

Senate Community Affairs Committee

**Inquiry into the National Registration and
Accreditation Scheme for Doctors and
Other Health Workers**

April 2009

APS Contacts:

Professor Lyn Littlefield, OAM FAPS, Executive Director
l.littlefield@psychology.org.au

Mr David Stokes, Senior Manager, Professional Practice
d.stokes@psychology.org.au

Dr Nicholas Voudouris, Senior Manager, Science and Education
n.voudouris@psychology.org.au

Contents

Introduction	3
1 <i>TOR item B: Patient Care and Safety</i>	4
2 <i>TOR item C: Standards of Training and Qualifications</i>	5
3 <i>TOR item D: Complaints and Discipline</i>	5
4 <i>TOR item E: State and Territory Registration Boards</i>	6
5 <i>TOR item F: Alternative Models</i>	7
6 <i>Conclusion</i>	9

Introduction

The Australian Psychological Society (APS) is the peak body representing the discipline and profession of psychology in Australia, with over 17,000 members supported within 9 professional Colleges, 32 Interest Groups and 40 Branches across the country. The APS welcomes the opportunity to put before the Senate Community Affairs Committee a submission on national registration and accreditation. While the APS supports in principle the notion of a national scheme for health practitioner registration, and recognises the extensive work which has gone into this initiative at State, Territories and Federal levels, the current proposal has a number of fundamental flaws about which the APS has grave concerns.

By far the most serious problem is the proposal within the Scheme to impose Government control over professional course accreditation. The Scheme, as it is currently proposed, undermines the independence of professional accreditation bodies by proposing that accreditation standards must require the approval of the Ministerial Council. Such an arrangement would make it possible that issues such as workforce considerations could influence accreditation decisions, making quality a secondary consideration and seriously undermining the adoption of best practice and the influence of researchers and practitioners through aspirational standard-setting.

It is precisely because of these concerns that policy making bodies around the world uphold the independence of accreditation bodies and their work from government, as exemplified in the influential *World Health Organisation/World Federation of Medical Education Guidelines for Accreditation of Basic Medical Education (2005)*, which state "The legal framework must secure the autonomy of the accreditation system and ensure the independence of its quality assessment from government" (p.4).

It is therefore the position of the APS that the process of accreditation, and the bodies that undertake this process (in the case of the psychology profession, the Australian Psychology Accreditation Council, APAC), must be clearly protected from the potential interference of Government by removal of accreditation functions from the Scheme and its legislation. If this is not possible, the Society wishes to have the Ministerial Council removed from any role in setting or approving accreditation standards.

In addition, the APS brings to your attention a number of features of the legislation relating to registration that continue to trouble the Society and threaten to limit the capacity of the legislation to effectively deal with the profession that it represents. There are significant limitations in this legislation that could do significant damage, not only to our profession but also to the wider health consumer community, if not dealt with at this formative stage.

The Society thanks you again for the opportunity to address these issues and to have them debated in a broader national forum.

1 TOR item B: Patient Care and Safety

The issue of patient care and safety is one that is central to the goals and aspirations of the APS. It drives the setting of professional standards, the APS Code of Ethics, the endorsement of evidence-based practice and commitment to quality care as well as the APS's long-standing involvement in the matter of course accreditation and endorsement. Not surprisingly, the Society is very concerned to ensure that the ultimate outcome of this major reform in registration and accreditation produces improvements in client care and safety. For this reason, this Term of Reference is of vital concern to the Society. It is also one of the fundamental concerns of regulatory agencies and the major impetus for the new Scheme.

The Society feels that the impact of the scheme on patient care and safety raises the following issues:

- The regulation of both professional registration and accreditation under both legislative and health ministerial control could limit the leadership role of the professions in their development of improved standards of care and evidence-based best practice. As discussed below, the impact of regulation and legislation may curtail enterprise, investigation and aspirational developments by focusing on minimum standards and safety. It is clear that that Australia already lags behind world standards in setting and promulgating qualifications for professional practice.
- It is vital to this discussion to separate safety from quality. The former has to do with minimum standards and risk reduction for consumers of services. It is the core business of registration and health facility accreditation processes. The latter (quality) concerns itself with the setting of best practice standards, evidence-based procedures, developing new and more effective practices - all of which take a profession forward to provide the highest quality services. These processes are promoted by university and practitioner research, training courses, ongoing professional development and the work of accreditation council/bodies in setting new standards.
- As a consequence of the description above, the function and purpose of legislative processes that might control both registration and accreditation inevitably leads to a focus on the creation of minimum standards with regards to safety and even quality. In focusing on protecting the public and ensuring safety standards, there is little capacity to invest time in anything but compliance with minimum standards. This stultifies the development of new initiatives in the area of quality service and best practice.
- One of the parallel processes occurring in tandem with government interest and control over both registration and accreditation is the creation and influence of other agendas; sometimes unintended consequences then emerge. The pressures on workforce numbers and the meeting of community demand can lead to the dilution of standards. This is clearly evident in the current proposals around providing 'special' registration arrangements (in other words for applicants who fail to meet standard requirements) in areas of 'need'.

It is this sort of influence over process that must not be allowed to impact on accreditation and professional standards.

2 TOR item C: Standards of Training and Qualifications

One of the serious concerns that has emerged, as the development of national registration and accreditation has progressed, is the danger presented by the proposed Ministerial Council sign-off of accreditation standards and training. This was referred to above with regard to patient safety and quality care and reference was made to the violation of international practice standards as well as the whole issue of the independence of academic standards, research and practice within a profession.

It is this aspect more than any other which troubles the Society. It is not the loss of control that may be represented by this process, but the risk that the quality and requirements of standards of training and qualifications may be undermined to the detriment of consumers.

The Society also feels that such a proposal may create governance problems of various types. Firstly, professional or training standards created and confirmed under the auspices of a health ministerial council which also moderates and approves the policing of such standards within the same structure/department has implications for the violation of the basic principle of separation of powers. This confusion of roles and the risks that it creates is of major concern.

Secondly, the establishment of a system of accreditation under governmental supervision may also place Australians out of step with many international bodies. Apart from the failure to meet international standards, this may also create difficulties with the interchange of personnel across countries and may even violate the profession components of the Free Trade Agreements already established.

3 TOR item D: Complaints and Discipline

Although the APS fully endorses in principle the notions of national registration, it is not without some concern about proposed aspects of registration legislation.

3.1 It is not yet clear or explicit how the Governance processes of the Psychology Board of Australia, and particularly appointment of Board members, are to be managed. The Society would like these aspects of the profession specific boards to be clarified and negotiated prior to the legislation being instituted. It is the Society's view, for instance, that the new profession specific boards:

- need to be national in appearance and perspective;
- should not be dominated by the State Registration Boards of the past or the State committees of the future;
- should not be focused on registration alone but have a membership familiar with accreditation and registration (if accreditation is included in the scheme);
- if comprising twelve members, should have only 3/12 maximum should be from the current State and Territory Registration Boards;

- should adequately reflect the fact that over 70 per cent of the psychology workforce comes from two States (NSW and Vic). Appointing representatives of the 8 State/Territory Boards to form the membership of the profession specific Boards would create a situation where 75 per cent of the membership of the National Psychology Board represents only 30 per cent of the nation's psychologists. That is unbalanced and probably unfair;
- that a State and Territory based representative Board does not fit with the principles of best governance;
- should both appear to be, and be, independent of the National Agency and other health workforce committees, and need the power to create a budget, set fees, manage that budget and be accountable for their actions.

3.2 One of the continuing concerns with legislation that is health focused is the large percentage of psychologists who do not work in the health domain nor provide services to people with health conditions (e.g. organisational and educational psychologists). Original State and Territory legislation for the registration of psychologists was profession specific. Many States now have health profession Acts and this new proposed legislation will be a Health Act. It is of serious concern that this legislation may not be able to fairly represent and manage the issues of non-health practitioners nor be able to adequately protect consumers of non-health psychology services. In fact it may isolate such professionals if not discriminate against them. There have been repeated requests of government Ministers and officers to find an adequate solution to this problem without success.

3.3 The Society has made regular submissions to COAG established committees and bodies regarding all issues that were raised in the published discussion papers. There have been a number of satisfactory responses to issues raised, but there continues to be concerns regarding the following:

- risks to justice and protection of rights raised in the endorsement of mandatory reporting of practitioners by practitioners
- fears regarding the protection of confidentiality: both of clients (through access to client files by registration committees) and practitioners (through the publication of information and decisions by registration boards);
- the failure of relevant governments to address the issue of sharing of costs of the new scheme. As stated above, the impetus for the revision of the Registration Acts has been the protection of the community and clients, yet the costs of the whole Scheme are to be borne by professionals. In the face of this injustice, the COAG committees continue to add tasks, responsibilities and thereby implicit costs to the whole scheme;
- the risks in endorsement of current models of hearings of claims and complaints (eg NSW HCCC) that are so lengthy and delayed as to have consistently provoked the accusation of "justice denied".

4 TOR item E: State and Territory Registration Boards

While endorsing the essential notions of national registration, accreditation, standard-setting and community protection processes, the APS is also aware of the difficulty this is going to create legislatively for the disentanglement of the current State legislation

from the current health profession registration legislation. This is undoubtedly causing major concerns for both State government departments and those professions affected by these entanglements. The APS continues to endorse the need for a commitment to pursuing a national process rather than retention of significant State bodies as a means of avoiding the disentangling of legislation. It supports this even if it has to be a commitment to a long term program of change. Retention of State Boards is not supported.

5 TOR item F: Alternative Models

It is clear to the APS that the current proposed legislative arrangements need to be modified to ensure the complete independence of the accreditation aspects of this proposed Act. There needs to be specific and detailed proposals that protect the independence of the accreditation process, its setting of standards and its responsibility for best quality education and training of professionals and internationally accepted best practice. The APS certainly has considered alternative models for the implementation of the scheme and these are set out below.

5.1 Independence of Accreditation Function

Model 1: Complete Independence.

The functions and roles of accreditation are completely removed from this legislation. The functions and processes of accreditation continue to be performed by the professions' councils as they are currently. Relationships with the registration process would be achieved by some cross representational membership of the national profession specific Boards and Accreditation Councils.

Model 2: Collaborative Independence

The Accreditation body is specified within the National Registration and Accreditation Act. The Accreditation body:

- Is truly independent and its decisions are binding on the National Board;
- has two of its members from the National Board; and to further effect collaboration, two members of the National Board come from the Accreditation Committee;
- can not be directly influenced by the Ministerial Council and the Ministerial Council's agreed "endorse-or-decline" rights-only over the National Boards remain but only regarding registration matters.

Model 3: Legislated Independence.

The Accreditation body is attached to the National Registration and Accreditation scheme. The Accreditation Body:

- sets standards and recommends training changes;
- the professional specific National Board (as with current relationship with Ministerial Council) can only endorse or decline (and refer back) but cannot create or change matters relating to accreditation;
- Ministerial Council has no power relative to accreditation of courses of training.

5.2 ***Fees and Budget: Alternative Model***

To increase the independence of the National Board and Accreditation body, fees are set by the National Board which is also responsible for creating and managing its budget. The National Agency would collect fees on behalf of the National Board and offer centralised secretariat services for purchase by the National Boards. Fees will need to be set at a reasonable level not markedly different from current fees and not at a level that funds the scheme but including a equal component of Government support

5.3 ***Representative Board: Alternative Model***

To ensure balanced representation of the profession, the community, Government, registration and accreditation, it is urged that the Psychology Board of Australia should incorporate the following:

- a. a committee of 12 members: eleven members plus the Chairperson who has a casting vote;
- b. eight members, including the Chairperson, should be psychologists (a maximum of three of these could come from among representatives of State Registration Boards);
- c. of the psychologist members, three should have experience with registration processes and three with accreditation;
- d. of the eight psychologists, four should be nominated by the main professional body: the APS, two from the Chairs of State Registration Committees, two from the general population of psychologists;
- e. of the eight psychologists, one should practice in a rural area, one should be familiar with current health policy, one associated with non-health professional activities;
- f. four community members should include at least one representative of health consumers, one representative of another profession (health or otherwise) and a lawyer;

Quite separately from the above, the APS has recommended that the psychologists selected for appointment to the Psychology Board of Australia should meet **one or more** of the following criteria.

1. Substantial experience in governance as a member of organisational boards such as company boards or university councils
2. Previous appointment as a member of a State or Territory Psychology Registration Board demonstrating substantial experience in managing professional and ethical matters
3. Experience in the accreditation of university psychology education and training courses through membership of the Australian Psychology Accreditation Council or similar accrediting body
4. Substantial experience in State/Territory or national policy planning for psychology services and knowledge of government health and education policy

In addition to meeting the above criteria, it is essential that the psychologists appointed to the Psychology Board of Australia collectively comprise a broad and expert representation of the profession and its scientific discipline. Therefore the APS has also recommended that the overall composition of the group of psychologists on the Board should meet the following criteria.

1. Representative of a diverse range of psychological practice, including in non-health sectors and across the public and private domains
2. Proportionally representative of the States and Territories across Australia

6 Conclusion

The APS welcomes the opportunity to make a submission to the Senate Community Affairs Committee. While the APS continues to support the principle of a national scheme for health practitioner registration and a significant interface with professional course accreditation, it wishes the Committee to note some serious issues and some recommended changes to the legislation on which this national scheme will be based.

The Society's prime objective is to ensure that professional course accreditation remains protected from political influence, either by being removed from the scheme (APS first preference) or by ensuring its independence from Ministerial Council decision-making. As set out in Sections 1 and 2, the concerns of the APS centre on the impact on improved standards of care and quality services for members of the community about the loss of independence for the accreditation processes might produce. To this end some specific models of organisation for accreditation have been proposed.

The second area of major concern to the APS is the governance processes projected for the Psychology Board of Australia and these are clearly enunciated in Section 3. The APS has provided some proposals to achieve the desired best governance arrangements. A third area of concern is the "health" orientation of the legislation and the potential impact this may have on non-health professional psychologists both in terms of their marginalisation and even significant discrimination that a health oriented legislation may have.

Finally, the Society continues to express concerns over aspects of the registration components of the projected legislation, and it seeks to have these issues resolved prior to the drafting of the legislation.