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Re Consultation Paper on registrations standards and other matters

I am a clinical psychologist of 28 years standing. I have worked in the public sector, including managing the psychology staff of a large psychiatric hospital, taught in a clinical psychology training program for 15 years, and am now in full time private practice. I was in fact one of the first people with advanced training in clinical psychology training registered in Queensland.

I have read the consultation paper and I wish to make some comments. I would like to commend the Board on making a good start to National standards for registration. I applaud in principle all the mandatory standards. There are however three areas that I wish to make specific comment on: stand out: the requirements for specialist registration, the PD required for general+specialist registration, and the notion that people subject to conditions on registration not EVER endorsed to be supervisors.

The requirements for specialist registration

The requirements for specialist registration are not clear. On page 1 it states that the proposal for specialist registration and the specialties proposed are consistent with current regulation arrangements for specialists (in Western Australia), college membership of the Australian Psychological Society, and specialist recognition from Medicare and the courts. It therefore includes registrants who have completed doctorate or equivalent qualifications, such as specialist master's degrees plus further supervised specialist practice and training.

On page 19 it states that the minimum qualification for specialist registration "be an accredited professional doctorate in psychology in the specialty plus one year of approved supervised full-time equivalent practice comprising 35 hours of individual supervision with a psychology supervisor who has the relevant specialty and is endorsed by the Board, or equivalent."

The key words here are "or equivalent". Under current practice a Master's degree with two years of supervision is *equivalent* to a doctorate with no supervision in terms of eligibility for the College of Clinical psychologists. This implies that a Masters degree with 3 years of (approved) supervision is equivalent to a Professional Doctorate with one year of supervision. If that was the case then that would not cause many problems, but if not:

- Might be consistent with WA, but not consistent with practice in other states nor the program delivery at universities. The standard for training in a speciality throughout

Australia (not the requirements for registration) is a Masters degree *in a speciality* plus two years of supervised practice.

- As I read the requirements for WA on p 41 they are not in fact the same as this
- The distinction should be between people who do general or non-accredited Masters degrees and specialist Masters degrees, i.e. a parallel distinction, not a sequential distinction involving years of study.
- The distinction between generalist and specialist psychology in the academic content occurs between a bachelor's degree and an approved Master's degree, not between specialist Master's and Doctorate. The additional training that occurs for people who do a clinical doctorate is really more of the same with sometimes the opportunity to specialise within a speciality
- I acknowledge that moving to a professional doctorate as the basis for speciality (with the gradual phasing out of the Master's degree is desirable long term) to do so as quickly as proposed may create a training bottleneck leading to few specialist psychologists to the detriment of availability of services.

Continuing Professional Development Requirements if you are a specialist registered psychologist

The table on page 10 is very confusing. In one place it says: "Specialist registration Minimum of 30 hours of CPD of which 10 hours must be individual supervision and 15 hours must be activities relating to the specialist area of practice for which the psychologist is registered".

Then it says: "General and specialist registration

An individual who is registered in two registration categories must complete the minimum CPD hours required annually for 'general' registration (30 hours), plus the minimum number of 'specialist' CPD hours (15 hours) required for each 'specialist' category in which the psychologist is registered. For example, a 'generalist' psychologist who is also registered under one 'specialist' category must accumulate a minimum of 30 'generalist' CPD hours per year (including a minimum of 10 hours individual supervision), plus an additional 15 'specialist' CPD hours, comprising a total of 45 CPD hours annually; a 'generalist' psychologist who is registered under two 'specialist' categories must accumulate a minimum of 60 CPD hours per year 3".

There are a number of things left unstated. The implication is that you cannot just be a specialist psychologist: you do the PD for the generalist psychologist AND the PD for the specialisation(s), BUT the supervision component of the generalist component is converted to other PD activities. Could this be clarified?

Secondly, with respect to the requirement for individual supervision for specialist psychologists, can I suggest that the requirement for ten hours of individual supervision for specialist practitioners be made more flexible and reduced. I think it is good to require some supervision for this group, many of whom have not had supervision for years, and which includes myself. I am quite excited about the prospect, but given the low availability of supervisors, especially at an advanced level, and the financial and time burdens involved, I suggest that the requirement be halved and that there be some provision for group and/or reciprocal peer supervision in this requirement. Another possibility is that it is tiered, e.g. 10 hours a year for five years after qualification and 5 hours a year thereafter.

People subject to conditions on registration not EVER endorsed to be supervisors.

People may enter into undertakings involving conditions rather than contest a disciplinary action or charge of impairment because they choose to do so even when the disciplinary action or impairment is contestable, simply because it is less costly to make the undertaking and accept the conditions perhaps for financial too harsh. People can have conditions on registration for numbers of reasons, some minor, some due to illness that could be recoverable from, some for errors of judgement that the person moves on from. I suggest that a psychologist may be re-endorsed to be a supervisor, perhaps subject to a case by case review by the Board, once an undertaking is complete and/or conditions have been lifted.

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