Chair, Supervisor Consultation
Psychology Board of Australia
Level 8, 111 Bourke Street
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Psychology Group
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Dear Chair,

We are a psychology clinical specialist team working within a large public health organisation that offers an extensive formal clinical placement program for Clinical Psychology, Counselling Psychology and Neuropsychology students undertaking accredited postgraduate psychology training.

We have examined the consultation paper with great interest and take the invited opportunity to submit the following response.

As a group, we applaud the notion of tightening supervisor qualifications to reflect a uniform and high standard of competency for supervisors of provisional psychologists and registrars. However, the current proposal raises significant concerns, as outlined below:

1. Psychologists working in the public health arena typically work within tight budgetary constraints, where the financial cost of undertaking an additional 14 hours of direct training is unlikely to be accommodated. Additionally, professional development leave is governed by the scant provisions of the relevant certified agreement, which are already fully utilised in pursuing existing requirements for maintaining general registration and endorsed areas of specialist practice. This is a serious disincentive for psychologists to engage in training that provides little in the way of core practice development (apart from “permission” to supervise). This is particularly true in a climate where the typical cost of maintaining AHPRA and professional registration is between $2000 and $3000 per year - comprising AHPRA registration, insurance, APS registration, APS College membership and payment for assorted professional development activities. There is no history of financial contribution from employers apart from occasional funding of a relevant, low-cost PD activity.

2. The core business of the organisation is to provide clinical treatment and clinical training. Clinical treatment funding is allocated against key performance indicators (measured as episodes of care). Although students on placement make a small contribution toward meeting KPI’s, this does not offset the resources required to accommodate students and the time spent in training and supervision. The onerous demands within the current proposal represent a serious risk to the viability of an ongoing student program. The organisation typically does not offer paid employment to provisional psychologists due to the drain on resources necessitated by existing requirements for supervision toward registration.

3. For psychologists who are already recognised as supervisors, the proposal creates an additional and unnecessary burden. While we acknowledge the need for ongoing professional development specifically related to the practice of supervision, there is no “grandfather”
provision for those who have already undertaken training and who have previously been acknowledged by their peers as competent supervisors.

We propose that a reasonable solution would be:

1. For new supervisors to undertake 7 hours of supervisor training with an accredited training provider with a cap on the cost of the course.

2. For existing AHPRA-recognised supervisors to be automatically accredited without the requirement of additional training (this will be achieved by the PD requirements set out in the next point).

3. For ongoing professional development requirements of four hours per year with a focus on supervision, achieved via seminar or specialist peer/individual supervision.

Yours Sincerely

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