

Consultation Paper on Registration Standards and Related Matters – Psychology Board of Australia

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Attention - Associate Professor Brin Grenyer

Chair, Psychology Board of Australia

Dear Professor Grenyer,

**Re: “Consultation Paper on Registration Standards and
Related Matters” – Psychology Board of Australia**

Attention: Chair, Psychology Board of Australia

Thank you for inviting submissions regarding the ‘Consultation Paper on Registration Standards and Related Matters’. I am a registered Psychologist in the State of Victoria and a Registered Specialist Clinical Psychologist in Western Australia. I am currently engaged in full-time independent private practice as a Clinical Psychologist in rural Northern Victoria, as well as Melbourne and Perth, and am an accredited ‘Specialist Clinical Psychology’ service provider as defined under Commonwealth Medicare legislation. I also currently serve in the voluntary position of Secretary of the Australian Psychological Society’s (APS) College of Clinical Psychologists National Executive Committee, but do not represent the APS or the College in this submission.

This brief individual-based submission will focus upon **Specialist Registration** with reference to the Consultation Paper’s Section Four – ‘Proposal for Specialist Registration for the Psychology Profession’ and Attachment C – ‘Background Paper on Specialist Registration’.

The Board will receive submissions from individuals and professional associations with strong contrary views about Specialist Registration and this is exemplary consultative process, albeit with the shorter side of an appropriate consultative time period. Our well respected professional associations will carry the strategic imperative to maintain their financial membership base of predominantly Generalist Psychologists which plausibly limits capacity to authoritatively and constructively speak on matters pertaining to matters of registration for Specialist Psychologists.

As a regulatory arm of government, the Psychology Board of Australia has the duty to ensure the protection of the public through advocating for international best minimum standards for the practice of Specialist Psychology as well as Generalist Psychology, and it **has successfully regulated for both since at least 1979 in Western Australia**; of particular note is that the standards for specialist Clinical Psychologists were defined by the

Psychologists Board of W.A. without issue from professional associations or government at that time or over the following thirty years!

There is therefore an indisputable historical precedent to a Psychologists Board appropriately and effectively determining specialist standards and regulating the practice of specialties, and well in advance of the professional associations' college structures and standards that appeared to follow suit. Of broader interest is that **the history of specialist Clinical Psychology in Australia appears to have followed the lead of W.A. over time** – a first Department of Psychology within Australia (U.W.A.), the first professional Masters degree in Clinical Psychology (U.W.A., 1960's-1970's), Specialist Registration in Clinical Psychology (no later than 1979, possibly even earlier), the adding of the second tier category "Clinical Psychology Registrar" to denote those still in academic and supervision training (1980's-1990's) and first professional Doctorate program in Clinical Psychology (early 1990's, U.W.A.). It would therefore be an entirely consistent development for Australian Psychology to have the W.A. Specialist Registration system rolled out nationally.

It is quite noteworthy that the Psychologists Board of W.A., through its Psychologists Registration Act (1979) has regulated for minimum standards for specialist Clinical Psychology and progressively the other specialties over at least 30 years without complaint from government or relevant professional associations.

The Board's recommendation to the Ministerial Council is therefore more of a choice between the removal of the regulation of Specialist Title in Australia or alternatively its "rolling out" on July 1, 2010, rather than a decision about adding a further regulatory structure!

Preferred Option for Specialist Registration –

Major health reform within Australia seems to be a 30 to 40 year process, so it is of critical importance to many generations of Australians that the Board positions the "rolling out" of Specialist Registration nationally in the manner most likely to gain Ministerial approval in 2010.

The Psychology Board's National Consultative Forum for Psychologists in Melbourne on 19th December, 2009 heard the articulation of serious university funding issues relating to postgraduate professional training programs and it is my current hypothesis that there is likely a critically significant political traction to this issue should specialist title be contingent only on a minimum professional doctorate in as little as six years. However, the standard of a doctorate minimum is an entirely appropriate and internationally consistent standard to which to move the specialties over time.

The Board has tied Specialist Registration to the mandatory minimum standard of training rising to a professional doctorate and supervision in the specialty (Option 3). It is plausible that the Minister may need to accommodate the current unprecedented government economic imperatives to reduce cost blowouts and that Specialist Registration may be

sacrificed as a result. This would be a great loss to the Australian public and the regulation of the profession for many decades.

The parallel lesson from our history is the profession's rejection of Medicare rebates offered by government in the late 1970's - early 1980's that required a further wait of nearly thirty years!

I therefore strongly urge the Board to entertain one of two developments to its proposal in order to salvage current regulatory structures of Specialist Registration in Australia—

- **replace its preferred Option 3 with Option 1, 'The W.A. Model', and**
- **either delete Option 3 or relegate Option 3 to a Second Preferred Option,**
- **articulate the aspiration of a minimum standard of university training for the specialties at the professional doctorate level, using the same style and tone as the Board has done when referencing a minimum Masters degree for Generalist Registration although recommending a lower degree for that registration category,**
- **define an ongoing recommendation to government for the review of funding for postgraduate professional psychology programs, which will converge with issues being reviewed in the Hospitals and Health Reform Taskforce more broadly**

The national rolling out of the W.A. model does not risk the political rejection of Specialist Registration merely because of separate issues of university funding, and this model has a proven track record of defining and monitoring the minimum standards for Specialist Title Clinical Psychologists for at least 30 years without government or association criticism. It preceded standards set by professional associations that eventually followed suit.

W.A. has an outstanding national and international Specialist Psychology profile, enables the masters or doctorate pathway plus accredited supervision whilst also accommodating the progressive market uptake of the doctorate pathway, has worked well without criticism from government or professional association, and can be "rolled out" nationally without the anxiety-provoking costs to government associated with Option 3.

The Rationale for the Regulation of Specialist Registration to be extended nationally –

There is an imperative for the Specialist Registration of each of the internationally recognised specialties within the Calling of Psychology, based upon at least four salient precedents within current legislative and regulatory Australian processes, as follows –

- **industry-wide accepted accreditation and specialist professional postgraduate training standards for all Specialisations of Psychology in Australia at a minimum entry level of a specialty-related professional Masters/Doctorate plus accredited supervision, as opposed to a minimum four year undergraduate degree for generalist Psychology that does not train in psychological treatments,**

- since 1979, at the latest, ongoing regulation of the specialties through Specialist Registration for the Specialisations of Psychology within Western Australia under the auspices of The Psychologists Board of Western Australia (the State registration authority); Specialist Registration is a far more reliable indicator of specialisation to the public than association membership which is not mandatory and not taken up by significant numbers of specialists.
- Specialist Registration also promotes the diversity of the profession in that it created a differentiated awareness in the W.A. public's mind regarding our nine specialties,
- governmental legislative assessment and declaration in 2001, via the Full Bench of the Industrial Relations Commission that the 'Work Value' for Clinical Psychology is as a distinct and higher Calling than allied health and general (non-specialist) Psychology, with similar legislative process in NSW in around 2000, and
- 2006 Commonwealth Medicare legislation which defined a Clinical Psychologist and Specialist Clinical Psychology Medicare Rebates

Ceasing Specialist Registration within Australia on July 1, 2010 creates disempowerment of the West Australian public to increased risk, regresses the profession and represents a critical betrayal of the core purpose of National Registration of Psychologists.

Nationally, the public will remain confused by a type of specialist title via Medicare to Clinical Psychologists but will not where how they may be identified.

Government Regulatory Precedent – The Example of Clinical Psychology as a Specialisation of Psychology

Clinical Psychology is an internationally industry-recognised specialisation of Psychology in its body of knowledge and integrated practice of assessment, case formulation and diagnosis, evidence-based and scientifically-informed psychological treatments of the full spectrum of mental health disorders across the total lifespan and across the widest range of complexity and severity.

No General Psychologist or other allied mental health professional receives as high a degree of education and training in mental health as the Clinical Psychologist. Other than Psychiatry, Clinical Psychology is the only mental health profession whose complete post-graduate professional training is in the area of mental health.

For 30+ years the Psychologists Board of Western Australia, in its Psychologists Registration Act (1979), has defined Australian Standards for Specialist Psychology in that it has regulated for the minimum standards of training and supervision necessary in order to satisfy requirements for Specialist Clinical Psychology Registration in W.A. at seven years total and in 1987 determined that an additional second year of supervision be added, lifting training to a total of eight years minimum. Other

specialisations were added over time. This predates APS College Structure which appears to have emulated its minimum standards. Neither Government nor Professional Association bodies have articulated a major concern with those standards of Regulation for Specialist Registration in Western Australia in over three decades of the profession.

There are currently around 3,000 members of the APS College of Clinical Psychologists and at least a further 500 who have been assessed as demonstrating equivalence and who practice as 'Specialist Clinical Psychology' providers under Medicare. The number of registered Psychologists in Australia is around 22,000 and, by far, the majority are general (or non-specialist) psychologists.

This means that only 10 percent to possibly 15 percent of Registered Psychologists in Australia currently practice with demonstrated competencies in Clinical Psychology

There have been rapidly growing numbers of 'Specialist Clinical Psychology' Medicare Providers who elect to not apply for APS membership, and cannot be identified by the descriptive 'Member, APS College of Clinical Psychologists' which increasingly renders this descriptor an increasingly unreliable marker for the public to locate a Clinical Psychologist

Apart from within Western Australia, there is little way for the public to be clearly informed as to from whom they would receive a Clinical Psychology service. There appears to be an enabling impact for the public in the use of Specialty Title in W.A., with literacy levels regarding the different specialties superior to those states without Specialist Title

Furthermore, nor are there clearly defined dissuaders and penalties for non-Clinical Psychology providers to claim that they provide the same services.

As it is the public interest that is the stated primary driver for National Registration and Accreditation, it is the role of the Regulatory body, the Psychologists Registration Board of Australia, to clarify appropriate minimum standards for the existing specialisations.

The practice of Clinical Psychology is subject to Specialist Registration provisions within Western Australia which enables the public to be clearly informed in their decision-making regarding how to access clinical psychology service provision. Penalties exist to deter others from misrepresenting that they provide Clinical Psychology services.

In considering the transition to National Registration and Accreditation of Health Professionals, it would seem that removing Specialist Registration for Clinical Psychologists would make it much more difficult for consumers, GPs and other professionals to clearly identify from whom they should seek professional clinical psychology service provision. It would also be more difficult to prevent others from misrepresenting themselves as providing **the same services as a Clinical Psychologist.**

I have worked within Western Australia and Victoria, where there is no Specialist Clinical Psychology registration, and wish to advise that in Victoria there is widespread confusion and disempowerment amongst the consumer community as a result of the ambiguity in identification of an specialist Clinical Psychologist.

Similar imperatives exist for the other specialisations. A Health Psychologist, for instance, has specialist expertise with the prevention of our most rampant Chronic Illnesses in Australia such as Obesity, Diabetes Type 2, Cardiovascular Illness and others, and specialises in world best practice psychological treatments to reduce morbidity within Oncology, Chronic Pain conditions, Arthritis, Cardiovascular Illness HIV/AIDS, and other illnesses. A Clinical Neuropsychologist may perform the critical function of guiding a Neurosurgery Teams, Medical Specialists and our Courts, based on their specialist expertise with neuropsychological assessment and function as it relates to the most delicate layers of detail of the structure of the brain. In fact, there is most probably a sound argument for the removal of Generalist Registration in that the graduating competencies of same renders a general psychologist treating the public for the range of mental health disorders as practicing beyond their limits of competence!

In all states but W.A., there is an absence of Government Regulation within Registration provisions that would serve to protect the public and other professional colleagues against a plausible scenario of a well meaning Generalist Psychologist with no integrated training in these specialist areas to claim competence.

Government Legislative Precedent (I.R.C.) – The Example of Clinical Psychology as a Specialisation of Psychology

In 2001 the Full Bench of the Industrial Relations Commission of Western Australia determined that there was a higher “Work Value” of the “Calling” of Clinical Psychology over that of general non-specialist Psychologyⁱ. I quote the following section on Pages 23 – 24 of this document, which differentially defines the Clinical Psychology profession from Psychology and allied health, with acknowledgement and gratitude to all listed authors and co-editors involved in compiling this document -

“...Clinical Psychologists are often grouped with “allied health” for administrative purposes and this has led to a mistaken belief that there is sufficient commonality between this profession and other allied health professions to treat all groups similarly. Clinical Psychologists differ markedly from other allied health professions.

The training of Clinical Psychologists differs in many ways from other allied health professionals. During the minimum of eight years of training, the emphasis of Clinical Psychology is on severe mental health problems. Clinical Psychologists have extensive training in the theoretical and conceptual understanding of mental health problems, the correct diagnosis and clinical evaluation of these problems and on effective management and treatment. The training of allied health professions is geared towards general medical, general health or general community problems, with a short elective in mental health.

No [General Psychologist or] other allied mental health professional receives as high a degree of education and training in mental health as the Clinical Psychologist. Other than psychiatry, Clinical Psychology is the only mental health profession whose complete post-graduate training is in the area of mental health.

Clinical Psychologists are trained as scientist-practitioners. This added emphasis on the scientific in university training enables the profession of Clinical Psychologist to bring

research and empiricism to human service delivery and thus increase accountability. The formal scientific training of Clinical Psychologists does not make research the end in itself, but is applied to the delivery of psychological services and to contribute to the knowledge upon which mental health services are based. Empirical training equips the Clinical Psychologist with the skills to understand and contribute to new research, evaluate interventions and apply these empirical skills to their own treatment of patients and that of the mental health services themselves. This formal training also carries with it the obligation to provide to the betterment of the wider society within which the Clinical Psychologist works.

Clinical Psychologists have a minimum of six years full time university training with two additional years of mandatory professional supervision under the auspices of The Psychologists Board of Western Australia (the State registration authority). Within the last few years more and more students are completing either a Doctorate of Psychology with an additional formal year of training at the university, or a PhD in Clinical Psychology and thus adding a further two years to their formal university training.

As a result of their training, Clinical Psychologists have a thorough understanding of varied and complex psychological theories and have the ability to formulate and respond to both complex disorders and to novel problems, generating interventions based on this solid knowledge base. This very high level of specialist competence of Clinical Psychologists is acknowledged by all private insurance companies who recognise Clinical Psychologists as providers of mental health services.

Post-graduate university level training programmes for Clinical Psychology must be accredited by [APAC]. This requirement insures uniform standards of excellence in Clinical Psychology training throughout Australia. Once the graduate has completed an accredited programme of studies, s/he must register with The Psychologists Board of Western Australia to undertake a further two years of additional clinical work in supervision. When the individual has completed this period of supervised practice, and only when this has subsequently been accepted by The Psychologists Board of Western Australia, is the individual accredited with the specialist title, "Clinical Psychologist". To further ensure quality of care, it is a mandatory requirement of the Australian Psychological Society and The Psychologists Board of Western Australia that all Clinical Psychologists adopt the ethical code of professional standards of conduct....."

Government Medicare Legislative Precedent – The Example of Clinical Psychology as a Specialisation of Psychology

Finally, in 2006 and from a conservative Government, the Commonwealth passed Medicare Legislation that recognised and defined a Clinical Psychologist as a 'Specialist Clinical Psychology' Medicare provider.

Significantly, the definition of a Clinical Psychologist is articulated in this Commonwealth Medicare Legislation and incorporates the internationally recognised standard of specialised post-graduate professional training plus supervision in Clinical Psychology and the requirement for demonstrated ongoing specialised Professional Development to maintain Specialist Clinical Psychology accreditation. The Specialist Medicare Rebate is set at 150 percent of the generalist Psychology

Rebate, which audibly reflects the recognised differentiation between Clinical Psychology and Generalist Psychology in the field of Mental Health.

Summary –

- The Board’s recommendation to the Ministerial Council is actually more of a choice between the removal of the regulation of Specialist Title in Australia or alternatively its “national rolling out” on July 1, 2010, rather than a decision about “adding a further regulatory structure”.
- The critical lesson from our history for the Board’s reference is the profession’s rejection of Medicare rebates offered by government in the late 1970’s - early 1980’s that required a further wait of nearly thirty years!
- In relation to Specialist Registration, the Psychologists Board of W.A., through its Psychologists Registration Act (1979) has regulated for minimum standards for Clinical Psychology and progressively the other specialties within W.A. but also within the Australian Psychology profession over at least 30 years without complaint from government or relevant professional associations.

I therefore strongly urge the Board to entertain one of two developments to its proposal in order to salvage current regulatory structures of Specialist Registration in Australia–

- replace its preferred Option 3 with Option 1, ‘The W.A. Model’, and
- either delete Option 3 or relegate Option 3 to the Second Preferred Option, and
- articulate the aspiration of a minimum standard of university training for the specialties at the professional doctorate level, using the same style and tone as the Board has done when referencing a minimum Masters degree for Generalist Registration although recommending a lower degree for that registration category,
- define an ongoing recommendation to government for the review of funding for postgraduate professional psychology programs, which will converge with issues being reviewed in the Hospitals and Health Reform Taskforce more broadly

- The national rolling out of the W.A. model does not risk the rejection of Specialist Registration merely because of separate issues of university funding, and it has a proven track record of at least 30 years without government or association criticism.
- The history of specialist Clinical Psychology in Australia appears to have followed the lead of W.A. over time – a first Department of Psychology within Australia (U.W.A.), the first professional Masters degree in Clinical Psychology (U.W.A., 1960’s-1970’s), Specialist Registration in Clinical Psychology (no later than 1979, possibly even earlier), the adding of the second tier category “Clinical Psychology Registrar” to denote those still in academic and supervision training (1980’s-

1990's) and first professional Doctorate program in Clinical Psychology (early 1990's, U.W.A.). It would therefore be an entirely consistent development for Australian Psychology to have the W.A. Specialist Registration system rolled out nationally.

- **W.A. has an outstanding national and international Specialist Psychology profile, enables the masters or doctorate pathway plus accredited supervision whilst also accommodating the progressive market uptake of the doctorate pathway, has worked well without criticism from government or professional association, and can be “rolled out” nationally without the anxiety-provoking costs to government associated with Option 3.**

- **There are at least four precedents in current Australian legislative and professional accreditation processes that provide a very strong argument for the clear delineation of a Clinical Psychologist and other specialisations of psychology in the public interest within National Registration and Accreditation –**
 - **industry-wide accepted accreditation and specialist professional postgraduate training standards for all Specialisations of Psychology in Australia at a minimum entry level of a specialty-related professional Masters/Doctorate plus accredited supervision, as opposed to a minimum four year undergraduate degree for generalist Psychology that does not train in psychological treatments,**
 - **since 1979, at the latest, ongoing regulation of the specialties through Specialist Registration for the Specialisations of Psychology within Western Australia under the auspices of The Psychologists Board of Western Australia (the State registration authority); Specialist Registration is a far more reliable indicator of specialisation to the public than association membership which is not mandatory and not taken up by significant numbers of specialists.**
 - **Specialist Registration also promotes the diversity of the profession in that it created a differentiated awareness in the W.A. public's mind regarding our nine specialties,**
 - **There have been rapidly growing numbers of ‘Specialist Clinical Psychology’ Medicare Providers who elect to not apply for APS membership, and cannot be identified by the descriptive ‘Member, APS College of Clinical Psychologists’ which increasingly renders this descriptor an increasingly unreliable marker for the public to locate a Clinical Psychologist**
 - **governmental legislative assessment and declaration in 2001, via the Full Bench of the Industrial Relations Commission that the ‘Work Value’ for Clinical Psychology is as a distinct and higher Calling than allied health and general (non-specialist) Psychology, with similar legislative process in NSW in around 2000, and**

- **2006 Commonwealth Medicare legislation which defined a Clinical Psychologist and Specialist Clinical Psychology Medicare Rebates**
- **Ceasing Specialist Registration within Australia on July 1, 2010 creates disempowerment of the West Australian public to increased risk, and represents a critical betrayal of the core purpose of National Registration of Psychologists.**
- **There are currently other individuals and significantly visible associations referring to themselves as “Clinical Psychologist” – a Google Search will readily locate them – but who are not Clinical Psychologists as originally articulated internationally and by the Psychologists Registration Board of W.A.; removal of Specialist Title will provide no recourse with which to ensure public protection.**

Again thank you for your invitation for submission, and please do not hesitate to contact me should it be deemed helpful for the work of the Psychology Board as it assumes the work of regulating the practice of the specialties to ensure public safety.

Yours faithfully,

Anthony M Cichello, *M.Psych(Clinical), B.Sc(Hons), MAPS, Member of APS College of Clinical Psychologists and Health psychologists*

Clinical Psychologist

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23.11.09

ⁱ The document submitted is entitled “Increased Work Value: The Case of Clinical Psychology”, prepared by the HSOA Clinical psychology Negotiating Committee in support of Application No P39 of 1997 HSOA vs. Royal Perth Hospital & Others. The IRC determination was released in 2001. I wish to express my acknowledgement and gratitude to all authors and co-editors involved in compiling this document