Submission the Psychology Board of Australia
to the Area of Practice Endorsements Registration Standard

Thank you for this opportunity to provide input into the Area of Practice Endorsement Registration Standard. As noted in the consultation paper, this process has been underway for several years prior to this round of consultations. This is the first time I have taken the opportunity to feed into consultation in this regard.

I'm a Psychologist in private practice, with over 10 years of experience. I worked in rural Queensland as a Psychologist for 7 years, prior to relocating to Brisbane and taking over a small private practice 5 years ago. As such, I feel I have a broad understanding of the experience of working in private practice both in rural and urban settings and across a diverse target population.

In relation to the Area of Practice Endorsement Registration Standard, I believe this system of categorisation should be eliminated entirely. The standard itself may be a useful way to ensure some standard of education and experience within certain areas of practice, but it is open to misuse. In fact, this regulation has already been misused to imply that one type of education and experience is superior to another within the same contexts baselessly.

There are several reasons I believe this standard is unnecessary at best and harmful at worst which I detail below.

This standard violates the COAG principle of best practice in a number of areas. It a) fails to protect the public, b) provides an unnecessary regulatory burden, c) provides an unnecessary financial burden and d) increases the complexity of the field without benefit to clients.

Failing to protect the public:
Areas of endorsement do not protect the public. Any registered psychologist is educated, experienced and required to work within their expertise. Should a Psychologist wish to work in a highly specialised field, they are able to take on further training of their own accord. If they do so, they are able to practice in those fields. Should a Psychologist step outside their area of expertise, the Code of Conduct already provides for remedy with AHPRA. Given that the mechanism is already in place to protect the public, this regulation only adds layers of bureaucracy without adding any protection to the public.
**Unnecessary Regulatory Burden:**
This regulation adds an additional layer to the already complete regulation of the title of Psychologist without improving protections (as noted above.) In addition to the education and supervised practice that all Psychologists are required to perform, these areas of endorsement require Master’s or Doctorate levels of education followed by further supervised practice. This can double or triple the requirements should a Psychologist wish to practice in an area such as working with children clinically (needing standard registration, then Clinical and Developmental endorsements also.) Again, if a Psychologist wishes to work in this area, they can undertake training to ensure their competence without this requirement.

**Provides Unnecessary Financial Burden**
In order to register as a Psychologist currently, one has to complete a minimum of 6 years of education and supervised practice. These regulations add years to this requirement. This requirement increases the financial burden on new and existing Psychologists in both additional study costs and time out of the workforce. When considering the overall workforce capacity is a maximum of 47 years, and most parents have a few years out of the workforce to care for young children, the realistic time a Psychologist would be able to work is perhaps 40 years. Requiring an additional 4-6 years in study or supervised practice reduces their lifetime earnings by 10-15%, while adding twice or more input costs in education. Additionally, maintaining general and endorsed registration adds unnecessary costs to the already burdened Psychologist.

**Increases the Complexity of the Field Without Benefit to Clients**
The Areas of Practice Endorsement adds confusion to the field of Psychology without benefiting clients. When a client attends a therapy session with one presenting issue, but then another issue is revealed, this requirement would mean that unless the Psychologist has endorsement in the area required, the client will have to change therapists. This is confusing and not in the best interests of the client.

For example, if a client is referred by their GP for mild depression, but it is revealed that they have PTSD, unless the Psychologist has Clinical endorsement, they would not be able to continue to see that client. What is the effect for a client to finally reveal the trauma they have experienced, only to be told they can no longer see their therapist and that their presentation is too complex for their therapist to treat? This is even more pertinent when considering that prior to these regulations, the therapist would be considered competent to treat them. The regulations don’t add to the Psychologist’s competence because Psychologists already have demonstrated these competencies within their general registration.
Further, I believe that the AoPE will be added to over time, with more and more categories, causing further confusion and regulatory, financial and educational burden. I believe that Psychology is already a difficult field to enter. The AoPE is causing it to be financially and practically unviable, meaning that fewer and fewer people will enter the psychology pathway. This has been a problem in other countries (e.g., USA) with a shortage of Psychologists due to high burden of entry and regulation. Fewer and more burdened Psychologists does not protect the public, just the opposite, clients will have a harder time accessing and affording psychological care.

Finally, many people who currently hold Clinical endorsement have not achieved the levels of education and supervision required under these regulations. In fact, as many as 50% of currently endorsed Clinical Psychologists wouldn’t gain endorsement if applying under the current requirements. This lack of rigor demonstrates the fact that this is an unnecessary endorsement, because if only those who have completed the current requirements are suitable to practice as Clinical Psychologists, almost 50% of currently endorsed Clinical Psychologists would be incompetent to perform their duties and would be the subject of thousands of AHPRA complaints for incompetence. As this is not the case, this is perhaps one of the best real-life examples of why these regulations are unnecessary, costly, burdensome and don’t provide any additional protection to the public than we already had without these regulations.

Thank you for considering my feedback in this regard.

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