Hello, I have total trust in the ability of the COP of the APS to represent my voice and interests faithfully yet I wanted to add my personal perspective to anything they may have to say on the paper.

- 1) I am concerned that the view taken of the role of psychologists in this paper is far too narrow and restrictive and reflects a strong bias towards only one important professional and scientific discipline within psychology, namely clinical. My concern is not borne out of some egoistic need to be validated against clinical psychs, but an exaggerated reliance on their training in providing suitable solutions to complex problems. Clinical comes from a diagnostic and individualistic illness model. The work of org psychs and the reasons why my clients have hired me for over 20 years is that we work in larger, complex systems, involving culture, organisational behaviour, and often wellness ad competence. Not all psychologists practise psychotherapy but all skilled psychologists make a valued contribution to their field and to the community.
- I have been informed about the proposed 4+2 arrangement that was touted at the time I first registered in 1986! Supervision or other means of acquiring competence should be allowed. Demanding a masters to practise psychology when a doctor can practice after completion of medicine and a registrar year is inconsistent and unnecessary. This would automatically mandate all young psychology graduates to 6 continuous years of study to register, severely limiting or denying them access to financial independence and the means to be able to accumulate valuable life and work experience while they work towards qualifying for registration. To suggest that a masters alone would equip them to practise psychotherapy is not only flawed but dangerous. If they work as novice or associate practitioners after their degree they are much more likely to be observed, assessed and coached to competence. There is also the drain on the community of demanding a minimum of six years study for undergrads before serious earning power is acquired and how that flows to the economy and students' families of origin who wear the impost of students forced to live at home until well into their 20's.

I would implore you not to be so clinical centric in your perspective on psychology. We need to ensure that all psychologists are competent so I welcome sound assessment methodologies, compulsory PD and supervision but to determine there is only one automatic guarantee of competence is denying the myriad of ways in which psychology contributes and assumes that study alone will make psychologists safe and effective.

Regards, Leanne

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