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## From the Chair

### The importance of supervision and consultation

When psychologists reflect on the most important components of their training, they often refer to the experience gained from being in supervision as they undertook their first case studies. The good news is that supervision and peer consultation continue across a career. Indeed, one third of mandatory [professional development](#) each year must be peer consultation, defined as 'supervision and consultation 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.' Supervision has had a long history within our field and there is international consensus on its importance for safe best practice.

What does good supervision look like? Contemporary education and research into supervision emphasises the importance of relational and reflective competence. The International Declaration of [Core Competencies in Professional Psychology](#) specifies the competency of reflecting on one's own work, with four key components - evaluating the efficacy of activities and services; reflection on areas to improve practice; reflection on values and beliefs; and validating one's reflections with peers and supervisors. Although didactic approaches may be appropriate to increase knowledge and technical skills, supervision also provides an important opportunity for interactional learning that can include a focus on challenging [relational dynamics](#).

There is a great deal of supervision activity happening across Australia.

The Psychology Board conducted a survey as part of renewing registration in November 2016, with 25,030 generally registered psychologists participating (79 per cent female; 37 per cent with an endorsement; response rate 93.6 per cent). Of those responding, 34 per cent (N=8,543) were Board-approved supervisors. Psychologists were asked to report on their professional activity. We found that an impressive 29 per cent of all psychologists - 7,154 people - were providing some supervision to others for CPD or other purposes during the week studied. Of those registered psychologists providing any supervision, over two-thirds (71 per cent) were Board-approved. As expected, some were specifically helping to train the next generation of psychologists - 3,079 Board-approved supervisors were supporting people studying in 4+2, 5+1, Masters, or registrar programs. The burden of supervision was quite low, with the vast majority (79 per cent) reporting supervising an hour or so a week to a small number of people, although many (23 per cent) were planning to increase their supervision activity in the future, and very few were thinking of decreasing. Two-thirds of psychologists wait more than four years after obtaining general registration before becoming a Board-approved supervisor, meaning that most see the value of first gaining experience in the workplace.

In recognition of the importance of supervision, the Board currently has 17 approved providers of [supervisor training](#). All 17 training organisations provide one-day master classes that are required to be completed every five years for those who are Board-approved, and nine organisations also provide full supervision training required for those who wish to become Board-approved supervisors for the first time. As French philosopher and 1927 Nobel Prize winner Henri-Louis Bergson famously stated, 'The eye sees only what the mind is prepared to comprehend.' The interactive relational space of supervision provides the opportunity to consider new possibilities and perspectives.

**Professor Brin Grenyer**  
Chair, Psychology Board of Australia

## Supervisors with BAS status that expires in mid-2018

Around 8,500 psychologists became Board-approved supervisors (BAS) under the transition arrangements (before July 2013). These supervisors have a BAS-status expiry of 30 June 2018, or are one of the 2,000 (20 per cent) who have already completed refresher training and renewed their BAS status. With the recent workforce survey suggesting that only one-third of Board-approved supervisors are actively supervising, it is possible that the 2,000 who have already renewed represent many of these active supervisors.

If you have a 30 June 2018 BAS-status expiry date and you have not yet completed or enrolled in refresher training, the Board encourages you to do so as soon as possible. You have seven months remaining to meet the deadline. Refresher training can consist of either a Board-approved master class or (at least Part 2 of) full training. You should consider whether introductory or advanced-level training is best for you.

The Board has approved 17 supervisor training providers who are currently offering workshops in various locations across the country, including some videoconferencing offerings for psychologists in rural and remote locations. Providers' contact details and website links are available on the [supervisor training page](#) of the Board's website.

Once you have completed your training, don't forget to apply to maintain your BAS status using the [MBAS-76 form](#) on the Board's website. You will need to attach a copy of your certificate of completion from the training provider. There is no fee for this application and approval will be granted for five years from the date you complete training.

If you do not meet the Board's refresher training requirements, your BAS status will lapse and your name will be removed from the list of Board-approved supervisors. If you wish to reinstate your BAS status you must complete a Board-approved full training program before re-applying. Any supervision provided while you are not a Board-approved supervisor will not be recognised as suitable supervision in the training pathway being undertaken by the supervisee.

### Not sure when your BAS status expires?

You can log into the [supervisor online services portal](#) and check your supervisor expiry date. You can also see which supervisor categories you are approved for and change whether or not you are available to be contacted by potential supervisees (the email address you nominate for receiving messages via the online supervisor search is not linked to the email nominated for communication from the Board/AHPRA). You will need your 10-digit ID number to log in. This is different to your registration number. If you don't know your ID number or password, contact [AHPRA customer service](#).

### Got a supervisor question?

Check out the Board's [Supervisor webpage](#) and the [Supervision FAQ](#). If your question isn't answered here or in [Guidelines for supervisors and supervisor training providers](#), get in touch with the [AHPRA customer service team](#).

## Extension of exemption for higher degree supervisors until 31 December 2018

The Board is extending its exemption from the area of practice endorsement requirement for higher degree supervisors who became Board-approved supervisors before 1 July 2013.

The Board's *Guidelines for supervisors and supervisor training providers* require higher degree placement supervisors to have held endorsement in their relevant area of practice for at least two years. Supervisors who became Board-approved supervisors before the current guidelines started on 1 July 2013 have not needed to meet the endorsement requirement until they apply to maintain supervisor status.

The Board has decided to extend this exemption until **31 December 2018**, while it consults on and implements revised supervisor guidelines. In light of the exemption, the Board has updated its website with the relevant [frequently asked question](#).

This exemption only applies to Board-approved supervisors approved for the higher degree supervisor category on or before 1 July 2013. These supervisors still need to complete refresher training and apply to AHPRA to maintain supervisor status before 30 June 2018 (using the [MBAS-76 form](#)), but they will not need to provide evidence of meeting the endorsement requirement to continue to be approved as a higher degree supervisor until 31 December 2018. Those approved as higher degree supervisors on 1 July 2013 who have already submitted their MBAS form and did not apply for (or were not granted) the higher degree category can apply to add the category through a written request to AHPRA using the [online web enquiry](#).

In accordance with psychologists' obligation to practice within scope of competence, higher degree supervisors are still expected to have the relevant knowledge and experience to provide suitable supervision to students in a pathway to an area of practice endorsement. The Board also expects education providers are meeting the supervision requirements set out in the accreditation standards.

The Board is planning to start public consultation on revised supervisor guidelines in early 2018. The Board considers it appropriate to maintain the status quo while these issues are under review.

## Area of practice endorsement - review

In early 2016, the Board consulted on proposed revisions to the area of practice endorsement registration standard and guidelines. Now that the Australian Psychology Accreditation Council's (APAC) review of the accreditation standards is complete, the Board is restarting work on this review. The Board postponed the review until the standards were finalised as it was keen to ensure the guidelines aligned with the new standards, which for the first time include standards for programs leading to endorsement.

The Board received a large number of submissions, demonstrating significant interest in the areas of practice endorsement by the profession both nationally and internationally. The Board has carefully considered all submissions and thanks stakeholders for taking the time to make a contribution.

The feedback indicates that the Board needs to engage in a larger, more comprehensive review process to define and delineate the competencies related to each area of practice. Such a review will take a significant amount of time and resourcing to plan, research, collaborate with stakeholders on, and implement. The Board recognises this initiative as part of its broader education and training reform agenda.

In the meantime, the Board intends to take more immediate steps to improve the area of practice endorsement registration standard and guideline in accordance with the scope outlined in its 2016 consultation paper. The consultation paper and stakeholder submissions can be reviewed on the Board's website under [Past consultations](#).

The Board will shortly be submitting the revised registration standard to the Australian Health Workforce Ministerial Council. Once this is approved, the Board will be able to finalise the revised standard and guideline. The Board will consider the submissions it has received in this review in scoping the next major review of area of practice endorsements.

## Making contingency plans for your psychology practice - planning for adversity and its ethical and professional implications

Mishaps leading to temporary or permanent incapacity or death can befall any of us at any moment. We are all familiar with the impact such an unexpected event could have on our intimate family and friends, and we try to deal with some of the consequences by making advance directives or wills that indicate who should take care of us and/or our personal affairs if we are incapable of doing so. We might, however, find it difficult to contemplate the possible impact our unexpected unavailability might have on our clients.

Some of them might experience feelings of shock, grief and even abandonment when they unexpectedly lose the support of a psychologist. Others might experience acute fear in anticipation that others might have access to the information captured in their files. A psychologist's unavailability might create a significant crisis for clients who have formed a strong attachment to their psychologist, who experience strong emotions or are otherwise vulnerable.

Somebody must inform these and other clients that their psychologist is not available and what will happen to their files, and assist them with their decision whether to make use of the services of other psychologists. Family members will generally not be competent to assist and the strong emotions and uncertainties they experience will make it difficult, if not impossible, for them to deal with the needs of clients. Administrative staff members might be competent to assist to a point, but even they might be experiencing such strong emotions and feel so uncertain about their own future that they might not be able to assist clients, especially those who are vulnerable. The appointment of legally authorised people such as guardians and executors of wills often takes time and their tasks are usually administrative and legal and do not include dealing with psychologists' clients, especially not those who might experience crises.

### What you can do to minimise the risks

Psychologists' circumstances differ, but in some states and territories there is legislation that prescribes what you should do to minimise the risks your temporary or permanent unavailability might create for your clients (for example, [Health Records Act. \(2001\). \(Vic\)](#)).

All psychologists, however, have an ethical duty to identify the risks their unexpected indisposition or death might create for their clients and develop contingency plans to deal with those risks. Psychologists usually nominate other psychologists to act as custodians of their client files and other confidential information and to assist their clients if they become indisposed or die. You can document these arrangements in contingency plans (sometimes incorrectly called professional wills) that can form part of your will. There are detailed resources to help you: for example, the Australian Psychological Society (APS) has published a [contingency plan checklist](#) and [guidelines](#) on what to do after the death of a psychologist.

## Renew registration online now

The Board has launched its 2017 renewal of registration campaign for psychologists and AHPRA has sent email reminders to psychologists who have provided an email address.

Act now and update your information if your contact details have changed, to not miss future reminders to renew. To update your contact details visit the Board's website and use the appropriate link under [Access online services](#). A user ID and secure password is necessary. If you have forgotten your

user ID you can complete a web enquiry form. Select [Online services - Practitioner](#) as the category type.

The registration renewal date for psychologists with general or non-practising registration is 30 November 2017. The quickest and easiest way to renew registration is [online](#).

Renewal applications received during December will incur a late payment fee.

Under the National Law<sup>1</sup> practitioners who do not renew their registration within one month of their registration expiry date must be removed from the [Register of Psychologists](#). Their registration will lapse and they will not be able to practise psychology in Australia. A fast-track application can be made, only during January. The practitioner cannot practise until the application is processed and the register is updated.

You should read the Board's [registration standards](#) carefully before applying to renew, as information in support of declarations made in an application could be requested.

A [renewal FAQ](#) is available on the Board's website.

## National Scheme news

### Legislative changes passed to establish a new National Board for paramedicine and provide stronger protection for the public

The *Health Practitioner Regulation National Law and Other Legislation Amendment Bill 2017* has been passed by the Queensland Parliament and has received royal assent. This Bill contains amendments to the National Law that will apply in all states and territories except Western Australia (South Australia also needs to make a regulation to give effect to the amendments). The Legislative Assembly of the Parliament of Western Australia has also passed a corresponding amendment Bill (the *Health Practitioner Regulation National Law (WA) Amendment Bill 2017*) which will now be considered by the Legislative Council.

The passing of the Bill in Queensland marks a significant day for health practitioner regulation as these are the first legislative amendments to the National Law since the start of the National Scheme<sup>2</sup> in 2010. The changes to the National Law will enable the Paramedicine Board of Australia to be established with the appointment of inaugural board members by health ministers in the near future. Also, new measures that strengthen public protection will be introduced and there will be formal recognition of nursing and midwifery as two separate professions regulated by the Nursing and Midwifery Board of Australia (NMBA).

The amendments include:

- **Introduction of national regulation of paramedics:** This will mean the establishment of the Paramedicine Board of

Australia, with national registration of paramedics expected to begin in the second half of 2018.

- **Recognising nursing and midwifery as separate professions:** The National Law will be updated to recognise the two professions as separate. The structure of the NMBA will remain the same as will how nurses and midwives interact with the Board.
- **Changes to strengthen the management of complaints (notifications) and disciplinary enforcement powers of AHPRA and National Boards, including:**
  - a. **Provision of practice information:** A National Board may require a health practitioner to provide details of their practice arrangements, regardless of how they are engaged to practise. This will mean health practitioners that practise in multiple locations or under different employment; contractual or voluntary arrangements will be required under law to provide this information to their National Board when asked to do so.
  - b. **Public interest grounds for immediate action:** Broadening the grounds by which a National Board may take immediate action against a health practitioner or student if it reasonably believes it is in the public interest.
  - c. **Extension of prohibition order powers:** A responsible tribunal may issue a prohibition order to prohibit a person from providing any type of health service or using any protected or specified title. A breach of a prohibition order in any state or territory will also become an offence with a maximum penalty of \$30,000.
  - d. **Communication with notifiers:** This change will improve communication for people who make a complaint or report a concern to AHPRA and National Boards (notifiers) about a registered health practitioner's health, performance or conduct. National Boards will now have the discretion to inform notifiers of a greater range of actions taken by the National Board in response to their complaint or concern and the reasons for their actions.
- **Additional powers for the COAG Health Council (formerly operating as the Australian Health Workforce Ministerial Council) to change the structure of National Boards:** This means that health ministers may make changes to the structure and composition of the National Boards by regulation following consultation. There are no current proposals to change the structure of National Boards.

Decisions about proposed amendments to the National Law are made by health ministers and the governments of all states and territories, with the changes progressed through the Queensland Parliament (as the host jurisdiction of the National Law), and the Western Australian Parliament. AHPRA will work with National Boards, governments, health departments, professions and consumer representatives to support the implementation of the changes to the National Law into daily operations.

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

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

While the Queensland Bill has received royal assent, starting dates of many of the changes to the National Law are likely to be staggered over the coming months.

The *Health Practitioner Regulation and National Law and Other Legislation Amendment Act 2017* can be accessed on the [Queensland Parliament website](#).

For more information on the regulation of paramedics under the National Scheme, see the [AHPRA website](#).

### Co-Chairs announced to help lead the way for the first ever National Scheme Aboriginal and Torres Strait Islander health strategy

The National Scheme is pleased to announce the appointment of co-Chairs for the Aboriginal and Torres Strait Islander Health Strategy Group.

Associate Professor Gregory Phillips, CEO of ABSTARR Consulting, and Dr Joanna Flynn AM, Chair of the Medical Board of Australia, have been appointed as co-Chairs of the group.

The strategy group has been brought together to develop the National Scheme's first ever Aboriginal and Torres Strait Islander health strategy.

AHPRA, the 14 National Boards responsible for regulating the health professions, accreditation authorities and Aboriginal and Torres Strait Islander health sector leaders and organisations have committed to an Aboriginal and Torres Strait Islander health strategy with this vision: 'Patient safety for Aboriginal and Torres Strait Islander peoples in Australia's health system is the norm, as defined by Aboriginal and Torres Strait Islander peoples.'

Associate Professor Gregory Phillips was nominated by Aboriginal and Torres Strait Islander health sector leaders and organisations to be co-Chair. Gregory Phillips is from the Waanyi and Jaru peoples, and comes from Cloncurry and Mount Isa in North-West Queensland. Dr Joanna Flynn was nominated by leaders of the National Scheme to be co-Chair.

Associate Professor Gregory Phillips and Dr Flynn agree that partnerships are fundamental in this work.

'With more than 700,000 Australians registered by the National Boards and a commitment from Aboriginal and Torres Strait Islander leaders and the National Scheme to work collaboratively there is a unique opportunity for real change to the health outcomes of all Australians,' Associate Professor Phillips said.

'We are grateful for the strong relationships we have with our partners in this work, particularly the expert guidance we have received from Aboriginal and Torres Strait Islander health sector leaders. This work cannot be done with National Boards acting in isolation and I am looking forward to making this new strategy a reality through my role as co-Chair,' Dr Flynn said.

### National Boards approve policy for removing reprimands from the national register

A policy to ensure consistent removal of reprimands from the national register of practitioners has been approved by all National Boards.

Reprimands on a practitioner's registration can be imposed under the National Law by a performance or professional standards panel, professional standards committee (New South Wales), and a relevant tribunal or court.

The policy will ensure that reprimands are removed from the [national register](#) in a consistent and effective way. It also allows for the removal of reprimands imposed under previous legislation to be considered on an individual basis, consistent with removal powers under that legislation.

A reprimand imposed under the National Law will be removed from the national register on the publication end date set by the relevant panel, committee, court or tribunal. Where a panel or tribunal has not set a publication end date, or where the reprimand was imposed under previous legislation, the reprimand will be removed no earlier than five years from the date of initial publication.

This is subject to:

- the practitioner making an application for removal of the reprimand
- no relevant event having occurred in the five-year period of publication of the reprimand, and
- legal advice confirming the power to remove a reprimand imposed under previous legislation.

A relevant event is any health, performance or conduct notification, action taken against the practitioner in relation to an adverse disclosure on renewal of registration, new information returned on a criminal history check or a confirmed breach of restrictions. It also includes when action has been taken against a practitioner regarding their conduct, health or performance. New notifications, irrespective of whether action was taken, will also be taken into account if an application for removal of a reprimand is received after the five-year period of publication.

The policy took effect from 2 October 2017 and will be reviewed annually. An application form for removal of a reprimand from the national register is published under [Common forms](#) on the AHPRA website.

### Health Council meeting updates: progress of amendments to the National Law

In the last newsletter, we reported on work on National Law amendments by the federal and state and territory health ministers at their 4 August 2017 meeting at the [COAG Health Council](#) (the Council) in Brisbane. Among other matters, health ministers discussed mandatory reporting requirements for treating health practitioners, agreeing that protecting the public from harm is of paramount importance, as is supporting

practitioners to seek help and treatment for their health concerns, including for their mental health and wellbeing. They agreed practitioners should be able to confidentially seek treatment for health issues while preserving the requirement for patient safety. Ministers decided that consumer and practitioner groups would be consulted to enable health ministers to further consider a nationally consistent approach to mandatory reporting at their meeting in November.

On 19 October 2017 the Council announced the establishment of the inaugural Paramedicine Board of Australia with the first appointments of the Chair, practitioner and community members. The new Board members will work with AHPRA over the next 12 months to transition the paramedicine profession to national registration under the National Scheme.

The most recent meeting of the Council took place in Canberra on 3 November 2017 and the discussion covered possible amendments to the National Law on mandatory reporting. The meeting made considerable progress towards consensus on a national approach to mandatory reporting, and health ministers agreed to work towards a national approach.

The Council issues a communiqué from its meeting which can be accessed on its [website](#).

### Update on the Independent Accreditation Systems Review

In October 2016, federal and state and territory health ministers commissioned Professor Michael Woods, former Productivity Commissioner, to carry out the Independent Accreditation Systems Review (the Review). Following public consultations Professor Woods has prepared [draft recommendations](#) for ministers. Many of the reforms in his draft report would, in their current form, require significant changes to our legislation and how we manage the accreditation of courses leading to registration as well as assessment of internationally qualified practitioners.

In response to the draft recommendations, AHPRA and National Boards have published a joint submission to the Review on the [AHPRA website](#). In summary we propose that a more effective and efficient approach would be to make changes to roles of AHPRA, National Boards and Accreditation Councils, rather than create new regulatory bodies with the likely cost and complexity this could create. We believe that this would deliver the changes required to support the professional health workforce required by Australia.

The joint submission includes additional responses from four participating National Boards - Chiropractic, Medical,

Optometry and Psychology. The Pharmacy Board made a separate [submission](#) and has published this on their [website](#).

AHPRA and National Boards look forward to the Review's final report and health ministers' response in due course. A news item including a high-level summary of key aspects of the joint submission has been published on the [AHPRA website](#).

### Keep in touch with the Board

- Visit our website at [www.psychologyboard.gov.au](http://www.psychologyboard.gov.au) 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.

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