

Professor Brin Grenyer, Chair
Psychology Board of Australia
G.P.O. Box 9958
Melbourne VIC 3001

Re: Proposed changes to the Guidelines on Area of Practice Endorsement

Dear Professor Grenyer

I am a current PhD/Masters(Clinical Neuropsychology) student, and I would like to thank the Board kindly for the opportunity to comment on the proposed revisions to the Guidelines on Area of Practice Endorsement for Psychologists. I had previously written to the Board with concerns about how the current guidelines may impact doctoral level students and early career clinicians and I feel that the preparedness of the PBA to engage in wide consultation on this matter is exceptionally laudable.

Overall, I feel that the proposed changes go far in addressing the disincentives for doctoral level students that are inadvertently provided in the existing guidelines. Specifically, the revisions will encourage enrollment in doctoral level programs by reducing the extended period of Registrar training beyond the completion of doctoral degrees, and by recognising the importance of research for the development of highly skilled clinicians versed in the scientist-practitioner model. Three key revisions (which were summarised by the PBA), and the benefits of those revisions, are outlined below.

- 1- Doctoral level candidates (DPsych, PsycD, and combined Masters/PhD) will be allowed to begin the Registrar program after completing coursework and placement requirements, even before the submission of their thesis.

This revision encourages continued enrollment in doctoral level programs since Registrar training will not be delayed until the completion of the extensive research component of these degrees. This will also encourage students to maintain their clinical skills throughout their degree by gaining employment in career relevant areas. Additionally, these revisions will promote the scientist-practitioner model of clinical practice by providing incentives for students to enroll, and complete, more extensive research during their higher degree.

- 2- The revised guidelines specify a minimum 176 patient contact hours per year as part of the Registrar program regardless of the number of days per week worked by Registrars.

This revision is commensurate with the usual employment profile of recent graduate clinicians who typically engage in clinical work for only 1-2 days per week early in their careers (e.g. locum positions). The flexibility of this revision is particularly appealing since early career clinicians will still be able to maintain a reasonable level of research related work in the years subsequent to graduation which is imperative for those wanting to apply for research grants and positions. Additionally, given the specified requirement of *patient contact* hours, this revision will ensure a standardised minimum amount of patient-related experience which can be expected of those completing the Registrar program.

3- The duration of the Registrar program for combined Masters/PhD students is reduced to 18months.

As a combined student myself, I appreciate that this revision recognises the extensive training obtained during PhD research. This revision will encourage future students to enroll in these programs since individuals will not be unduly disadvantaged by extended Registrar training in addition to the extensive requirements of the PhD.

With respect to the Areas of Practice Endorsement- Specific Core Competencies, I might suggest that the description of the area of Clinical Neuropsychology include "...cognitive, emotional, and behavioural problems..." perhaps in addition to, or place of, the term "...psychological disorders..." since I feel this alteration may more accurately describe the area of Clinical Neuropsychology for the community, and colleagues in other professions.

On a final note, I would like to raise some points for consideration by the Board. Specifically, these pertain to the potentially high costs to students engaged in supervised training. This will apply to both the cost of registration for Provisional Psychologists (who are required to pay the same registration fee as all other levels of registration), and also to Registrars who will be required to pay the often very high fees for attending courses/workshops required to satisfy the "Active" CPD hours for full endorsement. This is particularly concerning for Registrars who have not completed their thesis since these individuals may be on a lower rate of pay compared to those who have graduated. To remedy this, the PBA might consider reduced registration fees for students with Provisional registration or who are undertaking Registrar training. Further, the PBA may offer subsidised CPD events, or alternatively reduce the proportion of "Active" CPD hours required for endorsement (e.g. courses, workshops, conferences), whilst promoting less expensive "Non-Active" CPD alternatives (e.g. seminars). An example of this may include 20 hours of "Active" + 20 hours "Non-Active" CPD per year.

To summarise, I feel that the proposed revisions by the PBA are very considered, and remedy the inadvertent disincentives for doctoral level clinicians provided by the current guidelines. The revisions therefore recognise the important contribution that doctoral level graduates provide the profession, and ultimately the community. I would like to finish by again thanking the Board for the opportunity to comment on these revisions and I commend the PBA for striving to raise standards within the profession.

Best regards,

George Youssef, AssocMAPS
Provisional Psychologist
4th Year, Masters(Clinical Neuropsychology)/PhD Candidate
The University of Melbourne