



# SYDNEY COUNSELLING CENTRE

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Associate Professor Brin Grenyer, Chair  
Psychology Board of Australia  
Via email: [natboards@dhs.vic.gov.au](mailto:natboards@dhs.vic.gov.au)

Dear Professor Grenyer,

I congratulate you and the other individuals who constitute the inaugural Psychology Board of Australia (PBA) and wish you well in what will be a most daunting challenge to establish a national framework and benchmark system for the psychology profession in Australia.

That being said, I too would like to make a small contribution and comment for the Board's consideration.

For many of the issues identified in the Consultation Paper, such as English language proficiency, possession of a criminal record, continuing professional development and frequency of practice, they appear reasonable and I suspect will be met with broad agreement across the many submissions you will receive.

My concerns focus on essentially two issues – those of the proposed qualification requirements for general registration; and those for specialist recognition.

I have been a member of Commonwealth (Cwth) advisory bodies and understand fully the challenges of trying to bring six states and two territories onto a standard platform. In a recent paper I gave to the Cwth Attorney-General's 'Harmonisation Working Group' on trying to standardise the mechanisms of Inter-country adoption around Australia, I illustrated the enormity of this challenge by way of a brief history of the efforts to standardise a national railway gauge across Australia. For those members of the PBA interested, I would suggest a quick review<sup>1</sup> for fear of allowing history to repeat.

## **1. Proposed qualification requirements for general registration**

For this issue, the Consultation Paper opens by supporting the APAC standard of a 6-year sequence of study, only to then suggest the APB accept a 5 + 1 model and also a 4+2 model. *I would strongly argue the APB should not be doing this.*

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<sup>1</sup> Post-Adoption Support Services Paper by Dr Gary Banks presented to the Harmonisation Working Group meeting, 20 May 2009, Perth, Western Australia.  
[http://www.ag.gov.au/www/agd/agd.nsf/Page/IntercountryAdoption\\_LegislationandPublications](http://www.ag.gov.au/www/agd/agd.nsf/Page/IntercountryAdoption_LegislationandPublications)

The suggestion that a “*Five or six years of university psychology training plus supervised practice is the international benchmark with the European EuroPsy qualifications framework for psychology*” (page 16, para 3) does not make sense as a statement. Is it five years or is it six years? Clearly there is a significant difference between those two. But more importantly, the PBA should be referring to an international benchmark only to then quote a range. That’s a logical nonsense. But to suggest “*the international benchmark*” is the European framework is similarly evidencing poor logic. Clearly by definition, its European. Only. Where are the benchmarks for USA, Canada and the UK? and why were these not included in this section of the Consultation paper? It is notable that the majority of other standards in the document quote the Board of Psychology – California, the Council of Psychologists of British Columbia – Canada and the Health Professions Council – United Kingdom, but this section does not. One possible inference the community and the profession could draw, I would suggest, is that because our standards are so appallingly low, that the closest next lowest is Europe’s. Aspiring to the next rung while remaining at the bottom of the ladder should not be something that our profession, but especially the PBA as its first major policy initiative, endorses.

I would contend that the PBA should instead be setting the standard at the highest possible level, and encouraging, pushing and cajoling all states and territories to move up to that standard, not setting the bar so low that the profession as a national collective trips over it with its first infant step. Just imagine if the relevant regulatory bodies applied that sort of thinking to the registration of construction engineers or cardiac surgeons, in fact I’m curious as to whether any member of the PBA if faced with the need to drive over a bridge or to undergo surgery would want to utilise the services offered by these professionals trained to the lowest *minimum level*? I think not. Hence the PBA can and should set the standard *at least* at the APAC level of a 6-year sequence of study, but preferably to meet international recognition requirements of the USA, Canada and the United Kingdom, but definitely not Europe.

However, for the sake of this response, and the critical need for the PBA to ensure its first policies are indeed the best for the community, allow me to argue this from a different perspective.

## **2. Proposed qualifications that should not be acceptable for general registration**

I need hardly point out that psychology is a profession that is strongly committed to a scientist-practitioner approach, that there should be a body of evidence for our work and that these should be subjected to peer-reviewed scrutiny. If that holds, then I would suggest that the PBA has already sufficient evidence readily accessible to assist in formulating *a standard that should not be considered acceptable*, or conversely, the standard that the PBA believes must be exceeded. That evidence already exists in part, in the growing population of individuals who have appeared before the various Psychology Tribunals around Australia and been subject to an adverse finding. As an Expert Reviewer appointed to the NSW Health Care Complaints Commission (HCCC), I have been asked to review and comment upon the conduct of psychologists who have been subject of a serious complaint sufficient to warrant investigation by the HCCC. A quick analysis of the matters in which I had

involvement, indicates that in all but one case that I have reviewed since 2002, the complaints involved '4+2' psychologists.

Further, since 2007, the Psychologists Tribunal of NSW has listed its findings on [www.austlii-edu.au](http://www.austlii-edu.au) (currently there are n = 14 cases). Again, the overwhelming majority of individuals who have been subject of complaints so severe as to warrant Tribunal hearing and an adverse finding resulting have been '4+2' psychologists. This is in no way suggesting that 6 year trained psychologists are immune to breaches of ethical code, but I would suggest that the additional years of training inculcates in them a greater understanding of their own limitations of skill and knowledge, and that a statistically-corrected, substantially smaller proportion are likely to offend against the same community that the PBA has been charged to protect.

I would further argue that the experience of NSW is not unique, but rather is typical of states across Australia, and that this hypothesis should be tested further. I would also extend this to include the various registration board '*discipline committees*' or '*impaired registrants panel*' or similar, suggesting that of individuals appearing before these bodies, a statistically disproportionate sample are likely to be those from 4+2 backgrounds versus 5+1 or 6+ further supervision.

**Recommendation 1: That before the PBA endorses any standard for general registration, it undertakes a state and territory review of all Tribunal and disciplinary committee cases (say for the last 5 years – but at least for a minimum level of accessible data consistent across all states), seeking details of the professional qualifications of the defendants<sup>2</sup>.**

**Having obtained such data and summarised these at group level, I would assert that the PBA must, in its duty of care to the community, ensure that any standard its espouses exceeds the general standard of this group.**

### **3. Time-frame for introducing such changes**

APAC has set the standard at a 6 year sequence of study, and I as a senior psychologist I cannot condone the PBA publically stating anything lower. With respect to the 2016, these standards have been talked about for years, and again the PBA should be seen to be taking a strong stand against prolonging the 4+2 policy for the best part of a decade ahead.

**Recommendation 2: Taking the findings of Recommendation 1 into account, in the event the above hypothesis is proven to a statistically significant level, then in the interests of protecting the community, the**

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<sup>2</sup> In the event the PBA has a research budget available to fund the costs of such a review, I leave an Expression of Interest to inquire into and report back on such a hypothesis.

**above ‘grandfather clause’ needs to be shortened accordingly – I would suggest by 25-50%, i.e. 2013 or 2014.**

#### **4. Specialist title recognition**

While APAC has accredited a host of specialist titles, many of these appear to be sub-specialties that do not need nor warrant recognition in their own right. For the PBA to continue down this path, I would suggest risks great confusion in the community and indeed, within the profession itself. To draw a parallel, there is a College of Surgeons – within that a host of specialties, but from a community perspective, the lay person is comforted by the fact that they are seeing a registered surgeon. That medical practitioner has already achieved his or her specialist title (that of surgery) with the Medical Registration Board, yet within that title, there is a range of sub-titles, recognised within the College, but not at a statutory or regulatory level. For the PBA to recognise so many specialist titles, introduces the potential for such confusion to be codified. Instead the PBA should request APAC and the APS to reduce the list of ten specialties to a model similar to that within which medicine operates.

**Recommendation 3: That the PBA does not endorse the specialties currently accredited by APAC, but instead request APAC to devise and report back to the PBA a reduced and more refined structure of specialist titles, of approximately five.**

#### **5. Complaints mechanisms**

Finally, I note from the Consultation Paper that the PBA does not appear to have addressed what I believe is a critical issue, that of reviewing complaints from the community and/or the profession about the conduct of psychologists. Despite the advent of the PBA, I presume the individual State based complaint review processes will continue largely unchanged. That being said however, I would suspect that the PBA is not limited in being able to articulate a ‘best-practice’ complaints mechanism and review process that should become standard across Australia. With that in mind, one specific component of this mechanism could include the NPB establishing a ‘panel’ (or an accreditation process) of Expert Reviewers from which state/territory bodies could draw in the process of reviewing complaints from the community.

**Recommendation 4: That the PBA undertake a state by state review of complaint mechanisms, and of how each state appoints Expert Peer Reviewers, and then establishes a best-practice mechanism at a national level.**

I trust the PBA will also be establishing a web-site as well as promoting an active ‘outward’ (push) communication to psychologists across Australia together with ensuring the Board open to further input from the profession and the community. To this end, I hope some or all of my comments are of value to the NPB.

I wish the Board well in its endeavours. Yours sincerely,

A handwritten signature in black ink, appearing to read 'Gary K Banks', enclosed in a thin black rectangular border.

Dr Gary K Banks, PhD MAPS  
Principal Clinical Psychologist  
Sydney Counselling Centre

November 24<sup>th</sup>, 2009