

College of Clinical Neuropsychologists (CCN)

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

6 September 2010

Dear Professor Grenyer and Board members,

**Re: Consultation Paper 5: Proposed Revisions to the Guidelines on Area of Practice Endorsements**

Thank you for the opportunity to comment on the above consultation paper. We would firstly like to express our appreciation for the PBA's response to our earlier correspondence, which included a request to extend transition periods to include all currently enrolled students, as well as several other suggestions, many of which have been incorporated into the Consultation Paper. It is gratifying to know that our concerns have been noted and addressed.

On the whole, we view the suggestions put forward in Consultation Paper 5 as being positive and a significant improvement on the previous guidelines, and believe they are consistent with a scientist-practitioner model of training. We commend the PBA for proposing these new guidelines.

However, we do anticipate some difficulties with certain aspects of the proposed new guidelines. Below, we have provided comment on each of the specific proposals. We have then commented on a few related issues.

**1. The PBA proposes to allow Doctorate students to enter the Registrar program after completing coursework and placement requirements, but before submitting their thesis.**

This will have the benefit of allowing candidates the opportunity to consolidate and develop their clinical skills in the workplace immediately after finishing the practical aspects of their training, thereby reducing the de-skilling that would have occurred with the previous guidelines. It also reduces the disadvantage that Doctorate (i.e., DPsych and MPsych/PhD) students had under the previous guidelines in comparison with 4+2 trained psychologists.

One issue that is unclear is whether or not DPsych students would be able to enter a registrar program after completing all their coursework components and the first 1000 hours of placements (i.e., the equivalent number of placement hours to a Masters student), or whether or not they would be required to wait until they complete their final advanced internship in their third year (which is an additional placement unique to the DPsych program as compared with an MPsych/PhD program). We seek clarification from the Board on this issue.

**2. The PBA proposes to allow Doctorate candidates in the Registrar program to use the title “registrar” prior to completion of their qualification and therefore before gaining general registration.**

We support the use of the title “registrar” to describe Doctorate candidates in the registrar program. However, we do not support the proposal that Doctorate candidates who are in the registrar program are not able to gain full registration until their thesis is passed, for the following reasons:

- It creates a complicated three-tiered system of:
  - Doctorate students working as provisional psychologists before entering a registrar program (i.e., before completing their coursework and placements)
  - Doctorate students working as registrars with provisional registration
  - Recent graduates working as registrars with full registration

We believe this would create confusion among students, employers and the public regarding the differing level of training and qualification among these three options.

- These three levels do not map directly onto current grading systems and pay scales in each state’s Enterprise Bargaining Agreements.
- Currently most positions in clinical neuropsychology require the employee to have full registration, so despite having the same level of training, registrars who have not yet passed their thesis would be unfairly disadvantaged in terms of gaining employment.
- The two levels of registrars (i.e., provisionally and fully registered) will receive different levels of pay, but the costs involved with maintaining their registration will remain the same (i.e., insurance, attending CPD events, potentially private supervision, and PBA registration fees).
- It puts DPsych and MPsych/PhD students at a disadvantage compared with Masters and 4+2 graduates, who are able to gain full registration after equivalent or less training.

The main advantage that we can see of having registrars provisionally registered until completing their thesis is that it provide an incentive to finish their thesis, However, if the 5-year maximum duration of the registrar program applies to their registration status as well as being a registrar, we believe this would counteract most disincentives to finish.

Hence, taking into account all of the factors above, our recommendations would be as follows:

- Those who have entered the registrar program, regardless of their graduation status, should all be fully registered psychologists, in order to promote equality of title and pay-scale for those with equivalent level of training. However their registration would be suspended if their thesis was not passed within 5 years. It could be required that their thesis is passed before they are able to gain the full area of practice endorsement (i.e., stop being a registrar).
- Remove the first “tier” of the three-tiered system - i.e., Doctorate students should have the opportunity to undertake paid clinical work only after completing all coursework and placements.
- The PBA should liaise with the psychology unions in each state to ensure that the grading systems and pay scales correspond with the new guidelines.

**3. There is a proposed minimum 176 patient contact hours per year as part of the Registrar program, irrespective of EFT. The requirement for a minimum 17.5 hrs per week of clinical work has been removed. In line with guidelines of recency of practice, there is a maximum 5-year limit for a candidate to be part of the Registrar program.**

This removal of the minimum 0.5EFT requirement will have the benefit of allowing students to continue to dedicate the majority of their time to completing their thesis requirements while in a registrar program, hence promoting the completion of their higher degrees. It also allows registrars who are recent graduates the opportunity to work in research positions which are more than 0.5EFT while still doing clinical work as part of a registrar program. It is more suitable for the neuropsychology profession generally, which is dominated by part-time positions.

We also agree with the maximum 5-year limit on the registrar program, as this will encourage Doctorate students to complete their theses within a reasonable time frame.

One issue which is not clear, and about which we have received multiple enquiries, is that if a registrar is working, say, 1-2 days per week only in clinical practice, are they still required to complete 40 hours of active CPD and 40 hours of supervision per calendar year? Many students feel that this would be difficult given the costs of participating in active CPD on a limited salary and also the limited number of cases they would be seeing to discuss in supervision. More detail and clarity in the guidelines about this issue would be appreciated.

Our recommendation would be:

- to pro-rate the supervision and CPD requirements according to the EFT, but with a minimum of 20 hours CPD and 10 hours supervision (totalling 30 hours, equivalent to the minimum requirements for registered psychologists).

**4. The PBA propose to adopt, for the purpose of the endorsement program, the Australian Health Practitioner Agency definition of practice.**

We like this definition and believe it will be more inclusive of a variety of clinically relevant roles (including clinical research) that could be performed by registrars.

**5. The duration of the registrar program for combined Masters/PhD students will now be 18 months instead of 24 months.**

Again, we believe this to be a positive change that recognises the clinical relevance of the applied research undertaken by combined Masters/PhD students. It also means that incentives for universities to continue offering combined Masters/PhD programs, and for students to undertake these programs, will now continue.

### **Other issues**

- **Timing of full registration.** Although the Consultation Paper has firmly stated that it does not propose any change to the requirement that full registration or endorsement is only available after Doctoral theses have been passed, we remain convinced that this is not in the best interests of the profession. In particular, it disadvantages currently enrolled DPpsych students who are not and will not be required to participate in a registrar program, who will continue to be forced to wait until their thesis is passed before being able to commence work as registered psychologists, which will mean de-skilling is likely. At minimum, we would request that a transition period be offered for these currently enrolled DPpsych students, such that full registration could be gained after their thesis was submitted, and this registration could be suspended if the thesis was not passed after one year.

- **Description of area of practice in 3.1.3.** We would suggest the following alternative for clinical neuropsychology: "Clinical neuropsychologists are specialists in the assessment, diagnosis, and treatment of cognitive, emotional, behavioural and broader psychological issues associated with conditions affecting the brain." We feel that this definition provides slightly more detail than the current definition, which would help the public and other health professionals to understand more fully what clinical neuropsychologists do.
- **Costs of registration.** From our understanding, there is no difference in the registration fees payable by provisional psychologists who are enrolled in higher degree programs as compared with registrars and fully registered/endorsed psychologists (i.e., \$410 initial fee, \$390 ongoing). We do not believe this to be fair, particularly consider students' usually minimal income, and instead would suggest a sliding scale that reflects the different income levels of these groups.
- **Availability of active CPD opportunities.** It would be very difficult, both in terms of time and costs, for the CCN state committees to provide the 40 hours of active CPD that is required by registrars per year. As indicated in our previous letter, in order to make this requirement more achievable and sustainable, we suggest that the guidelines specifically state that such as the "active" requirement could be met by a range of options that do not rely on the presenter or supervisor to enforce, such as a paragraph written by the attendee reflecting on the main points learned, or a structured peer discussion.
- **Website issues.** In our previous letter, we requested that the current PBA website be amended to more clearly identify practitioners that have area of practice endorsements (i.e. by displaying the area of practice endorsement on the initial webpage following a clinician search). We would like to re-state this request and urge you to consider it as we consider this to be of vital importance for anyone using the PBA website who wishes to check clinicians' credentials. In addition, we would make the following further suggestions regarding the website:
  - It would be of immense help if website users could search for registered psychologists who have a particular area of practice endorsement (i.e., rather than only being able to search for a specific clinician) as well as searching by locality. The fact that website users are currently unable to either clearly identify or search for psychologists with particular area of practice endorsements belittles the value of having an endorsement.
  - It would be helpful, and consistent with the PBA's aims of increasing public understanding of psychologists' roles and qualifications, if information was included on the website regarding what each area of practice endorsement means and involves.
  - We believe it is necessary to include on the website the year that the psychologist was first registered, so that their level of experience is clear.

Thank you again for the opportunity to comment on these guidelines. We look forward to seeing the outcome.

Yours sincerely

APS College of Clinical Neuropsychologists, National Committee