Psychology Board of Australia

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#### From the Chair

# Focusing on the big picture: psychologist competence and training reform

At the 4th International Congress on Licensure, Certification, and Credentialing of Psychologists hosted by the Psychology Board in Sydney in July 2010, international regulators outlined a 'future 2030 vision' to facilitate international mobility of psychologists. The first step in this larger project is to develop an agreed international set of core competencies for professional psychology. At the 5th International Congress in Stockholm in July 2013, international regulators decided to develop these competencies. Progress has significantly advanced towards an 'International Declaration on Core Competencies in Professional Psychology' to be considered

for acceptance at the International Congress of Psychology (ICP) in Yokohama, in July 2016. The Psychology Board of Australia is an active participant in this work.

These international developments reinforce the importance of ensuring that psychology in Australia can be benchmarked against international standards as exemplified in the defined competencies. Yet tensions remain about how long it takes to train a general psychologist. In the first article of the journal *Australian Psychologist*, 1966 (Volume 1, Issue 1), the length of training was hotly debated – at that time between a 3+1 and a 4+1 model. It is interesting to see back then the familiar tensions between the limitations of an undergraduate psychological science education and how long it may take to adequately prepare for professional practice. The huge growth in the evidence base of the discipline of psychology over the past 50 years makes these older models of training antiquated and inadequate for contemporary practice.

Internationally, the minimum standard is generally considered to be five years of university study plus a one-year workplace internship (e.g. EuroPsy 3+2+1). Some require a professional doctorate – including the UK, Canada, and USA, particularly in clinical psychology.

At the same time, a 2014 Health Workforce Australia *Psychologists in focus* report emphasised how the duration of current general psychology training – at six years – was longer than any other Australian health profession.

Our current model can be complex and confusing with its multiple overlapping pathways that can be difficult for trainees.

Resolving these tensions to forge a simpler and internationally recognised training model will require significant cooperative work between all involved, including higher education providers, the profession, employers, government, the accreditation agency and the Board. The Australian public deserves psychologists who meet international competencies. Individual psychologists who can meet appropriate standards would also benefit in terms of mobility and international recognition. We welcome your positive contribution to this important work and your active engagement in this priority.

#### **Professor Brin Grenyer**

Chair, Psychology Board of Australia



# When contractual arrangements between psychologists go awry

Psychologists may find it difficult to safeguard clients' wellbeing when employment or other work-related contractual arrangements end acrimoniously. They may, for example, find themselves barred from: continuing services to their existing clients when they cease working at a specific workplace; telling clients where they will work after their departure; adequately preparing clients for their imminent departure; or otherwise taking steps to protect clients' future psychological wellbeing. Alternatively, they may be the ones barring other psychologists from doing this.

Clients, including some at risk of self-harm or with significant attachment issues, may therefore find themselves without any service, having to accept the services of another psychologist who may not necessarily be their choice or an appropriate person to deal with their immediate needs. Situations like these sometimes occur because the parties involved relied on verbal agreements or email exchanges because they got on so well at the time.

Psychologists have considerable freedom to enter into contracts that safeguard their interests, but they should never enter into contracts that could lead to unethical behaviour. Psychologists finding themselves in disputes stemming from the termination of contracts must, irrespective of their role, always give priority to the protection of the wellbeing of clients involved, even to the detriment of their own legal or monetary interests. They should also consider involving a senior independent psychologist to protect the interests of clients.

Psychologists planning to enter into contracts that could directly or indirectly threaten clients' wellbeing should ideally engage lawyers and must refer them to their ethical obligations, particularly standard B.11 of the APS *Code of ethics*, to prepare such a contract. They should also ensure that their contracts optimally protect clients' interests and provide mechanisms to mediate client-related disputes that may occur between them and other parties to the contract.

# Legal-ethical update: tribunal outcomes

The <u>Code of ethics</u> requires psychologists to respect the dignity of all people and refrain from doing anything that undermines the trust clients and society place in them. Psychologists should never use clients to satisfy their own needs or use their position of trust to exploit clients. Tribunals in several states recently made adverse finding against psychologists in this regard.

# Psychologist Board of Australia v Golus [2015] QCAT 12

www.austlii.edu.au/au/cases/qld/QCAT/2015/12.html

The tribunal reprimanded and placed conditions on a psychologist whose conduct towards a female junior administrative officer was unwelcome, uninvited, and

amounted to unprofessional and inappropriate behaviour in the workplace.

### Psychology Board of Australia v Garcia [2015] VCAT 128

www.austlii.edu.au/au/cases/vic/VCAT/2015/128.html

The psychologist in this matter was found to have engaged in a sexual relationship with a former client. The tribunal reprimanded her and suspended her registration as psychologist for six months and placed conditions on her.

## Psychology Board of Australia v Greco (2) [2014] VCAT 1549

www.austlii.edu.au/au/cases/vic/VCAT/2014/1549.html

The tribunal made 25 findings against the psychologist, amongst others that he exploited clients by using details of their traumatic experiences to promote his business. The tribunal reprimanded the psychologist, cancelled his registration and disqualified him from applying for registration as a psychologist for two years.

# Health Care Complaints Commission v Dawes [2015] NSWCATOD 8

www.caselaw.nsw.gov.au/decision/54e417f2e4b024df3936b9ed

The respondent in this matter exploited his professional relationship with a young female client by using her to gratify his own sexual needs. The tribunal's decision prevents the respondent from registering as a psychologist for 10 years or working in community health services, counselling, mental health, health education, welfare, and services provided in similar health fields

# National Psychology Examination update

#### Results from the National Psychology Exam

Between December 2013 and December 2014, 247 candidates sat the National Psychology Examination (NPE), with a total of 260 sittings (including failed and repeated sittings). Three types of provisional psychologist sat the exam – those completing their 4+2 program, those completing a 5+1 program, and international applicants completing a transitional program.

The NPE passing score has been set by the Board at 70%. This means candidates must score at least 70% to pass the examination.

The overall pass rate for the NPE over the first year was 88%, meaning 217 out of 247 people sitting the exam passed. The overall pass rate for the practice exam was slightly lower at 84%. Table 1 provides information about the number of first-time test takers and pass rates for the actual NPE, and the practice exam – overall and according to the registration pathway taken (i.e. 4+2, 5+1, international). Information for repeated sittings is also provided in Table 1.

Table 1. Pass rates for the NPE and practice examination – overall, and by registration pathway

		NPE exam		Practice exam	
		n	Pass rate	n	Pass rate
Overall	1 <sup>st</sup> sittings	247	87.9%	244	84.2%
	Repeated sittings*	13	53.8%	13	61.5%
4 + 2	1 <sup>st</sup> sittings	139	87.1%	137	90.6%
	Repeated sittings*	7	57.1%	7	85.7%
5 + 7	1 <sup>st</sup> sittings	50	88.0%	49	76.0%
	Repeated sittings*	1	0%	1	100.0%
International	1 <sup>st</sup> sittings	58	89.7%	58	75.9%
	Repeated sittings*	5	60.0%	5	20.0%

<sup>\*</sup>Some candidates have not yet repeated

Figure 1. NPE pass rates for first sittings – overall and by registration pathway

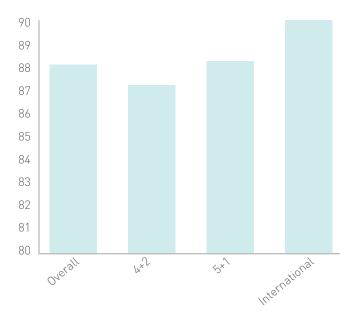


Figure 1 provides a graphical representation of pass rates for all first sittings – overall and by registration pathway. There were no significant differences in first-sitting pass rates for the NPE between the different registration pathways [ $\chi 2$  = .261, p = .877].

Analyses revealed that psychologist age, gender or registration pathway did not contribute to the test outcome in this sample.

Passing the practice exam somewhat predicted success in the examination. Pass rates in the practice exam for the group who passed the main exam were significantly higher than those from the group who did not pass the practice exam ( $\chi 2 = 4.309$ , p = .038). Linear regression analyses also suggested that

scores on the practice exam did significantly predict scores on the NPE ( $\beta$  = 2.757, t = 2.640, p = .009), however this only accounted for a small proportion of the variance (adjusted r square = .023). This means that applicants who fail the practice exam may not yet be ready to sit the examination.

At December 2014, there were 13 attempts to resit the exam, for 12 candidates (one candidate has resat the exam twice). Of these repeated attempts, there were seven passes (53.8%) and six failures (46.2%). The candidate who has resat the exam twice did pass the exam on the third administration. Another 18 candidates who failed the first sitting had not resat the exam at the time of this report. Generally, candidates performed better on subsequent administrations: 70% of resitting candidates improved between their first and second sitting, while the remaining 30% performed slightly worse. The average amount of improvement between the first and second sittings was 5.7%. This was not a practice effect because different items were presented at each sitting across the year.

The NPE is one regulatory instrument used by the Board in determining readiness to move to general registration and independent practice. In conclusion, the NPE supports that most provisional psychologists completing their sixth year of training possess the applied knowledge and skills required to pass the examination and practice independently. However, a small proportion of these candidates were found to not yet be ready for independent practice, and poor performance at the practice examination may be an early indicator that additional preparation was required. Such candidates were found across all three pathways (4+2, 5+1 and international) currently being tested by the examination.

#### Updated reading list for the exam

The Board has published an updated *Exam reading list* (December 2014), which can be found on the <u>Board's website</u>. The next window to sit the exam is between Friday 8 May and Friday 29 May 2015 and candidates can register through the <u>examination portal</u> from Monday 9 March to Friday 24 April 2015.

#### National Psychology Exam Committee

The Board has recently reappointed members for the third term of the National Psychology Exam Committee (NPE Committee). Committee appointments are made by the National Board, under the National Law. The Board has appointed the following nine members to the NPE Committee for a period of two years:

- Christopher Boyle
- Gerard Fogarty
- Brin Grenyer (Chair, National Board member)
- Haydn Till
- Rachel Phillips
- Robert Schweitzer
- Alison Soutter

<sup>1</sup> The Health Practitioner Regulation National Law, as in force in each state and territory.

- Janet Stephenson
- Radek Stratil (National Board member).

The role of the committee is to:

- provide advice to the Board on the development of the national examination for the measurement of a minimum level of applied professional knowledge of psychology to obtain general registration, and
- ensure a consistent professional standard of psychologists nationally via the various pathways to general registration.

The functions of the committee are to:

- develop the NPE multiple-choice questions, and
- contribute to policy and curriculum frameworks and the development of resources (such as the reading list).

The NPE Committee consists of nine senior members of the psychology profession and includes members of the Board and members appointed through the expression of interest process held in September–December 2014. Committee members have experience and knowledge in the core competencies required for general registration in the profession, including experience in training, teaching, and assessment of professional competencies.

The NPE Committee meets in Melbourne four to six times a year. The first meeting of the third term of the NPE Committee was held on 12 and 13 March 2015.

#### Maternity and other types of leave

The Board has published two new fact sheets – one for psychologists and one for provisional psychologists – that set out information that is relevant to people taking extended leave. They are intended to help ensure that those taking extended leave are fully informed of their options and their obligations, and to make the transition from the workforce to maternity or other leave, and then back again, as easy as possible.

Read the fact sheets on our website under <u>Standards and guidelines>FAQ</u>.

# Eligibility requirements for psychologists under the Medicare Better Access initiative

Medicare has recently written to the Psychology Board of Australia to advise that, effective from 1 November 2014, there have been some amendments to the requirements for psychologists who provide services under Medicare's Better Access to Psychiatrists, Psychologists and General Practitioners Scheme (Better Access). The changes affect both psychologists providing focused psychological strategies (FSP) and clinical psychologists providing psychological therapy services.

Psychologists who are approved to provide Medicare focused psychological strategies (FSP) are no longer required by

Medicare to complete 10 hours of continuing professional development (CPD) in FSP. This is to remove unnecessary duplication, given that the Board already requires psychologists to undertake CPD that is relevant to their area of practice to maintain their general registration. If you are actively providing FSP as part of your practice we recommend that you continue to include some CPD relevant to this aspect of your practice in your learning plan, although this at is at your discretion.

Psychologists who are approved to provide Medicare psychological therapy services will now be required to hold general registration as a psychologist and a clinical psychology area of practice endorsement. Medicare is allowing grandfathering provisions for psychologists who are already approved to provide psychological therapy services on the basis of the previous Australian Psychological Society pathway. These psychologists may continue to provide these services for 12 months, after which time a clinical psychology endorsement is required.

As with FSP, Medicare will not require you to complete specific CPD to maintain approval for psychological therapy services, but will expect you to meet the Board's requirements to maintain general registration and a clinical psychology endorsement.

The Board already requires psychologists to undertake CPD that is relevant to their area of practice, and if you have an area of practice endorsement and are actively practising in that area we expect that you will complete some CPD in that area.

#### Report on supervisor training

The Board's approved supervisor training program has now been in place for a year. A review and analysis of the supervisor training program has recently been conducted.

Overall, the review indicates that the supervisor training program has been working well. There have been sufficient numbers of training workshops offered across the country and these workshops have been well received by participants. Participating psychologists are either updating their supervisor training to maintain Board-approved supervisor status, or undertaking training in supervision to become a supervisor for the first time.

#### **Background**

The Board held an expression of interest (EOI) process for suitably qualified and experienced individuals and organisations to deliver supervisor training programs across Australia in 2013. Twelve providers were approved. Board-approved supervisor training providers must continue to meet several requirements throughout the five-year approval period in order to maintain approved training provider status. Each year, training providers submit an annual report to the Board and the first batch of these annual reports was received in December 2014.

#### Number of workshops

In 2014, there was a total of 72 workshops, comprising 41 full training (component two – skills) workshops, and 31 master classes.

Full training is done as part of the application to become a Board-approved supervisor for the first time. It consists of three components: component one is knowledge/preparatory reading (completed online); component two is a two-day skills training workshop; and component three is competency-based assessment and evaluation. Master class training is a one-day knowledge and skills workshop completed to maintain Board-approved supervisor status.

Providers are planning a total of 95 workshops for 2015.

#### Location of workshops

In total, 66 workshops were delivered in metropolitan areas and six workshops were delivered in regional areas or overseas. At least one workshop was held in each state/ territory capital city. Regional workshops were delivered in Coffs Harbour, Newcastle, Townsville and Wagga Wagga. Overseas workshops were delivered in Singapore.

A number of providers noted that workshops were cancelled or postponed due to low enrolment numbers, particularly those workshops scheduled for regional locations.

The Board encourages training providers to deliver workshops in regional as well as metropolitan locations.

In addition, we encourage groups of psychologists in regional locations who are interested in supervisor training to contact training providers directly to organise a workshop in their area.

#### Number of participants

A large number of participants completed supervisor training overall. Most workshops had 7-15 participants, although some workshops were conducted by providers with less than seven participants.

Providers did not indicate that there were waiting lists for workshops during the reporting period.

A total of 376 participants passed master class training.

For the full training, 587 participants passed component one, 594 completed component two, and 193 completed component three.

A number of training providers were unable to report full data for component three. This is because component three of the full training can be completed up to three months after component two. Many participants have chosen to undertake component two and three with the same provider, and there were a large number of component two workshops scheduled in the latter half of the year.

In addition, those supervisors who transitioned to Boardapproved status and who are training to maintain their status can choose to complete the full training (in particular, component one or component one and two) in lieu of a master class. For more information, see the  $\underline{\text{Supervision FAQ}}$  on the Board's website.

#### Participant feedback on the training

All 75 workshops were evaluated by participants as good to excellent, with the majority rated as excellent.

Participant feedback highlighted satisfaction with the content of the training, trainer expertise, the reflective nature of the training, the significant learning gained through group role plays and exercises and the positive outcome of collegial interaction and support.

Supervisor training providers indicated that there were no complaints received from participants for any of the workshops. All training providers have complaints handling processes and procedures in place.

#### Decision to postpone 2015 EOI

The Board has previously announced plans to open the application process to apply to become a Board-approved supervisor training provider in the first half of 2015.

The frequency of application rounds (an expression of interest process) depends upon the need for further training providers.

The review of the supervisor training program indicates that there are a sufficient number of workshops and Board-approved training providers for the training needs at this time. Providers are reporting running workshops with low numbers, cancelling workshops due to low enrolments (predominantly in regional areas) and there are no reports of waiting lists. Providers are scheduling more workshops for 2015 than were scheduled in 2014. For these reasons, the Board has decided to postpone the 2015 EOI until there is a clear need for additional workshops or providers.

As mentioned, we encourage groups in regional locations who are interested in training as supervisors to contact training providers directly to organise a workshop in their area.

Future opportunities to apply to become a Board-approved supervisor training provider will be communicated on the website.

# **Board statement on specialist registration**

The Australian Health Workforce Ministerial Council (Ministerial Council) has recently issued guidance to National Boards on the criteria for the approval of specialties for the purposes of specialist registration in a health profession under the National Scheme.<sup>2</sup> This guidance provides clarity as to Ministerial Council's expectations of a National Board when it makes a recommendation to the Ministerial Council under section 13(2) of the National Law. The guidance has been published on AHPRA's website.

<sup>2</sup> The National Registration and Accreditation Scheme.

Currently, there is no specialist registration for psychology in Australia. Instead all psychologists are registered on a single register and advanced qualifications and supervised practice are reflected on the register of practitioners through area of practice endorsement. Increasingly, area of practice endorsement has been used by governments, Medicare and other employers as the mechanism to identify psychologists possessing additional relevant qualifications and who have completed a period of supervised practice.

Since area of practice endorsement arrangements under the National Law protect title (e.g. forensic psychologist), employers, the public and others can have confidence that those advertising themselves using these protected titles have met Board requirements. Unlawful use of protected titles can lead to heavy fines and/or disciplinary action.

In considering the guidance from Ministerial Council, the Board has formed the view that the 'case for action' has yet to be made for submitting the psychology profession and the public to the increased regulatory burden associated with specialist recognition under the National Law. At present, endorsement has provided a legal mechanism within the National Scheme to regulate psychologists with specialist training in a proportionate way without unduly restricting scope of practice.

The guidance makes it clear that approval for specialist registration is a 'regulatory instrument' within the meaning of the <u>Council of Australian Governments Best Practice</u>

<u>Regulation</u>. It requires a robust regulatory assessment process be carried out prior to Ministerial Council decision with oversight by the <u>Office of Best Practice Regulation</u>. Within this process the burden of proof is on the Board, through consultation with the public and profession, to establish that [1] current risks in the profession are not being managed by the current arrangements, and that [2] specialist registration is the appropriate remedy (rather than some other mechanism or process) to control those risks.

It is clear that further debate is required within the profession and the community about the need for specialist registration for psychology. In recognition of the robust assessment process, the profession should progress the debate by focusing on how it might respond to the wide-ranging requirements outlined in Appendix 2 of the guidance.

# Information for Board-approved supervisors

The Board, together with AHPRA, is working on improvements to the online *search for a supervisor*. Some of the aims of the project are to implement:

- a new secure messaging system for contacting supervisors which will remove the need to publish supervisor email addresses
- better search results display, including combining multiple supervision types for individual supervisors into one record per person and removing the current limit of 200 search results, and

a new geographic coding system that will enable users to search surrounding suburbs within a specified distance.

#### What should supervisors do now?

Supervisors should check their principal place of practice (PPP) is correct via the <u>online login for practitioners</u>. The PPP must be a physical suburb (not a post office box) as this information will be used for the new location search option.

The suburb/postcode combination must also be correct.

Supervisors should also go to the <u>online search for a supervisor</u> to check their supervisor email address (if visible) is correct and email us at <u>psych-supervisor@ahpra.gov.</u> <u>au</u> if it needs to be updated. Your supervisor email address will be used for the new messaging system and after the improvements are implemented it will no longer be visible on the website.

If your supervisor email address is currently not visible it is because you have not given permission for it to be published.

The Board anticipates implementing the improvements to search for a supervisor in early May 2015 and will email more information to supervisors after the implementation.

#### Public forum - Darwin

The Psychology Board of Australia continues holding public forums with the next to be held on Thursday, 30 July 2015 in Darwin.

Topics to be covered include public protection, professional standards, national psychology examination, supervision and supervisor training, international psychology competencies, practitioner audit, notifications and complaints management.

Invitations will be sent to all Northern Territory registrants by email in June.

#### National Scheme news

# New approach to international criminal history checks

As of 4 February 2015, National Boards and AHPRA have implemented a new procedure for checking international criminal history to provide greater public protection. This new approach requires <u>certain applicants and practitioners</u> to apply for an international criminal history check from an AHPRA approved supplier. This approach aligns our international criminal history checks [ICHC] with our domestic history checks and aims to be fair and reasonable for practitioners. It also provides the Australian community with greater assurance by implementing additional safeguards to manage risks to the public from someone's international criminal history.

This approach was first announced in November last year, giving prospective applicants three months' notice of the change, and time to understand the new requirements before they take effect.

The new process for checking international criminal history aims to strike a balance between public safety and regulatory burden for practitioners.

For more information, please read the <u>media release</u> on our website.

## Boards and AHPRA strengthen national drug screening

Mandatory hair testing will be routine for all registered health practitioners with substance-related impairment, under a screening protocol to be introduced by AHPRA and the National Boards.

Under the protocol, all health practitioners who have restrictions on their registration linked to past substance abuse will have routine hair testing in addition to urine testing.

Routine hair testing helps provide comprehensive information about the use – over time – of a wide range of drugs (not just based on the practitioner's drug-taking history).

The protocol provides a clear framework across professions for AHPRA's advice to National Boards about the management of registered practitioners with drug-related impairment. It will make sure drug screening in the National Scheme is evidence based, effective and up to date.

National Boards will continue to make decisions about individual practitioners with impairment case by case, based on testing standards set out in the protocol.

The proposed new protocol is published on AHPRA's website on the <u>Monitoring and compliance</u> page.

# Improving monitoring of conditions on practitioner registration

AHPRA has welcomed calls for stringent monitoring and swift detection of breaches in compliance by registered health practitioners with restrictions on their registration.

On 24 March 2015, the Queensland Office of the Health Ombudsman (OHO) published a report recommending a range of initiatives to strengthen monitoring and compliance in Queensland and the National Scheme.

'Regulation is all about managing risk to patients and we welcome all suggestions to help improve our work in public safety,' said AHPRA CEO Martin Fletcher.

These recommendations affirm the sweeping changes we have already initiated to strengthen our compliance and monitoring program.'

AHPRA's detailed response to the OHO and the recommendations in the report is published on the <u>Corporate publications</u> page.

Since July 2014, health complaints management in Queensland for registered health practitioners has involved a partnership between National Boards, AHPRA and the OHO.

Improvements to compliance monitoring add to the overhaul of complaints management in Queensland that started in 2012. Recent initiatives include preparation for stricter drug and alcohol screening announced in February 2015, the appointment of a national compliance manager and stronger national coordination of the compliance function.

For more information, please read the <u>media release</u> on AHPRA's website.

#### Security alert - keep your web browser updated

AHPRA and the National Boards are making changes to our websites to make sure that your information is kept safe.

From early April 2015, anyone using Internet Explorer version 6 (or an older version) to view our websites is likely to experience difficulty accessing our web pages and our online services.

To avoid an interruption to service, we recommend you upgrade to the newest version of Internet Explorer immediately. It is available for free from Microsoft.

If you are using a new version of Internet Explorer and are still having difficulty accessing our sites please contact AHPRA to report your experience:

• Call **1300 419 495** Monday to Friday, 9:00am – 5:00pm (Australian Eastern Standard Time).

If you are using Internet Explorer 6 we recommend you read to the latest <u>security announcement</u> on the AHPRA website.

#### Keep in touch with the Board

Visit our website at <a href="www.psychologyboard.gov.au">www.psychologyboard.gov.au</a> for information on the National Scheme and for the mandatory registration standards, codes, guidelines, policies and fact sheets.

Lodge an enquiry form via the website by following the Enquiries link on the bottom of every page.

For registration enquiries call 1300 419 495 (from within Australia) or +61 3 8708 9001 (for overseas callers).

Address mail correspondence to: Prof. Brin Grenyer, Chair, Psychology Board of Australia, GPO Box 9958, Melbourne VIC 3001.

