

## **Response to consultation paper by the Psychology Board of Australia on registration standards and related matters**

This paper outlines the writer's views on the consultation paper by the Psychology Board of Australia (PBA) with an emphasis on specialist registration.

### **Direction of psychology**

The formation of the PBA presents a unique opportunity for psychology to establish a distinct direction in meeting the needs of the Australian public for psychological healthcare. The PBA's guiding principle "...to enable innovation in the education of, and service delivery by, health practitioners" is welcome. Such an opportunity necessitates questioning existing practices and where appropriate presenting a view which modifies or even departs from current practice.

In seeking to regulate the profession the PBA should take cognisance of the fact that by and large psychology has not been tainted by practitioners seeking to disadvantage the public any more than other professions. Practitioners are as a rule responsible individuals who have the best interests of their clients at heart. The principle 'if it's not broken don't fix it' should be one of the influences guiding the regulatory framework. Excessive regulation stunts progress and breeds conservatism. In this kind of climate psychological care risks being mediocre as the practitioner avoids any but the well trodden path in providing care for the sake of self-preservation. The result is that the public are the losers.

There are well known burgeoning changes in society that demand a fundamental appraisal of directions in psychology. They include:

- the accelerating increase in the number of people with anxiety and mood disorders principally depression
- the increasing numbers of people seeking psychological healthcare
- the growing awareness of the public of the contribution of psychology to the wellbeing of the population
- the expansion of psychology in response to pressures in new directions such as sport and law; and more recently,
- the adoption of the Internet for the delivery of psychology in different areas including healthcare and human relations.

Notwithstanding the guiding principle of innovation the consultation paper reveals a philosophy of conformity with the APS. The implicit assumption in this conformity is that what the APS does is right. This approach risks independence and the capacity to debate issues with the APS as they arise.

There are 13 mentions of the term 'APS' in the paper. No other group of psychology practitioners is mentioned. One notable omission is the Australian College of Clinical Psychologists with over 100 members in private practice in the eastern States and the ACT which has existed since 1980. Perhaps one way of enhancing the PBA's capacity to look beyond the APS in its role is to ensure that amongst its members are included psychologists who are not members of the APS.

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### **Specialist registration**

In canvassing specialties the PBA paper follows the college structure of the APS. Whether there is adequate research support that these specialties relate directly to clearly identifiable public needs is not addressed. One classic example of a wrong direction where unquestioning acceptance of the APS model leads, concerns counselling and clinical psychologists. The differences between them have all but faded. Both groups provide treatment, undertake assessments and carry out research. Members of either group are found in private practice, academia and government. The preferential treatment of clinical psychologists by the APS in relation to Medicare is an area of increasing contention. There is little supporting evidence that clinical psychologists offer care that is any more specialised than the care offered by counselling psychologists and hence should be worthy of a higher Medicare rebate. The clear losers in the Government's acceptance of the APS selective promotion of clinical psychologists are the public. They have been financially penalised and disadvantaged in their right to be treated by a psychologist of their choice who is qualified to treat their ills.

In the writer's view the foundations of professional training are in the first four years. These should contain a clear body of content that is delivered across all universities. These 'core modules' should ensure that the practitioner has a sufficiently adequate base of knowledge that with two years of supervision and training would enable the delivery of treatment and hence the attainment of registration. Practically all of us can recall experienced though basically qualified psychologists who excelled in providing sensitive and effective care.

The model of the scientist-practitioner demands lifelong learning in which mandatory professional development is only a part. Psychology is expanding rapidly in many different areas. Market forces and individual interests have enabled psychologists to respond to new needs. Practitioners should continue with academic education and eg pursue doctorates or post-doctoral studies. In harmony with PBA thinking any specialist entry point should be on the basis of a doctorate degree, indicating that the practitioner has amassed considerable academic and practical expertise.

In order to accommodate the rapid expansion of the profession and the needs of its practitioners any approval of higher level degrees should be broadly defined. Some individuals may wish to pursue a DPsych while others undertake a research doctorate of which the PhD is only one. The PBA paper accepts without question (as does the APS) the bizarre requirement by APAC that the research degree must be titled 'PhD'. Such a requirement is blind to the increasing numbers of professional doctorates offered in a range of disciplines including psychology – eg the EdD at Monash and New England. The requirement also restricts the capacity of a university to exercise flexibility and innovation in meeting more closely the needs of tertiary education and an expanding discipline. These doctorates are no less academically demanding than the PhD and, if they are in the discipline of psychology, provide supervision by academic staff of the schools of psychology. They are highly suited to the seasoned practitioner because they require research which has to be demonstrated to be directly beneficial to the individual's performance at his or her workplace. The public benefits because of the availability of a wider choice of practitioners with demonstrated professional skills.

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Doctorates, professional or PhD, provide a practical venue to prepare psychologists who want to change areas of practice within the profession. The pursuit of a traditional DPsych is prohibitive for many psychologists in the workforce who have little income other than through their work. Furthermore the requirement of a large number of hours of supervision that this degree normally requires, ignores the seasoned practitioner's years of professional experience and places him or her at the same level as a novice.

#### **The number of specialist categories**

It is a matter of debate if the plethora of specialist categories of the APS can be supported as fairly representing the needs of the public and are not simply reflections of what like-minded psychologists want. The glaring similarities and rapidly diminishing differences between counselling and clinical present a case in point. Realistically there are three major self-explanatory categories: healthcare (psychologists who provide personal services directly to individuals), institutional (who work in structuring organisations, training, ergonomics etc) and research (for psychologists engaged in research and teaching in tertiary and other institutions).

There is little doubt that shoehorning may be needed to fit some current specialties into these groupings. This would be true of any classification system. A broad grouping has the benefit of encouraging practitioners to seek knowledge and expertise throughout their specialty and hence improve their value to the public.

On the other hand it needs to be established what problem would specialist categorisation fix or what is the public benefit from such a move given that all psychologists are trained to the extent that they could safely provide treatment. A psychologist's advanced professional status could be demonstrated by the possession of a doctorate in psychology. On this basis the requirement of specialist registration is simple to apply and equally simple to be understood by the public.

#### **Fostering a partnership**

The concept of circulating a paper for comment by those who are closely involved is in the best traditions of a genuine partnership. Such a partnership benefits the client, the practitioner and the science itself. It is hoped that this concept of two-way communication becomes a guiding principle in the way the PBA plans to operate.



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