

Attn: Chair, Psychology Board of Australia
Submission Regarding the “Consultation Paper on Registration Standards and Related Matters”

This submission is made by Deborah Lawton, registered psychologist and owner of Rose Park Psychology. Rose Park Psychology is a business name. The company operates in South Australia and predominantly provides CBT treatment programs to clients referred by GPs under the Medicare scheme. Nine psychologists are employed in the practice. Six of these are currently APS clinical college members, for another two, membership is imminent.

Consultation Paper on Registration Standards and Related Matters

Aim

To enable the continuous development of a flexible, responsive and sustainable Australian health workforce and to enable innovation in the education of, and service delivery by, health practitioners.

Consultation

The stakeholders in the business of psychology are not currently adequately identified or represented. It is proposed that the National Board convene a panel of full time private practitioners from the business community so that consultation can be effective. In reality, the professional community of private practitioners is a collection of very small businesses, not organised into national industry committees.

Recommendation

It is proposed that the National Board convene a consultative panel of full time private practitioners.

There is a comment on p1 that a viable safe workforce is required. In the context of clinical work done under Medicare, the gatekeepers and defacto quality controllers of services are GPs. GPs already evaluate every client outcome with a particular psychologist. There is already a powerful mechanism in place for the exclusion of “unsafe” psychologists and selection of good psychologists. The need for an increase in the safety of the profession is overstated. There is no increase in safety arising from these proposals to raise the level of academic training required from 6 to 7 years, or by imposing a rigid system of supervision.

Declaration of Business Interest

As my company employs clinical psychologists the proposals for the creation of a new area of business i.e. supervision, would be to my commercial advantage.

We would be in the “in group”. We would market and profit from providing the service of supervision to psychologists. Nevertheless, I do not support the proposal for structured supervision, because, as explained later in this submission, I believe it is detrimental to the interests of psychologists generally, in private practice.

Criminal History Standard

Agreed without further comment.

English Language Skills

Agreed without further comment.

Professional Indemnity

Professional indemnity insurance is essential but should be administered well.

The APS website states, “The APS has secured a range of insurance services, reduced rates and access to individual legal advice through insurance broker Aon Risk Services. In addition, Aon Financial Services offers Members asset protection and competitive legal benefits.”

The APS offers members a reduction in the cost of the indemnity insurance, of an amount similar to the APS membership fee, implying that membership of the APS is effectively free, taking into account the indemnity insurance “reduced cost”. The quoted original rate is in reality higher than rates for a similar service offered by other companies by about the amount of the APS fee.

Recommendation

It is recommended that for the protection of practitioners from this practice, the board examine the indemnity products and endorse several companies that can provide good indemnity insurance.

Continuing Professional Development. Generalist registration

Psychologists already do the suggested amount of professional development. Except for a false separation of training needs for generalist and clinical psychologists, the current APS summary definitions of professional development activities are agreed and are attached. I see little need for a system of regulation when the psychologist can just fill in the form to report that he or she has read a book.

I note that individual supervision for a psychologist with generalist registration does not involve doing supervision with an “accredited supervisor”. This should be preserved. Supervision is currently carried out with colleagues. The current practice of accessing colleagues at the time of need is the best method of support and skill development. I have tried to implement programs of formal supervision, in my company. What works is informal supervision where there are organised, timely and informal professional conversations between colleagues. The concept of appointing special supervisors and of supervision as an area of practice, is not supported and comment is made later in the submission.

Recommendation

It should be recognised that the training needs for psychologists in the generalist, as they deal with the same client group are the same as psychologists in a specialist registration category. The client group that is referred to them is the same.

Continuing Professional Development. Specialist registration

There is no special area of practice for clinical psychologists and no special training need.

The promotion of specialist training seminars as professional development for the specialist clinical college has resulted in psychologists going one afternoon a month to APS training because it is cheap and because they want the points. Input is repetitive and at times not up to a high standard. Over a number of years the input becomes repetitive. The same amount of professional development activities for generalist registration should apply, as there is little evidence that specialised clinical psychologists deal with clients that are different from those clients referred for focussed strategies. There is an equal need for training.

Endorsement as a psychology supervisor

The concept of specialist supervisors for supervision of psychologists already in private practice is not supported. This would represent a waste of psychologists' money. The formal system that has been proposed has not been demonstrated to be of any superior benefit to client outcomes or to psychologists, than current informal systems. Psychologists already have mechanisms in place e.g. membership of private practitioner groups, colleagues in the same practice and employer sponsored meetings that are superior in efficiency and flexibility.

Recommendation.

This is not supported. Should psychology supervisors be appointed they should be full time private practitioners, not necessarily with a doctorate.

General and Specialist registration

Specialist registration is in general not supported. Every psychologist has to be proficient in their clinical skills. Generalist psychologists work with the same clients as specialised clinical psychologists. The requirements for generalist registration are sufficient. GPs (generally in a position to evaluate psychologists' performance) do not contact our practice asking for specialised clinical psychologists. They often express a preference for a particular generally registered psychologist to provide a clinical treatment program.

One reason for opposing specialist registration is the difficulty of attaining the status. Long term experience is not valued and competence is not assessed. There is preferential recruitment to these specialist categories of young psychologists with comparatively recent qualifications and little experience. They get there supervision for free, in the work place.

There is no evidence to support the assertion that the general public is at risk from registered psychologists. As stated, the gate keeping of GPs is a much more effective way of regulating the work of psychologists. There has been no indication in my company that the services of specialised clinical psychologists are preferred by anybody. GPs often request a particular general psychologist in preference to a specialised clinical psychologist for clinical work.

The individual psychologist will have lower flexibility and less innovation in the provision of their services the more restricted is their range of practice. It would not be a healthy practice if a practitioner saw, for example, patients with depression all day, for years, without the flexibility to switch to another line of work. The more onerous and expensive the entry and maintenance criteria, the more hours a psychologist will have to work and there will be a deterioration in general wellbeing in the psychologist workforce.

Recency of Practice

There should be some limitation on recency of practice, however there is discomfort with this proposal as:

- There is no indication of the scope of remedial action.
- It discriminates against practitioners leaving the workforce for parenting leave.
- It prevents the gaining of broad life experience, by imposing financial costs on having breaks.
- There is no real evaluation of the concept that a break is detrimental rather than of actual benefit.

Assessment against the Procedures for Development of Registration Standards

The consultation period is too short and effort should be made to seek representation from full time private practitioners.

Specialist Titles

The fragmentation of the profession by specialist titles is not supported. For example, how would a married person suffering from an anxiety disorder in combination with a heart condition choose between a clinical, health or even counselling psychologist? These specialities represent false divisions originally created by academics for teaching purposes.

There is no perception amongst GPs, or the community in general, that the standard of service provided to the general public has been improved by the introduction of the specialist scheme. There has been to my knowledge no evaluation of this. Rather it is the perception of the members of the profession in private practice, that most individuals endorsed to provide specialist services have recent qualifications and little experience.

These measures have high nuisance value. For example, for a psychologist doing medico-legal reporting, presumably the expectation would be the possession of at least two specialist titles, clinical and forensic, with the ensuing involvement of payment for supervision, additional training and the opportunity cost of lost earnings whilst doing all the tail chasing. In reality, the quality of the psychologist is controlled by the demand by lawyers for services. These psychologists are selected by lawyers and their competence is tested in court.

There is no reason to accept that topics broken down to parts for teaching purposes will do anything other than present a fragmented approach to therapy. This proposal does not conform to the aim to form a flexible workforce, nor does it encourage innovation arising from cross fertilisation across specialist fields.

Board Approved Supervisors

Supervisors already need Board approval for the provision of supervision to interns. It is recognised that the supervision of interns is a heavy responsibility and additional measures are supported.

Specialist Registration

There is no evidence that imposing the gaining of a professional doctorate, plus one year supervised practice, plus 35 hours of supervision from an endorsed supervisor, produces a better outcome for clients. The current generalist system is sufficient.

They make a case for moving specialist recognition from the educational and professional sphere to the sphere of regulation, based on assertion only.

There is no evidence that “unqualified” practitioners, (presumably they mean generally registered psychologists) perform less well than specialists. There has been no attempt to measure competence, just a focus on increasing the input of academics.

It is very unusual that existing practitioners are not grandfathered into new legislation. If specialist registration is pursued, it is recommended that a grandfather clause that psychologists who have been in private practice for at least 8 years be put into the clinical specialist category. These psychologists have demonstrated ability to attract work even before there was a Medicare rebate. It is largely the work of these psychologists that created the perception that psychology was of value.

More and more academic training and specialist registration imposes a business disadvantage by inflating the costs of practice. Many other health professionals, e.g. nurses, social workers, and GPs deal with this client group without the benefit of years of psychology training.

“This proposal is not expected to impact on the costs of educating psychologists or on the supply of psychologists”. Presumably the cost of this training will be borne by the individual psychologist. The rationale of how demands for money for training and supervision, the opportunity cost of this and the cost to the client group is addressed later in this submission.

It is recommended that a grandfather clause that psychologists who have been in private practice for at least 8 years be grandfathered into the clinical specialist category.

Professional development and “supervision an endorsed area of practice”.

It is proposed the clinical psychologist undergo 30 hours of individual supervision every year with a supervisor, with a doctorate, trained by the board.

It should be recognised that this is a new area of business in the industry and legal advice should be taken in regard to the trade practices act. In business this will advantage people with doctorates and academics. An effort should be made to the end that the representative psychologists involved in deliberations do not have a financial conflict of interest in the decision.

“This proposal is not expected to impact on the costs of educating psychologists or on the supply of psychologists”.

There is a direct cost and an opportunity cost to the individual private practitioner. It takes time and money to engage in this financially non productive activity. The benefit has been asserted, not established.

The financial cost to a practitioner is as follows.

- Cost of supervision at the APS recommended rate of \$206 per hour is $30 \times 206 = \$6180$.
- Lost income of 30 hours of work at the specialised clinical rate $\$117.65 \times 30 = \3529.5 . At the usual charge rate of \$150, the opportunity cost is $\$150 \times 30 = \4500 .
- Added to this can be the overheads of running an office and receptionist for 60 hours (three weeks of consulting time for a full time practitioner) of financially non productive time. Estimate \$2000.

There is therefore a yearly increase cost of practice to a clinical college member of approximately \$12 680. Many psychologists run a mixed client practice and it will be financially unviable for some full time and most part time practitioners to engage in this system of providing specialised clinical psychology services.

The government sector psychologists in practice are unlikely to engage in this scheme. Assuming a salary of \$70,000, this would reduce that practitioner's income to \$57,320.

If 1,000 psychologists took part in this structure it would represent an industry with a turnover of \$12,680,000 per year. This structure takes away the flexibility to spend this staff development budget in other more innovative ways.

If government sector psychologists did participate, services to the client group would be reduced for 30 hours a year, a social cost to a most vulnerable group.

There is a tendency to compare psychologists in the Australian setting with overseas psychologists. It is not my experience that the British national health service model translates well to the Australian setting. From the business point of view, it would be more equitable to compare the business costs of training and supervision to other health professionals such as doctors, nurses or social workers and benchmark the training requirement and entry to the market with those professions.

This proposal does not meet the goal of having a flexible workforce, nor does it enable or encourage innovation in the psychology community.

Selection of supervisors

There is no evidence that psychologists with doctorate degrees are the best people to provide supervision. Academic achievement does not predict

interpersonal skill. Supervision should be provided by individuals in full time private practice. There is an argument to exclude those holding academic positions as they are likely to already have had substantial input into training and be deficient in experience of real life professional practice.

Selection of those undertaking training would have to be scrutinised under the Trade Practices Act.

Practitioners should have a choice of supervisor. Is it proposed that certain supervisors be imposed on practitioners? How will a bad supervisor be judged and excluded from practice? It cannot be assumed that trained means competent. Is there a system of evaluating the performance of supervisors? Will psychologists be obliged to unwillingly pay supervision fees to supervisors taken from a small pool that they did not choose? Who will fund this initiative?

Purpose of supervision

Supervision is briefly defined as “for the purposes of professional development and support in the practice of psychology and includes a critically reflective focus on the practitioner’s own practice.”

This is an entirely insufficient definition. Professional skill development is otherwise accounted for under professional development. Support is not defined and if “emotional”, it comes at a substantial financial cost. Many practitioners in group practice do not need emotional support. The implications of a critically reflective focus are undefined. What powers will the supervisor have if they believe their psychologist client to be incompetent? How will this be assessed? Can a psychologist disagree and choose another supervisor? Is the supervisor assessing mental competence to practice or psychological skills? These judgements should be made by someone who does not have a vested financial interest in the continuation of the process of supervision. The judgements of supervisors should be subject to a review process. If the purpose of this system is to ensure psychologists mental fitness to practice, it follows that both psychologists and their supervisors should have this assessed by a third “disinterested” party.

It is strange to wish to enshrine criticism as an educational strategy. This is not innovative, as it is historical in it’s conception, is not a relationship building strategy, is not supportive and in many ways un-Australian. A more flexible positive learning approach is needed.

“Hours must be actual hours” is a puzzling phrase. It seems to suggest that it is easy to assert that requirements have been achieved, rather than genuinely performed. Such an implication seems rather insulting, and to imply dishonesty on the part of practitioners.

The paper says supervision could be done by a group of three psychologists devoting 10 hours to each psychologist's practice. This is not different from the reality of what happens now, but without administrative reporting requirements.

Generally this proposal is ill-formed and is not supported. If it should go ahead the following recommendations should apply.

Recommendations

1. That this area of practice is recognised as an area of business and training, and measures be taken to address conflict of interest in decision making.
2. The cost of this additional supervision, i.e. payment to the supervisors and payment to partitioners for participation, should be paid by the government sector. This would require the quality and relevance to psychology outcomes for clients to be demonstrated, rather than asserted. The initiation and continuation of the scheme would then be subjected to evaluation, cost benefit analysis and as value for money, compared with other government expenditures.
3. Additional psychologists should be recruited to the public sector to compensate for the reduction in provision of service.
4. That supervisors have to be psychologists in full time private practice.
5. That participant psychologists have substantial choice of supervisors.
6. The measures that are available to critical supervisors to discipline their charges should be made explicit.
7. That evaluation of a psychologist's well-being or competence to practice not be undertaken by the supervisor, as they have a vested financial interest in a continuing supervision relationship.
8. That an evaluation system examining the performance of the supervisors.
9. That it be recognised that supervision is a marketable business service, subject to the Trades Practices Act.
10. Good outcomes for clients of psychologists under this formal system of supervision should have to be demonstrated, rather than asserted. A trial period of three years is proposed where the supervisors engage in supervising (and paying) each other be instituted.

Deborah Lawton

ATTACHMENT: APS Professional Development Information

What are specialist and generalist points?

Generalist points: refers to those points allocated to activities that are psychological in content but not necessarily in a specialist area. Generalist PD activities are classed as those which present information that would be appropriate for all psychologists.

Specialist points: refers to those points related to PD activities that meet criteria for endorsement or have been endorsed by the National PD Chair of the College as continuing education in that specialist area

The difference between **specialist** and **generalist** points is not one of quality, or of the likelihood that members who decide to attend it will find it beneficial. Rather, the difference relates to whether the content reflects generalist skills required by all psychologists (including college members), or those reflecting the specific training and practice of specialist psychologists.

Please note: Activities which have not been endorsed by the APS can still attract PD points if the activities fulfil the criteria for general or specialist points.

If an activity is endorsed by a College and completed by a psychologist that is not a member of that College only generalist points can be claimed for that activity.

If more than one College endorses the activity attended for specialist points, the member is required to **nominate** only **one** College towards which the specialist points will be allocated. Points in excess of those required in any given cycle do not carry over to the next reporting cycle.

Tables 2 and 3 are intended as a guide to assist participants in allocating PD points to the activities being recorded. The examples given are not definitive, rather they are illustrative, since the PD system is self-monitored and it is the user's responsibility to apply the guidelines outlined here when making a decision as to how many points are allocated to a particular event

NB The tables provide guidelines for making judgements about whether an activity qualifies for one or two points per hour. It is important to emphasise that the PD monitoring system relies on either APS formal endorsement of a PD activity for 1 or 2 points per hour, or you to make your own judgement about whether an activity qualifies for one or two points per hour, and expects you to be prepared to justify this decision if you are audited.

Table 2 – Examples of Level 1 PD Activities (one PD point per hour can be claimed)

	Reading	Workshop Training (participant) An extended session, usually a full day (six hours), where participants learn and practice the knowledge and skills that is the workshop's focus.	Lecture/seminar (attendee)	Video/DVD/Audio recording	Internet-based learning activity (participant)	Supervision (provider or recipient)	PD Provider activities	Other relevant activities
LEVEL 1								
Examples of Level 1 learning activities (1 PD point per hour can be claimed) (Level 1 learning activities consisting mainly of consuming information and do not contain significant pre-and/or post-assessment, interactive feedback/assessment, or other reporting elements)	<ul style="list-style-type: none"> ■ Reading with no associated reporting requirement, quiz or test. ■ Attend journal club without giving any presentation. 		<ul style="list-style-type: none"> ■ Attend lecture with no preparation or assessment component and no active participation required beyond simple question-answer opportunities. 	<ul style="list-style-type: none"> ■ Watch DVD/podcast/Video or listen to an audio recording with no pre-reading associated reporting or assessment requirement or other activity. 	<ul style="list-style-type: none"> ■ Learning activity conducted via the internet which includes only passive accessing of information and which requires no pre-reading, associated reporting or assessment requirement or other activity. 		<ul style="list-style-type: none"> ■ Facilitating a discussion with no pre-reading, associated reporting or assessment requirement or other activity. 	<ul style="list-style-type: none"> ■ Attendance at professional meetings which contain an <u>educative</u> component. ■ Conference activities fulfilling Level 1 criteria.

Table 3 – Examples of Level 2 PD Activity Categories (two PD points per hour can be claimed)

LEVEL 2	Reading	Workshop Training (participant)	Lecture/seminar (attendee)	Video/DVD/Audio recording	Internet-based learning activity (participant)	Supervision (PD provider or PD recipient)	PD Provider activities	Other activities
<p>Examples of Level 2 learning activities (2 PD points per hour can be claimed).</p> <p>(Level 2 learning activities are generally those which include some form of pre- and/or post-assessment, some form of interactive feedback or analysis, or a requirement to write a report).</p>	<ul style="list-style-type: none"> ■ Reading exercise which requires submission of a summary, report, critique, test or quiz for assessment ■ Attending a journal club as the presenter of a critique or comment on a paper ■ Peer support group where there is prescribed reading and written case analysis or assessment. 	<ul style="list-style-type: none"> ■ Attending a workshop in which skills and methods are explained and rehearsed and which requires participants to undertake some form of preparation and/or assessment components (e.g. CBT, IP or MI workshops). 	<ul style="list-style-type: none"> ■ Attending a lecture which requires prior assessment and/or post assessment including submission of a summary, report, critique, test or quiz. 	<ul style="list-style-type: none"> ■ If used as a resource for a journal club or peer support activity and where there is assessment of knowledge or a written report required. 	<ul style="list-style-type: none"> ■ Internet-based learning activities which have an assessment component (e.g. Medscape.com, APA.org). 	<ul style="list-style-type: none"> ■ Active supervision/ Mentoring activities consisting mainly of supervision or mentoring which include analysis of the participant's own work and where there is some form of written feedback or assessment regarding competencies provided to the participant. 	<ul style="list-style-type: none"> ■ Presenting a lecture, seminar or workshop which includes designing the event, creation of pre- and/or post-workshop materials and activities (first time presentation only). 	<ul style="list-style-type: none"> ■ Conducting professional meetings which require pre- and/or post-meeting materials and also require activities to be monitored and reported on. ■ Conference activities fulfilling Level 2 criteria.

Professional Development Activities

Acceptable PD activities

Appropriate PD activities are those which result in the improvement and broadening of psychological knowledge and skills and of the personal and professional qualities needed throughout your working life as a psychologist. Professional development needs differ between psychologists and across different careers in psychology, so PD targets should be able to be met in a wide variety of ways, and the PD monitoring system being tested in this APS is designed to allow this flexibility. The APS system is designed to be a self-managed and self-directed system, relying on members to make their own decisions about the quality and appropriateness of the PD activities undertaken.

In order to assist in planning, some examples of mainstream PD activities are listed below, but please note that other activities may also be appropriate, particularly if as a psychologist you are working outside traditional domains of practice or in rural and/or remote locations. Appropriate PD activities include, but are not limited to:

- Participating in seminars, meetings or workshops by attending in person or by electronic means
- Presenting seminars, courses or lectures at universities or conferences in person or by electronic means
- Reading articles, journals, chapters or books, relevant to psychology
- Undertaking postgraduate courses in psychology
- Undertaking self-study courses in psychology, including self-study video or audio packages
- Writing papers for professional meetings, conferences or journals. Time spent on researching material and writing technical papers can be recorded as PD hours, whether the final product is in the form of a textbook, article for a professional publication or the presentation of a paper at a seminar
- Providing or receiving professional supervision, (for which a journal is required to be kept)
- Engaging in a peer support group of two or more psychologists meeting to discuss cases and diagnostic issues, or to practise skills in a particular psychological therapy (for which a journal is required to be kept)
- Attendance at local and overseas conferences and workshops, where the events are of an appropriate type and standard. In addition, there are a number of “online” PD programs offered by education and training organisations which may be

appropriate for psychologists participating in this APS. More information about “online” PD activities is provided in Section 3.4.

Invitation to Create a Personal PD Plan

The best outcomes will be derived from PD when a planned approach is taken to the timing, nature and mix of the PD activities you undertake in any given period. You should aim to strike an appropriate balance in the proportion of 1 and 2 point activities logged during the cycle bearing in mind your particular circumstances, and it will of course be desirable that you choose a broad range of different types of PD activities. Obviously accumulating all of your PD points” target by simply doing reading alone, for example,

would not give the same richness of PD experience as a mixture of workshops, reading, online courses and supervision. To assist participants in planning a varied mix of PD activities across their PD cycle, a table of PD content streams is provided in Appendix 2 as well as a Personal Development Plan (PDP) in Appendix 3.

NB There is no requirement for any minimum number of PD points to be achieved in each of the content stream types listed, these are simply provided as a tool to assist participants in planning (and also recording) their PD activities.

You should create a PD plan on a regular basis (say annually), and start your plan with a set of learning objectives or goals. These could be to improve, revise or extend a certain set of knowledge or skills, or perhaps to learn about a new area. Locating (or facilitating the creation of) suitable PD events follows and although this can be time consuming it is clearly very important to establish the quality and relevance of the events you target. One aspect of planning will also be the overall balance in the nature of the PD planned for the year.

Online Courses

There are a growing number of online PD courses that may be appropriate for psychologists. The list below gives the URLs for a number of websites which you may choose to investigate, keeping in mind the criteria of relevance and quality. You will need to navigate your way through the sites to the sections dealing with training and education courses to locate relevant information.

<http://www.apa.org>

<http://www.healthforumonline.com>

<http://www.medscape.com>

<http://www.adgp.com.au>

<http://www.racgp.org.au>

<http://www.primarymentalhealth.com.au>

<http://www.rhef.com.au>

<http://www.telehealth.com.au>

Recording Professional Development Activities

Record of Professional Relevance

You will be required to maintain a record of your attendance and involvement in PD activities, including relevant documentation of activities. For any PD activities of a more self-directed nature which cannot be otherwise verified (e.g. self-directed reading, internet-based learning, or other activities which do not have documentation such as a receipt for attendance at a workshop) a „Record of Professional Relevance“ must be completed. The Record of Professional Relevance (See Appendix 1) should be completed in these circumstances to record the details of the particular activity