

Psychologists Registration Board of Western Australia

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RESPONSE TO CONSULTATION PAPER ON REGISTRATION STANDARDS AND RELATED MATTERS

The Psychologists Registration Board of WA's (the Board) overall response to this paper is positive, but the Board does have some general concerns about over-regulation, and some specific concerns about particular aspects. Comments as follows:

Supervision:

The regulation of supervisors on pages 2, 21 and 45 seems to be excessive in requiring formal endorsement and training of supervisors. Whilst the Board recognises the variable quality of supervisors, the Board's experience has been that inadequate supervision has been picked up in the regular reports on supervision to the Board. The Board would suggest that those psychologists who are in the early stages of their career and wish to take up supervisory duties could have this included in some form of mandatory PD to obtain the necessary supervision training.

Training:

The references to training requirements on pages 16, 19 and 35, were confusing. On the one hand, it appears that the 4+2 model is being phased out, but it will still be used when the latter part involves an internship.

This Board supports the retention of the 4+2 model. This Board has a well established process of mandatory supervision for those who, after completing their undergraduate degree in psychology, apply for registration as a psychologist. There is currently in place a two year post qualification process of structured supervision and competencies which this Board requires to be met.

This Board believes the 5+1 internship comes with substantial difficulties in finding suitable internship sites and the accreditation process seems hugely complicated and over-regulated.

This Board believes the most reasonable option, and the one most common, is the four years of undergraduate training, two years postgraduate training, and two years of supervised practice. The proposal at some points of one year of supervised practice in the form of an internship is not considered to be adequate.

Qualifications:

This Board does not understand the necessity for future training to involve a

professional doctorate (p19), and is not sure where this idea came from.

This Board recommends further exploration of the evidence rather than just blindly following others. This Board would also recommend inviting university input into this discussion in relation to the impact of such an introduction/funding etc.

This Board wonders how we will be able to ensure the number of university places to enable the wish list to be achieved? There is concern at university level regarding the funding of places.

The Board would also like to see more evidence regarding the impact of doctoral training and the risk of pricing psychology out of the market.

Professional development:

This Board believes mandatory professional development to be necessary. However, the Board sees the detailed specification of content by the National Board as being a potential over-regulation of this activity. Personal supervision is an invaluable part of professional development and the Board is not sure that it needs to be made a mandatory part. This seems to be over-regulating.

This Board would also point out that professional development is mandatory in Western Australia, in that registrants have to provide a Statutory Declaration at renewal regarding it (this is not recognised on page 29).

The Board believes the current APS PD system serves the profession well with, perhaps, an added component of peer supervision.

Specialist title:

This Board strongly supports the recognition of specialist title in the national scheme. However, this Board would strongly recommend against restricting specialist title to clinical psychology.

Many of the specialties work within the domain of mental health and with mental health disorders. The proposal repeatedly gives the example of clinical psychology and Medicare as support for the registration of specialties. If there is to be specialist registration it should include all the specialties; this Board believes we should be expanding the current pool of mental health specialists accessible to the public rather than implementing strategies that reduce it.

This Board currently has in place a well established process for those who have completed a postgraduate psychology training programme and wish to apply for specialist title registration. There is in place currently a well structured two year post qualification process of supervision (unless the applicant has completed a D Psych or PhD in which case the supervision period may be reduced to 18 months and 21 months respectively).

This Board believes competencies/scopes of practice are the key issues, not name of qualification.

With regard to defining scopes of practice for generalists and specialists – who should do this – the regulator or the profession? It is this Board's understanding that with all other Boards seeking specialist title it is the profession that is defining the practice with the regulator ensuring the practice is adhered to.

In addition, there is concern that specialisation may become so defined that practitioners will not practice across areas. It should be remembered that the degree of commonality across most specialties is far greater than the degree of variance. Given the National Board's desire to regulate, will such flexibility be defined away?

Recency of practice:

On page 34, recency of practice is confined to a 3 year limit.

This Board believes 3 years seems to represent an excessive obstacle, especially for people taking extended leave for whatever purpose and return to the profession without having to re-train.

This Board would recommend the recency of practice requirement be 5 years providing people were continuing with some form of ongoing professional development in that period; this would provide some degree of flexibility regarding the time.

Transition arrangements:

With regard to the transition arrangements, page 44 refers to "A number of grandparent clauses will operate for three years from the participation day. This ensures that those currently in the process of meeting requirements for specialist recognition under existing arrangements that till lapse under the new scheme will not be penalised. It will also ensure those who already have recognition as a specialist as it currently applies may apply for registration as a specialist. Registrants from States and Territories apart from Western Australia may apply for specialist registration. APS college membership of the Australian Psychological Society, or those having been assessed as eligible for full membership, will be judged as meeting the equivalence criteria. Those registrants who have been recognised as eligible to use Clinical Psychologist items under Medicare will be taken to meet the equivalence criteria. The Board will consider other applications for equivalence on their merits."

Does this mean that those registrants in WA who are members of the APS College or have been recognised as eligible to use Clinical Psychologist items under Medicare are **not** eligible to apply for specialist registration?

If this is the case, this Board believes this is discriminatory and strongly recommends this option should be available to WA practitioners.

The Board believes this option should be available on the basis of APS College membership and not qualifications.

This Board thanks the National Board for the opportunity to comment on these registration standards and related matters.

If you have any queries, or need any clarification please do not hesitate to contact the office.

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Registrar

24 November 2009