

# **Australian Psychological Society**

## **Response to the APAC Third Consultation Draft Accreditation Standard for Programs of Study in Psychology (June 2016)**

**15 July 2016**

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## Introduction

The Australian Psychological Society (APS) appreciates the opportunity to comment on the Australian Psychology Accreditation Council (APAC) Third Consultation Draft on the accreditation standards for programs of study in psychology (June 2016). The APS is the peak professional society representing over 22,000 members and has a long-standing history in the development of standards of training for psychologists.

The APS is pleased to note that the Proposed Standards have been mapped against the International Project on Competence in Psychology and supports the proposed competence-based framework of psychology training benchmarked against international training standards, including the European Qualification Standard for Psychology (Europsy). The APS also supports the proposed new structure of APAC Standards comprising 3 components: the Standards, Graduate Competencies and the Evidence Guide organized across 5 domains.

## Comments on the Third Consultation Draft

The comments provided on this APAC Standards Consultation Draft incorporate feedback from a range of stakeholders, including members of the Division of Psychological Research, Education and Training (DPRET) Forum, the Division of APS Colleges, and other colleagues in professional practice and academia. Feedback from the APS constituency reflected the different perspectives held by colleagues in different higher education and other training settings, and where discrepant or qualifying feedback was received this is noted.

This response has attempted to reply to the APAC Consultation questions, however, there are a number of other considerations that we wanted raise. Throughout this document, we have made recommendations, set off in red colour. Some recommendations are high-level whereas others are specific.

**Increased flexibility** in the ways higher education providers (HEPs) structure programs and allow for innovation in learning and teaching is regarded as a highly desirable outcome by HEPs, and feedback has generally been in favour of more flexibility. APS stakeholders in academia have raised concerns, however, that by trying to move from an inputs- to an outcomes-based approach, the standards have lost clarity and are now likely to be too broad for consistent interpretation, leaving decisions to reject or place conditions on accreditation open to challenge by HEPs. The proposed standards may not provide HEPs with adequate direction and may also not be adequate in assuring that HEPs are accountable with respect to maintaining high quality courses and producing high quality graduates.

The decreased focus on inputs and **increased focus on outcomes and competencies** is generally receiving positive reactions, especially with the range of different pathways towards achieving competencies. However, serious concerns were also raised. Stakeholders have noted tension and incongruity between the focus on an outcomes-based model and the need for some **input requirements**. The previous inclusion of material on minimum staff-student ratios, staff being research active, psychology background of staff, and similar criteria were essential components to ensuring quality

outcomes for students. Similarly, specifying minimum amounts of psychology within programs permitted staff in schools of psychology to argue against psychology content being watered down within their institutions. The proposed standards provide no such protection to schools and departments (e.g. "suitable" in relation to AQF or "sufficient" resources) and some quantitative specification would be desirable. The most consistent concern is the need for some specification of **staff-student ratios**. This is seen as important for all levels of training, but especially critical for levels 3 and 4, where the intensity required for teaching specific advanced skills combined with outcomes-based assessment necessitates minimum staff/student ratios.

The following considerations about staff-student ratios should inform the APAC Standards:

- Staff-student ratios are a quality control measure which will allow for more individualised training and improved graduate outcomes
- We recognise that small staff-student ratios may contribute to the cost of postgraduate programs or make it difficult to sustain those existing programs and that ratios may present some problems for smaller universities (e.g. in rural or regional areas). However on balance, we consider that some staff-student ratios need to be specified, especially for Level 3 and Level 4 programs.
- If no staff-student ratios are specified in the standards, Schools of Psychology will have difficulty upholding quality control of their programs, if the HEP demands increases in student numbers.

**Recommendation:**

That APAC Standards include some input standards with respect to psychology staff, specifically their psychology qualifications and background and the extent to which they are research-active.

That APAC Standards include staff-student ratios, especially to ensure smaller staff-student ratios at a postgraduate level.

Major concerns have been raised about the **Evidence Guide**. The Evidence Guide lacks detail and specificity, making it difficult to understand how the outlined competencies will be met, and what HEPs need to do to meet the evidence requirements. It will be difficult for HEPs, particularly in the initial stages, to anticipate the types of information required by assessors.

The evidence guide therefore needs to be much clearer in terms of the information required during APAC reviews. The form in which the information is presented also needs to be articulated more clearly.

Some examples to illustrate these concerns:

- The AOU is to demonstrate how student assessment is managed for each phase or year of the program
- The AOU is to consider the reliability and validity of the assessments and how these data are used to improve the design of the program

It is not clear what is being examined when the AOU "demonstrates the management of student assessment". Neither is it clear whether or not the AOU needs to actually test the

reliability and validity of the assessments and how this should be accomplished. This is a problem throughout the document.

**Recommendation:**

That the APAC Standards Evidence Guide provide more detail on the evidence that is required to establish that competency requirements are met, and the form in which that evidence is to be presented for APAC review.

**Definition and use of stand-alone ("bridging") programs.** The Consultation Draft needs to provide a clear definition of what the term "stand-alone" refers to and be consistent in the use of the term:

- (a) bridging from an unrelated undergraduate qualification to a psychology undergraduate program (Level 1 competencies)
- (b) bridging towards general registration (Level 3 competencies), that is, the purpose of fifth year programs and
- (c) bridging from Level 3 competencies to Level 4, either from the position of general registration, or from another endorsed area of practice (AoP).

**Recommendation:**

That APAC Standards provide a clear definition of, and distinguish between, stand-alone programs at different levels.

Feedback concerning the four proposed **levels** mainly focussed on the need to specify these levels more clearly. It was not clear from the document whether competencies are intended to be sequential in nature or to what extent they could be achieved concurrently (pp.7-8)

**Recommendation:**

That levels be more clearly specified in the proposed APAC standards document.

It is not clear from the documentation whether the Proposed Standards permit **double majors**. This should be clarified.

**Recommendation:**

That APAC Standards explicitly permit double majors.

From the professional practice perspective, feedback has been that the proposed Standards are generally comprehensive but the **structure of the document** could be substantially improved to enhance accessibility and understanding. In particular, there seems to be a very tenuous link between standards and competencies. The basis or evidence for a standard is also unclear, especially from reading the Table on pages 9-12. It would be helpful if at least some of the material in Appendix A was moved into the third column under 'criteria'.

**Recommendation:**

That the link between APAC standards and competencies be made more explicit.

**Research requirements beyond level 2:** It has been noted by many stakeholders that psychology training is based on the scientist-practitioner model. The Proposed Standards appear to decrease emphasis on research training and competence in research and evaluation, especially at Levels 3 and 4. Whilst many are in support of not requiring a second thesis, if students complete a substantial, honours thesis equivalent research project, the current standards seem to be emphasising the practitioner competence. This is also addressed in later sections of this response.

**Recommendation:**

That APAC review the requirements for research at Levels 3 and 4.

## **1. Is there anything that is missing from the components of the proposed Accreditation Standards for Psychology Programs?**

With respect to the **Domains** of the Accreditation Standards:

Domain 2, Criterion 2.2 (p.10) and Evidence guide (p. 38)

- Benchmarking: It is not clear what form benchmarking would take. This section could be better framed as being about the calibration of assessment and of assessment marking. The work of Royce Sadler and others in this area is a useful way of considering what benchmarking should look like. Without guidance as to what to look for and how, there is little to go on in terms of how this process should occur.

Domain 3, Criterion 3.5

- "Problem- and evidence-based learning, computer-assisted learning, simulation and student-centred learning strategies are encouraged." – We note that these are somewhat outdated ways of describing innovative practice. Higher education is now moving more into design thinking, which is focussed on systematic and contextualised design approaches for specific contexts. The labels used in this criterion suggest solutions without necessarily addressing design problems. What is critical is the systematic approach taken in each context, not the solution outcome.

Domain 3, Criterion 3.7, and related competencies and evidence guide

- Please refer to the joint submission by the Australian Psychology Education Project (AIEP), the Australian Indigenous Psychologists Association (AIPA) and Indigenous Allied Health Australia (IAHA). The submission makes 37 specific recommendations relative to the Proposed Standards.

Domain 4

- Criterion 4.5 - There is a significant issue emerging around the lack of support for highly achieving students. The work of Hattie and others is showing that support needs to be focussed across the spectrum. HEPs are inherently motivated to support struggling students by the funding arrangements. It is possibly worth widening the focus of this criterion to encapsulate students across all levels of performance.

## Domain 5

- Criterion 5.2 - There must be focus on the alignment of learning activities with assessment and outcomes. Without this, there is no way of determining whether the tasks that students are asked to do in their subjects/units are likely to prepare them effectively to demonstrate that they are meeting the intended learning outcomes.
- Criterion 5.2 - Assessment grade distribution is a norm-based approach to grading and should be reconsidered. What is important is calibration and moderation of assessment marking in relation to the intended learning outcomes and standards. Many HEPs are now moving to criterion-based assessment. Criterion-based marking done properly negates any need for norm-based marking. In other words, calibration needs to be the approach taken here, not 'marking to the curve'. Criterion-based assessment is more consistent with the competencies approach in the document than is grade distribution.

The **Evidence Guide** needs to be elaborated and include with much more detail.

## 2. Is the introduction to the Accreditation Standards for Psychology Programs contained in the Preamble and Application of the Standards sufficient to guide the use of the standards?

Overall, the introduction to the Accreditation Standards is helpful. The following areas could be clarified further.

- The statement at the top of page 7 regarding AQF should be moved to the beginning of the Preamble.
- In the introductory pages, in several places it is stated that "...the focus of the standards will move from an inputs- to an outcomes-based approach" (p. 4).
  - Firstly, we note that the 2010 Standards were a mix of inputs and outcomes.
  - Secondly, the *"Accreditation Standards for Psychology Programs"* (pp. 9-11) are almost all inputs or process standards, and would more appropriately be labeled: *"Accreditation Standards for Psychology Programs: Inputs and Process Standards"*. The few output statements on pp 9 to 11 mostly repeat what is already contained in the Competencies section, and could be deleted. Moreover, the Evidence Guide thus far refers mostly to these input standards.
  - Although backward curriculum design starts by specifying what should be the outcome, i.e., graduate competencies, HEPs require guidelines for how best to reach that end point, and regulatory bodies need such guidelines for quality assurance—that is, evidence-based standards for inputs and processes. The absence of input standards could lead to risk for the public when to determine why some graduates do not have the required competencies. This underlines the need for inputs/process standards.

- Contained in pp. 9-11 is a small but critical problem—the relationship between **program learning outcomes** and **graduate competencies**. We recommend that APAC amend both the glossary and in the introductory pages that the graduate competencies need to be a subset of the overall program learning outcomes required by the HEP.

**Recommendation:**

- On p. 11, use *graduate competencies* rather than *program learning outcomes* in 3.7 and 3.8 (or at the very least “program learning outcomes reflecting the graduate competencies”). Note also that there can be “unit” and “stream” learning outcomes, so it is best to use “program” prior to the words “learning outcomes”.
- With respect to Domain 2, criterion 2.4: This statement is rather broad and ambiguous.

**Recommendation:**

- Replace statement with “Mechanisms and frameworks exist within programs for assessing the health and viability of programs and for incorporating contemporary developments in the scholarship of learning and teaching in psychology.”

### **3. Should the Graduate Competencies specify that one level must be completed before the next can be undertaken, rather than allowing for concurrent achievement of different levels of competencies?**

For example, should Professional Competencies leading to General Registration be achieved before commencement of a program leading to Professional Competencies for Specialised Areas of Practice? Please consider the pros and cons of such an arrangement, in terms of educational validity and resourcing.

This question has generated extensive debate, and there was not a unanimous view across the APS higher education stakeholders. On balance, the response was a qualified **no**. The flexibility is required as it is demanded by stakeholders (p. 5) and stated on p.8, point 6. The different levels of competencies suggest that for each level, there can be an appropriate program. However, we also support that two levels of competencies be taught in one program, for example:

- Combined Level 1+2 programs (existing)
- Combined Level 2+3 programs (implicit in the competency level framework)
- Combined Level 3+4 programs (existing)

It should be noted that gaining internal (i.e., HEP) accreditation for combined programs that cross AQF levels (e.g., AQF 8 and 9) can be challenging.

It is imperative within any “combined” program that most of the first levels of competencies are acquired prior to moving on to training in the second level of competencies. The importance of this principle cannot be underestimated, and indeed, has led some stakeholders to argue against the above-stated position. For example, it is considered imperative that competencies such as 3.3 and 3.9 be acquired prior to



specialisation training (Level 4). Thus, if flexibility is to be retained, there needs to be mechanisms in place to ensure that within combined programs the lower level is achieved prior to the higher level.

### 3 a Stand-alone programs in an area of practice

In addressing this question, you may care to assess the model proposed for stand-alone programs in an area of practice (see page 18 of the Consultation Paper), to enable registered psychologists to undertake a qualification leading to eligibility to apply for endorsement in a specialised area of practice (AoP).

- The terminology used both above, and on p. 18, on stand-alone areas of practice is confusing. It was not clear whether APAC was asking whether people who hold general registration or have completed a 3+4 program in another AoP should be required to have undertaken one year of practice as a registered psychologist, prior to being eligible to apply for a “stand-alone” Level 4 program.
- In theory this requirement could be seen as unfair by applicants, and would decrease the flexibility of offerings by HEPs. In practice, through competition, those admitted to the (stand-alone) Level 4 program are more likely to have demonstrated high levels of Level 3 competence.
- The alternative view is to create an “input” standard just for Level 4 as suggested, with a requirement above and beyond the accepted benchmark for achieving Level 3 competencies (i.e., gaining registration, through whatever pathway).
- However, such a requirement would negate the viability of all existing 3+4 combined programs, as to be fair, this “Level 3 plus one ‘clean’ year of practice” requirement needs to be a consistent standard. This would thus mitigate against flexible pathways and flexible packaging of programs.
- In reference to p.18, the requirement for at least one of the assessors holding a relevant AoP, it was noted that the assessors having AoP does not guarantee that they would be skilled at accreditation assessments. It is recommended that the assessor should also be an educator for the relevant area of endorsement (registered, trained and qualified to perform the role).
- It would be helpful if evidence were provided for the number of direct client contact hours required. It was noted that the discipline claims to be evidence-based but the Proposed Standards did not provide evidence on why this specific number of hours is required or what skills the students are expected to have developed by the end of the training.

#### **Recommendation:**

That APAC Standards clarify the section on stand-alone programs in consideration the above points

## 4. Accreditation of internship years

At present, APAC does not accredit internship years. Please give your views on the advisability of APAC developing standards for programs which include five years of academic work plus an intern year, leading to qualification for general registration.

This question also generated considerable debate, mostly with respect to the implications for both provisionally registered psychologists and HEPs, if accreditation of internships was done by APAC.

- It was noted that the PsyBA currently regulates both internship and registrar programs.
- Cost should be considered in decisions about accrediting internships. For HEPs, the cost of offering an accredited internship is likely far greater than the benefit, particularly in the context of current losses of postgraduate programs. If internship accreditation is not the HEP's responsibility, the question of who pays for the accreditation needs to be considered as it is unlikely that employers will do so.
- In the USA, accredited internships in health, mental health and educational settings or Level 4 equivalent professionals are of very high quality, and accredited by a separate body. However, as with internships in Australia, there is the risk of insufficient numbers of accredited internships available for the number of graduates. This would disadvantage graduates. Whilst it could be desirable to develop an accredited internship system where employers such as hospitals or school systems offer a well-designed program, introduction of such a system to Australia would take considerable time and require buy-in from employers.
- It was noted that there is no mechanism in the APAC documentation that requires that an internship be available at the end of training for students. If the number of students who graduate from HEPs exceeds the number of available internships, students may complete five years of training without access to internships. Without completed internships, these students would not be able to become generally registered psychologists. One option may be for PsyBA to regulate the number of students admitted to these courses by capping places at levels 3 and 4; however this may reduce the flexibility for HEPs.
- Please also refer to the joint response by AIPEP, AIPA and IAHA recommending that there be accredited internships in Aboriginal controlled health organisations.

## 5. Are the Graduate Competencies listed under each level helpful and logical?

Generally the graduate competences listed under each level are helpful and logical. We provide specific suggestions below for improving this section of the Proposed Standards.

**Firstly**, the “Explanation” (p. 13) contains a “status quo” bias, in that it mentions “typically” without including “but also could be...”. This mitigates against the stated aim of more flexibility. Thus we recommend these changes:

### Recommendation:

- At the end of “2”, add “**but could be the fourth year of a combined 4<sup>th</sup> and 5<sup>th</sup> year**”; and
- At the end of “4”, add “**but could be a stand-alone one-year program after professional competencies for general registration have been recognised**”.

**Secondly**, we note that the AIPEP recommendations regarding Competencies for Working with Aboriginal and Torres Strait Islander People should be made explicit at all levels of training.

**Thirdly**, some comments specific to each level:

### Level 1: Foundational Competencies:

- It is pleasing to note that Level 1 is included in the competencies.
- It is **recommended** to include in Level 1:

### Recommendation:

- (a) some important components of the 2010 standards (e.g., research);
- (b) some aspects of the set of **HEP-consensus** regarding graduate competencies—see the Cranney et al. ALTC/OLT national report (in your reference list); and
- (c) the APS Board-endorsed “Proposed Australian Psychology Accreditation Council (APAC) Undergraduate AQF level 7 Standards\* for “Graduate Attributes”. The latter document in particular emphasises the critical importance of all Level 1 graduates possessing a moderate level of **psychological literacy**.

Specific comments on foundational competencies (p. 14):

1.1: This is comprehensive.

1.2, 1.3, 1.4: It is agreed that these competencies are foundational to professional psychology, and professionalism in general.

1.2: This competency is critical at an undergraduate level. However, the National Practice Standards for the Mental Health Workforce have separate standards for working with diversity and with Aboriginal and Torres Straits Islander people, and it may be worthwhile considering this for the Proposed Standards. Please refer to the response by AIPEP, AIPA and IAHA.

1.5: **Recommendation:** change to: "Demonstrate **evidence-based** interpersonal and teamwork skills". This acknowledges that **psychological science** informs this practice which is foundational to professional psychology, and professionalism in general.

1.6: This is a peculiarly expressed competency, and suggests that **research and evaluation skills** (essential to professional psychology practice, and the particular strengths of all of our Level 1 graduates) have been "**de-emphasised**" compared to the previous standards. This is counter to the expressed aim of Level 1 education. We recommend the following wording for this competency:

**Recommendation:**

- "Demonstrate pursuit of scholarly inquiry, **including the capacity to conduct basic studies in psychology, and evaluate basic psychological intervention programs**". And add:
- 1.7: "**Demonstrate the general capacity to apply psychological principles to achieving personal or professional goals.**" This is a basic aspect of psychological literacy, and provides an integrative applied competency (with some choice in type of goal).

The "Purpose" statements are also very important, and in the case of Level 1, lacking in terms of reference to application (which is emphasised in AQF). We recommend this revision:

**Recommendation:**

- "Graduates at this level have broad and coherent knowledge and skills in the scientific discipline of psychology that **can be applied in general professional contexts.**"

## **Level 2: Pre-Professional Competencies**

Again, the research competencies of this Level seem to be de-emphasised compared to the previous (and HEP-consensus) standards.

There was some concern expressed regarding the potential resource intensiveness of, for example, 2.4. It was counter-argued that this competency could lean toward practice and administration, or toward understanding psychometric properties of tests.

Competencies 2.1 to 2.5 are all seen as essential pre-professional competencies.

It would be helpful to clarify these pre-professional competencies

- 2.2 p.15: Does "appropriate interpersonal communication skills" mean basic counselling skills?
- 2.2 p.15: What is meant by "situations appropriate to psychological practice" – is this meant to be assessed with clients or in class situation?
- 2.4 p.15: "basic assessment *strategies*" – at this level, it should be expected that students can display *knowledge and skills* in assessment.

**Recommendation:**

- **Clarify above-listed preprofessional competencies**
- 2.6: Change to: "Undertake **independent** research to..."

### **Level 3: Professional Competencies for General Registration**

- The competencies seem reasonable, however they should be **grouped to align** with the competencies of Level 4, thus making clear where Level 4 builds on Level 3.
- There is missing information. In particular, in the first paragraph of “Exit pathways”, there is no statement about minimum number of client hours for the one-year masters—this is essential information. There should be congruent information for the 12 month internship, if APAC accredits that year.
- It would be useful to state what the PsyBA’s general registration standard is (i.e., number of hours of supervised psychological practice, and of client contact).
- Key areas specifically related to practice are omitted from the Guidelines. Our two major concerns are an almost complete lack of focus on disability (it is mentioned once and only then in relation to Sport & Exercise Psychology) and inadequate attention to the identification and management of risk. Further there is inadequate and inconsistent emphasis on case formulation and diagnosis (the latter is increasingly an issue, for example, some courts in some States will not accept a diagnosis from a psychologist).
- This section lacks real world applicability and has the potential to lead to students being underprepared for the workforce on completion.
- This section also places overwhelming emphasis on the mental health sector (e.g., reference is made to the National Mental Health Standards, mental health disorders and so on) but psychologists work in a much wider range of areas beyond mental health; in particular, much greater emphasis is needed in areas such as disability. Psychologists interface with disability in a range of workplace settings but it is likely that in the future there will be increased demand given the role of psychologists in the NDIS. Training in working with people with a disability is crucial for any health care provider and should be incorporated into the guidelines across the different competency levels and across various domains. At the professional competency level, a high level of knowledge and skill should be required that supports competence in understanding issues of consent, effective communication, and the tailoring of assessment and intervention processes.
- 3.3 p. 16: “professional communication skills” is insufficient – also required is *understanding of social and cultural diversity*.
- 3.4 p. 16: also need to be able to appropriately *communicate the results of testing to clients*
- 3.6 p. 17: it is disappointing that the Standards do not place greater emphasis on the assessment of risk – both risk of self-harm to clients AND *risk of harm to others*. The latter issue is currently a matter of concern in the Coronial Court of Victoria and may result in recommendations to amend the APS Code of Ethics and improve the training of psychologists in this area. Therefore, the APS strongly recommends that risk be included as a competency in its own right and that it *incorporate both aspects of risk assessment AND risk management*.

- It is also noteworthy that the Victorian Coroner has also questioned the adequacy of the training of psychologists in managing interpersonal violence. This continues to be absent from the competencies.

**Recommendation:**

That APAC Standards include competence in managing interpersonal violence

- 3.7 p.17: findings need to be able to be appropriately communicated *to various sources* e.g., clients, courts, referrers
- 3.12 p.17: the application of policies also needs to include the requirements of the main regulatory environments e.g., Medicare.

**Level 4: Professional Competencies for Specialised Areas of Practice**

- Please refer to the specific College sections in the Appendix for AoP specific comments.
- P. 18, stand-alone AoP qualification: it is not clear if applicants without general registration would be required to practice as **provisionally**-registered psychologists for 12 months.
- P. 18, client contact hours should also be specified for stand-alone programs
- Research is not mentioned in the level 4 professional programs. Whilst arguments can be made about the amount of research in professional programs, **it is of concern that although research is mentioned in Domain 3 (p. 11, point 3.9), there are no specified competencies that graduates must achieve.**
- The wording of the competencies “apply advanced psychological knowledge” does not make explicit the skills component of competencies. Consider rewording this stem to refer to both psychological knowledge and skills
- Case formulation is absent from several areas of practice.

**6. Are the Graduate Competencies under each level grouped appropriately?**

- See comment on Level 3 above.
- Refer to College submissions for Level 4.

**7. Is the information in the Evidence Guide helpful and logical?**

- It is not clear how this Guide will be interpreted in relation to the yet-to-be written **APAC Rules for Accreditation**.
- There is much of value here, but could be better organised. Critical “outcome” aspects include points 7-10 on p. 33.
- P. 34 does not include in-vivo assessment of competencies.
- Much useful information from the past 2010 Standards document, and from the HEP consensus document and AQF Level 7 document should be included to

enhance the usefulness of the evidence guide for both HEPs and accreditation assessors.

- The evidence guide needs much more elaboration to ensure consistency of interpretation of the standards, to enable high quality outcomes, and to provide relevant guidance to both HEPs and accreditation assessors.

#### **8. Are there terms in the Accreditation Standards for Psychology Programs that have not been defined in the glossary and should be?**

The following should be clarified:

- The relationship between “graduate competencies” and “program learning outcomes”;
- What is meant by “capabilities” in the expression “knowledge, skills and capabilities”?; and
- How a “bridging program” is defined and used.

Terminology needs to be tightened across the whole document.

#### **9. Are there any issues that you wish to have considered in the finalisation of the Accreditation Standards for Psychology Programs?**

- Please refer to the joint submission by the Australian Indigenous Psychology Education Project (AIPEP), the Australian Indigenous Psychologists Association (AIPA) and Indigenous Allied Health Australia (IAHA). The submission makes 37 specific recommendations relative to the Proposed Standards.
- Learning activities and designs are not included in the criterion on alignment. While it is vital that the assessment tasks align with the intended learning outcomes, the learning activities also need to be included here. This is particularly important now given that many of the activities are taking place online and in other virtual environments. Not taking the activities into account as part of the accreditation process is anomalous. This does not mean, however, that learning activities are prescribed or regulated by such standards, as that would preclude innovation. Rather, HEPs need to demonstrate alignment between learning outcomes, assessment and associated learning activities.
- It is imperative that the difference between the Levels of Graduate Competencies and the levels in the AQF (e.g., bottom of p.40).

## Comments on the Proposed Transition Arrangement

The APS has continued to administer the approval of postgraduate programs in the nine areas of practice, based on the College Course Approvals Guidelines (2010; 2013). For HEPs due for a cycle assessment in 2017 who choose the 2010 APAC Standards, the APS will continue to provide approval of postgraduate courses in the nine areas.

It will be important to assure that HEPs requiring accreditation in 2017 will not be disadvantaged. Given the flexibility of the new standards, those HEPs may wish to revise their programs prior to accreditation. However, even if these proposed standards are finalized and approved by the PSYBA by the end of 2016, it will be too late for these HEPs to make program changes for 2017 after the publication of the new standards. Those institutions will have to retain their current programs for 2017 as it will not be possible for new programs to be implemented before 2018.

There are two possible ways of addressing this issue:

1. Where an HEP wishes to revise programs substantially in the light of the new standards, that HEP be allowed to submit for the 2017 assessment the new programs that will be introduced in 2018. Such an assessment would have to be late in 2017 once the new programs had been signed off at the University level. A problem, however, is that there would be no outcome evidence and a lack of some documentary evidence such as unit outlines. This could possibly be addressed by awarding conditional accreditation and having a follow up visit at the end of 2018.
2. Where a 2017 HEP site wishes to redesign programs in the light of the new standards, but cannot because of logistical constraints, they are offered a reduced rate for the accreditation assessment of those new programs if they are introduced in 2018.

Given that the current standards date from 2010, it is still recommended to encourage HEPs to apply under the new standards.

### Specific comments on proposed transition guide

“Step 5: APAC staff approach 2017 cycle assessment providers to foreshadow arrangements and get their views”

**APS Comment:** It is not clear what is meant by *providers* in the description of Step 5 above. Does this refer to assessor or to the HEPs due for review? **Recommend** to clarify this wording.

#### **A For HEPs which are due for a cycle assessment in 2017**

(2) Special arrangements will be made to assist the relevant HEPs:  
APAC staff will visit the HEPs to brief them on the new standards and the process.

**APS Comment:** It is noted that a more economical way to brief HEPs may be to offer a workshop which all HEPs could attend.

(3) The most significant difference will be that the accreditation will include Area of Practice: this is an addition to the APAC process. For HEPs choosing to remain with the old standards, AOP would be assessed using the current model.



**APS Comment:** As stated above, for higher education providers due for a cycle assessment in 2017 who choose the 2010 APAC Standards, the APS will continue to provide approval of postgraduate courses in the nine areas.

**B For HEPs which have conditions under the existing standards:**

(2) Other conditions (generally to be fulfilled within 12 months): retained under old standards until fulfilled.

**APS Comment:** It would be helpful to clarify if a HEP can request that the program be accredited again under the new standards as a way to avoid conditions unique to the old standards?

**C For HEPs which have conditions from Colleges**

All currently accredited programs remain so until cycle assessment is due, when new standards will apply. (Note that the AOP programs are currently accredited by APAC and approved by the PsyBA without reference to APS College Conditions, as APAC is not privy to these and APS College conditions are not part of the National Scheme. APAC to monitor conditions until fulfilled, and APS to supply relevant information to enable this.

**APS Comment:** As stated above, for higher education providers due for a cycle assessment in 2017 who choose the 2010 APAC Standards, the APS will continue to provide approval of postgraduate courses in the nine areas.

**APS Comment:** It would be helpful to clarify if a HEP can request that the program be accredited again under the new standards as a way to avoid conditions from Colleges unique to the 2013 College Course Approval Guidelines.

## **Submissions by APS Colleges**

The following submissions have been included in this response. Please note that some Colleges will also send their responses directly to APAC.

College of Clinical Psychologists  
College of Counselling Psychologists  
College of Educational and Developmental Psychologists  
College of Health Psychologists  
College of Organisational Psychologists

## ***College of Clinical Psychologists***

7 July 2016

Ms Jane Stephens, CEO  
The Australian Psychology Accreditation Council GPO Box 18385  
Melbourne Vic 3001 apacstandards@psychologycouncil.org.au

Dear Ms Stephens,

Re: Proposed Accreditation Standards for Psychology Programs – Consultation Paper June 2016

Dear APAC,

Thank you for the opportunity to respond to the consultation questions. As the APS College of Clinical Psychologists, we support the mission of APAC to underscore the training of future clinical psychologists with international benchmarks, relevant registration and industry requirements and contemporary standards. The focus on graduate competencies within the proposed standards is a radical shift in paradigm from the previous focus on inputs. Such a shift brings many opportunities for creativity and tailored learning activities, as well as a range of challenges for accredited providers of clinical training in clinical psychology in Australia. We applaud APAC for taking fresh approach to these standards and for placing the protection of the public at the core of the standards.

We have organised our response by each of the consultation questions.

### **1. Is there anything that is missing from the components of the proposed Accreditation Standards for Psychology Programs?**

1. We recognise that specifying the ratio of staff to students is not consistent with the impetus in the proposed standards to focus on outcomes rather than inputs; however, for many universities the removal of such a regulatory ratio may result in a further depletion of adequate staffing within psychology groupings. There is a real danger that the absence of this ratio will lead to poor training outcomes for students and ultimately, potentially, increased risk for the public.
2. We note that in the proposed standards, there is no indication on the supervision hours required within the specified number of placement hours (1000, or 1500). Supervision is required to facilitate protection of the public, and without regulating a minimum number of supervision hours, we fear that practice will drift away from oversight, as universities and training providers reduce this expensive component of training. We proposed that 1 hour per day remain as a minimum requirement for Clinical Psychology Masters and Doctorate courses.
3. In the sections titled “Professional competencies for general registration” (p. 16) and “Professional competencies for specialised areas of practice” (p 18), the statement is made that “hours of supervised psychological practice must comply with the PsyBA’s general registration standard”. Based on our reading of these registration standards, PsyBA does not have standards for HEP pathway placements. Therefore, it is not clear what this statement refers to.

4. The proposed standards do not require staff who teach into clinical psychology programs to have endorsement in clinical psychology. The proposed standards simply state that teaching staff and assessors are to be “suitably qualified and experienced” (p. 11). Without further specification, it is possible that clinical programs will be taught by more junior, less expensive and hence, non-endorsed staff. How can staff teach skills that they are themselves not qualified to practice themselves? Surely only appropriately endorsed staff should train specialists of the future? We would request that APAC specify for Clinical Psychology Programs that the majority of staff be Clinically endorsed.

**2. Is the introduction to the Accreditation Standards for Psychology Programs contained in the Preamble and Application of the Standards sufficient to guide the use of the standards?**

1. The mission statement is inconsistent with the four competency levels. On page 2, it is stated that the “mission is to protect the public by conducting accreditation activities.” People completing Level 1 are not qualified to work with the public. That only happens after completion of Level 2. This raises the question of why APAC is accrediting Level 1 courses. It should only focus on Levels 2-4, which are directly related to protecting the public.

**3. Should the Graduate Competencies specify that one level must be completed before the next can be undertaken, rather than allowing for concurrent achievement of different levels of competencies? For example, should Professional Competencies leading to General Registration be achieved before commencement of a program leading to Professional Competencies for Specialised Areas of Practice? Please consider the pros and cons of such an arrangement, in terms of educational validity and resourcing.**

1. Currently, students can enter a masters in clinical psychology after having completed their 4th year program. Hence, students in a masters of clinical psychology would concurrently be working towards levels 3 and 4 competencies. Requiring students to have obtained level 3 competency before commencing level 4 would be a significant departure from the current model, and would impose logistical challenges for HEPs. Universities could nest their course structure such that proficiency in a level 3 course would allow the student to articulate to a level 4 course.
2. While this would be an initial impost on Universities to rework their courses, separating registration from endorsement would provide clarity both to practitioners and the health workforce generally as to the skills of a registered psychologist. At the moment the multiple pathways to registration lead to confusion about the degree of difference between registered and endorsed psychologists. For example, one of the confusions is due to the fact that a Masters leading to registrar program requires 1000 hours practical experience, while a Professional masters only requires 300. Nonetheless, both result in a registered psychologist. This also underestimates the extent of specific specialised training that goes into a Masters leading to clinical registrar application. A separation would also stop the application of students for Clinical Masters programs that simply want to be registered. Finally, separating the level 3 and 4 would also allow a proper exit pathway from the Clinical program to a registration status if required. There has been disagreement between APAC and Universities previously over the difference in skills and attributes required to be endorsed rather than registered. Such a division would make these clearer and allow a more appropriate exit for some students.

**In addressing this question, you may care to assess the model proposed for stand-alone**

**programs in an area of practice (see page 18 of the Consultation Paper), to enable registered psychologists to undertake a qualification leading to eligibility to apply for endorsement in a specialised area of practice.**

1. The entry as described on page 18 in the section “Professional competencies for specialised areas of practice” requires clarification. For example, please provide a definition to “Stand-alone area of practice qualification”? Does this refer to a level 4 program that does not incorporate level 3 competencies? Also, according to the proposed standards, entry into the program requires applicants to ‘demonstrate achievement of competencies for general registration in the course of an assessment of personal and professional suitability and evaluation of prior learning’ (p. 18). Which type of applicants does this statement refer to – those who had not achieved competencies for general registration through an educational pathway, or all applicants.
2. Aside for the clarity issues, setting up a procedure to reliably and validly rate applicant’s “achievement of competencies for general registration in the course of an assessment of personal and professional suitability and evaluation of prior learning” (p. 18) would be extremely difficult, and likely to be prohibitive given the demand for such places.

**4. At present, APAC does not accredit internship years. Please give your views on the advisability of APAC developing standards for programs which include five years of academic work plus an intern year, leading to qualification for general registration.**

1. The current arrangements are appropriate. The internship year should be overseen by PsyBA. The five year model is a good model for registration and closer to industry standards such as Medicine.

**5. Are the Graduate Competencies listed under each level helpful and logical?**

1. On page 15, the first sentence under Purpose (“... basic knowledge and skills in the professional practice ...”) is inconsistent with the last sentence of Exit Pathways before the numbered points (“graduates apply advanced psychological knowledge ...”). (italics added)
2. We believe the intention of the proposed Standards is that Professional Competencies for General Registration can be addressed within a master’s course that also covers Professional Competencies for Specialized Areas of Practice. However, it is not clear whether-or-not the 1000 hours of placement that are part of the Professional Competencies for General Registration for a two-year course are subsumed under the 1000 hours of placement that are required under Professional Competencies for Specialized Areas of Practice. If not, HEPs will have to provide 2000 hours of placement instead of the current 1000. We do not believe APAC is really prescribing 2000 hours of placement but that needs to be made clearer earlier in the document.
3. We believe it is the intention that all placement hours for specialty master’s courses be supervised by an endorsed psychologist because of the statement on page 36: “Supervisors meet the Board’s requirements regarding areas of endorsement for Professional Competencies for Specialized Areas of Practice training in these areas.” However, on page 18, the phrase “supervised by a PsyBA approved supervisor holding the relevant endorsement” is in the section describing the exit pathway for a stand-alone program (i.e., for an already-registered psychologist completing a bridging program into clinical psychology) but that phrase is missing from the paragraph describing the exit pathway for the typical non-stand-alone master’s course such as the Master of Psychology (Clinical).

4. The inability to use registered psychologists who are not clinically endorsed for some supervision of placements will continue to make it very difficult to deliver the course in communities with few clinically endorsed psychologists.
5. Generally, the graduate competencies for clinical psychology as listed on pp 20-21 are reflective of those expected of the profession. We suggest adding specific competencies in (1) communication skills, particularly with respect to report writing and case presentation and (2) the ability to use research findings to inform practice.

**6. Are the Graduate Competencies under each level grouped appropriately?**

1. Yes.

**7. Is the information in the Evidence Guide helpful and logical?**

1. As mentioned on page 42, “APAC requires assessments and assessment methods to be appropriately benchmarked externally”. Could further clarification be provided to provide guidance on what constitutes appropriate external benchmarks. That is critical if APAC wants to ensure that competencies “are consistent across comparable providers” (again, p. 42).
2. There is also the prescription that education providers “consider the reliability and validity of the assessments” on page 42. More explanation of what that means would be helpful. Universities use a variety of types of assessments – Multiple choice exams, written case reports, case presentations, role-plays, observation of performance with mock clients, etc. To what level does the HEP establish reliability and validity of those assessments?

**8. Are there terms in the Accreditation Standards for Psychology Programs that have not been defined in the glossary and should be?**

1. “Benchmarked”

**9. Are there any issues that you wish to have considered in the finalisation of the Accreditation Standards for Psychology Programs?**

1. A definition of what activity constitutes ‘direct client contact’ needs to be more specific.

Professor Sunil Bhar	&	Ros Knight
Chair Education Liaison		Chair
National CCLP		National CCLP

### **4.4 Counselling psychology**

Taking into account social and cultural diversity across the lifespan, and consistent with current relevant legal frameworks (national and state law), mental health practice standards and codes of ethical practice, graduates apply advanced psychological knowledge to competently and ethically:

**4.4.1** Apply advanced psychological knowledge of the following to their practice in counselling psychology:

- i. diverse theoretical and philosophical bases which underpin practice, including the scientist-practitioner model and the central position of the working alliance;
- ii. advanced knowledge of the assessment, formulation, diagnosis and treatment of a wide range of psychological problems and mental health disorders;
- iii. the importance of evidence-based research as applied to psychotherapy process and outcome;
- iv. knowledge of psychopathology and psychopharmacology; and
- v. knowledge of evidence-based therapies for individuals, couples, groups and families.

**4.4.2** Apply advanced psychological knowledge to assessment in the area of counselling psychology, including:

- i. evaluation and diagnosis of psychological factors related to functioning, psychological problems, and mental health disorders with reference to relevant international taxonomies including DSM and ICD;
- ii. assessment of a wide range of psychological problems and mental health disorders using empirically valid and reliable tools and processes including psychometric tests, behavioural observations, and structured and unstructured interviews; and
- iii. integration of assessment data to guide formulation, diagnosis, and treatment planning and to evaluate client progress.

**4.4.3** Apply advanced psychological knowledge to interventions in the area of counselling psychology, including:

- i. design, implementation, monitoring, and ongoing assessment of evidence-based interventions for individuals, couples, families, and groups;
- ii. formulation and intervention planning specific to case and context, inclusive of high prevalence, chronic, complex, and severe mental health disorders;
- iii. development of tailored psychotherapies integrating multiple dimensions of case formulation beyond diagnostic variables, such as socio-cultural factors, personal context, client treatment preferences, and a recognition of strengths and resources at all levels of functioning; and
- iv. establishment and monitoring evidence-based therapy relationships including maintaining and repairing ruptures in the therapeutic alliance.

## ***College of Educational and Developmental Psychologists***

The College would like to acknowledge the work by APAC on the new standards and to raise the following points:

With respect to Domain 3, Criteria 3.3 and 3.5.: Considering rapid developments and progress in research, graduates need to be open to/prepared for adapting to significant new knowledge including making paradigm shifts, to which end courses need to promote cutting edge research while also exposing students to significant field experience on the part of those teaching. In specialist courses and training we recommend standards be set for all leadership and the majority of teaching positions and that training be done by teaching staff with significant field experience plus continuing ongoing research programs/output. Ideally people should teach areas where they are research active and passionate: the essence of a case for university- based training as opposed to simply at institutes of higher/advanced education. Such standards have a direct bearing on the quality of graduate outputs and graduate adaptability, and consequently in the pace of the profession and its specialised fields of practice keeping up to date.

With respect to Domain 4, Criterion 4.2., Admission and progression requirements: It is recommended to specify requirements for entry into these courses in more detail. The current wording is too general; there need to be more rigorous entry requirements than simply academic grades plus an interview (n.b. that the literature is replete with evidence re the inadequacy of interviews). Entry should include some sort of ascertainment as to personal suitability etc., similar to the UMAT in Medicine. Furthermore, when student progress needs to be ascertained, it should be assessed by registered psychologists.

Currently there is increasingly emerging evidence of cases where grievances made by students denied entry or progression due to unsatisfactory progress have been handled by general and non-psychology staff within faculties. These grievances have then been upheld without appropriate cognisance of the necessary criteria and competencies required for entry to and progression in the professional courses. For example students failing the entry interviews were subsequently being admitted on the basis of grades only, and students found unsuitable for practice because of skill difficulties or inadequately managed own psychological/psychiatric problems, being allowed to progress nonetheless on the basis of a discrimination grievance.

There is no comment on personal qualities/characteristics required, or that courses should foster personal development based on self-reflection and peer and collegial mentoring. It is recommended that this be given some attention as important graduate attributes and program outcomes.



## ***College of Health Psychologists***

14 July 2016

Ms Jane Stephens

Chief Executive Officer

The Australian Psychology Accreditation Council

[apacstandards@psychologycouncil.org.au](mailto:apacstandards@psychologycouncil.org.au)

Dear Ms Stephens,

I am writing on behalf of the Australian Psychological Society's College of Health Psychology, regarding the consultation paper for the proposed accreditation standards for Psychology programs.

We recognise the importance and complexity of revising the APAC standards and commend the authors of the new proposed standards on their efforts to improve the current standards. We see the focus on demonstrating competencies, as opposed to inputs, as well as the focus on flexibility as two major advancements with the new proposed standards. In the main our college is supportive of the current draft. There were however a few areas that we thought required either inclusion or further clarification. These are discussed below.

First it was a little unclear how the goal of a greater focus on demonstrating graduate competencies relates to the continued specification of minimum hours of supervised practicum in postgraduate courses. That is, it is not clear if a student who demonstrates the required graduate competencies during the supervised practicum still needs to complete the minimum hours specified or whether the demonstration of the competencies allows the student to complete the practicum irrespective of hours engaged in the practicum. We presume that the proposed model is that the student needs to reach the minimum hours specified in addition to demonstrating the graduate competencies. This is however no different to the current training model, other than perhaps a slightly greater emphasis on making the demonstration of the graduate competencies more explicit. We therefore wonder if it is possible to have more of a compromise between the training goals of demonstration of competencies and minimum hours of supervised practice placements? For example, is it possible to specify a range of minimum hours depending upon the level of competency demonstrated by the student? That is a student who demonstrates an expected level of competencies across all required competencies specified by a placement is required to do the currently specified minimum number of client contact and placement hours. In contrast a student who demonstrates an advanced level of competency may be required to only complete 67% or 75% of the required hours for the placement. Such flexibility would reduce the unnecessary supervision burden upon the supervisors and the student when the student already possesses the required competencies. If there was a concern by APAC that such

flexibility could be misused by educational providers then it could be stipulated in the standards that such reductions in placement hours is an exception rather than the rule (e.g. only 10% or 20% of students in a cohort would be allowed to have reduced placement hours with the appropriate demonstration of advanced competencies). Associated with this, the onus would be on the university to demonstrate to APAC during accreditation that only students with advanced competencies were able to have a placement with reduced hours.

Second, while the omission of a recommended staff-to-student ratio does increase flexibility, given the current financial pressures throughout Australian tertiary education providers, we also see this as a significant risk to quality of training provided in universities. We fear that the significant pressures to cost-cut will motivate heads of schools to increase these ratios with the consequence of reducing the quality of training. This is particularly likely for professional postgraduate courses in schools that are led by academics who have not received professional training themselves and so may not have personal experience with the importance of low staff- student ratios. We believe that given that professional postgraduate courses tend to run at a financial loss, that Heads of Schools will have significant pressure to explore learning models that can increase class sizes with consideration of the quality of learning suitable for professional programs. The inclusion of proposed staff-student ratios for professional postgraduate courses will help Heads of School resist the pressure for exploring significant cost cutting in these programs.

Third, the 2010 accreditation standards that are currently held on the APAC website specify the option for a Graduate Certificate or Diploma in Psychology (Area of Specialisation). The new proposed standards do not refer to such a specific course but refer to a stand-alone area of practice qualification. The previous standards specified 500 hours of practicum as well as course work. The new standards specify 750 hours of practicum as well as course work. If a student enters such a program with the minimum specified requirements ("Entry to the program for applicants who have not achieved competencies for general registration through an educational pathway requires a minimum of 12 months' practice as a registered psychologist with no conditions on registration related to conduct or performance, and evidence that these competencies have been achieved through the course of professional practice." pg 21) then we can understand the desire to include 750 hours of practicum to ensure the development of the area of practice competencies. However we are concerned that this imposes an unnecessary burden for experienced clinicians who may already be endorsed in one area of practice who wish to gain endorsement in another area of practice. The extra financial cost and time involved in completing 750 hours rather than the previous 500 hours is likely to significantly reduce the likelihood of clinicians with one area of endorsement seeking further training that will allow them to gain a second or third area of endorsement.

We strongly believe that it is in the interests of the Australian community as well as Australian psychologists to have postgraduate courses that offer high quality training that facilitate access to multiple Areas of Practice Endorsement (AoPE) that are not overly burdensome. With a desire by the Federal government for the profession to have an agile

workforce, the reality is that psychologists who train in one area of practice are likely to move into workplaces that require additional specialisation in order to develop the required competencies that are associated with different endorsed areas of practice. Having postgraduate bridging courses that provide the necessary training to develop specialised competencies without being so burdensome that they inhibit the uptake of such training is important. We therefore propose that the guidelines for the stand alone area of practice qualification be expanded to the following:

- 1) For students who have not already received an AoPE by the Psychology Board of Australia (PsyBA) that the standards continue to specify a minimum of 750 hours of supervised practice.
- 2) For those students who have, however, already received an AoPE by the PsyBA that the new standards specify the same supervised practice hours that were included in the previous accreditation guidelines i.e. 500 hours.

Fourth, we believe that it is beneficial to the development of our graduate's competencies if there is more flexibility in the requirement for all placement supervisors to be endorsed in the relevant area of practice. While we can understand the importance of this requirement for some areas of practice such as clinical psychologists, the strict requirement is counterproductive for the training of health psychologists. Health psychologists differ in their graduate competencies to some other areas of practice in that they require the demonstration of competencies in both clinical health practice as well as in health promotion. Health promotion is a highly multidisciplinary field with some of the most expert supervisors in this area not being psychologists. It would therefore be critical for the training of health psychologists if there was some flexibility in the wording that would allow the provision of supervisors who do not have an AoPE in health psychology. For example, perhaps placements that require traditional face-to-face client contact may require a supervisor who has an AoPE, while placements that do not require face-to-face client contact do not have this requirement. Associated with this, given the difficulty that most courses have in finding suitably qualified supervisors, we believe that it is important that the proposed standards incorporate some flexibility in the requirement for face-to-face placements requiring a supervisor with an appropriate AoPE. For example, a certain percentage of the total placement hours (e.g. 25% of the 1000 hours of placements) could be provided by a supervisor with demonstrated high levels of expertise (e.g. a minimum of 5 years working in the area) for placements that have high educational value but where there is no supervisor who has an AoPE (e.g. rural and remote placements or highly specialised placements). Associated with this we ask that placements be permitted under supervisors who do not meet all accreditation requirements, providing that an internal supervisor who is qualified in the relevant area of endorsed practice has overall responsibility for that placement.

Yours Sincerely,

Dr Esben Strodl FAPS MCHP  
National Chair  
APS College of Health Psychologists  
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## ***College of Organisational Psychologists***

We are responding to this request for comment in our capacity as representatives of the profession of organisational psychology.

Overall, we recognise that the document is designed to provide educational and training institutions with a greater level of flexibility in the provision of psychology-related education. We recognise and support the notion that there are four stages of development in acquisition of psychology-related knowledge and skills. Given our constituency, we will restrict our comments on the Professional Competencies for Specialised Areas of Practice (Levels 3 and 4).

### **Problem**

Entry into the Specialised Areas of Practice (Level 4) requires completion of the Professional Competencies for General Registration (level 3). While we recognise the intention to develop competencies that are as broad (and as inclusive) as possible, we recommend that the competencies are more explicit, both to guide educators and to assist assessors. For example, 'appropriate standardised psychological testing' (3.4) can be interpreted in a number of different ways, depending upon the orientation of the educator. Similarly, notions of 'across the life span' (3.2) imply that methods may need to involve children.

### **Solution**

One solution to the need for diversity and breadth is to include in the preamble, the following:

Taking into account social and cultural diversity, and consistent with current relevant legal frameworks, mental health practice standards, **occupational settings**, and codes of ethical practice.

### **Problem**

Given the breadth of experience and the close supervision under which students at Levels 3 and 4 will work, together with the fact that students will have satisfied both the professional competencies of general registration (Level 3) and the professional competencies for specialised areas of practice (Level 4), it is not clear why candidates would subsequently, need to complete a registrar program for an area of practice endorsement. In our view, the satisfaction of competencies is a dichotomous proposition such that candidates either have, or have not, met the competency requirements to function in a particular role.

### **Solution**

We recommend that the satisfaction of the Professional Competencies for Specialised Areas of Practice (Level 4) be sufficient for Area of Practice Endorsement with the PsyBA.

### **Problem**

Human Factors and Workplace Safety are not included as an area of advanced psychological knowledge necessary for the practice of organisational psychology.

### **Solution**

Human Factors and Workplace Safety should be included as an area of advanced psychological knowledge necessary for the practice of organisational psychology.