



Independent Review of Accreditation Systems  
within the National Registration and  
Accreditation Scheme for health professions

Submission to the Discussion Paper

*Cover Sheet*

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First Name: Justine

Surname: McGillivray

Individual or organisational submission: Please select

Organisation (if relevant): The Society for Industrial and Organisational Psychology Australia

Position in organisation: President

Email: [president@siopa.org.au](mailto:president@siopa.org.au) ; [siopapresident@gmail.com](mailto:siopapresident@gmail.com)

Preferred contact number: 0406496766

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The Society for Industrial and Organisational Psychology Australia (SIOPA) appreciates the opportunity to comment on the Discussion paper of the Australian Health Ministers' Advisory Council (AHMAC, February, 2017), Independent Review of Accreditation Systems within the National Registration and Accreditation Scheme for health professions.

## About SIOPA

The Psychology Board of Australia provides endorsement across nine (9) areas of expertise in psychology – Clinical Neuropsychology, Clinical Psychology, Community Psychology, Counselling Psychology, Educational and Developmental Psychology, Forensic Psychology, Health Psychology, Organisational Psychology, and Sport Psychology. SIOPA represents Organisational Psychologists and practitioners working in the expert field of Organisational Psychology.

Founded in November 2016, SIOPA is an independent and incorporated association with a purpose to create growth, supervision and professional development opportunities for Organisational Psychologists and related disciplines in Australia. Our practices, methods and principles have been derived and supported by US-based [SIOPI](#), and are tailored to suit the renewed challenges that present our profession moving into the future in Australia.

## Focus and Format of Submission

SIOPA's submission to this review will focus on the Organisational Psychology profession. This submission will address some of the key issues raised in the discussion paper with a focus on the provision of efficient and relevant accreditation that ensures the registration of professional and competent psychologists in the expertise area of Organisational Psychology.

The format of this submission is based on the Accreditation Review Discussion Paper and will reference relevant issues raised in that paper. We will refer to the issue number for those issues we intend to address. We have listed our recommendations below followed by our full submission.

## Recommendations

1. AHPRA to retain its current approach of providing a consistent accreditation process, quality framework and key principles for accreditation. Regulatory authorities are mandated to apply these governance frameworks to the development and application of accreditation standards which are specific for each health profession and area of expertise.
2. Accreditation standards to be expressed in outcome based terms whereby these requirements are minimum standards and not overly prescriptive to allow for flexibility, innovation and aspiration towards best practice in education and training.
3. Develop professional competency frameworks that are specific to the skills, knowledge and abilities required to perform each area of expertise in each health profession. Consumers, health professionals, regulation bodies and industry stakeholders to be included in the consultation process when developing the professional competency frameworks.

4. Accreditation standards should not articulate healthcare priorities or policy at the expense of the diversity of a profession or the standards or training within a profession.
5. Retain the supervised practice provided in postgraduate professional training programs and the additional period of supervised practice (approx. 2 years) for Psychologists who wish to obtain their Area of Endorsement in their area of expertise. This enables the Psychologists to be 'work ready' and protects members of the public from harm.
6. When defining 'work readiness' for registration purposes, 'work readiness' should refer to the specific professional competencies (skills, knowledge, abilities) required for safe, competent and professional practice of that professional. 'Work readiness' for the purpose of registration to be separate to an employer's own procedures and practices for assisting employees to be 'work ready' for their workplace and not prescribed by an accreditation body.
7. National examinations provide an assessment of general knowledge for the Psychology profession. Retain the National Examination for graduates who complete the 4+2 pathway to registration as they do not receive extensive training and supervision compared to other pathways to registration.
8. National examinations should not be required for graduates who complete Masters or Doctoral psychology training programs as a pathway to registration. The requirement to complete the National examination in addition to the extensive training and supervision they have already completed is burdensome and unnecessary. Graduates have already demonstrated their competence through extensive assessments and supervised practice.
9. National Boards should represent the diverse nature of the profession and ensure regulatory steps such as National Examinations reflect the areas of employment for the diverse range of Psychologists who practice. They should recognise 'one size does not fit all' and if they decide to have postgraduates sit an exam after July 2019 (which we do not support), they must ensure the exam is specific to each area of practice.
10. Consumer representatives on national boards should reflect the diverse nature of the consumers and the clients of those services.
11. National Boards should be looking strategically to the needs of the Australian workforce and community and ensuring the accreditation standards and programs of study will support community needs and workforce needs as they change.
12. Retain the association between accreditation and the regulation boards to ensure discipline specific standards are relevant and maintained to protect the public from harm.
13. Input derived from multiple stakeholders, including the profession, consumers and governing bodies, to determine accreditation and regulation will result in relevant, professional standards that protect the public from harm. We strongly suggest forming a 'Consultative Group' that is representative of all stakeholders, with formal mechanisms for consultation on a regular basis. However, as a minimum, professional bodies which represent disciplines of Psychology should be formally contacted on a regular basis for input.

### Accreditation Standards

*Issue 1. What would be the benefits and costs of greater consistency and commonality in the development and application of accreditation standards?*

SIOPA supports the principle of a consultative and consistent method in the development and application of accreditation standards across the different health professions. SIOPA supports the notion of a consistent accreditation process, a Quality Framework and key principles for accreditation. These higher level frameworks provide a solid basis for the governance of accreditation bodies. SIOPA foresees a risk to the public if these higher level frameworks are applied to specific content areas for each health professional. For example, professional competencies for each expertise area in psychology differ. The practice of a Clinical Psychologist or an Educational Psychologist can significantly differ from an Organisational Psychologist. The professional competencies of a Clinical Psychologist would not be applicable to an Organisational Psychologist<sup>1</sup>. Similarly, training and education and professional competencies also vary across the health professions (i.e. Psychology, Medicine, Chiropractic etc.) Therefore, each health profession requires discipline specific standards to ensure the training and education of each particular health professional covers the fundamental knowledge, skills and abilities (competencies) in order to be able to perform their role competently and therefore mitigate the risk of harm to the public.

In summary, SIOPA supports the application of a consistent accreditation framework across the health professions (i.e. Psychology, Medicine, Chiropractic etc.) to ensure a consistent and fair process, with the professional competencies of each health profession to be specific for that profession and its subsequent areas of expertise (i.e. Organisational Psychology competencies, Clinical Psychology competencies etc.).

#### ***Recommendation 1***

***AHPRA to retain its current approach of providing a consistent accreditation process, quality framework and key principles for accreditation. Regulatory authorities are mandated to apply these governance frameworks to the development and application of accreditation standards which are specific for each health profession and area of expertise.***

### Input and Outcome Based Accreditation Standards

*Issue 8. Should accreditation standards be only expressed in outcome-based terms or are there circumstances where input or process standards are warranted?*

*Issue 9. Are changes required to current assessment processes to meet outcome-based standards?*

It is vital for each health profession to have competency requirements that are specific to their discipline and area of expertise within that discipline. Clear competency requirements ensure the training and education of each particular health professional covers the fundamental knowledge, skills and abilities (competencies) in order to be able to perform their role competently and avoid placing the public at risk of harm. Clear competency requirements provide consumers and members of the public with reassurance, protection and a standardised level of service from that health professional.

In order to ensure a standardised level of service from the health professional, minimum requirements which outline outcome based standards are required. These requirements should be minimum standards and not overly prescriptive to allow for innovation, flexibility and aspiration towards best practice standards in education and training. Therefore, performance-based requirements that specify outcomes rather than

<sup>1</sup>Psychology Board of Australia (2011). *Guidelines on area of practice endorsements*.

inputs or other prescriptive requirements should be used.

Tertiary programs require authority in determining how the accreditation standards are met in order to achieve a balance between innovation, aspiration and protection of the public. For example, accreditation standards may specify achievement of a Masters level degree in Psychology requires completion of a specific number of hours of practical placement in the area of expertise to assist the individual to develop work readiness and professional competencies, but restrain from specifying the placement supervisor is required to have obtained an Endorsed Area of Practice and be a Board-Approved Supervisor.

### ***Recommendation 2***

***Accreditation standards to be expressed in outcome based terms whereby these requirements are minimum standards and not overly prescriptive to allow for flexibility, innovation and aspiration towards best practice in education and training.***

## **Health Program Development and Timeliness of Assessment**

*Issue 10. Should there be a common approach to the development of professional competency frameworks and to the inclusion of consumers and possibly others in that development?*

SIOPA foresee a risk to the public if there is a common approach to the development of professional competency frameworks. By definition alone, professional “competencies” infer that a common approach is not practical. Competencies are defined as:

*“a combination of practical and theoretical knowledge, cognitive skills, behavior and values used to perform a specific behavior, or set of behaviors to a standard, in professional practice settings associated with a professional role”<sup>2</sup>.*

The role of professional competencies is to supplement national standards. Professional competency frameworks are used as a benchmark to ensure that health professionals possess relevant and up-to-date skills which allow them to undertake their role competently and effectively. Professional competencies help members of the public to identify whether a Psychologist can be considered competent to practice in a particular area of Psychology. Professional competencies for each expertise area in Psychology differ<sup>3</sup>. The practice of a Clinical Psychologist or an Educational Psychologist can significantly differ from an Organisational Psychologist. The professional competencies of a Clinical Psychologist would not be applicable to an Organisational Psychologist<sup>4</sup>. Similarly, professional competencies also vary across the health professions (i.e. Psychology, Medicine, Chiropractic etc.) Therefore, each health profession requires discipline specific professional competencies that cover the fundamental knowledge, skills and abilities in order to be able to perform their role competently and avoid placing the public at risk.

### ***Recommendation 3***

***Develop professional competency frameworks that are specific to the skills, knowledge and abilities required to perform each area of expertise in each health profession. Consumers, health professionals, regulation bodies and industry stakeholders to be included in the consultation process when developing the professional competency frameworks.***

## **Clinical Experience and Student Placements**

International Project on Competence in Psychology (IPCP). 2015. *International Declaration on Core Competences in Professional Psychology*.  
Psychology Board of Australia (2011). *Guidelines on area of practice endorsements*  
Psychology Board of Australia (2011). *Guidelines on area of practice endorsements*.

*Issue 14. How could the embedding of healthcare priorities within curricula and clinical experiences be improved, while retaining outcome-based standards?*

SIOPA supports the comments made by the Australian College of Advanced Postgraduate Psychologists (ACAPP) on Issue 14 in their submission (provided below for your convenience).

“It is important to note that within the discipline of psychology there are four expert areas that are not health related – forensic, sport, organisational and community psychology. Forcing our profession into a tunnel of “health specific” training will mean that these four areas of expertise will be seriously impacted – output competencies lost due to the focus on health related input, training and in the content of exams. The risk to the public and clients of these four areas of expertise would be increased by this dilution to specific training in these four expert areas. Workforce numbers could also be impacted if programs in these areas reduce or lose discipline content. Critical occupations and community need may be lost – for example Australia has identified organisational psychology as a current strategic skill shortage for the medium to long term.<sup>5</sup> Australia is clearly not wanting to reduce organisational psychology workforce numbers.”

#### **Recommendation 4**

***Accreditation standards should not articulate healthcare priorities or policy at the expense of the diversity of a profession or the standards or training within a profession.***

## **The Delivery of Work-Ready Graduates**

*Issue 16. Is there a defensible rationale for a period of supervised practice as a pre-condition of general registration in some professions and not others?*

Supervised practice is a core component of education and training in Organisational Psychology. Graduates from Masters and Doctorate programs in Psychology have completed supervised practice during their professional training which enables them to be ‘work ready’. This supervised practice is completed in a variety of different work settings and is critical to their ‘work readiness’. In most instances, the supervision is provided by Organisational Psychologists who are very knowledgeable in the knowledge, skills, and abilities that are required to be ‘work ready’ and employable.

The supervised practice provided during professional training is accredited by the university to meet their standards and requirements. In addition to this, postgraduate Psychologists are required to have an additional period of supervised practice (at least 2 years) by a Board-Approved Supervisor who is an Organisational Psychologist to obtain “Endorsement” in Organisational Psychology by the Psychology Board of Australia.

Psychologists who obtain general registration through the 4+2 pathway are not required to undertake supervised practice during their professional training and education at university. Following completion of their professional training, graduates are required to undertake supervision for a 2 year period with a Board-Approved Supervisor. Generally, this supervision period can be completed in one workplace with one supervisor, which may limit the graduates’ exposure to a variety of issues, knowledge, skills and abilities. Following completion of the 2 year supervision, the graduate is allowed to complete the National Exam to be awarded general registration as a Psychologist. Therefore as a result of this limited supervision, Psychologists with general registration are often not ‘work ready’ and require intensive supervision in the workplace until they can be deemed ‘work ready’. This is due to recently awarded Psychologists with general registration, lacking sufficient knowledge, skills and abilities to work with members of the public, particularly members of the public who are vulnerable or present with complex

<sup>5</sup> Department of Immigration and Border Protection web site:

<https://www.border.gov.au/Trav/Work/Work/Skills-assessment-and-assessing-authorities/skilled-occupations-lists/mltssl> (accessed on 25 April 2017). Note: This list of strategic skills Australia needs specifies clinical psychologist, organisational psychologist, educational psychologist and generalist psychologist.

issues. This intensive supervision upon employment is quite burdensome to an organisation and can be a prohibitive factor in employing Psychologists who have recently been awarded general registration through the 4+2 pathway.

In summary, supervised practice provided in postgraduate professional training programs and through the 2 year (approximately) supervision period following completion of post graduate qualifications is critical to developing competent Psychologists who are 'work ready' and thus protecting members of the public from harm.

#### ***Recommendation 5***

***Retain the supervised practice provided in postgraduate professional training programs and the additional period of supervised practice (approx. 2 years) for Psychologists who wish to obtain their Area of Endorsement in their area of expertise. This enables the Psychologists to be 'work ready' and protects members of the public from harm.***

*Issue 17. How should work readiness be defined, and the delineation between registration requirements and employer training, development and induction responsibilities be structured?*

Work readiness for registration requirements compared to employer training, development and induction responsibilities are separate issues, of which the latter should not be prescribed by accreditation bodies. A Psychologist who is 'work ready' has the required skills, knowledge and abilities to perform the role of a Psychologist competently upon commencing employment. Please refer to previous section for more information on work readiness. Separate to this, each workplace has obligations under different legislation, including Work Health and Safety<sup>6</sup> and Fair Work legislation in which they are required to provide employees with training and information, such as a general workplace induction, specific task inductions, and safe work method statements, to reduce to risk of injury or harm to health to employees for factors specific and unique to that workplace.

#### ***Recommendation 6***

***When defining 'work readiness' for registration purposes, 'work readiness' should refer to the specific professional competencies (skills, knowledge, abilities) required for safe, competent and professional practice of that professional. 'Work readiness' for the purpose of registration to be separate to an employer's own procedures and practices for assisting employees to be 'work ready' for their workplace and not prescribed by an accreditation body.***

## **National Examinations**

*Issue 18. Does a robust accreditation process negate the need for further national assessment to gain general registration? Alternatively, does a national assessment process allow for a more streamlined accreditation process?*

The provision of specialist knowledge, skills and abilities provided within Masters and Doctoral Psychology training programs, ensures graduates obtain the specialist competencies required for the safe, effective and efficient practice within their area of expertise (i.e. the 9 specialist areas). Academic and Board-Approved Supervisors provide input into the assessment and development of each graduate using the current professional competencies as a framework<sup>7</sup>, across a variety of settings. Board-Approved Supervisors are required to have participated in Supervisor's training as accredited by the Psychology

<sup>6</sup>Western Australian workplaces have obligations under the WA Occupational Safety and Health Act 1984 and Regulations 1994.



Board of Australia<sup>8 9</sup> it will review this as that date approaches<sup>10</sup>The requirement to complete the National examination in addition to the extensive training and supervision they have already completed is burdensome and unnecessary. Graduates have already demonstrated their competence through extensive assessments and supervised practice.

Graduates who complete professional Psychology training through the 4+2 pathway do not receive specialist knowledge, skills, and abilities and do not participate in supervised practice during the professional training program. It is questionable whether a National Examination is presented in multiple choice format is able to assess an individual's demonstrated knowledge, skills and abilities. It is more likely the examination is an assessment of their knowledge obtained through study rather than an assessment of demonstrated practical application and development of skills and abilities. Nonetheless, as long as the 4 + 2 pathway is an approved pathway to obtain general registration, then an assessment for competency is required.

#### **Recommendation 7**

***National examinations provide an assessment of general knowledge for the Psychology profession. Retain the National Examination for graduates who complete the 4+2 pathway to registration as they do not receive extensive training and supervision compared to other pathways to registration.***

#### **Recommendation 8**

***National examinations should not be required for graduates who complete Masters or Doctoral Psychology training programs as a pathway to registration. The requirement to complete the National examination in addition to the extensive training and supervision they have already completed is burdensome and unnecessary. Graduates have already demonstrated their competence through extensive assessments and supervised practice.***

### **Independence of Accreditation and Registration**

*Issue 19. Do National Boards as currently constituted have appropriate knowledge, skills and incentives to determine accreditation standards and programs of study which best address the workforce needs of a rapidly evolving health system?*

SIOPA agrees with the comments and recommendations made by ACAPP on this issue, which is provided below for your convenience.

“National Boards should reflect the diverse nature of the profession to ensure they can provide relevant input regarding the challenges faced by clients, their workplaces, and the capability required by professionals for safe, effective and efficient practice. They should have representatives who can speak to the unique workplace issues and client issues faced in each domain. This is not currently accommodated in the current set up of national boards. The Psychology Board of Australia demonstrates this. Although the national law requires representatives across the states and territories which is reasonable, it does not require a board to represent the diversity of the profession – its capabilities and the diversity in clients. As it stands it is possible for the board to represent a narrow band of competencies within the profession and this can be done at the expense of some clients and other areas of expertise that exist within the profession.

For example the Psychology Board of Australia as described on its web site notes there are currently 11 members.

Psychology Board of Australia website <http://www.psychologyboard.gov.au/Registration/Supervision.aspx> (accessed on 1 May 2017).

Psychology Board of Australia (2013). *Guidelines for supervisors and supervisor training providers.*

<http://www.psychologyboard.gov.au/Standards-and-Guidelines/Codes-Guidelines-Policies.aspx> (accessed on 1 May 2017).

Psychology Board of Australia web site:

<http://www.psychologyboard.gov.au/Registration/National-psychology-exam/Overview-and-background-of-examination.aspx> (accessed on 25 April 2017).



Four are community members and there are seven psychologists who are endorsed in five of the nine areas of expertise currently accommodated within the profession. Table 1 below was compiled from a review of the psychology register, the LinkedIn profiles of the individuals and the web sites of their current places of work. There are four areas of psychological expertise not represented by this Board – sport psychology, clinical neuropsychology, community psychology and educational/developmental psychology.

Table 1: An Overview of the Areas of Endorsement of the Psychology Board of Australia as at April 2017<sup>11</sup>

<b>Name</b>	<b>Role</b>	<b>Area of Endorsement</b>	<b>Current Employment</b>
Professor Brin Grenyer	Chair and a practitioner member from NSW	Academic – clinical, health, counselling	Academic – clinical practice
Professor Alfred Allan	Practitioner member from WA	Academic – clinical* and forensic	Academic
Ms Vanessa Hamilton***	Practitioner member from ACT	Clinical	Private practice
Ms Rachel Phillips	Practitioner member from QLD	Clinical*	Director of Psychology at QLD Health
Mr Radek Stratil	Practitioner member from SA	Clinical, organisational and health	Private Practice
Professor Kathryn von Treuer	Practitioner member from VIC	Organisational and health	Academic
Rebecca Campbell**	Practitioner member from NT	Clinical*	Private Practice
Ms Mary Brennan	Community member	----	Health Law
Ms Marion Hale	Community member	----	Population Health
Ms Joanne Muller	Community member	----	Health Law
Mr Christopher O'Brien	Community member	----	Employee Relations Manager

\* Postgraduate psychology degree (Masters or Professional Doctorate) in this area of practice endorsement (ie. Advanced training completed that includes theory, supervised practice and research in this area)

\*\* Does not appear when you search the register on the AHPRA web site.

\*\*\* Unknown level of training - no degrees listed on the register, her business web site or Linked In page.

The risk of having a Board representing only a narrow group of clients and professional expertise is they may set the bar for registration in a narrow way placing some consumer groups at risk. A review of the current National Examination for psychology demonstrates this risk in action. With a heavily clinical flavour to the national board, the examination focuses on mental health assessments and interventions. It asks questions about ethical and professional issues relevant to the treatment of mental health concerns and the communication and interpersonal skills relevant to dealing with individuals with mental health concerns. ACAPP acknowledges that the perception of psychology in the wider community is probably a narrow one – a view focused on mental health and developmental concerns. However the national examination as it is currently written, means the Psychology Board of Australia requires a large proportion of psychologists to be knowledgeable in the treatment of mental health related issues.

But not all psychologists work in mental health specific areas. Who is protecting the child with complex educational/developmental concerns who needs appropriate assessment and intervention when this is not a focus of the national exam? Who is protecting the public from inaccurate or incompetent court reports regarding the offending behaviour and potential risks to the public of an offender when these are not a focus of the national exam? Who is protecting the government department who asks a psychologist to help them restructure their organisation

Note: A review of this table will demonstrate that it is possible in psychology to be endorsed for an area of expertise without any postgraduate training or supervision in that area. This is a legacy of moving to national registration where individuals with membership to one of the colleges of the Australian Psychological Society were given endorsement by the Board in that area of expertise with no check as to their capabilities or experience in that area of expertise. The Board has chosen to accept that potential risk.

to make it more efficient and productive when the person who assists them has no expertise in organisational structures, the implications for workforce planning, supervision, reporting lines, salary scales, etc? How would a board with a narrow perspective or an academic focus, know what issues are faced by clients and consumers? Or workplaces? And from 2019 when Masters and Doctoral graduates may have to sit this mental health focused exam, how will the student who has completed an organisational or forensic or community or sport psychology degree pass? How will universities change their curriculum to ensure the student passes the exam – what specialist content will they drop to make room for this mental health content?

With rapidly evolving health systems, there is a need for flexibility and agility in the workforce. Psychologists can support this, not just in how they assess and treat mental health concerns, but:

- The organisational psychologist can assist with the changing nature of the work, the workplace and the human factors and safety issues faced at work. It is estimated that the future workplace will look very different and will have jobs we have not even thought of yet – support around how to select, develop and retain employees such as millennials in the health system, in a changing world of work will be critical.
- Community psychologists can provide input in to the social well-being and connectedness of communities in a changing technological and diverse community.
- Sport psychologists can provide significant advice to the elevation of performance in the workplace and the value of sport to the well-being and long term health outcomes of the community.
- Educational/developmental psychologists can assist with the assessment and of treatment of issues facing children and adolescents as they navigate all this change such as social media, changes to the delivery of education, social and community expectation changes and other rapid changes in the community such as career planning.”

#### ***Recommendation 9***

***National Boards should represent the diverse nature of the profession and ensure regulatory steps such as national examinations reflect the areas of employment for the diverse range of psychologists who practice. They should recognise ‘one size does not fit all’ and if they decide to have post graduates sit an exam after July 2019 (which we do not support), they must ensure the exam is specific to each area of practice.***

#### ***Recommendation 10***

***Consumer representatives on national boards should reflect the diverse nature of the consumers and the clients of those services.***

#### ***Recommendation 11***

***National Boards should be looking strategically to the needs of the Australian workforce and community and ensuring the accreditation standards and programs of study will support community needs and workforce needs as they change.***

### **What Other Governance Models Might Be Considered? Accountability and Performance Monitoring Setting Health Workforce Reform Priorities**

*Issue 25. What is the optimal governance model for carrying out the accreditation functions provided in the National Law while progressing cross-profession development, education and accreditation consistency and efficiency? Possible options include:*

- *Expanding the remit of the AHPRA Agency Management Committee to encompass policy direction on, and approval of, accreditation standards.*
- *Establishing a single accreditation authority to provide policy direction on, and approval of, accreditation*

*standards.*

*Issue 26. How best in any governance model could recognition and accreditation of cross-professional competencies and roles be dealt with?*

*Issue 28. What role should the Ministerial Council play in the formal consideration and adoption of proposed accreditation standards?*

*Issue 29. Is the requirement that the Ministerial Council may only issue directions under s11(3)(d) if it considers a proposed accreditation standard may have a substantive and negative impact on the recruitment or supply of health practitioners, too narrow to encompass all the National Law objectives and guiding principles, and if so, how should it be modified?*

*Issue 30. How best can a national focus on advice and reform be provided, at least for the delivery of accreditation functions, that:*

- As part of a broader workforce reform agenda, regularly addresses education, innovative workforce models, work redesign and training requirements?*
- Has regular arrangements for engagement with key stakeholders such as the regulators, educational institutions, professional bodies, consumers and relevant experts?*

To ensure health professions are producing safe and competent professionals, accreditation functions should be associated to the regulation boards. Governance from people distanced from the profession creates a risk of professional standards being adversely affected due to lack of understanding of the discipline and its specific requirements. Non-discipline specific governance and may lead to a more basic approach to professional training and result in critical competencies being overlooked, which places the public at risk of harm. Therefore if the aim is to protect members of the public and the consumer than an accreditation body that is discipline specific will achieve this.

Furthermore, accreditation and regulation should be derived from input from the consumer and the profession as it does from input gained from other governing bodies (e.g. Ministerial Council, AHPRA etc.) This input is valuable in maintaining an engaged and sustainable profession and determining the issues and challenges experienced by stakeholders, best practice methods, and identifying future opportunities or risks. Consumers of Organisational Psychology services significantly differ from many of the other 9 speciality areas in Psychology (i.e. Educational Psychology, Clinical Psychology, Forensic Psychology). Consumers of Organisational Psychology services can include entire organisations, teams within a workplace, and individual employees such as executive managers, middle managers, and core staff.

In addition to having a diverse representation of Psychology disciplines on the Psychologists Board of Australia as previously recommended, a 'Consultative Group' could be formed to engage stakeholders and obtain input on current industry and academic trends and challenges and issues facing each discipline. The members of the consultative group may consist of regulators, educational institutions, professional bodies such as SIOPA, consumers and relevant experts.

As a minimum, professional bodies which represent disciplines of Psychology, such as SIOPA, should be formally contacted on a regular basis (i.e. quarterly) for input. SIOPA's model includes a Board consisting of senior Organisational Psychologists and an Industry Advisory Group consisting of senior practitioners and academics in the field of Organisational Psychology. The Board and Industry Advisory Group provide strategic guidance and input into the actions undertaken by SIOPA's committee. This model is very successful in ensuring SIOPA remain current and proactive in addressing the current and future challenges facing the profession and practice of Organisational Psychology.

Therefore, input derived from the consumer and the profession as well as governing bodies to determine accreditation and regulation will result in relevant, professional standards that protect the public from harm.

### ***Recommendation 12***

***Retain the association between accreditation and the regulation boards to ensure discipline specific***

*standards are relevant and maintained to protect the public from harm.*

***Recommendation 13***

*Input derived from multiple stakeholders, including the profession, consumers and governing bodies, to determine accreditation and regulation will result in relevant, professional standards that protect the public from harm. We strongly suggest forming a 'Consultative Group' that is representative of all stakeholders, with formal mechanisms for consultation on a regular basis. However, as a minimum, professional bodies which represent disciplines of Psychology should be formally contacted on a regular basis for input.*

-End of submission-