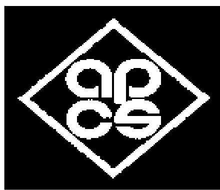

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October 5, 2005

TO: Cindy Carlson, Chair
Board of Educational Affairs (BEA)
American Psychological Association

FROM: Varda Shoham, President
Academy of Psychological Clinical Science (APCS)

RE: *Comments on the Accreditation Summit Recommendations*

I am writing on behalf of the Executive Committee of the Academy of Psychological Clinical Science (APCS, or "Academy") to express our appreciation for the work done by the Accreditation Summit and to comment on its final product. We see the final proposal as a positive step in the right direction and appreciate the hard work that went into composing such a document. We understand that reaching a consensus among a wide range of interest groups requires compromises; as a result, the final product typically is not viewed by any interest group as ideal. Ultimately, all participants in such a process must ask themselves, "Can we live with this compromise system, or are the compromises such that we cannot participate in the system?" At this point, the Academy cannot begin to answer such a question regarding the current proposal, as some of the most crucial procedural details in the system still have not been specified, and the new system is likely to undergo additional changes before becoming final. However, precisely because the system is not yet final, I am writing this letter in the hope that there still is an opportunity to improve the final system. Specifically, I will highlight three features of the draft proposal that are especially troubling to the Academy members, and will offer constructive suggestions for correcting these serious flaws. We are eager to help make the final system the best that it possibly can be, as it is likely to dominate accreditation and determine the landscape of our field for decades to come.

As you may recall from the summit meeting, the Academy suggested some of the ideas that made it into the final summit document. We had proposed an NIH-style, peer-review model, with several fairly autonomous review panels, each corresponding to a major training model and each encompassing a continuity of training from doctoral to internship programs. We also had proposed a governing body in which Domain II would be composed of representatives from each of the separate review panels along with representatives from each of the training councils affiliated with these model-based panels. Despite considerable enthusiasm for our ideas among key educational leaders, the final product is a hybrid plan that differs in significant ways from our proposal. We are especially troubled by three major problems in this hybrid plan. The first is the problem of structural asymmetry, especially as it relates to the Academy's representation on CoA. The second is the system's impediments to continuity of training across all levels. The third is the system's ambiguity regarding the nature of the relationship between the review panels and the CoA, particularly the authority of individual panels to make unfettered review decisions. Let me elaborate on each of these concerns.

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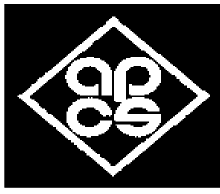

First, we are concerned about the asymmetry problem, which could prove to be a deal-breaker from the Academy's perspective: Under the proposed system, each of the doctoral-level review panels *except the Clinical Science panel* would be represented on CoA both by one person from the panel and by one person identified as a "training program leader," selected from the training council most closely associated with the panel's model and constituent programs. Under the current proposal, the Clinical Science review panel would send one representative to CoA, but it would be the only doctoral-level panel not represented on CoA in Domain II-A by its own panel-related "training program leader."

Although the Academy of Psychological Clinical Science clearly is the recognized training council for all 54 of its Clinical Science member programs, and has played this role for over ten years, the current proposal inexplicably fails to grant the Academy equal status to that granted to all of the other doctoral-level panels and their panel-related training councils. Because the Academy is the only appropriate representative for Clinical Science training on CoA in Domain II-A, the proposed structure selectively discriminates against Clinical Science training programs. We simply do not understand the logic of this structural asymmetry. Perhaps it was an oversight; nevertheless, it is an unacceptable design flaw and needs to be corrected. Such asymmetry not only is conceptually and logically indefensible, but it also has disturbing implications for Clinical Science programs and their students.

This asymmetry problem goes beyond the question of "seats." The proposed structure fails to recognize the Academy as the training council for Clinical Science programs; it mistakenly treats the Council of University Directors of Clinical Programs (CUDCP) as though it were the legitimate training council for both Scientist-Practitioner programs and Clinical Science programs. Of course, if Clinical Science training programs had felt that their interests were represented adequately by CUDCP, then there would have been no need to establish the Academy in the first place, and the Academy would not have survived and flourished as an independent training council. Ironically, CUDCP's failure to represent the interests of Clinical Science programs and the Academy is demonstrated by the fact that this asymmetry issue was not recognized and addressed by the CUDCP leaders who were supposed to be "representing" Clinical Science at the table during the Conveners' deliberations. It is essential to the long-term success of the proposed system that this asymmetry problem be corrected.

To help put this issue into perspective, it should be noted that the number of CoA-accredited APCS programs is roughly comparable to the number of CoA-accredited NCSPP (National Council of Schools and Programs of Professional Psychology) programs. Yet, NCSPP is represented on the proposed Domain II-A as a training council (labeled as "training program leader"), as well as on Domain II-C as a review panel. In fact, NCSPP is requesting yet another shared seat on a newly-constructed Sub-domain II-B! Indeed, NCSPP has argued that it deserves even more influence on CoA due to the larger number of students that are being trained in such programs. Many of us would argue that basing CoA representation on enrollment data would be illogical and irresponsible. The profession should not be encouraging programs to expand enrollments, given the workforce problems facing psychology. Programs with admission policies that lower standards, increase student/faculty ratios, drive up student debt, and yield poor performance on licensing exams should not be elevated above other types of training programs; their large number of graduates should be regarded as a professional liability, not as an asset (see D. Peterson, 2003).

Second, we are concerned about the issue of continuity of training: By proposing a structure that separates doctoral and internship programs, the field is missing an opportunity to act in support of its public advocacy for continuity of training—from high school, to college, to graduate school, to internships, to post-doctoral training and specialization. In informal discussions with conveners, it was suggested that perhaps Academy internships (and maybe school-based internships) may be allowed to choose the review panel to which they submit their program materials. This would help Academy doctoral programs and internship programs promote conceptual coherence to the clinical science training offered across levels and settings. However,

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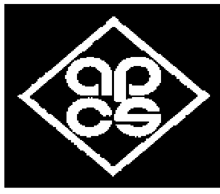

we have yet to see this provision in writing. We hope that the final accreditation system clearly promotes true integration and collaboration across levels of training.

Third, we are concerned about the proposal's ambiguity regarding the level of autonomy that the governing body would grant the separate review panels. While the Conveners acknowledged the widely accepted principle of peer review, they stopped short of specifying how that principle would be implemented, or who would formulate the Implementing Regulations by which the new CoA will govern the accreditation process. We strongly advocate a model that is similar to the NIH grant review process. Review panels should submit to the CoA their model-specific (or goal-specific) review criteria, and make clear how these are compatible with the basic Guidelines and Principles of accreditation. It would be the responsibility of the respective panels to substantiate that their review process is rigorous, and to prove that their review criteria are clear, replicable, goal-compatible, and operationalizable. Once the CoA approves a panel's review criteria and procedures, however, that panel should be given a high level of autonomy in carrying out program reviews. The CoA's primary oversight function would be to ensure that panels comply with the established review criteria. For this to work, the CoA itself should operate in a way similar to NIH Council, not as a duplicate Study Section.

Beyond these three specific concerns, perhaps the most troubling problem inherent in the summit's work is the untouched, thus unresolved issue of the CoA's autonomy from APA. In a curious way, this problem is more apparent now, as the new proposal is starting to wend its way through the old, APA-based review channels. We now have an untenable paradox, for example, whereby the BEA is the body in charge of reviewing a proposed structure in which the very same BEA is requesting a seat. Stated more generally, the BEA is becoming involved in developing the new structure in a way that increases APA's influence over the process, even as the summit's Conveners keep assuring the Participants of their belief that this influence should and will be decreased.

It is our view that as long as the BEA is in charge of reviewing and approving the proposal, it should not at the same time be acting in ways that might be construed as a "conflict of interest," such as seeking a seat (or portion of a seat) for itself on the CoA. (We are fully aware of the awkwardness of addressing this comment to the very BEA to which we are making our requests.) Moreover, if the BEA continues to be the elevated body that reviews and votes on the summit's recommendations, we urge it to use its power to do away with the newly constructed Sub-domain II-B altogether. This new Sub-domain II, labeled "Leadership in professional education," to which one seat was assigned, to be shared by BEA and NCSPP, represents an odd, if not unworkable, marriage. More to the point, NCSPP already is represented twice in Domain II (once in II-A and once in II-C), and there is no justification for granting this one training council a special status above all other Domain II councils.

In closing, the Academy strongly urges the BEA to allow only two, rather than three, sub-sections of Domain II: Domain II-A, with representatives from all <u>six</u> training program leaders, including APCS; and Domain II-B, which would include all 10 professional peers nominated from program review panels. This would still leave Domain II with a total of 16 members, as in the draft proposal. In addition to creating parity for the Academy as a doctoral training council, this solution would make the composition of Domain II more conceptually coherent, and more respectable to anyone outside the profession who might review and evaluate this new accreditation system. While the Academy's Executive Committee cannot commit all of its member programs to supporting the new accreditation system—certainly not without seeing the final product after it has gone through the various APA-based review channels—we believe that the initial proposal, if amended to address the problems I've outlined, has the potential to become a positive new system that will be a significant improvement over the current system of accreditation.

We are eager to work with you to make the new system a success.