

# **Submission: National Registration and Accreditation for Psychology**

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## **Summary of Recommendations**

**Recommendation 1:** *The National Registration scheme only fully register as “Psychologists” people who have a minimum of postgraduate training at Masters level in Psychology and two years professional supervision.*

**Recommendation 2:** *That psychology assistant roles be restricted to four year undergraduate trained psychologists, with a separate registration title of “Psychology Assistant” being added to the registration of titles in the National Registration scheme.*

**Recommendation 3:** *That representatives from each of the health related psychology specialist areas (Clinical, Counselling, Clinical Neuropsychology and Health) assist the Federal Government in developing legislation regarding practice restrictions, by developing a core definition of clinical practice, with suggestions of ways to restrict practice of unqualified people from using psychological assessment and therapies with community members.*

**Recommendation 4:** *That Ministers for Mental Health be included in the Ministerial Council.*

**Recommendation 5:** *That the national independent Advisory Council has at least one member with professional and/or education training in psychological health. That the National Agency Management Committee also has at least one member with professional and/or education training in psychological health.*

## **National Registration of Psychologists**

The Institute of private practising Clinical Psychologists (ICP) (or the undersigned organisations) supports the move by the Federal Government to develop National Registration standards across Australia as a way of allowing professionals to easily move across States and Territories, and to practice with the understanding that training standards are met. The National Registration process supports what has been established within the profession of Psychology for some time, the need for minimum training standards to be recognised in order for the public to be protected and to be professionally and ethically treated. This is perhaps even more essential in the mental health field given the mental health crisis that has existed for many years and the confusion in the general public as to who they should turn to when then they are in need of psychological therapy and counselling.

University training programs, offering undergraduate and postgraduate training in Psychology, currently exist in every State and Territory. The Australian Psychology Accreditation Council (APAC) oversees and accredits these programs, ensuring they meet high training standards and produce competent and ethical practitioners. The Clinical Psychology program, for example, has also been acknowledged by the Federal Government as meeting high standards of training when it offered in the last Federal budget, many government supported postgraduate Clinical Psychology training places at universities around Australia. This was also to help assist with the workforce shortage in this area and was a move very much supported by the ICP. Further Federal Government assistance of this nature would continue to help to build the professional workforce in this much needed area.

While the National Registration Scheme for psychology is generally supported, there are a number of specific aspects which need urgent attention in order to maintain high training standards, and in particular to meet international training standards in psychology. There are also some further issues regarding mental health representation in the National scheme which are discussed in the second part of this document. This document focuses on the mental health related specialities in the profession of psychology, but many arguments outlined would also be relevant to the other specialities in psychology.

## **Part I: Issues relating specifically to the profession of Psychology in the National Registration Scheme**

### **1. National Registration Scheme: Registration as “Psychologist”**

The National Registration scheme has selected the title of “Psychologist” to be used to register the profession of psychology in Australia. This title currently represents the basic four year undergraduate university degree in Psychology and there are valid arguments that this is an insufficient level of training for full registration.

All university psychology programs in Australia offer post-graduate training at Masters level, and many offer Masters/Ph.D. combined programs in professional psychology. These programs develop practical specialist skills, plus advance the postgraduates knowledge base and research skills in psychology. There are nine specialist Psychology Colleges in the profession all requiring members to have the postgraduate training in Psychology. These are Clinical Psychology, Counselling Psychology, Clinical Neuropsychology, Health Psychology, Educational and Developmental Psychology, Organisational Psychology, Forensic Psychology, Sport Psychology and Community Psychology. The first four specialities are specifically related to the assessment, diagnosis and treatment of mental health issues. In addition to the postgraduate university training requirements, there are also professional supervision requirements, consisting of two years of weekly supervision of the graduates work by an experienced specialist Psychologist of their training area.

Psychology registration boards already exist in all States and Territories for psychology. For many years in WA specialist titles have also been registered, meaning that professionals in WA with post-graduate training are not registered as “psychologists”, but as, for example, “Clinical Psychologists”, hence formally recognising the post-graduate training and supervision (see Table 1). Not all States formally regulate or register the specialist titles, however in these States specialisation is generally recognised via specialist college membership, with entry to the Colleges possible after the completion of post-graduate training, supervision and relevant ongoing professional development.

Specialist psychologists, especially Clinical Psychologists, work in a wide range of Government settings including the Health Department’s Mental Health Services and Hospitals, Child Protection Services, the Juvenile and Adult

Justice Services, Police Department, Disability Services, as well as in the primary care sector as private practitioners. Since the introduction of Medicare support for Psychologists, the primary care services have been inundated with referrals from GPs, Psychiatrists and Paediatricians, indicating the strong demand for these services.

Table one shows the difference in the training levels between a Psychologist and a Specialist Psychologist in WA for registration under the current system.

**Table 1 Difference in training requirements for registration in WA**

<b>Psychologist</b>	<b>Specialist Psychologist</b>
Four year undergraduate degree in psychology	Four Year undergraduate degree in psychology
Two years professional supervision	Two year post-graduate Masters Degree in Psychology (Some choose Masters/Ph.D. combined program)
	Two years professional supervision

There is growing discussion and a considerable demand within the profession of psychology to examine the minimum training standards required for professional registration, which the ICP fully support.

The Australian Psychological Society (APS), being the main professional body representing thousands of psychologists across Australia, published a review article in their magazine titled *Professional psychology training under review* (InPsych: April 2007, Vol. 29, Issue 2, pgs 6-13). The authors outlined the international training standards for full registration as a “Psychologist” in NZ, US, UK and Europe (under the Bologna Declaration, 1999). They found that in order to be registered as a Psychologist in each of these countries, the minimum level of training in psychology was postgraduate Masters, and in the US it was at a Doctoral level. Each country also had supervision requirements needing to

be fulfilled, similar to Australia. The article further highlighted that Australia was the only country which allowed professional registration with only an undergraduate degree, meaning that Australia presently does not meet international standards of training. The article ended with a position statement from the Australian Psychology Accreditation Council (APAC), which is the body overseeing and accrediting psychology courses Australia wide, and is quoted below:

*“APAC believes that the Australian model of training for professional registration should strive for the minimum equivalence with international training models of a professional postgraduate degree. No other country surveyed in the review permits provisional registration or registration of psychologists without a professional postgraduate degree. APAC suggests that by 2010, a unitary pathway to registration be adopted in Australia, one that involves an undergraduate degree followed by a Masters professional program” (pg 13).*

The APAC recommendation is fully in keeping with the Australian-United States Free Trade Agreement (2005) which underscores the need for international standards to be upheld in order to allow for free exchange in the provision of professional services, which includes psychology services. The APAC position also recognises that it is in the postgraduate training program where the therapy skills are comprehensively taught, supervised and assessed. To quote the article again:

*“The main focus of the undergraduate psychology program is to gain theoretical knowledge and the capacity to understand and contribute to the growth of the psychology knowledge base through empirical research, **with the development of practical skills reserved for postgraduate training.**” (p.g. 13) (emphasis added)*

The current arrangement, whereby undergraduates of psychology are allowed to provide psychological therapy to members of the public without postgraduate training, has been of major concern within the profession for some time. It has been argued by those not doing postgraduate training that the current option of two years supervision after an undergraduate degree is an alternative way to becoming equivalently professionally trained and skilled, as undertaking the Masters program. However there are considerable training differences between these two pathways. One major difference is that in the postgraduate pathway

trainees during the Masters program are required to work in five or six different therapeutic settings or organisations, with experienced clinical supervisors assessing their skills. They are also required to provide therapy in the university clinics where experienced university clinical staff examine the development of their assessment, diagnosis and therapy skills. Practical training in a range of assessment procedures and diagnostics are also taught and examined, along with gaining theoretical knowledge of therapy modalities.

In contrast, taking the undergraduate/supervision pathway, usually means therapy skills have to be taught during supervision, which often takes place in one work setting (as distinct from 5 or 6), with one supervisor who is not trained to be (nor desires to be), a teacher of assessment and therapy skills. In many work settings supervisors are very busy with their own clinical case loads and the supervision of trainees, which is an additional task, can be very time consuming. If further burden is placed on supervisors to teach assessment, diagnosis and therapy skills to undergraduate trainees, rather than this taking place within the universities, than it could be readily envisaged that professional psychologists will be less willing to take on this voluntary role. Professional supervision, which also is required after the postgraduate training, needs to be viewed as *fine-tuning* the therapy and assessment skills of the trainee – not as a process to teach these skills from scratch.

In WA where specialist registration exists, there is the extra requirement of two years supervision after postgraduate training in order to be registered as a specialist psychologist. This means that the two training pathways are not only not equivalent in the training and development of assessment and therapy skills, but are also not equivalent in length of training (four years study plus two years supervision Vs six years study plus two years supervision in WA).

There is an opportunity for the Federal Government, through the National Registration scheme, to support the professions goal to meet international training standards and to ensure that the general public can be confident that they are being treated by competent professionals. This would mean registration under the National Registration scheme with the title “psychologist” would require a minimum of postgraduate Masters training in psychology, plus two years supervision, in order to be fully registered. If Federal Registration however goes through with the registration title “Psychologist” to mean undergraduate training only, then we are doing a major disservice to the community and our international professional reputation.

A *Grandfather* clause could be established to allow undergraduate trained psychologists with at least five years post supervision experience to come under the registration net, but that a cut off point be established from 2010.

**Recommendation 1:** *The National Registration scheme only fully register as “Psychologists” people who have a minimum of postgraduate training at Masters level in Psychology and two years professional supervision.*

## **2. The development of “psychology assistants” in the workforce**

There is a rapidly growing trend to develop “assistant” positions in many workplaces and across many professions. There are certainly pros and cons to this initiative, but if done in a thoughtful way, recognising the strengths and limits of the assistant positions, then it has the potential to reduce some of the workplace burden on many professionals who work under considerable pressure, especially in the public sector. This could also mean that the public sector could retain and possibly attract many more professionals into the sector, which in psychology has often been a challenge.

There are valid arguments to say that it is difficult to develop roles for “assistants” in psychology because psychological health is complex and multifaceted, adding weight to the need to carefully define the roles. Given the arguments for registration to be at the postgraduate level of training, it could readily be envisaged that the “assistant” roles in our profession be undertaken by undergraduate (4 year trained) “psychology assistants”, (which could be a separate registration category in itself). The training and role restrictions are essential for the protection of the public. This is especially important in government workplaces, as incompetent professional interactions with the public are now more likely than ever to end up in a litigation process. The assistant role could be defined as outlined in Table 2 on the next page.

**Table 2 “Psychology Assistant” role definition**

<b>Psychology Assistant role</b> (4 years undergraduate psychology)	<b>Restriction to the role</b>
* Conducting psychological tests and scoring of tests (there may be some exceptions with complex neuropsychology tests)	Cannot interpret the test scores or write the report.
* Running skills based groups e.g relaxation, assertiveness	Cannot practice individual or group psychotherapy  Can only obtain referrals from postgraduate trained psychologists.
	Must be under the supervision of postgraduate trained psychologists (in the same speciality area)
* Conducting literature searches	
* Assisting in writing research protocols and doing statistics in research projects	

**Recommendation 2:** *That psychology assistant roles be restricted to four year undergraduate trained psychologists, with a separate registration title of “Psychology Assistant” being added to the registration of titles in the National Registration scheme.*

### **3. Restriction of practice of psychological therapy interventions**

The profession of psychology is one of the few professions where people with very limited training, often with no university training at all, can set themselves up to use psychological interventions with community members. Sometimes even other professional groups, who have very limited training in psychological assessment, diagnosis and the psychotherapies, practice in the field. An argument could be readily proposed that in order to protect the psychological health of vulnerable people in the general public needing psychological therapy, restrictions need to be legislated by Governments to restrict the use of psychological therapies to those registered as “Psychologists”. It is important to

note that the Federal Government (in consultation with the professional groups involved) is developing definitions of core practice for dentistry and optometry (and also some spinal manipulations) with the aim to make it an offence to practice in these areas if a person is unregistered/unauthorized.

Currently it is envisaged under the National Registration scheme, that the National Registration Board, and the State Boards will only have the ability to protect the *title* of “Psychologist”. One could argue that there may be two pathways to assisting members of the community in these matters – define and restrict practice to registered psychologists or advertise/educate the public to make good choices about who they see. Due to the lack of understanding in many levels in the community of the complexity of mental health assessment and treatment, perhaps both pathways are essential. As with other health related areas, it is clear that the general public can be harmed by incompetent people who are not properly trained to undertake appropriate assessments and interventions. For people with mental health problems it can increase the chances of the mental health problem worsening and reduce the hope of a beneficial therapy process.

**Recommendation 3:** *That representatives from each of the health related psychology specialist areas (Clinical, Counselling, Clinical Neuropsychology and Health) assist the Federal Government in developing legislation regarding practice restrictions, by developing a core definition of clinical practice, with suggestions of ways to restrict practice of unqualified people from using psychological assessment and therapies with community members.*

## **Part II General issues relating the National Registration and Accreditation Scheme**

### **1. The Ministerial Council**

It has been outlined that the Ministerial Council will consist of Health Ministers from all State and Territories in Australia. Currently in WA there is also a Ministerial position for Mental Health, which has a separate portfolio and budget from the Health Minister. This portfolio has been developed no doubt, in recognition of the urgent need for mental health to receive a stronger focus

and platform in policy making. Not all states have Ministers for Mental Health, but where they exist, it would be very important to include them in the Ministerial Council. It would also mean that there would be proper and clear representation for mental health, something which is often overlooked when mental health is subsumed under the “Health” banner.

**Recommendation 4:** *That Ministers for Mental Health be included in the Ministerial Council.*

## **2. Other psychological health representation on national boards/councils**

The national independent Advisory Council is to consist of six members, three of whom requiring health &/or education training. Given the importance of mental health in the national agenda we would like to recommend that at least one of these members need to have professional training and/or educational training in psychological health. Similarly, the National Agency Management Committee is currently aiming to contain at least two members with health &/or education training backgrounds. We would like to recommend that at least one of these members have professional psychological health and/or educational training backgrounds.

**Recommendation 5:** *That the national independent Advisory Council has at least one member with professional and/or education training in psychological health. That the National Agency Management Committee also has at least one member with professional and/or education training in psychological health.*

## **In conclusion**

It is hoped that this document and its recommendations are seriously considered in the development of the National Registration scheme. Central to the theme of this document is the essential requirement to maintain high training standards for the protection of the general public. Training standards for registration also need to meet international standards so that it to be possible for Australia to

attract competent overseas qualified professionals and for our professionals to be able to be competitive in the international market.

Finally, with the strong recognition of psychological health as a priority in Australia, and with the establishment of portfolios for Ministers of Mental Health, it is essential to have representation in all National decision-making bodies from Ministers and professionals, who represent psychological health care.

This document has been widely circulated to specialist psychologists including those working in the WA public Health system, the Justice system, Disabilities Services, to private practitioners, and the WA APS Specialist Colleges and has received considerable endorsement and support. The ICP would welcome any feedback regarding the issues raised in this document and would be happy to have direct meetings with Government officials to discuss any matter arising.

Yours sincerely,

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President of the Institute of private practising Clinical Psychologists (ICP)