



The Australian College of Clinical Psychologists

Response to the Psychology Board of Australia

Re: Consultation paper on registration standards and related matters

Issued 27 October 2009

Response due date: 24 November 2009

'Attention: Chair, Psychology Board of Australia' at natboards@dhs.vic.gov.au

Written on behalf of the Australian College of Clinical Psychologists:

(Organisation formed 1980; purpose – to maintain the standards of the profession; to support psychologists working in the clinical field and to protect the public from malpractice).

Our organisation thanks the Psychology Board of Australia (PBA) for the work that has gone into this consultation paper. The formation of the PBA presents a unique opportunity for psychology to establish a distinct direction in meeting the needs of the Australian public for psychological HealthCare. The PBA's guiding principle "...to enable innovation in the education of, and service delivery by, health practitioners" is welcome.

The momentous change from State and Territory Registration Boards to a National Registration Board is occurring within the context of significant changes within the discipline of psychology. Such changes as:

- the accelerating numbers of people presenting with depression, anxiety and other disorders.
- the large proportion of the population seeking psychological care since Medicare began to cover psychology
- the expansion of psychology in response to pressures in new directions such as sport and law; and,
- the use of the Internet to deliver care, improve human relationships and report research.

General comments on the consultation paper

Notwithstanding the guiding principle of innovation, the consultation paper purports to meet the “consultation requirements in the legislation” (pp 20,24) by consulting with “other relevant psychological organisations,” yet the only references made to a professional group are made about the APS (at least 10 times). The APS does not represent all psychologists. If innovation is to occur without bias then it is imperative that the PBA take heed of diverse views coming from a broader base so that it will be possible to find alternative solutions to some difficult problems that face the National Psychology Board.

The Australian College of Clinical Psychologists (ACCP) has been continuously functioning for nigh on 30 years and through collective experience has developed structures and processes that have supported and enhanced members to provide a high quality of service. Standards have been maintained through:

- A) Annual peer review of cases and 35 hours of professional development and
- B) As the name implies, all members are clinical psychologists. The College recognises that clinicians practise in different areas such as sport, legal, child but no distinction is made between the areas. Rather the distinction is defined around competence gained through experience of working with clients whether in private practice or in government and non-government agencies. (see D below)
- C) Of particular importance to members is the collegiate relationship. The ACCP has always required a certain level of attendance at meetings rather than just paying an annual fee and possibly remaining anonymous. This membership requirement allows for quality control as well as getting to know professional strengths and weaknesses. This opportunity to build relationships within the profession enhances the quality of service to the public because the networks established enables appropriate referrals to be made to the clinician best suited to the client’s problem.

D) The Senior Clinician category recognises those members who are 'expert' in the field. These long standing members have met rigorous criteria for supervision and demonstrated exemplary competence in professional practice and diagnostic specialities. These standards meet national and international criteria. Please contact the College for further information about this structure.

The ACCP accepts and encourages the fact that the Psychology Board of Australia aims to develop the profession by raising standards to be in line with international standards within the coming years. However the ACCP has concerns that the present emphasis on academic requirements alone will not lead to the protection of the public. Please consider the following arguments:

- a) **Restriction versus expansion:** If "specialist categories" can only be entered by doctorate qualifications, then the small number of psychologists identified would not match the number required to meet the burgeoning needs of those with mental disorders in communities around Australia. This population number is only going to be growing with the stresses of modern life, thus the community need a growing number of specialists, not a restrictive number which would result from the present recommendation.
- b) **Alternative courses for those with years of experience.** In the consultation paper there is no alternative way to the specialist categories. The consequence would be a loss of the 'corporate knowledge' that has accumulated through years of experience gained by longstanding registered psychologists. This loss would then impact on the quality of service available to the public. For example the public would only have a 'specialist' service from graduates of PHD courses who have spent years in academic circles but who would not have wisdom behind them to deal with complicated cases. *Recommendation: The Australian College of Clinical Psychologists proposes that the Senior Clinician structure be considered as an alternate course for those that have been registered for 10 years+.*

- c) **Equal access for all Australians.** The restriction on entry to “Specialist categories” does nothing towards balancing the service to those living in country regions. See *attached letter* from one of our country members, which describes the difficulties of finding psychologists to service country needs. Not only are the country psychologists disadvantaged but the country communities have a further burden placed on them when the clients have to travel long distances to visit “Specialists” in larger towns. The Specialist category must be able to attract some psychologists who are willing to work in rural regions

Comments with reference to specific pages of the consultation paper

Page 10, CPD.

Do the 10 hours of individual supervision have to be with an endorsed supervisor or just another registered psychologist? Does this invalidate peer-peer supervision unless the peers are both endorsed supervisors?

Do only provisional psychologists or general psychologists progressing toward specialist registration need an ‘endorsed’ supervisor?

Page 17, Paragraph 2, Definition of “discipline”

...the Board is proposing that specialist registration in psychology apply across all psychology disciplines. It must be noted that psychology is one discipline. This is an error in the use of the word ‘discipline.’

Page 19, Specialist Areas

The paper comments that the chosen categories have come from APAC accredited post graduate degrees. There is no mention about the process used for choosing these categories, nor is there mention of any research that delineates criteria for each discrete area. It seems that there is confusion within the APS.

For example “

It has been noted that on page 39, the paper states that “Under the APS College structure, multiple college memberships can be acquired despite qualifications being in only one single area of specificity.” This type of structure seems to contradict the notion of specialist. The specialist category is again referred to on page 44 where the paper states “APS college membership of the Australian Psychological Society or **those having been assessed as eligible for full membership will be judged as having met the equivalence criteria.**” There appears to be no distinction for a specialist psychologist if only full membership is necessary.

Recommendation : A broader grouping would have the benefit of encouraging individual practitioners to seek knowledge and expertise across their specialty and hence improve their value to the public.

Page 44 Transition

Is there a grandparent clause in this proposal to have all doctorate university based programs to be recognised prior to a committee being formed to accredit these programs in the future?

The paper commented that “Those registrants who have been recognised as eligible to use Clinical Psychologist items under Medicare will be taken to meet the equivalence criteria. “ In the past the APS have been the gatekeepers for determining the clinical psychologist category. It is a fact that not one of our members who has applied has been granted this category although they may have had many years of professionally recognised expertise in their chosen areas and even have doctorate qualifications.

Recommendation: The ACCP would like a measure to be put in place that does not have bias towards any professional association.

What does the Psychological Board of Australia propose as criteria for considering “equivalence on their merits?”

The ACCP requests that the Chair of the Psychology Board of Australia consider these

suggestions and recommendations.

The Australian College of Clinical Psychologists looks forward to feedback

Signed: Carolyn Rolls (National President,)