

-----Original Message-----

From: Bradley, Gail M [mailto:Gail.Bradley@mh.org.au]

Sent: Monday, 6 September 2010 9:58 AM

To: NationalBoards

Subject: FW: Response to consultation document

> 6th September 2010

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> Attention: Chair, Psychology Board Endorsement Guideline

> Re: Response to Consultation Paper from NorthWestern Mental Health Senior Psychologists Group

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> Section 3.1 General

> "> The total duration of the registrar program must not exceed 5 years> ">

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> In the past public mental health has only employed people who are already registered, or have a reasonable expectation of registration within 6 months of commencing employment. Senior psychologists are concerned that Doctorate students commencing a Registrar Program can continue without completing their studies/thesis for 5 years.

> Problems associated with this proposal are

> \* two classes of registrars > -> one with general registration and one without - potentially confusing for the public and inequitable for those who actually have obtained general registration

> \* the registrar who subsequently fails their thesis after entry into the registrar program

> \* the extended vicarious liability of the clinical supervisor > -> e.g. counter-signing notes

> \* employees who are unable to fully invest in their employed role due to the outstanding commitment

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> We think that the use of the term registrar for both registrars who have general registration and those who don> '> t is confusing. We recommend that the board identifies a term to indicate registrars who are not generally registered. We also recommend reducing the maximum period of time individuals can be engaged in a registrar program to 3 years. We think that the requirement to complete the thesis within this timeframe should be explicitly stated within the guidelines (unless there are exceptional circumstances e.g. sick leave).

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> At the moment the onus appears to be on the individual registrar to provide evidence of enrolment in and completion of a registrar program. However, organizations will also be investing resources in providing registrar programs. For instance, within Melbourne Health, the NorthWestern Mental Health Program will be converting its current Entry Level Program for new psychologists to a registrar program. A Board approval or accreditation process to indicate that an organisations> '> registrar program meets the requirements of a registrar program would be a useful workforce support strategy in promoting the service to new graduates. Any guidance from the Board on documentation for registrar programs for organizations would also be welcome.

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> It would be helpful if the document stipulated that the components of the registrar program cannot be fulfilled within an approved APAC postgraduate program of study.

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> Section 3.3 Supervision

> Re: > "> All supervision is required to be 1:1> ">

> While it is appropriate that a greater proportion of supervision be on an individual basis to allow for unique issues of the supervisee> '> s work to be taken up and to provide an appropriate forum for feedback, not allowing for some group supervision is unnecessarily narrowing of experience. Much is to be gained professional from exposure to peers issues and experiences, particularly in some areas such as working with personality disorders or within a particular therapeutic orientation (such as CAT), where group reflection as part of the supervision process is very helpful. The facilitator of group supervision should still be board approved and endorsed and perhaps there could be a limit to the number of people able to be in the group for this supervision to be meaningful and active. Additionally, at a workforce level some group supervision would be time effective. We recommend a 20% group supervision component would be appropriate.

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> Regards

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> Gail Bradley

> Psychology Advisor

> NorthWestern Mental Health Program

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> Inner West Area Mental Health Service - RMH

> Level 2, 641 Mt Alexander Road

> Moonee Ponds 3039

>

> Phone: 9377 3400

> Fax: 9375 7211>

> Mobile: 0438 599 057

>

> Email: [Gail.Bradley@mh.org.au](mailto:Gail.Bradley@mh.org.au)

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