



10 June 2009

Ms Alexandra Bignell  
Australian Psychological Society  
Personal Assistant to the Executive Director  
The Australian Psychological Society  
Level 11, 257 Collins Street, Melbourne 3000

Dear Ms Bignell

The College Clinical Psychologists appreciate the opportunity to provide comment on the Members Governance Review of APS Units Structure. The College supports this review of governance and feels that it is timely that it be done at this point. While this submission is made from the viewpoint of the College of Clinical Psychologists, it is very likely that most of the issues are relevant to all colleges within APS.

*Areas of Satisfaction with Current Governance:*

**1. PROFESSIONAL IDENTITY**

The College of Clinical Psychologists is a learned society of scientist practitioners that promotes and supports the professional identity and highest standards for clinical psychologists whether they be primarily academics, researchers or providing clinical services. The College represents a dynamic and diverse collegiate group of specialists, upholding and promoting the ethical and professional qualities that are common to all psychologists. Identification as a Member of the College of Clinical Psychologists allows the public, other health professionals and administrators to make an informed choice about the selection of psychology services and provides assurance of the quality and nature of the service they will receive. The current operation of the College of Clinical Psychologists, through the National Executive Committee and the State Sections, facilitates excellent communication with members about the significant issues facing the profession. The National and State committees also provide specialist psychologists throughout Australia with readily identifiable networks of colleagues from whom to seek information, and with whom to discuss issues of professional concern. The shared identity of clinical psychologists from professional practice and academic settings forms a central pillar of collegiality and support around communication.

## **2. ADVOCACY FOR THE PROFESSION FOR PROFESSIONALS AND THE COMMUNITY**

The College of Clinical Psychologists and its representatives on various committees and working parties is recognised as playing an integral and influential role in advocating for the specialist services offered by clinical psychologists. Some prominent examples of this are the Better Access to Mental Health Services initiative, representation to private health insurers regarding indexing rebates for clinical psychology services, and various pay claims for clinical psychologists working within government agencies. The lobbying power of the College of Clinical Psychologists and the skills of its members are essential in ongoing advocacy for the benefits of consumers and professionals.

## **3. PROFESSIONAL STANDARDS**

The College is identified as representing and strongly supporting the maintenance of high professional standards that characterises systematic scientist practitioner training in clinical psychology. This is seen to occur through the stringent criteria applied to membership of the College, endorsement of high quality professional development activities, and involvement in developing, monitoring and reviewing professional training standards. Whilst compulsory continuing professional development has not been a nation-wide condition of professional registration, the College has always required that members meet professional development requirements to maintain full membership status. This demonstrates the College's commitment to ongoing learning and high professional standards for its members and the specialty. The College of Clinical Psychologists also strives toward meeting international standards in this specialist field enabling mutual recognition, exchange and sharing of knowledge of the science and practice in Clinical Psychology for the benefit of the profession and the public it serves.

### ***Issues of Concern Identified:***

#### **1. STATUS OF COLLEGES WITHIN APS:**

The College of Clinical Psychologists feels that it is important for APS to recognise and utilise the College as the peak body representing this specialty. The Generic College Rules currently support the colleges as being its peak bodies for specialties:

- Section 3.1 (b) to focus on and promote a specialist content area of psychological practice;
- (c) to maintain practice standards and quality assurance in the specialist field;
- (d) to encourage and support the education and continuing professional development of specialist practitioners within a College's area of psychological practice.

The College of Clinical Psychologists' members turn to the College as its first point of reference for seeking information relevant to the practice of clinical psychology. We feel that the APS should also turn to the College as its first port of call for information relevant to the practice of clinical psychology.

The College was disappointed to note that the APS Strategic Plan 2008-2011 makes no specific reference to this College or any of the other colleges nor were the colleges were not asked to provide any input into the development of this annual plan. The colleges were given the opportunity to make comment on the Plan once it had been finalised but there has been no indication that any comments received have been considered or included in this strategic plan. It is a significant concern that the strategic plan for the Society does not identify any plan for its specialty colleges. It is also a significant concern that the specialty colleges were not asked to contribute to the Society's strategic plan. In terms of governance, there is an implication that the Society does not consider the specialty colleges to be part of the organisation.

It is also unclear under the current system as to whether the College is (a) a strategic or operational group for APS or (b) an organisation within APS or (c) all of the above. This lack of clarity over the role within APS has contributed to some of the tensions that have arisen between the College and the Board. Clearly if the APS does not value and respect the College and the contributions it can make, the allegiance of the College and its members to the APS will be undermined.

## **2. INTERNAL GOVERNANCE OF COLLEGE:**

The internal governance of the College is not clearly articulated within the current Constitution and rules. For instance, are the state sections responsible to the National Committee? In what areas are the state sections expected to have autonomy? For this College, the state sections often are much more financially sound than the National Committee. The current APS governance is silent on how much financial support is expected from the state sections for the projects that are across sections.

## **3. TWO-TIERED MEMBERSHIP:**

The APS Constitution defines the various levels of membership. Of importance for this submission is the definition of member and associate member:

### **3. Membership:**

#### ***ELECTED MEMBERS***

#### ***Grades of Elected Membership***

(c) *MEMBER* - A person who:

(i) *was a Member of the Society pursuant to clause 3(d) (Associate Member) or has satisfied the Board that he or she possesses the qualification for such membership and, subsequently, has obtained:*

*(A) an APAC accredited post-graduate course work qualification in psychology extending over a period of not less than two (2) years full-time or an equivalent period part-time; or*

*(B) an approved post-graduate research qualification in psychology extending over a period of not less than two (2) years full-time or equivalent period part-time; or*

*(ii) has satisfied the Board that he or she holds such other qualifications and experiences as the Board considers appropriate;*

*and who was elected as a Member in accordance with the Constitution.*

- (d) **ASSOCIATE MEMBER** - A person who has
- (i) obtained an APAC accredited four (4) year qualification in psychology or an APAC accredited three (3) year qualification and an APAC accredited fourth (4th) year qualification in psychology; or
  - (ii) passed such comprehensive examinations in psychology as are approved by the Board; or
  - (iii) satisfied the Board that he or she holds such other qualifications as the Board considers appropriate;
- and who has been elected as an Associate Member in accordance with the Constitution.

The Constitution then defines which members are eligible to vote at general meetings:

#### **VOTES OF MEMBERS AT GENERAL MEETINGS**

54. On a show of hands, every Elected Member who is present at a general meeting has one Vote

55. On a poll, every Elected Member has one vote and every vote may be given personally or by proxy in accordance with this Constitution.

An 'elected member' is defined in the Constitution as:

*"Elected Members" means those Members of the Society who are elected to a grade of membership referred to in clause 3(a), (b), (c) or (d);*

The American Psychological Association also has an associate member category. However, associate members do not have voting privileges nor can they run for office. There is provision for a change to this eligibility after five years of associate membership.

The College of Clinical Psychologists wants APS to deal more effectively with its bifurcated system. There are times that APS cannot represent all members – mainly because of those members who meet the current requirements for APS membership (six years of training) will have needs and skills different from its associate members. The lowest common denominator approach will mean that the needs of the full members will not be met and the standards will be progressively deteriorated. The APS has made a decision that from the year 2000 psychology in Australia will be represented by six years of training by defining full APS membership in those terms. APS now needs to meet the needs of its full members. This may mean that APS may be limited in what it can do for its associate members and those who have four years of university training, but this decision must be made for psychology in this country to be held in parity with psychology across the world. Under the current bifurcated system, the College is the only part of APS that truly represents psychologists who have specialist postgraduate training in clinical psychology – whether they are or are not members of the College or indeed of the APS.

One consideration could be that only full members (not elected members) can vote on issues related to the practice of psychology of psychologists who have met the six years of training requirement and associate members can vote on generic issues that are not related to the years of training.

#### **4. RESPONSIBILITY AND AUTHORITY OF THE COLLEGE:**

In many ways, the current governance has given the College a great deal of responsibility in relation to course approvals, professional development, and membership –but given the College no authority. The College believes it should be responsible for these roles but it should therefore also be delegated the appropriate authority in these roles. The current governance structure enabling the APS Board to overrule decisions of the College takes away any sense of authority. The College finds this unacceptable. However, a governance system that which conferred appropriate authority upon the College with the Board as the venue for appeal of decisions would be a much more transparent and acceptable process. Although, from 2009, the Clinical College has its own representative on PDAC, the structure and membership within PDAC (one person representing the opinion of the College’s NE among a dozen PDAC members) leaves the College with greatly reduced authority to exercise its autonomy enshrined within the Rules regarding course approval.

##### **1) Substantive changes to accreditation guidelines without College consultation or approval.**

Over the past few years, APAC (through PDAC) have instituted frequent and an unprecedented number of substantial changes to APAC accreditation standards. In general, there has been little consultation with the College and in some instances, changes have gone ahead against College recommendations. A few examples illustrate the issues involved.

###### **1.1 Research competencies for clinical masters students:**

In 2008, APAC substantively changed accreditation guidelines for 5<sup>th</sup> and 6<sup>th</sup> year research projects, moving away from the traditional empirical project to one of 6 options (see APAC standards, 4.1.22). Changes to the APAC standards had an immediate flow-down effect on criteria for College course approvals (and membership through changes in course criteria), and this was accomplished with no consultation with the College.

The College responded by conducting a survey of experts (Clinical Training Directors and a sample of Professors of Clinical Psychology) and made a recommendation to PDAC that endorsed some but not all options permitted by APAC standards (4.1.22). These recommendations were submitted as changes to the College’s course approval guidelines in August 2008. However the modifications recommended by the College have not progressed. The College is unclear whether this decision to defer/ignore College recommendations has been taken unilaterally by PDAC or by PDAC in consultation with the APS Board. In any case, the consequence is that clinical programs approved by the College in 2008 and 2009 are approved under different standards for research that have an impact on research competencies required of clinical psychologists and our standing in relation to other professionals in Australia and overseas. The College has been rendered powerless and has been unable to uphold the mandate to “maintain practice standards and quality assurance in the specialist field” provided to it by the Generic Rules for Colleges ( 3.1c ).

###### **1.2 Staff: student ratios:**

The staff: student ratio for postgraduate programs in psychology was changed from 1:6 to 1:8 by PDAC/APAC in 2008. Once again, the change effected by APAC had an

immediate flow-on effect to requirements for College approval. The College was not consulted, nor even informed about this substantial change.

1.3 The College supports change if it leads to higher standards, but is arguing that the College should be consulted about all proposed changes to accreditation standards which have a direct bearing on requirements for College approval of courses, and that changes should be not be effected until due and adequate consultation with the College has occurred.

1.4 The College also reserves the right, consistent with its purposes and objectives, and provided to it by the Rules, to apply requirements additional to accreditation standards for course approvals. We believe this claim is consistent with the spirit and letter of the Rules, and in fact, is borne out by precedents. For instance, APAC standards have set one hour of face-to-face supervision per day of placement as a requirement for all PG programs (totalling about 125 hours), whereas the Clinical College has required programs to provide additional supervision (a total of 180 hours) for College approval. In other words, the principle that APAC accreditation sets the minimum standards for a generic accreditation of postgraduate courses, with Colleges having the right to prescribe additional requirements (or additional specifications about how these requirements might be met) has been respected by APS in the past. Hence the inordinate delay by PDAC/APAC in approving the College's changes to its Guidelines concerning the options for Clinical master's research project (explained in 1.1) is difficult to justify.

## **2. Changes to accreditation process and College approval mechanisms.**

### **Accreditation**

Recently, without College consultation, PDAC/APAC changed the time-frame for reports written following APAC accreditation and College approval site visits. Previously, reports from College Representatives were typically discussed within the Course Approvals Committee (e.g., Chair of Course Approvals) before they were submitted. Current APAC standards dictate (APAC, November 2008) that draft reports are written up and submitted on the day after the site visit. Whilst this change has the advantage of speeding up submissions of site visit reports, it has a major drawback – it precludes time for discussion with the College National Committee. In effect, one individual College Representative under significant time pressure is required to submit a draft report that has a major impact on the outcome of the PG training program, without consultation with the College. This contravenes the Rules that prescribe that decisions about course approval are made by the College's Course Approval Committee rather than by a single member. The College's suggestion that the report be written on-site but that it be submitted to the AOU a week after the site visit following further discussion of the report with the College's Course Approvals Committee was rejected.

In summary, the current process by which Course Approval reports are drafted and finalised are not in accordance with College recommendations, nor is it in keeping with the spirit of the APS Generic Rules for Colleges. Finally, it may not stand up to legal scrutiny. For instance, an AOU could argue that due process (outcomes based on

decisions by the College's course approvals committee as laid out in the Rules) should have been followed at draft and final stages of the report's development.

### **Membership:**

The current process of eligibility for membership being determined by the Medicare Assessment Team has caused considerable tension for the College. The APS took over the role from the College in relation to the implementation of the Better Outcomes in Mental Health scheme, and the College feels very strongly that this now needs to be re-considered. The governance for the Medicare Assessment Team does not clearly sit within the current governance format for the College. Any changes to the governance of colleges need to accommodate this new function. This could be done by an organisational chart that shows the MAT being responsible to the Clinical College through the Membership Secretary but managed by APS (due to the employment being the responsibility of APS). This clear delineation would make it much more transparent to members, prospective members and to the Government and members of the public that the College remains responsible for the adherence to the requirements for eligibility for membership. This change in governance would then be able to adopted for other colleges should the need arise.

### **Dual-College Membership:**

Currently, a few accredited universities have 3-year, integrated, DPsync, dual-accreditation programs that have been approved by APAC and APS. These approvals were given against College advice (on occasions by joint College submissions). These programs grant students full membership in two Colleges, whilst students completing standard 3-year and 3.5 year programs only obtain membership of a single College. This is an anomaly that is difficult to explain to students and institutions. To resolve the problem, College Chairs drafted new proposed dual-college membership protocol to cover dual-College memberships and submitted this to PDAC almost two years ago, but this has not progressed further. The delay has ensured the persistence of the problem, namely that current Guidelines of all Colleges fail to mention or address this issue – a glaring omission. The College is unsure why the decision to delay passage of these changes to Guidelines has been. The issue, again, cuts to the heart of an important governance question: Is the authority given to the Course Approvals Committee of the Colleges restricted to that of a sub-committee of PDAC or is it invested with the autonomy that appears to be supported by the Rules? If it is the former, are there constitutional and Rule changes that the APS Board can cite to authorise what we perceive as a major dilution of College autonomy?

### **5. RELATIONSHIP WITH APS BOARD:**

The current governance structure does not allow for effective communication or inclusiveness for colleges. This gives rise to a perceived lack of transparency by the APS and the Board. The current organisational structure does not include any type of reporting line to the APS Board or transparency about discussions relevant to Colleges held by the Board. This has created significant tensions between the colleges and the Board. There have been a number of occasions over the past five years where the Board has made decisions that have had direct impact on the operation of the colleges (and thus, upon the specialties of the APS) without any meaningful consultation with the colleges and without even advising the colleges of the possibility of these changes. The current process of representation of the colleges through the College Chairs Forum, which translates into the Board Chair and the APS

Executive Director, does not address this issue. It is, in fact, the major contributor to the difficulties in the relationship between the Board, the APS and the colleges. It is not possible for the Chair or the Executive Director to represent college members and non-college members because, by their roles, they must represent all groups. This cannot be accomplished when there is a conflict between what needs to be represented for the specialties and what needs to be represented for the non-specialties. The governance system needs to be changed to allow a direct relationship between the Board, APS and the Colleges. It is also felt that the Board and the National Office need to be more tolerant of differences of opinion and that when differences arise, to see this as an opportunity to promote the diversity of the practice of psychology in Australia.

#### **6. CONSULTATION PROCESSES:**

Lack of consultation, including unreasonably short time frames for input

While we feel there has been considerable improvement in the ability for the College to have input into submissions, guidelines, etc, we are still concerned that we are often not given sufficient notice to allow for comprehensive commentary. We acknowledge that submission requests from exterior sources set their own time frames, however even submissions requested for internal comment are provided on short notice. It has been our experience that APS has been working on these documents for an extended period of time (months) but the College is only notified at the end of the process, with a very short timeframe (for example two to seven days). As mentioned earlier, if APS were to actually use the College(s) as its peak bodies, it would approach the colleges at the start of any particular project to ask the College for its input on the subject which could be incorporated into the document in a timely manner. For example, recent changes to the APS privacy policy were implemented in relation to the College's access to College member details. The need for such changes and how this could be managed was not discussed with the College(s) before it was announced. While the College recognises the need to protect the privacy of members, because the change in policy was not advised prior to implementation, it caused a number of communication difficulties for the College. Prior advice about the need for the change in policy would have given the College time to adjust its communication strategy to encompass the new procedure.

#### **7. DEMAND ON NATIONAL COLLEGE OFFICERS:**

As the community knowledge of psychology increases (much through the efforts of APS), there has been a correlated increase in the demands on the National committees of the colleges. This past year is a good example – the ongoing need to respond to proposals related to national registration and accreditation has put enormous strain on the capabilities of the volunteers who serve on the national executive committees. The College of Clinical Psychologists has seen a huge growth in the amount of work that the Chair of the College must attend to – both from within APS as well as the external stakeholders. Internally, APS often makes demands on the College's National Committee and/or Chair for tasks it deems important to be performed within a very short time frame which are not tasks that the College has identified as a high priority or ones that the College even knows about! Despite delegation to other members of the National Executive, it has not been possible for the College to respond to all the requests made of it. Considering the role that the Colleges currently have under the Constitution, the increased demand on output is not commensurate with the amount of funding received by the College. The increased demands also extend to the National



Office and now it is now billing the College for some of the costs of operation. The funding structure needs to be revamped to better reflect the work of the College. The College is no longer a social network but professional entity (now imbedded in Commonwealth legislation) and it must be adequately funded to meet this new challenge.

## **8. RECOMMENDATIONS:**

### **Recommendation 1:**

*APS retain the current College structure.*

### **Recommendation 2:**

*The APS governance structure be changed to acknowledge the role of the College of Clinical Psychologists (and the other Colleges) as the peak body for all issues related to their specialty.*

This could be accomplished in a variety of ways. For example, the organisational chart could show a dotted line between the College(s) and the APS Board and National Office for professional speciality issues. Another way could be to include the College(s) as an Advisory Group to the Board and National Office.

### **Recommendation 3:**

*Following this governance review, or as a sub-review within the overall review, the internal governance of the College(s) be clearly articulated.*

It is felt that this could best be accomplished through a working group comprised of members from the nine Colleges. However since Colleges are all different in terms of size and function, individual Colleges should nevertheless have the ability to develop internal governance (as with Specific College Rules).

### **Recommendation 4:**

*APS develop a plan to separate out its support and comment on issues related to the professional practice of Members from those of Associate Members and that it openly communicate this within the Society, Government and the Community.*

### **Recommendation 5:**

*The voting practices in the Constitution be amended to make it impossible for any action of the broader APS membership to change any fundamental aspects of College(s) functioning if the proposed change could adversely affect the standards of entry to the College, the specialty training, practice and ongoing skill maintenance.*

**Recommendation 6:**

*Change to accreditation standards that impact on College(s) Guidelines can only be made following appropriate and adequate consultation with the College(s) within time frames before being submitted to APAC for approval.*

**Recommendation 7:**

*Draft and final recommendations of College site representatives are made only after consultation with the College's course approvals committee and that a recommendation about course approvals be made by a College's properly constituted Course Approvals Committee as laid out in the Rules, rather than by a College representative whose report is considered "advisory" by PDAC.*

**Recommendation 8:**

*The College(s) has clear autonomy to approve courses.*

**Recommendation 9:**

*Should PDAC disagree with the recommendation made by the College's course approvals committee, PDAC should request the College's National Committee to reconsider the decision. Should this not lead to a decision acceptable to the College and PDAC, the two recommendations (those from PDAC and the College) should be forwarded for final resolution through a process jointly approved by the College and the APS Board.*

**Recommendation 10:**

*The Medicare Assessment Team be responsible to the College of Clinical Psychologists for determining the eligibility of applications for membership through administration of the College's rules on membership and that the Medicare Assessment Team be responsible to the APS National Office for administrative line management. In line with this, the College should have a role in selection of the Coordinator of the Medicare Assessment Team.*

**Recommendation 11:**

***Representation of the Colleges be added to the Board membership.***

There may be a variety of ways that this could be achieved. As mentioned earlier, the College Chairs could elect a chair to represent all the Colleges on the Board.

Another possibility is the establishment of a Council of Representative (along the models used by the British Psychological Society and the American Psychological Association). The Council then would have a selected number (based upon the groups represented on the Council) to be members of the Board.

**Recommendation 12:**

*The College(s) be notified of any submissions being considered or developed by APS as soon as a decision is made to make a submission so that advice can be provided by the College(s) as the submission is being developed.*

**Recommendation 13:**

*The current financial support for the College(s) be reviewed with the aim of providing more adequate subsidy for the required work of the College. This subsidy may be of different values depending upon the identified workload of a particular College.*

**Recommendation 14:**

*Electronic web-based voting be made available for motions tabled at the APS AGM. While this would not be available for motions from the floor, it would allow College members (and all APS members) to have an opportunity to vote on matters of the Society as many are unable to physically attend the AGMs.*

**Recommendation 15:**

*The generic and college specific rules be amended to indicate that the College(s) is the final decision maker in setting standards in areas of membership, course approval, professional development and that the APS Board serve as the appeal panel for any challenges of decisions by the College(s).*

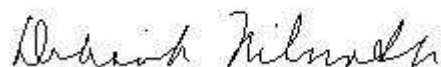
**Recommendation 16:**

*All of the Colleges be directly included in meetings related to future strategic planning of the APS.*

In summary, the members of the College of Clinical Psychologists have identified that the College successfully serves their needs and those of the community in a number of key areas. However, there remain several serious issues that need to be resolved for the effective governance of the College system. An even greater risk is that if these issues are not resolved, there is a real possibility that APS will lose the support of College members.

We appreciate the opportunity to make this submission and are available to answer any questions or provide additional information.

On behalf of the National College of Clinical Psychologists:



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Chair  
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