12 December 2010

Professor Brin Grenyer
Chair
Psychology Board of Australia
GPO Box 9958
MELBOURNE VIC 3001

Dear Professor Grenyer

RE: Exposure Draft: Guidelines on area practice endorsements

With regard to the core competencies required for Clinical Neuropsychology and Clinical Psychology Endorsement (section c, 1-psychological assessment and measurement; parts v and vii) a differentiation has been made in the draft between clinical neuropsychologists' and clinical psychologists' competency to administer and interpret tests of memory, executive/adaptive, perception, spatial behaviour, language, motor/sensory, attention/concentration, praxis and educational attainment. Clinical psychologists may conduct "appraisals of cognitive functioning" which is vague and likely to cause misinterpretation.

This artificial differentiation will be of great concern to clinical psychologists working in psychiatric hospitals who routinely perform neuropsychological assessments of patients with cognitive impairments associated with such conditions as schizophrenia, bipolar disorder, drug and alcohol abuse/dependence, major depression and neurodevelopmental disorders in order to provide a cognitive profile relevant to the patient's potential for psychiatric rehabilitation in hospital, independent living post-discharge, return to work or study and financial management, to mention some common referral issues.

The core competency required of clinical psychologists to perform "appraisals of cognitive functioning" will also be of concern to clinical psychologists who have been in private practice over many years, some of whom have been conducting neuropsychological/clinical psychological assessments of accident and work injury claimants resulting in complex presentations, which often include in the one patient - chronic pain, psychiatric disorder, traumatic brain injury, personality changes, functional disabilities and adjustment problems.

I note that one of the core competencies allocated to clinical psychologists (section c, 1, iii) refers to the administration of tests of intelligence.

There have been conceptual developments in recently published intelligence tests such as the WAIS-IV which are administered and interpreted by both clinical neuropsychologists and clinical psychologists. The WAIS-IV measures not only general intelligence (Full Scale IQ), but also specific neuropsychological functions, such as working memory, processing speed, attention/concentration, visuospatial abilities, language and executive functions (e.g. inductive reasoning). It therefore makes no sense to have testing of executive/adaptive, spatial behaviour, language, attention/concentration etc as a core competency for clinical neuropsychologists and the more general "appraisal of cognitive functioning" as a core competency for clinical psychologists.

Similarly, both clinical neuropsychologists and clinical psychologists often administer tests of memory such as the recently published WMS-IV. Memory testing should also be regarded as a core competency of clinical psychologists.

The core competencies required of clinical psychologists need to reflect traditional and current clinical practice. An artificial separation may result in demarcation/professional disputes such as the one that occurred in 2000 in Sydney, which was soon followed by the publication of core competencies of clinical psychologists, which included neuropsychological assessment and interpretation.

I would suggest that the Competencies Required for Clinical Psychology Endorsement in relation to assessment (section c 1-iv) specifically include tests of intelligence, memory, executive, language, attention, adaptive and visuospatial functions and educational attainment to accurately reflect current clinical psychological practice.

Thank you for considering the concerns expressed above.

Yours sincerely

DINO CIPRIANI
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Clinical Psychologist