

**NATIONAL REGISTRATION AND ACCREDITATION SCHEME
FOR THE HEALTH PROFESSIONS**

**APS Response to the
Consultation Paper on**

Proposed Arrangements for Specialists

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General Comments

1 There appears to be at least three options with regard to specialist endorsement: decline to seek such endorsement for specialists, seek the endorsement as set out below, or provide annotation against the names of registered practitioners. It would seem that the latter two would be distinguished by there being a separate register of specialists where *endorsement* exists and therefore specified under regulations, whereas *annotation* is less formal and would merely be additional and relevant information recorded against the individual on the standard record of registration, such as possessing a formal post graduate qualification in related areas of professional practice. The first option of declining the endorsement route would leave a profession with the freedom to set and develop quality standards reflective of contemporary practice and new initiatives independent of Government processes and procedures.

Given these options, it still seems rather incongruous that there needs to be a protection of title by law for some professions. This seems either preferential in nature (politically opportunistic) or a bureaucratic focus on physical health practices. Either we all need protection by law or none do. Why is the endorsement process with the regulation powers of the Board to discipline both professionals and pretending-professionals not sufficient?

2 There are repeated attempts to ascribe tasks and responsibilities to the national Boards and their subcommittees (eg Standards, Point a; continuing competency standards, Points f, g and h). The costs associated with managing continuing competence, specialist endorsement or CPD are not clearly defined, understood or fully evaluated. Currently, CPD of both registered and specialist psychologists, is managed by the professional Society, provided in many cases by voluntary groups, and monitored at costs borne by Society members. It is very worrying to transfer these functions, and others, casually to the national Accreditation committees which will already be labouring under the burdensome costs of course accreditation and the impost of previously voluntary work now having to be paid for.

This APS has repeatedly asked for considerations of costs of the new national registration and accreditation procedures to be more seriously investigated. The need for the Implementation Group to take more seriously the implications of costs to registrants of the proposed initiative is now becoming both urgent and vital. It is not sufficient to plead serious difficulties. Other Governmental bodies have attempted this in association with new legislation (as was done for the presentation of the Regulated Health Professions Act, 1991, to the Queensland Parliament).

3 The categories of registration provided in the document in connection with specialist arrangements fail to address two issues of continuing concern: the appeal process for de-registered practitioners and the definition of non-practising registration. Both are relevant again with specialist registration as with standard registration. The concern with the appeal process is about the earlier established requirements that imposed a limitation on appealing on matters of law (referred to in an earlier submission on Registration Arrangements); the problem with non-practising is the risk that it might be misused to resolve the registration dilemma for practitioners working in non-health areas but who will be necessarily subsumed under this Act.

Comments on Specific Amendments by Summary Points

Specialist endorsement

- a. *Specialist endorsement should only be available for a profession where a profession-specific accreditation standard for specialist training in that profession has been approved by the Ministerial Council following recommendation by the relevant board and at least one training program has been approved by the board's accreditation body or committee in accordance with those standards. The development of these standards will be undertaken by the accrediting body or committee.*

Comment on Point a.

In principle the APS endorses this proposal but raises some issues for consideration.

If a profession seeks to follow the path of specialist endorsement and the standard agreed to by the Ministerial Council is based on the accreditation of a training program, this logically leads to the conclusion that the only acceptable classification for a specialist title is graduation from an accredited course. This would certainly make for a simpler selection and approval process as long as there were grandfather clauses for currently endorsed specialists whose endorsement preceded the existence of such postgraduate courses. However, for the psychology profession, it would lower the standards compared with current arrangements instituted by APS professional Colleges where post-training supervised experience and/or CPD is required before membership of a specialist college is endorsed. It should also be pointed out that the Colleges allow and manage rigorous but alternative routes to membership and therefore specialist endorsements. So this proposed arrangement dependent only on accredited courses would significantly decrease access to career progression of individuals, as they can only have their specialties recognised through one process. This poses serious blockages to workforce development and deployment.

What it also may mean is that the role of such Colleges in approving membership for specialist Colleges would change. The loss of expertise, pro-bono professional good will and the subsequent lowering of standards need to be carefully considered. This proposal would also create problems for the Western Australian registered psychologists whose standards for specialist endorsement are even higher, requiring greater post training supervised experience. Therefore it needs to be recognised that although the precise process will be a matter for the profession-specific Board, the impact on standards and current profession processes will be significantly affected as a consequence of this proposed change to the endorsement process.

- b. *For the purposes of transition, from 1 July 2010, initial registration of specialists in any profession will be by an endorsement on the public register subject to (a) above. In the absence of such a standard being in existence at the time of transition to the scheme, the registrant will only be granted general registration without specialist endorsement.*

Comment on Point b.

If this is understood correctly, it means that if any profession has a specialist register that does not comply with Point a. then at July 1, 2010, such members will only be deemed to be general

registrants. It is assumed that the phrase 'endorsement on the public register' refers merely to the existence of a profession-specific register in the public domain as is currently the practice. This is also taken to mean that the new national Boards will have between July 2009 and June 2010 to establish or confirm standards, articulate the process of accreditation and decide whether to adopt endorsement, annotation or no engagement with this specialist recognition process.

If this is a correct interpretation, the APS endorses this proposal.

c. The Ministerial Council may issue guidance to boards in relation to criteria for the recognition of specialties under the scheme, including those specialties to apply from 1 July 2010. The national board will propose to the Ministerial Council for approval, the types of specialist endorsement that will be available from 1 July 2010 in accordance with any guidance provided by the Ministerial Council. The national board will also determine how the current registration status of registrants should translate to specialties that are recognised under the national scheme, either with or without specialist endorsement.

Comment on Point c.

The APS gives only qualified endorsement to this proposal. The proposal raises or suggests a number of issues:

- What sort of guidance is anticipated from the Ministerial Council? What judgments or influences might affect their 'guidance in relation to criteria'? This a rather vague reference to a vitally important issue and we would suggest the following:
 - Explicit examples be provided to allow the Board some clear bases for deciding how they should proceed with regard to this issue of specialist endorsement;
 - A process of collaborative development of criteria be commenced promptly between the Ministerial Council, the current Registration Boards, professions and Accreditation Councils about these criteria;
- For psychologists, is this last sentence about currently 'registered' specialists intended to accommodate practitioners such as those in WA with regard to their transition to 'endorsement' rather than registration? The clarity of this issue is not enhanced by the additions to Proposal 12.1 found on Page 5 of this Consultation Paper.

d. Clarification that endorsements provided under the scheme will be approved or granted for registration purposes only. Registration decisions under the scheme are separate to any decision made outside of the scheme in relation to endorsements for the purposes of funding (eg Medicare) or employment (eg terms and conditions of employment by governments or hospitals). It is not intended to remove existing authorities conferred by States or Territories.

Comment on Point d.

This is a disappointing outcome or adopted principle. One of the driving purposes of national registration was to standardise public categorisation of professionals not only across States and Territories but across sectors and Government instrumentalities. If 'endorsed registration' or actual specialist registration is only for purposes of registration and the public register, its

benefits are seriously weakened. It must then be adopted by all Government endorsed and associated bodies such as Medicare and DVA as direct Government bodies, related instrumentalities like accident compensation schemes (WorkCover, transport accidents, etc) and all health insurance bodies - all of which can be influenced by Government.

If Point d were adopted, would it mean that identifying 'Clinical Psychologists' under Medicare would continue to be APS-College based whereas registration would be Board based? A more frightening example that this principle might allow is the employment of graduates from a non-Board accredited TAFE post-graduate course by some State Department, whereas previously they might have been required to employ highly trained and restricted professional personnel.

The establishment of the National Health Workforce Taskforce to plan, monitor, develop and direct appropriate health professionals as one aspect of increasing the health workforce is essentially nullified under this proposal. The creation of a yet another level of recognition in addition to existing recognition of health professions and their specialties by State and Commonwealth agencies will only add confusion and uncertainty among consumers, with the potential consequence of decreased quality of care due to inappropriate substitution of services.

The APS does not endorse this proposal.

e. Clarification that the power for Boards to recommend (and the Ministerial Council to approve) qualifications for the purposes of specialist endorsement, relates to the standards of qualifications rather than specified qualifications.

Comment on Point e.

It was confirmed during consultative discussions that this is asserting that the Board is facilitating the setting of standards that are broad and universal for a set of courses rather than any specific qualification. Therefore, this is not new but rather clarifying the generalist role of the Council.

The APS endorses this proposal

Continuing competence requirements

f. Any continuing competence standards for specialists in existence at 30 June 2010 will continue to apply with any proposed changes to these standards (or any new standards) to be developed by the board for approval by the Ministerial Council.

Comment on Point f.

The APS has stated previously that 'continuing competence' can only be meaningfully measured for psychologists by continuing professional development (CPD) activities. The APS cannot see any viability in the operationalisation of 'continuing competency' that involves, it is assumed, regular competency assessments and the measurement of recency of practice. The only assurance of ongoing professional competence, safety and quality is an insistence on high quality and focussed CPD. If all other references to 'continuing competence standards' are viewed for Psychology in the light of these comments, they constitute no concern.

However, the need to be absolutely clear and consistent in the use of these terms is highlighted by the possibility that varying use of the terminology will at best create different interpretations between the national boards regarding their implementation, but at worst, will be the basis on which professionals may be “notified” for unprofessional conduct for invalid reasons.

However, the framing of this measure to include ‘standards in existence...continue to apply’ appears to contradict Point a. As interpreted above, and under the proposed amendment, the role of APS Specialist Colleges in the endorsement of specialists will cease and be based on course accreditation alone. The monitoring and evaluation of CPD as a requirement for continuing specialist endorsement is currently an APS College function, as an APS member service. To ‘continue to apply’ seems to suggest that the standards set by APS Colleges for CPD, for instance, need to be sustained. This is a contradiction.

Alternatively, this becomes another largely voluntary service (or professional body service) that it is intended would be shifted to the Accreditation Committees of Boards with its impost on costs. (See General Issues Point 2 above.)

Given the issues raised above, the APS can only give qualified support to this proposal.

g. Minimum standards for continuing competence requirements for specialist endorsement must not be discipline specific (eg the minimum standards to apply in respect of medical practitioners with specialist endorsement would be the same standard across all disciplines or specialist medical colleges).

Comment on Point g.

The use of the word ‘discipline’ is confusing. ‘Discipline’ conventionally refers to a body of knowledge or learning but has been used here to refer to specialties within a profession. This amendment should be expressed in terms of sub-disciplines within a profession. If this is not the intended meaning then the amendment needs to be re-presented for consultation.

h. Boards may request that accreditation bodies or committees develop these minimum standards and assess continuing competence programs against these standards.

Comment on Point h.

This amendment implies that Registration Boards and Course Accreditation Committees will also be undertaking CPD approvals. Developing and setting standards are one domain; monitoring, policing and conducting dispute resolution are vastly different matters. Do we want the same body doing both and can we rightly expect the setting of minimum standards to be generated in the same environment as professional aspirational and quality standards? The focus of accreditation is primarily setting minimum benchmarks required to be able to competently and safely practise as a specified professional. CPD on the other hand, is more about quality improvement and therefore at the opposite end to minimum benchmarks. It is worth noting the Australian Commission on Safety and Quality in Healthcare has agreed to this distinction between safety and quality.

The APS does not support this proposal in its present form.

Registration of specialists (including area of need specialists)

- i. Boards must consider applications for registration from practitioners seeking to work in an area of need identified by a State or Territory government, where the applicant is not eligible for registration in any other category of registration. This provision will apply to all regulated professions. It is further proposed that boards may develop professional standards in respect of the registration requirements to apply to area of need registration to support a nationally-consistent approach.*

Comment on Point i.

The APS is strongly opposed to this proposal. It is incomprehensible to the professions who have embraced Government objectives to improve safety and quality - and have allowed concessions over practitioner rights on aspects of the Boards' complaint processes and public protection - to then be asked to create loopholes in the whole exercise. The argument that the Boards are only asked to 'consider' applications - as an acknowledgement of the Board powers to refuse - is undermined by the requirements for Boards to develop 'registration requirements to apply to areas of need' that are part of a 'nationally-consistent approach'. This amounts to the enforcement of this requirement on Boards and does not allow Boards to retain the freedom to 'consider' case by case.

Scope of practice

- j. Where a board is proposing to recommend to the Ministerial Council, on a matter in which another board might reasonably have an interest, then that board should be required to consult with all other boards and in submitting for Ministerial approval, draw to the attention of the Ministerial Council any contrary views.*

Comment on Point j.

Scope of practice is a sensitive area for all professions. It is appreciated that the current proposed addition is intended to improve communication and acknowledgements of this fact but we fear it does not go far enough. Despite every effort to work collaboratively and uniformly around these health initiatives, it is clearly recognised that there is not an equality of power or influence and that systems have to be set up to protect the less powerful professions and to fairly resolve disputes. 'Consult' does not protect from injustice and there is no guarantee that even the Ministerial Council will not act out of political interest rather than broader principles of justice. For this proposal to have utility, it must build in procedures for dispute resolution between Boards based upon principles of justice, evidence-based practice and recognition of expertise.

The APS is particularly concerned about the clauses on Page 9 regarding Proposal 10.3.1 as in their current form they allow for Boards to exercise considerable powers that could easily trample on areas that are considered the domain of other Boards without there being procedures in place to protect professional boundaries, public interest and best practice.

The APS feel this proposal needs further development.