

APS response to the Ahpra Review of accreditation arrangements to prepare for 2024–2029 cycle

1. Do you have any comments on the performance of an individual accreditation authority or all accreditation authorities against the following?:

- Strategic key performance indicators (KPIs) (section 2 of the Consultation Paper)
- Quality framework KPIs (section 2 of the Consultation Paper)
- Responses to the COVID-19 pandemic (section 2 of the Consultation Paper)
- Priorities in the agreements and terms of reference? (section 3 of the Consultation Paper)

The Australian Psychological Society (APS) is pleased to provide responses to the *Review of accreditation arrangements to prepare for 2024–2029 cycle*. Throughout this response, the APS will only comment on behalf of one profession (psychology) and comments regarding the psychology accreditation authority, Australian Psychology Accreditation Council (APAC) provided by our members. Given the unique competencies relevant to our discipline, and, therefore, the need for specific evidence-based training, it is essential that our accreditation authority is specific to psychology and includes both academic and practitioner representation.

It is essential that Ahpra undergoes regular review of its practices and standards to maintain its reputation as an essential part of the high quality and safe health care system in Australia. Given this, the APS welcomes due reflection and scrutiny of the KPIs and frameworks of accreditation authorities as part of an ongoing quality assurance process.

The APS commends the relatively recent introduction of new standards for psychology courses by APAC which was a considerable undertaking. We understand from our members that this comprehensive initiative was, on the whole, well received by Higher Education (HE) providers. We understand that APAC has been responsive in addressing particular challenges regarding accreditation of new post graduate courses and is working to improve efficiencies as a result.

Cultural safety and sensitivity is a core part of the broad discipline of psychology and is essential in the provision of promotion of mental health and wellbeing as well as treatment and provision of services in the wide variety of settings that psychology is practiced. We understand that APAC has begun to address the embedding of cultural safety in psychology courses and support continued improvements in this area.

Related to this, is the importance of ensuring the representation of modern Australia in all levels of the accreditation governance structures. To this end, we would recommend that all accreditation authorities include committee/council members that come from a diversity of cultural and linguistic background, gender, disability status as well as including both practitioners and academics from within the discipline of psychology. This is particularly important when considering the new priority: eliminating racism in healthcare.

There is no doubt that COVID-19 presented a significant challenge for HE providers and students, which are able to be addressed by future professional development of both academic staff and students. From feedback we have received, it appears that APAC has provided flexible advice to HE providers in an attempt to adapt to unforeseen and challenging circumstances due to the pandemic. As with many other health professions, COVID-19 impacted the provision of services when psychologists were unwell which also included HE provider staff. Naturally this meant that some programs were interrupted. Placements (work-integrated learning), in particular, were challenging in the area of psychology but the use of telehealth and remote supervision was overall successful. We anticipate that some graduates may need to supplement

their future professional development in face-to-face modalities but this does not pose significant risks for accreditation purposes.

One particular threat to the discipline of psychology overall (albeit not specific to accreditation), is the increasing concentration of post-graduate programs, particularly towards areas of psychology such as clinical psychology. Losing the diversity within the psychology profession has the capacity to unduly narrow the scope and expertise of the profession and potentially overlook the important work of prevention and early intervention in a variety of settings across society. The APS is working collaboratively with the sector to help mitigate these risks.

2. Do you have any feedback on the proposed priorities/areas of focus for the period to mid-2029?

Overall, the APS supports the proposed priorities and considers them appropriate for their intended purpose. In particular, we would like to provide feedback on the following three proposed areas:

1. **Embedding cultural safety in education and practice, and improving the health of Aboriginal and Torres Strait Islander Peoples** - The impact of colonisation and the need for deep recognition of the intergenerational trauma and ongoing disenfranchisement that has been created in Australian society means that Aboriginal and Torres Strait Islander peoples have a unique experience which must be acknowledged. As will be discussed in response to Question 5, it is critically important that the voice of First Nations peoples be included in the accreditation process. Amongst many reasons, this is important to ensure that Aboriginal and Torres Strait Islander knowledge regarding health and wellbeing are valued.

We understand that APAC has already made good progress with regards to embedding cultural safety and works collaboratively with HE providers to ensure culturally safe learning and working environments. APAC Board members and those who undertake visits to HE providers are recommended to undertake a cultural training program. We commend this but consider it to be only a part of ongoing cultural learning. In addition, we emphasise the importance of including and valuing the voice of Aboriginal and Torres Strait Islander students, HE provider staff, and accreditation authority representatives (please see response to Question 5). It is also important to acknowledge the many social determinants of health which are not uniform across Australian communities. Interaction with the criminal justice system, racism and discrimination, service inequalities, education outcomes, health outcomes, are some of the many factors that may explain poorer health outcomes in Aboriginal and Torres Strait Islander peoples. In turn, the accreditation arrangements of our health professions are part of this larger picture which ultimately impacts the health of our First Nations Peoples.

2. **Eliminating racism in healthcare** – the APS strongly endorses this sentiment and it is consistent with our previous advocacy and policy work including our recent Black Lives Matter position statement. However, for completeness, this could be expanded to “Eliminating racism *and discrimination* in healthcare” to eliminate all instances of inequality and discrimination toward culturally diverse, minority or disadvantaged individuals. As discussed in response to Question 3, we suggest Ahpra considers adding a priority area (or modifying above) such as “Improving safe, inclusive and accessible healthcare for all Australians, regardless of background or circumstances”. This will aim to address all types of disadvantage and development an inclusive and equitable approach
3. **Ensuring education providers have systems in place to enhance learning outcomes by supporting student wellbeing** – we strongly endorse this priority because psychology, as a discipline, appreciates the importance of wellbeing as underpinning a wide variety

of educational outcomes. Importantly, this shift moves from a concentrated focus on the absence of mental illness to also including a prevention approach that promotes positive mental health and fostering an environment in which students can flourish. Education providers could embed an evidence-based and well-established school psychology model to tertiary education which would help to ensure that students transitioning from secondary education to university are supported. Via this model, students' learning needs are identified, assessed and responded to using scientifically validated psychological methods. Similarly, access to high quality psychological support would be provided at the university-level, and educators given the opportunity to be supported by psychologists who specialise in the needs of tertiary students, to create an inclusive environment to optimise learning outcomes. It is important, however, that this is not exclusively linked to COVID-19 and should be a priority, regardless of the pandemic.

On page 31 of *the Consultation Paper* in Table C: Proposed priorities/areas of focus and rationales: "*TEQSA also has a focus on student well-being, but this would focus more on institutional approaches, whereas accreditation authorities could monitor implementation of institutional approaches at a program level.*"

Program level student wellbeing initiatives would require adequate resourcing. The APS recommends establishing a working party (that includes experts in tertiary student wellbeing/school psychology models) to ensure best practice and consistency across institutions.

3. Are there any priorities/areas of focus for the period to mid-2029 that are missing?

As discussed in response to Question 2, we consider the current proposed priorities to be appropriate, however, we have identified additional areas to be considered, including *inter alia*:

- An evidence-based lifespan approach to health: "Health needs of individuals across the lifespan" which would also emphasise the importance of prevention and early intervention.
- Ensuring that high quality healthcare is delivered to all Australians, regardless of their geographical location.
- LGBTQI+ health needs, specifically in young people. As discussed in response to Question 2, this could potentially be incorporated in a broad anti-discrimination and inclusion focus area.
- Known social and environmental determinants of health and impacts on health of individuals and communities (e.g., poverty, climate change).
- Health research, measurement and evaluation – engagement with and ability to undertake in professional practice. This priority speaks to the translation of evidence-based academic research into practice to inform and improve the discipline of psychology.

In order to address both these and the priorities outlined in the consultation document, it is essential to have an accreditation authority that includes academics, practitioners, and other relevant members to ensure both the uniqueness and full scope of psychology are represented.

4. How important do you think each of the proposed priorities/areas of focus are for the period to mid-2029, based on a scale where 0 is not at all important to 4 is very important.

Proposed priority/area of focus	Rate importance
<i>0 = Not at all important 1 = Not very important 2 = A little bit important 3 = Important 4 = Very Important</i>	
1. Embedding cultural safety in education and practice and improving the health of Aboriginal and Torres Strait Islander Peoples	4
2. *NEW* Eliminating racism in healthcare	4
3. Responding to health and workforce priorities	3
4. Embedding interprofessional collaborative practice (IPCP) at both the individual practitioner level and the organisational level through collaborative working and sharing good practice	4
5. *NEW* Responding to challenges and downstream impacts of the COVID-19 pandemic on the health system and education sector	2
6. *NEW* Ensuring education providers have systems in place to enhance learning outcomes by supporting student wellbeing	3
7. Prioritising safety and quality	4
8. Continuing to strengthen governance, transparency, accountability and sustainability	2
9. Striving for efficiencies through reducing duplication, greater consistency and reducing the regulatory burden	4

5. How could progress against each of the proposed priorities/areas of focus best be measured?

Proposed priority/area of focus
1. Embedding cultural safety in education and practice and improving the health of Aboriginal and Torres Strait Islander Peoples
<i>Comment on how progress on this proposed priority/areas of focus could be measured</i> We strongly suggest that this can only be done by including the voice of Aboriginal and Torres Strait Islander Peoples who are students, health care practitioners and ultimately clients. In the longer term, health outcome measures (for example, with regards to the Close the Gap agenda) could be used to measure any improvements for Aboriginal and Torres Strait Islander peoples.
2. *NEW* Eliminating racism in health care.
<i>Comment on how progress on this proposed priority/areas of focus could be measured</i> Please see our response to proposed priority area 1 above. This is ideally measured using focus groups including community representatives consisting of people who have experienced healthcare or are currently likely to experience racism and discrimination in health care in the

5. How could progress against each of the proposed priorities/areas of focus best be measured?

Proposed priority/area of focus

future. Such an approach should include the voice of individuals from culturally and linguistically diverse backgrounds who are both clients and health care practitioners.

3. Responding to health and workforce priorities

Comment on how progress on this proposed priority/areas of focus could be measured

Peak bodies and professional associations should be able to provide insights into how successfully this area of focus is being addressed. This could be done via regular meetings or formally, for example, through an annual survey.

4. Embedding interprofessional collaborative practice (IPCP) at both the individual practitioner level and the organisational level through collaborative working and sharing good practice

Comment on how progress on this proposed priority/areas of focus could be measured

Psychology is a discipline which is accustomed to working with other health professions. Ideally, the embedding of IPCP should be measured by accreditation authorities during the accreditation of programs. It should incorporate the individual students' experience of IPCP in their studies and their confidence in working within a multidisciplinary team as graduates. Clinical supervisors must also have appropriate expertise in IPCP to help develop supervisees professional competence.

5. *NEW* Responding to challenges and downstream impacts of the COVID-19 pandemic on the health system and education sector

Comment on how progress on this proposed priority/areas of focus could be measured

Regular meetings with education providers is suggested. However, such meetings should not be limited to pandemic impact, and need to be incorporated into accreditation (alongside annual progress reports) to ensure collaborative and two-way communication between education providers and accreditation authorities. This will help to ensure standards are met, risk is managed and would contribute to continuous improvement.

6. *NEW* Ensuring education providers have systems in place to enhance learning outcomes by supporting student wellbeing

Comment on how progress on this proposed priority/areas of focus could be measured

We suggest that information regarding students' experiences of systems should be validated by the students themselves. This could be done using focus groups or by incorporating questions into large scale surveys (e.g., the Quality Indicators for Learning and Teaching). Ideally the perspective of HE providers should be also measured.

7. Prioritising safety and quality

5. How could progress against each of the proposed priorities/areas of focus best be measured?

Proposed priority/area of focus

Comment on how progress on this proposed priority/areas of focus could be measured

Apart from 'objective' measures of safety and quality (e.g., adverse events, complaints, etc.) student's experiences, as well as those of HE providers, could be used to gauge how this area of focus was embedded into courses.

8. Continuing to strengthen governance, transparency, accountability and sustainability

Comment on how progress on this proposed priority/areas of focus could be measured

Having people with lived experience of psychology courses, for example, students and recent graduates included on expert committees could enhance this area of focus. Clearly written public reports also assist with transparency and accountability. As APAC charges for these services, the revenue would add to its sustainability.

We strongly advocate for both the profession and the public for psychology to have its own independent accreditation processes and organisation i.e. APAC.

9. Striving for efficiencies through reducing duplication, greater consistency and reducing the regulatory burden

Comment on how progress on this proposed priority/areas of focus could be measured

To maintain efficiencies and reduce duplication, the accreditation authority must be representative and constituted of members who understand the specific training and competencies required to become a psychologist.

On another note, our members have suggested that the alignment between accreditation authority standards and criterion and TEQSA/ASQA reporting requirements could be made more explicit in the tertiary accreditation submission template. This would reduce education provider burden when reporting to both authorities. Ideally, it would be measured by feedback from HE providers regarding their experience of regulatory burden during accreditation processes.

6. Do you have any other comments about the future accreditation arrangements?

At this stage, we have no further comments to provide regarding future accreditation arrangements. We would value, however, the opportunity to work collaboratively with Ahpra and the sector on any discussion in relation to new arrangements. If any further information is required from the APS in the meantime, I would be happy to be contacted through the national office on (03) 8662 3300 or by email at z.burgess@psychology.org.au.

The APS would like to acknowledge and sincerely thank the members who so kindly contributed their time, knowledge, experience and evidence-based research to this submission.