

Submission to the Psychology Board of Australia

**Response to consultation paper on
codes and guidelines**

April 2010

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Introduction

As the peak representative body for the profession of psychology, the Australian Psychological Society (APS) is pleased to respond to the Psychology Board of Australia's (PBA) consultation paper on codes and guidelines.

The APS congratulates the PBA on the consultation paper, which has been prepared with careful attention to the implications of proposals and sets the standards for the psychology profession at a very high level. The amount of explicit detail and guidance will provide an important basis for standardisation and accountability within the profession.

This submission provides comments and specific issues that have been identified by the APS on each of the proposed guidelines. Appended at the back of this submission are specific responses to the consultation paper from five of the specialist Colleges of the APS – the APS Colleges of Clinical Neuropsychologists, Clinical Psychologists, Counselling Psychologists, Health Psychologists, and Organisational Psychologists.

Guidelines on advertising

The APS acknowledges that the guidelines on advertising are part of a suite of standards that will apply to all health practitioners under the National Registration and Accreditation Scheme (NRAS), but wishes to highlight the following issues as they relate particularly to psychologists.

Use of testimonials in advertising (5.d)

The guidelines are mostly health focused and as a consequence may overlook some issues for psychologists working in non-health settings. For example, it is common practice among organisational psychologists when recruiting and consulting within the industry to use testimonials and references from companies that have used their services. The prohibition of endorsement may have potentially unjust consequences for those psychologists where this is industry practice. It is therefore important to find an appropriate mechanism for using endorsement to allow organisational psychologists to compete in their industrial setting.

Clarification when using the title 'doctor' (6.4)

The APS does not support the proposal for psychologists who are entitled to use the title 'doctor' to have to clarify that they are not a medical practitioner. Psychologists who hold a PhD or professional doctorate should not be required to qualify their deserved academic title when this is not required of medical practitioners for whom 'Dr' is a courtesy or occupational title. This requirement would only be acceptable if medical practitioners (and other health professions for which this is relevant) have to do likewise, e.g., Dr Meredith Jones (Medical practitioner), and only if they have a doctorate qualification as psychologists who use this title are required to have.

Guidelines on mandatory notification

The APS continues to hold considerable concerns with this area of the National Law, which is one of a suite of standards that is being applied to all health professions under the NRAS. Mandatory notification has implications for processes of collegiate support, professional supervision or mentoring in the workplace, natural justice and the creation of collegiate mistrust and uncertainty. The guidelines provided in the consultation paper, while helping to provide guidance and more detailed explanation, do not allay these fears substantially.

The ongoing concerns with mandatory notification centre on the following:

- The capacity of all professionals to judge and determine what 'reasonable belief' and 'risk of harm' means in practice
- The capacity of employers (many not health practitioners) to judge or determine appropriate practice or the impact of a disability on professional conduct
- The risk of inappropriate use of such reporting obligations by employers to manage staffing levels, employment arrangements, etc.

The APS would like to bring the following particular issues to the attention of the Board.

Treating practitioners of 'notifiable' practitioners (2.)

The mandatory notification obligation applies to treating practitioners of 'notifiable' practitioners, regardless of the duty of confidentiality in the professional relationship. This is likely to be a significant deterrent to help-seeking by troubled practitioners. The APS believes that notification in these circumstances should be at the discretion of the treating practitioner, particularly in situations where the 'notifiable' practitioner is likely to be substantially assisted to a return to health with a short-term intervention.

Sexual relationships with former clients (s.140(b))

The guidelines on notification of sexual relationships that are established after the cessation of the professional relationship are too vague and should provide timeframes and other guidance. For instance, the APS Code of Ethics stipulates that psychologists should not engage in sexual activity with former clients within two years of termination of the service, and even after that period of time has elapsed provides other safeguards to protect a vulnerable client who is at risk of exploitation.

Consequences of employers' failure to notify (6.)

There is a reference to the National Agency being obliged to give a written report to the responsible Minister where an employer fails to notify a practitioner's notifiable conduct. This appears to be relevant within the public sector, but it is unclear how this relates to practitioners who are employed within the private sector and the extent of ministerial responsibility.

Proposal for a code of ethics

The APS applauds the PBA's proposal to initially adopt the APS Code of Ethics to serve as the overarching code of ethics, conduct and practice of registered psychologists in Australia. The decision acknowledges the careful development and extensive experience that underlies the long history of the APS Code of Ethics. The decision will also ensure that there is one single code to guide psychologists' conduct and avoid any confusion or debate. The decision to engage the APS in revision and development of the Code of Ethics into the future will also ensure that a single code of ethics applies for APS membership and registration as an Australian psychologist, and will avoid confusion over dual standards.

The APS is currently reviewing its Professional Practice Management Standards (PPMS) and is taking into consideration the new PBA Standards document and integrating these into the PPMS. It may well be opportune to seek some collaborative work before these are republished to ensure that such standards are consistent with those of the PBA.

Guidelines on continuing professional development

The APS broadly supports the Board's guidelines on continuing professional development (CPD), but notes the following issues that require clarification or attention.

Participation in a 'Board-approved program'

The summary on page 1 of the guidelines states that: "A requirement for annual renewal of registration is participation in a Board-approved program of continuing professional development (CPD)". It is not evident anywhere else in the guidelines that the Board must approve a program of CPD or how this process would be undertaken. It is also unclear whether this is referring to specific CPD activities that may be endorsed in some way by the Board.

Content of CPD

The educational rationale for CPD that is provided should include the necessity to keep up to date with advances in research evidence and theoretical developments within various domains of psychology.

Learning plan

The guidelines are not clear on whether the development of the learning plan is required on an annual basis by each registered psychologist, i.e., is a new learning plan required each year?

Specialist CPD for endorsed practitioners

The guidelines do not provide an explicit number of hours of specialist CPD that must be undertaken by endorsed practitioners in their relevant area of endorsement, nor whether this forms a proportion of the 30 hours of annual CPD or is required on top of the 30 hours of CPD for all registered practitioners. The guidelines should also provide guidance on the additional CPD requirements when a practitioner is endorsed for more than one specialisation.

Peer consultation

The APS supports this requirement to ensure reflection on a psychologist's own practice and the range of activities that can be undertaken to achieve this. However, the guidelines explicitly state that the minimum of 10 hours of peer consultation should be focused on the psychologist's own practice, and this requirement does not acknowledge that learning and reflection also occurs when discussing the work of other psychologists. Further, peer consultation within a group format will necessarily include discussion of other psychologists' work for some of the time.

Guidelines on area of practice endorsements

The APS broadly supports the Board's guidelines on area of practice endorsements and looks forward to working with the Board on the requirements for the introduction of specialist registration for psychologists in the future. The following issues are highlighted as aspects of the guidelines that require attention or clarification.

Approved areas of practice

Since the consultation paper was issued, the Ministerial Council has announced that only seven of the nine specialist areas of psychology have been approved as areas of practice endorsement, with the exclusion of health psychology and community psychology. The APS acknowledges the PBA's support for all nine specialist areas of psychology to be included in the list of approved areas of practice in the lead-up to the Ministerial Council decision, and urges the Board to continue to strenuously push for the inclusion of these two areas of psychology specialisation. The APS has already engaged in extensive advocacy for this ruling to be overturned and will continue to do so.

Requirements for multiple areas of practice endorsements

The guidelines do not provide information on the requirements for a practitioner who seeks endorsement as a specialist in more than one area of practice. There are currently a significant number of practitioners who hold membership of more than one specialist College of the APS and who will seek endorsement in more than one area of practice.

Recognition of Individualised Bridging Plans (IBPs) (4.)

As there are currently no accredited bridging courses offered by Australian universities, the APS believes that IBPs should continue to be recognised until accredited bridging programs are developed and available from tertiary institutions. IBPs for bridging into the Clinical College are carefully devised by the APS Medicare Assessment Team following assessment of an individual psychologist's particular qualifications and experience, and are only applicable when a practitioner's training and experience is very close to meeting the requirements of membership of the College. The APS believes that there should be an available mechanism for an appropriate bridging program when a practitioner has completed the integrated education, training and supervision of an APAC-accredited professional postgraduate degree in one specialisation and wishes to diversify through further training to another area of specialisation.

Equivalence guidelines for post-doctoral bridging courses (2.2)

The APS believes that only one year of full-time practice with Board-approved supervision should be required following an accredited post-doctoral bridging course, rather than the two years stated in the equivalence guidelines. This would align with the requirements for qualification for endorsement following completion of the original/first doctorate, i.e., only one year of supervised practice is required.

CPD requirements to maintain endorsement (2.3)

As noted in previous comments under 'Guidelines for continuing professional development', an explicit number of hours of specialist CPD that must be undertaken by endorsed practitioners in their relevant area of endorsement is required (i.e., define what "the majority of their CPD within the endorsed area of practice" means). CPD requirements for maintenance of multiple areas of practice endorsement are also required.

Psychological practice following completion of relevant qualifications (3.2)

The guidelines stipulate that psychological practice must commence after the "awarding" of the relevant qualification. The APS believes that this should be altered to state the "completion of the requirements of the relevant qualification", as a practitioner should be eligible to commence post-education psychological practice for the purposes of endorsement following successful completion of the postgraduate course (i.e., before it is formally awarded).

It appears unfair that students undertaking an MPsych or DPsych program must complete all components of their course (including the research component) before commencing psychological practice for the purposes of endorsement, while students undertaking a combined MPsych/PhD program may commence after completion of all coursework and placement components of the MPsych program (i.e., excluding the research component). This seems inequitable in favour of the combined MPsych/PhD students.

Requirements for Board-approved supervisors for practice endorsement (4.)

The APS believes that Board-approved supervisors should be required to hold endorsement in the approved area of practice for three years (rather than two) before commencement of supervision.

Applicability of examination before final endorsement (5.)

The guidelines state the possibility of a requirement for a practitioner to pass an examination after completing the supervised practice plan, but do not stipulate to which practitioners this would be applicable. Further information should be made available on this issue in order to meet the requirements of a satisfactory consultation process in relation to these guidelines.

Guidelines on internship

These comments are provided in the context of the APS support for the future introduction of a single pathway to registration of completion of an accredited professional Masters degree.

The APS congratulates the Board on the proposed introduction of rigorous requirements for satisfactory completion of the 4+2 internship program, including the required broad scope of training to qualify as a general psychologist. The APS supports the proposed introduction of a series of assessment tasks to ensure attainment of the specified core capabilities of the general training, the requirements for principal and secondary supervisors, and the maximum timeframe for completion of the internship program. The APS also concurs with the stipulation that a provisional psychologist should not be permitted to directly receive a fee for service from a client or referring agency or operate under a private practice arrangement.

The following issues associated with the guidelines are brought to the attention of the Board.

Requirements for the 5+1 internship program

Although there are currently no accredited Graduate Diploma of Professional Psychology (fifth year) programs available due to the very recent inclusion of this course in the APAC Standards, guidelines should be developed for the one-year internship associated with this training pathway. As this pathway has now been approved by the Ministerial Council under the general registration standards, guidelines should be available as part of the present consultation process.

Requirement to pass an examination (3.2)

The guidelines state the possibility of a requirement for a provisional psychologist to pass an examination after completing the internship program, but do not provide information about the circumstances under which this would be required.

Training objectives and assessment tasks for core capability: Knowledge of the discipline (6.3)

The training objectives should encompass more aspects relevant to organisational psychology.

The brief theoretical analysis of various aspects of the six target problems presented to the supervisor should include a fourth step of case formulation before the development of an intervention plan to provide the rationale for the plan.

Training objectives for core capability: Psychological assessment and measurement

The training objectives for the core capability of psychological assessment and measurement should include tests applicable to organisational psychology.

Assessment tasks for core capability: Research and evaluation

In order to fulfil the assessment tasks for this core capability, presentation of the literature review written for the fourth year thesis should be prohibited.

Training objectives and assessment tasks for the core capability: Practice across the lifespan

The training objectives and assessment tasks should encompass demonstration of application across all four stages of the lifespan, not just two (training objectives) or one (assessment tasks).

Response to consultation paper from some of the APS Colleges

Submission from the APS College of Clinical Neuropsychologists



College of Clinical Neuropsychologists

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Comments on
Psychology Board of Australia (PBA)
“Consultation Paper on Codes and Guidelines”
April 2010

Contact:
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Preamble

While there are many issues presented in the Consultation Paper (CP) deserving of comment, only those most salient will be addressed in this reply. Comments have been made by various members of the APS College of Clinical Neuropsychologists in formulating this response.

Summary of recommendations

At the end of each statement about the PBA's Consultation Paper, we have offered comments for the PBA to consider.

Guidelines for mandatory notifications

The guidelines state that the threshold by which an individual must notify is "high" and talks about "risk" and "substantial risk".

Comment: further clarity is required as to what constitutes "risk" and "substantial risk" and how a psychologist should calculate whether a "high" threshold has been met or not. A suggestion was made that a table outlining some of the issues to be considered in identifying risk would be helpful.

Guidelines on continuing professional development

The guidelines state that a psychologist must complete a minimum of 10 hours of peer consultation per year.

Comment: there was general support for this proposal.

The guidelines recommend 10 hours per year be "active CPD"

Comment: whilst there is support to move towards more active learning for CPD there will need to be financial and administrative support to assist the profession in achieving this goal as currently there are limited "active CPD" opportunities available that are specific to clinical Neuropsychology.

Much detail is provided in the guidelines regarding CPD for "registered psychologists" but very little detail is contained regarding the CPD requirements for those psychologists wishing to gain and maintain endorsement.

Comment: a clearer breakdown of the specific CPD requirements necessary for endorsement is required, including guidelines for how it will be determined as to whether CPD activities are within a psychologist's area of professional practice or not.

The guidelines clearly indicate the possible consequences of failing to comply with the CPD standards. Whilst the proposal of mandatory CPD is supported there are many psychologists who currently have very limited access to CPD events either due to their geographical location, or to the difficulty of obtaining work time in which to undertake their CPD activities.

Comment: Increased support/funding is required for psychologists practicing in more isolated geographical locations or in locations with smaller member numbers of a particular college/area or practice endorsement to enable access to adequate PD opportunities.

Comment: Education of employers would assist psychologists in meeting these CPD requirements.

Guidelines on area of practice endorsements

The transition arrangements for psychologists currently registered state that “a generally-registered psychologist who holds a masters or doctorate accredited by the Australian Psychology Accreditation Council (APAC) in one of the approved areas of practice on the day preceding participation day and who submits an application by 30 June 2013 detailing a recent history of supervision, professional development and practice equivalent to the standard for area of practice endorsements will be eligible for endorsement in that area of practice”

Comment: more detail is requested regarding what the supervision would specifically need to involve and what the specific requirements would be to demonstrate adequate PD and practice equivalence.

The guidelines state “The Board may require the psychologist to pass an examination after completing the supervised practice plan, prior to having a final endorsement application accepted.”

Comment: further clarification is sought regarding under which circumstances the Board may require a psychologist to undertake an examination after completing the supervised practice plan.

Guidelines for 4+2 internship program: provisional psychologists and supervisors

General comment: it is felt that the 4+2 pathway would be better served by further tertiary study/training.

General comment: currently in some States of Australia students are able to gain full registration as a psychologist after completing their placements and coursework, as long as they have made sufficient progress on their thesis including presenting their research to other academics/psychologists. Further clarity is sought as to the PBA’s position regarding this issue.

Concluding comment

A number of specific proposals in the Consultation Paper are acceptable to the College of Clinical Neuropsychologists, but others require substantial modification. The College welcomes further discussions about them. We thank you for the opportunity to comment on the proposals and look forward to a strong, cooperative relationship with the PBA.

Submission from the APS College of Clinical Psychologists



COLLEGE OF CLINICAL PSYCHOLOGISTS

8 April 2010

Mr Brin Grenyer
Chair
Psychology Board of Australia

Dear Brin

Re: Response to PBA Consultation Paper

These are the responses that the National Committee of the College have related to the PBA Consultation Paper.

6.4 Advertising of qualifications and titles:

S.116 – Paper notes that there is no provision in the National Law that prohibits specifically a practitioner from using titles such as “doctor” or “professor”. While the College appreciates the concern raised, it is felt that a more appropriate solution would be to just list the degree – i.e. PhD or PsyD – is adequate as these are not the degrees generally used by medical practitioners or psychiatrists.

S.119 – The College is pleased to see that psychologists who do not hold endorsed registration cannot claim to hold such endorsement.

S.140(b) – The College feels it is important for the PBA to consider the impact on the client if a psychologist discloses that the client has been sexually abused by another psychologist, especially if the client is not ready to have this disclosed. There has to be some balance between the client’s rights and psychological needs and notifying regarding sexual misconduct. One option may be for the PBA to include a phrase that states that the psychologist who becomes aware that another psychologist has engaged in sexual misconduct will endeavour to assist the client in notifying the PBA regarding the misconduct and/or will advise the client of the legal need for the psychologist to notify the PBA

Practice Endorsement:

3. The College feels that the transition period of 3 years for a psychologist assessed before 1 July 2013 to provide clinical psychology Medicare services is too long a period of time. The College would have difficulty accepting a bridging course that lasted 3 years and would instead refer the applicant to undertake a 2-years Masters course. The College would recommend that this be changed to 1 July 2011.

4. It is unclear what the PBA would consider an accredited bridging course. The College would like to point out that the APS accredits courses in terms of their overall level of education, but that the Colleges approve the actual courses as to whether the course meets the standards of the training in the specialty.

2.2 Equivalence Guidelines:

It is not clear from the submission that the overseas training would need to meet the requirements for the area of endorsement being sought – i.e. – clinical psychology.

The College feels that there needs to be a definition for what constitutes a bridging course. It has been the College's experience through the Medicare assessment process that bridging plans need to be individualised due to the diverse prior training and experience such applicants have. If there is insufficient equivalence, the applicant should be referred to complete an accredited and approved Master's course rather than a bridging course.

3.3 Supervision

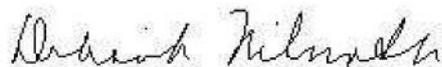
The College feels that individual (one-on-one) basis supervision should include non face-to-face contact via audio-conference and/or videoconference for supervisees in the country areas or as required.

Guidelines for 4+2 internship program:

The College has no comment to make on training for 4+2 graduates as it supports that this level of training should be phased out as such graduates are not suitably trained for the practice of psychology. However, the College does wish to raise the concern that the core capabilities outlined by the PBA are essentially the core learning for Masters specialty courses. By requiring such core capabilities for 4+2 graduates, the PBA contributes to the ongoing confusion for consumers regarding the capabilities of 4+2 graduates and contributes to the ongoing dissatisfaction of postgraduate trained psychologists on the low standards of regulation of the profession of psychology.

Thank you for the opportunity to make comment.

Yours truly



Dr Deborah Wilmoth, PsyD
Chair

Submission from the APS College of Counselling Psychologists

College of Counselling Psychologists

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Response to the Psychology Board of Australia. April 2010

The College of Counselling Psychology (COCP) thanks the PBA for clarification of a range of issues within the Psychology Board of Australia's Consultation Paper on Codes and Guidelines and would like to take the opportunity to respond to a few specific items.

1. *Transition arrangements for psychologists currently registered*

The COCP supports all of the transition arrangements for psychologists currently registered, as suggested by the PBA. In particular, transition arrangements for **endorsement** are strongly supported. These include endorsement for all current members of the APS Colleges, those with specialty title registration in WA, and those assessed as clinical psychology Medicare providers. Although this is likely to be a contentious issue, the processes that were put in place to partially address the arbitrary and discriminatory exclusion of the other healthcare specialties from the top-tier rebate need to be upheld; otherwise specialist psychologists who have invested a great deal of time in 'proving equivalence' or funds in pursuing supervision, coursework, or bridging programs would be unfairly disadvantaged. In addition, if these transition arrangements were not applied, there may be legal ramifications. In terms of the Counselling College, we fully support all members of our College receiving endorsement status, whether they have come through the standard pathway (the vast majority) or an alternative equivalence pathway.

2. *Endorsement and use of title*

The COCP fully supports the PBA view that those without such endorsement should not use the endorsed title under any circumstances, including working in a position that is defined by that title. This includes describing oneself in advertising, job applications, or any other public forums as a 'counselling psychologist' if the individual is not formally endorsed by the PBA. We look forward to the PBA upholding this standard through disciplinary measures available.

3. *Other matters related to area practice endorsements*

The question of future guidelines in determining qualifications and supervision for endorsements (after 2013) is a vexed one. On the one hand, each college has a unique and

coherent focus; on the other hand there is extensive overlap of competencies required, particularly by the 'healthcare' specialties of counselling, clinical, educational and developmental, forensic, and health. In addition, many specialist psychologists gain extensive experience and supervision in other specialty areas. For example, a clinical or counselling psychologist who worked in school setting for a decade (not an uncommon occurrence), completed a great deal of PD or substantial training, and supervision in the area, may well have far more specialist expertise than a new graduate from an educational and developmental program. Although the COCP is concerned about standards for endorsement, we would argue that there should also remain some carefully constructed 'equivalence pathways'. We also think that the Colleges are most expertly placed to make decisions on both standards required for equivalence and assessment of individuals. Our understanding is that this is how the medical specialities operate, with Colleges making those decisions.

Linked to this issue is the fact that specialist psychologists work across domains and limiting this would prove extremely restrictive. For example, would we want only forensic psychologists working in prisons, only counselling psychologists in couple and family therapy centres, community health centres, divisions of GP practice, or community counselling agencies, only clinical psychologists in hospitals, and only educational developmental psychologists in schools?

The issue is further clouded by the two-tier Medicare system, which allocated the higher rebate to clinical psychology and downgraded all the other specialties to the 'generalist' category. This has led to the closure of a number of other specialty programs across the country. In the long run this will lead to a monoculture within the specialties, a lack of diversity in psychology, and fewer postgraduate training places available. The COCP fully supports the APS and original PBA position that at least 5 or 6 years of university training should eventually become the standard for all registered psychologists. We are extremely concerned that as the profession tries to move to increase the educational standards to 5 or 6 years of university training, more and more postgraduate programs are closing down.

The COCP has advocated for full specialization in the past, adopting a similar model to the medical specialties. However, there is a major difference within psychology. Within psychology there is far more extensive overlap between the specialties than within medicine. This is evidenced in the 60-80% overlap in domains of knowledge, competencies, and accreditation standards promoted by APAC amongst the colleges, depending on the specialty. Within the 'healthcare' specialties, such as counselling, clinical, educational and developmental, health, and forensic, the boundaries are somewhat blurred. Therefore, the PBA proposal to base registration *only* on *qualification* because other pathways do "not provide the sustained education, training and supervision that characterises the integrated experience in a specific postgraduate degree plus supervision program" may create a rigid system that does not provide either workforce flexibility or acknowledgement of the enormous overlap between specialties. Indeed, this is why the APS has a number of alternative pathways to College membership. We recommend that there needs to be a carefully constructed equivalence pathway to achieve endorsed registration for those with postgraduate qualifications in psychology, supervised experience and substantial PD or

coursework in the area; otherwise, irrational rigidities are established that contribute to divisiveness, a lack of diversity, and limited workforce flexibility. We would also support the development of accredited bridging programs between the specialties.

Much of the current tension around standards for endorsement, college membership, or specialization is linked to the two-tier Medicare system which excluded other healthcare specialties from the top tier. This led to the 'Pathway II' entry to the Clinical College and understandably has been a major source of dissension and divisiveness. If the PBA could find another mechanism for enabling all the 'healthcare' specialties to achieve the top-tier, much of the current tension between the specialties could be relieved. This would allow the endorsement issue to be dealt with rationally, rather than as an issue that carries a great deal of emotional heat from other issues. We urge the PBA to find other means of addressing this divisive issue.

4. *Transition arrangements for all Board-approved supervisors*

The COCP fully supports the PBA position that supervisors of psychologists undertaking a university course or supervised practice leading to endorsement should have an endorsement in the relevant area of practice. However, there needs to be some flexibility because endorsed supervisors are not always possible to find, particularly in regional areas. In WA, the Board allows a 6-month period of supervision by a psychologist with a different specialty during the 2-year supervision period. In addition, university programs occasionally use a supervisor with a cognate specialty in particular placements by checking the CV of the supervisor. We would encourage the PBA to introduce some limited flexibility into the system, such as the WA Board system.

5. *Equivalence Guidelines*

The COCP does not fully support the Equivalence guidelines. The only non-standard pathway for Australian postgraduates suggested is an "accredited, **postdoctoral bridging course** followed by a minimum of two years of approved supervised full-time equivalent practice with a Board approved supervisor". As we have argued above, we think this is unduly restrictive. The COCP suggests this pathway should state: '**postgraduate bridging course**' rather than 'postdoctoral bridging course'. This would be very attractive to specialists who have already completed one full postgraduate training and have thus achieved many of the skills, knowledge and competencies required in others, but would like to pursue additional training focused particularly on those areas that are unique or are emphasized more heavily in another specialist training. In addition, as argued above, we would support some other carefully constructed equivalence pathways.

6. *Definition of Endorsed Areas*

The COCP fully supports the PBA proposal to use the APAC College accreditation standards for endorsement at least until 2013. In particular, the COCP affirms the following contemporary definition of counselling psychology that appears in our standards, all written documentation, and our College Brochure: "Counselling psychologists are specialists in the provision of psychological therapy. They provide psychological assessment and psychotherapy for individuals, couples, families, and groups and treat a wide range of psychological problems and mental health disorders. Counselling psychologists use a

variety of evidence-based therapeutic strategies and have particular expertise in tailoring these to meet the specific and varying needs of clients. They pay particular attention to the meanings, beliefs, contexts, and processes that affect psychological health. This enables them to create collaborative, therapist-client relationships where the focus is on building psychological strengths and wellbeing as well as resolution of difficulties and disorders”.

Submission from the APS College of Health Psychologists



The College of Health Psychologists would like to highlight that our members have completed a Masters or a Doctoral Program specialising in the diagnosis, treatment and management health problems in the following:

- chronic pain
- obesity
- diabetes
- sleep disorders
- prenatal and maternal health
- substance abuse
- sexual health

Many health psychologists also work in the area of health prevention:

- Diabetes
- Cancer
- Obesity
- Substance Use

The above are all the most critical health issues facing our community in the 21st Century.

Health Psychologists work with GPs, in community health centres, pain management clinics, hospitals, and in private practice.

The College of Health Psychologists was formed in 1996 and it currently has 306 members. It has strong courses in 4 states: SA, VIC. NSW and QLD. It is growing area of professional practice in the US, UK and Europe. Therefore, we cannot comprehend how it could be excluded as an area of professional practice in Australia.

A handwritten signature in black ink that reads "Lina Ricciardelli".

Lina A Ricciardelli, PhD
Associate Professor
Chair of College of Health Psychologists

Submission from the APS College of Organisational Psychologists

Comments on the Consultation Paper on Codes and Guidelines issued by the Psychology Board of Australia, March 2010

This is a public document on behalf of the APS College of Organisational Psychologists, prepared by the College's National Regulatory Developments Working Party.

April, 2010

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Professor John O'Gorman, Chair COP National Regulatory Developments Working Party
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Summary of Recommendations

Consideration of the Consultation Paper gives rise to a number of recommendations that are included at various places in the comments that follow but are collected here for convenience.

1. Recommendations with respect to Guidelines for Advertising
 - 1.1 That the definition of advertising include in the exclusion clause: This definition excludes tenders, tender processes, and competitive business quotations and proposals.
 - 1.2 That practitioners be responsible for the content but not the style of advertising.
 - 1.3 That suitably worded testimonials be legitimate forms of advertising in areas of psychological practice beyond health services.
 - 1.4 That practitioners be permitted to claim the benefit of personal research in their advertising.
 - 1.5. That all health practitioners (including medical practitioners) using the title Dr be required to indicate in brackets following their name their area of practice and that the Guidelines include a specific reference to medical practitioners in this regard, e.g., Dr Sue Smith (Medical Practitioner).
 - 1.6 That there be a specific statement in the Guidelines that areas of endorsement as with specialist titles can be used in advertisements.
 - 1.7 That the Guidelines permit practitioners to cite their professional qualifications and professional memberships, such as MAPS, in advertising.
2. Recommendations with respect to Guidelines for Mandatory Notification
 - 2.1 That the specific conditions under which a health practitioner who is a client of another health practitioner incurs an obligation to notify the practitioner in the case of notifiable conduct be clarified.
 - 2.2 That the Guidelines be clarified with respect to students and the circumstances of their notification, consistent with the legislation.
 - 2.3 That 'clinical practice' in psychology be defined in the Guidelines.
3. Recommendation for a Code of Ethics
 - 3.1 That the APS Code of Ethics (2007) be adopted.
4. Recommendations with respect to the Guidelines on Continuing Professional Development
 - 4.1 That peer consultation be a recommendation and not a requirement for continuing professional development.
 - 4.2 That peer consultation by professionals within a practice be permitted.
 - 4.3 That a CPD plan be open to change during the year of its operation.
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- 5.2 That psychologists endorsed in one area of practice who wish to be endorsed in organisational psychology as a second area of practice be required to successfully complete an APAC-accredited Master of Organisational Psychology and complete supervised professional practice and maintain ongoing professional development in organisational psychology.
- 5.3 That the Guidelines take up the specific issues of RPL in determining endorsed areas of practice.
- 5.4 That, as proposed, psychologists be required to obtain the majority of their CPD in their endorsed area of practice.

6. Recommendations with respect to Guidelines for the 4+2 Internship Program

6.1 Replace the term 'internship' throughout the Guidelines with a more neutral term.

6.2 Redraft the Guideline to

- Reaffirm that the standard required for Registration is that of entry to the profession.
- Focus the objectives of the program on what is achievable in the two years of placement that follow the four years of academic training.
- Remove the implication that the 4+2 program prepares the psychologist for any and all forms of practice.

6.3 Provide for flexibility in supervision so that Masters students, private college students (e.g., the Australian College of Applied Psychology, the College of Psychological Practice), and individuals with organisational psychology internship placements can access appropriate supervisors.

6.4 Provide for an internship program in organisational psychology that meets the realities of employment and that specifies

- Only one placement or work role, with additional placements recommended but optional, depending on employment conditions and experience options
- The provisional psychologist to develop skills in assessment and intervention appropriate to the field of organisational psychology, which does not require clinical subjects such as diagnosis of psychological disorder, study of systems of psychiatric diagnosis, or focused psychotherapy
- The provisional psychologist to study the application of modern psychometric theory and be familiar with a range of psychometric tests used in organisational psychology, but not require the development of knowledge or skill in the use of individual intelligence or specialised memory tests used in clinical settings
- Familiarity with working with clients in one of the three age groups, adolescence, adulthood, or late adulthood, and no requirement for familiarity in working with children

Comments on the PBA Consultation Paper on Codes and Guidelines

The comments in this document are a response to the invitation to comment on the proposals of the Psychology Board of Australia (PBA) contained in its second Consultation Paper on Codes and Guidelines. The comments address issues raised in the Consultation Paper either directly by the PBA or suggested by a reading of the document. The headings used to structure the comments are taken from those used in the Consultation Paper. The frame of reference for the comments is the practice of organisational psychology in Australia. The Ministerial Council has very recently approved organisational psychology as one of the seven endorsed areas of practice. Its approval formally recognises the diversity of psychology as a profession in Australia. The PBA's Codes and Guidelines, and its policies and procedures more generally, need to recognise this diversity.

Guidelines for Advertising of Regulated Health Services

As the Guidelines note (p. 2) there is a good deal of existing legislation directed to protecting consumers of services, including consumers of psychological services, and there is in addition the Therapeutic Goods Advertising Code 2007 (p.7). Is there really any need for further advertising guidelines for health professionals? Excessive regulation in this area begins to look like restrictive trade practice.

1. Definition of advertising

Under the exclusions, there is a need to include tenders, tender processes, and competitive business quotations and proposals, which are part of normal business practice. It is also part of normal business practice to include in such documents the names of referees who can speak to the quality of the work provided by a practitioner or a firm of practitioners.

3. Professional obligations

Under 'Authorising the Content of Advertising' the statement is made that 'Practitioners are responsible for the style and content of all advertising material...' The word 'content' does not present difficulties but 'style' has a very broad reference, ranging from the tone of an advertisement to font and character size, and as such extends too much discretion to the PBA. The word 'style' should be deleted.

5. Acceptable advertising

Under (d) 'testimonials or purported testimonials' are identified as advertising that must not be used. Use of testimonials in the form of referees is normal business practice in non-health areas of the profession and its prohibition under the Guidelines will place organisational psychologists (and presumably others) at a commercial disadvantage with respect to competitors such as HR practitioners and business consultants.

The Guidelines do not recognise that a business may employ more than one type of professional, say accountants as well as psychologists. The business may run an advertisement based on a testimonial that does not specifically identify the service, e.g., "T&Ts have provided a professional service to our business over the past 6 years. Their expert yet consultative approach has assisted in enhancing individual and organisational effectiveness" (Joe Bloggs, Managing Director, Widget Technologies). This presumably would not attract the PBA's concern. The point here is that a blanket ban on testimonials is

ill-conceived, and has not been enforced in this profession for many years, especially for the promotion of training and professional development programs.

Innovation seems to bring a penalty under the Guidelines. For example, the second dot point under (o) would seem to prohibit a practitioner advertising a test or procedure that the practitioner has developed on the basis of their own research and in that sense is 'exclusive'. Is this the intention? The wording needs to be improved if it is not. If it is, the PBA needs to consider the role of innovation in professional practice.

If a practitioner has a particular expertise (e.g., trained in the administration of a particular test or particular intervention), can that not be mentioned in an advertisement for the practitioner's services?

6.4 Use of titles...

S. 116

No justification is provided for requiring all health practitioners, with the single exception of medical practitioners, to specify their field of registration in using the title 'Dr'. The bulk of medical practitioners, as with their fellow health practitioners, do not hold a doctorate and in this sense the title is just as much a courtesy. Historical deference to medical practitioners is not legitimate grounds in the 21st century for this practice, which may incorrectly suggest that medical practitioners have knowledge and skills in all health areas. So that there can be no confusion in the minds of the public about areas of expertise, all health practitioners should be required to specify their field of registration in using the title 'Dr' and a specific example included, e.g., Dr Sue Smith (Medical Practitioner).

The PBA is to be commended for attempting in this section to limit the use of vanity titles purchased from unrecognised providers without the requirement for systematic study.

S. 118

There is no provision for specialist titles for psychologists and this section prohibits practices that imply that a practitioner holds specialist registration. This would seem to prevent the use of a title such as 'clinical psychologist' and yet the following section (S. 119) and elsewhere (first paragraph under 1 on p.3 of Guidelines on Area of Practice Endorsements) suggests that this is not what is meant. If the PBA sees a difference between 'professional titles' and 'specialist titles', the difference should be made clear.

If professional titles can be used, then the specific requirements noted earlier regarding use of the title 'Dr' need to be amended to indicate the area of expertise, e.g., Dr Julie Jones (Organisational Psychologist).

6.4 Other qualifications or memberships

This section could be read as discouraging the use of 'MAPS' as a post-nominal in advertising. Is this the intention? And will there be an equivalent post-nominal for those registered with the PBA? This seems both unlikely and inappropriate but a comment about it might be included in this section, because some practitioners may assume that there is and use one such as 'MPBA'.

1. Recommendations with respect to Guidelines for Advertising

- 1.1 That the definition of advertising include in the exclusion clause: This definition excludes tenders, tender processes, and competitive business quotations and proposals.
- 1.2 That practitioners be responsible for the content but not the style of advertising.
- 1.3 That suitably worded testimonials be legitimate forms of advertising in areas of psychological practice beyond health services.
- 1.4 That practitioners be permitted to claim the benefit of personal research in advertising.
- 1.5. That all health practitioners (including medical practitioners) using the title Dr be required to indicate in brackets following their name their area of practice and that the Guidelines include a specific reference to medical practitioners in this regard, e.g., Dr Sue Smith (Medical Practitioner).
- 1.6 That there be a specific statement in the Guidelines that areas of endorsement as with specialist titles can be used in advertisements.
- 1.7 That the Guidelines permit practitioners to cite their professional qualifications and professional memberships, such as MAPS, in advertising.

Guidelines for Mandatory Notifications

The wisdom of mandatory reporting is suspect and the comments that follow attempt to improve a flawed approach.

2. General Obligations

The final sentence of the second paragraph implies that a health practitioner who is being treated by another health practitioner may be obliged to notify the treating practitioner in the case of notifiable conduct. Four paragraphs later, the statement is made that a 'reasonable belief' of notifiable conduct 'must be formed in the course of practising the profession'. The latter statement would suggest that if, as a registered health practitioner, I am consulting a medical practitioner whom I consider is seriously intoxicated I have no obligation under the Act to notify the relevant Board because I am not practising my profession at the time. (I may wish to do so as a user of the service). If, on the other hand, I have an arrangement with the medical practitioner to see referrals and find the practitioner intoxicated, I do have an obligation. The Guideline should be clarified to indicate when a health practitioner who is a client of another health practitioner does and does not incur an obligation to notify.

The third paragraph with respect to students needs some clarification. A psychology student in their first year of study may show signs of impairment due to alcohol or illegal substance use but pose no harm to the public because it is not clear that at this stage of their career that they have any intention of working as a health practitioner nor do they have any client contact. This may not be the case for other health professions. 141 (1) (b) in the Attachment to the Guidelines (p.7) implies that it is only when the student is undertaking clinical training that an obligation comes into force, but a clear statement of this in the Guideline itself would be helpful.

A definition of clinical training should be provided. Is any practical training relating to the practice of any field of psychology to be considered 'clinical' or is the term used in the more usual sense of relating to a clinic, originally to the bedside of a patient?

2. Recommendations with respect to Guidelines for Mandatory Notification

- 2.1 That the specific conditions under which a health practitioner who is a client of another health practitioner incurs an obligation to notify the practitioner in the case of notifiable conduct be clarified.
- 2.2 That the Guidelines be clarified with respect to students and the circumstances of their notification, consistent with the legislation.
- 2.3 That 'clinical practice' in psychology be defined in the Guidelines.

Proposal for a Code of Ethics

The PBA is to be commended for its opening statement under Rationale: '... the Board recognises that significant numbers of psychologists provide essential services beyond the health system.'

Adoption of the APS Code of Ethics (2007) is supported as a well-established national code.

3. Recommendation for a Code of Ethics

- 3.1 That the APS Code of Ethics (2007) be adopted.

Guidelines on Continuing Professional Development

Organisation and methods

The PBA is to be commended for its acknowledgement that CPD can be gained from a wide range of agencies and not just those within the profession (e.g., industry and consumer organisations). Cognate knowledge and understanding are vital for effective professional functioning in today's world of multidisciplinary collaboration and cooperation, especially in industry and commerce, but also in government-related work.

Peer Consultation

The requirement for 10 hours peer consultation a year has not been adequately justified. The history of supervision in Australia suggests that peer consultation is unlikely to be provided free of charge and as such will add to the cost of practice and ultimately to the cost of the service to the consumer. If the recommendation of 10 hours 'active' CPD is accepted this will further add to the cost. It is suggested that the requirement be reversed: 10 hours of active CPD be a requirement and 10 hours of peer consultation a recommendation. The Guidelines need to be clear on the following point: Can psychologists engage in peer consultation with other professional members of their practice (e.g., other psychologists, organisational consultants)? Such an arrangement reduces the risk of loss of 'commercial in confidence' information in the course of consultation, which can arise where a psychologist must seek peer consultation with a member of another practice.

Attachment B

The PBA has produced useful templates for professional development. What is not indicated, however, is the degree of flexibility allowed. Once a plan has been developed must it be followed to the letter, even though changes in circumstances may make variation of the plan reasonable? It would be helpful if the CPD Guidelines provided guidance on how variations are to be handled. This will give registrants greater confidence and accuracy in their CPD planning and reporting, as well as reduce the workload of the PBA administrators supporting the new CPD processes.

4. Recommendations with respect to the Guidelines on Continuing Professional Development

- 4.1 That peer consultation be a recommendation and not a requirement for continuing professional development.
- 4.2 That peer consultation by professionals within a practice be permitted.
- 4.3 That a CPD plan be open to change during the year of its operation.
- 4.4 That the CPD Guidelines be amended to include description of common or permissible variations on the CPD planning process, to facilitate registrant understanding.

Guidelines on Area of Practice Endorsements

Supporting information

3. Transition arrangements for psychologists currently registered

The PBA's proposals for transition arrangements are supported, in particular the fifth dot point under 3.

4. Other matters ...

The issue the PBA raises in its opening paragraph is an important one. Movement of practitioners between endorsed areas of practice is valuable for professional development of practitioners and for the general public whose need for services in particular areas fluctuates over time. Requiring substantial periods of formal study such as entailed in completing an advanced degree may pose a barrier to movement across areas. At the same time it is necessary to control opportunistic forays by practitioners into areas of practice where they have inadequate expertise.

The PBA may be aware that the APS Colleges have spent considerable time examining the matter of alignment and overlap between the qualifications and experiences necessary to apply for membership of each College (each of which can be seen as endorsed areas of practice). This work entailed defining the core competencies for each College and then undertaking paired comparisons between Colleges. It was found that for some pairs of Colleges their APAC-accredited Masters programs had some or sometimes significant overlap in subjects. For other pairs of Colleges, particularly those including organisational psychology, there was little or no overlap.

Where there is little overlap there is really no middle ground that can be proposed – either practitioners have studied the unique specialty subjects and developed the unique expertise under supervision, or they have not. Without the study and supervision in organisational psychology, an applicant cannot show they have the integrated training experience required for eligibility for endorsement in organisational psychology.

Assessment of eligibility for a second area of endorsed practice needs to be done on a case-by-case basis. At a minimum, for the, say, endorsed clinical psychologist who wants endorsement in organisational psychology, we would expect the applicant to provide evidence of:

1. Successful completion of an APAC-accredited Master of Organisational Psychology, plus
2. Supervised professional practice in organisational psychology, and

3. Ongoing professional development in organisational psychology

That is, we would expect the applicant to provide evidence on par with what a new registrant must demonstrate. Close attention would be paid to the nature of the supervision and professional development to ensure its relevance to specialty.

Relevant work experiences that the applicant has gained in the specialty could be dealt with through Recognition of Prior Learning (RPL), so that an 'equivalent evidence' pathway could also be offered (as the College of Organisational Psychologists does). From our experience, this requires expert assessors and time to analyse and investigate each application. The 'equivalence' pathway is clearly not the standard way practitioners establish themselves in organisational psychology, but it does fit the experiences of a proportion of Australian organisational psychologists. The Practice Endorsement Guideline needs to include a section on how applicants who have taken this pathway into a psychology specialty will be handled. The Guideline also needs to include information about who would do the assessments, and how the expert assessors will be compensated.

Introduction

2.3 Maintaining endorsement

The PBA statement here is strongly endorsed: '... psychologists are expected to obtain the majority of their CPD within their endorsed area of practice.'

5. Recommendations with respect to Guidelines on Area of Practice Endorsements

- 5.1 That the transition arrangements proposed in the Consultation Paper for currently registered psychologists be adopted.
- 5.2 That psychologists endorsed in one area of practice who wish to be endorsed in organisational psychology as a second area of practice be required to successfully complete an APAC-accredited Master of Organisational Psychology and complete supervised professional practice and maintain ongoing professional development in organisational psychology.
- 5.3 That the Guidelines take up the specific issues of RPL in determining endorsed areas of practice.
- 5.4 That, as proposed, psychologists be required to obtain the majority of their CPD in their endorsed area of practice.

Guidelines for 4+2 Internship Program:

Definitions

'Internship' is defined as 'a supervised practice program approved by the Board'. Although this fixes its meaning in the Guidelines in a formal sense, there are additional meanings that come with the terms 'intern' and 'internship' that lead to the recommendation that 'internship' be replaced.

The dictionary definition of 'intern' from which 'internship' comes is 'a resident member of the medical staff of a hospital, usually a recent graduate of a university still in partial training' (Macquarie Dictionary). Internship may thus misleadingly suggest to the public that a provisional psychologist is attached to a hospital, and provides mental health services (under supervision), and to that extent reinforces the old public misperception that

psychology is akin to psychiatry, dealing with mental health problems using the 'medical model'.

There can also be an implication of a level of activity at a standard below that of the provisional psychologist, of a temporary position with an emphasis on apprenticeship training or of a position to test out an interest. As well there may be an industrial implication in use of the term that goes to employment conditions and remuneration of those involved in such programs.

There is no obvious reason the term cannot be dispensed with.

3. The internship program

3.1 Objectives

The PBA's view of the profession is clinically biased and this bias pervades its construction of the internship program. As it notes in the second paragraph: 'The Board has an obligation to the community that all psychologists who hold registration are safe and competent to practice psychology, including delivering psychotherapy for mental health problems using focused psychological strategies.' The first part of the sentence is incontestable, but the second is a *non sequitur*. Focused psychotherapy is not the core of the practice of psychology, and only those with a clinical bias would see it so.

This statement contrasts with the broader recognition by the Board noted earlier: '...the Board recognises that significant numbers of psychologists provide essential services beyond the health system' (Proposal for a Code of Ethics, p. 1), and its recognition later (p. 9) that students in undertaking supervision have or should have a career plan and that this can quite legitimately not include health-related psychology. It contrasts too with the Ministerial Council's approval, noted earlier, of a number of areas of practice in psychology. The PBA needs to take the broader view of the profession captured in these statements in developing its internship program.

The second paragraph under Objectives notes that psychologists often change the direction of their career over time. Whether 'often' is correct can be argued, but more important than the frequency is the need to qualify for practice in a new field. This has long been an ethical requirement and has been a corner stone of registration since its inception. It is unreasonable to imply, as this paragraph seems to, that an internship program can set up a psychologist for any change of direction their career may take. It must be more limited in its scope and less ambitious in its reach. The paragraph that follows appears to qualify the implication, in that it admits the APS Code of Ethics does limit what the psychologist can claim to do. The paragraph needs to be rewritten to omit the unwarranted implication.

The third dot point under principal objectives continues the clinical emphasis in referring to 'skills in diagnosing psychological disorders and formulating appropriate interventions'. It is unrealistic to expect that all 4+2 trained psychologists will be able to formulate sophisticated differential diagnoses and develop appropriate treatment plans. It would be more realistic to expect that, on entry to the profession, 4+2 trained psychologists are able to recognise features of serious mental disorders and make an appropriate referral to a more experienced and qualified practitioner.

The question of scope is further underlined by the first dot point under principal objectives which shows no recognition that those involved in internships have successfully completed four years of university study in psychology, during which one might expect that they would have developed 'a broad base of knowledge and understanding of general psychological principles and their application to human behaviour'. It is during that period that some of the requirements expected by their PBA in its internship program can be met (or if they are not the PBA can take appropriate action to ensure they are in future). No doubt the knowledge base and understanding gained in the first four years of university study is expanded by psychological practice but that practice presupposes knowledge and understanding. The Guideline notes that it may be necessary to undertake more than one work role to complete requirements, a point that is echoed later (see p. 9). This is hardly realistic for many of those following the 4+2 route. For example, how will those working in organisational psychology settings find work in a clinical setting, where line managers would be understandably reluctant to have short term placements by those not committed to clinical practice where the cost to the organisation is unlikely to be met by any benefit. Finding a second placement within an area of practice is likely to be difficult and achievable by only some following the 4+2 route.

In summary, the PBA needs to rethink its approach to internship training and develop a more realistic and coherent view of what is to be expected of a person entering the psychology profession, and what can be achieved in an internship program that recognises the range of services delivered by psychologists in and beyond health.

4.2 Psychological practice...

The opening sentence provides a useful statement of the application of the scientist-practitioner model. The second dot point provides a sample of practice in organisational psychology and the Board is to be commended for including this as an example of psychological practice. It should be expanded to include 'recruitment and selection, assessment, performance management, job analysis, survey design and analysis'. Dot point 3 could be expanded to provide actual examples.

4.3 Psychological practice...

Direct client contact

The second dot point could be better expressed. Assisting individuals 'to improve personal wellbeing' is not contentious. However, it is not invariably the case that a psychologist in a work setting (and presumably other types of settings) is seeking to adjust individuals to their problems. Changing the situation may be a desirable and achievable outcome. This requires a broader perspective on intervention than a clinical one.

Client-related activities

The first two dot points present a clinical view of activities. Problem formulation and diagnosis are undertaken in other than clinical settings and at levels above the individual (e.g., group, organisation) and this should be recognised.

5.3 Methods and scope of supervision

The Guidelines imply that the standard supervisory arrangement is for the primary supervisor to be onsite and for the secondary supervisor to play only a subsidiary role (up to 25% of the total number of supervision sessions).

Many part time Masters students in organisational psychology have permanent employment in a suitable work placement that does not have an in-house organisational psychologist. Even where there is one in-house, they often do not want to provide supervision to an intern, as they prefer the intern to get additional experience and perspective from a senior professional who is an external supervisor. Alternatively, they nominate a lesser skilled psychologist to carry the supervision as an extra non-chargeable and non recoverable expense; which people so nominated do not like. A similar situation often exists with private College students. To require internal supervision as the standard arrangement is in effect to deny these students the opportunity of becoming psychologists.

The short term result of the proposed arrangement will be that there are fewer psychologists working in organisations that benefit from having them, and the longer term result will be that the profession loses the practical organisational experience of people who actually work in organisations. The alternative prospect that all organisational psychologists in future will have completed supervision under middle level psychologists in the few psychology consultancies large enough to employ them will narrow the number and competence pool of organisational psychologists. Those who have worked in organisations and in consultancies can attest to the differences in learning that those environments demand.

It is not sufficient to have senior supervisors relegated to secondary supervisor roles where they do not co-ordinate and shape the overall supervision progress of an intern.

6.2 Assessment of core capabilities

The final sentence in this section includes the inference that case studies of organisational interventions are typically not of the same rigour and scope as clinical ones, which betrays the bias of the writer. At least there is acknowledgement that organisational interventions are acceptable, but the point could be made without the gratuitous implication.

6.3 The core capabilities

Psychological assessment and measurement

The clinical biases in this section should be reduced, in particular the paragraph beginning 'Diagnosis training objectives...' and (b) under Assessment tasks on p. 15. All of this is irrelevant to other than clinical psychologists in clinical practice.

Training objectives

f (a) and (b)

Where might organisational psychologists (or psychologists in other non-health fields) obtain 'client-based experience' in conducting a mental status examination or risk assessment? Clinical training opportunities are currently at a premium in many large clinical facilities where case demonstrations of various psychopathological presentations can be provided. Organisational psychologists, it should be noted, do engage in psychosocial risk analysis, but usually not at the "individual employee" level, which carries the danger of "victim

blaming". Risk analysis in organisational contexts involves objective study of how the work situation and technical systems may contribute physical and psychological stressors and build shared risk-taking norms of behaviour.

It is unrealistic to expect trainee organisational psychologists to use scarce resources in clinical settings when they can be better used for health professionals in a number of fields. It would be better to ensure through advice to APAC that a course in psychopathology is included in the first four years of academic training for those intending to move into any field of professional training in psychology. The requirement might extend to the inclusion of instruction in the elements of the mental status examination and videotapes of various presentations including those of patients at risk.

f (ii) first and third dot points

The PBA's attempt through the Guidelines to ensure competence in psychometric testing is strongly supported. It needs, however, to broaden its view of psychometrics and require understanding of the newer approaches.

Individually administered tests of intelligence, such as the WAIS, are expensive to purchase and update and expensive to administer in terms of time of both clients and psychologists. Their use without adequate justification is therefore questionable. Whatever their merits in clinical settings, they are inappropriate for use in non-health settings. Group administered tests of intelligence are used in these settings where the so-called 'clinical yield' is not an important consideration. There is a substantial time commitment for a provisional psychologist to master WAIS interpretation (or interpretation of some other individually administered test) and then complete five administrations and reports. Where the provisional psychologist has no interest in working in a clinical field, this commitment can only be at the expense of skill development in more relevant fields, and is a luxury that few employers outside the clinical field could extend to provisional psychologists working for them. The requirement for competence in memory testing seems an example of the neuropsychology tail attempting to wag the psychology dog. Whatever the value of memory tests with ageing or special populations (e.g., brain damaged), a need for them is unlikely to be encountered by psychologists working in many fields of psychology over a lifetime. Such a rare need is best met by those experienced and knowledgeable in their use, who administer them on a regular basis. In short, psychologists need to understand when to refer rather than to presume to an expertise they do not have.

It is strongly suggested that the specific requirements for individual intelligence and memory testing be dropped from the Guidelines.

The Guidelines make no reference to modern psychometric developments, such as the application of Item Response Theory (IRT), Generalisability Theory, or Confirmatory Factor Analysis. In contrast, and by way of example, the revised BPS/European test user model to be launched in 2010 will require knowledge of Item Response Theory (IRT), even for test users at an introductory level. This is because IRT now plays a significant role in test construction and assessment activities for organisational and educational psychologists in both the cognitive ability and personality domains. The Guidelines need to reflect

contemporary understanding of issues in psychometrics and this is currently not the case (see, e.g., objective (f) on p.14).

Intervention strategies

Training objectives

Objective f (ii) explicitly recognises organisational interventions but objective (g) may limit that recognition if too strict an interpretation is made.

Communication and interpersonal relationships

It is important that the PBA recognises that the internship program must develop the ability 'to interact professionally with a wide range of client groups and other professionals.' It is this need to work with different clients and cognate professionals that leads organisational psychologists to advocate for internship training being conducted largely in organisational psychology settings.

Practice across the lifespan

Organisational psychologists may encounter clients in adolescence (e.g., career counselling) or in late adulthood (e.g., retirement advising) but the bulk of their clients will be adults. Although it is important for organisational psychologists to appreciate lifespan issues, it is not at all clear that a provisional psychologist need complete a placement with a population of adolescent or late adulthood clients, at the price of more experience with the populations typically encountered in organisational psychology. The PBA needs to rethink this requirement.

6. Recommendations with respect to Guidelines for the 4+2 Internship Program

6.1 Replace the term 'internship' throughout the Guidelines with a more neutral term.

6.2 Redraft the Guideline to

- Reaffirm that the standard required for Registration is that of entry to the profession.
- Focus the objectives of the program on what is achievable in the two years of placement that follow the four years of academic training.
- Remove the implication that the 4+2 program prepares the psychologist for any and all forms of practice.

6.3 Provide for flexibility in supervision so that Masters students, private college students (e.g. Australian College of Applied Psychology, College of Psychological Practice), and individuals with organisational psychology internship placements can access appropriate supervisors.

6.4 Provide for an internship program in organisational psychology that meets the realities of employment and that specifies

- Only one placement or work role, with additional placements recommended but optional, depending on employment conditions and experience options
- The provisional psychologist to develop skills in assessment and intervention appropriate to the field of organisational psychology, which does not require diagnosis of psychological disorder, study of systems of psychiatric diagnosis, or focused psychotherapy

- The provisional psychologist to study the application of modern psychometric theory and be familiar with a range of psychometric tests used in organisational psychology but not require the development of knowledge or skill in the use of individual intelligence or specialised memory tests used in clinical settings
- Familiarity with working with clients in one of the three age groups, late adolescence, adulthood, or late adulthood, and no requirement for familiarity in working with children