



College of Organisational
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COP's Response to PsyBA's CP 13:

Exposure Draft: The National Psychology Examination

3 February 2012

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

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SUMMARY

The College of Organisational Psychologists (COP) is very disappointed with the Exposure Draft of the National Psychology Examination (NPE). None of the central concerns expressed by the College in response to the Board's Consultation Paper 9 has been addressed. Only minor (and in some respects unhelpful) changes have been made, and none of substance so far as adequate recognition of the diverse character of our profession is concerned. (Copy of our submission to CP9 is attached as Appendix B for the reader's convenience.)

The NPE as drafted is still massively biased towards clinical contexts, clinical assessment, and clinical and counselling interventions. It does not provide for the fair and accurate assessment of qualified psychologists or trainees who are not clinically trained and experienced. Here the Board is not regulating for the whole of the profession or in the interests of the whole of the community. Rather, it seems concerned only with implementing its *idée fixe* that psychology is only or principally about the diagnosis and treatment of mental health problems. Not only is the curriculum for and the proposed content of the NPE not consistent in some significant respects with the standards required for general registration, but (worse) are in important regards in conflict with the accreditation standards for academic programs.

Consequently, applicants for general registration with sound psychology qualifications and professional experience in fields of psychology other than clinical and counselling will predictably fail the NPE and be denied entry into the profession. This also applies to persons completing alternative qualifications to those approved under standard accreditation arrangements, and those wishing to return to practice after a significant period of absence.

Additionally psychologists lacking a detailed contemporary understanding of the current legal and professional context in Australia would be disadvantaged, such as those returning from extended overseas career development opportunities, e.g. service with a United Nations humanitarian body, military psychologists serving overseas, a multinational company headquartered outside Australia, or higher degree studies at an overseas University. The NPE is in these and other ways unfairly discriminatory, and may be said to fail the very requirements of sensitivity to diversity and impartiality that the Board enjoins all NPE candidates to demonstrate.

Serious technical problems include the proposed use of scenarios as the basis for sets of multiple-choice questions (known to be problematic). The crucial need to establish the validity, reliability and utility of the proposed NPE before its attempted implementation has received no attention whatsoever.

This overall scenario is unacceptable to our College.

We also explain below in more detail the following problems with the proposed NPE, most of which we identified in our CP9 submission:

- (i) The *ultra vires* nature, and the serious and negative impact, of the NPE in terms of its driving or strongly influencing the curriculum of the undergraduate and Honours levels of academic study, and the curriculum of the fifth (academic) year of the proposed 5+1 pathway, contrary to the provisions of the National Law Act 2009 which protect the accreditation standards.
- (ii) The serious technical problems that arise when a single measure such as the NPE is to be used for multiple purposes. We provide some advice as to more acceptable ways to measure the kinds of qualities that the Board considers important.

- (iii) Unacceptable and undeliverable expectations being placed on supervisors of trainee psychologists.
- (iv) Unacceptable level of costs on trainees in regard to access to the test training specified in the NPE Exposure Draft.

We urge the Board to give serious consideration to the 20 recommendations that we made in our response to CP9 (see Appendix B), as well as to the constructive suggestions outlined in our comments below.

END OF SUMMARY

SPECIFIC COMMENTS

PROBLEM 1: THE *ULTRA VIRES* NATURE OF THE NPE:

The Board's introduction to CP13 reads:

"This consultation paper has been developed by the Psychology Board of Australia (the Board) under s. 39 of the National Law www.psychologyboard.gov.au/Standards-and-Guidelines/Registration-Standards.aspx. The *General registration standard* has been approved by the Australian Health Workforce Ministerial Council on 31 March 2010 pursuant to the *Health Practitioner Regulation National Law Act* (the National Law) as in force in each state and territory, with approval taking effect from 1 July 2010. The requirements for general registration in the standard are as follows:

Requirements

To be eligible for general registration an applicant:

- a) must have successfully completed a Board-approved qualification
- b) must meet the eligibility requirements of the legislation, including any registration standard set by the Board and
- c) may be required to submit evidence of completion of a Board-approved examination.

This consultation paper provides further information about requirement (c) and seeks stakeholder feedback on the proposed curriculum to support the examination."

However the following extract from the National Law Act 2009 (not mentioned in the Board's Exposure Draft) is also relevant and operative:

s.12 Approval of registration standards

(2) The Ministerial Council may approve a registration standard for a health profession only if—

- (a) its approval is recommended by the National Board established for the health profession; and*
- (b) it does not provide for a matter about which an accreditation standard may provide.*

Note. *An accreditation standard for a health profession is a standard used to assess whether a program of study, and the education provider that provides the program, provide persons who complete the program with the knowledge, skills and professional attributes to practise the profession in Australia. Accreditation standards are developed and approved under Division 3 of Part 6.*

It is clear that:

- (a) the *General registration standard* enables the Board to *approve* an examination or examinations, but *does not require* the use of a single, multi-purpose examination such as the NPE;
- (b) the Board intends to use the NPE as a standard **of its own design** (commissioned by the Board from a panel whose membership is not only heavily "clinical" but much more significantly contains three members of the Board, including the Chair, who we understand chairs the panel) to assess whether persons graduating from four-year, fifth-

year and sixth-year programs have the knowledge and skills to practice the profession¹ – *thus interfering with current accreditation standards for those programs, and acting in breach of the National Law Act 2009 Clause (2)(b) shown immediately above (by providing for matters about which the accreditation standards already provide).*

This is no insignificant technicality. There is a serious mismatch between the diverse accreditation standards for the various areas of Psychology, and the narrow clinical standards represented in the proposed NPE.

The very existence of the associated curriculum will have a “backward” effect, of forcing accredited course providers to “teach to the (Board’s) curriculum” rather than to the accreditation standards set by the accreditation authority. Thus the Board would be forcing changes to or creating conflict with accredited program curricula without going through the proper accreditation channels and processes. This is very poor process indeed, and is unacceptable to the College. The protections built into the National Law Act 2009, to *inter alia* prevent accreditation standards being eroded by other aspects of regulation, must be respected if the assurances given by COAG to the participating professions about the character of the NRAS are to be delivered.

We believe that in regard to the NPE, the Board is degrading the role of the accreditation authority (the Australian Psychology Accreditation Council) and the specified accreditation processes, and instead directly intervening in what should (and we consider must) remain accreditation matters. The Board has provided in its Exposure Draft document only the minimum extracts from the National Law Act 2009, from which it may appear to be acting within its powers. As well as including the National Law Act’s s.12(2) above, we provide in Appendix A some other extracts from the National Law Act 2009 concerning the functions and powers of the Board and the Ministerial Council. These are needed to understand the broader legislative context especially protection of accreditation standards and processes. These make clear that the Board (and the Ministerial Council) can not develop registration standards on matters covered by the accreditations standards or act unilaterally to interfere with the accreditation standards.

In short, we consider that the Ministerial Council’s approval of the *General registration standard* cannot be said to justify the application of the NPE to *graduates from any accredited program*, whether they be 4, 5 or 6 years in duration. *To allow this use of the NPE would usurp the role of accreditation standards set by the accreditation authorities in collaboration with the Board, and breach the governing National Law Act.*

PROBLEM 2: MULTIPLE PURPOSES CREATE SERIOUS TECHNICAL PROBLEMS IN CONSTRUCTING AN EXAMINATION

Serious technical problems arise when a single measure such as the NPE is to be used for multiple purposes. The Board says that it intends to use the NPE for the following purposes:

- (a) To ensure a consistent professional standard of psychologists nationally.
- (b) To assess the readiness of trainees to move from provisional registration to general registration.

¹ Graduates from accredited Masters and Doctoral programs are now only “exempt” from the NPE, pending the Board’s review.

- (c) To assess overseas-trained psychologists.
- (d) To test knowledge where questions of performance have been notified.
- (e) To carry out (sic) “return to work assessments after lengthy periods without practicing”.
- (f) Possibly to test the knowledge and skills of graduates from Masters and Doctoral programs.
(The Board is to review the current exemption after 30 June 2016.)

We reject Purpose (a) – creating a consistent professional standard – entirely. The Psychology profession is very complex and diverse, and encompasses much more than clinical and counselling work. The Board’s *idée fixe* that the foundation of Psychology is helping individuals with mental health problems is not shared by the profession at large. To try to force all future psychologists into a narrow ‘mental health’ mould – through such devices as the narrow focus of the NPE - would have many seriously negative consequences, for psychologists, their various kinds of clients, and for employers of psychologists. Certainly some training in mental health issues, conceptually and in basic counselling skills, could well form part of early training in Psychology, but it must not be the “be all and end all” that characterises the conceptualisation of the NPE and indeed the Board’s broader policies.

Purpose (b) – assessing readiness to progress to general registration – is seriously problematic, partly because it is *ultra vires* as outlined above, but also because the Board is insisting that the “supervised practice” component of the three pathways to general registration be largely clinically focused, and is making unrealistic demands of practice supervisors – to the point where the pool of qualified supervisors would be shrunk by the Board’s clinical emphasis, and where many qualified supervisors would predictably withdraw from supervision, thus compromising the flow of well-trained people into the various fields of Psychology. To the extent that the NPE reflects these unrealistic demands, provisional psychologists coming through the non-clinical areas of professional practice (with non-clinical supervisors) would experience great difficulty with a clinically-focused NPE. *This is a very serious form of unfair discrimination against non-clinical psychologists.*

Moreover the NPE seems not to be suitable to assess **skills**. Answering multiple-choice items about hypothetical clinical scenarios is unlikely to tap actual skilled performance, even in clinical terms.

Purpose (c) – assessing overseas applicants – has similar problems. Psychologists with good but non-clinical qualifications in Psychology (e.g. Certified Occupational Psychologists from Britain) would predictably do poorly on the clinically-focused NPE. What is needed eventually are separate specialised assessments for the various areas of expertise, not a common test with a clinical focus. The latter is a simple (but wrong) solution to a complex problem. In the interim (pending the development of reliable and valid tests and other forms of assessment), assessment by interview and detailed CV checks, by specialist psychologists, would suffice. We note that the Australian Psychological Society has been able to assess overseas applicants without resort to a standardised test. Perhaps the Board could simply continue to leave the assessment of overseas applicants to the APS?

Regarding Purpose (d) – assessment of performance in “complaints” contexts) – a general test like the NPE would be of little value. Complaints (“notifications”) leading to investigation of professional performance may arise from various professional contexts but the historical facts are that most have originated in the Family Court (or did until some State registration boards took some preventive action to discourage complaints either as vexatious revenge-taking, or as legal manoeuvres for appeal purposes, to discredit practitioners whose advice had been adverse to their client’s interests). In fact each complaint is heavily situation-specific, and must be investigated at that level. Using the NPE would be akin to assuming the guilt of all drivers

involved in a road accident and requiring them to undergo a driving license test for one type of vehicle (e.g. trucks), instead of investigating the real causes of the particular accident in an impartial and scientific way.

From a non-adversarial viewpoint (where the Board was interested in the practitioner's welfare and rehabilitation) a non-specific test like the NPE would have few if any remedial or developmental pointers. The focus must be on the specific deficits alleged, their underlying "causes", and how the practitioner (if guilty of some performance deficits) is to overcome them. Interviewing would be the appropriate investigatory tool, not a standardised knowledge and (allegedly) skills test, and counselling the main initial intervention.

From an adversarial viewpoint such as in a tribunal, where assessment is "summative" rather than "formative", any competent lawyer, representing a practitioner complained against or considered to have performance deficiencies, would be able to tear the NPE to shreds in terms of relevance to the issues central to the complaint, reliability, validity, adequacy of norms, sensitivity, and social (rather than statistical) discrimination. And the results of such a clinical test, if applied to a non-clinical psychologist, would be clearly irrelevant and indeed unfair. Assessment regarding alleged performance deficits must be clearly targeted on the alleged deficits, and legally defensible as to relevance of the assessment and the expertise of the assessor. The assessor must be able to "follow where the (alleged) errors lead", rather than take some common standardised assessment route. Of course it may be said that this process may be subjective and at least unstandardised, but it is a better process than some common test, purportedly "objective" but biased in content, and low in relevance to the issues of concern.

Regarding Purpose (e) – "return to work assessment" – the Board's wording here is unfortunately reminiscent of accident compensation terminology with implications of absence from work due to injury. Rather, the person is "returning to practice", having typically been *working*, but in a non-psychologist role – not "returning to work". If the NPE were more wide-ranging, it might perhaps serve as one basis for guidance as to how to prepare for resumption of a practising psychologist role. But a simpler approach would be to ask the person for her/his self-assessments of current knowledge and skill levels viz-a-viz the psychologist role in which s/he is proposing to work. This could be supplemented by well-focused interviewing regarding the person's CPD activities, maintenance of knowledge and skills while out of a psychologist role, and so on. (See our CP9 response for more detail here.)

We reject Purpose (f) – assessment of 6-year graduates – as *ultra vires*, if and when it considered by the Board.

PROBLEM 3: UNACCEPTABLE AND UNDELIVERABLE EXPECTATIONS BEING PLACED ON SUPERVISORS OF TRAINEE PSYCHOLOGISTS.

The Board expects supervisors of provisional psychologists to train them in the knowledge and skills encompassed by the NPE. The misfit between these expectations and "on the ground" reality is very large, even in the clinical field. Supervisors are employees in organisations whose service delivery goals may not be consistent with the Board's expectations. Many supervisors would themselves, we expect, struggle with components of the NPE, especially in the non-clinical fields.

The Board shows little understanding of that reality, but is treating those supervisors as subordinates of the Board, able to be dictated to regarding the employment conditions for provisional psychologists, the resources to which they have access, and the professional

training work that they must undertake with their supervisees. The Board seems not to appreciate circumstances such as with at least one State Education Department, where use of the latest version of the WISC was for many years actively denied due to budgetary constraints, and CPD was similarly restricted and unsupported. Later, under conditions of “contracting out” of psychological services where principals became quasi-CEOs, psychological records were surreptitiously read after hours by some principals, who claimed an overriding “duty of care” and indeed ownership of the student’s records as justification. The Board’s failure to consider and make some mention of employer roles, right and responsibilities, and other industrial “term and conditions” of employment, is reflected in the paucity of the NPE in regard to its coverage of legal and professional issues.

PROBLEM 4: UNACCEPTABLE LEVEL OF COSTS ON TRAINEES IN REGARD TO ACCESS TO THE TEST TRAINING SPECIFIED IN THE NPE EXPOSURE DRAFT.

The list of tests for the NPE assessment is not only clinical but also very expensive to purchase or even access. Many University Psychology Departments have given up maintaining a library of contemporary tests such has been the proliferation of tests and the escalation of their costs. Of course trainees can read about them but most would be unable to find the opportunity to administer them, especially under experienced supervision.

To conclude, the College of Organisational Psychologists urges the Board to reconsider its proposed NPE. Professionally and technically better, and legally more acceptable, alternatives exist.

Finally, the College reemphasises the dire position of the profession in regard to the loss of professional Masters and Doctoral programs, due to a very damaging confluence of forces –

- Federal Government funding reductions over many years, including the unjustified adverse differential applied to Organisational Psychology Masters funding,
- pressures on the Universities to shift to PhD supervision because of their financial advantages as well as allowing academic staff to concentrate more on their own research work,
- loss of academic staff with substantial professional experience such that the capacity of academic units to deliver accredited professional programs is being put increasingly at risk, and
- losses in professional infrastructure and resources especially in the public sector, depriving graduates of “first job” opportunities and structured in-house supervision and on-the-job training. Employer preference for independent practitioners with general registration is exacerbating these infrastructure, resource, supervision, training and work group cohesion problems.

Of course the Board does not represent or act on behalf of the profession (that being the role of the Australian Psychological Society), but surely it and the COAG governments must have some concern and take some remedial action about the major disruptions now being caused to the flow of trained psychologists across our profession’s diverse spectrum.

SUBMISSION ENDS

Attachments:

- Appendix A: Relevant Extracts from the National Law Act 2009
- Appendix B: Comments On Psychology Board of Australia’s Consultation Paper 9 (The National Psychology Examination)

APPENDIX A: RELEVANT EXTRACTS FROM THE NATIONAL LAW ACT 2009

35 Functions of National Boards

(1) The functions of a National Board established for a health profession are as follows—
[s 35]

- (a) to register suitably qualified and competent persons in the health profession and, if necessary, to impose conditions on the registration of persons in the profession;*
- (b) to decide the requirements for registration or endorsement of registration in the health profession, including the arrangements for supervised practice in the profession;*
- (c) to develop or approve standards, codes and guidelines for the health profession, including—*
 - (i) the approval of accreditation standards developed and submitted to it by an accreditation authority; and*
 - (ii) the development of registration standards for approval by the Ministerial Council; and*
 - (iii) the development and approval of codes and guidelines that provide guidance to health practitioners registered in the profession;*
- (d) to approve accredited programs of study as providing qualifications for registration or endorsement in the health profession;*
- (e) to oversee the assessment of the knowledge and clinical skills of overseas trained applicants for registration in the health profession whose qualifications are not approved qualifications for the profession, and to determine the suitability of the applicants for registration in Australia;*
- (f) to negotiate in good faith with, and attempt to come to an agreement with, the National Agency on the terms of a health profession agreement;*
- (g) to oversee the receipt, assessment and investigation of notifications about persons who—*
 - (i) are or were registered as health practitioners in the health profession under this Law or a corresponding prior Act; or*
 - (ii) are students in the health profession;*
- (h) to establish panels to conduct hearings about—*
 - (i) health and performance and professional standards matters in relation to persons who are or were registered in the health profession under this Law or a corresponding prior Act; and*
 - (ii) health matters in relation to students registered by the Board;*
- (i) to refer matters about health practitioners who are or were registered under this Law or a corresponding prior Act to responsible tribunals for participating jurisdictions;*
- (j) to oversee the management of health practitioners and students registered in the health profession, including monitoring conditions, undertaking and suspensions imposed on the registration of the practitioners or students;*
- (k) to make recommendations to the Ministerial Council about the operation of specialist recognition in the health profession and the approval of specialties for the profession;*
- (l) in conjunction with the National Agency, to keep up-to-date and publicly accessible national registers of registered health practitioners for the health profession;*
- (m) in conjunction with the National Agency, to keep an up-to-date national register of students for the health profession;*
- (n) at the Board's discretion, to provide financial or other support for health programs for registered health practitioners and students;*
- (o) to give advice to the Ministerial Council on issues relating to the national registration and accreditation scheme for the health profession;*
- (p) if asked by the Ministerial Council, to give to the Ministerial Council the assistance or information reasonably required by the Ministerial Council in connection with the national registration and accreditation scheme;*
- (q) to do anything else necessary or convenient for the effective and efficient operation of the national registration and accreditation scheme;*
- (r) any other function given to the Board by or under this Law.*

(2) For the purposes of subsection (1)(g)-(j), the Board's functions do not include receiving notifications and taking action referred to in those paragraphs in relation to behaviour by a

registered health practitioner or student that occurred, or is reasonably believed to have occurred, in a co-regulatory jurisdiction.

52 Eligibility for general registration

(1) An individual is eligible for general registration in a health profession if—

(a) the individual is qualified for general registration in the health profession; and

(b) the individual has successfully completed—

(i) any period of supervised practice in the health profession required by an approved registration standard for the health profession; or

(ii) any examination or assessment required by an approved registration standard for the health profession to assess the individual's ability to competently and safely practise the profession; and

(c) the individual is a suitable person to hold general registration in the health profession; and

(d) the individual is not disqualified under this Law or a law of a co-regulatory jurisdiction from applying for registration, or being registered, in the health profession; and

(e) 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 general registration in the profession by imposing conditions on the registration under section 83.

54 Examination or assessment for general registration

For the purposes of section 52(1)(b)(ii), if a National Board requires an individual to undertake an examination or assessment, the examination or assessment must be conducted by an accreditation authority for the health profession, unless the Board decides otherwise.

[s 55]

Health Practitioner Regulation National Law Act 2009

Part 7 Registration of health practitioners

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55 Unsuitability to hold general registration

(1) A National Board may decide an individual is not a suitable person to hold general registration in a health profession if—

(a) in the Board's opinion, the individual has an impairment that would detrimentally affect the individual's capacity to practise the profession to such an extent that it would or may place the safety of the public at risk; or

(b) having regard to the individual's criminal history to the extent that is relevant to the individual's practice of the profession, the individual is not, in the Board's opinion, an appropriate person to practise the profession or it is not in the public interest for the individual to practise the profession; or

(c) the individual has previously been registered under a relevant law and during the period of that registration proceedings under Part 8, or proceedings that substantially correspond to proceedings under Part 8, were started against the individual but not finalised; or

(d) in the Board's opinion, the individual's competency in speaking or otherwise communicating in English is not sufficient for the individual to practise the profession; or

(e) the individual's registration (however described) in the health profession in a jurisdiction that is not a participating jurisdiction, whether in Australia or elsewhere, is currently suspended or cancelled on a ground for which an adjudication body could suspend or cancel a health practitioner's registration in Australia; or

(f) the nature, extent, period and recency of any previous practice of the profession is not sufficient to meet the requirements specified in an approved registration standard relevant to general registration in the profession; or

(g) the individual fails to meet any other requirement in an approved registration standard for the profession about

[s 56]

Health Practitioner Regulation National Law Act 2009

Part 7 Registration of health practitioners

Page 72 Reprint 0A effective 3 November 2009 *the suitability of individuals to be registered in the profession or to competently and safely practise the profession; or*

(h) in the Board's opinion, the individual is for any other reason—

(i) not a fit and proper person for general registration in the profession; or

(ii) unable to practise the profession competently and safely.

(2) In this section—

relevant law means—

(a) this Law or a corresponding prior Act; or

(b) the law of another jurisdiction, whether in Australia or elsewhere.

59 Examination or assessment for specialist registration

For the purposes of section 57(1)(b)(ii), if the National Board requires an individual to undertake an examination or assessment, the examination or assessment must be conducted by an accreditation authority for the health profession, unless the Board decides otherwise.

Division 3 Provisional registration

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

66 Limited registration for postgraduate training or supervised practice

(1) An individual may apply for limited registration to enable the individual to undertake a period of postgraduate training or supervised practice in a health profession, or to undertake assessment or sit an examination, approved by the National Board established for the profession.

(2) The individual is qualified for the limited registration applied for if the National Board is satisfied the individual has completed a qualification that is relevant to, and suitable for, the postgraduate training, supervised practice, assessment or examination.

Part 7 s. 80:

(3) If the National Board requires an applicant to undertake an examination or assessment under subsection (1)(d) to assess the applicant's ability to practise the health profession—

(a) the examination or assessment must be conducted by an accreditation authority for the health profession, unless the Board decides otherwise; and

(b) the National Agency may require the applicant to pay the relevant fee.

APPENDIX B

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

13th May 2011

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PREAMBLE

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

As psychologists working outside the health sector, we are able to provide some alternative perspectives to the Board’s, and to those inherent in the health template developed by the bodies to whom the Board reports (notable the Australian Health Ministers Council, and the Australian Health Ministers Advisory Council, the latter a group comprising the State and Territory CEOs of Health Departments who provide “behind the scenes” advice to the Health Ministers)². (Attachment 1 provides brief details of the NRAS structure surrounding the Board, for the benefit of readers not acquainted with it.)

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

EXECUTIVE SUMMARY

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

We also consider that this clinical bias is not consistent with the Board’s legal obligations and duties to regulate for the whole of the profession and in the interest of all the “publics” served by our diverse profession.³ Nor does the process by which the proposed curriculum was developed seem consistent with the Board’s role in relation to the Australian Psychology Accreditation Council (APAC). APAC is (we understand) the appropriate body to consider professional standards and their measurement, certainly at this stage, rather than the Board doing so. At the

² This body is not recognised in the NRAS legislation, and has no formal statutory role, but has advised the Board and the Ministerial Council on a number of professional matters such as recommending against the use of specialist titles.

³ Non-health psychologists (through the APS) were assured, in the early consultation processes, that rather than changes being made to the National Law Act specifically for non-health psychologists, the Board would have the power to make adaptations to ensure that the full diversity of the profession was recognised, protected and enhanced.

very least (we believe) APAC should have been consulted and involved before CP9 was made public.

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

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

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

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

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

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

We wish to draw to the Board's attention that technically a *multi-purpose* general examination like the NPE as presented - or any other single form of assessment - is not considered feasible or desirable. Axiomatically, assessment should be purpose-driven. Trying to achieve multiple purposes in the one assessment tool is seriously problematic. (See our Specific Comments below.)

One key purpose apparently not recognised by the Board in CP9 (or elsewhere) should be to enable applicants for registration who show some deficiencies to be accurately advised about those deficiencies and encouraged and helped to overcome them without unnecessary delay. This seems to require a different approach to assessment from the Board's single general examination and its apparent underlying "administrative" orientation to assessment (at least as

expressed in CP9) – it needs a “tailored testing” approach, not an “omnibus” one, and a “developmental” rather than an “administrative” model of appraisal.

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

RECOMMENDATIONS

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

Recommendation 1. We recommend the adoption of the following statement⁴.

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

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

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

Recommendation 4: We recommend that in the assessment of overseas applicants, provision be made for decision categories beyond “Pass” or “Fail”, such as “Provisionally registered with the condition that (e.g. English language competency is established by completing satisfactorily the XXX test by a specified date)”.

Recommendation 5: We recommend that the Board, in consultation with APAC and the APS⁵, extends the workforce planning work done in the reports in the September 2010 special issue of the *Australian Psychologist*, from “current snapshots” to “projections of future professional work and associated workforce needs”, particularly beyond the health sector.

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

⁴ In place of the statement in CP9: “a psychologist who has obtained general registration is eligible to provide mental health services”.

⁵ Australian Psychological Society.

Recommendation 7: We recommend that this statement⁶ be reviewed, and either dropped (as a “capability”) or expanded to be better founded conceptually.

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

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

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

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

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

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

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

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

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

⁶ In the “capabilities” required of general registrants, the statement “knowledge of the discipline”.

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

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

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

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

SPECIFIC COMMENTS:

The introductory comments as to purpose in CP9 (" 1 Background" and "2 Curriculum for the National Psychology Examination") do not make clear that over time (and sooner rather than later) the curriculum underlying the National Psychology Examination (hereafter NPE) will in effect become the core curriculum for all accredited Psychology courses leading to general registration. "Teach to the examination" effects are well-known in education, and will occur here. Thus the NPE is much more than a test of applicants following an unusual route to general registration: it is a general prescription about "*a minimum level of applied professional level of knowledge of psychology*" that will affect all registrants and accredited psychology programs. Through it the Board seems to be trying to prescribe to our scientific discipline as well as the profession of psychology many aspects of their scope and emphases.

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

The other rationalisation offered by the Board – that "*a psychologist who has obtained general*

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

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

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

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

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

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

The curriculum seems esoteric. It does not appear to reflect current curricula in accredited psychology courses. It does not seem to flow logically from coherent analysis of and research into fundamental developments in the roles of psychologists across the full spectrum of Psychology, or from in-depth debate within the profession and discipline about desired directions in professional practice and training, or even from surveys of public perceptions and expectations of psychologists. Rather, it gives the appearance of a compromise among the “wish lists” of the members of the Board, most of whom come from health care backgrounds, as well as of apparently illogical inferences drawn from recent surveys taking snapshots of the

current Psychology workforce, especially as reported in the *Australian Psychologist V. 45, No.3 Sept 2010*. The central such inference is that since the majority of professional tasks undertaken by the (approx.) 50% sample of the profession responding to the survey were counselling and mental health interventions (both terms not well enough defined, according to the authors), those tasks must therefore constitute the essential core of professional work. This seems an unfortunate *non sequiter* where:

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

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

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

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

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

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

11 The flawed notion of “practice across the lifespan” remains despite much objection to it in past consultation submissions, especially by the College of Organisational Psychologists. *We recommend that (a) it (“the human lifespan”) be reframed as a topic area (for consideration by APAC in the first instance) for inclusion in the “developmental psychology” component of the four year sequence of undergraduate and Honours-level academic training, and (b) coverage of*

specialised practice-related knowledge of age-related issues and age-appropriate assessments and interventions be considered (again with APAC but also with the Colleges) in regard to the syllabuses of the various accredited post-graduate programs. (Recommendation 8.)

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

13 The proposed capability “working within a cross-cultural context” was disappointingly found not to be a reference to the “community” or “organisational” levels of conceptualisation, analysis and intervention but (when its extension into more specific curriculum content later in CP9 such as “Domains” was considered) appeared to be little more than an instance of “political correctness” regarding recognition of and sensitivity to cultural differences within an Australian (including Torres Strait Islander) clinical population receiving individual health services.

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

- understanding the various forms of global businesses and their key macro and micro economic features (type of industry, capital and labour intensity, and so forth) and environments (such as levels of turbulence and volatility socio-politically and technically). These affect how organisations are structured and managed contingently, their time spans of strategic and tactical planning and operations, and other key features.
- multinational compared with local (national) organisational structures and management features.
- inter-country differences on a number of dimensions relevant to organisational structure and functioning, notably in terms of their cultural similarities and differences, and “human capital” and human resource management and development issues (including the role and significance of unions and other collectives in the country concerned).
- the nature of public sector and private sector organisations, their similarities and differences, and their interdependencies and other relationships, both locally and in an international and global context.

This need is not reflected in the NPE curriculum at even an introductory level or in the proposed NPE. It could be partially satisfied using a “tailored testing” approach. *We recommend that the*

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

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

16 That an applicant may be able to answer a number of closed multiple-choice items about (say) the CPI would give no guarantee of understanding of those fundamental principles and methodology, or of any capacity to generalise learnings from use of the CPI to other instruments. *We recommend more emphasis on assessing the applicant’s grasp of the fundamentals of measurement theory, and test construction, administration and interpretation, and less on specific knowledge of particular tests. (Recommendation 12.)*

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

18 We consider that there is no need for non-clinical psychologists to be trained to carry out a Mental Status Examination (MSE), as is specified in the NPE. *We recommend the excising of the Mental Status Examination. (Recommendation 13.)* We suggest that it may be dangerous to encourage the belief that general registrants can make a MSE, as the legal status and the legal, financial and other outcomes of uses of the MSE are so significant that the examiner must have special training in such assessment as well as know and have experience in the various contexts in which MSE results will be used.⁷ For example, the assessment of mental status in the Victorian criminal system is or may be of crucial importance in determining whether an offender is assigned to a Mental Health List or dealt with by the Criminal courts. In some workers compensation contexts, assessment of mental health status is legislatively limited to psychiatrists, and even highly experienced psychologists have encountered problems of acceptability of their assessments. The MSE (like the invalid Psychiatric Impairment Rating Scale used in the workers’ compensation arena) is in fact not a single test but is a protocol for collating the clinician’s views about the person’s functioning, is highly subjective without norms, and has been subject to much criticism even from its predominant users, psychiatrists. The last thing the psychology profession needs is for general registrants without special training in undertaking MSEs to blunder around in such minefields, bringing the profession into disrepute.

19 In D2.6 (on assessment forms), the prescriptions are far too narrow and at least one requirement (for training in “Memory” testing) gives unwarranted prominence to a small sub-set of more general cognitive assessment. Assessment forms widely used by organisational

⁷ This should not be taken to mean that we are suggesting that MSE assessment be part of a restricted scope of practice for (say) clinical or forensic psychologists. Rather, we are indicating the need for focused training and supervised experience in carrying out MSEs, regardless of the specialty to which the registrant belongs. Professional ethics rather than “area of practice endorsement” would determine whether one is able to undertake MSEs.

psychologists (such as 360-degree feedback) are not covered at all.

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

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

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

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

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

They are specified as:

“D3.6a Psychoeducation

D3.6b Motivational interviewing

D3.6c Cognitive behaviour therapy, including:

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

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

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

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

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

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

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

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

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

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

ALTERNATIVE VIEWS:

The case not made:

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

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

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

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

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

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

We also note that mass testing would be very expensive and add to the registration fees to be paid by registrants under the “self-funding” expectations of the Commonwealth and State and Territory Governments regarding the NRAS. CP9 contains no indication that the costs of the NPE’s development and future administration have been considered or are an issue for this consultation exercise.

Modification of Specific Purposes

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

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

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

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

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

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

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

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

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

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

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

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

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

The most that is needed is: (i) a statement from such persons of their professional background and what *updating* activities they believe they need – and want – as part of the process of returning to practice⁸, how they propose to arrange them, over what time span, and under what CPD and supervision arrangements; and (ii) progress and final reports by them about those activities. This “process” (rather than “event”) approach better allows for self-direction and self-management, and speedy return to work (albeit with supervisory safeguards), desirable elements that would help ensure relevance, timeliness, and motivation. In contrast, a generic training program to attempt a general examination would seem not to address their updating needs.

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

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

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

⁸ Return to work should not be regarded as an event following an examination to be passed presumably after some formal re-training. Rather it should be seen as a process that can commence before or while re-employment and “updating” are occurring.

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

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

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

IN CONCLUSION

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

ATTACHMENTS FOLLOW.

ATTACHMENT 1:

THE STRUCTURE SURROUNDING THE PSYCHOLOGY BOARD OF AUSTRALIA

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

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

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

The second (non-Ministerial) level down:

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

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

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

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

ATTACHMENT 2: NON-CLINICAL ASSESSMENT REFERENCES

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

The Ethical Practice of Psychology in Organizations

Editor: Rodney L. Lowman

Edition: Second Edition, 2006

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

Psychological Testing and Assessment

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

Edition: 2006

Publisher: Oxford University Press

Handbook of Psychological Testing

Author: Paul Kline

Edition: Second Edition, 2000

Publisher: Routledge

An introduction to Psychological Assessment and Psychometrics

Author: Keith Coaley

Edition: 2010

Publisher: Sage Publications

Individual Assessment: As practiced in industry and consulting

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

Edition: 2003

Publisher: Lawrence Erlbaum Associates, Inc., Publishers

Computer-Based Testing and the Internet: issues and advances

Editors: Dave Bartram and Ronald K. Hambleton

Edition: 2006

Publisher: John Wiley & Sons, Ltd

APPENDIX B

List of Universities Contacted as part of this COP submission to CP 12

University of Queensland
Griffith University
Deakin University
University of Adelaide
University of NSW
Macquarie University

Note: not all field co-ordinators were available to comment during the survey period.