

8th September 2010

Psychology Board of Australia
c/o Professor Brin Grenyer, Chair
G.P.O. Box 9958
Melbourne VIC 3001

Dear Professor Grenyer and Board members,

Re: Consultation Paper 5: Proposed Revisions to the Guidelines on Area of Practice Endorsements

Thank you for the opportunity to provide feedback with regards to the revised guidelines on Area of Practice Endorsements. We are active teaching members and students in graduate professional programs in Psychological Sciences at The University of Melbourne who wish to contribute to this most welcome Consultation Paper.

Firstly, we would like to commend the PBA for their efforts in raising standards of professional practice throughout Australia, by formalising supervision and continuing professional development (CPD). Commensurate with the goals of the revision, we feel that the proposed guidelines will promote evidence-based practice within a scientific-practitioner model, guided by the continuing education of students to doctoral level training programs. Overall, we feel that the proposed changes have addressed many of the concerns raised by both the needs of the profession, as well as the students at The University of Melbourne, and we are therefore optimistic about the implementation of these proposed guidelines in the near future.

We have outlined some of the key changes that have been proposed, in conjunction with the expected positive implications for students and recent graduates. We have also outlined some further considerations pertaining to the sustainability of the pathways to areas of practice endorsement.

- 1. The new provisions allow Doctoral students (Including DPsych and Masters/PhD candidates) to enter the Registrar program, before the submission of their thesis, and after completing practicum and coursework requirements.**

We believe that this will greatly benefit students' ability to retain their clinical skills acquired through the placement aspects of their course, by reducing the latency between coursework and clinical practice. The change also provides incentives for prospective students to continue their education to Doctoral level courses.

- 2. Doctoral candidates are permitted to use the title 'Registrar' if they are part of a Registrar program, before completing their qualifications and therefore before gaining Generalists registration.**

Although we strongly agree that there are great benefits in allowing students who have completed their coursework to enter the registrar program, we feel that it would be disadvantages to not allow them to be fully registered as Generalist Psychologists.

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By restricting the ability to fully registrar to those who have graduated, we foresee the following:

- It creates confusion among potential employers, the public, and referring Doctors, in understanding the level of training that a person has acquired.
- It is expected that the different levels of registrars (i.e. with and without Generalist registration) will not clearly map onto the state based pay scales developed as part of the Enterprise Bargaining Agreements (EBA).
- The two levels of registrars (i.e., with and without Generalist registration) will receive different grades of pay, despite the same level of training, and the same outgoing costs associated with their registrar program (i.e., private indemnity insurance, attending CPD events, potentially private supervision, as well as PBA registration fees).
- Many positions currently require employees to have full registration, and as such, despite the same level of training, some registrars will be disadvantaged from others in gaining employment.

We believe that the PBA's proposal for a 5-year maximum on graduates being part of the registrar program, as well limiting graduates from becoming fully endorsed without graduating, will balance out any undesired disincentives from students completing their thesis while being part of the registrar program. As such, those who have entered the registrar program, regardless of their graduation status, should be equally recognised as Generalist Psychologist, in order to promote equality of title and pay-scale for those with equivalent level of training.

- 3. There is a proposed minimum 176 patient contact hours per year as part of the Registrar program, irrespective of EFT. The requirement for a minimum 17.5 hrs per week of clinical work has been removed. In line with guidelines of recency of practice, there is a maximum 5-year limit for a candidate to be part of the Registrar program.**

It is hoped that the removal of a minimum EFT will have the benefit of encouraging students to dedicate their time to completing their thesis, while still being able to gain meaningful employment that will benefit their careers. The change also promotes registrars to apply for part-time positions, which are the most common available, as well as locum and rural position that are generally only funded for small amounts of EFT.

- 4. The term practice for the purpose of an endorsement program has been defined as "any role, whether remunerated or not, in which the individual uses their skills and knowledge as a psychologists in their profession" This can include, but is not limited to, administration, management, and research work.**

Extending the content of practice relevant to the registrar program has the benefit of acknowledging the important contribution that research and other auxiliary practices within psychology has on improving the quality of professional practice as a whole. This also provides incentives for prospective students to enter into Doctoral level training programs, as the guidelines provide opportunities for graduates to pursue both research and clinical careers concurrently.

5. The duration of the registrar program for combined PhD/Masters students has been amended to 1.5 years of Full-time equivalent (FTE) + 60 hrs of CPD and 60hrs of supervision, in recognition of applied clinical work completed during the PhD.

It is hoped that this will provide additional incentives for universities to maintain combined Masters/Phd programs, as well as encouraging students to enroll in these programs.

6. Description of area of practice in 3.1.3.

We would suggest the following alternative for clinical neuropsychology:

"Clinical neuropsychologists are specialists in the assessment, diagnosis, and treatment of cognitive, emotional, and behavioural consequences of brain disorders, and their broader psychological and social precursors and effects".

We believe that the aforementioned alternative better informs the public and other professionals about the scope of practice with which we engage in. That is, the term "psychological" does not resonate with non-psychologists in the way it does with those within the profession. Rather, it evokes a popular conception that might be perceived as irrelevant in the case of individuals with, for example, memory difficulties. The phrase "cognitive, emotional, and behavioural" encompasses broader understanding of the cognitive, emotional, psychosocial, adjustment, motivation, and many other areas that are now well understood in our sister disciplines of neurology, neuropsychiatry, and other branches of medicine. The expansion, "psychological and social precursors and effects" goes more explicitly to the broader psychological context in which we operate.

Additional issues

For your consideration, we have also identified within these predominantly positive set of proposals, some issues relating to the sustainability of the new system.

1. Costs of being registered with the PBA

The current costs for being registered with the PBA does not include a sliding scale, and as such students who are provisionally registered, registrars, and fully endorsed psychologists, are all required to pay a set amount (i.e., \$410 initial fee, \$390 ongoing). We would like to recommend that the PBA amend the registration fees associated with the various levels of registration, to reflect the different income levels of these groups.

2. PBA requirement for 40 hours of 'active' CPD per year during the registrar program

Neuropsychology makes up a small proportion of the psychology profession as a whole. Currently the peak professional body (The College of Clinical Neuropsychology; CCN) within Victoria, only provides fifteen hours of non 'active' CPD per year. We foresee that registrars throughout Australia, especially within rural areas, will find it challenging to complete the required 40 'active' hours. As such many registrars will be forced to commute interstate in order to fulfill the requirement, which will add further burden to their outgoing costs associated with being a registrar, while remaining on graduate level incomes. Further,

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as there is a large discrepancy between the amount of CPD hours required for those who are fully endorsed to those that are within registrar programs, organisations made up of volunteers such as the CCN will not have the resources to develop extra 'active' CPD activities to service what is a relatively small number of registrars, as such events are not financially sustainable.

As such, in order to ease the burden on both registrars and the CCN, we believe that the following solutions may be considered:

1. Reduce the amount of CPD hours required for those within registrar programs to be more comparable to those required for people who are fully endorsed.
2. The PBA develop infrastructure and financial supplementation to support and facilitate organisations such as the CCN, in providing and monitoring 'active' CPD hours.
3. Amend the range of acceptable CPD hours so that the 'active' component is not reliant on assessment by supervisors and presenters. This will promote registrars to develop low cost, self-supporting alternatives, which can be completed within their local community. These alternatives could include written reflection, or structured peer discussions in forms of journal clubs, case conference, etc.

3. Issues pertaining to the PBA Website.

The current status of the website requires people to search individual names in order to find information pertaining to clinicians' credentials and locality of practice. One of the contributing factors to developing national guidelines on Areas of Practice Endorsement was to more effectively communicate to the public a psychologists' level of training and area of expertise. In order to facilitate this process, we would like to recommend that the website be amended to include the following:

- A document that provides descriptions on the differences between Generalist Psychologists and the various areas of practice endorsement, in a manner which is accessibly and user friendly to the public and other health professionals.
- A registry where the public, and other health professionals can search for psychologists on the basis of areas of practice endorsement and locality of practice.

It is hoped that these additions to the website will not only promote better understanding as to the differences between areas of practice, but also provide a useful recourse for referring doctors and other psychologists to find clinicians that best suit the needs of the client within their local community.

Summary

In summary, we believe that the following amendments will support the predominantly positive set of changes proposed in the consultation paper on Areas of Practice Endorsement:

1. Consider allowing students who have finished their coursework to gain full registration as Generalist Psychologists, in order to eliminate confusion and inequality in the workforce
2. Amend or reduce the requirements for 40 hours of 'active' CPD, in order to facilitate financially sustainable access to the required hours.
3. Adjust the costs of registration involved for members of the PBA by implementing a sliding scale for the various levels of registration that reflects the diversity of income levels.

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4. Include a registry on the website to facilitate the public and other health professional in searching for psychologists on the basis of areas of practice endorsement and locality of practice.
5. Revise the description of clinical neuropsychology to the following:


"Clinical neuropsychologists are specialists in the assessment, diagnosis, and treatment of cognitive, emotional, and behavioural consequences of brain disorders, and their broader psychological and social precursors and effects".


Overall, we are pleased about the proposed changes, which we believe will benefit graduating students making the transition into the workforce, as well as promoting the continuing enrollment in Doctoral level courses.


Yours sincerely,

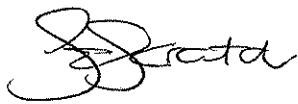

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Professor Nicholas Allen, University of Melbourne.

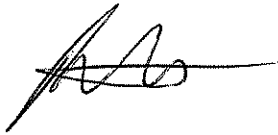

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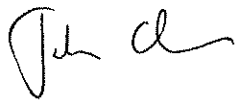
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