

SUBMISSION TO THE PSYCHOLOGY BOARD OF AUSTRALIA

REGARDING

Consultation paper 25:

Consultation on ending the higher degree exemption from sitting the National Psychology Examination

7 August 2015

Submission from Arthur Crook, BA (Hons), MA (Occ.Psych.), FAPS.¹

SUMMARY

I (like many of my colleagues in psychology) oppose the ending of this exemption and appeal to the Board to continue to exempt graduates from accredited higher degree programs from sitting the National Psychology Examination (NPE). They have already been much more comprehensively assessed by higher education staff and placement supervisors in regard to the knowledge and skills relevant to their areas of specialisation. Through the NPE's clinical content, the Board appears to be explicitly seeking to impose "clinical" training on all specialisations in psychology on the widely-rejected argument that all psychological practice involves clinical work and needs a strong clinical underpinning, and trying to specify what constitutes "best (clinical) practice".

It is clear from various tomes and guidelines on regulation that such specification is not the business of regulatory bodies: their focus must be primarily on harm minimisation (including risk management). The latter focus would also be more welcome, I suggest, to practitioners and academics because it would complement and not compete with the course curricula of the accredited higher education providers. And if it is properly evidence-based, its content would be more defensible logically and less readily construed as the Board being wedded to and promoting clinical psychology (a serious problem of perception and 'apprehended bias' with which the Board has been struggling since its inception).

A stronger evidence-based focus on harm minimisation (including risk management) would, I suggest, lead to rather different forms of assessment from the NPE. I recommend that the Board considers seeking to include relevant harm minimisation content into higher degree programs through the APAC accreditation process, rather than unilaterally and contentiously setting a separate examination. This would, *inter alia*, allow a "horses for courses" approach to be taken for the different specialist programs and promote integration of harm minimisation content with the specialist area's other content, rather than the "one size fits all" NPE approach. I would not consider such "diversity" to be problematic (as the Board does): rather, it should be celebrated and nurtured.

(END OF SUMMARY)

SUPPORTING COMMENTS

GENERAL

I urge the Board to carry out a "root and branch" review of the NPE's role and of its more detailed objectives, its intended decision-making functions and associated features. These decisions are very important affecting *inter alia* the employment of current and future applicants for registration (especially recent graduates and current students in higher degree programs) and the staffing of higher education units and placement agencies. The Board's "clinical" perspective (reflected in the

¹ Please see Appendix for details of my professional background.

content of the NPE) should, I urge, be eschewed, its somewhat surprising views about dangers in 'diversity' in the accredited courses now being run (and by implication in the profession) be revisited, and its exposition of its regulatory obligations broadened to include much more adequately in its regulatory scope the other specialisations (industrial and organisational psychology, vocational psychology, educational psychology, forensic psychology, sport psychology, community psychology and so on) and to give more thought to the workforce needs (types and numbers of psychologists) of business, manufacturing industry, commerce, schools, the courts and other sectors beyond the health sector. Attempted (and costly) conversion of current and future graduates into mini-clinicians (through the NPE and in other ways) will delay and otherwise damage the preparation of graduates for and workforce flow into the non-clinical areas and the publics in those areas *without improving public safety*.

OBJECTIONS TO THE CLINICALISATION OF THE PROFESSION

I am aware of the many submissions made to previous PsyBA and AHPRA consultation papers which have objected specifically and robustly to the proposed use of the NPE and its intended application to higher degree programs, and more generally to the "clinicalisation" of our diverse profession explicitly admitted by the Board. It is most unfortunate that such submissions appear to have been ignored: it gives the impression that the Board has stopped listening to members of the profession and the underlying scientific discipline, and remains intent on clinicalising the profession whatever the damage done to the very important non-clinical areas of professional work.

DIVERSITY REALLY A PROBLEM?

It is disappointing, indeed somewhat startling, to find in the Board's consultation paper an explicit negative view of the **diversity** of the profession. I note in particular the Board's statement "*Recent reforms in the higher education sector however are leading to greater differentiation between institutions in the types and format and specialised focus of their programs. The Board is of the view that this diversity is perpetuating an additional risk to the regulation of psychologists from this training pathway.*" This statement (unsupported by any data and at odds with the views of most scholars and observers of societal, theoretical and practice development) reflects the most central problem in the regulation of our diverse profession – a view within the Board that psychology is only or primarily about individual mental health and that training in non-health psychological issues is in some obscure way damaging, perhaps by departing from some 'ideal' clinical training template in the minds of Board members if only incompletely expounded by the Board. *I would urge the Board to celebrate and nurture diversity: it is the very lifeblood of the discipline and the profession!*

I hope I hardly need say to the Board that psychology has always involved the *multi-level* scientific study of human behaviour, there being micro levels (e.g. the biological and physiological), the meso (individual behaviours) and the macro (groups, organisations, communities and so on). A one-level view of professional work, reflected in the Board's overemphasis on the individual ("clinical") level of analysis and action, is in my view at least, highly dysfunctional for the future of the discipline and the profession.

LEGAL/STATUTORY ISSUES

It seems probable that in any legal appeal process that might well arise from candidates' failure on the NPE (likely to increase if the NPE is more widely applied), the Board could be construed as (a) intervening without adequate warrant in a legally-independent accreditation process (guaranteed under the National Law Act 2009) by setting a competing standard different from that agreed through that process and (b) 'double-dipping' in terms of not only influencing the accreditation standards directly through its National Law Act powers and its staff's representation in the accreditation processes, but also doing so indirectly but powerfully through the content of the NPE (forcing the accredited programs to be revised to cover the content of the NPE thus reducing the time available to focus on the knowledge and skills of their specialised area of psychology).

I believe the Board has a clear and unambiguous statutory obligation to be neutral in regard to the various specialisations in psychology, and not favour one area (the clinical health-sector) over the others, which it is doing through its choice of content in the NPE. If it cannot achieve such neutrality

and accept and regulate even-handedly such breadth and complexity of regulatory scope, it should (I respectfully submit) ask to be relieved of its regulatory duties in regard to the non-health psychological services and confine itself to the regulation of only the health types of psychological services.

Nor should the Board take it upon itself to attempt to force the profession's development down a single track. (I would take this stance even if the track were an industrial/organisational psychology one.) Various government publications make it explicit that regulatory bodies are there to prevent damage to the public, not to try to direct the growth and shape of the areas being regulated, a "social engineering" process that most governments find objectionable on a number of grounds, and an objection which I support.

The Board makes much of data about the comparative rates of notifications across the different regulated health professions. However these data indicate that the majority of notifications arise in the areas of clinical psychology services and Family Court work, and that specialisations such as industrial and organisational psychology have been virtually complaints-free since the inception of registration in Victoria in 1966. Logically it follows that if improvements are needed it should be in the training of persons working in those high risk areas rather than of every psychologist including those who do no clinical work at all. And the training focus should be on high-risk activities (such as the potential for complaint about interactions between practitioners and divorcing partners in the Family Court setting and the expression of emotional bias in practitioners' reports to judges), rather than broad "clinical" training as instanced in the long and rationale-free list of clinical tests and the impossible-to-achieve immense scope of clinical and counselling "interventions" contained in the NPE guidelines.

OBJECTIONS TO THE NPE SPECIFICALLY

STANDARDISED AND "CLINICAL" CONTENT

The NPE is designed as a set of items covering a number of "**clinical**" issues and some generic "professional" issues (framed from a "clinical" perspective such as a view of the practitioner as working in a private room within a clinic in a one-to-one relationship with a disempowered or vulnerable person). Its purposes (not clearly stated in terms of the questions to be answered and the decisions to be made) are multiple: assessment of overseas-qualified applicants for registration, assessment of applicants completing the "4+2" and "5+1" pathways to registration, assessment of psychologists against whom complaints about professional competence or misconduct have been made with the intention in at least some cases to prescribe remedial training, assessing readiness to return to practice after prolonged absence, and now the assessment of graduates from specialised Masters programs (the "6 year" pathway).

MULTIPLE PURPOSES

It is a truism in the construction of psychological tests that purposes and intended uses (particularly decisional), must be clearly and precisely stated (most usefully as questions to be answered by the assessment tool), and should not be mixed together in the construction of any one test. Multiple purposes and uses are very likely to conflict in regard to the kinds of items selected, their difficulty level, desired and achievable length of the set of items, and other features. As a simple example, if the purposes of a test is to establish (say) only that a job applicant has general reasoning capacity beyond the 35th percentile, the items should be clustered around that point, to ensure maximum validity and reliability, and the test may be quite short. However if the purpose is to assess job applicants' general reasoning capacity across a broader spectrum, items of various levels of difficulty will be needed, and the test as a whole will have to be significantly longer to achieve the same validity and reliability standards. Trying to satisfy both purposes in the one test would be at the very least complicated, and the outcome very probably inferior quality of the test(s) especially too-low validity and reliability, confused factorial structure, and poor decision-making. ("Falling between stools".) To add even more purposes and uses in the one instrument would be most undesirable.

For some purposes a standardised test *battery* might well be appropriate. For other purposes a "tailored testing" approach is called for, where a different pattern of tests and/or test items is chosen depending on the testee's level of performance or (more fundamentally) the questions to be

answered. Some of the Board's stated or implied purposes are of this kind (e.g. assessing professional competence for complaints purposes requires a different approach from the assessment of a previously-registered psychologist's readiness to return to practice after prolonged absence). In many circumstances NPE results would be quite irrelevant and unhelpful such as where in the Family Court context one party makes a complaint against a psychologist as a legal device to damage the psychologist's expert witness testimony.

DECISION-MAKING OBSCURITY

Validity studies must take into account decisional impact. The Board has not specified the decisions that would be made from the scores which testees obtain on the NPE. Without such specifications it is impossible to judge how well the NPE would be or has been used in decision-making terms. The Board has given no indication of whether acceptable validation studies will be carried out **before** there is any regular use of the NPE, and if they are, their time frame. Failure to carry out validity studies prior to implementation would constitute a serious error of process with potential damage to testees and in some circumstances at least to the public. (The small amount of validation work thus far reported cannot be considered sufficient.)

IN CONCLUSION

I urge the Board to reconsider its position on granting exemption to graduates from accredited Masters programs and Doctoral programs, and also ask the Board to consider the other points which I have raised here.

APPENDIX

Graduating from the Uni of Qld in 1961 with an Honours degree in Psychology, I retired from professional practice (registered as an industrial and organisational psychologist) in 2008, allowing my registration to expire. Professional roles included in military psychology (Dept of Air and Dept of the Navy), as a management consultant with Price Waterhouse and Co, and as a Principal Lecturer with the Caulfield and Chisholm Institutes of Technology, and Monash University (as Associate Professor and eventually Deputy Head of Department of Psychology). Roles in the Australian Psychological Society included Treasurer, Director of Professional Affairs, Acting Executive Director, Principal Policy Analyst and Secretary and later Chair of the College of Organisational Psychologists' Regulatory Developments Working Party, which drafted many submissions for the College about regulatory matters over a 6-year period. I was also involved on behalf of the Society in the initial consultations about the formation of a nationally-coordinated regulatory system for the health professions.

(SUBMISSION ENDS)