



THE AUSTRALIAN  
**CLINICAL PSYCHOLOGY**  
ASSOCIATION

Submission in response to the Psychology Board of  
Australia's Consultation Paper 22:  
requirements for general registration, continuing  
professional development and recency of practice for  
psychologists

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The Australian Clinical Psychology Association (ACPA) thanks the Psychology Board of Australia (the Board) for the opportunity to comment on Consultation Paper 22: requirements for general registration, continuing professional development and recency of practice for psychologists, and applauds the determination of the Board to maintain standards of practice across Australia.

Our submission is as follows:

## 1. General registration standard

ACPA agrees with the Board and also prefers option 2: the Board submitting a revised registration standard to the Ministerial Council for approval. A revised registration standard would continue to establish the Board's requirements for general registration with some improvements, including clarification of the language and structure to make it easier to understand.

We acknowledge that the Board does not propose to change the minimum standard of education and training for general registration at this stage. The Board will reconsider the minimum standards in the future in consultation with government, workforce, the accreditation authority, higher education institutions, and the profession.

The current minimum standard for registration, known as the 4 + 2 program should be disbanded or limited as soon as possible to the production of 'psychologist assistants' practising under supervision of registered psychologists, rather than fully qualified psychologists. We submit that doctoral level of training should be the minimum requirement for registration as a psychologist in Australia, i.e. a four year undergraduate degree in psychology, followed by a 3-4 year sequence of post graduate training in psychology at an approved tertiary institution. The doctoral degree should include coursework, supervised practical placements, and a research thesis while registered as a provisional psychologist.

### *Replacing the term 'Masters'*

We agree that replacing 'Masters' with '6 years of training' reduces the potential for misunderstanding, given that a Master degree can be one or two years under the new Australian Qualification Framework (AQF). We hope that the Board will consider working towards higher levels of training, in line with other developed countries, in the future.

### *Qualification for registration and eligibility for registration*

ACPA agrees with the standard pathway for completing the two-year program of further training and supervised practice at the 5<sup>th</sup> and 6<sup>th</sup> year is the higher degree pathway (with the proviso above). ACPA believes that the 5+1 pathway has serious limitations and the 4+2 pathway should be disbanded or utilized to train 'psychologist assistants' (as stated above).

### *Overseas trained psychologists*

ACPA agrees with the Board's position that the above proposed revised standard is more user-friendly for overseas trained applicants.

### *Definitions*

**'Qualification** means a formal qualification at a Bachelor level or above that has been conferred by a recognised university or college'.

ACPA suggests that the words 'in psychology' should be included in the above definition:

**Qualification** means a formal qualification **in psychology** at a Bachelor level or above that has been conferred by a recognised university or college.

### *The National Psychology Examination*

ACPA agrees with the Board's position in that specifically National Psychology Examination has been passed.

### *Review of time frames*

ACPA agrees with the Board's position that a five year review cycle would maintain a balance between regular reviews of registration requirements in accordance with good regulatory practice and ensuring that resources are not overcommitted to cyclical review of Board publications, without obviating the capability of the Board to review the *General registration standard* earlier if necessary.

ACPA agrees that the benefits of the above proposals strongly outweigh the costs.

### *General questions for consideration*

The current standard appears to be working well, apart from allowing the 4+2 pathway to registration. Individuals trying to gain registration via this pathway are finding it difficult to obtain supervision and ACPA questions the adequacy of any supervision that is provided by this pathway.

The revised content of the General Registration Standard is clear and will be helpful to psychologists trying to obtain general registration.

We have no further suggestions to put forward on this General Registration Standard, other than removing the 4+2 pathway (as already mentioned).

## 2 Review of the Continuing professional development registration standard

ACPA agrees with the Board and also prefers option 2 which proposes to clarify and simplify the language of the standard.

We agree with the proposal to retain the minimum CPD requirements for maintaining general registration, but would be agreeable to seeing the minimum hours required increased in future. Two and a half hours per month (which equates to approximately 50 minutes of peer consultation and 100 minutes of professional development) is not a large commitment to staying current in the discipline of psychology. It is likely that most psychologists are already undertaking more CPD than the minimum and being able to officially log these hours establishes good work practice in the future.

### *Active CPD*

ACPA agrees with the Board's position on Active CPD to keep this as a recommendation but not a requirement.

### *Pro-rata requirements*

ACPA agrees with the Board's position to provide pro-rata requirements for CPD for those who have not held general registration for the whole registration year, or held provisional or non-practising registration for part of the year. Clarification to the standard that pro-rata arrangements also apply to for individuals' peer consultation so one third of the pro-rata CPD must be peer consultation is also agreed to.

### *Exemptions*

ACPA believes inclusion of partial exemption of the CPD standard for exceptional circumstances resulting in a prolonged absence from practice is fair and appropriate.

### *Requirements during the first year of national registration*

ACPA agrees with the Board's position to delete any reference to the first year of the national registration scheme as this is now past.

### *Retention of records for CPD audit*

This proposal requires further clarification. Five years is a long time to collect and store CPD reports. The Medical Board of Australia recommends 3 years retention and ACPA suggests that this should be long enough to judge whether the CPD standard is being adhered to.

### *Failure to comply with the standard*

We agree with the removal of an assessment of performance from the CPD standard when psychologists fail to comply and agree that the individual's performance can be assessed by a Board approved supervisor during a period of supervised practice. We believe that requirement to pass the National Psychology Examination should be considered as an option for psychologists failing to comply with CPD requirements.

### *Definitions*

ACPA agrees with the removal of the definition of active CPD.  
ACPA agrees that the **scope of practice** means the professional role and services that an individual registered practitioner is educated and competent to perform.

In terms of the following definition: For the purposes of this registration standard, 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, advisory, regulatory or policy development roles, and any other roles that impact on the safe, effective delivery of services in the profession.

ACPA recommends that this definition be restricted to general registration and not applied to endorsed areas of practice. Some AoPEs require ongoing direct clinical care of patients to maintain and enhance skill level through the application of new learning, particularly in clinical areas such as clinical psychology, clinical neuropsychology, and forensic psychology. Recency of practice standards need to apply for endorsement in these AoPEs. A practitioner taking up direct clinical care after a long period in management would be seriously de-skilled, even if keeping abreast of the literature through CPD. We believe this places the public at substantial risk.

For this Definition, we also believe, however, 'a direct non clinical relationship with clients' needs further clarification.

Under the heading 'The National Law establishes possible outcomes if you don't meet this standard, including that:'

...'require the registered psychologist to undergo an examination' should be replaced with ...'require the registered psychologist to undergo **the National Psychology Examination**'.

#### *Questions for Consideration*

Overall, the current CPD standard appears to be working well but the revised standard is applauded for its greater clarity and usefulness.

#### *Points to consider:*

ACPA suggests limiting the number of CPD hours claimed in one category, especially self-directed reading. Likewise under the present Standard peer consultation could be claimed up to 30 hours. This may be reasonable, but if only 30 hours of CPD is attained in a year, and all of it is claimed through peer consultation sessions, then this could be problematic. For example, there would not necessarily be an opportunity to learn about new and developing interventions.

Perhaps some thought could be given to online CPD recording, such as that available to medical practitioners. If a credit point system is used then different activities could be valued in terms of points. In particular, ethical dilemmas and case studies could be used to gain CPD points on an online system.

ACPA proposes greater consistency between other National Boards' CPD requirements, particularly the Medical Board. For example, as previously stated, the Medical Board of Australia recommends 3 years retention of CPD records and ACPA respectfully suggests that the Psychology Board of Australia should also adopt this time frame for consistency.

In terms of the Definition of 'Peer Consultation': '**Peer Consultation**' means supervision and consultation with peers in individual or group format, for the purposes of professional development and support in the practice of psychology, and includes a critically reflective focus on the practitioner's own practice.

This area has been confusing for some members of the profession, especially when they undertake group peer consultation. Further elaboration specifically of what is meant by, 'a critically reflective focus on the practitioner's own practice' in practical terms is essential. One can be activated to critically reflect on one's own practice in response to a case presentation offered by another practitioner. Would this thus include case consultation?

*Questions on retention of records for CPD audit*

Will the 5 years begin from when the Standard is ratified?

Will 5 years' worth of records be audited or just the current year?

What if the standards are adhered to for some of the 5 years but not all?

Once audited can records be destroyed?

Can records be kept in electronic format or do they need to be hard copies?

When notified of an intention to audit a psychologist's records how long will the psychologist have to prepare and submit their portfolio?

## 2 Review of the Recency of practice registration standard

### *Removal of student registration*

The removal of reference to 'student registration' given there is no student registration for psychology because psychology undergraduates study the discipline of psychology and do not undertake any practical placements is sensible.

### *Removal of 'unconditionally'*

ACPA agrees with the removal of the requirement that a psychologist must have practiced 'unconditionally' as a registered psychologist within the last 5 years, given that conditions can be applied to registrations, both in Australia and overseas, for a wide variety of reasons and disallowing all conditional practice may be too restrictive. We support the Board in considering the nature of practice case by case instead and respectfully suggest that safeguards for the public should be considered as paramount when considering each case.

### *Removal of further education*

ACPA understands that the Board's role is to assess whether the applicant has the requisite skills and knowledge to provide safe and effective care as a generally registered psychologist. While further education may be undertaken to meet these requirements when standards have not been met, it is the outcome of any program that needs to be assessed more directly, not the input of further education per se.. Therefore the removal of the capacity of the Board to direct the inclusion of further education in their program is obsolete.

### *Addition of an option to grant a different type of registration*

ACPA considers this a sensible addition to the recency of practice standard. The ability of the Board to decide to grant an applicant a type of registration in the health profession other than the type of registration applied for saves the applicant time and paperwork as they are not required to submit a separate application for the alternative type of registration for which they are eligible.

### *Recognition of discontinued internships*

ACPA agrees with the Board's position to consider full hour-for-hour credit of discontinued internships if the following requirements are met:

- The five year maximum for completion of an internship is met, i.e. the time period from the commencement of the previous internship for which credit is sought to the anticipated completion of the new internship is no more than five years.
- A progress report for the period of internship for which credit is sought has been completed by the principal supervisor for that internship and provided to the Board, and demonstrates that the internship was undertaken in accordance with an approved internship plan and the intern made satisfactory progress.

ACPA also agrees that the Board should consider partial credit on a case-by-case basis in other circumstances.

### *Exemptions for applicants for provisional registration*

ACPA agrees with the Board's position that there are built in measures to identify and address any attrition of knowledge during the 5<sup>th</sup> and 6<sup>th</sup> years of training, before the individual is eligible to practise independently so there is unlikely to be any increased risk to the public by accepting undergraduate qualifications up to ten years old. Therefore it is proposed that applicants for provisional registration to undertake a Board-approved internship or an

accredited psychology higher degree program may be allowed more than five years since completing their qualification.

### *Review Time frame*

ACPA agrees with the Board's proposal to commence within five years of implementation of a revised standard following this current review. However if the new five year review timeframe is adopted, the Board may still review the standard earlier if necessary to ensure its continued relevance and workability in a changing regulatory environment.

### *Recommendations*

ACPA strongly recommends that to maintain practice endorsement, recent practice involving direct clinical care in the relevant area should be required to maintain that endorsement, particularly in clinical AoPEs. Endorsed psychologists returning to providing direct clinical care after the period determined for recency of practice must be required to undertake a period of supervised practice, as per a registrar program, with the length of this period (either 12 or 24 months, depending on their qualifications) determined being determined by the prior level of qualifications.

In the Board determining what constitutes practice on a case by case basis, some guidelines around what is the minimum time acceptable as meeting criteria for 'recency of practice' would be helpful. For example, if someone goes on maternity/paternity leave for 12 months then returns to practice for 1-3 months and then goes on another session of maternity/paternity leave for 24 months, comes back to practice for 1-3 months then goes for a third maternity/paternity leave for 12 months; is the 2-6 months of psychology practice over the past 5 years sufficient to meet the recency of practice standard?

While the Board is focused on recency of practice for generalist registration, ACPA strongly recommends that separate standards are applied to clinical psychology endorsement, and to other clinical areas of endorsement. As mentioned above, the safety of the public is significantly placed at risk should a clinical psychologist practice in non-

The Medical Board of Australia cites 3 years as the time period after which the recency of practice Standard is applied. Thought could be given to making the psychology standard consistent with this time frame.

Currently the Standard appears to be working. The proposed standard is clear and useful with few changes from the previous Standard.

Consideration should be given to decreasing the time frame to 'practice within the last three years'. This would be consistent with the timeframe set down for medical practitioners and provide the public with better protection from psychologists who have been out of the work force and whose skills and knowledge are not currently up to date. It is also possible that less experienced psychologists might be more likely to have a break from practice (for various reasons including family commitments or travel) and a shorter time frame is also better protection for less experienced psychologists and the public.

ACPA supports a minimum requirement of practice within the last 3 years in order to meet the Standard. Consideration could be given to making the minimum hours practiced equivalent to one day per week (approximately 395 hours per year) with 40% of this time spent in client contact.

If applicants qualified more than the recency of practice period ago but have had not subsequently practised then sitting and passing the National Psychology Exam should be mandatory before practice is resumed. Such psychologists should also be asked to undertake a registrar program of supervised practice (either 12 or 24 months, depending on their qualifications) before becoming independent practitioners in clinical areas of endorsement.