20 January 2012

Professor Brin Grenyer
Chair, Psychology Board of Australia
PO Box 16085
Collins Street West
Melbourne VIC  8007

Dear Professor Grenyer

Re:  Response to Consultation Paper 12: Exposure Draft: Guideline for Supervisors and Supervisor Training Providers

The Institute of Private Practising Psychologists (IPPP) wishes to have the following points (not presented in order of priority) considered in relation to the proposed Guideline for Supervisors and Supervisor Training Providers:

1. It is essential that there is an adequate representation of private practitioners in the provision of all forms of supervision:
   - Board-approved, or seeking to become Board-approved, to provide supervision to provisional psychologists undertaking a 4+2 internship program or 5+1 internship program
   - Provisional (or generally registered) psychologists undertaking a Board-approved APAC accredited higher degree programs, and/or
   - Psychologists undertaking a registrar program leading to endorsement in an approved area of practice. (p. 3, Consultation Paper 12).

Many private practitioners still give of their time freely to supervise others, however with the imposition of the requirement that “a Board-approved supervision training program must be successfully completed by registered psychologists to be eligible to provide supervision in the above pathways” (p. 3, Consultation Paper 12), this will inevitably change. Such change will bring significant problems. The psychology workforce needs psychologists in private practice, and therefore requires a strong representation of supervisors with this background. Further, with particular reference to the health workforce, a large body of private practitioners is necessary if there is to be any chance of coping with the number of individuals who need assistance for mental health problems. This again points to having a strong representation of supervisors with this background.

The IPPP states that working successfully in private practice is a skill in itself and best learnt under the supervision of a psychologist who has this experience. The following points elaborate this.

(a) Private practice is, in effect, a specialised area of the provision of psychology services, as it also involves the exercise of small business skills and acumen, but within defined ethical and professional parameters. This is another dimension where consistent professional standards are required to keep the Australian community safe from potential harm.
The current academic training of psychologists does not develop knowledge and skills in this aspect of working as a psychologist. During their tertiary studies in either Undergraduate, Masters or Doctoral programs, students are typically exposed to the ‘science’ of psychology, however the ‘art’ of service delivery is acquired through years of skill refinement under supervision, coaching and mentoring by experienced practitioners recognised as ‘experts in their field’. These practitioners can transfer a wealth of knowledge and a skill set to the increasing number of Undergraduate and Post-Graduate students that will eventually enter private practice. Having a solid representation of supervisors from a private practice background is therefore essential.

(b) Many psychologists in private practice provide services to clients where the psychological intervention is funded by third parties, for example WorkCover, Comcare, private insurers, Motor Accident Commission and Employee Assistance Programs. Psychologists delivering clinical, organisational and vocationally based interventions represent a broad professional group, and one which is significant in terms of the dollar value of service delivery undertaken, and their undoubted influence on many organisations, and social and government systems.

The IPPP in South Australia has members who work in a consultative capacity with organisations funding services by private practitioners. Discussion with these practitioners revealed that it is not uncommon for a third party payer (e.g., insurer) to initiate peer review of cases by psychologists whose practise demonstrated a lack of understanding or knowledge in how to proceed in delivering intervention services within a context of a third party service delivery model. Cases attracting the need for such a peer review occurred irrespective of the practitioner’s tertiary qualifications.

Poor practice in these fields was not determined by formal qualifications, rather by a lack of practical knowledge and understanding of the context in which they sought to apply their professional skills. This knowledge and understanding is not acquired through a tertiary institution, but rather in specific training programs delivered by competent and well respected practitioners within private practice who have acquired expertise and experience in these areas over many years and who have demonstrated their dedication to professional development prior to mandatory professional development requirements that have been introduced relatively recently. This provides further weight to the argument supporting a strong representation of supervisors with a private practice background.

(c) There is little doubt that, in some ways, private practitioners practise differently to those who work in a government setting. For example, private practitioners are less likely to work in a multidisciplinary team, so often have to develop networks amongst other health professionals so that they can seek advice easily when there is a need, they do not have screening of new referrals via intake teams, and they may see more clients in the course of a single work day than do many of our colleagues in the government sector. Further, private practitioners often see individuals for a smaller number of sessions than do those in the government sector, as our clients will usually not pay for many consultations. Having exposure to supervisors with a private practice background is essential to train provisional psychologists / psychologists in how to work in this manner.

(d) Further, consistent with the Psychology Board of Australia’s view that “competence in the major most prevalent work types undertaken by psychologists should be carefully and thoroughly examined” and the prevalence of work in private practice (p. 14, Consultation Paper 9), the IPPP urges the Board to take appropriate action to ensure that there is an adequate number of supervisors from private practice.
Recommendations

i. Psychologists in private practice need to be recompensed for the additional burden being placed upon them. It is therefore recommended that the feasibility of a voucher system be investigated that allows individuals requiring supervision to ‘purchase’ a certain number of hours supervision from Board approved supervisors who are full-time private practitioners. A voucher system contributes to ensuring that neither supervisee nor supervisor is disadvantaged. This system would need to be funded by the government, perhaps on a grant basis to the university sector, or through the State Offices of the Psychology Board of Australia. Given budget concerns, it is likely that such a scheme would need to be means tested.

ii. There should be an additional Board approved supervisor competency that reflects essential requirements for working in private practice, especially in relation to training programs for supervisors who will be working with provisional psychologists undertaking a 4+2 internship program or 5+1 internship program.

iii. The Board-approved supervisor training program should ensure involvement from individuals who are equipped to train in the essential requirements for working in private practice, especially in relation to training programs for supervisors who will be working with provisional psychologists undertaking a 4+2 internship program or 5+1 internship program.

2. The IPPP recommends that supervisor training and the act of supervision be eligible to be counted towards the supervisor’s own required professional development hours.

Recommendations

i. The hours involved to undertake training to become a Board approved supervisor should be eligible to be counted towards the supervisor’s on-going continuing professional development requirement.

ii. In the case of training to bestow approval to supervise psychologists undertaking a registrar program leading to endorsement in an approved area of practice, the training should count towards the professional development hours required to maintain that endorsement.

iii. At least a proportion of supervision provided to others should be eligible to be counted towards the active peer consultation hours required in relation to the supervisor’s continuing professional development.

iv. In the case of supervision of psychologists undertaking a registrar program leading to endorsement in an approved area of practice, at least a proportion of the supervision should count towards the active peer consultation specifically pertinent to the supervisor maintaining endorsement.
The IPPP trusts that the content of this submission will receive due consideration by the Psychology Board of Australia. We would also be pleased to have an audience with the Board to discuss the detail of this correspondence, should this be deemed useful.

Yours sincerely

Denise Keenan, PhD
President, IPPP

For and on behalf of the Executive Committee and membership

Please contact the President direct:
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