



To:
Cc:
Bcc:
Subject: Fw: Attention: Chair, Psychology Board of Australia

Attention: Chair, Psychology Board of Australia
Attention: Nada Grati-Feliks
Assistant Registrar
NSW Health Professionals Registration Board
NSW Psychologists Registration Board
P.O. Box K599, HAYMARKET NSW 1238
Tel: (02) 9219 0284
Fax: (02) 9211 9318

This is my indication that I wish to have my submission below placed on the Board's website.

Thank You, Elsie Mobbs

Re: NSWPRB Newsletter November 2009 Page 2

This is to make a submission to the submissions for consultation papers closing on the 24th November 2009 regarding specialist registration.

Elsie Mobbs, RN RM BScDipEd MStudPsychol MA IBCLC PhD(Syd)
Assoc Lecturer in Clinical Psychology, The Faculty of Medicine, The University of Sydney.

15 years "Psychologist" 3 years as "Honorary Psychologist"
developmental assessments of At-Risk infants, CHW, Continuing.
4 years "Psychologist" Perinatal & Infant Mental Health Service
Liverpool Hospital NSW, case management. Continuing.
Various positions in the past held including University/College Tutor and Lecturer.
I have not been qualified to be a "clinical" psychologist by the APS.

I have read the "Psychology Board of Australia, Consultation Paper on Registration Standards and Related Matters", issued by the Psychology Board of Australia under the authority of Assoc Prof Brin Grenyer, Chair, 27th October, 2009.

Page 1: The PROPOSAL for specialist registration and the specialties proposed are consistent with current regulation arrangements for specialist (in Western Australia) college membership

Page 17: Public safety and welfare would be gained if the public were able to identify specialist trained psychologists (such as clinical psychologists)

Comment 1: Does this include all APS college membership or only the past exclusive membership holding the term "clinical"? If so I would strongly disagree with this exclusivity and recommend that all college memberships if obtained have the same standing as "clinical". My reasons for this are that: (1) Those nominated as "clinical" rely on the research work of ordinary research psychologists who are lower paid; (2) not all "clinical" psychologists cover all specialised areas and many of these specialised areas are being covered by lower paid ordinary psychologists, for example in mental health and in perinatal work; (3) Any face to face work with a client is surely "clinical" so community psychologists should be paid the same as "clinical" psychologists; (4) The same healthcare jobs are presently alternating between the employment of "clinical" and ordinary psychologists but with pay differentials depending on the present APS college

membership.

Comment 2: Taking into account my reasoned arguments in Comment 1, I propose that the word "clinical" be dropped completely from the resolutions of the new Registration board in "Proposed list of specialties Table 4.1 List of specialties and specialist titles" OR include the word "clinical" in ALL titles which seems superfluous when all proposed terms start with the word "specialist". Maintaining the word clinical maintains the divisive problems of the past.

Comment 3: Are there provisions for psychologists such as myself who had one senior lecturer in psychology as a PhD supervisor, but my primary supervisors were and are professors of endocrinology? In endocrinology the hormonal status is dependent on or very much influenced by our psychological status, especially in mental health and perinatal work. As you will notice my PhD was from medicine not psychology. Does this exclude me from having specialist status within the new framework?

Thank you for all the effort you have put into the changes. I have been trying to read as much as possible on the internet so thank you too for making it available.

Elsie Mobbs

NSW