

COMMENTS ON CONSULTATION PAPER 9 PSYCHOLOGY BOARD OF AUSTRALIA

- psychological assessment
- career development
- outplacement
- recruitment

18 May 2011

Firstly, my apologies for the delay in forwarding this submission. However, I did contact Ms Kate Hateley, Executive Assistant, Psychology National Board Services on Friday to request an extension. I realise, however, that this submission has missed full consideration at the meeting (of the Panel) scheduled for the weekend of 14-15 May 2011. However, I do feel strongly about this issue – as do many of my colleagues (practitioners and academic) with whom I converse.

I commend the submission by the APS College of Organisational Psychologists together with two personal submissions of which I am aware. I believe that these submissions address the key issues.

Nevertheless, I propose the following questions and comments:

1. Is there a need for an examination; and is there a difference between “knowledge” versus “competence”?
2. Is a multi-choice examination the best means of assessing the criterion (see 7. as well)? Other submissions have noted the “examination effect” and it is my understanding, in reading *The Australian* this week, that at least one university is considering ending examinations. One reason for maintaining the existence of the examination system is to reduce the impact of plagiarism and what I would call the ‘Google effect’. This argument, in support of examinations, has little relevance to the assessment of psychologists for registration purposes.
3. If an examination is introduced, with it very strong clinical bias, it will advantage those examinees who operate in the health/clinical sector of the profession. In order to be ‘fair’, a low threshold will need to be set.
4. To what extent will options be available in the examination? Psychology is a diverse discipline – and this has been stated publicly by the Chair. There are likely to be many budding psychologists, with a strong bent towards the behavioural and social sciences, who would see little merit in undertaking an exam (and the study to meet the exam requirements) which focuses primarily on mental health, clinical interventions and the one-to-one model. It is recognised that the remit of the Psychology Board of Australia (and the underpinning legislation) is all about “protecting the public”, but nothing about enhancing the profession, science and discipline of psychology. Nevertheless, the detrimental effects of a generic examination will be very evident in a few years. High quality potential psychologists, who have a lot to contribute to fields such as organisational psychology, educational psychology, environmental psychology – all the beyond health psychology disciplines – will seek alternate routes, outside of “psychology as defined by the Board”, to pursue their passions and career objectives.
5. What of the situation of overseas qualified psychologists? Surely a non-examination model would be appropriate here. If we take the UK for example, organisational psychologists who gain qualifications in Australia would be assessed by two HPC occupational psychologists if endeavouring to practice in the UK. There is no examination. (Of course, educators and researchers are exempt from being required to register in the UK.) It seems that the Board likes to ‘cherry pick’ models and practices from overseas that suit its particular agenda.

6. This tendency to find evidence to support one's position, I am sure is not confined to the Psychology Board of Australia. However, it is disconcerting to note how the term 'counselling' may be interpreted in a very narrow sense, as I believe has been discussed in one of the other submissions to CP9. I am aware of many managers (non-psychologists), for example, who say they engage in a good deal of 'counselling' in their work, and yet certainly do not practise as health professionals and have no desire to be perceived in that light. (On a somewhat related matter, I believe that the Psychology Board of Australia should be very circumspect regarding the so-called workforce planning data emerging from the completion of form WKS-10 as a result of the re-registration processes around the country. The terminology in the survey means the data lack reliability.)
7. If we are true to our own science base, then I believe we need to ask the question – Do we have a very narrow criterion (such as knowledge of a specific test instrument) or are we dealing with a broad criterion (or criteria)? Those who know something of psychometric theory will be aware of the fidelity-bandwidth issue or dilemma.

I believe we should practice what we preach: research indicates that the predictor and the criterion should have the same bandwidth or fidelity. I believe we are dealing with very broad criteria (or criterion), therefore suggesting we need broad predictors in order to enhance the validity of the relationship. Accordingly, we need broad predictors (or multiple/different predictors) to address the broad issue of "knowledge". A generic multiple choice examination is inappropriate. It may be an option as part of a systematic approach, but to enforce this across the board does not make sense. It does not necessarily produce a quality outcome and will have quite significant adverse outcomes for a significant band of psychologists (or potential psychologists) who do not identify with the health sector. The 'criterion' has not been sufficiently thought through. No wonder the 'predictor' is inappropriate (see texts such as Guion, 2011 for further information regarding the 'criterion problem', and limitations of simple bi-variate models).

8. Why such a narrow range of texts and resources? It is obviously very clinically focused and there are many other appropriate texts and publications available. While the Board may have just tried to be 'illustrative' – it has not been helpful. A one minute search of a personal library can produce much more relevant texts for those within the non-health sector, and you are referred to the COP submission. (It should be noted that this COP list was based on a very quick search – but it serves to reinforce the point.)

In conclusion, the exact form of a potential examination is unknown but at this stage it appears to lack flexibility, has not been demonstrated to be an appropriate means to assess knowledge (or competence) and does not necessarily raise standards. An examination will have an impact on the 'beyond health' elements of psychology – in terms of students considering commencing psychology studies, students continuing university studies, and academics who may well be forced to spend more time focusing upon many of these irrelevant exam elements. There is an opportunity cost – the lost opportunity to focus on more relevant material in the university courses. Moreover, such an examination will increase the move of high quality teachers/academics psychologists to business schools and no doubt other university departments.

Errors in Logic?

There is one statement in the document which is also of concern, to myself and to a number of colleagues. This statement is:

"A psychologist who has obtained general registration is eligible to provide mental health services."

This may well be considered a false statement in terms of the following:

- Not all registered psychologists have the requisite skills to provide such services.
- Medicare requires more than general registration as a psychologist before placing a practitioner on its list of service providers.
- Only those registered psychologists who have the requisite training, practice skills and competencies can ethically hold themselves out to offer such services.

A person who has just finished a two-year internship in organisational psychology (or even a postgraduate course in organisational psychology), will not have the competence to provide mental health services. Moreover, they are very unlikely to want to undertake mental health work, and is ethically (and more often than not, legally) restrained from doing so at that time.

There are also some potential contradictions:

1. When an individual gains a specialist qualification, they may be exempt from an examination. However, how can a specialist qualification provide exemption from a generalist examination? They can only gain the exemption if it was a very tailored examination – tailored to their speciality or potential area of practice endorsement.
 2. Why should 4+2 pathway applicants be required to sit an examination in the areas in which they have already been judged competent at professional entry standards? A rigorous supervisory competency process (enhanced by the nationwide STAP) will provide this avenue.
- ➔ Thus there is an illogical contradiction that those who have already been assessed competent should sit the examination, while those who have followed a special course without such assessment gain exemption.

There is a real concern that newly registered psychologists, having completed the examination, will see themselves as having general competence outside of their area of competence, placing the community at risk.

Conclusion

The Psychology Board of Australia should think very carefully about the nature and the implementation of this proposed examination. Not only will it have an adverse impact upon the profession of psychology, but there could be unintended consequences in terms of individuals over-rating their sense of competence.

Furthermore, as an active practitioner, I do believe that the Psychology Board of Australia needs to consider carefully whether such proposals enhance the credibility of the Board amongst nearly 30,000 psychologists around Australia.

References

Guion, R. (2011). *Assessment, Measurement, and Prediction for Personnel Decisions*. (2nd edn). Routledge: New York and London.

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