

13 November 2009

Associate Professor Brin Grenyer,
Chair,
Psychology Board of Australia

Dear Professor Grenyer,

RE: Psychology Board of Australia consultation paper

I applaud the establishment of a Psychology Board, and hope to see a continuation of the excellent work started by the APS in encouraging consistency in the profession of psychology between States of Australia.

I wish to present the following feedback as a personal submission on the Psychology Board of Australia Consultation paper.

Section 2.1 Criminal history – I support this proposal.

Section 2.2 English language skills – I support the proposal

Section 2.3 Professional Indemnity Insurance – I support the proposal

Section 2.4 Continuing professional development – comments below

I support the introduction of the requirement for ten hours' peer supervision. However, I do not support the requirement that this must *all* be based on the psychologist's own cases. My experience of professional peer supervision is that as much (and in many cases, more) benefit and learning is gained by listening to another professional discuss the approaches they use and especially, how they make ethical judgements. This opportunity is particularly evident in group settings, where one can hear a range of views on the management of a particular case.

However, in a group of 5 psychologists, they would need to meet for 50 hours per year to meet the proposed requirements. This seems to be an unfairly large amount, compared with only ten hours of 1:1 supervision. I would like to see this aspect of the proposal removed.

Section 2.5 Recency of practice – I support this proposal

Section 3 Proposed qualification requirements for general registration – comments below

I have concerns about the current model used to train psychologists, even though I acknowledge it is used in other countries.

The profession of psychology seems to stand alone amongst professional training courses in requiring a generalist three-year undergraduate degree before commencing

any serious professional training. Medicine, pharmacy, nursing, dentistry, teaching, engineering, accountancy, and law all commence dedicated professional training early in the degree. It is not clear to me why the profession of psychology does not follow this structure. All of the above professions present just as much or more risk of harm to the community by unprofessional conduct as psychologists do.

An undergraduate professional degree would allow for a shorter, but just as rigorous, program of training for psychologists, and would provide more incentive for capable students to choose psychology rather than one of the other shorter (but just as profitable) professional training programs.

Therefore, I do not support this proposal, but instead, would request that the Board review the reasons behind a predominantly post-graduate training program, and instead consider the option of a selective, full-time, intensive undergraduate professional psychology option for those students wishing to become practising psychologists. I would envisage that this option would be likely to take four or five years of dedicated psychology training, with increasing practical components in each subsequent year of training.

Section 4: Proposal for Specialist registration – comments below

There are two ways of viewing specialist registration. The first is as in the medical system, where all clients see a generalist in the first instance (GP) and are then referred to a specialist if needed. This seems to be the implication behind the current trend towards a wide range of specialist registrations.

However, if we were to operate similarly to the medical profession, all referrals would go to generalist psychologists who would only refer to a specialist when needed. I am doubtful that this is a useful model, as it undermines the importance of relationship issues in psychological practice and would require too many steps for clients. It would also not apply to industrial/organisational areas and would not be suitable for salaried psychologists.

The alternative view is to see specialist registration as a required specialty for *all* psychologists. The assumption here is that psychology is a very broad field and one cannot be good at all areas. I think this fits much better with the assumptions made by the community, by ourselves, and by GPs.

Therefore, I do not support the current proposal for a wide range of specialist registrations, requiring extensive additional training. Instead, I would argue that it would be more useful to create some specialist pathways for all trainee psychologists during their undergraduate training, as outlined under Section 3. These specialisations would then be seen as electives, and students would be expected to make choices about the direction they are heading, similar to an engineering degree. Under this type of model, they would be expected to start making specialist selections in their second or third year of their degree, and by the end of the degree, they would have completed the requirements for one or two specialisations. There could be provision for psychologists to add further specialist knowledge and skills by adding extra years, or for practising psychologists to ‘top up’ current skills by completing one or two specialised units.

Under this proposed model, I would also argue that we currently have far too many specialisations. I believe that the current conflict and division in psychology is occurring partly because not all psychologists are required to choose a specialty, and partly because there is far too much overlap between the specialties.

For example, many Clinical, Counselling, and Educational and Developmental (and many generalist psychologists) psychologists are working largely individually or in groups, to relieve individual psychological suffering or enhance functioning, using a range of assessment and intervention techniques and possibly some psychometric tests. I think this should be one category. It is imperative that all psychologists working individually or in groups with clients have the fundamental clinical skills of assessment, case formulation, intervention planning, counselling, evaluation and risk assessment. I do not see why these groups should be divided.

Due to the complexity of psychometric testing, especially when used in educational and neuropsychological settings to make inferences about brain function, particular units may need to be completed in this area to qualify for this work.

In contrast, community, organisational and industrial psychologists (and in some cases, health psychologists) may focus more on assessing and intervening in communities to bring about community change. This may require a different skill-set and could be a separate category.

The suggestions above are only examples, but would require thought and consultation before developing a final list of specialties. Therefore, I propose that the Board conduct a review of psychology specialties, and consider an alternative way of categorising the specialties based more on the required skill set than the client group. I do not believe it would be helpful to have more than four or five specialties.

I also propose that these specialties be required for all future psychologists and that the training is integrated into the professional degree. This would leave post-graduate degrees for those choosing to undertake research, but they would do so on a solid foundation of applied skills.

Thank you for your consideration of these recommendations.

Yours sincerely

Kelly Parkyn

M.Soc.Sc (Psychology), MAPS, Member APS College of Educational & Developmental Psychologists,
Member APS College of Clinical Psychologists