
COMMENTS ON THE CONSULTATION PAPER ON CODES AND GUIDELINES

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by

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KEY RECOMMENDATIONS:**1. Guidelines on advertising**

[Recognise the nature of the work and market conditions in which non-health (in particular, organisational) psychologists work.]

- That suitably worded testimonials be legitimate forms of advertising
- That all health practitioners (including medical practitioners) using the title of 'Doctor' be treated on a consistent basis.
- That various post-nominals relevant to the business of the psychologist can be used in advertising.

2. Guidelines on mandatory notification

- That specific conditions under which a health practitioner if a client of another health practitioner incurs an obligation to notify the practitioner in the case of notifiable conduct – to be clarified.
- That the 'clinical practice' of psychology be defined in the guidelines.

3. Proposal for code of ethics

- That the APS code of ethics (2007) be adopted.

4. Guidelines on continuing professional development

- That peer consultation be a recommendation and not a requirement for continuing professional development. (In particular, this will help alleviate concerns regarding 'commercial in confidence' matters.)
- That peer consultation by professionals within a practice be permitted.
- That a CPD plan be open to change during the year of its operation.
- That there be an enhanced description of common or permissible variations on the CPD planning process.

5. Guidelines on area of practice endorsements

- That the transition arrangements proposed in the consultation paper for currently registered psychologists be adopted.
- That psychologists endorsed in one area of practice who wish to be endorsed in organisational psychology as a second area of practice be required to successfully complete an APAC-accredited Master of Organisational Psychology and complete supervised professional practice and maintain ongoing professional development in organisational psychology.

- That the guidelines consider specific issues of recognition of prior learning (RPL) in determining endorsed areas of practice.
- That, as proposed, psychologists be required to obtain the majority of their CPD in their endorsed area of practice.

6. Guidelines on 4+2 internship

- Delete the term 'internship' and substitute a more acceptable and neutral term.
- Provide for an internship program in organisational psychology that meets the reality of employment in terms of placement requirements.
- That the section on psychological testing be revamped, with a stronger focus on modern psychometric theory.
 - ⇒ That close consideration be given to revamping the guidelines so that individuals targeting future specialist endorsement can pursue certain electives at the expense of irrelevant (in the case of organisational psychology) skills in individual intelligence testing or specialised memory tests used in clinical settings.
- That the 'across the lifespan' requirement be changed to: 'familiarity in working with clients in one of the three age groups: adolescence, adulthood or late adulthood' and that there be no requirement for familiarity in working with children.

PREAMBLE AND DOCUMENT INTENT:

The comments in this document are in response to the invitation to comment on the proposals of the Psychology Board of Australia (PBA) contained in its second Consultation Paper on Codes and Guidelines (issued March 18, 2010).

As I am sure will be noted in other submissions, the decision by the Ministerial Council to approve organisational psychology as one of seven endorsed areas of practice is welcomed. Psychology is regarded as the most diverse profession within those covered by the NRAS. Furthermore, organisational psychology has less 'overlap' with core psychological matters than any other sub-discipline within the profession. I would encourage all members of the PBA (both practitioner as well as community members) to try to keep this in mind when making decisions which impact upon organisational psychology.

In addition, it should be noted that I do not intend to cover in detail all aspects of the consultation paper as other submissions, and in particular a submission from the College of Organisational Psychologists, will address these issues more comprehensively.

1. Guidelines on advertising

The thrust of much of what the PBA proposes is obviously health-based. No doubt the intent of this generic NRAS Legislation is to prevent individuals from advertising (or offering testimonials) to the effect that, for example, a practitioner's use of stem cell technology has cured a person's multiple sclerosis. Such a claim is obviously highly contentious.

However, organisational psychologists, particularly external consultants, operate in a totally different market. Our clients are different (that is, organisations) and our competitors are different (management consultants, change management consultants, human resource consultants and the like). Advertising and testimonials are part and parcel of the market in which we operate. Prospects (that is, potential new clients) will often ask for the names and details of clients, and they may well seek testimonials from us.

A blanket ban on testimonials is ill-conceived – as noted in the submission by the College of Organisational Psychologists and the example in that particular document (which is quite benign, I believe). Let me add another example, for the sake of reinforcing the point:

"Compass Consulting has provided a tailored and professional consulting service to our organisation for well over a decade. In that time, we have been well served by Peter's skills and his broad knowledge of a range of human resource and business issues. He is up to date and knowledgeable in his field of speciality (psychological assessment) but provides services in ancillary areas. His office provides excellent and timely support.

Signed: John Smith, General Manager, Future Engineering"

In addition, I would have thought it quite appropriate for a psychologist (and in particular an organisational psychologist) to note they are accredited in the use of certain instrumentation or have gained certain certification relevant to their business activities. Not all psychologists are the same and there needs to be a base from which differentiation can occur. The market needs to be informed.

I also would take the view that an unbiased approach, irrespective of traditional practice, dictates that all health professionals should be required to specify their field of registration when using the title "Doctor" – this includes medical practitioners.

Section 6.4 continues with a question mark with regard to the use of post-nominals in advertising. I would see it as quite appropriate for me to advertise that apart from being an organisational psychologist, I am also a Fellow of the Institute of Management Consultants (FIMC).

2. Guidelines on mandatory notification

I have nothing more to add beyond what is offered within the College of Organisational Psychologists' submission.

3. Proposal for code of ethics

I believe that the APS code of ethics (2007) is a very good base which should be adopted.

4. Guidelines on continuing professional development

The issue of peer consultation and 'commercial in confidence' is a significant factor for individuals in consultancies – small or large. The notion of ten hour peer consultation (at perhaps \$300 per hour) is quite onerous and requires negotiations of much more appropriate rates. This automatically will lead to a reduction in availability for peer consultation unless one's peer is prepared to undertake this more as a 'favour'. I support the suggestion by the College of Organisational Psychologists that ten hours of active CPD be a requirement whereas the ten hours of peer consultation be a recommendation. This would be a much more cost effective approach and helps deal with the issue of 'commercial in confidence', particularly for consultants in small practices.

5. Guidelines on area of practice endorsements

i) Transition arrangements for psychologists currently registered

The grandparenting and transition arrangements are supported. The task of assessing each individual (who does not meet the future requirements, ie. Masters) for specialist endorsement will be an unduly onerous and costly process. The requirement for full college membership appears to be quite reasonable.

ii) Second area of endorsed practice

I also support comments within the submission from the College of Organisational Psychologists regarding the assessment of eligibility for a second area of endorsed practice. Too often one sees an individual moving from clinical to organisational (via the 'vehicle' of stress and stress management). However, they have significant gaps in their knowledge, skills and frameworks. While the purists may argue that the 'market' will sort out these individuals, this is not what happens in practice. Such individuals muddy the waters and have the potential to dilute standards and confuse (organisational) clients.

6. Guidelines on 4+2 internship

I have a real concern about using the term 'intern' and avoid it at all possible costs. It has real connotations of the medical model as well as a master/servant relationship.

I also have a real problem with the statement:

"The Board has an obligation to the community that all psychologists who hold registration are safe and competent to practice psychology, including delivering psychotherapy for mental health problems using focused psychological strategies."

I have noted in previous submission (PBA, Senate Inquiry and elsewhere) that such a narrow view of psychology is very inappropriate and inaccurate. Daniel Kahnemann (regarded by some as the greatest living psychologist) won a Nobel Prize for economics in 2002. This had nothing to do with psychotherapy but it had a lot to do with human behaviour and decision making.

Part of the skill (and ethics) of being an effective psychologist is knowing when and how to 'refer on'. The skills gained, for the sake of accreditation, but subsequently unused, will soon fade and the individual can mistakenly believe that they are effective in these areas. As noted in the College of Organisational Psychologists' submission, "It will be more realistic to expect that, on entry into the profession, 4+2 trained psychologists are able to recognise features of serious mental disorders and make an appropriate referral to a more experienced or qualified practitioner".

Also, a number of other aspects of which I find very disappointing include the notion of the definition of 'intervention' – it should move beyond that of just a clinical arrangement. There have been occasions when I have taken a supervisee to meet a manager within a client organisation. The supervisee had the opportunity to gain an understanding of organisational dynamics, the issues faced by various individuals and to see how psychological interventions can assist the organisation. I would regard this form of 'client contact' as being a very important part of the development of a professional (organisational) psychologist – and yet I doubt very much whether the PBA guidelines have this form of contact in mind.

The issue of suitable work placement is highly contentious. I doubt very much whether a clinical placement provider will want to spend much time with a student/budding psychologist who is obviously intent on pursuing organisational or other non-health psychology. Similarly, I would have little time for an individual who had not gained two years of organisational placement work – particularly if their last year of placement activity was within a hospital/clinical setting. It is unlikely that they would be interviewed for a possible position within my small consultancy.

6.3 The Core Capabilities: Psychological Assessment and Measurement

This is major area of concern within the PBA guidelines.

To be frank, I am frustrated and embarrassed at some aspects that have appeared in this documentation. Certainly, I would be embarrassed to send this section of the Guidelines to my colleagues overseas on the grounds of its very narrow nature and the fact that it is very out of date. Examples of the tests given are obviously drawn from some of the state registration boards. They are very limited in scope and several of the tests are superseded.

However, the overriding issue I have is in relation to the strong clinical focus. In addition, the strong emphasis on paper and pencil, one-to-one and classical test theory (only) is quite evident in the thrust and the detail.

For example, five administrations and interpretations of the WAIS (or similar) is a 'waste' of time and resources. I know of no mainstream organisational psychologist who owns a WAIS, and only have access to one if they borrow one from a university test library. The cost is prohibitive and client organisations (and candidates being tested) are looking for a different outcome and process. Any skills gained would soon be lost as the organisational psychologist will never use the test again. While the use of the WAIS, as a vehicle for demonstrating important principles in psychometric and psychological assessment, would appear to be essential in the four years of undergraduate study, I believe that it is important that only certain specialist areas be required to take the WAIS (or similar) to a higher level.

As for memory testing – the same applies, but even more so.

The College of Organisational Psychologists has mentioned the lack of appreciation of contemporary developments such as Item Response Theory (IRT), Generalised Ability Theory and Confirmatory Factor Analysis (CFA).

I feel strongly about these issues, particularly in relation to psychological testing and assessment. I commenced using tests (as a psychologist) in a large mining organisation in 1975 and since this time I have assessed well over 50,000 people, from apprentices to senior executives and Directors-General. I have also lectured, including in recent years, in psychological assessment to postgraduate students in organisational psychology. I believe that I have a better feel than most for what is happening in psychological testing and assessment in organisational life, and the skills required of psychologists for the future. These 4+2 guidelines certainly do not address the issues of competence within a field which is, in organisational testing terms, a billion dollar industry globally and where modern psychometrics, and computer-based and internet delivered systems are central. Psychologists of the future (particularly organisational, educational and I am sure, others) need to be acutely aware of the issues and dynamics to be able to sort the spin from the reality. These guidelines do not assist this in any way. Time and resources spent upon the development of inappropriate or irrelevant skills in psychological assessment will be best spent in developing skills that will equip them to meet the future challenges in testing and assessment within organisational contexts.

The testing and assessment guidelines need to be revamped quite significantly. If necessary, greater flexibility is required and/or the development of guidelines to incorporate a specialist endorsement (for example, for organisational psychologists, guidelines with respect to specific areas such as Item Response Theory; computer-based and internet testing; data forensics associated with internet testing).

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