Specialties Summit 4.0
June 15, 2019 (Day 1)

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<u>Welcome and Introductory Remarks – Grus (APA), Cox (ABPP), Siegel (ASPPB), Seime (COS)</u>
Cathi Grus:

Key points include:

- Initial involvement several years ago to develop E&T Taxonomy (referred to as Taxonomy heretofore), along with Ron Rozensky and others
- Next steps are needed to progress the adoption of Taxonomy

David Cox:

Key points include:

- Emphasized the pivotal point that we're at for moving forward Specialties, Specialization, and Board Certification

Alex Siegel:

Key points include:

- Spoke to the ethical aspects re: ensuring and demonstrating competence
- Licensing world is always a step behind, as the profession first needs to establish the guidelines and then regulation follows

Rick Seime: Brief presentation and asked everyone to introduce themselves

<u>Rick Seime – Historical context and future visions</u>
Key points include:

- This Summit includes broader scope of attendees (e.g., Canadian Psychological Association and CCPPP)
- Reviewed highlights from Summits 1.0, 2.0, and 3.0
- Stated the three principal goals for Summit 4.0 (see Agenda)

<u>Ron Rozensky – E&T Taxonomy: Importance of common language for training</u>
Key points include:

- Five learning objectives – e.g., describe why Taxonomy is a student-centric endeavor, and describe what the Taxonomy is and ultimately reflects
- Dr. Roberta Nutt's (past CRSPPP Chair) research on the wide variation of terms used to describe the same or similar concepts
- The movement for widespread adoption of the Taxonomy has been ongoing for over a decade

- A brief history, including the governance-related aspects for developing the Taxonomy, starting with the Task Force on the Taxonomy, and leading to the approval of the Taxonomy as APA policy in 2012
- The 'truth in advertising' rationale is a cornerstone of the adoption of the Taxonomy – noting that the Taxonomy is about PROGRAMS versus people, whilst adoption of it will clarify graduate training which benefits the consumer, student, and practitioner
- Revised and current definition of 'specialty' that has been adopted as policy by APPIC, ABPP, and APA, as well as the Taxonomy model/chart for completion by individual recognized specialties
  - As well as 4 X 4 model, important to understand how FOCUS fits, whereby this refers to other training areas like PTSD, primary care, pain, social justice, etc.
- Council of Specialties (COS) comprised of representatives from individual specialty councils – thus, each council was asked to complete a Taxonomy that reflects their specialty, and these can be found on www.cospp.org
- Gave example of description of Clinical Health Psychology doctoral program using the Taxonomy verbiage
- Significant progress has been made – the next steps need to be focused on education about and widespread adoption of Taxonomy
  - CoA had not yet incorporated / adopted Taxonomy verbiage, although there has been agreement and support for this effort from COS, APA CRSPPP, APPIC, ASPPB, ABPP
- Opportunities at this time include:
  - Support CRSPPP's revision of Taxonomy
  - Work with and petition APA's Advocacy Coordinating Committee to make certain "specialization" is front and center in psychology's role in healthcare
  - Work with and petition APA Center for Psychology and Health to ensure specialization in health service psychology is part of its mission to advocate within psychology and with organized health care that the recognized specialties in psychology and our "specialists" like in Medicine, have a place on the professional staffs of hospitals, health centers, etc.
    - ASPPB also noted the value of these advocacy efforts from the position of a regulatory institution
  - Advocate for board certification as a criterion for promotion in the Academe or practice organizations for those who are providing direct services or doing clinical teaching
  - Seek 'strategic funding' from APA to support training programs in using the Taxonomy (e.g., 'tutor' them so that they can embed and adopt its use)
  - Continue to petition, seek clarification, for the USE of the Taxonomy in the Standards of Accreditation in HSP

Toni Minniti & Linda Berg-Cross – Perspectives from APA Staff Liaison to CRSPPP and Commissioner

Key points include:
- Exciting time for CRSPPP – currently reviewing their documentation to reflect the ongoing movement and developments of the profession; e.g.,
  - Adoption of new definition of 'specialty'

- o Adoption of new definition of 'sub-specialty'
- o Revision of respective Principles and Procedures for Recognition, Taxonomy, Recognition of Organizations who credential (ROPCSCPPP)
- Accessibility and adoption of Taxonomy are primary goals
- So, as one effort, CRSPPP developed bespoke webpage for Taxonomy resources (https://www.apa.org/ed/graduate/specialize/index)
- Open to feedback – CRSPPP is developing an outreach plan to seek feedback at relevant timepoints throughout this process, including via public comment
  <mark>ACTION</mark>: Attendees are encouraged to share feedback to CRSPPP via Toni Minniti (aminniti@apa.org)

Victor Molinari – Review of E&T Summit attendee survey results

Below represent questions and responses from 10 respondents (who are attendees at this Summit) from survey developed/disseminated by Julia Phillips and Victor Molinari:

- Agreement for promoting Taxonomy – appreciating the select/biased sample, 100% said 'yes'
- Will promoting Taxonomy foster specialization – some said no, but 92% said 'yes'
- Major constraints to use of Taxonomy were deemed to be:
  - o Lack of awareness
  - o Organizational concerns
- Does Taxonomy need revision? – split at 60% (yes) and 40% (no)
  - o Quality improvement was deemed an important rationale for revision
- Reasons Taxonomy hasn't been widely adopted? – no consensus, but perhaps due to lack of awareness, difficult to get through/get head around, etc.
- What actions required for implementation? – education and awareness, requirements by COA and other key groups, and marketing
- Thoughts about timelines? – many respondents unsure if necessary, whilst others think organizations should commit to educate their members
- How can this Summit be useful in promoting Taxonomy? – education and outreach, identify concrete ways to overcome barriers, and get commitments from organizations

<mark>Morning focus for June 15: Taxonomy</mark>

Discussion: Identify and prioritize next steps to facilitate E&T Taxonomy adoption
Facilitators: Victor Molinari & Julia Phillips

Large group discussion: What are the major constraints to the use of the Taxonomy?

Key points include:
- How does implementation of Taxonomy affect deemed / absolute competence – e.g., if someone has a Major Area of Emphasis, what are they and what are they *not* competent to do (geropsychology - neuropsychology

- Similarly, lack of understanding as to how graduation from a program that uses the Taxonomy will translate to 'the individual'
- Confound and confusion for 'program' v 'individual' implications (whilst students/grads can say that they took 'X' courses, should always be noted that completion of programs is necessary but not sufficient to establish (assume) 'competency')
- Lack of demand for the deemed need – e.g., what does it mean / matter if we do or don't use it, in real terms?
- Lack of resources –
    - Templates needed to support programs
    - Time and effort
- Programs do not 'agree' that their program fits a mold / Taxonomy template
- Less incentive for those at mid-career and late-career stages (what's the value-add for me now?)
- Primary concern for programs is to meet COA Standards of Accreditation, so if this isn't required then it won't be implemented
- Confusing to Training Directors re: recognition of specialties, and how the Taxonomy fits into that process – for buy-in, directors want to ensure that Taxonomy appropriately represents their programs (e.g., some directors might think they ARE using the Taxonomy, although they are not using/implementing the Taxonomy and, instead, may be more aptly described as having a program that may/not align with the approved Taxonomy for a particular recognized specialty)
- Taxonomy is not deemed a 'compelling issue' whereby Training Directors feel the compulsion to implement it, especially in comparison to other more pressing and/or compelling issues that need to be prioritized – so, need creative solutions to get at this issue
- Not yet integrated as a regulatory requirement vis-à-vis ASPPB – until the profession has sufficient momentum and groundswell to push this adoption / implementation, this is not likely to happen (similar to COA adoption/incorporation of Taxonomy)
- For marketing and buy-in, use of 'Taxonomy' does not create buy-in compared to, for example, 'Truth in Advertising' for students
- Not all trainers/directors are licensed, so struggling with specialties/specialization because need to *first* be licensed; thus, the Taxonomy is not a fit because trainers are a step-removed as not all programs are license-focused (even if the Taxonomy *may still* provide Truth in Advertising)
- Challenges related to vernacular and widespread use of individuals who say 'they specialize in X'

Small group discussion: What needs to be done to implement the use of the Taxonomy by programs at all phases of psychology training?

Key points for doctoral include:
- Need to identify benefits and motivation to adopt/implement Taxonomy
- Need to be consistent and clear about what level of training is required and what that reflects in terms of expertise
- Connect concrete goals to what is done in training and what that means

- Directly reach training directors – use of infographics, templates – to make Taxonomy accessible and easily able to translate into their programs
- Provide help – e.g., 'support / help line'?
- Have contingencies in place for turn-over that occurs in programs

Key points for internship include:
- APPIC can put links to COS for each specialties' Taxonomy
- More examples like those in 1-page handout/CRSPPP website, and those shared by Ron
- Use of variety of social media / formats to reach students and stakeholders
- Attendance to conferences and fora where training directors attend
- Find a way to appropriately recognize the time/work that has been put into training (e.g., appreciate and recognize that 2 years of training is not "just" a focus, so how that is described and explicitly conveyed is critical)

Key points for post-doctoral include:
- Need inclusion and feedback loop to help engage programs and relevant stakeholders
- Early education so it's not 'too late' by the time students have completed their training
- Ensuring sufficient representation of all – e.g., concerns about exclusion because don't see how/that they fit
- Support: Templates provided to guide and support students so they can translate what they've done to tangible statements, as well as to training directors so they can translate what their program does vis-à-vis the Taxonomy
- Engagement of students and ensure Truth in Advertising for them
- Incentives – publicize list of those who are implementing Taxonomy (which creates a 'positive competitiveness' to encourage adoption)
- Personal testimonies about positive benefits – e.g., from students and training directors

Key points for post-licensure include:
- Identified 5 primary groups to target efforts: state licensing boards, state associations, professional orgs, insurance companies, Office of CE Sponsor Approval
- Presentations/education
- Guidebooks developed for each entity
- Guidance for individuals who change mid-career
- Support average practitioner in how/that they can use this process for Truth in Advertising

J Skillings raised an additional issue that emerged from post-licensure discussion group re: current and anticipated changes in psychology and how implementation of Taxonomy might affect practitioners – e.g., groups who are not psychologists, but are currently trying to maintain that they can provide similar services for cheaper rates, are strongly advocating to be able to do that and, thus, present themselves as being 'equivalent' to psychologists (such as text-based counseling orgs/services)

Dave Cox, Alex Siegel, & Eddy Ameen: Overview of specialty/specialization
Key points include:

- This section will be focusing on Goal 3 of the three Principal Goals
- Big picture issues include recognition of the various affected groups, understanding the difference between "specialist" and "board certified specialist", considerations re: 'general psychology' (e.g., should there be a General Psychology board?)
- There is a need for the Taxonomy re: Licensure – evident from the current landscape, including variation of practices across states
  - o Licensure differs from board certification as it is legally required for practicing psychologists
  - o The profession establishes the required education and training, and this in turn translates to licensing laws
  - o State licensure requirements vary (apart from some core factors such as being at least 21 years of age)
  - o Competency is defined according to states – and this widely varies
  - o Specialty areas are similarly varied in how each state defines them (e.g., in GA, the law refers to clinical psychology specialty as a "concentration" in clinical psychology; whereas in FL, there are specific criteria that need to be met to use terms such as "certified psychology specialist")
- Review of survey of 1,900 Early Career Psychologists (ECPs) includes some interesting highlights:
  - o 50% of respondents wanted their internship to be in a specialty area
  - o Almost 1/3rd indicated they wanted to pursue board certification, and 43% said they weren't sure, while 22% indicated they did not (the reshaped design of ABPP's process provides for greater accessibility for students via an Early Entry option; and, approximately 56% of current applications are coming in via this option, although the number of applicants is still quite low, with only 4% of psychologists being board certified)
  - o ECP perceptions of board certification results conveyed that ECPs felt it was difficult to obtain, split on agreement re: financial incentives and reflects career goals, high on personal sense of accomplishment, and clearly disagreed that it would have bearing on their ability to practice in specialty area, etc. Also, wide variation in perception of patient care being improved (most disagreed), in contrast to strong agreement that it would help their peers to better understand the limits of their competencies.
- A separate survey of 8 questions to Summit 4.0 attendees re: specialization yielded the following results:
  1. To transform training so that students understand specialization as an expectation would require a clear curriculum, incentives, and operationalized definitions

2. To move organizations and systems toward incentivizing specialists for their unique contributions would require education about limits/scope, and research to support specialization
3. To enhance diversity among specialists would require targeted outreach, incentives, and marketing
4. To convey to the public the importance of specialization and accessing a specialist would require marketing and education
5. To clarify when practice by/referral to a generalist needs to give way to practice by/referral to a specialist would require education of the profession and others (e.g., publics served), as well as delineation of the limits of practice
6. For specialists, generalists, and others to optimally coordinate care for individuals would require defined limits, guidance provided to the profession and recipients of care, and a move for the profession to "medical model" (vis-à-vis Taxonomy)
7. To conduct research to evaluate (and hopefully show) that specialization improves evidence-based practice would require research grants, review of complaints with licensing boards and insurance carriers (e.g., look at frequency, nature, and outcome of complaints), and outcomes research
8. To convey that specialization is important for licensed psychologists as well as for the profession would require marketing, education, outcomes research, and licensing board buy-in

   o So, common themes include:
     - Establish training model more similar to medical school/residency
     - Integrate specialty into training early
     - Educate public, profession, institutions, licensing boards
     - Define scope of general practice v specialty practice

- This review yielded several ideas including:
  o Research (seek funding, work with Citizen Advocacy Center, work with Trust Risk Management, survey licensing boards about utility of ABPP in a complaint case)
  o Education (develop Model Complaint Review Guidelines based on specialty E&T, CE on scope/limits and risk management, grassroots education of training programs, establish an Interorganizational Office for Specialty Implementation to facilitate integration of Taxonomy as resources/support are needed)

Discussion: Identify and prioritize next steps to promote E&T at all levels of training, <u>and</u> increase awareness and recognition re: specialty, specialization and board certification
<u>Facilitator: David Cox</u>

Key points include:

- Consider and be responsive to developments in healthcare (e.g., 'pain psychology' positions on APA Division 38 website seem to be increasing in number, but this is not a recognized specialty)
- Need to gather data about value proposition, needs of patients/populations vis-à-vis them wanting or not wanting specialists in psychology
- Consider establishing 'General Psychology' or recasting 'generalists' as specialists
- Internal and external 'marketing' is needed (e.g., internally – need to get better at advocating for ourselves whereby specialists are clearly recognized as such; and, thus, externally this recognition makes other professions we work with more aware of range of expertise and skillsets, not to mention the public)
  - Note: Being a specialist is also distinct from being board certified, so we need to be sure not to conflate these things
  - As an interesting contrast, Canada does not have board certification, but they do have specialists, albeit that their 'specialists' do not go through a process as per ABPP and, instead, have a process related to 'competencies' – there are some individuals who are ABPP board certified in Canada, but not many. All told, the recognition of 'specialists' in Canada may be an equivalent to 'board certification' in the States
- Refer state licensing boards to Taxonomy that is relevant for presumed area of expertise, so that they can utilize it when reviewing complaints as a guide to assess competence of psychologists

Discussion: Action and Implementation after Summit 4.0

- What are the concrete plans?
- What are the next steps and their priority?
- Who will carry out the tasks?
- What are the timelines 8for the implementation plan?

Diversity of terminology can be harmful – to public and within our profession

Purpose/Goals:-

Education and increase awareness about what psychology specialties are and do

…for the public

…for regulatory bodies

…but first, we have to get ourselves in order

1. Increase adoption of Taxonomy
2. Increase use of specialist terminology along the career continuum (from HS through current psychologists)
3. Educate (and make accessible to) the profession the process for developing recognized specialty areas (i.e., how does a specialty become recognized?) – subsumed in Goals 1 and 2

Message:-

There is value in specialties, specialization and board certification. The E&T Taxonomy is an important mechanism that underpins these processes, and it provides Truth in Advertising. Context will affect specific messages to particular groups.

Inclusion… Empowerment… Change management campaign… Marketing…

See '.ppt' slides for starting points re: Project Charters for Goals 1 and 2. Actions for immediate response are: (1) each group to identify a 'champion' for their respective group, and (2) each attendee to send response to the question, 'what is the value of recognized specialty practice or presenting yourself as a specialist?' – both responses to be sent to Dave Cox

Summit 4.0 Planning Committee was identified as the overarching project management group to oversee continued efforts.