Dear Dr Grenyer,

Re: Consultation Paper on Registration standards and related matters

The Board is to be congratulated on the visionary and detailed proposal to maintain and develop registration standards for the Profession into the medium term future. The coherent model across the country will add clarity both for the Public and the Profession. As a practicing Psychologist, both at a University and in Private Practice, who is a member of the Clinical College of the APS, and a contributing member to various APS committees, I can see immediately that the proposed registration standards and endorsements will have an impact on most areas of the Profession of Psychology. The following response to each section of the document raises issues but also questions which I hope will be addressed at the forum of 19 November 2009.

Section 2: English language skills standards: The increase to a minimum standard of 7 in the IELTS is an improvement which stands to benefit the Profession.

Continuing Professional Development standard: Mandated CPD again will benefit the Profession. There is an implication in the document that it will be possible for a Psychologist to be a registered Specialist without having Generalist registration. Without further guidelines on what will define a CPD activity as generalist or specialist, it is difficult to ascertain how the division will work in practice, nonetheless it would seem that as a Psychologist who meets the proposed cut over to Specialist Registration, I would complete individual supervision, specialist PD (however that is defined and provided) and Supervision PD and I would have no requirement or time to maintain more generic skills. The classification of PD as Generalist or Specialist will probably prove difficult in practice, as evidenced by APS difficulty in distinguishing the two areas. Further, the types of activity that will qualify, who will provide them and how they will be funded, are issues that need more clarification to be certain that the standard is achievable. A significant workforce dedicated to PD provision would need to be developed to service a Profession of 25,000 people per annum. Finally, the inclusion of Individual Supervision would seem to give greater quality assurance of individual Clinician practice; however, how it will apply to those in non-client based roles, eg academics will need further clarification. To be cost effective the note in the Background paper concerning the use of Group supervision (peer) to meet this requirement would need to be guaranteed (page 32).

Section 3: Proposed Qualification Requirements for General Registration: From the Proposal in Section 3 it would seem that the Board intends to phase out the 4+2 pathway “depending on workforce needs and provision of University places”, however the document then discusses equivalence of both 4+2 and 5+1 pathways. Does the Board intend those pathways to be equivalent for the next six years only? What
Masters degree should replace the 4+2 and 5+1 pathways to general registration? How will the additional University courses (for the approx. 2250 Interns) be funded and implemented?

Section 4: Proposal for Specialist Registration: Again, the Board is to be commended for bringing clarity to the issue of specialization. It proposes a model that allows current practitioners like myself to “grandfather” my way across, the Interns I supervise to be assured that they will meet criteria with additional supervision and CPD once they graduate, and sets a new framework for University training programs for the future, with enough time to cut over for these to be implemented. The question again becomes one of resourcing the shift in standards – depending on funding options, a Doctorate degree can be very expensive and time consuming for both Intern and University staff. Without an increase in funding, Specialist Post-graduate programs are likely to decrease their intake thus decreasing the specialist work force. Will the Government be asked to provide extra University funding under this model?

Section 5: Proposals for Endorsements: The alignment of University and Registration pathway requirements such that all Supervisors of Interns are required to be trained in Supervision will bring clarity to the Profession around this issue. The decision not to include those providing Supervision within the proposed CPD model however would seem counter intuitive, given the rationale for the inclusion of Individual Supervision as Quality Assurance. The absence of good Supervision skills, particularly those involving the Supervisory Relationship, is not likely to provide an opportunity for Supervisees to disclose areas of concern in their practice to their Supervisor. Rather, Psychologists will disclose cases with which they are comfortable. The Board could also clarify the extent to which Supervisors will be held liable for their supervisees – should they ensure this is covered in their Insurance Policy specified in Section 2? Finally, the CPD requirements for Supervision eg refresher training will all of this be provided by the Board? Will other providers be invited to contribute eg Universities?

Regards,

Ros KNIGHT

CLINICAL PSYCHOLOGIST