

A Comment on Consultation Paper 9 of the Psychology Board of Australia

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Summary

The Consultation Paper requires a clearer statement of the purpose for which the examination is intended and a justification of the fitness for purpose of the examination proposed.

The Consultation Paper urgently needs a cogent set of arguments for the necessity, desirability, and possibility of the examination proposed.

The bias in the Consultation Paper to clinical psychology needs to be removed so that any examination reflects, on the basis of the evidence available, what psychologists -- not just clinical psychologists -- do in practice.

Comment

The Psychology Board of Australia proposes in its Consultation Paper 9 to establish a multiple choice examination as part of the process of determining eligibility for general registration as a psychologist. The present comment is directed to a number of issues the paper raises.

First, the purpose of the examination is variously described in the Paper as:

- *a mechanism for measurement of a minimum level of applied professional knowledge of psychology* (p.13)
- *designed to test the following capabilities (eight subsequently listed) at an entry level appropriate for a psychologist applying to move from provisional to general registration i.e. at initial general registration standard* (p.4)
- *(a) test (to) examine skills in assessment approaches, intervention selection and implementation, communication and reporting skills, and applied ethical and professional reasoning* (p. 13)

In a separate paper, cited in the Consultation Paper and authored by the Chair of the Board, the examination is described in this way: *The exam will provide assurance that internship training has produced a practitioner with a level of knowledge and competence that is acceptable for the profession and will ensure the protection of the public* (Grenyer, 2009, p.13). Thus, it is variously described as a test of knowledge, capabilities, skills, and competence.

There are important differences among these constructs and the ways they can be assessed. Whereas one might assess knowledge and, in some areas, capabilities by a multiple choice test, one would hesitate to assess skills and, much more so, competence in that way. Sturmberg, Atkinson, and Farmer (2005), for example, in defending the use of the Royal Australian College of Practitioners examination for entry to general practice argued that testing applied knowledge is testing the bottom of a pyramid of competence (‘knowing’), with ‘knowing how’, ‘showing how’, and ‘doing’ the higher levels that need to be tested by other methods such as the *viva* and expert observation.

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A second set of issues concern whether an examination is necessary, desirable, or even possible.

The question of necessity is raised by statements in the Consultation Paper itself. As the Board states in the Paper:

The national examination is only one source of information relevant to the Board in determining suitability for general registration. Trainees also need to demonstrate competence within their period of supervised practice in the 5th and 6th years. Mechanisms for assessing that competence include direct demonstration to supervisors of practical work and other demonstrations of competence. The Board currently relies upon its approved supervisors to undertake competency assessments of applied skill (p. 13).

It is important to note in this regard that the Board is not questioning the judgements of the supervisors. If it were it would, presumably, be redoubling its efforts with respect to supervisor training or altering its other relevant guidelines. What the Board is doing is requiring that, having demonstrated their competence to the Board, trainees demonstrate by Board examination the knowledge that is the basis of that competence. This is tantamount to tipping the competence pyramid of Sturmberg et al. (2005), referred to earlier, on its head. In other words, once you (the trainee) have demonstrated to our (the Board) satisfaction that you can do what you are required to do, then we will ask you if you know what you need to know in order to do what you have done.

As for desirability, a generic examination that determines whether the candidate can practice as a registered psychologist will no doubt create considerable anxiety that will mobilise activities to maximise success, such as devoting considerable time to preparation. This must have an impact on the time that would otherwise be spent in developing practice competencies relevant to the particular areas in which trainees are preparing and intending to work. The problem is particularly acute for those training and preparing outside the clinical area of the profession. What value is there in having a trainee, seeking to work in the organisational area for example, swotting up legislation on unsafe sexual practice, victims of criminal and civil wrongs, the Mental Status exam, the Rorschach, clinical case formulation, or interpersonal therapy for depression, to use examples from the proposed examination? This can only work against diversity of practice in psychology and must limit the level of competence in areas that lie outside the proposed generic examination.

Whether a generic examination is possible warrants careful reflection. In defending criticism of the Examination for Professional Practice in Psychology (EPPP) used in the United States and Canada in licensing psychologists, DeMers (2009) argued that the EPPP was limited to knowledge of psychology and saw the development of a multiple choice examination for assessing competence to practice as 'difficult'. (This echoes the points made above about the assessment of competence.) DeMers went on to note that testing at the point of entry provides no guarantee of continuing professional competence. This judgement was reached after licensing boards in North America have had 50 years of experience in developing the EPPP, which underscores the complexity of the task the Board is setting itself in this country.

The Consultation paper seeks to allay concerns on this score by stating that: *Multiple-choice examinations are widely used in medical and other health professions to support applications for general entry to a profession from both local and international applicant* (p. 13). According to Grenyer (2009) reporting on the results of a survey conducted by the NSW Psychologists Board only 2 of 11 health professions use an examination as an entry level hurdle. In the case of one of these, medical practice, the situation is more uneven than the claim in the Consultation paper implies. There is no examination following successful completion of internship, a career as a medical officer does not require completion of examinations beyond those undertaken at university, and examinations are not uniformly required across the various specialist Colleges of practitioners.

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A third set of issues raised by the specific proposal of the Board for an examination for entry to the profession concerns the bias it betrays towards clinical psychology and the Board's continuing failure to recognise the breadth and diversity of practice in professional psychology. Such breadth and diversity is recognised in the model act for licensing psychologists for practice developed by the American Psychological Association (2011) and until such breadth and diversity is included in Australian legislation, the profession will continue to suffer under the clinical bias of the Board.

The proposed examination is to cover four domains and within each of these there are a number of areas to be covered. The breakdown is as follows:

Domain 1: six areas. All relevant across the profession.

Domain 2: nine areas. Five explicitly clinical or have a clear clinical focus (viz., 5 to 9).

Domain 3: nine areas. Seven explicitly clinical or have a clear clinical focus (viz., 2 to 8)

Domain 4: eight areas. Three explicitly clinical or have a clear clinical focus (viz., 4 to 6)

That is, of the 32 areas to be covered in the examination 15 or just on half relate to practice in clinical psychology (and this it can be argued is a conservative estimate).

This bias is recognised by the Board but the Board seeks to rationalise the bias rather than address it. Among the Frequently Asked Questions the Board seeks to answer at the end of its Consultation Paper is the following: *Why does the curriculum seem to be so weighted towards counselling and mental health?* (p.14). The answer provided is that a survey of the Australian psychology workforce (Mathews, Stokes, Crea, & Grenyer, 2010) *demonstrated that overall psychologists as a group spend 43% of their main job in counselling and mental health interventions, and if they have a second job (usually a private practice), 50% of the role was undertaking that work.* When one turns to the original article, one finds that the percentages quoted are correct but that a good deal of interpretation is required in using the data to justify the bias in the proposed examination. As Mathews et al. (2010) pointed out in their discussion: *A limitation of the survey is that definitions for some of the interventions may have been required. For example, there was an assumption that "counselling" would be understood as supportive therapy provided for a range of presentations and that "mental health interventions" are specific interventions for mental health diagnoses. However, it is now accepted that this may not have been clear to respondents* (p. 165, emphasis added). That

is, it is only by taking counselling to mean therapy and mental health interventions to mean mental health diagnoses that the Board can justify the bias in the proposed examination to the practice of clinical psychology, and these definitions Mathews et al. admit are arguable.

Counselling is of course a competency employed in most if not all areas of psychological practice and does not necessarily imply therapy. For example, the American Psychological Association guidelines for education and training in organisational consulting psychology state: *Consulting psychologists learn to provide counselling interventions for individuals. The goal of such activities is to help individuals overcome internal psychological or behavioural barriers to the performance of their roles in the workplace* (p. 986). The guidelines go on to point out that referral would be expected where *long-term mental health treatment* was required. An organisational psychologist could therefore endorse counselling as a role that occupies their time without implying that they are involved in therapy. A similar point could be made with respect to a number of other endorsed areas of practice in psychology.

What the survey reported on by Mathews et al. clearly shows is that 'mental health interventions' occupy only 20% of the time of psychologists whether in their main job or in their combined jobs. This does not support the bias to competence in clinical psychology recognised by the Board itself in its proposed examination.

The bias in the Consultation Paper to clinical psychology needs to be removed so that any examination reflects, on the basis of the evidence available, what psychologists -- not just clinical psychologists -- do in practice.

References

- American Psychological Association. (2007). Guidelines for education and training at the doctoral and postdoctoral levels in consulting psychology/organizational consulting psychology. *American Psychologist, 62*(9), 980-992.
- American Psychological Association. (2011). Model act for State licensure of psychologists. *American Psychologist, 66*(3), 214-226.
- DeMers, S. T. (2009). Understanding the purpose, strengths, and limitations of the EPPP: A response to Sharpless and Barber. *Professional Psychology: Research and Practice, 40*(4), 348-353.
- Grenyer, B.F.S. (2009). Development of a national psychology examination. *InPsych: Bulletin of the Australian Psychological Society, 32* (3), 13
- Mathews, R., Stokes, D., Crea, K., Grenyer, B. F. S. (2010). The Australian psychology workforce 1: A national profile of psychologists in practice. *Australian Psychologist, 45*(3), 154-167.
- Sturmberg, J. P., Atkins, K., & Farmer, E. A. (2005). Attainment and maintenance of professional capabilities. *Australian Family Physician, 34*(5), 371-373.