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Cc:  
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Subject: Fw: attention chair, psychology Board of Australia

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This is a response to the 'Consultation paper on registration standards and related matters'

Generally speaking the paper appears to present some matters without regard to practical and time line aspects of implementation. I am also concerned that whereas the scientist-practitioner model is emphasised I find it inconsistent that minimal, if any, evidence for validity and viability of many of the proposals. The boulder model of the scientist-practitioner model has been under scrutiny in the U.S. (Benjamin, 2005) yet it appears there is a slavish acceptance of its validity. There has been much debate over the model as evidenced by many letters to the editor in the APS journal 'inpsych'.

The APS has a well established system of professional development that many psychologists have only recently adopted – why re-invent the system?

Psychologist work in many settings – including working in the public service. Do authors of the paper presume that the employer will make time available to meet the PD requirements? Will the psychologist receive approval to attend PD activities that may not be relevant to their work yet be a requirement the registration, either generally or as a specialist?

More specifically,

- what activities are considered to be PD activities - will they differ from the APS criteria? Unfortunately the APS has focused on 'practical' activities at the expense of being current with the literature.

What criteria will be used to determine the competency of supervisor?

Who would want to be a supervisor if they have to undergo 'supervision' each year – I have been supervising for 20 years and I resent the implication that I now have to undergo 'supervision' for being a supervisor every year – I would rather give up supervising and so would my employer who already considers supervision of trainees as interfering with my 'normal' work.

What evidence exists to indicate that face to face supervision is superior to other forms of supervision?

I have worked in the substance use area for 25 years in SA - there are no other psychologists in the state who have the same level of experience or knowledge of the area—where and from whom do I get 'supervision'?

What evidence is there to suggest that a doctoral program results in a superior level of delivering psychology services?

There is a paucity of doctoral places and appropriate lecturers in SA

– how will this be overcome in order to meet the proposed specialist program as preferred by the Board?

What student would want to persevere with an 8 year program to achieve specialist recognition when they could do medicine, social work etc and get paid as much if not more?

How much will it cost to do a doctoral program – will it be worth the expense especially as other professions are undermining the recognition of psychologists/ -e.g. there are programs in SA that enable non-psychologists be ‘cognitive-behavioural therapists’

Will psychology go the same way as medical specialties- e.g. form an elitist group?

As a matter of record psychologists in SA are not permitted to use specialist titles – unless it has changed without my knowledge.

I suggest that the Board is being rather condescending to the general public who they consider to be naive regarding their ‘safety’ – in my clinical experience

Are able to make their own determination as to the efficacy of the treatment psychologists and other health professionals provide.

The Board appears to suggest that having specialist recognition in more than one area of psychology is inappropriate – areas of psychology have considerable overlap.

Will there be enough placements in six years time who have appropriately qualified specialist psychologists to supervise trainees? Placements for masters level trainees are difficult to find in the current climate!!!

I have no issue with lifting standards in psychology – I think it is a long time coming – however I think more thought needs to go into the practical, real world aspects of implementing the proposed changes. Not all the states have the same resources, public service structures or- university programs. The work of psychologists has been gradually eroded over the years – many employment adverts ask lump psychologists in the same bracket as social workers, occupational therapists, mental health nurses – I suggest more thought be given to strategies to validate the role of psychologists now rather than 6 or more years time. I am concerned that we will inadvertently price ourselves out of employment in the public service as has happened in the past.

I cite the Board to summarise my position: ‘the equivalence qualifications arrangement is proposed to be phased out in six years, **depending on workforce needs and provision of university places**” (p.44). I suggest that you also include the availability of supervisors and appropriate university lecturers i.e. lecturers who also have work experience and availability of placements.

Thank you for your consideration of my comments.

Ref; Benjamin, L. T. (2005) A history of clinical psychology in America (and a glimpse at its future). *Annual review of Clinical Psychology*, 1, 2005. 1-30.

Yours Sincerely

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