

SOUTHSIDE CLINICAL PSYCHOLOGY

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Associate Professor Brin Grenyer
Chair
Psychology Board of Australia

Dear Professor Grenyer

Southside Clinical Psychology appreciates the opportunity to make a submission to the Psychology Board of Australia (PBA) on the codes and guidelines for the profession. We are a team of 16 clinical psychologists, all holding masters or doctoral degrees in clinical psychology, and two psychologists, in the final stages of completing doctoral training in clinical psychology. We have a broad range of clinical interests, providing assessment and therapy services for adults, children, couples and families using evidence-based therapies. Our program is supported by regular supervision and professional development activities.

We welcome the increased standards and requirements for practising psychologists in Australia that are being established by the PBA. However we believe that some of the proposals in relation to area of practice endorsements require clarity, and others require significant changes to ensure that the endorsement process does not dilute these specialities, and risk eroding professional standards within these specialist professions. We are particularly concerned that the profession of Clinical Psychology has been adversely impacted on by changes to criteria for admission to the APS Clinical College since 2006. It is our sincere hope that the PBA will take every necessary action to ensure that endorsement in the area of clinical psychology is provided only to those with accredited postgraduate training in clinical psychology.

The feedback below has been prepared following review of the submission provided by the Australian Clinical Psychology Listserve, and some sections have been taken directly from this submission, with the permission of the author.

It is our hope that the PBA guidelines will ensure that, in future years, those receiving endorsement as providers of specialist services meet the required standard of qualification to deliver these services. In this regard, we would like to make the following points:

- We agree that the standard for those receiving endorsement as providers of specialist services must be based on accredited post-graduate qualifications in the area of speciality to ensure an adequate standard of practice.
- We welcome the Board's proposal "to not recognise individualised non-accredited bridging courses".

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- We do not believe that “an APAC-accredited masters or doctoral program in any one endorsed area, when combined with either subjects from another APAC-accredited masters or doctorate and/or supervised professional practice and/or professional development in another area” (p. 2 Guidelines on area of practice endorsements), constitutes an equivalent training to a post-graduate degree in that second area of practice. Only those specialising in clinical psychology train specifically to work in the mental health field. In our opinion an individual with post-graduate training in an endorsed area of practice wishing to be recognised in a second endorsed area of practice must apply for accredited post-graduate training in the second area of endorsement and obtain such credit as the accrediting body deems equivalent. Only an accredited post-graduate training provider can determine the equivalence of training standards for any area of endorsement.
- It is of significant concern that over 20% of the membership Clinical College of the APS now consists of psychologists without the previously required post-graduate qualifications in clinical psychology (Littlefield, APS meeting, Sydney, 6.30pm. 28th January, 2010). We accept that those psychologists who have been admitted to the Clinical College of the APS, and/or have been assessed as eligible to provide clinical psychology services under Medicare, prior to the date of operation of the PBA, will receive endorsement as Clinical Psychologists under “grandparenting” provisions. However, in allowing a transition period of a further 3 years of grandparenting of those with unaccredited training through individual bridging plans in a speciality such as clinical psychology, which deals with mental health issues, the current practices will continue to undermine standards and reduce the qualifications of the workforce, thereby placing the public at increased risk. It will take many years for the profession to recover standards that will be lost in these 3 years. The risk to the public of poorly or partly trained and unexamined practitioners undertaking work in mental health, we believe, outweighs all other considerations. We recommend this practice cease immediately, as the public interest does not support endorsement of a practitioner in any specialist area without the accredited post-graduate training required by that speciality.
- Should a transitional period be deemed necessary by the PBA, it is of paramount importance that a register of those who have entered an individual bridging program prior to 1st July, 2010, be kept in order to limit this pathway to those already embarked upon it. Any such transition period needs to be limited to the minimum time possible.

We also wish to bring to your attention the following issues in relation to other sections of the Consultation paper:

- **Potential disadvantage to doctoral students:** It is of concern that the registration process has the potential to disadvantage those undertaking doctoral qualifications if registration as a psychologist is not permitted at two years of Equivalent Full Time (EFT) post-graduate training. Currently, those undertaking a 4 + 2 internship program for registration can be registered at the completion of 2 years of EFT supervised practice. Masters graduates may be registered on completion of two years of EFT training. It is important that doctoral students are permitted to be registered after an equivalent period of time in training in order that they are able to work as a psychologist while completing the final year of their doctoral qualifications, which may largely consist of a research project. Southside Clinical Psychology is committed to supporting these newer members of the profession in a nurturing environment where weekly supervision and regular professional development is provided for, but full registration as a psychologist is required in order to practice within our clinic.
- **Inadequacy of the 4+2 internship program:** While we support the intention of the PBA to raise the standards for basic training of generalist psychologists, we share the serious concerns regarding this registration route that have been raised in the Australian Clinical Psychology Listserve submission.

- **Guidelines on advertising:** It is of note that membership of professional bodies is not endorsed in these proposals. In the case of the Australian Clinical Psychology Association, which is about to be launched, membership ensures accredited post-graduate qualifications in clinical psychology and, in doing so, simply and readily informs the public that members of the Association have the highest level of training in clinical psychology available in Australia. This is to differentiate accredited clinical psychologists from those who have entered the speciality through individual bridging plans and without accredited post-graduate training in clinical psychology. This can only be of benefit to referrers and the public.
- **Supervision:** We support the recommendations for ongoing supervision. However, we believe that newer members of the profession require supervision by more senior members and that as seniority increases peer supervision becomes suitable. It is suggested that individual supervision with a more senior member of the profession be required in the first five years of practice. Peer consultation may also play a role in professional development during the first five years of practice, but this should be in addition to the minimum 10 hours per year supervision with a senior member of the profession.
- **Continuing professional development:** We are concerned about the requirement that the Board be presented with a program of CPD for annual renewal of registration that is based on a needs assessment and learning plan prior to the commencement of the CPD period. Some CPD planning is of value, particularly for newer members of the profession. However, psychologists typically take advantage of opportunities for CPD activities that meet their learning needs as they arise and cannot always predict what will be on offer, or how their needs may grow and change over the course of a year. It would be of greater value for psychologists to present to the Board a completed program of CPD with an evaluation of its benefit, rather than a prospective program.

Our team at Southside Clinical Psychology would like to express our gratitude to the Psychology Board of Australia for its commitment to raising standards of the profession for the protection of the public. We thank you for considering our input as part of this process.

Yours Sincerely,

Leanne Clarke B Sc Psych (Hons), M Clin Psych
Clinic Director