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Subject: Fw: Comments on PBA Consultation paper (27 October 2009)

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Comments on PBA Consultation paper (27 October 2009)

This paper has enormous implications for the practice of general and specialist psychology in Australia. I have rushed to make a response in time and of necessity my contribution is 'firing from the hip'. My response is individual but informed by my participation in national committees of the APS (Private Practice Reference Group and Governance Review), being an occasional fill-in on National Executive of the APS Clinical College, member of the Forensic College and as an Associate Professor in the Clinical Psychology program at the University of Canberra.

I fully support phasing out the 4+2 pathway over 6 years and cautiously support the 5+1 pathway which is an improvement but I am not sure whether enough universities will offer it to meet the need. We need to think through what characterises a generalist psychologist and whether he or she equates to the present role the GP plays in medicine. It seems to me that the APS, in establishing 6 year academic training as the norm for membership, is in effect saying that only specialist psychologists are acceptable. Perhaps 5+1 may become the basis for such a role? Or alternatively a clinical psychology might become the generalist qualification and add specialties such as forensic, health and neuropsychology. However by 'raising the bar' on the specialities this becomes even more difficult to establish a generalist psychologist based on clinical psychology. It has already been difficult to agree on criteria to establish dual-college doctorates.

I think it is important that Australian psychology moves in the direction of international standards with USA and UK with the professional doctorate + 1 year as the minimum standard. The additional year could eventually include training for prescription rights as part of a clinical psychology program. I have some reservations about how much research is necessary in the 7 year full-time academic program and I would hope that the flexibility of the research areas APAC has approved will be maintained allowing for case studies, qualitative and program evaluations.

I would cautiously support assessment for specialist registration moving to a team at the PBA as long as APAC and the Colleges can still play an integral role. I would like to see clarification the important areas and potential overlap between PBA (admission and maintaining registration including supervision), specialist colleges (identity, competencies and professional development) and APAC (university based training standards and accrediting programs). I have been concerned about the role of the Clinical College after Medicare and the unnecessary criticism of the Medicare team and the APS when the policy was set by the College.

I am not sure that the proposal for 9 specialties is workable. I can see the logic but after Medicare many of the smaller colleges are struggling to survive and the supporting university programs might be unviable. Community and sport are examples. I think it is increasingly unlikely that raising standards to a professional doctorate +1 year will be supported by students or university programs in smaller specialities. While I would hate to introduce a two tiered system, one set of specialties requiring a doctorate and others a professional masters, this may be more workable and allow greater ease in dual or triple qualifications. I would cautiously suggest those specialities that can still maintain thriving professional doctorates set such a standard and the other specialities that have shrinking or closing programs try to remain more viable with a basis in a

masters + 2 years qualification.

And finally I fully support the professional development proposals including the 10 hours individual supervision per year. It is too easy for psychologists 'to hide in their practice' without such a requirement. Also advances in psychological knowledge make it necessary for a considerable yearly investment in both generalist and specialist training.

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