

THE PSYCHOLOGY FOUNDATION OF AUSTRALIA

(Incorporated in New South Wales)

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Assoc Prof Brin Grenyer
Psychology Board of Australia

Re: Consultation paper on registration standards and related matters.

Dear Brin,

The Psychology Foundation agrees with the general thrust of the consultation paper in its attempt to lift Australian training standards in Psychology to meet international benchmarks. It has been a source of concern for our members that the six-year academic training model, recommended by the Australian Psychological Society for most of the last twenty years, has yet to become the minimum acceptable standard for the registration of Psychology professionals.

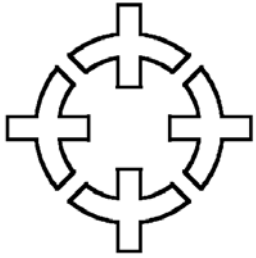
We therefore strongly support the initiative to phase out the current route to registration which only requires four-years of academic training followed by two years of supervision. The Foundation would, however, prefer that the six-year period suggested for this route's removal be substantially reduced, given the obvious shortcomings of such a training route in comparison to both international standards and those believed to be minimally acceptable by APAC. Our strong view is that this route should be closed immediately but, to allow for those currently committed to that route, a maximum period of three years could be allowed. This would allow for those students currently about to enter Honours, but who have not yet entered the professional training pathways time to complete training in this manner, albeit that this is an undesirable outcome for the profession. It is apparent from the preceding discussion that the view of the Foundation is that people trained through this route are not adequately prepared for clinical practise and therefore that their unsupervised-roles in such settings should be precluded.

The recommendation for a 5th year plus one year of supervision, while an improvement on the wholly inadequate 4+2 route, is nonetheless a step backwards in the currently recommended standards and should not be proposed as an adequate alternative route. A 5-year training model would still fall well short of internationally accepted training standards in comparable countries such as the United Kingdom and USA. Mounting such a route to registration would require substantial additional effort and it is the view of the Foundation that this effort would be better spent by training additional practitioners through the existing 6 year academic training route. That route provides practitioners with competencies that we have already determined to be sufficient. If it is deemed desirable to have two tiers in the workforce then generalist registration should recognize the completion of the Masters level training with specialist registration being obtainable either by completion of two years of additional supervision in the specialist area or the completion of higher degrees such as the DPSych and MPsych/PhD programmes already offered by many schools nationally.

The training model recommended above, like that in the consultation paper, will require implementation of adequate resourcing for all programmes. Current Masters

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programmes typically run at a substantial loss. It is unrealistic to believe that this can be tolerated in the longer term and, indeed, there is already evidence that many Masters programmes are being discontinued. Scaling up the training at Master and higher levels to retain similar numbers of graduates will require an approximate doubling in scale of operation. The places must all be fully funded for the system to be viable.

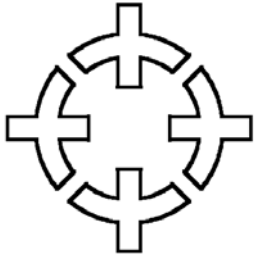
The shortfall in funding is still a relatively recent occurrence. Up until 2004 Universities received approximately 2.3 times the amount of money they received for a full-time fourth year undergraduate student. Then, without any explanation, the funding suddenly changed to 1:1 funding, i.e., universities received exactly the same amount for a Masters professional coursework student as they did for a full time fourth year undergraduate student. This represented a substantial underfunding of the actual costs incurred in training Masters Coursework students in nationally-accredited programmes and required cross-subsidization of such students from enrolments in first and second year undergraduate courses. In 2006 HODSPA with assistance from the APS lobbied the Howard government in the immediate roll-out of the Howard mental health plan and managed to obtain some increased funding for clinical psychology but this increase only represented a small proportion of the funding that was removed and was not adequate to cover the costs of training Masters students. The additional costs associated with running DPpsych programs further exacerbates the problems associated with inadequate funding. A solid funding base would be an essential prerequisite to implementing the recommendation that DPpsych qualifications be required for specialist professional qualification.

One issue the consultation paper does not adequately recognise is that in many cases the level of professional coursework required in Masters, DPpsychs and MPpsych/PhDs is the same. The latter two programmes may sometimes require more of that content or may broaden the scope to cover more than one type of specialty Masters but the programmes are not clearly differentiated in terms of the coursework aspects of the training. This allows for teaching efficiencies but does not make a strong case for differentiating between the programmes in terms of the final professional outcome. The phasing out of the Masters degree route to registration suggested in the Consultation paper is hard to justify on the grounds of professional skills training since with the suggested two years of post-graduation supervision for the Masters students the difference in professional skills at the point of specialist registration is likely to be minor. An evidence-based decision on the relative efficacy of the products of these courses would seem desirable prior to the commitment to phase out the Masters degree.

The List of Specialities (Table 4.1) should also be carefully considered. The current extensive list reflects some pre-existing differences in Australia but could usefully be revisited so that the resulting list of specialist titles reflects, more directly, clusters of competencies. Several of the listed areas have substantial overlap in the skill base required for effective practise. Indeed variation within some specialties may be more extensive than between them, e.g. variation in approach within clinical may be broader than the difference between areas within clinical and clinical

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geropsychology. In order to facilitate public choice of appropriate practitioners we believe the Psychology Board of Australia should develop a minimal set of specialist titles which reflect the main streams of professional practice of psychology both in Australia and internationally.

Finally we wish to comment on the Professional development requirement of individual supervision. This aspect of ongoing education will be very costly in terms of both administration and time for the professionals who will supervise. First, supervisors will need to be trained in supervision skills, and second the requirements amount to minimally 10 hours of individual supervision per registered psychologist per year. With approximately 25,000 psychologists this would remove 250,000 hours of professional time per year that could be used in helping clients. The Foundation has not seen any evidence that such onerous annual requirements would lead to an incremental improvement in delivery of professional services. A less frequent (fewer hours on a less regular basis) and more practical system needs to be proposed but this should only occur after strong evidence is presented that it will enhance professional efficacy.

We thank you for this opportunity to comment on the professional training of Australia's psychology workforce.

Yours sincerely

David Badcock

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