

# CONNECTIONS

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## From the Chair

Dear colleagues,

Welcome to this first edition of the *Connections* newsletter of the Psychology Board of Australia.

The National Registration and Accreditation Scheme (the National Scheme) for psychology and the other nine regulated health professions began in July 2010.

Psychologists are a significant social asset to the Australian community. They provide services to individuals and groups - children, adolescents, adults and the elderly - from clinical mental health services to commercial and industrial services.

There are more than 28,000 registered psychologists in Australia, constituting the third largest health profession after nursing and medicine. There are about the same number of psychologists as general practitioners.

Psychologists contribute widely to the public sector (including health, education, justice, social and community services and defence), and to the private sector (including community groups, businesses, elite sports, and in private practice, particularly primary care through Medicare and other health initiatives).

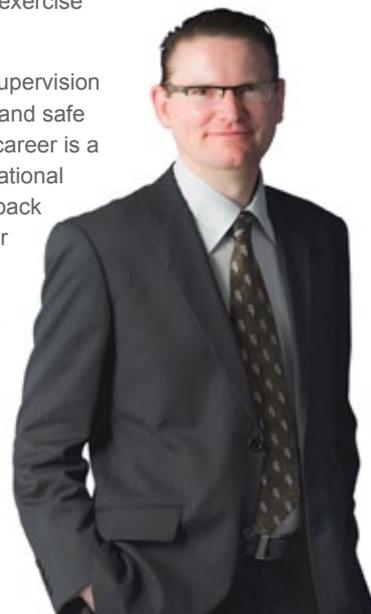
The Psychology Board of Australia oversees the registration of psychologists to ensure high-quality and safe practice that can be benchmarked to international standards.

The new National Scheme has brought in a number of important changes; this newsletter provides additional information for all registrants. I would like to draw your attention to some of these:

- psychologists can register once a year to practise psychology anywhere in Australia - before the National Scheme was introduced, psychologists needed to register separately in each state or territory in which they practised
- the registration standards for our profession and code of ethics are now uniform across Australia
- there is now a single publicly-accessible, web-based register of all health professionals - through this, you can check your registration status online at any time and check the registration status of other health professionals
- there are new professional obligations, set down by the Australian Health Workforce Ministerial Council (the Ministerial Council) which applies to all registered practitioners, including psychologists - these include mandatory continuing professional development (CPD) and professional indemnity insurance (PII) and
- psychologists with additional qualifications and supervised experience can now have that area of practice notated on the register as an endorsement. The legislation prevents other practitioners from using titles associated with the nine endorsed areas (clinical psychologist, clinical neuropsychologist, community psychologist, counselling psychologist, educational and developmental psychologist, forensic psychologist, health psychologist, organisational psychologist, and sport and exercise psychologist).

The central role of supervisors, supervision and peer review to good training and safe practice across the professional career is a fundamental component of the National Scheme. We welcome your feedback about this *Connections* newsletter and the National Scheme, both formally through input to our consultation papers, or informally by writing to us about any issues of concern.

Warm regards  
Professor Brin Grenyer, Chair  
([chair@psychologyboard.gov.au](mailto:chair@psychologyboard.gov.au))



## Meet the Board

**Professor Brin Grenyer, Chair**  
Practitioner, New South Wales

**Professor Alfred Allan**  
Practitioner, Western Australia

**Ms Antonia Dunne**  
Community member

**Ms Kaye Frankcom**  
Practitioner, Victoria

**Mr Geoff Gallas**  
Practitioner, Australian Capital Territory

**Professor Gina Geffen**  
Practitioner, Queensland

**Dr Shirley Grace**  
Practitioner, Northern Territory

**Mrs Irene Hancock**  
Community member

**Ms Fiona McLeod**  
Community member

**Mr Christopher O'Brien**  
Community member

**Ms Ann Stark**  
Practitioner, Tasmania

**Mr Radek Stratil**  
Practitioner, South Australia



*From left to right, sitting: Professor Gina Geffen, Ms Antonia Dunne, Dr Shirley Grace, Professor Brin Grenyer, Mr Radek Stratil, Ms Ann Stark, Ms Fiona McLeod, Mrs Irene Hancock. From left to right, standing: Professor Alfred Allan, Mr Geoff Gallas, Mr Christopher O'Brien. Absent: Ms Kaye Frankcom.*

## The National Registration and Accreditation Scheme

1 July 2010 marked the start of a new era in health practitioner regulation in Australia when health practitioners in 10 health professions (except those registered in Western Australia) became registered under the National Registration and Accreditation Scheme (the National Scheme). Western Australia joined the National Scheme on 18 October 2010.

With national registration, 10 National Boards replaced 85 boards based in states and territories. Health practitioners are now registered under nationally-consistent legislation, replacing 66 different Acts of Parliament.

The objectives of the National Scheme are to:

- protect the public by ensuring that only practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered
- facilitate workforce mobility across Australia
- facilitate the provision of high-quality education and training of health practitioners
- facilitate the rigorous and responsive assessment of overseas-trained health practitioners to facilitate access to services provided by health practitioners in accordance with the public interest and
- enable the continuous development of a flexible, responsive and sustainable Australian health workforce and enable innovation in the education of and service delivery by health practitioners.

## National registration: Benefits

### Mobility:

Register once (general registration), practise across Australia

### Uniformity:

Consistent national standards – registration and professional conduct

### Efficiency:

Less red tape - streamlined, effective over time

### Collaboration:

Sharing, learning and understanding of innovation and good regulatory practice between professions

### Transparency:

National online registers displaying registered health practitioners, including current conditions on practice (except health-related conditions)

## The Boards: Who does what in practitioner regulation?

The Psychology Board of Australia is responsible for developing and approving registration standards, codes and guidelines, approving accreditation standards and negotiating the health profession agreement with the Australian Health Practitioner Regulation Agency (AHPRA).

On 30 June 2010, many members of state and territory psychology boards transferred and became members of the state or territory board of the Psychology Board of Australia in the National Scheme.

The National Board has delegated all matters to do with individual practitioners to the state and territory boards. These boards will continue to handle all registrations and notifications in their jurisdiction and make local decisions based on national standards.

The state and territory boards are supported by a range of committees that are made up of state and territory board members and, as necessary, external members. These committees have also been delegated some decision-making powers, but appealable decisions can only be made by the full state and territory board. The committees in each participating jurisdiction are:

- Registration Committee
- Notifications and Conduct Committee and
- Immediate Action Committee

## The Australian Health Practitioner Regulation Agency (AHPRA)

AHPRA supports the National Boards in their core role of protecting the public. The Boards cannot enter into contracts and cannot employ staff. They rely on AHPRA to provide the human resources and infrastructure to enable

the Boards to administer the *Health Practitioner Regulation National Law Act* (the National Law) as in force in each state and territory.

The role of AHPRA includes:

- providing administrative assistance and support to the National Boards and the Boards' committees
- in consultation with the National Boards, developing and administering procedures for efficient and effective operation of the National Boards
- establishing procedures for the development of accreditation standards, registration standards and codes and guidelines so that the National Scheme operates in accord with good regulatory practice
- negotiating with each National Board on the terms of the health profession agreement
- receiving and dealing with applications for registration and with notifications; AHPRA staff manage these processes but decisions are made by members of the Board
- keeping up-to-date and publicly-accessible national registers of practitioners and national registers of students (student registers are not publicly available) and
- providing advice to the Ministerial Council about the administration of the National Scheme.

There are AHPRA offices in every state and territory in Australia and the National Office is based in Melbourne.

## Regulatory standards and guidelines

### Registration standards

The Psychology Board of Australia has adopted the following eight registration standards:

- continuing professional development
- criminal history
- English language skills
- professional indemnity insurance
- recency of practice
- general registration
- provisional registration and
- area of practice endorsement.

The Board has recently issued a consultation paper on a ninth registration standard on limited registration for teaching or research. This paper is available on the Board website at [www.psychologyboard.gov.au](http://www.psychologyboard.gov.au) under *News and updates > Current consultations* and is open for comment until 22 December 2010.

This standard aims to recognise the breadth of the psychology profession. Previously, individuals who used their psychological skills and knowledge in areas such as education and research were not able to be registered without professional training. These individuals may still wish to identify themselves as psychologists. This prompted consideration of a new registration category to allow people to obtain registration and undertake psychological practice in the areas of teaching and research.

The first five standards (and now the proposed ninth) are based on generic standards, applying across all regulated health professions. Of the remaining three standards, the registration standard on area of practice endorsement has generated the most discussion. Very recently, this has led to the inclusion of two additional areas of practice, community psychology and health psychology. These were excluded initially by the Ministerial Council from the list of endorsed areas of practice presented by the Board. The nine areas of practice approved currently for endorsement of registration are:

- clinical neuropsychology
- clinical psychology
- community psychology
- counselling psychology
- educational and developmental psychology
- forensic psychology
- health psychology
- organisational psychology and
- sport and exercise psychology.

Only a psychologist with general registration, and with an approved area of practice endorsement, may use a title (such as 'clinical psychologist') that indicates that he or she holds an endorsement.

### Codes and guidelines

The Board has developed guidelines about:

- mandatory notifications
- continuing professional development
- 4+2 provisional psychologists and supervisors
- advertising of regulated health services and
- area of practice endorsements.

Of these, the guidelines to the registration standard on area of practice endorsement have generated the most comment. The standard states that, 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).

After an initial consultation process, the Board issued guidelines on the registration standard on area of practice endorsement in July 2010. These guidelines generated considerable discussion, particularly in relation to the training and transition arrangements. As a result, after a further consultation paper in August 2010, the Board has issued an exposure draft of proposed changes to the guidelines on area of practice endorsement. This draft is published on the Board's website at [www.psychologyboard.gov.au](http://www.psychologyboard.gov.au) under *News and updates > Current consultations*.

The Board aims to achieve continuous improvement of standards in the profession. The exposure draft of proposed changes to the guideline details amendments designed to encourage students who choose to complete a higher level of education than the minimum requirement. Depending on feedback received before the end of 2010, the Board will adopt the revisions in early 2011. Masters and doctoral candidates and their supervisors are encouraged to note and, if necessary, respond to the proposed revisions to the guidelines. No changes are proposed to the registration standard.

## Recency of practice

Under the National Law, the National Board must develop a registration standard on recency of practice, detailing requirements about the nature, extent, period and recency of any previous practice in the profession. In 2009, the Board developed a registration standard on recency of practice and, after consultation with the profession and stakeholders, the registration standard was approved by the Ministerial Council on 31 March 2010.

The registration standard on recency of practice aims to maintain high standards of practice by ensuring that all practising psychologists remain up-to-date after qualifying and throughout their practice in the profession. If a person does not practise psychology for five (5) years, they may be required to undertake further training to keep up-to-date.

All psychologists must ensure they are familiar with the requirements of the registration standard on recency of practice which is available on the website at [www.psychologyboard.gov.au](http://www.psychologyboard.gov.au) under *Registration standards*.

Any psychologist considering taking a break from practice should ensure that he or she takes into account the

requirements of the registration standard on recency of practice when making this decision.

### What is practice?

The Board has adopted the following definition of **practice**, which has been adopted by all 10 professions and approved by the Ministerial Council:

*Any role, whether remunerated or not, in which the individual uses their skills and knowledge as a psychologist in their profession. Practice is not restricted to the provision of direct clinical care, it also includes using professional knowledge in a direct non-clinical relationship with clients, working in management, administration, education, research, advisor, regulatory or policy development roles and any other roles that impact on safe effective delivery of services in the profession.*

### How does this definition affect you?

This definition of practice allows psychologists working in non-clinical positions to meet the Board's recency of practice requirements and maintain registration. The definition also allows psychologists to meet the Board's continuing professional development (CPD) requirements through activities that are relevant to their specific scope of practice and which may not include development of clinical skills.

## Accreditation

The Australian Psychology Accreditation Council (APAC) has been appointed to be the accreditation authority for psychology. The initial appointment is for the first three years of the National Scheme. APAC has a range of roles including:

- development and ongoing review of accreditation standards for psychology programs for approval by the National Board and
- assessment of psychology programs of study and education providers to determine whether programs meet approved accreditation standards.

All currently accredited courses can be found on the Board's website at [www.psychologyboard.gov.au](http://www.psychologyboard.gov.au) under *Accreditation*.

## Mandatory reporting

The Board is aware that there is a significant level of concern about the mandatory reporting provisions of the National Law. Some of these concerns appear to be based on uncertainty about what the National Law requires practitioners to report, particularly about impaired practitioners.

The Board encourages practitioners and students whose health is impaired to seek and receive good medical care. This will also reduce the likelihood of or need for a mandatory notification.

In relation to impaired health, it is only necessary for another health practitioner or an employer to notify the Board if a practitioner has:

- a) practised the profession while intoxicated by alcohol or drugs or
- b) placed the public at risk of substantial harm in the practice of the profession because the practitioner has an impairment (such as severe mental health problems).

An impairment or poor health in themselves are not sufficient grounds to trigger a mandatory report. A practitioner who recognises that he or she has an impairment and who obtains appropriate treatment or stops practising voluntarily before it affects practice does not need to be reported to the Board.

The Board has published guidelines for mandatory notifications. These are available on the Board's website at [www.psychologyboard.gov.au](http://www.psychologyboard.gov.au) under *Policies, codes and guidelines*. Registered health practitioners, employers and education providers have obligations to report under the National Law.

The WA Parliament has amended the National Law in relation to mandatory reporting in that state. Only in WA, practitioners who are in a treating relationship with another practitioner are not required to make a mandatory notification to the Board.

**Notifiable conduct** in relation to registered health practitioners means the practitioner has:

- a) practised the profession while intoxicated by alcohol or drugs or
- b) engaged in sexual misconduct in connection with the practice of the profession or
- c) placed the public at risk of substantial harm in the 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.

### Immunity from making a mandatory report

The National Law provides protection from civil, criminal and administrative liability for persons who make a notification in good faith.

### Mandatory notifications by health practitioners

Registered practitioners must report to AHPRA if, in the course of practising their profession, they form the belief that:

- a) another registered practitioner has engaged in "notifiable conduct" or
- b) a student has an impairment that, in the course of that student undertaking clinical training, may place the public at substantial risk of harm.

These obligations apply to all health practitioners registered in the National Scheme, not just within professions. This means that psychologists must report notifiable conduct they directly know about in other registered health professionals, such as medical practitioners or nurses. The National Law also provides for a number of exemptions from the obligation to report. These are detailed in the National Law and in the guidelines on mandatory reporting and include when the practitioner, who would otherwise have had a duty to report, has formed the belief that a practitioner's conduct is notifiable during legal proceedings or while preparing legal advice; is engaged by a professional indemnity insurer; is a member of a quality assurance committee; or knows that AHPRA has been informed of the notifiable conduct.

### Mandatory notifications by employers

Employers have a mandatory obligation to report an employee if they believe that their employee (a registered health practitioner) has behaved in a way that constitutes notifiable conduct.

### Mandatory notifications by education providers

Education providers must notify AHPRA if they reasonably believe:

- a) a student enrolled in a program of study 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.

## Code of ethics

The Board has adopted the Australian Psychological Society *Code of Ethics* for the profession. It is important that all registered psychologists (not just APS members) are familiar with the *Code* and abide by the principles set out in the *Code*. All psychologists are encouraged to access a copy of the *Code* through the Board's website at [www.psychologyboard.gov.au](http://www.psychologyboard.gov.au) under *Policies, codes and guidelines*.

## Profiling the profession

The National Scheme has enabled the Board to identify nationally-consistent data about the psychology profession in Australia. The Board has published this data on its website along with a media release on highlights about the profession.

## More information

[www.psychologyboard.gov.au](http://www.psychologyboard.gov.au)

You can use the online enquiry form under *Contact us* to contact the Board.

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