

## Public consultation on the proposed initial glossary of accreditation terms

April 2023

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### Response template

This response template is the preferred way to provide your response to the public consultation on the draft proposed **initial glossary of accreditation terms**.

Please provide any feedback in this document, including your responses to all or some of the questions in the text boxes on the following pages. The boxes will expand to accommodate your response. You do not need to respond to a question if you have no comment.

### Making a submission

Please complete this response template and send to [accreditation.policy@ahpra.gov.au](mailto:accreditation.policy@ahpra.gov.au) using the subject line '*Feedback – public consultation on glossary of accreditation terms*'. **Submissions are due by COB 23 June 2023.**

### Publication of submissions

We publish submissions at our discretion. We generally publish submissions on our [website](#) to encourage discussion and inform the community and stakeholders about consultation responses. Please let us know if you do not want your submission published.

We will not place on our website, or make available to the public, submissions that contain offensive or defamatory comments or which are outside the scope of the subject of the consultation. Before publication, we may remove personally identifying information from submissions, including contact details.

We can accept submissions made in confidence. These submissions will not be published on the website or elsewhere. Submissions may be confidential because they include personal experiences or other sensitive information. A request for access to a confidential submission will be determined in accordance with the *Freedom of Information Act 1982* (Cth), which has provisions designed to protect personal information and information given in confidence. Please let us know if you do not want us to publish your submission or if you want us to treat all or part of it as confidential.

**Published submissions will include the names of the individuals and/or the organisations that made the submission unless confidentiality is expressly requested.**

Do you want your responses to be published?

- Yes – Please publish my response with my name
- Yes – Please publish my response but don't publish my name
- No I do not want my responses to be published

### Stakeholder details

Please provide your details in the following table:

<b>Name:</b>	Dr Zena Burgess
<b>Organisation Name:</b>	CEO, Australian Psychological Society (APS)

## Your responses to the consultation questions

1. Do you have any comments on the terms and/or meanings in Table 1 of the draft proposed initial glossary?	
Please add your comments to the following table and add a new row for each term you have a comment for.	
Term	Comments or suggested edits
<i>Example: Consumers</i>	<i>Example: suggest embedding 'employer' in the proposed meaning for the term consumers</i>
<b>Augmented reality</b>	<i>The APS suggests also defining 'virtual reality' in the glossary to avoid confusion with "augmented reality" and to acknowledge the use of the former technology in some professions.</i>
<b>Clinical placement</b>	<p>Use of the term "clinical" to describe a placement could be problematic for the profession of psychology due to:</p> <ul style="list-style-type: none"> <li>• The risk of being misinterpreted to mean that only clinical psychologists undertake "clinical" supervision or supervise "clinical" placements. In the profession of psychology, the term "clinical" is used to define one area of practice endorsement (of nine in total) in addition to generalist psychologists, and</li> <li>• While many psychologists undertake placements in clinical settings, not all psychology placements are "clinical" in nature, e.g., organisational and sport and exercise psychologists do not necessarily undertake "clinical" placements.</li> </ul> <p><i>The APS recommends a more general reference term such as 'Professional placement' in preference to "Clinical placement" being the primary term. We suggest listing 'clinical placement' under 'also know as'.</i></p> <p>For the same reasons as above, including the term "clinical environment" in this context could cause confusion.</p> <p>Many psychologists undertake placements in schools and other educational environments, along with organisations, sporting clubs, plus community and forensic settings.</p> <p><i>The APS recommends using the term 'professional environment' or 'professional practice environment' as a more inclusive alternative.</i></p>

<p><b>Clinical supervisor</b></p>	<p>As above, the use of the term “clinical” in this context is potentially problematic for the profession of psychology. ‘Professional placement supervisor’ is a broad term that would be relevant to all professions under the National Scheme.</p> <p><i>The APS recommends a more inclusive term such as ‘Professional placement supervisor’ as the primary reference term, with ‘clinical supervisor’ listed under ‘also known as’.</i></p> <p>Secondly the reference to “patient’s clinical care” in the proposed meaning is not representative of all work settings relevant to the professions covered by the National Scheme.</p> <p>In addition, the term “patient” is not used universally by all professions. Many professions, including psychology, routinely use the term ‘client’.</p> <p><i>The APS recommends using the term ‘client/patient services’ to address the potential for confusion and the lack of representation of psychology and possibly other professions.</i></p> <p>Finally, this definition does not include whether a supervisor must be a Board approved supervisor, potentially creating difficulties in the interpretation of this term.</p> <p><i>The APS recommends stipulating the requirement for a supervisor to be Board approved – as is the case for the profession of psychology.</i></p>
<p><b>Consumer/s</b></p>	<p>Many APS members who provided feedback regarding Table 1. in the glossary of accreditation terms expressed concern about the use of the term “Consumer” and described it as problematic. While acknowledging its widespread use, the consensus among our members was to use the term ‘client/patient’ as an alternative for the purposes of an accreditation glossary.</p> <p><i>The APS recommends using ‘Client/patient’ in place of the term “Consumer/s”.</i></p>
<p><b>Faculty/academic and other staff</b></p>	<p>The use of the term “other staff” in this definition is indistinct and could cause confusion.</p> <p><i>The APS recommends clearly defining “other staff” or removing “and other” from this term.</i></p>

<p><b>Learning outcomes</b></p>	<p><i>The APS suggests simplifying this sentence by replacing: “The expression of the set of knowledge, skills and the application of the knowledge and skills a person has acquired and is able to demonstrate as a result of learning.”</i></p> <p>with</p> <p><i>‘The expression, application, and demonstration of the set of knowledge and skills that a person has acquired as a result of learning.’</i></p>
<p><b>Person-centred care</b></p>	<p><i>The APS recommends adding ‘client-centred care’ to the “also known as” section.</i></p>
<p><b>Professional capability/capabilities</b></p>	<p>In psychology, “the measurable or observable knowledge, skills, and professional attributes needed to safely and competently practice as a health practitioner in Australia” are commonly referred to as ‘competencies’. For this reason:</p> <p><i>The APS recommends using ‘Professional competence/competencies’ as the primary term, and “Professional capability/capabilities” as an “also known as” reference.</i></p>
<p><b>Student progress rates</b></p>	<p><i>The APS suggests changing “Measures” to ‘Measure’ (to account for the plural of “rates”) and inserting ‘are’ before “used as an indicator...” to clarify the proposed meaning of this term.</i></p>

<b>Virtual care</b>	<i>The APS suggests including 'telehealth' as an example of "virtual care".</i>
<b>Virtual learning</b>	<i>The APS suggests a more specific definition of virtual learning in the proposed meaning to clarify that the learning environment is online</i>
<b>Woman-centred practice/care</b>	<i>The APS suggests replacing the term "good" before communication with a more descriptive word such as 'effective' or 'responsive'.</i>

**2. Are there any other terms you believe may be relevant to the areas of the committee's advice and that you would like to see included in a future version of the glossary?**

While acknowledging and endorsing the inclusion of "Cultural safety" in Table 2., the APS believes a reference to 'cultural sensitivity' to represent practice that is culturally responsive to working with people from diverse groups generally needs to be included in the glossary.

### 3. Do you have any general comments or other feedback about the draft proposed initial glossary?

The APS acknowledges that different language is used across different National Scheme professions and that it would provide clarity and simplify accreditation processes to have a common glossary. In addition, communication and mutual understanding would potentially be enhanced. However, the reality is that there are differences between the professions, so if the meaning of a term is not specified by profession for the purposes of accreditation, this could lead to confusion. It will be important to ensure that having a common glossary does not risk losing specificity and cause inaccuracies in understanding the practice of each profession.

Further:

- The use of the term “care” across the glossary is potentially problematic, especially with the growing recognition of the “care economy” which refers to a workforce distinct from the professions covered by the National Scheme. The APS recommends using alternative terms such as ‘service’ or ‘practice’.
- Where the term “clinical” is used, the APS recommends instead using the word ‘professional’ in recognition of the fact that not all practice undertaken by professions under the National Scheme occurs in a clinical setting or environment. Instead, we suggest noting the word “clinical” under ‘also known as’ where relevant.
- Where the term “patient” is used, the APS recommends using ‘client/patient’ to recognise that not all professions under the National Scheme refer to the people they provide services to in this way.

In addition, it will be important to regularly review the glossary to ensure it remains accurate and appropriate over time.

If any further information is required from the APS, please contact the CEO, Dr Zena Burgess at the national office on (03) 8662 3300 or by email at [z.burgess@psychology.org.au](mailto:z.burgess@psychology.org.au)