



THE AUSTRALIAN
CLINICAL PSYCHOLOGY
ASSOCIATION

Submission in response to Consultation Paper 5:
Revisions to the Guidelines on Area of Practice Endorsements

Contact:

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20.08.2010

Dear Professor Grenyer,

Thank you for this opportunity to provide feedback on the proposed revisions to the guidelines on areas of practice endorsements. The Australian Clinical Psychology Association (ACPA) is pleased that the Psychology Board of Australia is reviewing these guidelines in order to minimise potential disincentives for current and future Doctoral candidates in professional psychology programs. ACPA has been concerned about these disincentives, particularly for Master/PhD combined students, and fully supports this endeavour. However, we have serious concerns as to the measures being proposed and their impact on clinical psychology, due to a substantial capability of downgrading and undermining the speciality and the dangers of this to the public. In particular:

The Proposed Definition of Practice

ACPA is extremely concerned that the PBA proposes to adopt, for the purposes of the registrar and endorsement programs, a general and broad definition of practice, such as that of the Australian Health Practitioner Agency definition: "Practice means any role, whether remunerated or not, in which the individual uses their skills and knowledge *as a psychologist* [emphasis added] in their profession". Such a definition applies only to generalist psychologists and should not be applied to areas of endorsement. In particular, such a general definition should not be applied in clinical areas of endorsement such as clinical psychology, clinical neuropsychology and forensic psychology, where patients are most vulnerable and the knowledge, expertise, skills and responsibilities of practitioners are necessarily required to be kept current in order to ensure client safety. A non-practicing category needs to be available for those who meet the criteria for endorsement but do not practice using the skills of their endorsed area of practice. To protect the public, the five year requirement of recency of practice in the endorsed area of practice also needs to apply for maintenance of areas of clinical endorsements.

To maintain endorsement in a clinical area of endorsement it is necessary to ensure the practitioner continues to undertake work and professional development directly related to the application of knowledge, expertise and skills in the clinical area of endorsement with clinical populations. Those engaged in "management, administration, education, research, advisory, regulatory or policy development roles" are not directly involved in the application of clinical knowledge, skills and expertise to clinical populations and require re-training before undertaking direct service delivery with such populations. To do otherwise places the public at risk.

In order to maintain registration in a clinical area of endorsement, practitioners must be required to engage in direct service delivery, or supervision of direct service delivery, with clinical populations for an equivalent of at least 4 hours/week or 176 hours annually; at least

five of their ten hours of annual supervision must cover the clinical application of their direct service delivery, or supervision with clinical populations, and at least ten hours of Continuing Professional Development hours needs to be in the area of direct clinical service delivery or supervision of direct clinical practice.

The Amount of Required Client Contact in the Registrar Program

The proposed amended guidelines as laid out in the consultation paper with regard to the amount of required client contact for the registrar program are of deep concern. The purpose of the registrar program needs to be very clearly determined and the guidelines set to meet the needs of the program for each area of practice endorsement.

Initially, the registrar program appeared to be required in order to protect the public while registrars consolidated their skills, knowledge, expertise and professional capabilities in order to safely practice in their specific area of speciality. The registrar program also appeared to reinstate long-standing requirements, highly regarded by senior members of the profession, for the post-graduation supervision previously required for membership of the APS College of Clinical Psychologists. In the proposed amendments, the definition of an area of practice endorsement has been broadened to include generalist areas of practice, such as “any role, whether remunerated or not, in which the individual uses their skills and knowledge as a psychologist in their profession,” including “management, administration, education, research, advisory, regulatory or policy development roles.” These are not areas of practice endorsement and may not be clinically relevant. Where such areas are included in the registrar program for an area of practice endorsement and the requirements of clinical work directly with clinical populations are reduced, the capability of the registrar program to protect the public is severely reduced and its relevance and meaning to those undertaking a registrar program in a clinically applied area of endorsement is decimated.

The requirement of a minimum of 176 hours of client contact/annum (equivalent to one day/week of clinical work) is adequate only for the minimum part-time equivalent of one day/week taken over five years. In clinical areas of endorsement (forensic, clinical neuropsychology and clinical psychology) the registrar program needs to be a continuation of training in the application of specialist knowledge, skills, expertise and responsibilities to work with clinical populations. In clinical areas the entire registrar program needs to be undertaken in the area of **practice** endorsement and with clinical populations in order to ensure competence in the particular speciality area and to protect the most vulnerable members of our society.

Should the minimum requirement remain at 176 hours of client contact/annum for full time registrars, it implies that Masters graduates are competent to practice after 352 hours of post-graduate client contact and D Psych graduates after 176 hours. They should be permitted to be endorsed on completion of this requirement. Any delay in endorsement appears merely as an exercise in marking time to little clear purpose, and may be perceived as an impost on the profession.

Commencement of Registrar Program on Completion of Coursework and Practicum Training.

While we fully support students in Doctoral programs being permitted to commence the Registrar program after two years on completion of the coursework and practicum training, they should not be permitted to do so until they have also completed the equivalent research component to a Master's thesis within their degree. The reason for this is to ensure first parity with Master's graduates and second that Doctorate and Doctoral candidates have made adequate progress in the research component of their degrees. It is generally understood that once a candidate commences clinical practice they find it more difficult to complete the research component of their program, whether a Master or Doctoral level project.

ACPA agrees that the duration of the registrar program for Master/PhD students be reduced to 18 months to account for the clinical supervision they obtain whilst undertaking clinical research.

Changes to Definitions

In terms of definition for areas of practice endorsement, ACPA is only prepared to provide a definition in the area of clinical psychology; however, we believe that areas of practice endorsement need to be very clearly differentiated in order to justify being designated as an area of practice endorsement. The recent shifting definitions of areas of practice to provide overlap with clinical psychology in order to obtain higher Medicare rebates under the Better Access Scheme has led to much division and anger in the profession. Furthermore, the shift in the definition of clinical psychology will mislead the public who seek treatment for a psychological disorder, and leave them vulnerable to lower standards of psychological practice. If an area of practice endorsement is unable to define itself as a distinct speciality area it should not be considered an area of practice endorsement, but an area of generalist psychology.

We suggest that the definition of clinical psychology be amended to state: Clinical psychologists are specialists in the assessment, diagnosis, **formulation** and treatment of psychological problems, disorders and mental illnesses, using evidence based therapies.

Core competencies in clinical psychology need to include:

Evidence-based **therapies** and intervention strategies ...

In order to account for coherent approaches to treatment based on theoretical understanding that is supported by research evidence.

Titles for Trainees

Finally, in terms of designations, ACPA would like to suggest that those undertaking an internship program for registration (known as the 4 + 2 program) be permitted to call themselves intern psychologists, while those undertaking post-graduate training in areas of endorsed practice be permitted to call themselves intern (specialist) psychologists (e.g. intern clinical psychologists, intern clinical neuropsychologists). The term 'provisional' psychologist does not differentiate the substantive differences in training of these two groups and does not enable identification of specialised training within the health system where most trainees will undertake training placements. This is likely to lead to confusion amongst colleagues from other disciplines.

ACPA is continually grateful for the efforts made by the PBA on behalf of the profession of psychology.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'I. Hyde'.

ACPA President



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10th September 2010

Dear Professor Grenyer

ACPA-WA branch submission

Thank you for this opportunity to provide feedback on the proposed revisions to the guidelines on areas of practice endorsements. The Western Australian branch (ACPA-WA) of the Australian Clinical Psychology Association (ACPA) is grateful that the Psychology Board of Australia is reviewing these guidelines as, along with the national ACPA membership, we have serious concerns as to the measures being proposed and their impact on clinical psychology, due to a substantial capability of downgrading and undermining the speciality and the dangers of this to the public.

WA clinical psychologists have had "on the ground" experience of a successful and viable specialist title registration system for over thirty years. Most importantly, this system has maintained appropriate standards for our profession and thereby reduced risks to the WA public. Thus, we are committed to working constructively with the PBA to find ways to maintain WA's high standards and to extend them nationally. We hope that the PBA will actively engage with us since it has reassured specialist psychologists, politicians and others in formal written statements that the national endorsement programme will secure the same ordinary international professional standards and protection for the public as the WA specialist title registration system.

ACPA-WA SUPPORTS THE ACPA'S NATIONAL SUBMISSION

The ACPA-WA branch supports the comments, concerns and recommendations of the national ACPA submission in response to this consultation paper. We will not repeat them in this submission, but request that you please note them. Based on our experience of specialist title practice and supervision for more than three decades, we provide additional recommendations below.

THE DEFINITION OF PSYCHOLOGICAL PRACTICE WILL DOWNGRADE THE REGISTRAR AND ENDORSEMENT PROGRAMMES

The PBA's use of the AHPA definition of psychological practice (3.2) for the registrar and endorsement programmes is of considerable concern to the ACPA-WA as it is too broad and does not include the essential requirement of direct client/patient contact, care and clinical relevancy. It is applicable for generalists but not for psychologists with endorsement in applied practice areas.

We recommend that the PBA include the important requirement that psychology practice must involve direct client/patient care in the area of practice endorsement and with relevant client/patient populations. For example, an endorsed clinical psychologist must provide direct clinical psychological services to clinical populations i.e. practice must be clinically relevant. Tasks such as administration, research, education, management, regulation and policy development do not ensure that direct clinical psychological practice assessment, diagnostic, formulation and treatment skills with clients/patients are maintained.

SPECIFIC CORE CAPABILITIES: CHECKLISTS OF SPECIALIST SKILLS AND KNOWLEDGE

In addition to the requirement of direct client/patient care, ACPA-WA recommends that the PBA use the Psychologists Board of Western Australia's (PBWA) Checklists of Specialist Skills and Knowledge for defining specific practice and skills in each endorsement area. Our experience over many years indicates that these checklists have been valuable, "user-friendly" and provided clear guidelines for core practices in specialist areas. Both specialist title supervisors and registrars have effectively used the checklists for establishing supervision contracts, providing supervision, evaluating performance and writing progress reports.

The WA checklist for the clinical psychology specialist title registration is attached. Checklists for each specialist title are available on the PBWA's website: www.psychboard.wa.gov.au

REGENCY OF PRACTICE AND CPD

We recommend that the PBA include in the five year recency of practice requirement for endorsed applied psychologists that psychology practice must include ongoing client/patient contact and care in the area of practice endorsement. In addition, we recommend that professional development activities must include at least 5 supervision hours of direct client/patient care in the area of practice endorsement. For example, an endorsed clinical psychologist must practice and be supervised in direct clinical psychological care with clinical populations i.e. practice and supervision must be clinically relevant. Tasks such as administration, research, education, management, regulation and policy development do not ensure that direct clinical psychological practice abilities with clients/patients are maintained.

THE LOSS OF EXPERIENCED SUPERVISORS AND JOB OPPORTUNITIES

Although the ACPA-WA strongly supports the training of supervisors, we are concerned that the PBA has not provided a permanent grandparenting facility for experienced board supervisors with specialist titles or practice endorsements. The requirement for highly experienced board supervisors to complete a 30 hour (15 contact hours) PBA-approved training programme in psychology supervision by 2013 is devaluing, expensive, short-sighted and far too onerous. The requirement of 7 hours of refresher supervision training every 5 years is appropriate and acceptable. Refusing to grandparent experienced specialist supervisors is taking away a hard-earned privilege, a source of income and discriminating against our most respected colleagues.

We are alarmed that many WA board-approved specialist title supervisors in both public and private practice, who have dedicatedly and competently supervised (some for decades) in accordance with our more rigorous board registrar programme, have indicated that they will cease to provide board supervision in 2013. The ACPA-WA is also concerned that this requirement might hasten full retirement for semi-retired clinical psychologists across Australia.

Our experience and the literature do not indicate that it would be detrimental to the profession and the public to grandparent senior supervisors. Indeed, we hold that that the failure to grandparent senior supervisors will be detrimental to the profession and the public.

The current PBA supervision training requirement of highly experienced supervisors will result in:

1. A loss of experience, expertise and wisdom to the psychology profession in all areas of private and public practice. This loss could negatively impact on standards.
2. Fewer university supervisors to train students in masters and doctoral programmes.

3. Fewer supervisors in placement training facilities.
4. Fewer numbers of students completing training given that securing a sufficient number of placements and supervisors is already a considerable problem.
5. Fewer supervision and job opportunities for registrars employed by experienced supervisors in private practices.

Supervision Recommendation

We urge the PBA to permanently grandparent senior supervisors (in all states) with more than ten years experience in the direct provision of specialist psychology supervision.

The PBA could do this in the same spirit of maintaining privileges as it is permanently grandparenting (for the next three years) many psychologists without postgraduate training degrees in clinical psychology into full and permanent endorsement in clinical psychology. Ironically, some of these psychologists have been supervised by senior clinical psychologists who are to lose their own privileges as specialist supervisors. (In WA, specialist clinical psychologist supervisors are losing specialist title privileges as well as supervision privileges and becoming endorsed with people who do not have postgraduate training degrees in clinical psychology).

SUMMARY

WA clinical psychologists are concerned that when we lose our specialist title registration system in 2013, we will lose – in addition to the concerns raised in the national ACPA submission such as a suitable number of registrar clinical practice hours – our most experienced board supervisors in universities, public service and private practice; supervised placements for students in training; supervised jobs in private practices for registrars; our definitions of core clinical practices; and our specialist title checklists.

We thank the PBA for its consultation with the profession. ACPA-WA would be pleased to meet with the board to constructively share our experience and the finer “on the ground” details of WA’s effective and much valued specialist registration system. We hope that the PBA will not dismiss the experience, energy and commitment to the highest professional practice standards which WA clinical psychologists bring, in good faith, to the new endorsement system.

Yours sincerely
Wendy-Lynne Wolman, PhD
Clinical Psychologist
ACPA-WA interim committee chair

The Psychologists Board of Western Australia

APPLICANT'S PROGRAMME - CLINICAL PSYCHOLOGY Checklist of Specialist Skills and Knowledge

INTRODUCTION

Psychologists entering supervision for registration of the specialist title, Clinical Psychologist, must have completed a Board approved Masters degree in Clinical Psychology, or equivalent. A minimum of two years (full time equivalent) supervised practice is required for registration as a Clinical Psychologist. The following Applicant's Programme details particular requirements of Clinical Psychologist (Registrar) supervisors and supervisees, and the areas of professional and ethical conduct, assessment, intervention, and communication in which the supervisee is expected to be competent at the conclusion of the supervision period. The Programme should be implemented in conjunction with the general Supervision Guidelines For Specialist Title.

REQUIREMENTS OF CLINICAL PSYCHOLOGY SUPERVISORS DURING THE TWO YEAR SUPERVISION PERIOD

1. It is the supervisor's responsibility to ensure supervisees have adequate knowledge of relevant research, theory and policy before intervention.
2. It is the supervisor's responsibility to ensure supervisees have access to appropriate intervention models, such that undue intervention bias does not operate as a consequence of the supervisory relationship.
3. It is the supervisor's responsibility to bring to the supervisee's attention in supervision any limitations of competence, ethical difficulty, personal bias or aspect of personal development in the supervisee which the supervisor perceives to be affecting the supervisee's professional development and/or professional application.
4. Supervisors are expected to offer sufficient supervision opportunities such that the competencies outlined in the following programme (points 2 to 4) can be examined on a regular basis. Supervisors are expected to keep weekly documentation
5. Supervisors are expected to observe supervisee's work directly as part of the supervision process in vivo, or by video or audio tape.
6. Supervisors are expected to intermittently view active files of the supervisee as part of the supervision process.

REQUIREMENTS OF CLINICAL PSYCHOLOGY SUPERVISEES DURING THE TWO YEAR SUPERVISION PERIOD

Supervisees are expected to develop the capacity for continuing self-appraisal and appropriate consultation over the supervision period. In particular they are expected to:

- (1)
 - (a) Identify the limit of their competence in any given situation and consult with their supervisor regularly with regard to their competence.
 - (b) In consultation with their supervisor arrive at a mutually agreed upon course of action where competence is limited.
 - (c) Implement the agreed upon course of action (which may include seeking other professional opinion).
- (2)
 - (a) Identify broader areas in which they require continuing professional development.
 - (b) In consultation with their supervisor arrive at a plan to develop these areas.
 - (c) In consultation with their supervisor monitor their progress in these areas and readjust the plan as necessary.

INSTRUCTIONS FOR SUPERVISORS

Each standard of practice should be rated as:

C	Competency Attained
S	Satisfactory Progress
U	Unsatisfactory Progress <i>(Needs specific attention)</i>
NA	Not Applicable

SUPERVISOR: _____

SUPERVISEE: _____

PERIOD ASSESSED: _____

Rating			
C	S	U	NA

1. ETHICAL FRAMEWORK AND PROFESSIONAL CONDUCT

1.1 Familiarity with Acts of Parliament relevant to the Applicant's work settings (including):

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- Psychologists Registration Act
- Freedom of Information Act
- Mental Health Act
- Workers Compensation Act
- Public Service Act (where relevant)
- Criminal Injuries Compensation Act
- Children & Community Services Act
- Disability Services Act
- Guardianship Act
- Trade Practices Act (WA) 1996
- Health Services Conciliation & Review Act 1995
- Fair Trading Act 1987

1.2 Conduct consistent with relevant professional aspects of working independently as a clinical psychologist including:

(a) APS Code of Ethics and other relevant ethical Codes

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(b) Understanding how ethical principles are used to guide professional practice in Clinical Psychology

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(c) Commitment to ongoing programme of professional education and development that addresses identified personal and professional limitations

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(d) Clear and consistent use of informed consent Procedures

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(e) Knowledge of limits of competence and personal limitations that may affect work with clients

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Rating			
C	S	U	NA

1.3 Competent in the relevant clinical aspects of working independently as a Clinical Psychologist:

(a) Ability to analyse accurately the functions and recognise the specialist skills of a Clinical Psychologist in particular settings

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(b) Capacity to work as a scientist practitioner, engaging knowledge in relevant psychological and social areas

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(c) Knowledge of the roles of other professions and the capacity to report to other professionals appropriately and work collaboratively

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2. ASSESSMENT

2.1 Administer, interpret and integrate a range of assessment devices:

(a) clinical interviews

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(b) behavioural observations

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(c) tests of intelligence and social functioning

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(d) appraisals of cognitive functioning

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(e) personality tests

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2.2 Assessment procedures to include:

(a) Selection of appropriate assessment techniques or instruments with proper consideration of issues of reliability and validity

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(b) Knowledge of and competency with interview and developmental case history.

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Clinical interviews to include:

- Developmental and family history
- Psychosocial functioning
- Cognitive functioning
- Behavioural functioning
- Biological considerations (eg medical conditions, drug usage)
- Mental state Examination (where appropriate)

Rating			
C	S	U	NA

(c) Psychometric and psychodiagnostic testing
(where appropriate)

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(d) Behavioural observation and functional analysis
(where appropriate)

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(e) Knowledge of psychopathology and
Critical understanding of the use of various
Diagnostic classification systems
(DSM-IV and ICD-9)

2.3 Competent in formulation procedures, including
Information from context of referral, assessment
information, diagnoses: providing the guidelines and
framework for intervention with demonstrated
knowledge of the implications of different forms of
intervention for the case.

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*(Supervisor should have a representative sample of at
least 40 formulations)*

3. INTERVENTION

3.1 Competent in intervention procedures:

Ability to work as a scientist practitioner to:

- Draw from appropriate research literature
- Review documents of departmental and
Professional practice relevant to the intervention
- Formulate and test hypotheses
- Draw from knowledge of a range of intervention
Procedures
- Design or select appropriate intervention
- Evaluate outcome appropriately

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3.2 Demonstrates skilful application of intervention
Processes:

*Applicant's Programme - Clinical Psychology
Checklist of Specialist Skills*

Rating			
C	S	U	NA

- | | | | | | |
|-----|--|--------------------------|--------------------------|--------------------------|--------------------------|
| (a) | Understands intervention processes
(engagement, maintenance, termination, etc) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) | Forms a positive working alliance with a variety
of clients | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) | Able to utilise psychotherapy and/or
behaviour therapy with:
* individuals
* couples
* families | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) | Provide consultative service to other
professionals and carers regarding clinical
psychological problems | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4. COMMUNICATION

4.1 Competent in oral and written communications:

- | | | | | | |
|-----|---|--------------------------|--------------------------|--------------------------|--------------------------|
| (a) | Ability to communicate adequately with clients,
other psychologists, other professionals
and with the general public | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) | Capacity to appear as an expert witness,
including knowledge of Court systems,
presentation in Court, and relevant policies and
practices. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) | Ability to write adequate psychological reports
for a range of audiences. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) | Ability to write adequate psychological reports
for the legal system | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (e) | Ability to keep appropriate records and case
notes in accordance with requirements of
professional setting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

COMMENTS

Please provide any comments on supervisee's performance, particularly where a rating of "U" or "NA" has been given:

Item No.	Comments

SUPERVISOR

SUPERVISEE

DATE

DATE