



# Review of registration standard and guidelines for area of practice endorsement

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November 2019

Consultation Report

## Executive Summary

The Psychology Board of Australia (Board) has completed its first scheduled review of the *Registration standard for area of practice endorsements* (AoPE registration standard) and the *Guidelines for area of practice endorsements* (AoPE guidelines). Under the [National Law](#)<sup>1</sup>, the Board's functions include developing psychology registration standards for approval by the [COAG Health Council](#) and developing guidelines for psychologists. The Board undertakes scheduled reviews of its registration standards and guidelines generally every five years.

This report describes the consultation process, summarises the feedback received from the public consultation, and outlines next steps.

AoPE for the psychology profession was introduced in the first AoPE registration standard, [approved](#) by Health Ministers and effective from the commencement of the National Scheme<sup>2</sup> in mid-2010. Ministers later approved two additional areas of practice and the AoPE registration standard was updated accordingly, with the revised version effective March 2011. The AoPE guidelines, effective July 2011, were developed to support the AoPE registration standard by providing guidance to those undertaking a registrar program to obtain an endorsement and their supervisors, as well as guidance for psychologists who hold an endorsement.

Public consultation on revised versions of the AoPE registration standard and guidelines took place in early 2016 and again late 2018, with the review placed on hold for a period of time in between while a review of the [Accreditation Standards for Psychology Programs](#) was finalised.

Stakeholders were generally supportive of the Board's proposed changes to the AoPE registration standard and guidelines, with the majority supporting the new stand-alone pathway to endorsement and reducing registrar program requirements (for a summary of the changes, read the Board's [fact sheet](#)). The Board received many submissions on other matters, including suggestions to improve, reduce or remove the registrar program; proposed amendments to the AoPE competencies; suggestions to add AoPEs; suggestions to reduce the number of AoPEs (e.g. by consolidating existing ones); and suggestions to remove all AoPEs in favour of general registration. A large amount of consultation feedback addressed matters outside the scope of the Board's role.

While stakeholder views do influence final outcomes, the Board's paramount objective under the National Law is the health and safety of the public. The content of registration standards and guidelines, as well as the use of Board resources, must reflect this and the Board's other objectives under National Law. With every consultation, the Board carefully considers all submissions including contradictory feedback and determines what feedback is within scope of this review and what is aligned with the objectives of the National Law. The Board also needs to decide what feedback to action now and what to action later, considering the Board's current priorities, resources, and broader National Scheme considerations.

This review of the AoPE registration standard and guidelines was a scheduled review and was targeted in scope. Separate to this review, the Board has started a comprehensive program of work to ensure that general registration and AoPE are both being used effectively to promote safe practice and community access to effective psychology services. The focus will be on clearly defining the competencies for general registration and areas of practice endorsement and aligning them more effectively with our registration categories and training pathways. Feedback received during this consultation, including that the competencies are not contemporary and need revision, will be considered in the context of this broader review. For more information on the Board's education and training reform program of work see our [professional practice issues](#) webpage.

The draft AoPE registration standard was sent to the COAG Health Council for its consideration and approved on 30 September 2019.

The Board sincerely thanks stakeholders for their feedback about the current and future AoPE arrangements for psychology in the National Scheme.

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<sup>1</sup> Health Practitioner Regulation National Law, as in force of each state and territory (the National Law).

<sup>2</sup> National Registration and Accreditation Scheme (the National Scheme).

## Introduction

Area of practice endorsement (AoPE) is a legal mechanism under section 98 of the National Law which enables a notation to be included on the public [Register of Practitioners](#).<sup>3</sup> This notation identifies health practitioners who have completed a qualification and supervised practice in an approved area of practice.

Health Ministers have approved nine areas of practice for which the Psychology Board of Australia (Board) may endorse a psychologist's registration. The Board specifies the requirements for AoPE in its *Registration standard for area of practice endorsements* (AoPE registration standard), which are consistent with the overarching endorsement requirements established by the National Law. The Board's *Guidelines on area of practice endorsements* (AoPE guidelines) further detail the requirements and contain specific information for psychologists with an AoPE or those undertaking a registrar program to obtain an AoPE.

The Board undertakes reviews of all registration standards and guidelines, generally every five years. The Board must conduct public consultation before making any changes to these documents. Changes to registration standards must be approved by the Ministerial Council before they can be implemented.

## Consultation process

The Board commenced a review of the AoPE registration standard and guidelines in 2015, with a public consultation on a draft AoPE registration standard and AoPE guidelines open from 11 January 2016 to 4 March 2016. After this consultation, the review was placed on hold while a review of the psychology accreditation standards was completed. The new *Accreditation Standards for Psychology Programs* were finalised and [published](#) in late 2017, and the Board then recommenced its review of the AoPE standard and guidelines. The Board proposed further changes to the draft revised AoPE registration standard, predominantly to align the AoPE qualification requirements with the new accreditation standards. The Board conducted a second public consultation on the updated draft AoPE registration standard from 12 October 2018 to 7 December 2018.

Both consultations were announced on the Board's [news page](#), in the monthly communiqué and/or quarterly newsletter (published [online](#) and sent to registrants), and directly advised via email to AHPRA's common stakeholders and the Board's profession-specific stakeholders. The Board invited feedback from psychologists, health and industry stakeholders, and the community. The communications explained how stakeholders could participate in the consultation and included a link to the consultation documents on the Board's public consultation webpage.

The 2016 and 2018 consultation papers and public submissions can be found on the Board's [past consultations](#) page.

The draft AoPE registration standard was sent to the COAG Health Council for its consideration and was approved on 30 September 2019. The approval letter has been [published](#) on the Board's website.

## Overview of responses

There was a high response rate to both consultation processes, with 133 written submissions received during the 2016 consultation and 52 submissions received during the 2018 consultation.

A range of different stakeholders provided feedback including professional associations, education providers, jurisdictions (Commonwealth and state/territory health departments), and psychologists.

## Summary of themes

Stakeholder submissions that directly addressed the proposed revisions to the AoPE registration standard and AoPE guidelines were generally supportive of the changes.

Other consultation feedback from both the 2016 and 2018 consultation processes can be classified into the following themes:

- Submissions supporting or raising concerns with the recognition of stand-alone programs in the AoPE registration standard, and other comments and queries related to stand-alone programs more broadly

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<sup>3</sup> There are 16 health professions regulated under the National Law, although only some of them use the endorsement mechanisms provided for in the legislation.

- Comments supporting or querying the proposed changes to the registrar program, and other comments relating to the registrar program more broadly
- Comments about the AoPE competencies in the AoPE guidelines
- Comments and suggestions related more broadly to the use of the AoPE mechanism in psychology, and other comments regarding matters outside the Board's remit.
- Other comments relating to issues within the scope of this review.

A summary of submissions grouped under these key themes is provided in the table below, accompanied by comments from the Board. The Board has taken this approach in its consultation report because many submissions often indicated misunderstanding of the Board's role, and of what AoPE is and is not. In seeking to clarify these misunderstandings, the Board has commented on consultation feedback that was within and outside the scope of this review and identified where feedback is outside the remit of the Board.

Themes from submissions	Board comment
<a href="#">Comments about stand-alone programs:</a>	
General support for stand-alone programs (one-year bridging qualification for generally registered psychologists to gain an AoPE).	Stand-alone programs are already permitted under the new APAC accreditation standards, which were approved by the Board in 2017. APAC consulted with stakeholders when developing these standards and the Board was not re-consulting on these issues. All AoPE qualifications must be AQF Masters-level and meet the Level 4 competencies in the <a href="#">accreditation standards</a> .
Concerns that stand-alone programs will not offer the same standard of training as existing postgraduate AoPE programs.	
Concerns the new stand-alone programs are too long.  Queries about the process for recognition of prior learning.	Higher education providers assess prior learning and experience and decide whether to grant credit toward a stand-alone program in accordance with their own policy for recognition of prior learning. These policies must be consistent with the psychology accreditation standards and broader tertiary education regulatory <a href="#">requirements</a> . The Board does not regulate these decisions.
Concerns that psychologists who qualified more than 10 years ago will not be able to enrol in stand-alone programs.	Higher education providers set course entry requirements in accordance with the accreditation standards and broader tertiary education regulatory <a href="#">requirements</a> . Individual providers may apply stricter rules than others regarding recency of prerequisite qualifications, particularly for highly competitive programs. The Board does not regulate these decisions.
A misunderstanding that these changes meant that psychologists were going to be forced to retrain, e.g. "4+2 psychologists will be unemployed overnight if this comes into effect" / "I will need to change careers".	The Board is not making area of practice endorsement compulsory or requiring psychologists to undertake further training or bridging courses. The Board is recognising a new, shorter pathway for generally registered psychologists to obtain an endorsement, should they wish to.
Concerns that stand-alone programs will be impractical for rural practitioners. Suggest they be made available for remote study.	The accreditation standards do not prevent higher education providers from developing online stand-alone programs. Registrar program supervision does not need to be face-to-face.
Concern that popularity of stand-alone programs will result in a shortage of registrar program supervisors. The Board should plan additional supervisor courses.	There are enough Board-approved registrar program supervisors across Australia. Although psychologists with endorsement account for 39% of generally registered psychologists, registrar program supervisors account for 66% of all Board-approved supervisors (see Board <a href="#">statistics</a> ). The Board approved 16 <a href="#">supervisor training providers</a> for the 2019–2023 period. Current feedback from providers is that training supply is substantially exceeding demand, with many workshops being cancelled due to low or nil enrolments.

Themes from submissions	Board comment
<a href="#">Comments about the registrar program:</a>	
Contradictory views on whether the registrar program should be 3,000 hours or less following a stand-alone program.	The Board is reviewing registrar program duration and associated requirements as part of its broader work on psychology <a href="#">education and training reform</a> .
Arguments that prior work experience reduces the need for a registrar program.	The registrar program must follow the qualification, as the program is designed to build on the knowledge and skills gained during the qualification.
Support for removing the five-year timeframe for registrar program completion, and for added flexibility to vary frequency and duration of supervision as appropriate.	Noted.
Allowing the supervisor to vary the frequency of supervision over the course of the program may not be in the best interests of the public receiving psychological services or the psychologist-in-training.	This flexibility will allow supervisors to set more frequent supervision at the beginning of the registrar program and less toward the end. Registrars have already met the requirements for general registration and are completing an optional registrar program for endorsement, which is different to provisional registrants who are required under the National Law to practice under supervision.
<a href="#">Comments about AoPE competencies:</a>	
Suggestions for amendments to the competencies for almost every AoPE.	The Board recognises that the AoPE competencies are outdated. The Board has commenced the next phase of its education and training reform agenda which will review general registration and AoPE, including competencies for both, to ensure they are being used effectively and meeting the objectives of the National Law. This is a multi-year program of work. Submissions received in the 2016 and 2018 AoPE consultations have been logged for consideration in this broader review.
Competences do not align with new accreditation standards.	
<a href="#">Broader comments about AoPE:</a>	
<p>Contradictory suggestions relating to the use of AoPE in psychology, including:</p> <ul style="list-style-type: none"> <li>• Retain the current nine AoPEs</li> <li>• Consolidate some AoPEs</li> <li>• Add new AoPEs</li> <li>• Remove all AoPEs and just use general registration.</li> </ul>	<p>Many submissions contained comments which reflected a misunderstanding of the legal mechanism of AoPE and its regulatory purpose. The Board has published answers to <a href="#">Frequently Asked Questions</a> to help clarify these misconceptions.</p> <p>In approving the Board's proposal to introduce AoPE in 2010/11, Ministerial Council agreed that there is public benefit in access to psychologists who have additional formal education and training in those nine areas of practice. The AoPE mechanism allows the public to identify, through a notation on the <a href="#">public register</a>, practitioners that have completed a Board-approved postgraduate qualification and supervised practice in the area of practice that is over and above the minimum education and training required for general registration. The notation communicates to clients, employers, referrers and others that the practitioner has Board-endorsed competency in that area of practice, facilitating informed decision-making.</p> <p>See above comments about the next phase of the Board's education and training reform agenda, where general registration and AoPE are being reviewed to ensure continued effectiveness. The issues raised in</p>
Registration as a psychologist is an unrestricted license to practice. AoPE does not offer any community benefit: It restricts consumer choice and competition among practitioners and does not protect the public above the code of ethics' requirement to practice within scope of competence.	

Themes from submissions	Board comment
	these submissions have been logged for consideration as part of this broader review.
There is no evidence that Masters/Doctoral level studies result in better client outcomes	As outlined directly above, AoPE is a notation on the register indicating the practitioner has completed an approved qualification and supervised practice in an area of practice. The National Law restricts the use of protected titles but does not establish practice restrictions for the psychology profession. The only practice limitations relate to the knowledge and skills of individual psychologists and the obligation to practice within one's own scope of competence.  The Board has no role in determining or influencing the funding policies of Medicare and other agencies (e.g. Centrelink, NDIS, DVA, private health insurers). Similarly, the Board is not involved in recruitment or remuneration policies of health departments/employers. Concerns about these policies/decisions should be directed to the relevant organisations.  Through its education and training reform work, detailed above, the Board is reviewing the competencies for AoPE and for general registration to ensure alignment with training pathways and effectiveness in protecting the health and safety of the public.  As an outcome of the current consultation feedback, the Board is seeking to better communicate what AoPE is and what it is not, and how it relates to the broader regulatory remit of the Board. The Board has answered a set of <a href="#">frequently asked questions</a> to address common AoPE misconceptions.
Referrers, employers and the public believe AoPE confers specialist standing which it does not. AoPE has resulted in practice restrictions and 'discriminatory' recruitment practices/salary scales with no evidence to substantiate these beliefs or practices.	
I am not allowed to diagnose/treat complex conditions, even though I am trained to do so, as I am not a clinical psychologist.	
Abolish the two-tier Medicare system that 'privileges' clinical psychologists [i.e. provides their clients a larger rebate].	
The Board should address misinformation about competency deficits of non-endorsed psychologists.	
The Board should also act in instances where organisations advocate for one division of psychology at the expense of another.	This is not the Board's role. The Board's role – prescribed by the National Law – is to regulate individual practitioners in the interests of the public. It does this by registering appropriately qualified psychologists and responding to concerns raised about the health, performance, or conduct of a registered psychologist. Professional associations have a role in engaging with the public and advocating for the profession or groups within the profession.
AoPEs should be based on demonstrated competence, skills, expertise and knowledge rather than qualifications.  There should be a competency-based assessment such as an exam for AoPE, instead of a bridging program.	The granting of endorsement is not a discretionary function of a Board, it is a legal mechanism. Psychology is one of 16 health professions regulated under the <a href="#">National Scheme</a> . A fundamental aspect of this scheme is the <i>accreditation</i> of programs of study that lead to registration, including provisional, general, and endorsement. Accredited programs have measurable competencies and have been assessed as meeting comprehensive standards. Other courses, workshops, etc. are not equivalent as the accreditation mechanism has not been applied. These other qualifications/ experience can be recognised in ways outside the scope of the National Law, as they are in professions that don't use the AoPE mechanism (e.g. post-nominals, CVs, online bios/advertising). Anything that enhances competence will be reflected in quality of practice, outcomes for clients, professional reputation, referrals/ability to attract clients, etc.
Arguments that one or more of the following should be accepted as evidence of competence and recognised for AoPE:  <ul style="list-style-type: none"> <li>• peer supervision,</li> <li>• non-accredited tertiary qualifications,</li> <li>• professional development activities and courses/workshops with non-university training providers,</li> <li>• work experience in the area, and/or</li> </ul>	

Themes from submissions	Board comment
<ul style="list-style-type: none"> <li>the fact that I train other psychologists/ am a Board-approved supervisor.</li> </ul>	<p>If the Board introduced an exam for AoPE, this would be in addition to the accredited qualification requirement.</p> <p>See above comments regarding recognition of prior learning for accredited stand-alone programs.</p>
<p>Various concerns about the AoPE transition arrangements, which the Board put in place for three years following the introduction of AoPE in 2010.</p>	<p>After consulting with the profession, the Board decided to implement AoPE grandfathering arrangements in the interests of fairness to the existing psychology workforce and to ensure supply of registrar supervisors. The AoPE transition provisions were transparent and operational for a long time. They included all mechanisms existing at the time that recognised expertise in an area of practice:</p> <ul style="list-style-type: none"> <li>Specialist registrants from WA were transitioned to the relevant AoPE</li> <li>Members of the APS Colleges were transitioned to the relevant AoPE after giving the APS permission to share their details with the Board</li> <li>Those undertaking an Individual Bridging Plan for entry into one of the APS Colleges had additional time to complete their plan and apply for AoPE</li> <li>Psychologists recognised by Medicare as providing clinical psychology services were transitioned to the clinical AoPE</li> <li>Specific transition provisions for those enrolled in a higher degree on 1 June 2010.</li> </ul> <p>The arrangements are akin to those applied during the transition from state-based to national registration. The Board transitioned psychologists previously registered with a state Board, and they remain entitled to registration regardless of any changes to the general registration standard over time.</p>
<p><b>Other in-scope:</b></p>	
<p>Suggestions that the Board implement recency of practice requirements for AoPE.</p>	<p>The Board has determined that its recency of practice requirements for general registration, combined with the obligation for all psychologists to practice within their scope of competence (required by the Board-endorsed code of ethics), sufficiently manages regulatory risk.</p>
<p>Concern about removal of transition provisions for students who were enrolled in an accredited Doctoral degree in 2010 and are yet to complete that degree.</p>	<p>These transition provisions will still apply but given that most students who started their doctoral work 10 years ago have completed their program, the policy has limited applicability. The Board is removing the provisions from the guidelines but they remain published on our <a href="#">website</a>.</p>
<p>Mixed views on whether the Board should continue to require endorsed psychologists to complete the majority of CPD in their area of practice.</p>	<p>The revised AoPE guidelines provide general guidance on a psychologists' responsibility to maintain competence in their area of practice. Specific requirements are set out in the Board's <a href="#">CPD guidelines</a>.</p>
<p>We request an explanation of how the new standard will allow the Board to efficiently and effectively respond to changes in psychology education and training.</p>	<p>With qualification nomenclature and registrar program requirements in the guidelines instead of the standard, it is easier and quicker to adjust requirements as Ministerial approval is not required for revisions to guidelines (a public consultation process is still required).</p>

## Conclusion

Stakeholder submissions that directly addressed the proposed revisions to the AoPE registration standard and AoPE guidelines were generally supportive of the changes, including the recognition of the new stand-alone pathway to endorsement and reduction of registrar program requirements (to find out more about the finalised changes, read the Board's [fact sheet](#)).

Many submissions received in the 2016 and 2018 consultations addressed issues that, while outside the scope of this review, are important for informing the Board's broader education and training reform agenda. Feedback received during this consultation, including that the competencies are not contemporary and need revision, has been deferred for consideration in the context of this broader review.

Submissions highlighted that there are a range of views within the profession about key issues relating to area of practice endorsement, and a lot of misunderstandings about the Board's role in relation to these issues. As an outcome of this consultation process, the Board is seeking to better communicate with the profession what AoPE is and what it is not, and how it relates to the broader regulatory remit of the Board.

## Next steps

The new AoPE registration standard and guidelines take effect from 1 December 2019.

Current registrars and registrar program supervisors should familiarise themselves with the new AoPE guidelines. Those interested in undertaking an education and training pathway to AoPE will be interested in understanding the updates to the AoPE registration standard and AoPE guidelines. The Board has published a [fact sheet](#) summarising the key changes between the new documents and the previous versions.

The Board has commenced the next phase of its education and training reform work, focusing on more effectively aligning psychology training with registration categories and ensuring that general registration and AoPE are being used effectively under the National Law. The Board is aiming to ensure there is sufficient supply and access to suitably trained psychologists for the current and future needs of the Australian community. This is a multi-year program of work which will, as always, involve wide-ranging consultation. Given the Board's paramount objective is to protect the health and safety of the public, the views and interests of stakeholders from within and outside the profession will be relevant. The Board will keep our [professional practice issues](#) webpage updated with information as this work progresses.

The Psychology Board of Australia sincerely thanks all those who contributed to this review of the AoPE registration standard and AoPE guidelines and provided valuable feedback on current and future issues.