Dear Psychology Board members,

Thank you for the Consultation Paper on the *Exposure Draft: Guidelines on area of practice endorsements* (Revised September 2010, Issued November 2010). The Australian College of Specialist Psychologists (ACSP) agrees with the majority of the paper and realizes that the deadline for feedback has already closed. If it is possible, we would just like to make some comments which may be useful for your consideration.

The attachment outlining the definitions for the areas of practice for endorsements was very thorough and well written and was probably undertaken by examining the university post graduate programs to enable an accurate definition of the training and learning undertaken in each area to be made. The ACSP does not wish to add anything further to this, but only wishes to comment on the summary paragraphs at the beginning of each area of practice of endorsement. Firstly, it is clear that there is considerable overlap in the general areas of learning and practice because all specialist psychologists who are endorsed require similar general skills, enabling them to engage with patients/clients. This is no doubt similar for other professions, such as medicine, where general skills of engagement with a patient, or assessment skills and competencies, or report writing ability etc are needed by all their specialists.

The ACSP believes however that it could be helpful to the general public and referring agencies/individuals, if the summary paragraphs at the beginning of each endorsement area had more information which allowed the reader to better determine what the specific and different focuses of the endorsed areas of practice were. That is, to better define and differentiate between what, for example an organisational psychologist does as compared with an educational and developmental psychologist, as compared with a clinical psychologist etc. This would help a potential client or referrer to decide which sort of specialist they need for their area of concern.

It should be possible to more clearly define the focus of each of the specialist (endorsed) areas in psychology by tying the summary to the main training focus and skills developed in the post-graduate programs. The ACSP would encourage this additional information (which may only be 3-4 sentences) to be undertaken by the PBA.

A clearer differentiation between the main focuses of the endorsed areas of practice may also be needed in the future when we are looking at the possibility of specialist registration for Psychology in three years time.

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The only area of difficulty that may occur is to determine a clear difference between clinical and counselling psychology because of the large overlap in practice and training areas (at least in WA post graduate training programs). The ACSP has raised on a number of occasions the need for a conversation within the profession about the possibility of collapsing these two therapy arms of our profession - to only have one training program for psychotherapy and assessment – taking the best aspects of the clinical and counselling programs and bringing these together under “clinical psychology”. We have suggested the therapy and assessment branch of our profession be called clinical psychology, because the title is already well established in the community and at a government level (eg with Medicare), and because of the difficulty in differentiating in the public arena the title counselling psychologist from non accredited or non-registered “counsellors” or “psychotherapists”. We would welcome any feedback on this proposal and would be happy to provide any input if a consultation paper were to be developed on this issue.

Thank you again for all the hard work the PBA is doing on behalf of the Psychology profession.

Yours sincerely,

Jillian Horton
President of the Australian College of Specialist Psychologists