Regulating psychologists in the National Registration and Accreditation Scheme
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About this report

For the first time this year, the Psychology Board of Australia is publishing this profile of its work in regulating psychology in the National Registration and Accreditation Scheme during 2013/14.

The report aims to provide a profession-specific view of the Board’s work to manage risk to the public and regulate the profession in the public interest.

As ever, this year the National Board has worked in close partnership with the Australian Health Practitioner Regulation Agency (AHPRA) to bring out the best of the National Scheme for all Australians.

The data in this report are drawn from data published in the 2013/14 annual report of AHPRA and the National Boards, reporting on the National Registration and Accreditation Scheme.

This report looks at these national data through a profession-specific lens. Wherever possible, historical data are provided to show trends over time, as well as comparisons between states and territories. In future years, we will provide more detailed analysis to deepen our understanding of trends.

For completeness and wider context about the National Scheme, as well as analysis across professions, this report should be read in conjunction with 2013/14 annual report of AHPRA and the National Boards.
Message from the Chair, Psychology Board of Australia

In the fourth year of the National Scheme, the Psychology Board of Australia has undertaken an extensive review of its national and regional decision-making and accreditation arrangements to ensure they fulfil the responsibilities to protect the public and guide the profession. The outcome of this process is a set of reforms to enhance our strong local state and territory presence, and close engagement with individual registrants informed by national standards, codes and guidelines.

Accreditation reforms have ensured stronger governance, through balancing input from major stakeholders, with a focus on public protection and workforce development. The drafting of new flexible guidelines for intern training ensures public access in both metropolitan and rural areas to psychologists who are safe and competent.

Psychological practice is by its nature high-risk, since treatment often occurs without others present and involves working with vulnerable people with serious disorders and potential for harm. The increase in complaints against psychologists shows that the National Scheme is now more visible to the public and, in response, the Board has implemented a range of protective responses to ensure public confidence in psychologists. While deregistration is the strongest response, a number of practitioners have chosen to surrender their registration, while others have had conditions on their registration imposed by the Board to ensure deficits in practice can be addressed.

The Board gives particular thanks to AHPRA for its strong partnership, and to stakeholders for their engagement and contribution at forums, meetings and in writing to help ensure the regulation of psychologists remains fair and reasonable.
Message from the AHPRA Chair and CEO

Patient safety lies at the heart of our health system. Maintaining standards and ensuring we have a safe, competent and patient-centred health workforce is a vital part of our work as a regulator. We can be proud of the quality and dedication of the health practitioners who provide our health services on a daily basis, and we have good systems in place to address the occasional few who do not meet expected standards. This is the work of the National Boards, with the support of AHPRA.

It has been a year of consolidation and improvement across the National Scheme. We have had three main areas of focus during the year: improving the experience of all involved in the notifications process; measuring and improving our performance; and participating in and preparing for the review of the National Registration and Accreditation Scheme.

Over the past four years there has been a consistent increase in the number of notifications we receive. This trend appears well established and consistent across Australia, and in line with the experience of overseas regulators. We need to make sure our people and our systems are well equipped to deal with current challenges while we plan for future demands.

We now set international benchmarks for online registration renewals, matched by high (96%) rates for submission of the workforce survey. The results of this survey, which is completed voluntarily at renewal by registered practitioners, provide invaluable health workforce data that can be used for planning purposes. Such data reflect the importance of the workforce objectives of our work. The accuracy, completeness and accessibility of the national registers is at the heart of our work.

After four years, AHPRA is continuing to mature rapidly, but on any international and national regulatory comparison, it is still a relatively young organisation. We are not complacent and continue to identify and act on opportunities to improve the performance of the National Scheme in partnership with National Boards.
Major outcomes/achievements 2013/14

New guidelines for the 5+1 internship program released

The Board released its new guidelines for the 5+1 internship program, along with a suite of user-friendly reporting and recording forms to support the new 5+1 guidelines. The Board consulted widely with the profession and the community on the development of these guidelines. Feedback from provisional psychologists, supervisors, employers, professional associations, consumers and other stakeholders has been invaluable and is now being used to inform work on the new guidelines for 4+2 internship programs.

New Board-approved supervisor training programs

In 2013, the Board invited applications from suitably qualified and experienced individuals and organisations to deliver supervisor training programs across Australia. Multiple training providers have been approved by the Board to facilitate the delivery of supervisor training nationally – in both urban and regional areas in every state and territory. These programs have approval for five years (until 31 December 2018). Board-approved training programs provide both initial supervisor training (full training) for psychologists wishing to become a Board-approved supervisor for the first time (new supervisors), and masterclass training for Board-approved supervisors who wish to renew their Board-approved supervisor status every five years.

National Psychology Examination

The Board approved new guidelines for the National Psychology Examination. The guidelines specify the examination eligibility requirements, examination rules and specific exam policies. The Board previously released public consultation papers on the development of the examination in April 2011 and April 2013. Feedback received from these consultations was taken into account when approving the final guidelines. An online exam portal was launched, enabling applicants to register for the exam, complete the practice exam and access the suite of resources developed to assist applicants in preparing for the exam. A timetable of exam sittings was also published on the portal, with three sittings since July 2013.

First all-Board meeting – National and Regional Boards Retreat

The Board hosted its first all-board meeting – the National and Regional Boards Retreat – on 26 and 27 March 2014 in Sydney. All national and regional board members participated, along with members of the Psychology Council of NSW and senior AHPRA staff. The retreat provided an opportunity to reflect on the Board’s role, approach to regulation, key relationships with regional and national partners, and the broader context of psychology and the community. The retreat also presented an opportunity to meet and discuss the challenges of the coming year.

Regional review

Recently the Board completed a comprehensive review of the regional governance structure. The review obtained a range of information about the functioning of regional boards, with particular emphasis on the effectiveness of the governance model; consistency in decision-making; adequacy of the policies, processes and resources to support delegated functions; and the management of serious conduct matters. In considering this information, the Board decided to retain and strengthen the regional board model as it represents the right balance between a strong national presence and local, regional responsiveness.

Assignment of accreditation function for the psychology profession

The Board has worked towards establishing new governance arrangements for the Australian Psychology Accreditation Council (APAC), based on the ‘in-principle’ agreement Future of accreditation, reached in November 2013. These arrangements have now been finalised and agreed by APAC’s three new members: the Australian Psychological Society, the Heads of Departments and Schools of Psychology Association (HODSPA) and a nominee of the Psychology Board of Australia. The Board’s member nominee is an individual appointment, and Ms Kaye Frankcom has agreed to take on this important role for the next three years. As a result, in May 2014 the Board approved the continuation of the current arrangement of exercising accreditation functions through APAC for a period of four years until 30 June 2018.
Registration standards, policies and guidelines developed/published

- New guidelines for the National Psychology Examination
- Updated interim guidelines for 4+2 internship programs
- Continued to approve the APS *Code of ethics* as the overarching code of ethics, conduct and practice for registered psychologists in Australia
- New guidelines for the 5+1 internship program
- Policy on refusing or revoking Board-approved supervisor status
- Policy on the revocation of Board-approved supervisor training provider status.

Stakeholder engagement, professional standards

This year, the Board held productive dialogue with interested and engaged individuals and organisations, which has enabled the Board to adopt a position that is as fair and reasonable as possible in fulfilling its major roles: the protection of the public and guidance of the profession.

During this period, the national and regional boards participated in public, professional and educational forums in every state and territory. In addition, the National Board presented at a national conference in Cairns (October 2013), and hosted its own public forums in Adelaide (November 2013) and Melbourne (May 2014), with over 600 in attendance.

The Board distributed its newsletter, *Connections*, to all 31,000 registrants in July and November 2013, and April 2014.

Priorities for the coming year

**Review of the guidelines for the 4+2 internship program together with the provisional registration standard**

The current review started in early 2014 following publication of the new *Guidelines for the 5+1 internship program* on 13 December 2013, which has allowed feedback from the 5+1 consultation to be taken into account in developing a revised draft *Provisional registration standard* and 4+2 guidelines. The development of the draft revised standard and guidelines, and preliminary consultation, have now been completed. The Board plans to finalise this review in the coming year.

**Psychology improvement project**

The psychology improvement project initiative is the recommended outcome of the regional review. The vision of the project centres around the Board and AHPRA working in partnership to provide enhancements in the following areas: improving regional board governance and terms of reference; building capacity and capability in decision-making; developing an integrated approach to policies and processes; improving the consistency and quality of AHPRA support of the regional boards; improving communications; and clarifying accountabilities to the National Board for the management of serious conduct matters.

**Registrar program project**

This project will review the area of practice endorsements registration standards, which includes the nine areas of practice endorsements and requirements to be eligible for an endorsement. The review will also include the guidelines on psychology area of practice endorsements, which outline the requirements for obtaining and maintaining area of practice endorsement.

*continued overleaf*
Psychology Board registration and notifications data 2013/14

On 30 June 2014, there were 31,717 registered psychologists across Australia. This is an increase of 3.8% over the previous year. NSW has the largest number of registered psychologists (10,575), followed by Victoria with 8,603 registrants. More than a quarter of practitioners (28.6%) were aged under 35.

There were 487 notifications lodged against registered psychologists in 2013/14, including 319 outside NSW. This is just under the 320 lodged outside NSW in 2012/13. Notifications were about 1.4% of the registrant base; this rate is lowest in Western Australia at 0.8%, and highest in the ACT and the Northern Territory at 2.2%.

There were 484 notifications closed in 2013/14, including 162 complaints in NSW and 322 outside NSW. Of these 322 notifications: 211 (65.5%) were concluded after assessment; 43 were concluded following a panel (36) or tribunal (7) hearing; and the remaining 68 were concluded after an investigation (54) or a health or performance assessment (14). For 237 cases, the Board determined that no further action was required (222), that the notifications should be referred in full or part to another body (1), or that the notification would be most appropriately handled by the health complaints entity that originally received it (14). Thirty-one cases resulted in a caution (29) or reprimand (2), and in 49 cases the practitioner gave an undertaking by in relation to improving their conduct (8) or conditions were imposed on the practitioner’s registration (41). In two cases the practitioners’ registration was suspended and in a further two cases, the practitioner surrendered their registration; in the final case the practitioner was fined.

Concerns raised about advertising during the year were managed by AHPRA’s statutory compliance team and are reported from page 119 of the 2013/14 annual report of AHPRA and the National Boards.

A National Board has the power to take immediate action in relation to a health practitioner’s registration at any time if it believes this is necessary to protect the public. This is an interim step that Boards can take while more information is gathered or while other processes are put in place.

Immediate action is a serious step. The threshold for the Board to take immediate action is high and is defined in section 156 of the National Law. To take immediate action, the Board must reasonably believe that:

- because of their conduct, performance or health, the practitioner poses a ‘serious risk to persons’ and that it is necessary to take immediate action to protect public health or safety, or
- the practitioner’s registration was improperly obtained, or
- the practitioner or student’s registration was cancelled or suspended in another jurisdiction.

Immediate action was initiated by the Board in five cases during the year outside NSW; four in Queensland and one in the ACT. The Psychology Council of NSW also took immediate action four times during the year. Integrated data for all professions including outcomes of immediate actions are published from page 138 in the 2013/14 annual report of AHPRA and the National Boards. More information about immediate action is published on AHPRA’s website under Notifications.

Table 1: Registrant numbers at 30 June 2014

<table>
<thead>
<tr>
<th>Psychologist</th>
<th>ACT</th>
<th>NSW</th>
<th>NT</th>
<th>QLD</th>
<th>SA</th>
<th>TAS</th>
<th>VIC</th>
<th>WA</th>
<th>No PPP*</th>
<th>Total</th>
<th>% change from prior year</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013/14</td>
<td>832</td>
<td>10,575</td>
<td>230</td>
<td>5,626</td>
<td>1,573</td>
<td>527</td>
<td>8,603</td>
<td>3,411</td>
<td>31,717</td>
<td>3.78%</td>
<td></td>
</tr>
<tr>
<td>2012/13</td>
<td>793</td>
<td>10,289</td>
<td>219</td>
<td>5,444</td>
<td>1,525</td>
<td>519</td>
<td>8,220</td>
<td>3,020</td>
<td>30,561</td>
<td>3.09%</td>
<td></td>
</tr>
<tr>
<td>2011/12</td>
<td>794</td>
<td>10,066</td>
<td>216</td>
<td>5,220</td>
<td>1,466</td>
<td>524</td>
<td>8,009</td>
<td>3,082</td>
<td>29,645</td>
<td>1.73%</td>
<td></td>
</tr>
<tr>
<td>% change from prior year</td>
<td>4.92%</td>
<td>2.78%</td>
<td>5.02%</td>
<td>3.34%</td>
<td>3.15%</td>
<td>1.54%</td>
<td>4.66%</td>
<td>2.77%</td>
<td>36.09%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Principal place of practice

Table 2: Registered practitioners by age

| Psychologist | U - 25 | 25 - 29 | 30 - 34 | 35 - 39 | 40 - 44 | 45 - 49 | 50 - 54 | 55 - 59 | 60 - 64 | 65 - 69 | 70 - 74 | 75 - 79 | 80 + Not available | Total |
|--------------|--------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|-----------------|-------|
| 2013/14      | 672    | 3,668   | 4,744   | 4,344   | 4,221   | 3,154   | 3,010   | 2,864   | 2,572   | 1,671   | 576     | 158     | 63     | 31,717         |       |
| 2012/13      | 650    | 3,727   | 4,559   | 4,222   | 3,931   | 2,952   | 3,038   | 2,790   | 2,495   | 1,502   | 498     | 123     | 73     | 1,3051          |       |
| 2011/12      | 651    | 3,797   | 4,327   | 4,196   | 3,627   | 2,866   | 3,023   | 2,777   | 2,459   | 1,337   | 400     | 121     | 41     | 29,645         |       |
Table 3: Notifications received by state or territory

<table>
<thead>
<tr>
<th>Psychologist</th>
<th>ACT</th>
<th>NT</th>
<th>QLD</th>
<th>SA</th>
<th>TAS</th>
<th>VIC</th>
<th>WA</th>
<th>Subtotal</th>
<th>NSW</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013/14</td>
<td>21</td>
<td>5</td>
<td>112</td>
<td>29</td>
<td>11</td>
<td>114</td>
<td>27</td>
<td>319</td>
<td>168</td>
<td>487</td>
</tr>
<tr>
<td>2012/13</td>
<td>31</td>
<td>6</td>
<td>104</td>
<td>23</td>
<td>9</td>
<td>114</td>
<td>33</td>
<td>320</td>
<td>151</td>
<td>471</td>
</tr>
<tr>
<td>2011/12</td>
<td>11</td>
<td>6</td>
<td>62</td>
<td>26</td>
<td>8</td>
<td>96</td>
<td>28</td>
<td>237</td>
<td>130</td>
<td>367</td>
</tr>
</tbody>
</table>

Table 4: Per cent of registrant base with notifications received by state or territory

<table>
<thead>
<tr>
<th>Psychologist</th>
<th>ACT</th>
<th>NT</th>
<th>QLD</th>
<th>SA</th>
<th>TAS</th>
<th>VIC</th>
<th>WA</th>
<th>Subtotal</th>
<th>NSW</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013/14</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2012/13</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2011/12</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 5: Notifications closed by state or territory

<table>
<thead>
<tr>
<th>Psychologist</th>
<th>ACT</th>
<th>NT</th>
<th>QLD</th>
<th>SA</th>
<th>TAS</th>
<th>VIC</th>
<th>WA</th>
<th>2014</th>
<th>NSW</th>
<th>2014</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013/14</td>
<td>33</td>
<td>4</td>
<td>107</td>
<td>31</td>
<td>12</td>
<td>106</td>
<td>29</td>
<td>322</td>
<td>162</td>
<td>303</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 6: Immediate action cases by state or territory (excluding NSW)

<table>
<thead>
<tr>
<th>Psychologist</th>
<th>ACT</th>
<th>QLD</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013/14</td>
<td>1</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Table 7: Stage at closure for notifications closed (excluding NSW)

<table>
<thead>
<tr>
<th>Stage at closure</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment</td>
<td>211</td>
</tr>
<tr>
<td>Health or performance assessment</td>
<td>14</td>
</tr>
<tr>
<td>Investigation</td>
<td>54</td>
</tr>
<tr>
<td>Panel hearing</td>
<td>36</td>
</tr>
<tr>
<td>Tribunal hearing</td>
<td>7</td>
</tr>
<tr>
<td>Total</td>
<td>322</td>
</tr>
</tbody>
</table>

Table 8: Outcome at closure for notifications closed (excluding NSW)

<table>
<thead>
<tr>
<th>Outcome at closure</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>No further action</td>
<td>222</td>
</tr>
<tr>
<td>Refer all of the notification to another body</td>
<td>1</td>
</tr>
<tr>
<td>Health complaints entity to retain</td>
<td>14</td>
</tr>
<tr>
<td>Caution</td>
<td>29</td>
</tr>
<tr>
<td>Reprimand</td>
<td>2</td>
</tr>
<tr>
<td>Accept undertaking</td>
<td>8</td>
</tr>
<tr>
<td>Impose conditions</td>
<td>41</td>
</tr>
<tr>
<td>Fine registrant</td>
<td>1</td>
</tr>
<tr>
<td>Suspend registration</td>
<td>2</td>
</tr>
<tr>
<td>Practitioner surrendered registration</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>322</td>
</tr>
</tbody>
</table>

Keeping the public safe: monitoring

Health practitioners and students may have restrictions placed on their registration for a range of reasons including as a result of a notification, the assessment of an application for registration or a renewal of registration.

Types of restrictions being monitored include:

- **Drug and alcohol screening** – requirements to provide biological samples for analysis for the presence of specified drugs and/or alcohol.
- **Health** – requirements to attend treating health practitioner[s] for the management of identified health issues (including physical and psychological/psychiatric issues).
- **Supervision** – restrictions that require a health practitioner to practise only if they are being supervised by another health practitioner (usually registered in the same profession). The restrictions detail the form of supervision.
- **Mentoring** – requirements to engage a mentor to provide assistance, support and guidance in addressing issues, behaviours or deficiencies identified in skills, knowledge, performance or conduct.
- **Chaperoning** – restrictions that allow patients generally, or specific groups of patients, to be treated or examined only when a suitable third party is present.
- **Audit** – requirements for a health practitioner to submit to an audit of their practice, which may include auditing records and/or the premises from which they practise.
- **Assessment** – requirements that a health practitioner or student submits to an assessment of their health, performance, knowledge, skill or competence to practise their profession.
Practice and employment – requirements that a practitioner or student does, or refrains from doing, something in connection with their practice of their profession (for example, restrictions on location, hours or scope of practice, or rights in respect of particular classes of medicines).

Education and upskilling – requirements to attend or complete a (defined) education, training or upskilling activity, including prescribed amounts of continuing professional development.

Character – requirements that a health practitioner or student remain of good character for a specified period of time (for example, that no further notifications are received regarding them).

A health practitioner or student may simultaneously have restrictions of more than one type and/or category in place on their registration at any time.

Statutory offences: advertising, practice and title protection

Concerns raised about advertising, title and practice protection during the year were managed by AHPRA’s statutory compliance team.

More detail about our approach to managing statutory offences is reported from page 119 of the 2013/14 annual report of AHPRA and the National Boards.

Criminal history checks

Under the National Law, applicants for initial registration must undergo criminal record checks. National Boards may also require criminal record checks at other times. Applicants seeking registration must disclose any criminal history information when they apply for registration, and practitioners renewing their registration are required to disclose if there has been a change to their criminal history status within the preceding 12 months.

While a failure to disclose a criminal history by a registered health practitioner does not constitute an offence under the National Law, such a failure may constitute behaviour for which the Board may take health, conduct or performance action. The criminal record check is undertaken by an independent agency, which provides a criminal history report. AHPRA may also seek a report from a police commissioner or an entity in a jurisdiction outside Australia that has access to records about the criminal history of people in that jurisdiction. The criminal history reports are used as one part of assessing an applicant’s suitability to hold registration.

More detailed information about criminal record checks is published from page 115 of the 2013/14 annual report of AHPRA and the National Boards.

Working across the professions

A key strength of the National Scheme is the regular interaction between National Boards. This has facilitated cross-profession approaches to common regulatory issues and supported joint consultation and collaboration.

While the National Scheme is a multi-profession scheme operating within a single statutory framework and with one supporting organisation (AHPRA), a range of regulatory approaches – which are tailored to professions with different risk profiles and professional characteristics – are being explored with National Boards.

Policy development to address the objectives and guiding principles of the National Law is an important part of AHPRA’s support for National Boards, including development and review of registration standards, codes and guidelines, and the coordination of cross-profession policy projects such as a revised approach to international criminal history checks.

Standards, codes and guidelines

The core registration standards (English language skills, professional indemnity insurance, criminal history, recency of practice and continuing professional development (CPD)) required under the National Law, together with each Board’s code of conduct or equivalent, are the main way National Boards define the minimum national standards they expect of practitioners, regardless of where they practise in Australia.

Five core registration standards for all 14 health professions regulated under the National Scheme

• Continuing professional development
• Criminal history
• English language skills
• Professional indemnity insurance arrangements
• Recency of practice.

The standards bring consistency across geographic borders; make the Boards’ expectations clear to the professions and the community; and inform Board decision-making when concerns are raised about practitioners’ conduct, health or performance. National Boards hold practitioners to account against these standards in disciplinary processes.

National Boards have developed common guidelines for advertising regulated health services and for mandatory notifications. Most National Boards have a similar code of conduct. This commonality facilitates the National Law’s guiding principles of efficiency, effectiveness and fairness. It also helps consumers to understand what they can expect from their health practitioners.
Our work on professional standards in 2013/14

In 2013/14, the National Boards (supported by AHPRA) reviewed, finalised and implemented common guidelines (advertising and mandatory notifications), the common social media policy and the shared code of conduct. Revised documents came into effect in March 2014 and updates to the guidelines for advertising were published in May 2014.

This work has focused on continuing to build the evidence base for National Board policy and reviewing the structure and format of registration standards, guidelines and codes consistent with good practice.

These changes aimed to support clear communication and understanding of National Board requirements by practitioners, the public and other stakeholders. The common guidelines explain the requirements of the National Law. The wording was refined and clarified to assist practitioners to understand their obligations and to communicate more clearly with other stakeholders. A scheduled four-week lead-time in 2014 gave practitioners and stakeholders time to become familiar with the new content and structure before the revised standards took effect in March 2014.

The National Boards’ codes of conduct set out the Boards’ expectations of each registered health practitioner. Revisions published in 2014 to the shared code clarify to practitioners what is expected of them.

During the year, the National Boards coordinated the review of the common criminal history registration standard and the largely common English language skills registration standards. To prepare, AHPRA commissioned research about English language skills in the regulatory context to inform the review.1

The research was combined with National Boards’ experience in administering their English language skills registration standards and was supplemented with further information, including discussions with other regulators and language test providers. National Boards consulted stakeholders through a single consultation paper and proposals for largely common standards. This work ensured that final recommendations to National Boards would be based on the best available evidence and address the objectives and guiding principles of the National Law.

Similarly, the National Boards for the first 10 professions to be regulated under the National Scheme and the Medical Radiation Practice Board of Australia reviewed their registration standards for recency of practice, CPD and professional indemnity insurance arrangements. AHPRA coordinated these reviews across professions. This enabled multi-profession research to be commissioned, and facilitated National Boards considering issues of consistency and examples of good practice across the professions in the National Scheme.

Several Boards have developed, and the Ministerial Council has approved, additional registration standards beyond the five essential standards required by the National Law. See Appendix 3 of the 2013/14 annual report of AHPRA and the National Boards for a full list of registration standards approved by Ministerial Council during 2013/14.

Common standards, codes and guidelines issued in 2013/14

- Revised Guidelines for advertising (March 2014, updated in May 2014)
- Revised Guidelines for mandatory notifications (March 2014)
- Revised Code of conduct shared by the Aboriginal and Torres Strait Islander Health Practice, Chinese Medicine, Dental, Occupational Therapy, Osteopathy, Physiotherapy and Podiatry Boards of Australia, with profession-specific changes for the Chiropractic, Medical Radiation Practice and Pharmacy Boards of Australia.

Common National Board consultations completed

- International criminal history checks (released 1 October 2013; closed 31 October 2013)
- Common registration standards [English language skills registration standards [except Aboriginal and Torres Strait Islander Health Practice Board] and criminal history] (released 25 October 2013; closed 23 December 2013).

Stakeholder engagement

AHPRA and the National Boards engage daily with a large number and variety of stakeholders across the professions, community, government and statutory agencies, education providers and employers. The needs and interests of these groups sometimes overlap and sometimes are profession- or jurisdiction-specific.

National Boards and AHPRA continue to work closely with all our many stakeholders. AHPRA’s state and territory managers play an important role in fostering relationships with local stakeholders.

Individually, each National Board works with the stakeholders specific to their profession, including practitioners, in a range of ways.

Across the scheme, we have developed a stakeholder engagement framework to help us engage more effectively with our stakeholders and members of the community, to build confidence in the National Scheme and make it more accessible. We want to make it easier to interact with and to understand. The framework maps the network of relationships and stakeholders in the National Scheme and identifies how these should take effect and who is responsible for making them work.

Our approach to stakeholder engagement is shaped by a commitment to being proactive, transparent, accessible and accountable.

**Proactive**
- Actively engage, inform and educate stakeholders
- Encourage stakeholders to provide feedback
- Listen to how we can engage more effectively with our stakeholders
- Support greater awareness of the scheme and its benefits

**Transparent**
- Be clear about what we do
- Look for ways to improve
- Take a ‘no surprises’ approach to how we engage

**Accessible**
- Actively develop a public voice and face of the scheme
- Make it easy to engage with us
- Speak and write plainly
- Be clear

**Accountable**
- Report on what we do
- Be transparent and up front

### Stakeholder engagement across the National Scheme

AHPRA’s Community Reference Group (CRG) continues to advise AHPRA and the National Boards on ways in which community understanding and involvement in our work can be strengthened. The Professions Reference Group (PRG) is made up of members of professional associations for practitioners registered in the National Scheme. It provides feedback, information and advice on strategies for building better knowledge from within the professions about health practitioner regulation, and advising AHPRA on operational issues affecting the professions. The group includes national professional associations. It does not discuss individual registration or notifications matters.

We continue to work closely with governments, education providers and other agencies interested in or involved with health practitioner regulation. We have established partnerships, consistent with privacy law and confidentiality requirements, with a range of data partners such as Medicare Australia, the National eHealth Transition Authority (NEHTA) and Health Workforce Australia.

We have established services for employers who employ registered health practitioners so they have access to our online services for bulk registration checks, and can check the registration status of their employees in real time. We work with education providers on student enrolments and, in most cases, through accreditation authorities or committees, to ensure high-quality education.

Routinely, AHPRA keeps governments informed about the National Scheme, seeks feedback and provides briefs on jurisdiction-specific issues.

### National Registration and Accreditation Scheme Review

In May 2014, Health Ministers published the terms of reference for the independent review of the National Registration and Accreditation Scheme. Mandated initially by the inter-government agreement that underpins the scheme, the review is focused on:

- identifying the achievements of the National Scheme against its objectives and guiding principles
- assessing the extent to which National Scheme meets its aims and objectives
- the operational performance of the National Scheme
- the National Law, including the impact of mandatory reporting provisions; the role of the Australian Health Workforce Advisory Council, advertising, and mechanisms for new professions entering the scheme; and
- the future sustainability of the National Scheme, with a specific focus on the addition of other professions in the scheme and funding arrangements for smaller regulated professions.

AHPRA and the National Boards have engaged thoughtfully with the review, which is being led by Mr Kim Snowball. It provides both an important opportunity to identify what is working well and opportunities to improve and strengthen our work to protect the public and facilitate access to health services.

### Members of the Psychology Board of Australia

- Professor Brin Grenyer (Chair)
- Professor Alfred Allan
- Ms Mary Brennan
- Mrs Kathryn Crawley
- Mr Geoff Gallas
- Emeritus Professor Gina Geffen AM
- Ms Fiona McLeod
- Ms Joanne Muller
- Mr Christopher O’Brien
Professor Jennifer Scott (from 12 November 2013)
Mr Radomir Stratil
Dr Trang Thomas (leave of absence until October 2013)

Australian Capital Territory/Tasmania/Victoria Regional Board
Mr Robin Brown
Dr Melissa Casey (from 9 December 2013)
Ms Anne Horner
Mr Simon Kinsella
Associate Professor Terrence Laidler (from 9 December 2013)
Dr Patricia Mehegan
Ms Clare Shann
Dr Cristian Torres
Dr Kathryn Von Treuer

Western Australia/Northern Territory/South Australia Regional Board
Ms Alison Bell
Ms Judith Dikstein
Dr Shirley Grace
Associate Professor David Leach
Dr Neil McLean
Ms Claire Simmons
Mr Theodore Sharp
Mrs Janet Stephenson
Dr Jennifer Thornton

Queensland Regional Board
Mr Kingsley Bedwell
Mrs Jeanette Jifkins
Professor Kevin Ronan
Associate Professor Robert Schweitzer
Mr Barry Sheehan
Dr Haydn Till

New South Wales Regional Board
Ms Trisha Cashmere
Ms Margo Gill
Mr Timothy Hewitt
Mr Robert Horton
Associate Professor Michael Kiernan
Ms Wendy McCartney
Dr Ann Wignall
Ms Soo See Yeo

During 2013/14, the Board was supported by Executive Officer Ms Alessandra Peck.
More information about the work of the Board is available at: www.psychologyboard.gov.au
<table>
<thead>
<tr>
<th>Region</th>
<th>Address</th>
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</table>
| AUSTRALIAN CAPITAL TERRITORY | Level 3
RSM Bird Cameron Building
103 Northbourne Ave
Canberra ACT 2600 |
| NEW SOUTH WALES         | Level 51
680 George St
Sydney NSW 2000 |
| NORTHERN TERRITORY     | Level 5
22 Harry Chan Ave
Darwin NT 0800 |
| QUEENSLAND              | Level 18
179 Turbot St
Brisbane QLD 4000 |
| SOUTH AUSTRALIA        | Level 8
121 King William St
Adelaide SA 5000 |
| TASMANIA                | Level 12
86 Collins St
Hobart TAS 7000 |
| VICTORIA                | Level 8
111 Bourke St
Melbourne VIC 3000 |
| WESTERN AUSTRALIA      | Level 1
541 Hay St
Subiaco WA 6008 |