



**SUPPLEMENTARY SUBMISSION
TO
THE SENATE COMMUNITY AFFAIRS –
LEGISLATION COMMITTEE**

**INQUIRY INTO THE
NATIONAL REGISTRATION
AND
ACCREDITATION SCHEME
FOR
THE HEALTH PROFESSION**

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by

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PREAMBLE

It is evident that a process of consultation has allowed for the drafting of an improved document for the foreshadowed National Regulation Scheme for Health Professionals. Bill B and the Hansard documentation provide solid evidence of 'good faith' by the diverse group of parties involved. Nevertheless, there are still 'issues' as they pertain to psychologists, and in particular non-health psychologists. While there are currently 25,000 psychologists registered in the various Australian jurisdictions, I suspect that fewer than half would identify with the health profession. If we draw an analogy with the accepted definition of an Australian aborigine, then the following would need to apply for psychologists to be classified as health professionals:

- | | |
|---|--------|
| A. The psychologist has a 'health' heritage (or health focus in the future): | Yes/No |
| B. The psychologist <u>identifies</u> with the health profession/industry: | Yes/No |
| C. The psychologist is <u>recognised</u> by the health profession/industry as a 'member': | Yes/No |

Many psychologists would have answered 'No' for each of the three statements above. This would apply to organisational psychologists, educational psychologists, sports psychologists and social psychologists (both practitioners and academics). [It is acknowledged that the community may view psychologists as part of the health profession but this just reflects a lack of perception and understanding, by many lay people, of the profession of psychology and its diversity.]

This begs the question: How should the profession of psychology be treated? Ethical practice, the protection of clients (organisations and individuals), high standards and the sustainability of our body of knowledge/practice are the hallmarks of our common approach regardless of our 'speciality'. Yet it is necessary to address a fundamental issue: Psychology is a very diverse discipline and we present some specific challenges to the legislators (and those drafting the legislation).

An overriding issue is the inherent tension that exists between legislation (to prescribe certain elements) versus flexibility (to interpret and apply the intent of the legislation, for example, at the National Board level). Detailed legislation can help to circumvent gross misapplication of the intent of the legislation and provide transparency and, hopefully, a 'level playing field'. However, the following problems can occur:

- Sub-groups can be disadvantaged (I shall come back to this).
- There is no crystal ball to determine future needs and the structural or legislative elements required to meet these changing requirements.
- Legislative change can be very difficult to implement, as well as very tardy and reactive.

On the other hand, flexibility (at say, the National Board level) also has its hazards, namely:

- The composition of the National Board becomes critical, together with the powers which are divested to the National Board. Whilst jurisdictional representation may be a key concern at the political level, organisational psychologists are much more concerned about the nature of the tertiary qualifications of the National Board member, and their appreciation of the diversity within psychology. Often APS college membership (along with tertiary qualifications) acts as a proxy for determining the orientation of a psychologist. Organisational psychologists are very concerned that the Psychologists Board of Australia (PBA) will have a very strong clinical focus, particularly given the strong clinical focus, currently, on state based psychology registration boards. There is a real concern that such individuals do not understand the issues associated with organisational psychologists – they operate at the treatment level (often one-to-one) whereas organisational psychologists will work at a system level as well as with groups and individuals – within an

organisational context. The term 'client' always has to be clarified when we are in discussions with our clinical colleagues.

Furthermore, if the PBA is to have several consumer or community representatives, then will organisations (the clients of organisational psychologists) have the opportunity for representation on the PBA?

It is perhaps appropriate to provide examples of our association with the health system. For an organisational psychologist to be actively involved within the health system, it is likely that we would be addressing the following practice areas:

- Systems analysis, including information flows
- Change management
- Leadership development
- Recruitment and selection
- Organisational development; learning and development
- Culture development (that is, organisational culture)
- Investigating mechanisms to minimise the 'cover up' of errors so that a proactive knowledge management system can be developed.

Let me now address some of the issues that appear to exist with Bill B – and hopefully present some possible solutions:

PROTECTION:

Psychologists wish to have their title protected as this is very much associated with their professional identity and level of recognised competence in the science and practice of Psychology. However, we want to ensure that the PBA does not pursue a distorted view of the legislation and deny those not trained in 'health psychology' from being registered.

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Solution:

To ensure that the term 'psychologist' applies to both health and non-health psychologists.

COMPLAINTS:

Organisational psychologists, such as independent practitioners like myself, function under the current avenues for complaint – the state based psychology boards and the Australian Psychological Society. However, there is also another 'space' in which we operate – that of the consulting market in which we work. For organisational psychologists there are several areas of concern under the proposed legislation as it stands. These include the following:

- A. Clients (that is, organisations) who wish to complain will be unaware of the health system avenue to register a complaint, although it is possible that they will approach the Australian Psychological Society.
- B. There is a significant concern that complaints can stay on the record, regardless of the outcome of the investigation into the complaint.
- C. Organisational psychologists can be at a commercial disadvantage to human resource practitioners and management consultants who are not constrained by such legislation but who are offering a very similar professional service in some instances. Let me give an example: A client is unhappy in my conduct of a recruitment/selection assignment for a Chief Chemist for a sugar mill. What does the client do? In the business world, several things can happen:

- They can remonstrate with me and I correct my errors. For example, I undertake the job again at nil or reduced fees.
- They 'spread the word' about my performance.
- They ask for repayment of fees paid (partial or in full).

What if an unsuccessful candidate complains? Under the intended legislation, they may gain 'traction' at the PBA level. Even if the complaint is dismissed, the current legislation appears to allow for the likelihood of this information being maintained. Vexatious complaints, also, should be dealt with by more than just 'negation' by the PBA.

⇒ **Solution:**

The relevant National Board has the power to investigate all complaints. Dismissed complaints should be expunged from the records unless there is a very special reason for some details to be maintained. Vexatious and perennial complainants should be managed appropriately by the National Board.

ADVERTISING AND TESTIMONIALS:

Independent organisational psychologists compete directly against human resource practitioners, recruiters and management consultants. A number of organisational psychologists hold simultaneous membership of the APS College of Organisational Psychologists, Australian Human Resources Institute and the Institute of Management Consultants. In fact, the APS College of Organisational Psychologists may be working towards developing a Memorandum of Understanding with the Australian Human Resources Institute.

Thus, many of our competitors will not be constrained by the intended legislation. We are competing against organisations who will have testimonials from, for example, the Chief Executive of Company XYZ, on their websites. Restricting organisational psychologists puts us at a commercial disadvantage – not particularly desirable during the GFC where many independent organisational psychologists have been hit hard.

Clause 145 mentions "a regulated health service". This clause raises at least two questions. What is a regulated health service? And, does a service provided by an organisational psychologist (registered) constitute a health service even though it could readily be provided by a non-psychologist (for example, career guidance, recruitment, and the like)?

⇒ **Solution:**

Clause 145 needs to be clarified so that normal business practice is not impeded and that certain sub-groups (such as organisational psychologists in consultancies) are not at a commercial disadvantage to non-psychologists.

CONTINUING PROFESSIONAL DEVELOPMENT (CPD)/PLACEMENTS/TERTIARY EDUCATION:

There is a concern that forcing organisational psychology (and other non-health areas of psychology) into a health template will inadvertently lead to:

- A. An increased focus on health related CPD for all psychologists.
- B. Increase the percentage of time that students spend in a placement within a health setting (versus non-health setting).
- C. Increase the focus on clinical and health psychology programs in tertiary education.

The allocation of time and resources into this health domain automatically means less time and fewer resources available for individuals within their nominated non-health domain.

**Solution:**

This is a difficult one to address without substantial changes to the National Registration Scheme. A diverse PBA may be the answer, but this may not be representative from a jurisdictional perspective.

This brings me to a final point:

REGISTERS / SCOPE OF PRACTICE:**Registers:**

There appears to be increased flexibility with regard to the use of registers although we do not know how this will translate into practice. However, as a guiding principle, I believe it is important that the public has access to information regarding the area of specialisation with which a psychologist identifies. The current structure of APS colleges appears to be a good starting point.

**Solution:**

Whilst recognising that the PBA may make judicious decisions in relation to special areas of practice, many organisational psychologists would prefer a framework that protects their professional identity, independent of PBA decision making. The APS College structure should be considered as a basis for enhancing registration classifications.

Scope of Practice:

It has come to my attention that the issue of 'psychological testing' has been raised by others. There is no doubting that this is an issue of concern for psychologists. This is a billion dollar industry worldwide and there have been numerous instances of inappropriate assessment use, particularly by non-psychologists. However, I am also aware that some psychologists may not have the requisite competence to use particular tests or to use tests appropriately in certain contexts.

I believe that we need a system (for psychological testing and assessment) similar to that developed in Europe through the European Federation of Psychologists' Association (EFPA). The EFPA has adopted the International Test Commission (ITC) test user guidelines as a model for its approach. In January 2009, a draft proposal on European Certificates for Psychological Test Use in Organizational Settings was developed. I believe these sorts of frameworks, incorporating standards and guidelines, are necessary before any legislation can be enacted.

Restricting psychologist tests to psychologists does not really address the fundamental issues and opens up the dilemma of determining what is a psychological test, particularly given that a number of well known tests are now used, globally, by trained human resource personnel and consultants who are not psychologists. In parallel, we also have the major issue of 'online testing', raising the prospect of trans-national regulations whereby it is possible for the psychologist, the individual test candidate and the (organisational) client to be residing within three different countries around the globe.

Thank you for the opportunity to provide a supplementary submission and I look forward to viewing the finalised legislation after its passage through Queensland Parliament.

[END OF SUBMISSION]