

8 July 2010

### **Open letter to the Australian Health Workforce Ministerial Council**

Dear Ministers

With the support of almost 3000 petitioners from every State and Territory in Australia ([www.gopetition.com/petitions/endorse-community-psychology/signatures.html](http://www.gopetition.com/petitions/endorse-community-psychology/signatures.html)), we request that the Council approve Community Psychology and Health Psychology as areas of practice endorsement under the Health Practitioners Regulation Act. It appears that when the original decision was made to exclude these two specialisations, the Ministerial Council was poorly advised in this matter.

We draw your attention to the following issues:

1. Factually incorrect information was used by the Council to justify the initial decision to exclude Community Psychology and Health Psychology
2. The seven areas of practice endorsed do not reflect the current status of psychology in Australia as evidenced by the profession's own national professional body, the Australian Psychological Society, the national education and standard setting body, the Australian Psychology Accreditation Council, and University program structures nation-wide
3. The recommendation of the Psychology Board of Australia has been ignored
4. The failure to endorse Community and Health Psychology contradicts the Government's own agenda for health reform.

We address each of these issues in turn.

#### **1. Factually incorrect information was used by the Council to justify the decision to exclude Community Psychology and Health Psychology**

When the decision was announced earlier this year, the Ministerial Council stated "In approving these areas of practice, Ministers noted they are consistent with local and international categories for the psychology profession, such as branches of psychology in Western Australia and the recently recognised domains of practice in the United Kingdom." (AHPRA, Ministerial Statement, 1 April, 2010). The claim that the seven endorsed areas are consistent with local and international categories for the psychology profession is false: Health Psychology is a recognised domain of practice in the UK, as it is in many other international jurisdictions, and the British Psychological Society has recently (June 2010) formally endorsed Community Psychology as a new Section.

With regard to the specialist titles recognised in Western Australia, it is worthy of note that the WA Psychologists Registration Board in its submission on national registration argued that if specialties were recognised nationally, it should be all specialties and that *“this Board believes we should be expanding the current pool of mental health specialists accessible to the public rather than implementing strategies that reduce it”*. The WA Board also strongly stated its position in relation to who should be defining the scopes of practice for psychology: *“..with all other Boards seeking specialist title it is the profession that is defining the practice, with the regulator ensuring the practice is adhered to”*.

Apart from the inaccuracy of the information cited by the Ministerial Council, just as concerning is why the UK and Western Australia have been claimed as benchmarks for making this decision in the first place. For example, unlike Australia’s newly proposed categories, the UK domains that are protected by legislation include Health Psychology, but do not include Clinical Neuropsychology – yet the latter is a legislated specialist title in Western Australia.

What is important to note here is that the UK’s ‘domains’ of psychology established by the Health Professions Council, are entirely consistent with the British Psychological Society’s ‘divisions’ of psychology. Indeed, they were transferred from the Society’s voluntary register (similar to the proposed process in Australia). The difference is that in the UK, the representative status of the British Psychological Society was acknowledged and ALL divisions were recognised as domains. It should also be noted that, while state registration and licensing requirements vary across the United States, the American Psychological Association formally recognises Community Psychology as a Division, as does Canada, and most of Europe in their respective national associations.

The claim by the Council that the seven endorsed areas are consistent with local and international categories for the psychology profession is therefore clearly false.

**2. The seven areas of practice endorsed do not reflect the current status of psychology in Australia as evidenced by the profession’s own national professional body, the Australian Psychological Society, the national education and standard setting body, the Australian Psychology Accreditation Council, and University program structures nation-wide**

In the Australian context, the Australian Psychology Accreditation Council (APAC) is the body responsible for setting the national standards for education and training and for accrediting university programs. Only courses accredited by APAC are recognised by psychology boards across Australia as suitable training for the purposes of registration. APAC currently oversees the accreditation of courses in the nine practice areas represented by the nine Colleges of the Australian Psychological Society (APS): Clinical, Clinical Neuropsychology, Community, Counselling, Educational/Developmental, Forensic, Health, Organisational, and Sport.

The courses offered by universities and accredited by APAC as providing rigorous postgraduate training and supervised practice placements for specialist psychologists are aligned with these nine areas. The APAC accredited courses offered by States and Territories are shown below.

Victoria	Offers all 9: Clinical, Clinical Neuropsychology, Community, Counselling, Educational/Developmental, Forensic, Health, Organisational, Sport and Exercise
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Queensland	Offers 8: Clinical, Counselling, Educational/Developmental, Forensic, Health, Organisational, Sport and Exercise
Western Australia	Offers 7: Clinical, Clinical Neuropsychology, Community, Counselling, Educational/Developmental, Forensic, Organisational
New South Wales	Offers 5: Clinical, Clinical Neuropsychology, Forensic, Health, Organisational
South Australia	Offers 3: Clinical, Health, Organisational
ACT	Offers 1: Clinical
Tasmania	Offers 1: Clinical

As you can see, all jurisdictions differ in the specialist training they offer, with only the national professional body, the Australian Psychological Society through its general membership and College structure, fully representing the spectrum of psychological practice that has evolved in the Australian context. This association has a membership of over 19,000. The nine areas of practice are aligned across the APS, the Australian Psychology Accreditation Council, and the university training programs and are serving the nation's and the profession's needs well.

### **3. The recommendations of the Psychology Board of Australia have been ignored**

As required under the Act (Section 38 (2) (b), one of the functions of the Psychology Board of Australia is to make recommendations to the Ministerial Council on the scopes of practice for psychology health practitioners. The Psychology Board of Australia provided its recommendations as well as cogent argument as to why all nine areas of practice currently represented in the profession should be endorsed. Given this, why was the PBA's recommendation for endorsement of all nine specialist areas rejected? The Council ignored the recommendation of the PBA to endorse Community Psychology and Health Psychology. Why choose to exclude two areas of practice while accepting the other seven, simply because that is what Western Australia has done? Western Australia does not fully represent the Australian context, and the WA Board itself has recognised this.

### **4. The failure to endorse Community Psychology and Health Psychology contradicts the Government's own agenda for health reform**

Without endorsement, the specialties of Community Psychology and Health Psychology will disappear from the psychology profession, thereby eliminating the only two specialisations which focus on community-based preventative approaches to health and wellbeing. While many community psychologists do provide contextualized one-on-one services to clients, much of the work of community psychologists is at the 'front end': working with target groups such as those experiencing domestic violence, social isolation, suicide bereavement, poverty, alcohol abuse or educational disadvantage, to help build resilience and avert full-scale mental health disorders.

As such they are well placed to respond to the Australian Government's health reform agenda. Or they were. Without endorsement the Community Psychology profession will disappear. Edith Cowan University has already indicated that it will not continue with its Masters of Community Psychology if it does not receive endorsement, and Victoria University is likely to do the same: the programs will not be viable. The profession of Community Psychology will cease to exist.

We also draw your attention to the recent announcement by the commonwealth government agency Health Workforce Australia that the specialist programs of Community Psychology and Health Psychology are eligible to receive funding to increase their clinical training places. Clearly Health Workforce Australia recognises that Community Psychologists and Health Psychologists have an equivalent standard and length of 6 years (or 7, at doctoral level) accredited training as any other psychology specialisation. The announcement by Health Workforce Australia was made on the very same day the Ministerial Council announced that Community Psychology and Health Psychology would not be endorsed as specialist areas of practice.

We understand the difficult task facing the Ministerial Council and the respective registration boards in implementing national registration for the health professions. Notwithstanding this, since the scopes of practice of our profession are at stake, we ask again that the Ministerial Council include Community Psychology and Health Psychology as endorsed areas of practice.

The forthcoming International Congress in Applied Psychology (Melbourne, July 11-18) provides an excellent forum for discussion. Representatives of psychological associations from around the world will be in attendance; some have already written letters of support about the exclusion of Community Psychology and Health Psychology from the list of endorsed areas of practice. If this issue remains unresolved it will be deeply embarrassing to all concerned.

The demise of Community Psychology and Health Psychology in Australia at the hands of the Health Workforce Ministerial Council makes no sense whatsoever. We will continue to meet with our respective Health Ministers, their key advisers and opposition counterparts in each jurisdiction to present our own case with respect to the status and relevance of Community Psychology and Health Psychology nationally and internationally. We are particularly keen to ensure that the Ministerial Council is in full possession of the most accurate information when such decisions are made. This clearly has not been the case with regard to specialist practice endorsement within the psychology profession. We request a face-to-face meeting to present our case for the endorsement of Community and Health Psychology as has been recommended by the Psychology Board of Australia, the Australian Psychological Society and our petitioners from across Australia.

I look forward to your earliest response.

Yours sincerely



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