

Notes taken from a presentation by Professor Alfred Allan from Edith Cowan University. The presentation took place at the Disability Services Commission offices in Joondalup. DCP psychology services team were invited to come along.

Please note Alfred is the WA Practitioner Member of the Psychology Board of Australia (PBA) NOT the WA Representative.

The new National Registration and Accreditation Scheme (NRAS) will be in place from 1 July 2010 replacing the existing registration system nationwide.

The NRAS is governed by the Health Practitioners Act and governs the national registration and accreditation of *all health practitioners*, including psychologists.

The objectives are:-

- 1) Protection of the public
- 2) Ensure workforce mobility
- 3) Facilitate provision of education
- 4) Production and regulation of practitioners to develop a workforce

It should be noted the Board is for the benefit of the public rather than the profession – this is not new.

PBA feels that it is not in the public interest to lower standards, however, they are charged with looking after psychologists – ALL of them, not just clinical or other specialist psychologists. There are 24,000 psychologists in Australia. Hence, things might not go all our way – compromises will be required because half of the workforce are 4 + 2 psychologists. For example, in the Northern Territory there are no post graduate training programs available so most psychologists are 4 + 2. PBA wanted post graduate studies as a requirement, BUT due to above and other factors, the Ministerial Council did not allow it to occur at present.

Benefits are in line with the current act.

Protection of title of 'Psychologist' and 'Psychology' and the symbol



Certification of psychologists as is currently the case

No practice protection i.e., testing, however, the Board is trying to limit the use of certain tests (Class C level) including WAIS, WISC, MMPI, etc.

The PBA is looking for incidences of non-psychologists misusing tests – any horror stories should be sent to Alfred.

The Australian Health Workforce Ministerial Council (AHWMC) replaces the Minister for Health in overseeing the PBA. They also oversee the Australian Health Workforce Advisory Council (AHWAC) who have enormous power and

are charged with the responsibility of ensuring workforce numbers. In respect of other issues their real concern is about doctors and nurses. .

There will be 4 PBA regional boards throughout Australia – one covering WA and SA.

They will also be working closely with APAC who do the accreditation of university training – this will occur in liaison with the APS. APAC will be around for at least three years as an independent body who regulates and accredits training in psychology.

The AHWAC may fund the provision of internships (i.e., supervision and training) for 5 year trained psychologists – as we move over to the 5 + 1 model that was proposed.

Universities need to staff and set up 5th year programs and cannot do this unless there are plenty of internships available. All training will become more practical, especially 4th year.

There are issues with universities, as some prefer the 4year and PhD model as this suits their research agendas.

AHWAC were the ones who vetoed specialist registration due to workforce implications.

It is considered important to have a workforce that is registered nationally, particularly for ease of movement of staff related to disaster work.

PBA regional boards will have committees who address disciplinary matters.

The Ministerial Council approves standards for registration, endorsement, and specialist title (medical model) but they cannot dictate accreditation standards.

Currently there are no clear research data to demonstrate superior outcomes by specialists.

Under the new Act there will be mandatory reporting of colleagues – if you are in a supervisory role you will need to warn supervisees of this requirement.

Current psychologists, registrars, and supervisees will transfer to the new register. 5th and 6th year students will register as provisionally registered psychologists. In this regard information packs will be sent to us in April.

The new system means that if students are not 'fit' to practice they will be deregistered to stop them progressing – at present there is no mechanism to do this in WA.

The 4 + 2 path should not be undertaken in the future as this will become very onerous and will require and examination in order to gain registration.

Supervisors will be required to do training for board purposes.

Fees will go up for most of us but should be less than \$400. Currently in the NT they only pay very little per year and in NSW it will continue to be cheaper as about 1/3 of the costs will continue to be borne by the Government who in NSW pay for regulating psychologists and the associated legal costs. In other states we fund this included in our registration.

Fees will go on a new cycle, staggered so that renewal occurs in different periods for different professions. Psychologists will be at the end of November.

We will all be required to do continuing professional development, this will include 10 hours of supervised PD each year as applicable to our specific role.

There will be a clause about 5 years of recency – so if you are out of the workforce for more than 5 years you will not be eligible to renew your registration.

We will be required to declare ALL criminal offences and complaints against us even if they are unrelated to our professional practice, i.e. drink driving.

In regards to the WA ACT – specialist title. Alfred says that many claims about the current provisions of the WA act are poorly understood.

At present there are no penalties under the Act for misuse of title BUT the WA Board takes disciplinary action under policy rather than law. At present employers can put a sign on your door stating you are a clinical psychologist even if you are not and no-one can do anything about it as there are no provisions to stop employers doing this.

The National Act takes into account ALL professions not just psychology. The PBA asked for Specialist title and advocated for a Doctoral qualification as a minimum requirement in line with the medical model of specialist title. However, such a move would have locked out all those with masters degrees.

So we got endorsement instead and it covered 4 areas – the PBA then asked for this to be increase to 9 specialities however we got 7 – in line with existing WA act. Health and community got left out as not fully recognised as specialists in Australia.

The new Act will allow us to continue using the title of Clinical Psychologist (or other specialities) and provides some protection of the title. Alfred says that what we will get is essentially the same as in the current WA Act except it will be written in law rather than policy so is stronger than at present.

There will be a \$30,000 fine for any individual and a \$60,000 fine for a body corporate who use titles that are not endorsed or mislead about qualifications. This will be policed in criminal court.

Proposed qualifications for specialist endorsement will be doctoral (MPsych/PhD or DPsych) plus 1 year supervision or masters plus 2 years supervision. Supervisors to be accredited by the PBA, and supervision will involve lots of training and need to be repeated every five years. In the long term, PBA wants specialist title, but this may require a higher qualification than what we currently have in WA, probably a doctoral as minimum qualification.