diagnosis, intervention and prevention (refer to sections 4.2 Psychological practice: definitions and workplace settings and 4.3 Psychological practice: direct client contact and client-related activities in these guidelines). Some work roles involve duties that are all psychological in nature. Other work roles require the provisional psychologist to undertake duties that are not psychological in nature. It is important to note that tasks such as clerical duties, marketing and promotion, management duties and driving

between client appointments, which may be required tasks in a work role, are not considered to be psychological practice for the internship program. Similarly, teaching or tutoring in psychology, supervising other professionals or working in research positions does not constitute psychological work for the purpose of these guidelines.

Work of a non-psychological nature must not be included in the provisional psychologist's daily record of practice (refer Section 8 Recording and reporting requirements of these guidelines) and must not be counted towards the total number of hours of supervised practice required by the guidelines.

Because psychological practice is not limited to positions under the restricted title of 'provisional psychologist', it may include psychological work undertaken in a multidisciplinary or case management role that is not classified as a psychology position. Duties undertaken in such generic roles are therefore unlikely to be 100 per cent psychological in nature and involve duties unrelated to the requirements of the internship program.

For any work role, the supervisor must determine, on average, the percentage of the provisional psychologist's total hours of work each week that falls within the definition of psychological practice. It will not be possible to complete the internship program after only 3080 hours of supervised practice if work roles are not 100 per cent psychological in nature. The supervisor's estimate of the percentage of work that is psychological in nature will help to determine the expected completion date of the supervisee's internship program. It is important from the outset of the supervision practice program that supervisors help manage their supervisee's expectations in terms of the length of time that their internship program will take.

Furthermore, a position may consist exclusively of duties that meet the psychological practice requirements but are limited in scope and do not meet all of the core capabilities set out in the guidelines. The supervisor must help the supervisee identify the limitations to proposed work roles that might prevent the supervisee from achieving all of the capabilities. Provisional psychologists may need to undertake employment in more than one work role to meet the requirements of the internship program.

When provisional psychologists submit a proposed supervised practice program to the Board, a copy of the position description(s) for the proposed work role(s) must also be included. The position description(s) must:

- be on the organisation's letterhead
- specify the hours of work
- be signed by an authorised person within the workplace

- specify the duties, responsibilities and reporting requirements of the role(s).

On receipt of a proposed supervised practice program, the Board assesses:

- which areas of the core capabilities are likely to be met in the position
- which areas of core capabilities are not likely to be met in the position
- whether alternate ways of meeting the requirements for the internship program that are not met in the position description have been identified
- how much psychological practice versus non-psychological practice is involved in the position description
- the match between the job description and the applicant's chosen area of focus for the psychology training (e.g. clinical, counselling, organisational etc.)
- the supervisor's signed undertaking that he or she has the expertise to supervise in the provisional psychologist's major area of focus and is a Board-approved supervisor.

If an applicant intends to undertake employment in a position that is predominately concerned with the provision of services unrelated to psychology in another professional field (e.g. social worker, occupational therapist, psychiatric nurse, teacher, special educator, speech pathologist), his or her application for provisional registration will not be accepted.

3.6 Private practice

Provisional psychologists are not permitted to work independently or establish an independent private practice. The Board defines 'independent private practice' as a practice in which a psychologist operates as a sole trader, contractor or in a business arrangement with other sole traders and directly receives a fee for service from a client or referring agency.

3.7 Leave from an internship program

Provisional psychologists must notify the Board immediately if they intend to take a period of extended leave (longer than four weeks) from their internship. The provisional psychologist must advise the Board of the anticipated period in which he or she will not be practising as a provisional psychologist or working under supervision. If the provisional psychologist is on extended leave from his or her internship during the annual renewal period, then he or she is not eligible to renew his or her provisional registration. Instead the person must re-apply

for provisional registration if he or she wishes to resume an internship program.

3.8 Cessation of an internship program

If a provisional psychologist wishes to cease his or her internship program, he or she must notify the Board immediately. If the provisional psychologist has ceased his or her supervised practice program during the annual renewal period then he or she is not eligible to renew his or her provisional registration. Instead the person must re-apply for provisional registration if he or she wishes to resume an internship program (refer to Section 3.3 Timeframes for the internship program in these guidelines).

3.9 Applying to recommence an internship program after cessation of practice

If an individual wishes to recommence an internship program, he or she must apply to the Board and:

- submit a new supervised practice program consistent with the requirements of the guidelines
- inform the Board of the reasons for the break in supervision
- provide a report for the period of supervised practice immediately preceding the break in supervision.

The Board may, at its discretion, decide to recognise work previously conducted under a supervised practice program, provided that the break from the program does not exceed one year and the program will be completed within five years from the original date of commencement of the program.

3.10 Renewal of provisional registration

Pursuant to s. 64(3) of the National Law, provisional registration may not be renewed more than twice; that is, provisional registration cannot be held for more than three years without the requirement to make a new application for provisional registration.

While the Board's guidelines allow a provisional psychologist to complete the internship program within a maximum period of five years, if an individual is not able to complete the supervised practice program during the period consisting of the individual's initial period of registration and two renewals of that registration, the individual would need to make a new application for provisional registration.

Provisional psychologists requiring more than three years to complete their internship program must submit a new application two months prior to the expiry of their second

renewal period (third year of registration) to ensure that they are able to continue the supervised practice program without disruption. If registration expires without a new application being approved by the Board, the individual must not continue to practise.

An individual submitting a new application two months prior to the expiry of the second renewal period (third year of registration) will not be required to resubmit additional documentation unless changes have been made to the previously approved supervisory arrangements.

The Board may refuse to renew the provisional registration of an applicant if he or she ceases the internship program or the provisional psychologist no longer complies with:

- any requirements of the National Law; and/or
- the Board's guidelines; and/or
- the registration standard for provisional registration.

3.11 Dual pathways

The Board does not permit provisional psychologists to undertake dual pathways to general registration. 'Dual pathways' refers to mixing elements from the different training pathways to general registration (accredited higher coursework degree or 4+2 internship program and research masters or PhD). Provisional psychologists who elect to undertake an internship program for the purpose of general registration after commencing (but not completing) an accredited higher coursework degree cannot receive credit for any of their field placements.

4. Internship program: psychological practice and professional development

4.1 Internship program: focus

The internship program should focus on the training objectives and assessment tasks for each capability defined in these guidelines (refer Section 6.0 Core capabilities for the internship program in these guidelines). The internship program should provide the provisional psychologist with the opportunity to gain the knowledge, experience and skills required to demonstrate sufficient competence in the defined capabilities at the conclusion of the program.

'Sufficient competence' means having the understanding and proficiency in the capability to an extent that qualifies the provisional psychologist to independently, accurately and ethically offer opinion and practise in the capability.

The internship program involves two interrelated but distinct components:

1. psychological practice carried out in an approved professional setting under the guidance of a principal supervisor and a secondary supervisor
2. professional development activities such as workshops, courses, seminars, lectures, conferences, classroom activities, role plays, literature reviews etc.

While professional development may contribute to the development of a broad knowledge base, it is not in itself sufficient to meet capability requirements. Supervised psychological practice satisfies the fundamental principle that provisional psychologists must learn to apply their knowledge in actual professional practice settings with a range of clients (e.g. individuals, groups or organisations) whose difficulties are representative of problems across a broad spectrum.

The supervisor should guide the provisional psychologist to undertake a graduated range of tasks and activities in psychological practice appropriate to his or her level of competence and experience with the aim of broadening knowledge and skills related to the core capabilities progressively.

4.2 Psychological practice: definitions and workplace settings

Psychological practice should be based on the use of the scientist-practitioner model. This model focuses on the use of research findings to inform professional practice and involves a problem-formulation and hypothesis-testing approach. This is an ongoing process that involves defining the problem from available data, generating hypotheses to explain the problem, testing and evaluating the hypothesis and revising where necessary.

Psychological practice involves the application of psychological knowledge, methodology, principles, techniques and ethical standards to individual clients, groups or organisations. For the purposes of the internship program, psychological practice takes place in a wide range of professional practice settings including clinical, counselling, organisational, neuropsychological, health, educational and developmental, community, sport and forensic settings. Psychological practice occurs in a wide range of workplaces, such as corporations; educational settings; government departments; health and welfare and community agencies; and nonprofit organisations.

For the purposes of the internship program, psychological practice involves direct client contact (face-to-face) and client-related activities of a psychological nature, including:

- clinical/therapeutic psychological practice activities such as assessment, diagnosis, intervention, case

consultation, case conferences, report writing and case notes, evaluation and modification of interventions

- organisational/industrial psychological practice activities such as training and development, individual and group counselling, organisational development and change, consultancy, resource development, program evaluation, rehabilitation, career development, outplacement counselling, employee assistance programs, report writing, consultation and liaison
- psychological practice activities specific to other branches of psychology, such as sports psychology, educational psychology, health psychology, community psychology.

4.3 Psychological practice: direct (face-to-face) client contact and client-related activities

Direct client contact

Direct client contact includes performing specific tasks of psychological assessment, intervention and prevention. A minimum of 40 per cent of the provisional psychologist's internship program must involve direct or face-to-face client contact. Thus, provisional psychologists undertaking 3080 hours of training must have at least 1232 hours of face-to-face client contact.

Training or professional development activities involving volunteers, peers, supervision, role plays or other contrived situations do not constitute direct client contact.

For all areas of psychology direct face-to-face client contact involves the following specific tasks:

- psychological assessment: the administration and interpretation of any recognised test, technique, device or instrument for assessing mental abilities, aptitudes, interests, attitudes, mental health, emotions, cognition, motivation or personality characteristics
- intervention: the use of any professionally recognised psychological method or practice designed to assist individuals or groups better adjust to cognitive, emotional or behavioural problems in the areas of work, family, school, or personal relationships, or to improve personal wellbeing
- prevention: the use of any psychological method or practice calculated to prevent or minimise cognitive, emotional or behavioural problems or to enhance personal wellbeing.

Client-related activities

Client-related activities include:

- problem formulation: the integration of relevant factors accounting for why this client is presenting at this time with these issues
- diagnosis: the use of a system of diagnostic criteria to classify behaviour, cognitive processes, mental health, personality or adjustment in individuals or groups
- reporting/consultation: case notes and oral and written communication as required.

Direct client contact and client-related activities involve the application of specific skills including:

- establishing professional relationships and maintaining professional behaviour
- applying evidence-based theory
- evaluating the efficacy of psychological treatments or programs and referring the client to another health practitioner if required
- communicating with the client about treatment, making referrals, etc.
- self-reflective practice and understanding personal professional limitations.

Some work roles do not provide the opportunity for training in all of the above tasks or skills to enable the provisional psychologist to achieve the core capabilities. The provisional psychologist must secure an additional or alternate work role to achieve the core capabilities. For example, telephone counselling roles do not provide face-to-face client contact, diagnostic assessment or intervention beyond risk management; job account assessor roles may require one-off client assessment of a limited nature and not ongoing intervention; case management roles may involve a large component of work of a nonpsychological nature. For all provisional psychologists, the Board has restricted work in telephone counselling roles to a maximum of 194 hours to be logged as client-related activities.

4.4 Professional development: objectives and requirements

Professional development (PD) is an essential feature of training. The purpose of PD is to increase the skill level of provisional psychologists across all core capabilities of professional practice. PD must be undertaken in each core capability including psychological assessment and diagnosis, implementation and evaluation of interventions and theoretical and empirical knowledge of psychological principles.

PD may involve attendance at lectures, seminars, symposia, workshops, short courses, conferences and exposure to audio visual material. PD activities must be approved by the principal supervisor before they can be recognised as part of the internship program. Professional societies and/or associations, universities, workplaces and commercial providers may offer appropriate PD activities. When an internship program extends beyond the minimum number of required days, PD must continue at a ratio of 60 hours per full time year of the internship or part thereof.

Hours counted towards PD are based on the relevance of the activity to psychology and the length of the activity (i.e. a five-hour workshop will count as five hours of PD). PD is to be recorded on the *Professional Development Record* form and evidence of attendance must be kept until general registration has been granted by the Board (refer sections 3.2 Requirements of the internship program under Supervised Practice and 8 Recording and reporting requirements in these guidelines).

5. Supervision

5.1 Definition and aims

Supervision is an interactive process between the provisional psychologist and the supervisor. It provides the supervisee with a professionally stimulating and supportive opportunity for growth. Supervision involves a special type of mentoring relationship in which direction and instructive critique is given by supervisors to assist supervisees achieve their professional goals. Supervisors oversee provisional psychologists' application of particular procedures for given tasks and this process is fundamental to provisional psychologists achieving the core capabilities of the internship program. The principal supervisor is responsible for ensuring that the provisional psychologist's internship program is conducted in accordance with the Board-approved personalised supervision plan. Secondary supervisor(s) assist the principal supervisor by providing training, supervision and oral and written feedback about the progress of the provisional psychologist as specified in the supervision plan.

Before embarking on supervision, it may be helpful for the provisional psychologist to reflect on questions such as:

- what are my professional needs and goals?
- do I have a career plan or path in mind?
- does my career plan include ultimate specialisation in an area such as counselling, clinical or organisational psychology?
- what types of supervision would enable me to achieve the maximum gains in learning?

- what might I expect from supervision?
- what is my preferred learning style and what am I looking for in a supervisor?
- does my proposed supervisor have the experience and skills I need?

The first meeting should be used to agree upon and formalise in writing practicalities such as:

- meeting times and arrangements for cancellations of meetings
- payment arrangements if relevant
- records to be kept
- availability of the supervisor
- expectations, rights and responsibilities of both parties
- reporting arrangements including those outside the requirements of the supervised practice program; for example, at the workplace
- processes for feedback
- policies for dealing with confidentiality and other ethical issues
- reviewing the requirements of the guidelines to ensure both parties are clear about required documentation; expectations, rights and responsibilities of both parties; and reporting requirements required under the internship program
- discussion about an appropriate secondary supervisor to ensure continuity of supervision should the principal supervisor be unable to supervise for a period of time and to offer training in areas of practice outside the scope of practice of the principal supervisor.

5.2 Content

Supervision should focus upon the core capabilities, the areas of practice, knowledge and expertise within the profession in which the provisional psychologist must attain proficiency by the conclusion of the internship program (refer to Section 6 Core capabilities for the internship program in these guidelines).

The supervisor should ensure the provisional psychologist is given appropriate guidance to obtain all the core capabilities.

Wherever possible, the supervisor should demonstrate skills to the provisional psychologist in the delivery of psychological services to clients. In addition to reading and cosigning all reports and correspondence written by the provisional psychologist, the supervisor should regularly read and comment upon the provisional

psychologist's case notes, record of practice and record of supervision. Supervision must include direct observation by the supervisor of the provisional psychologist's psychological practice (see sections 5.7 Direct observation and 9.2 Responsibilities of principal supervisors in these guidelines).

Formal supervision with a supervisor approved by the Board is distinguished from personal counselling or therapy. A supervisor and a provisional psychologist should, under no circumstances, enter into a therapeutic relationship. If personal counselling is required, the provisional psychologist must be referred to another treating health practitioner or institution which is separate from supervision arrangements.

The supervisor must not allow a provisional psychologist to continue to practise if the supervisor has concerns that the provisional psychologist's health is interfering with his or her ability to practise. The supervisor is also subject to mandatory reporting requirements pursuant to ss. 140 and 141 of the National Law (see the Board's Guidelines on mandatory notifications).

For further information about the responsibilities of supervisors refer to Section 9 Information for principal and secondary supervisors.

Supervision must at all times be conducted in accordance with the Board-endorsed Code of Ethics.

5.3 Methods and scope of supervision

Onsite workplace supervision is preferred unless other offsite arrangement(s) have been approved by the Board. Any such arrangements will be considered on a case-by-case basis.

The standard methods of supervision proposed are:

- individual supervision: a minimum of 66 per cent of supervision must be in individual face-to-face meetings between the provisional psychologist and an approved supervisor
- group supervision: a maximum of 33 per cent of supervision may be completed in face-to-face meetings led by an approved principal or secondary supervisor with a maximum of four other provisional psychologists. Group supervision should not be confused with professional development activities.

Approved secondary supervisors can provide up to 25 per cent of the total number of supervision sessions in total.

The Board has the discretion to approve, on a case-by-case basis, alternate methods of supervision where special circumstances exist (e.g. remote distance; physical disability). The Board may approve the use of an alternative method if the Board is satisfied that:

- the provisional psychologist and supervisor have access to appropriate facilities for reliable and secure electronic communication
- the alternative method will provide a level of supervision equivalent to that provided by the standard method
- the provisional psychologist cannot undergo supervision by the standard method for a particular reason (e.g. the provisional psychologist is located in a rural or remote area; the provisional psychologist or the supervisor cannot, temporarily, undertake supervision by the standard method).

The maximum hours of supervision that the Board may approve for use of an alternate method of supervision is a maximum use of 55 per cent of supervision using high quality, professional videoconferencing systems for individual supervision. The remote supervision must be individual supervision and must be in combination with a minimum of 20 per cent face-to-face individual supervision and maximum of 33 per cent face-to-face group supervision.

The Board will review requests for use of a form of communication other than high quality, professional videoconferencing systems (e.g. telephone; webcam etc.) on a case-by-case basis. Where this is granted, a proportionately increased requirement for face-to-face supervision will be required.

A provisional psychologist must apply to the Board, in writing, for approval to use an alternative method of supervision before commencing alternate means of supervision. The application must:

- state the reason for the request
- state the alternative method(s) proposed (including contingency plans for any technical difficulties that might arise)
- state the number of hours of supervision proposed to be undertaken by the alternative method(s)
- be accompanied by a written statement by the supervisor agreeing to the proposed alternative method(s).

The Board will advise the provisional psychologist of the outcome of this request. Only those provisional psychologists who have received written approval from the Board for the use of an alternative method of supervision will receive credit for any supervision hours completed by the use of an alternative method of supervision.

5.4 Frequency of supervision

Regular supervision is critical to ensure that the provisional psychologist receives appropriate training and to ensure

the public are adequately protected when receiving psychological services from provisional psychologists who are in training. As such, all provisional psychologists regardless of their progression in their internship must receive the following level of supervision:

- at least one hour per week of either individual or group supervision while practising
- at least one hour of supervision per 17.5 hours of supervised practice with the required supervision hours delivered at least fortnightly
- at least one hour of individual supervision per fortnight
- in each six-month reporting period, at least 66 per cent of supervision must be individual and no more than 33 per cent of supervision can be group.

As long as the above requirements are met, there is some flexibility in the delivery of supervision. For example, if a provisional psychologist completes 70 hours of placement in a fortnight, he or she must receive at least four hours of supervision in total, of which at least one hour of supervision must be provided each week and at least one hour must be individual supervision. In this case, three hours of group supervision could be provided in the first week and one hour of individual supervision could be provided in the second week to meet the requirements.

Where the Board becomes aware that supervision has not been provided at the required frequency, the Board will require the provisional psychologist to undertake an additional period of supervised practice proportionate to the deficit of supervision hours. For each hour of supervision that should have been, and was not undertaken, 17.5 hours of further supervised practice will be required.

5.5 Disruption to supervision

If the principal supervisor is likely to be away or unavailable for more than five consecutive weeks, a new principal supervisor must be engaged. The provisional psychologist may continue to work under the supervision of his or her approved secondary supervisor until the end of the five-week period but, during that time, must have applied to the Board for a new principal supervisor and been given approval by the Board for that arrangement.

If the supervisor is incapacitated for any reason and is unable to assist the provisional psychologist to locate a new supervisor, the onus falls on the provisional psychologist to make arrangements to engage a new principal supervisor and to notify the Board immediately of the situation.

If a provisional psychologist is unable to secure a new supervisor and does not have an approved secondary

supervisor, he or she must notify the Board in writing within seven days of the cessation of the supervisory relationship and cease practice immediately.

5.6 Evaluation in supervision

Supervisors have an ethical responsibility to monitor the quality of care that is being delivered by the provisional psychologist (refer to Section 9 Information for principal and secondary supervisors in these guidelines).

Formative evaluation is the process of facilitating professional development through direct feedback, and is essential in supervision. The supervisor constantly monitors and provides feedback regarding supervisee performance to enhance professional functioning of the supervisee. Choices of supervision interventions, questions asked to facilitate discussion, comments regarding the appropriateness of a supervisee's case conceptualisation, expression of the ineffectiveness of a supervisee's use of a skill can all be described as formative evaluation.

The evaluation process must be:

- **clear:** supervisor needs to be clear and honest about the message being delivered
- **regular:** feedback should be given at each supervision session
- **balanced:** a balance of negative and positive feedback should be given
- **specific:** generalised feedback is difficult to learn from so positive and negative evaluations must be accompanied by specific examples.

5.7 Direct observation

Supervisors are required to directly observe the supervisee's practice with clients in direct client contact in achieving the psychological assessment and diagnosis capability and the intervention strategies capability. Direct observation of a supervisee's practice is essential for the supervisor to make an informed assessment of whether or not the supervisee is developing professional competency at a satisfactory rate and to guide the supervisee's psychological practice. The supervisor listening to an audiotape or watching a videotape of the provisional psychologist's practice can meet the requirement for 'direct observation'. Where the principal supervisor is unable to perform direct observation in an approved workplace setting, a secondary supervisor approved by the Board is permitted to fulfil this obligation.

Supervisors are required to observe the supervisee conduct a minimum of two psychological assessments and two intervention sessions every six months. The

number of hours in which the supervisor directly observes the supervisee's practice in achieving these two core capabilities must be recorded on the six-monthly, transitional and final progress reports. The supervisor's observation of a provisional psychologist's work in achieving the other core capabilities is also beneficial, but does not need to be recorded as a numerical value at the beginning of the supervision report. Observed activities such as role plays, the presentation of reports to various audiences and communication with colleagues are useful teaching and assessment tools and must be logged as part of the internship program and not as hours of direct observation. If required, they may also be discussed within the relevant section of the supervision progress report.

Where direct observation of telephone counselling is undertaken and recorded on the progress report in support of psychological assessment and diagnosis capability and the intervention strategies capability, the supervisor must be in a position to hear the exchange between both the client and the provisional psychologist. Observation of one side of a conversation between a provisional psychologist and their client does not constitute direct observation and must not be recorded on the supervision report as such. Furthermore, the requirement for direct observation cannot be met through telephone counselling roles alone.

The supervisor must be careful to ensure that the supervisee takes ethical issues into account when undertaking direct observation of client work. These issues include informed consent; maintaining integrity of the therapeutic relationship; privacy; workplace confidentiality; and State and Commonwealth legislation.

6. Core capabilities for the internship program

6.1 Introduction

The internship program comprises eight core capabilities common to all areas of psychological practice. The term 'capability' refers to the range of knowledge, skills and expertise expected of and demonstrated by a six-year trained psychologist. Each capability focuses on a different but interrelated aspect of professional psychology and must not be taught in isolation. It is a fundamental requirement that the provisional psychologist develop core counselling skills including empathy, reflective listening and positive regard as these skills underlie all aspects of psychological practice.

By the conclusion of the internship program, provisional psychologists are expected to have acquired and demonstrated proficiency in the following core capabilities:

- knowledge of the discipline

- psychological assessment and measurement
- intervention strategies
- communication and interpersonal relationships
- research and evaluation
- ethics, legal and professional matters
- working within a cross-cultural context
- practice across the lifespan.

6.2 Assessment of core capabilities

For each capability, guidelines are provided on specific training objectives and assessment tasks. These must be undertaken progressively over the period of the internship program.

As each objective of a capability is completed, the provisional psychologist must document this on the relevant *Assessment of Capabilities* form which must then be signed off and dated by the supervisor.

The supervisor and supervisee must review progress on the core capabilities at least every six months during the internship program. A supervision report must be submitted to the Board every six months (refer to Section 8 Recording and reporting requirements in these guidelines).

At the conclusion of the internship program, the supervisor must complete and sign the declaration on each *Assessment of Capabilities* form certifying that the provisional psychologist has achieved the required objectives.

Six written cases documenting the provisional psychologist's ability to apply appropriate interventions within recognised psychological frameworks must be submitted to the supervisor (see Intervention capability – Assessment tasks in this section). The case studies must be based on six different presenting problems (refer to Section 10.2 Case study requirements in these guidelines). In the case of organisational interventions, the case studies must be of the same rigour and scope as identified above.

6.3 The core capabilities

Knowledge of the discipline

Definition

The theoretical knowledge and understanding of psychology is the foundation for all the other core capabilities. It informs and shapes psychological practice. This capability includes the knowledge of psychological theories and models, empirical evidence of the theories and models and major methods of psychological inquiry. The application of this knowledge together with an

understanding of professional ethics and standards is the basis of the professional practice of psychology.

Training objectives

During the internship program, the provisional psychologist should develop his or her knowledge and incorporate into his or her practice the following core subject areas. The provisional psychologist should focus on how the theoretical and empirical literature in these core subject areas assists with adequately investigating, describing, explaining, predicting and modifying human behaviour, cognition and emotion. The core subject areas are:

- lifespan and developmental psychology
- basic psychological processes (e.g. cognitive, perceptual, emotional)
- intercultural and indigenous psychology
- history of psychology and its theories
- abnormal psychology/ atypical reactions and behaviours
- personality theories
- learning theories
- psychometrics and test construction
- group dynamics
- social and family systems
- diagnostic systems
- evaluation and application of research methodology
- social psychology
- evidence-based psychological interventions.

Assessment tasks

The supervisor must be satisfied through a) their knowledge of the provisional psychologist's practice and b) evaluation of six target problems presented over the course of the program, that the provisional psychologist has gained sufficient competence in knowledge of the discipline. The six target problems presented to the supervisor must include a brief theoretical analysis of the following:

- a description of the problem
- a list of the core subject areas relevant to the target problem
- a discussion of theories and models relevant to the target problem, with reference to how these theories and models assist with investigating, describing, explaining, predicting and modifying the target problem

- a plan for an appropriate intervention for the target problem, informed by the relevant theories.

The provisional psychologist may choose to present the analyses of their target problems in a number of ways agreed upon by the supervisor and the provisional psychologist (for example, via an oral presentation to the supervisor in an individual or group supervision meeting or via a case discussion).

It is important that the range of target problems chosen by the provisional psychologist covers the majority of the core subject areas. Therefore, target problems may be selected from areas of interest other than those usually encountered in their practice.

Psychological assessment and measurement

Definition

Assessment is an ongoing, interactive and inclusive process that serves to identify, describe, conceptualise and formulate presenting issues. Assessment is a fundamental process interwoven with most other aspects of professional practice and is seldom the sole focus of a psychologist's work.

Assessment focuses not only on dysfunction but also on function. The objectives for this capability centre on demonstrating skills and knowledge in conducting systematic psychological assessments (including observation, interview and psychological testing) and applying this knowledge to problem formulation. The objectives also include demonstrating skill in writing informed, succinct, valid and well organised psychological reports.

Training objectives

Assessment training objectives for this capability are to be addressed across different settings, clients, groups and for different purposes. The objectives involve theoretical and applied training in a range of techniques including interview, questionnaires, systematic observation, history taking, test administration and interpretation and report writing.

Training occurs through approved workplace practice, attendance at workshops, discussions during supervision sessions, set reading and supervisor feedback. Training should also include observation by the provisional psychologist of experienced practitioners conducting psychological assessments. It must include observation by the supervisor or an approved secondary supervisor of the provisional psychologist's workplace practice in conducting psychological assessments.

Required objectives include training in the theoretical basis and client-based experience in:

- a). mental status examinations
- b). risk assessment of harm to self or others, including accidental or intentional harm and acute or chronic risk
- c). micro counselling skills
- d). three or more of the following interview techniques:
 - i). structured interview
 - ii). unstructured interview
 - iii). selection interview
 - iv). survey interview
 - v). clinical interview for diagnostic purposes
 - vi). individual interviews
 - vii). group-based interviews
- e). systematic behavioural observation including:
 - i). naturalistic observation
 - ii). clinical observation
 - iii). observation of individuals or groups
- f). psychometric tests:
 - i). issues to do with test reliability, validity, utility and standardisation, the limitations of tests, and how best to identify, select and use tests
 - ii). administration, scoring and interpretation and report writing for the current versions of at least one test in each of the following categories:
 - an individually administered adult or child test of intelligence (e.g. WISC IV, WAIS IV, WPPSI-III, Stanford-Binet V, Kaufman Adolescent and Adult Intelligence Test, Kaufman Assessment Battery for Children, Differential Ability Scales)
 - at least one major standardised test of personality (e.g. 16PF, MMPI, Rorschach, CPI, OMNI, NEO)
 - at least one specialised test of memory (e.g. Wechsler Memory Scale, Wide Range Assessment of Memory and Learning)

While the examples listed above are not exhaustive, any test chosen to fulfil the requirements must be of equivalent complexity and based on empirically validated approaches.

- iii). administration, scoring, recording and interpretation and report writing for the current editions of at least two different tests in at least two of the following categories:

- specialised cognitive assessments
- developmental and education
- vocational
- adaptive behaviour
- mental health
- counselling
- clinical and health
- group tests (as listed in Appendix B Elective tests/assessments)

Provisional psychologists' queries about the suitability of particular tests (for meeting client needs and/or Board requirements) must be referred to the principal or secondary supervisor.

Diagnosis training objectives to be addressed in this capability (across different settings, clients groups, and for different purposes) comprise:

- a). knowledge of psychopathology
- b). knowledge and application of diagnostic classification systems (including current versions of DSM or ICD)
- c). hypothesis generation and testing leading to diagnosis
- d). formulation of the predisposing, precipitating, perpetuating and protective factors which provide an account of why this particular client is presenting with these issues at this time.

Report writing objectives comprise demonstrating skill in writing informed, succinct, valid and well organised psychological reports.

Assessment tasks

The supervisor must be satisfied through their knowledge and direct observation of the provisional psychologist's practice that the above objectives have been met.

To satisfy the mandatory and elective psychometric test objectives, each test must be administered, scored, interpreted and reported upon as many times as is necessary for the provisional psychologist to acquire an appropriate level of competence in the use of that instrument. However, tests from each category must be administered, scored, interpreted and reported, on clients in the workplace, no less than five times.

To satisfy the diagnosis training objectives the supervisor must be satisfied that the provisional psychologist has demonstrated competence in:

- a). developing formulations of presenting problems or situations which integrate information from assessments within a coherent framework, that draws upon psychological theory and evidence and which incorporates interpersonal, societal, cultural and biological factors
- b). correctly assessing presenting problems and justifying the diagnosis within a major diagnostic classification system, including adequately evaluating differential diagnoses.

Intervention strategies

Definition

Intervention involves activities that promote, restore, sustain or enhance function and is based on a formulation of the presenting problems. It is informed by psychological theory of individual and systemic change and evidence based practice and is guided by professional ethics and standards of practice.

Training objectives

Training objectives should focus on a range of intervention approaches for both individuals and groups that incorporate and include:

- a). core psychotherapy and counselling skills (e.g. rapport building, active listening, empathic responding, reflection, questioning, summarising, finding solutions, closure)
- b). establishing professional relationships, including forming a positive working alliance with clients and colleagues and negotiating a treatment or service contract
- c). identifying the nature and documented efficacy of the interventions required
- d). justifying the link between diagnosis, formulation and intervention chosen
- e). identifying issues relevant to the delivery of the interventions, including ethical, legal, professional, cultural, family factors and service constraints and adapting the therapeutic approach accordingly
- f). designing, planning and implementing a range of professionally recognised preventative, developmental or remedial interventions, including but not limited to:
 - i). cognitive behavioural; psychodynamic; behavioural; family systems; narrative; problem focussed approaches
 - ii). organisational interventions; career development (e.g., career planning in organisational contexts)

- g). ongoing monitoring, evaluation, and modification of the intervention including measuring change in behavioural, cognitive and emotional functioning and revising the problem formulation and initial intervention as indicated.

Training should include direct observation by the provisional psychologist of experienced practitioners conducting psychological interventions. It must include observation by the supervisor or secondary supervisor of the provisional psychologist's workplace practice in conducting psychological interventions.

Assessment tasks

The supervisor must be satisfied through a) their knowledge and direct observation of the provisional psychologist's practice and b) evaluation of six case studies which document the provisional psychologist's ability to apply appropriate interventions within recognised psychological frameworks, that the provisional psychologist has gained sufficient competence in the psychological interventions capability. For case study requirements refer to Section 10.2 Case study requirements in these guidelines.

Communication and interpersonal relationships

Definition

The ability to effectively communicate, in written and oral format, from a psychological perspective in a style appropriate to a variety of different audiences, and to interact professionally with a wide range of client groups and other professionals.

Training objectives

Communication training objectives include:

- a). developing and maintaining effective oral and written communication skills
 - i). rapport building
 - ii). demonstrating clarity, accuracy, coherence, organisation and succinctness of communication
 - iii). with clients, colleagues, professionals and community members from varied cultural, ethnic, religious, social and political backgrounds and contexts
- b). adapting style of communication to people with a wide range of levels of cognitive ability, sensory acuity and modes of communication
- c). responding appropriately including demonstrating sensitivity to matters under consideration if necessary

- d). communicating, interacting and liaising for a range of purposes (e.g., discussing research with other professionals; discussing relevant psychological services with clients or potential clients)
- e). being aware of personal motivation, biases and values and how these may influence communication.

Training in oral communication can take place through:

- a). observation of the supervisor or other professionals interacting with clients, families, other professionals, groups or organisations
- b). observation (directly or by videotape or audiotape) and subsequent feedback by the supervisor of the provisional psychologist interacting with clients, families, other professionals, groups or organisations
- c). professional development courses or activities to develop communication skills
- d). delivering professional presentations.

Training in written communication can take place through:

- a). writing case notes, intervention plans or correspondence
- b). report writing for a variety of audiences such as:
 - i). health professionals
 - ii). legal professionals
 - iii). public servants
 - iv). employees of insurance companies
 - v). work-related or organisational reports to employers.

The provisional psychologist must present examples of such written materials from a variety of contexts to the supervisor for feedback.

Interpersonal relationships training objectives are:

- a). establishing and maintaining constructive working and therapeutic alliances with clients
- b). gaining knowledge and awareness of theoretical and empirical research on professional relationships, including:
 - i). power relationships
 - ii). therapeutic alliance
 - iii). interface with social psychology
 - iv). fluctuations of the therapeutic relationship as a function of contextual factors

- environmental (e.g. housing or workplace)
- client (e.g. beliefs, personality or physical health)
- therapist (e.g. inappropriate structure or pacing).

Assessment tasks

The supervisor must be satisfied through their knowledge of the provisional psychologist's practice that the above objectives have been met. In addition to reading and cosigning all formal written reports and correspondence, the supervisor must view at least 12 examples of other documents including case notes, correspondence and intervention plans written for a variety of purposes.

Research and evaluation

Definition

The systematic identification, critical appraisal and application of relevant research evidence to psychological practice.

Education and training in foundations of psychological research methods are essential for a provisional psychologist to develop skills in this competence. Areas of focus include but are not limited to reviewing relevant literature; understanding ethical issues; selecting appropriate research methods; and analysing and reporting outcomes and identifying appropriate pathways for disseminating findings and conclusions.

Training objectives

Training objectives are:

- a). identifying and defining problem situations (or target behaviours) based on interview, assessment and client history
- b). critically evaluating the psychological literature relevant to the identified problem or target behaviour
- c). applying the relevant research within the context of psychological practice, including:
 - i). generating hypotheses to be tested based on review of the literature
 - ii). designing an intervention or therapeutic program to test the hypothesis
 - iii). implementing the intervention
 - iv). collecting, recording, and analysing client responses to the intervention
 - v). evaluating the effectiveness of the intervention

- vi). modifying the intervention based on the evaluation if indicated
 - vii). ongoing review of hypotheses and effectiveness of the intervention
- d). understanding legal and ethical issues associated with the collection, release, dissemination and storage of information or data.

Assessment tasks

The supervisor must be satisfied through their knowledge of the provisional psychologist's practice that the application of research training objectives have been met. In addition, the provisional psychologist must present to the supervisor at least one literature review regarding a problem situation/target behaviour. The literature review regarding problem situation/target behaviour must cover the following:

- a). identification and definition of a problem situation/ target behaviour in psychological practice
- b). review and integration of evidence-based theories and models relevant to the problem situation/ target behaviour
- c). discussion and evaluation of how these theories and models inform the investigation, description, explanation, prediction and modification of the problem situation/target behaviour
- d). summary of a literature search conducted including relevant search terms used, a list of the data base/s used, and other resources (e.g., catalogues).

The six case studies presented to the supervisor to satisfy the assessment task requirements of the intervention capability are also relevant to the provisional psychologist's understanding of the application of evidence based research to professional practice and must inform the supervisor's evaluation of such. Please refer to Section 10.2 Case study requirements in these guidelines.

Ethical, legal and professional matters

Definition

Knowledge of ethical, legal and professional issues and their application to psychological practice.

Training objectives

Knowledge of ethical issues

Detailed knowledge and understanding of ethics relevant to psychological practice as set out in the Board-endorsed Code of Ethics:

- a). confidentiality and privacy issues
- b). consent issues (including minors and those unable to provide informed consent):
 - i). sexual propriety
 - ii). boundary issues
- c). psycho-legal issues (e.g. disclosure of information; rights of clients to access their files).

Knowledge of legal issues

Knowledge of the main provisions and awareness of when to consult relevant legislation contained in State and Commonwealth Acts and Regulations of Parliament as they pertain to psychologists' work. Knowledge of the National Law is mandatory. Other areas where relevant legislation exists include:

- a). freedom of information
- b). mental health
- c). workers compensation
- d). disability services
- e). guardianship
- f). privacy
- g). health records
- h). equal opportunity and antidiscrimination
- i). victims of crime
- j). children and adolescents
- k). mandatory reporting

Knowledge of professional issues

Knowledge of professional issues including:

- a). personal presentation
- b). the role of the psychologist within the profession and the workplace
- c). the roles of other professions and the ability to report to other professionals appropriately and work collaboratively
- d). the propriety of relationships amongst psychologists, between psychologists and other professionals, employers and clients
- e). mechanisms for the resolution of conflict between psychologists and clients, colleagues, employers and other professionals, including complaints decisions
- f). working effectively at an appropriate level of autonomy, with awareness of the limits of one's

own competence, and accepting accountability to relevant professional and service managers

- g). managing own personal learning needs and developing strategies to meet these
- h). using supervision to reflect on practice and making appropriate use of feedback received
- i). developing self-reflection or self-assessment skills
- j). developing strategies to manage the emotional and physical impact of psychological practice and seeking appropriate support when necessary, with good awareness of boundary issues
- k). understanding the impact of difference and diversity and implications for working practices
- l). gender, sexuality and cultural issues
- m). service needs of vulnerable groups in society
- n). registration issues; that is, requirement for maintaining and notifying
- o). advertising and public statements
- p). administrative and record keeping procedures (including adequate clarification of any financial arrangements, including billing)
- q). note-taking
- r). negotiated work place agreements.

Application to practice training objectives

Training in applying abstract ethical principles (derived from the Board-endorsed Code of Ethics) to professional practice may take place through:

- a). discussions between the supervisor and provisional psychologist regarding ethical issues identified in real-life professional practice or in ethical dilemma vignettes
- b). attendance at professional development courses or activities to develop ethical knowledge.

Training in applying in self-evaluation skills (i.e., self-reflective practice) in order to identify personal limitations and the limits of their professional competence that may affect work with clients should take place through discussions between the supervisor and provisional psychologist and feedback from the supervisor regarding the provisional psychologist's practice and limitations.

Assessment tasks

The supervisor must be satisfied through their knowledge of the provisional psychologist's practice and with the consent of the provisional psychologist, through

discussions with the provisional psychologist's line manager, employer or agency, that the ethical, legal and professional training objectives have been met. In addition, the provisional psychologist must present to their supervisor:

- a). a brief report of at least six situations in which he or she has identified their professional limitations. This report may vary from a 500 to 2000 word summary. Each instance must describe:
 - i). the situation
 - ii). the role of the provisional psychologist in that situation (e.g., sole therapist)
 - iii). situation requirements that the psychologist was able to meet
 - iv). situation requirements that were outside the psychologist's competence or expertise
 - v). steps taken by the provisional psychologist to manage the situation and client needs (e.g., referral to another professional)
 - vi). self-evaluation or self-assessment skills
 - vii). awareness of personal and professional limitations that may affect work with similar clients and situations.

The provisional psychologist must also present to their supervisor:

- b). a brief report describing at least six ethical dilemmas and his or her responses to them. This report may vary from a 500 to 2000 word summary. Each situation must describe:
 - i). the client problem
 - ii). nature of dilemma or conflict
 - iii). specific aspects of the situation that raised issues
 - iv). the ethical principles that were relevant to those aspects
 - v). how ethical principles were applied by the provisional psychologist in the situation.

Working within a cross-cultural context

Definition

Working effectively within a cross-cultural context requires a psychologist to develop core capabilities to adequately practise with clients from cultures different from the psychologist's own. The objectives for this capability centre on demonstrating awareness, knowledge and skill to work within a cross-cultural context.

Training objectives

The provisional psychologist through both supervised practice and professional development activities is required to:

- a). demonstrate awareness of his or her own cultural background and any resulting bias or skewed perception of client experience
- b). demonstrate the ability to acquire relevant knowledge of clients' cultural background
- c). demonstrate the skills and special abilities required to assess and intervene with culturally different clients in an effective and culturally-relevant manner.

Assessment tasks

The supervisor must be satisfied through their knowledge of the provisional psychologist's practice that the cross-cultural context training objectives have been met. In addition, the provisional psychologist must present to the supervisor at least one case study where the client is from a culture different from that of the provisional psychologist and that demonstrates the required core capabilities. Specifically, the case study must demonstrate the ability to use and adapt appropriate assessment and intervention strategies in response to the cross-cultural context.

Practice across the lifespan

Definition

This capability requires the provisional psychologist to demonstrate the core capabilities required by the Board across the lifespan. For training purposes, the lifespan can be broken into four specific stages:

- a). childhood (ages 0 to 10)
- b). adolescence (ages 11 to 20)
- c). adulthood (ages 21 to 64)
- d). late adulthood (ages 65 plus)

Training objectives

The provisional psychologist through both supervised practice and professional development activities must:

- a). develop and apply knowledge of the developmental changes that occur across the lifespan that influence the types of presentations made to practising psychologists
- b). develop and apply core capabilities in ethical, legal and professional matters, psychological assessment and measurement, and intervention strategies with clients in at least two different

developmental stages, with at least one stage being either childhood or adolescence and at least one stage being either adulthood or late adulthood.

To meet this objective, the provisional psychologist must complete placements in settings that provide substantial exposure to client populations within the developmental stage in which the core capabilities are being developed.

Assessment tasks

The supervisor must be satisfied through his or her knowledge of the provisional psychologist's practice that practice across the lifespan training objectives have been met. In addition, the provisional psychologist must present to the supervisor at least one case study where the major focus is a client either in childhood or adolescence and one case study where the main focus is a client either in adulthood or late adulthood.

7. Supervised practice program

7.1 Introduction

The supervised practice program is essentially a contract between the supervisors and provisional psychologist and for this reason needs to be detailed, individualised and well thought out. The supervision plan sets out how the proposed work role(s) will enable the provisional psychologist to attain all the core capabilities of the internship program and how and in what ways the supervisors will contribute to this process. Professional development activities which the supervisors judge to be appropriate to the internship program must be considered.

All provisional psychologists must conduct their internship program in accordance with a personalised supervised practice program that has been agreed to by the supervisee and supervisors and approved by the Board. Provisional psychologists must have an approved supervised practice program in place at all times while undertaking the internship program. The principal supervisor is responsible for ensuring that the supervised practice program is followed. The supervised practice program must be reviewed by the principal supervisor and supervisee at least once every six months in order to ensure that the provisional psychologist is meeting the training objectives of each of the eight core capabilities.

7.2 Responsibilities of provisional psychologists in developing and undertaking the supervised practice program

A provisional psychologist must:

- a). have a thorough working knowledge of the latest version of the internship guidelines
- b). secure work that consists of a minimum of 17.5 hours of work each week that can be logged as psychological practice; for the Board's definition of 'psychological practice' refer to Section 4.2 Psychological practice: definitions and workplace settings in these guidelines
- c). enter into a supervision arrangement with a Board-approved supervisor and, in conjunction with the supervisor, prepare a supervised practice program in accordance with the guidelines, using the latest version of the plan available from the Board's website
- d). in conjunction with the supervisor, decide upon the objectives to be accomplished in each six-monthly supervision period
- e). record the activities undertaken throughout the supervisory period in a log book maintained in accordance with Section 8 Recording and reporting requirements of the guidelines and present it to the supervisor at least weekly (or fortnightly if working part time) and when preparing the six monthly progress reports
- f). ensure a supervised practice progress report is submitted to the Board on each six-month anniversary of approval of provisional registration and no later than 28 days from this date, regardless of whether the provisional psychologist is in part or full time work or has taken a break from practice (refer to Section 8.2 Progress and transitional reports in these guidelines)
- g). consult with the supervisor about grievances which arise about supervision and cooperate with attempts to resolve them. Provisional psychologists can choose to change supervisor if grievances cannot be resolved and have the right to make a formal complaint about a supervisor to the Board about unsatisfactory supervision.

7.3 Change in supervisory arrangements

The Board understands that, for a variety of reasons, a change in principal or secondary supervisor may be

necessary. Requests for approval for a change in principal supervisor or the addition or change of a secondary supervisor must be made in writing to the Board.

When a change in principal supervisor is required, the outgoing supervisor must prepare a transitional progress report which must be lodged with the Board within 28 days of cessation of the previous supervision arrangement. The provisional psychologist must provide the new supervisor with a copy of the outgoing supervisor's report. If the above process is satisfactorily completed, supervision will be regarded as continuous. In the event of the new supervision arrangement not being approved by the Board, the applicant will be informed of the reasons.

A letter signed by the incoming supervisor and provisional psychologist confirming the continuation of the most recently approved supervised practice program under the supervision of the new supervisor must be forwarded to the Board within 28 days. In the event that the new supervisor and supervisee agree that a change to the supervised practice program is necessary, then a revised supervised practice program and formal position descriptions for any work roles being undertaken must be submitted to the Board within 28 days of the new supervisory relationship commencing. The date on which the provisional psychologist can begin to accrue hours of work and supervision under the new supervised practice program is the date on which the Board receives a revised supervised practice program and formal position description(s) which the Board assesses as complete.

If a provisional psychologist is unable to secure a new supervisor, he or she must notify the Board in writing within seven days of the cessation of the supervisory relationship and contact the nominated secondary supervisor and work under that supervisor. The provisional psychologist may continue to work under the supervision of the approved secondary supervisor for five weeks but during that time must have applied to the Board for a new principal supervisor and been given approval by the Board for that arrangement.

7.4 Changes to work roles

Requests for approval for a new work role or any amendment to an existing work role (e.g. change in duties or hours) must be submitted to the Board in the form of an amended supervised practice program signed by the supervisors and the provisional psychologist. A formal position description for each proposed new role must accompany the revised program. The provisional psychologist can begin to accrue hours of supervised practice in the new work role(s) when the Board receives a complete, revised supervised practice program and formal position description(s).

8. Recording and reporting requirements

8.1 Log books

The provisional psychologist must develop and maintain a log book of all activities undertaken during the internship program (relevant form is to be developed). The log book must consist of a daily record of practice, record of professional development and record of supervision written in the format set out below and on the Board's templates published on its website. Failure to maintain log books in this format may result in the Board not recognising a period of supervised practice.

Log books may be requested at any time throughout the internship program. Failure to submit the log books in response to a request by the Board may result in loss of recognition of a period of the internship program. In the case of repeated non-compliance, the Board may consider initiating an investigation into the provisional psychologist's professional conduct.

Daily record of practice

An entry into the daily record of practice must be made on a daily basis and contain the following information:

- location of psychological practice, client and presenting issues
- date of activity and description of psychological practice: face-to-face client contact with details of psychological assessment and/or intervention/prevention/evaluation and duration of activity
- date of activity and description of psychological practice: client-related activity with details of activities related to problem formulation, diagnosis, treatment planning/modification and reporting/consultation and duration of activity
- reflections on experiences
- cumulative total hours completed to date.

The provisional psychologist must present the daily record of practice to the supervisor:

- for signing at least weekly or if working part time at least fortnightly
- at the time of reviewing the supervised practice program and preparing a supervision progress report.

Record of professional development

An entry into the record of professional development must be made on a separate sheet of the record on completion

of each professional development activity and contain the following information:

- a). date, and name of organising body, lecturer, workshop leader etc.
- b). title and format of activity
- c). duration of activity
- d). brief outline of the relevance to psychological practice and development of the core capabilities.

The provisional psychologist is required to keep evidence of participation in the activity (i.e., receipt, certificate of attendance) as well as all documentation about the activity (e.g. description of the activity and profile of the presenter).

The provisional psychologist must present the record of professional development to the supervisor:

- a). for signing following the completion of each professional development activity
- b). the full log at the time of reviewing the supervised practice program and preparing a supervision progress report.

The provisional psychologist will be required to sign a declaration form when applying for general registration stipulating the number of hours of professional development accrued.

Record of supervision

The record of supervision must contain the following information for each supervision session:

- a). date and duration of the supervision session
- b). name of supervisor for that session
- c). method of supervision: individual or group (telephone or videoconference if approved)
- d). professional practice issues brought to supervision for discussion
- e). brief record of content of discussion
- f). plans for followup activities and/or discussion
- g). plans for further development of knowledge and skills relevant to the core capabilities
- h). supervisee's comments
- i). supervisor's comments and feedback.

An entry into the record of supervision must be made either after each supervision session or in time to be tabled at the next supervision meeting. Each entry must be signed by the supervisor and supervisee.

8.2 Progress and transitional reports

Progress reports

In preparing a progress report, the supervisors and provisional psychologist should refer to the final assessment of capabilities forms to assess the progress that the provisional psychologist is making in his or her internship program. The principal supervisor in conjunction with the approved secondary supervisor will prepare and lodge with the Board a progress report:

- a). every six months from the provisional psychologist's date of registration (except where the provisional psychologist is due to apply for general registration)
- b). irrespective of whether the provisional psychologist is engaged in full or part time work or whether there has been a break in the internship program
- c). within 28 days of the end of each six-month period
- d). which contains two case examples from clients seen during the six-month reporting period, written by the provisional psychologist, one of an assessment and one of an intervention conducted by the provisional psychologist. Case examples should each be approximately 400 words in length and signed by the supervisor and provisional psychologist.

If there are any extenuating circumstances which might prevent the above requirements from being met, the supervisor must contact the Board in writing prior to the date on which the progress report is due.

If a progress report is submitted more than 28 days after the end of the six-month period, that period of the internship program may not be recognised. Further transgressions may result in disciplinary proceedings for the supervisor, secondary supervisor and provisional psychologist.

Transitional report

With a change in the principal supervisor, the outgoing supervisor will prepare a progress supervision report in the required format. For the purpose of these guidelines, such a report is described as a 'transitional' report. This report is then forwarded to the Board and a copy made available to the new principal supervisor.

8.3 Final assessment of capabilities

When the supervisor believes that a provisional psychologist has satisfied the requirements of the internship program, he or she must certify that the

provisional psychologist has acquired proficiency in the core capabilities to a level where the provisional psychologist can independently, accurately and ethically offer opinion and practise in the capability.

The principal supervisor must complete a *Final Assessment of Capabilities* form. The supervisor must ensure that Board's evaluation requirements for each capability have been completed.

Following the final assessment of capabilities, the applicant may be required to pass an examination.

9. Information for principal and secondary supervisors

9.1 Introduction

Effective supervision involves the supervisor assuming a mentoring and tutoring role in overseeing the professional development and ethical behaviour of provisional psychologists.

The aims of supervision include:

- a). assisting supervisees in the acquisition and application of knowledge and skills gained from the study of psychology to work as practising provisional psychologists
- b). protecting clients and supervisees during the stage of learning professional skills and roles
- c). promoting ethical and professional standards of conduct and service
- d). supporting the professional development of supervisees in ways that will increase their effectiveness as future psychologists.

9.2 Responsibilities of principal supervisors

Given the rigour of the internship program, principal supervisors must not, at any one time, agree to supervise more than five supervisees (including provisional psychologists for whom they are acting as a secondary supervisor).

Furthermore, it is unlikely that one supervisor will have the necessary skills and up-to-date experience to train the provisional psychologist adequately in every capability. The Board requires the appointment of a secondary supervisor(s).

By entering into a supervision arrangement with a provisional psychologist, the supervisor is effectively also entering into a contract with the Board. Consequently, the supervisor has obligations to the Board in the context

of their supervision of the provisional psychologist, the neglect of which may lead to revocation of supervisor status. Supervision responsibilities include:

- a). ensuring that supervision is provided in accordance with the National Law, Regulations, registration standards and guidelines
- b). immediately informing the Board of any concerns regarding the provisional psychologist's competence to practise, breaches of ethical standards; inability to practise due to reasons of ill health; or failure to comply with the requirements of the National Law, registration standards or guidelines
- c). discussing the limitations of any proposed work role and ensuring these will allow the provisional psychologist to achieve the core capabilities as set out in the guidelines
- d). ensuring the supervisee's place of work is conducive to ethical practice, taking into account issues of privacy and confidentiality
- e). directly observing the supervisee undertaking diagnostic assessments on at least two occasions every six months and interventions on at least two occasions every six months, ensuring that all ethical and legal issues are taken into account when making such arrangements
- f). cosigning every report and key correspondence (where appropriate) written by the supervisee, taking into account any legal or ethical issues, or arranging for this requirement to be undertaken by an approved secondary supervisor at the supervisee's workplace
- g). submitting a supervision progress report every six months, including a clear evaluation of the supervisee's work performance, progress and plans for his or her future development
- h). supervising within the limits of his or her experience and training and, where necessary, informing the supervisee of these and assisting in finding an additional supervisor
- i). providing a final supervision report and any other information as required by the Board at the conclusion of the supervisory period
- j). ensuring that, prior to submission, supervision plans, supervision progress reports and case studies meet the standards and requirements of the latest version of the guidelines
- k). regularly participating in professional development and any professional development that may be required by the Board.

9.3 The supervisor as mentor

As a mentor, the supervisor strives to guide and teach the provisional psychologist by:

- a). providing opportunities for reflection, discussion and feedback on all elements of a provisional psychologist's professional practice
- b). monitoring of professional activities and standards of the provisional psychologist
- c). intervening in problematic situations by applying or imparting knowledge or skills not yet mastered by the provisional psychologist
- d). regularly evaluating the provisional psychologist's performance in the delivery of psychological services and the procedures used
- e). providing guidance in administrative issues in practice settings
- f). facilitating the provisional psychologist's education and the acquisition of skills
- g). ensuring that each client or patient knows that the provisional psychologist is practising psychology under supervision
- h). having some exposure to the full range of the provisional psychologist's work, including research, communication, intervention and assessment.

9.4 Eligibility requirement for Board-approved supervisors

The requirements for becoming a Board-approved supervisor for the provision of supervision to provisional psychologists completing an approved internship are that the psychologist:

- a). must have held general registration for at least three years before applying for approved supervisor status
- b). must successfully complete a Board-approved training program in psychology supervision
- c). must have undertaken regular professional supervision for his or her own practice in the preceding two years
- d). participated on a continued and regular basis in the preceding two years in professional development relevant to the supervision process as well as showing an understanding of and supervision experience in the relevant core capabilities

- e). must not be a member of the supervisee's immediate family or household
- f). must not have been nor is currently engaged in a therapeutic relationship with the supervisee
- g). must not be subject to conditions on his or her registration.

9.5 Maintaining approved supervisor status

An approved supervisor will be required to renew his or her approved status every five years. To satisfy recency of practice principles, the supervisor will be required to provide a declaration as to how many provisional psychologists he or she has supervised under the guidelines in the preceding five-year period. To maintain approved supervisor status, it is necessary that the supervisor demonstrates to the Board's satisfaction that he or she has:

- a). undertaken regular professional supervision of his or her own practice
- b). participated on a continued and regular basis in professional development relevant to the supervision process as well as showing an understanding of and supervision experience in the relevant core capabilities
- c). successfully completed a supervision revision course approved by the Board.

9.6 Cessation or revocation of approved supervisor status

If a Board-approved supervisor wishes to discontinue his or her recognition as a supervisor, he or she must notify the Board in writing.

Cessation or withdrawal of approval status has significant implications for supervisees. Supervision time spent where the supervisor is no longer recognised will not count as supervision time.

The Board will usually not renew approved supervisor status in the event that: the supervisor does not apply to renew his or her supervisor status and/or general registration; if he or she declares a health matter on the notice of renewal of registration; or if there is a finding in a health matter that impacts on the psychologist's capacity to practise and supervise.

The Board may revoke supervisor recognition status after:

- a). an adverse finding relating to the psychologist's conduct
- b). the Board has evidence of the failure of the supervisor to adhere to his or her responsibilities as a supervisor as set out in these guidelines.

9.7 Restoration of approved supervisor status

Restoration of approved supervisor status only occurs on application for restoration of that status from the psychologist. Applications for restoration of approved supervisor status will be considered by the Board on a case-by-case basis.

9.8 Personal relationships

Supervisors must endeavour to maintain strictly professional relationships with the provisional psychologist at all times (refer to the Board-endorsed Code of Ethics). Supervisors must not enter into ANY personal relationship with provisional psychologists. If such a relationship should develop the supervisor must discontinue supervision immediately, refer the provisional psychologist to another recognised supervisor for supervision and inform the Board of the situation. Supervisors must therefore:

- a). not enter into any potentially harmful dual relationship with supervisees
- b). not exploit or engage in sexual relationships with supervisees.

10. General registration for provisional psychologists who have completed a supervised practice program.

10.1 Introduction

To apply for general registration, the provisional psychologist's principal supervisor must complete and sign the *Assessment of Capabilities* form. The provisional psychologist must submit these forms, together with the application forms for general registration and three of his or her six case studies. In the event that one or more of the case studies do not meet the Board's requirements, the provisional psychologist may be asked to submit further case studies from their pool of six. If none of the case studies are considered by the Board to be satisfactory, the Board may require the provisional psychologist to undertake a further period of training under an internship program and then submit three new cases studies based on this program.

Please refer to Section 3.3. Minimum timeframe for completing the internship program in these guidelines regarding the requirement to remain provisionally registered and under supervision until such time as general registration is granted by the Board.

10.2 Case study requirements

Case studies must meet the following general requirements:

- a). demonstrate sufficient diversity in client groups, presenting problems and intervention methods to reflect depth and breadth of training, skills and knowledge
- b). demonstrate that the provisional psychologist operates within his or her capabilities, referring clients to another health practitioner as necessary and manages potential role conflicts
- c). contain clear and succinct written expression without grammatical or spelling mistakes with correct use of terminology and without use of nonpsychological jargon
- d). typed, in prose format and confined to approximately of 2500 words in length
- e). based entirely on the supervisee's own work, including delivery of interventions
- f). written entirely by the supervisee
- g). cosigned by the supervisor.

Case studies must meet the following specific requirements:

- a). number of sessions with each client stated
- b). reason for the referral, relevant background information, client or organisational history given
- c). presenting problems and symptoms (mood, affect, cognition, behaviour) or organisational issues are identified and described in sufficient detail to support the development of a formulation and diagnosis
- d). risk is assessed and any identified risks are managed
- e). formulation identifies and integrates the predisposing vulnerabilities, triggers, and maintaining and protective factors that account for the client's presenting problem or target behaviour
- f). relevant evidence-based theories and models are discussed, including how these inform diagnosis, formulation, treatment plan and intervention delivery
- g). formal diagnosis using standard diagnostic/classification systems relevant to the area of practice is given; organisational diagnosis is based on psychological tools and processes; any tests must be selected, used and interpreted appropriately and results correctly integrated

- h). discussion as to whether symptoms meet all diagnostic criteria is included using examples from client's presentation; organisational diagnosis is justified; differential diagnoses should be explored; if the DSM diagnostic classification system is used, the supervisee must demonstrate his or her ability to establish whether each of the criteria for each of the Axis I and II disorders have been met; if the DSM is not employed, the supervisee must indicate which system or framework is being used and justify how the diagnosis has been derived
- i). intervention plans are succinctly described and clearly linked with the diagnosis/formulation and relevant evidence based theories; plans are realistic given the experience of the supervisee, the complexity of the issues and the number of sessions available for treatment
- j). intervention is consistent with plan; a succinct summary of the intervention process (not a session by session account) demonstrating intervention skills in implementing the plan is provided
- k). a reflection on the case is provided, including lessons learnt and how practice might be modified in light of the experience. The outcome of the intervention is evaluated.

10.3 Eligibility for general registration

A provisional psychologist is eligible for general registration as a psychologist if he or she has met the requirements of the general registration standard and that he or she has successfully completed the internship program by demonstrating in the *Assessment of Capabilities* form report and case studies that he or she has:

- a). attained a satisfactory level of knowledge and proficiency in a range of core capabilities and skills in order to practise independently and within the ethical and professional standards of conduct and practice of the profession
- b). demonstrated the ability to apply psychological skills to a range of client groups using appropriate therapeutic techniques and instruments
- c). demonstrated the ability to recognise his or her personal and professional limitations and knowledge to practise within those limitations and knows how and when to refer clients to other service providers.

Should the Board not be satisfied that the above requirements have been met, it may require the provisional psychologist to undertake a further period of training under an approved supervised practice program as a

provisional psychologist and then submit three new case studies based on this program. In order to be eligible for general registration, the provisional psychologist must demonstrate that he or she has met the core capabilities of the internship program.

At the conclusion of the supervised practice program, the Board may require the provisional psychologist to pass an examination prior to being fully registered.

11. Dispute resolution

11.1 Management of disputes within the supervision relationship

These guidelines iterate the importance of a well functioning supervisor-supervisee relationship. This relationship includes regular feedback sessions which allow both parties to discuss how the supervision is progressing and to allow for the early identification of any performance issues that may be developing.

Disputes that may arise in this relationship may include, but not be limited to:

- disagreement about the content of a supervision report being provided to the Board
- failure by a supervisor to lodge required documentation such as supervision reports to the Board within the required timeframes
- failure by the supervisor to provide required adequate supervision
- disagreement about the standard of work or type of treatment being provided by the supervisee to clients
- workplace issues such as allegations of bullying.

11.2 Role of the Board in disputes within the supervision relationship

The Board cannot be the arbiter of disputes about the content of any forms or reports provided as part of the internship program by a supervisor to the Board. As outlined in Section 5.6 Evaluation in supervision of these guidelines, a supervisor must provide regular constructive feedback to a supervisee during the regular supervision meetings, and must not wait until the end of the supervision period to discuss any queries of competence. There should not be new information included in a report received by the Board that has not been previously discussed between the supervisor and the supervisee.

Workplace matters such as allegations of bullying should be addressed through the procedures of the employing agency in the first instance.

Allegations that relate to the conduct of the supervisor, if appropriate, may become the subject of a notification to the Board. Complaints related to the performance of the supervisor, in accordance with the supervision agreement, such as failing to lodge supervision progress or transition reports to the Board in the timeframes specified will be considered on an individual basis. The Board may determine:

- it is not a matter for the Board
- that the Board may review the holding of approved supervisor status by the supervisor
- the matter may be considered as a formal notification.

At all times, supervisors and supervisees must be aware of the Board-endorsed Code of Ethics and, in particular, these guidelines in regards to the supervision relationship.

12. References

Psychology Board of Australia Provisional registration standard

Psychology Board of Australia General registration standard

Date of issue: 1 July 2010

Date of review: This guideline will be reviewed at least every three years

Last reviewed:

Appendix A

Extract of relevant provisions from the *Health Practitioner Regulation National Law Act 2009*

Division 3 Registration standards and codes and guidelines

39 Codes and guidelines

A National Board may develop and approve codes and guidelines—

- a). to provide guidance to the health practitioners it registers; and
- b). about other matters relevant to the exercise of its functions.

Example. A National Board may develop guidelines about the advertising of regulated health services by health practitioners registered by the Board or other persons for the purposes of section 133.

40 Consultation about registration standards, codes and guidelines

1. If a National Board develops a registration standard or a code or guideline, it must ensure there is wide-ranging consultation about its content.
2. A contravention of subsection (1) does not invalidate a registration standard, code or guideline.
3. The following must be published on a National Board's website—
 - a). a registration standard developed by the Board and approved by the Ministerial Council;
 - b). a code or guideline approved by the National Board.
 - c). An approved registration standard or a code or guideline takes effect—
 - d). on the day it is published on the National Board's website; or
 - e). if a later day is stated in the registration standard, code or guideline, on that day.

41 Use of registration standards, codes or guidelines in disciplinary proceedings

An approved registration standard for a health profession, or a code or guideline approved by a National Board, is admissible in proceedings under this Law or a law of a co-regulatory

jurisdiction against a health practitioner registered by the Board as evidence of what constitutes appropriate professional conduct or practice for the health profession.

Specific provisions

62 Eligibility for provisional registration

1. An individual is eligible for provisional registration in a health profession, to enable the individual to complete a period of supervised practice that the individual requires to be eligible for general registration in the health profession, if -
 - a). the individual is qualified for general registration in the profession; and
 - b). the individual is a suitable person to hold provisional registration in the profession; and
 - c). the individual is not disqualified under this Law or a law of a co-regulatory jurisdiction from applying for, or being registered in, the profession; and
 - d). the individual meets any other requirements for registration stated in an approved registration standard for the health profession
2. Without limiting subsection (1), the National Board established for the health profession may decide the individual is eligible for provisional registration in the health profession by imposing conditions on the registration under section 83.

63 Unsuitability to hold provisional registration

1. Section 55 applies to a decision by a National Board that an individual is not a suitable person to hold provisional registration in a health profession.
2. For the purposes of subsection (1), a reference in section 55 to general registration in the health profession is taken to be a reference to provisional registration in the health profession.

64 Period of provisional registration

1. The period of registration (the **registration period**) that is to apply to a health practitioner granted provisional registration in a health profession is -
 - a). the period decided by the National Board established for the profession, but no more than 12 months, and published on the Board's website; or
 - b). the longer period prescribed by a regulation
2. the National Board decides to register a health practitioner in the health profession during a registration period, the registration -

- a). Starts when the Board makes the decision; and
 - b). Expires at the end of the 1st day of the registration period
3. Provisional registration may not be renewed more than twice.

Note: If an individual were not able to complete the supervised practice the individual requires for general registration in a health profession during the period consisting of the individual's initial period of registration and 2 renewals of that registration, the individual would need to make a new application for provisional registration in the profession.

Appendix B: Elective tests / assessments

In addition to the mandatory categories of testing detailed in the guidelines, a provisional psychologist must also gain experience in the current editions of at least two different tests in at least two of the subdivisions listed below.

While the examples listed are not exhaustive, any test chosen to fulfil the requirements must be of equivalent complexity and based on empirically validated approaches

| | |
|--|--|
| <p>(i) Specialised cognition assessments such as;</p> <ul style="list-style-type: none"> • Children's Memory Scale • Rey Complex Figure Test • Screening Personality and intellection Impairment in Aged • Mechanical Comprehension Test • Burns Brief Inventory of Communication and Cognition | <p>(ii) Developmental and education such as;</p> <ul style="list-style-type: none"> • Reynell Developmental Language Scales • Wechsler Individual Achievement Test (WIAT) • Coopersmith Self Esteem Inventories • Griffiths Mental Development Scales • Stanford Achievement Test • Gapadol Reading Comprehension Test • Peabody Picture Vocabulary Test • Wide range achievement test (WRAT) |
| <p>(iii) Vocational such as;</p> <ul style="list-style-type: none"> • Watson-Glasser Critical thinking Appraisal • Reading Free Vocational Interest Inventory • Differential Aptitude Test • Self directed Search (SDS) Australian Edition • Career Attitudes and Strategies Inventory (CASI): An Inventory for Understanding Adult Careers • Wide Range Interest Opinion Test • Motivational Styles Questionnaire (MSQ) | <p>(iv) Adaptive behaviour such as;</p> <ul style="list-style-type: none"> • Adaptive Behaviour Scale • Checklist of Adaptive Living Skills (CALS) • Vineland Adaptive Behaviour Scales • Scales of Independent Behaviour – Revised (SIB-R) • Parenting Satisfaction Scale (PSS) • Adaptive Behaviour Inventory for Children (ABIC) |
| <p>(v) Mental health such as;</p> <ul style="list-style-type: none"> • Beck Depression Inventory • Hamilton Anxiety Scale • General Health Questionnaire • Individual Outlook Test (IOT) • Eating Disorder Inventory • Children's Depression Scale • Coping Scale for Adults • Adolescent Coping Scale • Occupational Stress Indicator | <p>(vi) Counselling, clinical and health such as;</p> <ul style="list-style-type: none"> • State – Trait Anger Expression Inventory • State – Trait Anxiety Inventory • Inventory of Altered Self Capacities • Inventory of Interpersonal Problems • Rand - 36 Health Status Inventory • Beck Hopelessness Scale |
| <p>(vii) Group tests such as;</p> <ul style="list-style-type: none"> • ACER AL-AQ And BL BQ • ACER Higher Test ML-MQ and PL PQ • Ravens Progressive Matrices • Otis – Lenin School Ability Test • Watson-Glaser Critical Thinking Appraisal • ACER B40 | |

Appendix C: Summary of requirements

Brief summary of internship program requirements to be read in conjunction with the guidelines:

| Section | Training | Minimum Requirements |
|------------|-----------------------------------|---|
| 3.3 | Duration | Two years (3080 hours) Maximum time to complete is five years |
| 3.2 | Hours of supervision | 176 hours overall with 117.33 hours of individual supervision Ratio of one hour of supervision to 17.5 hours of supervised practice * One hour per week of supervision * One hour per fortnight of individual supervision * <i>*Must be met regardless of how many hours met to date</i> |
| 3.2 | Hours of professional development | Ratio of 60 hours per full-time year 120 hours overall * <i>*Must be met regardless of how many hours met to date</i> |
| 4.2 4.3 | Psychological practice | Board approved workplace settings Direct client contact: 1232 hours |
| 5.3 | Method of supervision | 66 per cent must be individual face to face with an approved supervisor 33 per cent maximum of group supervision 25 per cent maximum of secondary supervision |
| 5.4 | Frequency of supervision | Ratio of one hour of supervision to 17.5 hours of supervised practice * One hour per week of supervision * One hour per fortnight of individual supervision * <i>*Must be met regardless of how many hours met to date</i> |
| 5.7 | Direct observation | By an approved supervisor of the supervisee conducting two assessments and two interventions every six months on clients in an approved workplace |
| 6 6.2 | Core capabilities | Achieve proficiency in eight core capabilities meeting specific training objectives and assessment tasks including six written case studies of approximately 2500 words each |
| 7 | Supervised practice program | Must be submitted with formal position description and approved by the Board before time spent in the role(s) can be counted. Changes in work roles require a new plan and formal position description to be submitted and approved by the Board. The principal supervisor must be a recognised supervisor. Nominating a secondary supervisor is mandatory. |
| 8.1 | Log books | Must contain a daily record of practice, record of professional development and record of supervision |
| 8.2 | Progress reports | Must be submitted every six months irrespective of whether the work role is full or part time or leave from the program has been taken Must be submitted within 28 days of falling due |
| 8.2 | Transition reports | Must be completed by the outgoing supervisor and provided to the new supervisor and the Board for approval within 28 days |
| 8.3 | Assessment of Capabilities | Principal supervisor completes Assessment of Capabilities forms and approves and co-signs three case studies for submission to the Board |
| 10.2 | Case study Requirements | A provisional psychologist must write six case studies during the internship program of which three of these must be submitted with an application for general registration. |