

Submission to the Psychology Board of Australia

**From the Institute of private Clinical
Psychologists WA**

November 2009

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Consultation Paper on Registration Standards and related matters.

The Institute of private Clinical Psychologists (ICP) would like to welcome the new Psychology Board of Australia and wishes its members every success in the development of new regulations for upholding the professional standing and practice of the profession of Psychology in Australia.

We have received a copy of the consultation paper titled *Registration Standards and Related Matters* and would like to contribute our thoughts and views regarding the two key areas relating to training standards for registration as generalist and specialist psychologist and the proposed list of specialist registration. The other areas of the consultation we support and commend the Board on their work. We hope that our submission will contribute to future decisions and the finalisation of registration standards that are occurring at this critical point of change in our professions history.

Proposed list of Specialist areas

The current 10 areas listed by the board for specialist recognition reflects the current accredited postgraduate professional degrees. The ICP fully support the Board in maintaining the range of areas in the psychology profession for specialist title. It appears that the national registration process, which is being driven by Health Ministers under the COAG arrangement, clearly are more focused on mental health related sections of our profession than other areas. If the Governments were to only define our profession as relating to the diagnosis and treatment of mental health disorders, like a psychiatry wing of the medical profession, our profession would lose considerable breadth and depth of contribution to society. It may be difficult for the Health Ministers to understand that Psychology covers a wide range of human endeavours and functions at many layers of society, and it is essential to assist them to understand this. The ICP would encourage that the Board hold to the diversity of specialist titles in our profession and leave it to the Ministers to enforce otherwise, if they fail to understand the uniqueness of our profession. This would at least hold on record the wishes of the profession, and as Ministers change over time, the profession could continue to argue for the diversity if it were needed.

The ICP also wishes however, to comment on two areas of specialization where true differentiation in training, skill and focus may not exist; these are Clinical and Counselling Psychology. These two speciality areas have for many years represented a split in the psychotherapy wing of our profession. Possibly when these two training pathways were established, there were sufficient differences between the courses of training and orientation to justify the separation. Perhaps there were also other reasons, such as funding or politics that lead to the two training pathways being developed at some universities. The question could be posed as to whether currently, any major differences in training exist which still justify two therapy training pathways and hence registration titles, especially when the actual work undertaken by both groups of professionals significantly overlap.

Another significant consideration is the considerable competition and conflict that this split has generated between these two groups. For example, in some states there are government departments and private health funds who will only allow entrance by one and not the other of these speciality areas, leading to tension and conflict amongst practitioners and members of the general public only getting access to a limited number of clinicians. The specialist rebate for Medicare, which does not include Counselling Psychologists, is another example where the psychotherapy wing of the profession has been cut in half and the general public missing out on specialist services. Although the tensions within the profession are not within the mandate of the Board to deal with, these aspects, along with confusion in the general public can be considered in decision making processes.

To reduce the confusion for the general public and increase access to specialist services, and for the cohesion and strength of the psychotherapy wing of the psychology profession, we propose that these two training programs be collapsed together. This would lead to only one title being used (possibly Clinical Psychologist due to wide acceptance of this title) and current specialist Counselling Psychologists could be “Grand parented” to roll into the specialist title of Clinical Psychologist. Universities could then develop new training programs in Clinical Psychology which combine the best of both existing Clinical and Counselling training programs.

***ICP Recommendation 1a:** That the Board hold to the diversity of specialist titles in our profession and leave it to the Ministers to enforce otherwise, if they fail to understand the uniqueness of our profession.*

***ICP Recommendation 1b:** That the specialist training and title of Clinical Psychology supersede the two titles and training areas of Clinical and Counselling Psychology.*

Specialist Registration

As was highlighted in the Boards document, Western Australia has for many years had specialist registration, regulated via the WA Registration Board. WA specialist registration has required a minimum training standard of 4 years undergraduate program in Psychology, plus two years Masters in one of the recognised specialist areas of Psychology, plus two years of supervised experience. Along with specialist registration in WA, there is also a Registrar system, which is the title given to people who have completed the Masters and are undergoing the two years supervision process for full registration. The Masters plus supervision requirement in the WA model contains all the important components outlined in the description of the Doctoral pathway proposed by the Board, which the Board at present is favouring:

“Doctorate programs require advanced coursework and practical experience in the specialty, as well as extensive research in the applied area. It is a qualification recognised as being substantially greater in depth, scope and application than that required for general registration. It is distinguished in that the education and training must be provided by academics recognised by the accreditation agency as possessing qualifications in the specialist area, supervised practice is conducted by practitioners who possess the specialist qualifications and experience, and areas of study are focused on the competencies of the specialty.” (pg. 43)

It was noted at the meeting in Melbourne by a number of academics that the Doctorate program does not provide significantly more course work and skills training than the Masters course. The question becomes one of whether the addition of mandatory Doctorate/PhD level of training actually makes any real additions to the competency and skills of the practitioner in the field? Some evidence may be needed to indicate that this increase in training is justified, especially given that training places are limited and there are significant costs involved for post graduate training, for both the university and the post graduate student. This issue was also raised at the Melbourne meeting.

The WA model (Option 1 in the consultation paper) meets international training standards and provides maximum competency in a reasonable time and cost frame for trainees. This model has also been running successfully for many years in WA and has allowed the WA specialists in the public sector to fight for and win significant career pathways and rates of pay, which are the highest in Australia. The public sector Mental Health Department also respects the standards of training of the specialist Clinical Psychologists as they only employ people with this level of training.

The WA specialist Clinical Psychologists under Medicare also have been held in high regard, as indicated by the 2008 Medicare statistics, which showed that WA was the only State in Australia where the public obtained significantly more (almost double) numbers of rebates for Clinical Psychology, than General Psychology. In all other States, this statistic was the reverse.

We therefore strongly urge the National Psychology Board to consider adopting the WA Model as the specialist registration standard, with a category for “Psychology Registrar” in the registration table for those who have completed the Masters and are undergoing the supervision process. The additional Doctorate/PhD training could be promoted as optional.

ICP Recommendation 2a: *That Option 1: Adopt the Western Australian specialist registration standard, be the pathway for specialist registration in Australia.*

ICP Recommendation 2b: *That a new category of “Psychology Registrar” be added to the registration of title, for people undertaking post Masters supervision, working towards specialist title.*

Generalist Registration

The ICP probably has the greatest concern regarding the generalist registration process. Following the arguments put forth by the Psychology Board - that the public needs to be protected and should receive treatment from highly trained and competent professionals - it is unclear why would the Board endorse generalist registration, whereby lesser trained people are permitted to enter full professional practice. It begs the question what training standards are truly needed for what sort of work. Given that “generalist psychologists” do not have the full specialist training, why would they be permitted to do the same work as specialists, which currently is the case in many government departments and in the private practice arena, especially on the Eastern Seaboard? Either the minimum standard of training for practice needs to be set at the specialist level, OR the professional practice of the generalist needs to be defined and restricted by the Board. Taking some quotes from the Board's discussion paper highlights aspects of this dilemma:

*The education must be at an advanced level, **building on and extending the knowledge and skills** of the general registration sequence. (pg 39)*

Specialist registration protects the public interest by ensuring the public is fully informed about the extent and type of qualifications possessed by a practitioner. It will prevent nonqualified practitioners from ‘holding themselves out’ as having expertise in specialist areas and gives the Board the ability to act against nonqualified practitioners in these cases. (pg 40)

As a result, there is a proliferation of titles psychologists can hold themselves out to have (e.g. ‘clinical psychologist’ can be used by any general psychologist without fear of sanction). (pg 40)

These quotes raise the question of the competency provided by the generalist level of training and the issue of practice requirements. Otherwise there would be no need to “build on and extend the knowledge and skills of the general registration sequence” and there would be no real issue about use of title.

Given that the Board can only recommend to the Ministers that specialist title be adopted, and that Ministers do not know very much about our profession, we are very concerned that specialist title will not go through. For example Ministers could well ask: *What will be the difference in the work carried out by Generalist and Specialist Psychologists?* – the answer “NONE”. Another question may be: *If the Generalists can do full practice, then are you saying this is sufficient training to safely work with the general public?* – the answer has to be “YES”. Another question then may be: *Then why do you need higher training, at more cost to the universities, the students and the taxpayer and taking more time to complete, which is not good for the workforce?* Answer – ????? Hard to find one!! If the Ministers do know anything about international training standards for psychology, it is possible they could conclude: *The Generalist level at least meets the European training standards (mind you not the US, UK or NZ standards), so you don't need the specialist title and neither does the general public!!* And in one sweep, we would lose specialist title and end up having the lowest level of training amongst English speaking countries, plus still not meeting the international training standards of those with whom we will possibly have most “trade” with.

Even if the Ministers grant the two levels of registration, what incentive is there for people to do the longer, more costly training when the Generalist training gets you into full practice? We could be heading towards a natural decline in standards as people become wise to the cheaper, quicker way to practice. WA will possibly also find it very hard to continue to argue for “Specialist” training standards in the public sector, and possibly also for our profession to argue for Medicare to maintain two tiers of rebates: it would be cheaper for the Government to have just the Generalist level of payment, and they are always interested in costs.

Recommendation 3: *That the Generalist registration level be removed from the registrar and have only the Specialist level of training registrable for practice in the profession of Psychology*

In Conclusion

We understand what a considerable load this new role must be for members of the National Board and we encourage the Board to hold the future needs of the profession and the safety of the general public in full focus in their deliberations. Please consider our concerns and the possible outcomes and consequences of requesting such a high level of training for the specialist title, and having an unrestricted Generalist, who does not meet US, UK or NZ training standards, practicing our profession.

We would welcome any feedback and further discussions with the Board if this was deemed appropriate.

Yours sincerely,

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