



11th April 2023

Australian Health Practitioner Regulation Agency
National Boards
GPO Box 9958
Melbourne VIC 3001

RE: PUBLIC CONSULTATION – UPDATING THE COMPETENCIES FOR GENERAL REGISTRATION

The Australian Indigenous Psychologists Association (AIPA) are pleased to provide this submission. This submission is written on behalf of AIPA and the AIPA membership. AIPA would like to thank Ahpra PsyBA for the opportunity to provide a submission and respond to the psychology competency reforms.

ABOUT AIPA

The Australian Indigenous Psychologists Association AIPA is the peak representative body for Aboriginal and Torres Strait Islander psychologists. AIPA is committed to achieving equitable participation of Aboriginal and Torres Strait Islander people within psychology. AIPA provides leadership and advocacy for social and emotional wellbeing. This includes access to culturally responsive, evidence-based psychological care and best practice for the provision of psychological services within Aboriginal and Torres Strait Islander contexts. Furthermore, AIPA is dedicated to supporting and representing the views of Aboriginal and Torres Strait Islander psychologists and students, working toward achieving equity within the profession.

AIPA are at the frontline and maintain trust and accountability with our membership which allows us to talk strongly within this submission.

MENTAL HEALTH CONTEXT

Supporting the psychological workforce to be better placed to support Aboriginal and Torres Strait Islander peoples is part of the solution towards improving wellbeing and health outcomes for Aboriginal and Torres Strait Islander peoples. Supporting the psychological workforce to be culturally safe and competent is important to AIPA. As compromised wellbeing can impact on a person's ability to lead a healthy and fulfilling life, and when a person accesses psychological supports, it is important that there are more holistic understandings of wellbeing for the psychological workforce.

Underpinned by the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP), "*States shall take effective measures, in consultation with the Indigenous*

peoples concerned, to combat prejudice and eliminate discrimination and to promote tolerance, understanding and good relations among Indigenous peoples and all other segments of society.” The right to health and wellbeing and being able to access culturally safe services are fundamentally a human right and another reason for AIPA to contribute genuinely to the psychology competency reform in place.

AIPA have seen some of the many improvements to support the psychology workforce, but also the failures towards increasing cultural safety and responsiveness. Just as one example, the understanding of SEWB for many psychologists is limited and lacking, therefore Aboriginal and Torres Strait Islander peoples accessing psychological supports may be receiving mainstream focused supports which may not be helpful, but potentially harmful.

Wellbeing outcomes for Aboriginal and Torres Strait Islander peoples are underpinned by social and emotional wellbeing (SEWB) and the social and cultural determinants of health. There is substantial evidence that increasing understanding on holistic wellbeing, cultural safety, responsiveness and SEWB are some of the ways to improve overall health and wellbeing for Aboriginal and Torres Strait Islander peoples.

RECOMMENDATIONS:

AIPA have reviewed the proposed changes by the Australian Health Practitioner Regulation Agency (Ahpra) Psychology Board of Australia (PsyBA) and have provided the following recommendations, outlined below.

1. **Support for Option 2.** Opportunities for learning and upskilling and maintaining relevance is critically important for the psychology workforce. AIPA supports option 2 – which is to adopt the draft professional competencies for psychologists.
2. **Improve access and understanding.** Focus on improving wellbeing literacy of Aboriginal and Torres Strait Islander concepts with considered definitions that are in line with nationally available and acceptable definitions.
3. **Improve collaborations between Ahpra PsyBA and AIPA.** That Ahpra PsyBA recognise and support the work already being done and continues to be done by APEP-2 and AIPA. That AIPA must be included in the discussions regarding development and implementation are appropriate, acceptable, and culturally safe. AIPA also contest that other organisations such as APEP-2 are consulted.
4. **Improve consultations:** AIPA recommend further targeted consultations, to Aboriginal and Torres Strait Islander organisations that employ psychologists, supervise psychologists and psychology students.
5. **Invest in evaluation:** Ahpra PsyBA should mandate the evaluation of the competency updates in partnership with other organisations (AIPA, APEP-2)

when there are competencies relating to Aboriginal and Torres Strait Islander peoples and health outcomes.

6. **Address racism at all levels:** AIPA feels that that there are limited opportunities in the current competency updates to address and eliminate all levels of racism. However, AIPA recognise that there are some steps to address this, that there are other elements for consideration, particularly in the implementation, development and sharing of these important concepts.

AIPA have also answered the other questions and is attached in Appendix 1.

We would be more than pleased to discuss this submission further. Reach us by emailing the AIPA on contact@indigenoupsychology.com.au

Yours sincerely,

Vanessa Edwige
AIPA Chair

APPENDIX 1

ANSWERS TO THE QUESTIONS POSED IN THE PUBLIC CONSULTATION.

Preferred Option – Option 2

1. **Are you in support of updating the professional competencies for general registration? Please provide a rationale for your view.**

Your answer:

Yes, AIPA are in support of updating the professional competencies for general registration.

AIPA routinely receives feedback that there are good culturally safe psychologists in Australia working with Aboriginal and Torres Strait Islander peoples. However, AIPA also receives feedback that there are those psychologists who do not always understand cultural safety and trauma informed principles in relation to working with Aboriginal and Torres Strait Islander peoples. Whilst good intent and heart are important, there needs to be further developed resources and scaffolding for psychologists to improve cultural safety.

The current competencies and approach to psychology competencies are not working as well as they could in supporting wellbeing approaches for all Australians. The current competencies do not meet the needs of Aboriginal and Torres Strait Islander psychologists and community equitably.

Structure of the updated competencies

2. **Do you agree with the approach to create a single document that lists all the professional competencies in one place?**

Your answer:

Yes, AIPA agree with the approach to create a single document that lists all of the professional competencies in one place.

AIPA believe that any visual that supports access, understanding and efficacy is welcomed.

It would be good to have a document that is also available for those who are hard of hearing and/or low vision – with clear headings, lists, tables and other features that promote accessibility.

3. The term 'threshold professional competency' has been introduced to describe the minimum professional competency necessary to practise safely and effectively as a registered psychologist in Australia. Do the Draft professional competencies sufficiently describe the threshold level of professional competency required to safely practise as a psychologist in a range of contexts and situations?

Your answer:

The draft professional competencies need some further work regarding the threshold level of professional competency required to safely practice.

AIPA believe that baselines of competencies are required, and that acquiring, maintaining and delivering psychological knowledge and skills effectively is highly important. AIPA are interested in who measures and defines the threshold professional competencies, and tools of measurement, or is it based on what is taught? AIPA believes that this section requires further clarification.

There are Aboriginal and Torres Strait Islander psychologists and other health professionals currently in the process of validating assessment instruments, the Cultural Responsiveness Assessment Measure (CRAM) that has been based on a systematic review of the literature and a qualitative study in which Aboriginal and Torres Strait Islander past clients of mental health professionals have told us what they consider to be culturally responsive mental health practice. There is also the Cultural Capability Measurement Tool.

AIPA believe that the competencies should provide frameworks for developing competency checklists and/or evaluations as part of their work, therefore great care will need to be taken within the development stages of the competencies.

A strategic communications and education strategy should be applied alongside these types of updates for psychology. This will help build the commitment for the reforms, promote changes in attitudes, and support knowledge and behaviour and practice development. What would this competency reform mean for Aboriginal and Torres Strait Islander psychologists, students, supervisors and users of psychological services?

4. We have improved our approach to drafting the competencies to better align with international psychology regulators, to emphasise that the competencies are interconnected (holistic approach) and to improve how we write the competencies (e.g., using action verbs). Do you agree with the updated drafting approach?

Your answer:

Yes, AIPA agree with the updated drafting approach.

AIPA agree with advancing the scope of practice and the approach to align with international psychology regulators and regulations. During the pandemic, natural

disasters, and human rights movements (BLM, the Voice referendum), it is vital for psychologists to have knowledge and practice to a higher set of practice standards, to deliver high quality care. It should be acknowledged that the strength of the future psychology workforce depends on standards that are clear and will advance psychological knowledge. However, AIPA request that further commentary is required regarding the interconnectivity between the competencies.

If a holistic approach is used in the psychology competencies, this also needs to be reflected in the psychology curriculum inclusive of different psychological techniques, orientations, paradigms, epistemologies, and approaches.

5. The Draft professional competencies for psychologists have been written at a high level. This aims to provide both sufficient information for clarity and direction, but also be flexible enough to be relevant to the diverse contexts where psychologists train and work. Did we get the balance right? Please provide a rationale for your view.

Your answer:

AIPA do not agree that the balance is right and are strongly recommending that further direction and clarity is required.

The high-level drafted competencies are helpful, but open to subjectivity and interpretation. With the introduction of areas such as cultural safety, cultural responsiveness and reflexivity, and self-care there will need to be more direction and more clarity.

This is a time where psychologists will need a broad range of skills and abilities to support the needs of those accessing wellbeing care. Psychologists are able to support significant improvements in health and wellbeing, however the skills development have been largely ad-hoc and optional. To seize this opportunity, of consistency and skills growth across the discipline, Ahpra PsyBA (with appropriate collaborations) must provide clear guidance and direction. The proposed balance of being high-level and not descriptive enough will potentially add to the barriers that have hindered progress within the psychology discipline.

The high-level drafted competencies are helpful – but only if there are policies, standards and further guidelines derived from the high-level drafted competencies.

6. The Draft professional competencies for psychologists include a preamble (p. 3-10) and definition section (p. 16-19). Do you support this addition? Is the content clear, relevant and complete?

Your answer:

The preamble and definition section needs further clarification.

The preamble is reasonable.

The definition section is missing some key concepts such as:

Aboriginal and Torres Strait Islander peoples

Discrimination

Equity vs Equality

Cultural appropriation

Culture

Culturally informed

Ethnocentrism

Healing-informed

Holistic health and wellbeing

Indigenous

Indigenous psychology

Power

Privilege

Race

Racism

Reflection vs Reflexivity

Self-determination

Social and Emotional Wellbeing

Unconscious Bias

7. Is the language and structure of the Draft professional competencies for psychologists helpful, clear, relevant and workable? Are there any potential unintended consequences of the current wording?

Your answer:

The language and the structure of the Draft Professional Competencies for psychologists requires further work.

The descriptors presented in the proposed competencies are helpful but need further work to support and promote a common vision for the competency reform.

For instance, there is large pieces of evidence for cultural safety, cultural responsiveness and cultural competency and clarity will be needed for the competencies to be understood and articulated for psychologists and for those accessing services.

There is a piece of work missing – which is a piece on assumptions for the psychologists using the competencies. For example, that all psychologists – are willing to provide culturally safe care, are influenced by the impacts by the political

and social environment etc. There are many to mention, but this would be helpful as the baseline for the competency reforms.

There is a significant lack of definitions, and this will open the competencies to misinterpretation.

Organisation of the updated competencies

8. The Draft professional competencies for psychologists propose to reorganise the eight core competencies.

Are you in support of combining the current Knowledge of the discipline (Competency 1), and Research and evaluation (Competency 5) into a new competency: Applies scientific knowledge of psychology to inform safe and effective practice (updated Competency 1)?

Your answer:

Yes, AIPA are in support of combining competency 1 and competency 5 into new updated competency 1: Applies scientific knowledge of psychology to inform safe and effective practice.

AIPA will provide the following commentary:

1. that scientific knowledge also incorporates the acknowledgment that Indigenous knowledge systems are its own science and has existed for more than 60 000 years, and that this holds significant epistemological value.
2. That research *on* Aboriginal and Torres Strait Islander peoples has been used in a harmful manner in the past, and that any research relating to Aboriginal and Torres Strait Islander peoples must be driven Aboriginal and Torres Strait Islander peoples and communities as a matter of self-determination, sovereignty, and governance.
3. Research ethics with Aboriginal and Torres Strait Islander peoples, including data sovereignty and Indigenous authorship, are a key competency area for understanding,
4. How to not appropriate Aboriginal and Torres Strait Islander people's knowledge systems etc.,
5. Cultural safety, cultural responsiveness, and reflexivity is factored into this competency.

Indigenous Knowledge Systems and data sovereignty are important in this section and each state usually and generally has its own Indigenous ethics review council. Research and work with Aboriginal and Torres Strait Islander peoples must involve community members in an advisory capacity, to ensure cultural safety and cultural respect. Also, that ideally research should be formed with Indigenous people as part of the research team.

9. The Draft professional competencies for psychologists propose to place an intentional focus on professional reflexivity, deliberate practice and self-care (updated Competency 3). Do you support this proposal? Please explain why.

Your answer:

Yes, an intentional focus on professional reflexivity, deliberate practice and self-care is supported.

Reflexivity differs from Reflection. We could add that it is a process of higher order thinking that is beyond just having thoughts, to a place of advanced empathy that puts the practitioner into the space of understanding the place of the other person.

The professional reflexivity should be stand-alone competency; however, the practice of reflexivity is encouraged throughout all of the competencies.

Recommend greater articulation that *reflexivity* differs to reflection, and that reflection is insufficient on its own in culturally safe professional practice.

Recommend that description 3.4 includes word reflexivity. For instance: *Engages in reflection and reflexivity* on the impact of one's own culture, values, beliefs and biases, and acts upon such reflection and ensures practice is responsive and adaptive to client, context, and culture.

10. The Draft professional competencies for psychologists include amended and expanded core competencies on Aboriginal and Torres Strait Islander health and cultural safety (updated Competency 7).

Is there any content that needs to be clarified, added, amended or removed? Please provide details.

Your answer:

7.1

No additional commentary for this competency.

7.2

No additional commentary for this competency.

7.3

Cultural safety is a fundamental level of psychological practice, and the maturity of the profession can be assessed in how well Ahpra PsyBA manage cultural safety in the competencies.

It should also be recognised that Ahpra PsyBA are filling the educational gaps as Aboriginal and Torres Strait Islander concepts of cultural safety and knowledges are largely missing from school and university curriculum.

Cultural safety is multifaceted and needs to be clarified and operationalised with regards to what this looks like for psychological practice for psychology educators of higher education providers, registered and provisional psychologists, board approved supervisors, and psychologists in training. It would be good to have examples and meanings in this section. Aboriginal and Torres Strait Islander aspirations, resilience and worldviews have been excluded from the psychology discipline.

Having a psychology curriculum that supports the presence and strength of Aboriginal and Torres Strait Islander peoples and their true account is critical. Many Aboriginal and Torres Strait Islander psychologists in training feel the exclusion acutely when studying to become a psychologist, having representation would be helpful for retention and true cultural safety.

HEPs curriculum can challenge the field of psychology by ensuring that there are courses that celebrate and introduce Indigenous psychology concepts and not imposed mainstream psychology representations.

7.4

What are the differences between trauma-aware and healing-informed care? These concepts were not in the definitions section and will need to be clarified further as they are very open to interpretation. Also noting for consistency, use of term *culturally informed* in C1 descriptor 1.4.

7.5

Further clarification is needed. What are the learnings that will be needed to demonstrate this competency? There are restricted learnings from Indigenous knowledge systems etc.

7.6

No additional commentary for this competency.

7.7

Regarding consultation, Aboriginal and Torres Strait Islander people are the most over-consulted group in Australia. Perhaps knowing what consulting is appropriate and principles regarding consultation. This section needs significant work.

11. The Draft professional competencies for psychologists include an expanded core competency on working with people from diverse groups, including demonstrating cultural responsiveness (updated Competency 8).

Is there any content that needs to be clarified, added, amended or removed? Please provide details.

Your answer:

Cultural responsiveness must be clarified. To provide helpful suggestions here, we would suggest a workshop, time, and resources. It is necessary that the content is reviewed before release, it is currently not fit for purpose.

Ahpra PsyBA should be a leader in the space of cultural safety within the psychology discipline. It would be good to be clear about what cultural responsiveness means, how do you perform it and in which contexts can you use it?

Competencies and their descriptors

12. The Draft professional competencies for psychologists outline eight updated core competencies:

Competency 1: Applies scientific knowledge of psychology to inform safe and effective practice

Competency 2: Practices ethically and professionally

Competency 3: Exercises professional self-reflection and deliberate practice

Competency 4: Conducts psychological assessments

Competency 5: Conducts psychological interventions

Competency 6: Communicates and relates to others effectively and appropriately

Competency 7: Demonstrates a health equity and human rights approach when working with Aboriginal and Torres Strait Islander Peoples, families and communities

Competency 8: Demonstrates a health equity and human rights approach when working with people from diverse groups.

Do you suggest any changes to the eight core competencies and their descriptors? What would you like to see changed?

Your answer:

In regard to the competency reform, they must define the boundaries and critical elements of practice. That cultural safety is embedded in all the competencies. That Aboriginal and Torres Strait Islander knowledge,

reflexivity and health equity are also embedded, acknowledged, and included across all the competencies in some way.

Outcome of implementing the updated competencies

13. We propose that an advanced copy of the professional competencies for psychologists would be published when approved, but not take effect until a later date. The estimated date of effect will be 1 December 2024. This coincides with the annual renewal date for general registration to make it easier for psychologists to plan their CPD and and for stakeholders to prepare to meet the updated competencies.

Are you in support of this transition and implementation plan?

Your answer:

This lead in time with the transition and implementation phase is critical.

It is acknowledged that there are some spaces in Australia where there is a readiness for the competency updates, however, more work needs to be done on the narrated urgency of such changes and the capacity of the sectors to successfully support and manage and evaluate such competency changes.

There are concerns from AIPA about the practicalities of implementation. What are the lines of communication, supports from psychology sectors and funding sources to support such reform?

The lack of clarity may increase anxiety and misunderstandings and less buy in, for the competency updates.

14. We have recommended changes to the *Provisional and General Registration standards* and the *Guidelines for the 4+2 internship program* to remove reference to the current core competencies for general registration and replace with the updated competencies (see Attachments F, G, and H). Are you in support of these changes?

Your answer:

Yes, AIPA are in support of these changes.

15. The Board proposes a transition process and timeframe for updating board documents with the new competencies including the:

- ***Guidelines for the 5+1 internship program (separate consultation in 2023)***
- ***Guidelines for the National Psychology Exam, and National psychology exam curriculum (separate consultation in 2023/2024).***

Are there any comments you have on the proposed consultation plan and transition timeframes?

Your answer:

A good lead in time for the transition and implementation of the new competencies is important for:

- Targeted messaging to address psychology discipline concerns,
- Understanding of roles and expectations from each other in this process of reform,
- Refined funding models for sectors to participate and contribute to competency reform.

16. Are there specific impacts for practitioners, higher degree providers, employers, clients/consumers, governments or other stakeholders that we should be aware of, if the Draft professional competencies for psychologists were to be adopted? Please consider both positive impacts and any potential negative or unintended effects in your answer.

Your answer:

The impacts should be more concerned with the end users - which are the public. The expectation is that the changes will ensure that the impacts of psychologists providing psychological care will be helpful and positive.

Lack of standardisation:

This is the risk with the definitions being too high level. Clear and efficient communication and standards remain central to good psychological practice.

The consistency across the nation and discipline will differ and decreasing inconsistencies will be important.

Teaching skills:

Psychology educators of higher education providers will need to learn the skills to support the competency changes - which in turn will necessitate curriculum change. AIPEP will continue to provide support to HEPs in decolonising and Indigenising psychology curricula.

17. Would the proposed changes to the Draft professional competencies for psychologists result in any potential negative or unintended effects for Aboriginal and Torres Strait Islander Peoples or other priority groups in the community? If so, please describe them.

Your answer:

Political and Social Adjustment:

Australia is moving forward to inclusivity, self-determination and a true human rights movement with the announcement of the Referendum in October 2023 and Voice to Parliament. It is important to design competencies that take into account the breadth of skills needed to support societal changes and require psychologists to be abreast of such adjustment.

Funding supports:

Organisations such as AIPA may require funding by Government and organisations such as AIPEP should be further funded to support the additional workforce pressures. PsyBA may be unintentionally leveraging on organisations to pick up this load.

Cultural load:

There is a concept termed cultural load, whereby there will be an additional workload by Aboriginal and Torres Strait Islander psychologists because there is little resourcing to resource these changes effectively. Or alternatively, the changes are made or supported in higher education providers with and by non- Indigenous peoples with a non-Indigenous lens - this counteracts the whole movement - to become more culturally safe and inclusive.

18. Would the proposed changes to the Draft professional competencies for psychologists result in any adverse cost implications for practitioners, patients/clients/consumers or other stakeholders? If yes, please describe.

Your answer:

There are always implications for changes to competencies. Sometimes these are not known until the competencies are released. It would be good to have a communications platform to support questions along this transition time.

The foreseen implications are if the concepts are misinterpreted, misapplied, and misused in any way. The competencies are there to protect the public, but there is an unintentional risk if they are not clarified appropriately.

Other

19. Do you have any other feedback or comments about the Draft professional competencies for psychologists?

Your answer:

Cultural safety, cultural responsiveness and reflexivity can be utilised in each of the competencies that have been re-drafted.

This is an exciting time for the psychology discipline, and updating the competencies is a very opportunistic time to get this right for the next generation. Spending the time consulting with focused consultations with the community (end-users) would enhance this consultation process.

Consultation with end-users could also include giving a voice to people who have already told us that mental health services are not culturally safe and need to change.