

Senate Hearing Submission Regarding the AHPRA

Comparison of Professional Development Requirements; Australia and Other Countries, Australian psychologists and other health practitioners.

Introduction:

Before July 2011, continuing education was a requirement for registration in NSW (and in other states). However, then continuing education was the responsibility of the individual and largely depended on availability, location and affordability. Peer consultation/supervision was also recommended and mostly depended on mutual convenience and availability. Psychologists were then professionally and ethically bound to self-regulate and to monitor their needs. Under these conditions, psychologists managed to keep abreast of changes in the profession, be aware of legal and ethical issues and maintain professional supervision.

However, to maintain registration, from 31 July 2011, all Australian psychologists are required to undertake mandatory Continuous Professional Development (CPD) by the Psychology Board Australia (PBA). (See www.psychology.gov.au/Codes-and-Guidelines for full CPD details).

A letter by the author published in the April 2011 edition of InPsych (Newlyn, 2011) attracted a number of comments (approximately 75) from psychologists supporting the letter's criticism of the mandatory CPD requirements imposed by the PBA. Many expressed discontent with the compulsory nature of the CPD. A number said it was a "redundant" and "draconian" measure. Approximately one third contended that the requirement of 30 hours of CPD per year was a "burden" and "a drain on resources". Adverse comments were made about the requirement of submitting a learning plan each year. Many considered the prescribed nature CPD was "inflexible" and "unsympathetic". Mandatory peer consultation for 10 hours per year was described as "inflexible" and "overly prescriptive". Logging the CPD event was cited as "big brotherish" and "an insult to professional practitioners". The requirement of writing a ½ page reflection for every hour of CPD was viewed as "a waste of time", "a burden" and "somebody's whim". Others contended that fulfilling the CPD requirements was expensive and time consuming. Several psychologists who work part-time, indicated that they simply could not afford to maintain 30 hours of CPD per year. Some rural psychologist reported that travelling to major centres for seminars and workshops was

prohibitively expensive. Most could not understand the rationale behind the CPD requirements. Many contended that the PBA had little understanding of psychology in Australia. Several questioned the mandatory requirements for psychologists in other countries and for other health professionals in Australia in comparison with the PBA requirements.

In order to understand more about compulsory CPD requirements, a review of the professional development and continuing education requirements for psychologists in other countries was undertaken. This review looked specifically at the areas of mandatory hours of CPD, learning plans, prescribed CPD activities, peer consultation, logging of CPD hours and reflections on CPD. To ensure currency, the information was mainly gained from 2011 psychology board websites. The United Kingdom, United States of America, South Africa, Canada and New Zealand. were chosen as they are developed countries, are English speaking, have similar educational systems and, in general and the psychologists in these countries would encounter similar client issues to Australian psychologists. (Health Professions Council, 2011, Californian Board of Psychology, 2011, Pennsylvania State Board of Psychologists, 2011, Texas State Board of Examiners of Psychologists, 2011, Health Professions Council of South Africa, 2011, The Psychological Association of Manitoba, 2006, College of Psychologists of British Columbia, 2011, (New Zealand Psychologists Board, 2011).

Below is a table comparing the most contentious mandatory elements of the PBA CPD with the requirements of psychology authorities in the other countries.

	MANDATORY HOURS PER YEAR	LEARNING PLAN EACH YEAR	PRESCRIBED CPD ACTIVITIES	PEER CONSULT	LOGGING OF CPD HOURS	REFLECTIONS ½ PAGE PER CPD HOUR
AUST	30	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory
U.K.	None	No	No	No	No	No
U.S.A. CAL	36	No	No	No	Yes	No
U.S.A. PEN	30/2 years	No	No	No	No	No
U.S.A. TEX	12	No	No	No	No	No
S.A.	30 CEUs	No	No	No	No	No
CAN. MAN	20	No	No	No	No	No
CAN. BC	40	No	No	No	No	No
N.Z.	None	No	No	Yes	No	No

Table 1. Comparison of professional development and continuing education key elements.

Discussion:

The review indicated that professional development and continuing education for psychologists varied from country to country (and in some cases from state to state). However, it seemed clear that most countries do not enforce the same level of regulation as the PBA for Australian psychologists. While most authorities specified mandatory hours of professional development or continuing education, the United Kingdom and New Zealand did not. South Africa specified Continuing Education Units which are activity dependent, not time dependent. No other authority required learning plans to be submitted. The content of the professional development and continuing education was not prescribed; but was flexible as long as the activities are approved by the relevant authority. The activities were not prescribed, psychologist were permitted flexibility and freedom of choice. The New Zealand Psychologists Board was the only other authority that mandated peer consultations (although peer consultation is highly desirable). The Californian Board of Psychology was the only other authority that mandated the logging of professional development or continuing education hours. Absolutely no other authority mentioned mandatory writing of reflections of professional development or continuing education. (Health Professions Council, 2011, New Zealand Psychologists Board, 2011, Health Professionals Council of South Africa, 2011, Californian Board of Psychology, 2011,)

This review indicated that Australian psychologists seem to be far more regulated than psychologists in the countries researched. The authorities in three countries, the United Kingdom, New Zealand and South Africa, made it clear that professional development and continuing education is the responsibility of the individual. Therefore, fulfilling the requirements involves trust and a belief by the authority that psychologists will act with professionalism and integrity. The elements of trust and belief do not seem to be extended to Australian psychologists by the PBA. (Psychology Board Australia, 2011, Californian Board of Psychology, 2011, New Zealand Psychologists Board, 2011, Health Professions Council, 2011, Health Professionals Council of South Africa, 2011)

The question of mandatory requirements for other health practitioners in Australia was also investigated. The table below compares the requirements of the 9 other health practitioners registered by the Australian Health Practitioner Regulation Agency against the mandatory elements of the PBA CPD. (Australian Health Practitioner Regulation Agency, 2011)

	MANDATORY HOURS PER YEAR	LEARNING PLAN EACH YEAR	PRESCRIBED CPD ACTIVITIES	PEER CONSULT	LOGGING OF CPD HOURS	REFLECTIONS ½ PAGE PER CPD HOUR
Psychology	30	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory
Chiropractic	25	No	Self-directed	No	No	No
Dental	60 over 3 years	No	Self-directed	No	Yes	No
Medical	130 'points' over 3 years. Determined by Colleges	Mandatory	Mandatory	No	Yes	No
Nursing	20s	No	Self-directed	No	No	No
Optometry	40 'points'	No	Self-directed	No	No	No
Osteopath	25	No	Self-directed	No	No	No
Pharmacy.	20/30/40 'credits'	No	Self-directed	No	No	No
Physiotherapy	20	No	Self-directed	No	No	No
Podiatry	20 30 if medical endorsement	No	Self-directed	No	No	No

Table 2. Difference in continuing professional development key elements between Australian psychology and other Australian health professionals.

Discussion:

Table 2 indicated that significant differences exist between the mandatory CPD requirements for psychology and other health practitioners in Australia. All National Boards required mandatory hours or activities per year. Though, only psychology and medical required

learning plans to be submitted. Only psychology and medical prescribed the type of CPD activities that can be undertaken. However, with medical practitioners, the nature of the activities is generally formulated by the various medical colleges. (It would seem illogical for an orthopaedic surgeon to undertake ophthalmology activities for CPD). Apparently, no other National Board mandated learning plans, prescribed CPD activities, peer consultation, logging of CPD hours or writing reflections on CPD. (Australian Health Practitioner Regulation Agency, 2011)

These reviews appeared to raise a number of questions regarding the regulation of psychology in Australia compared with other countries, as well as the regulation of psychologists compared other nationally registers practitioners in Australia. Why is CPD for Australian psychologists so different to psychologists from other countries? Why is CPD for psychologists so different to other health practitioners in Australia? Is psychology over-regulated in Australia? Are the elements of trust and the belief in professionalism and integrity of psychologists not held by the PBA? Is the PBA's requirements the "gold-standard" for psychologists (and other health practitioners) and should be practiced world-wide. What methodology did the PBA use to develop the CPD?

It would seem clear that psychologists in Australia have received a less than equitable deal during the process of national registration at the hands of the PBA. There appeared to be no evidence to support the over-regulation of psychologists. There seems little evidence to support the introduction of mandated activities of learning plans, prescribed CPD activities, peer consultation, logging of CPD hours and reflections on CPD.

Conclusions:

Undoubtedly, some psychologists, particularly those in capital cities and large centres will be able to complete the CPD requirements (albeit with some difficulties). However, fulfilling the CPD requirements may cause major difficulties for psychologists in rural areas, those who work part-time, psychologists with academic appointments, those with family responsibilities or have difficulties with travel. Rural psychologists need to pay for travel and accommodation to attend seminars, workshops, conferences and other activities. While some CPD may be serviced on-line, there appears to be limited choice. Psychologist working

part-time may find the expense of CPD prohibitive. Those with academic appointments may find practise recency and peer consultation difficult. Others with family responsibilities may not be able to away from home overnight. Difficulties with travel may stem from disabilities, access to a motor vehicle or problems with public transport. Also, fulfilling the requirement for prescribed CPD activities may prove almost impossible for some. Specific courses may not always be affordable or convenient to attend.

Given the significant regulatory differences between Australian psychologist and those overseas and between Australian psychologists and other health practitioners, perhaps the PBA should reconsider the psychology CPD requirements. While 30 of CPD hours per year may seem reasonable, the mandated requirements for learning plans, prescribed CPD activities, peer consultation, logging of CPD hours and reflections on CPD appear to be arduous and without foundation.

It is likely that most psychologists would agree that a requirement for CPD is appropriate and desirable. However, the activities should be flexible and commensurate with availability, location and affordability. Similarly, most psychologists would agree that peer consultation is advantageous and recommended, but again, depending on availability, location and affordability. It is doubtful that many psychologists would advocate that learning plans, logging of CPD hours and writing reflections on CPD are appropriate, desirable, advantageous or necessary.

The PBA is urged to review the PBA mandatory requirements for psychologists and bring them into line with other health practitioners in Australia.

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