



To:
Cc:
Bcc:
Subject: Fw: National Registration Scheme

Attention: Chair, Psychology Board of Australia.

Dear Sir,

I thank you in advance for your careful consideration and assiduous attention to this important task.

I have a few comments Firstly, I am wondering why the PBA recommendations are based on the US system when our healthcare system is much more similar to the UK or the Canadian model? Would it not be more appropriate for us to be using a model (UK/Canada/NZ) that is culturally synchronous and compatible with our healthcare system?

This query raises a particular concern because the US health care system is in such crisis - with entrenched and compounded equity of access issues. The American model of hierarchical service access has no history of application success - professionally or in terms of the welfare of consumers. Hence, some rationale needs to be provided as to the defensibility of the US model. The current crises of the psychiatric and psychological mental health systems need to be outlined and explanation made as to how this would be countered in the Australian context with the implementation of the American system.

It is of note that the Australian and US undergraduate courses are vastly different. The Australian undergraduate is renowned for its focus on research rigour whereas the US undergraduate systems are known for a broad generalist approach, sometimes including models such as Jungian and Psychoanalytic. The two systems are not comparable. Therefore we have no rational basis for ad hoc implementation of the US model, nor for fusing the most rigorous demands of the US model with those of the Australian model. This is an area where further consideration and clarification could be made.

The government needs to consider the issues of mental health funding and specialist registration within a holistic consideration of primary prevention. This could privilege options one or two over three. If we are to protect consumers and to enhance consumer wellbeing then the flaws of the US model are a grave issue. In addition, as the Australian system is currently the most internationally rigorous in terms of professional development hours how can we ensure that additional hours will be sustainable?

You may find the blogspace set up by Dr. Deborah Wilmoth of use. In the interest of rigour all comments are important as a cross-section of theoretical, professional, logistical and practical concerns are raised.

<http://nationalregistration.blogspot.com/>

Of particular ethical concern is the general commentary that the proposed use of the American doctoral standard of training is something that would be widely opposed if the standards were to be applied retrospectively. In the interest of procedural justice we must consider that the grandparent clause may be functioning to dilute the feedback as well as to mitigate individual sense of the mutual responsibility of setting registration standards for the future.

Self interest aside, the concerns about specialist registration must not be dismissed lightly as they raise issues about how the standards will bind the generation to come and direct the development of the discipline. Concerns raised by the current experts in specialist practice must be given even greater weight when we consider that the grandparent clause may be functioning to reduce critical feedback. Any scheme implemented without serious consideration of the pragmatic, logistical and professional issues raised by current specialists may be bypassing critical system sustainability feedback.

I thank you in advance for your time and attention.

Sincerely,

Katie Thomas

Dr. Katie Thomas
Senior Research Fellow
Curtin Centre for Developmental Health

I highlight just a few comments from the blogsite for your consideration:

Equity of Access issues: "I am a clinical psychologist with specialist registration who regularly bulk bills low income clients. Unfortunately if this recent announcement means that I have to do 190 hours (70 supervision; 120 Clinical Professional Development), to retain specialist registration under medicare then with travel, etc, I'm going to have to find at least another half day per week out of my already busy schedule. In order for these potential requirements to not to impact on my health, I am going to have to look at reducing my workload and increasing fees, to cover this. Therefore, if these new requirements come in for those of us with Master Degree's, I am going to have to charge a gap for all clients. "

"I too am concerned about the proposal for Specialist Registration and the grandfather clause, in particular. I am curious about Dr Wilmoth's decision to support Option C in her proposal to the National Board on behalf of the Clinical Collge. I admit I have not been able to attend Clinical College meetings for some time so have missed the discussion that has no doubt arisen. Is the endorsement of Option C representative of the view of the majority of Clinical College members? Reading comments on this blog I see that many comments convey concern about the loss of specialist status for people who have a masters level qualification. This suggests to me that endorsement of Option C is contentious. I personally feel I need more information about what the Grandfather clause entails and means before being able to make a decision about which option to endorse."

"Currently, there are inadequate numbers of trained supervisors to make it mandatory for all registered members to receive 10-hours of consultation from peers endorsed as supervisors."

"It is my opinion that Australia, particularly rural Australia, needs to retain the 4+2 pathway, whilst also valuing the additional study that post graduate training brings. Other professions accept a generalist/specialist division (Solicitor/barrister or GP/Specialist), with respect going both ways. We (those with post graduate qualifications) have to be very careful not to be divisive towards the 4+2 trainees. We need be inclusive and respectful to their needs and the value that they offer the community."

"I have read with interest previous comments, and agree with most regarding the proposed additional hours of supervision. Given the present cost of ongoing PD, APS/College fees, indemnity insurance, registration fees plus travel time etc....I'm sure all 'get the picture'. Isn't this just a little OTT?? There is also the factor that those of us who are single parents and already stressed financially, would be stretched to breaking point. I agree - can we get some common sense into the so called regulation of our profession?"

"Many of my concerns about the proposed changes have already been raised here by others, however I am of the opinion that an eight year period before full qualification will make the profession of Clinical Psychology a particularly unattractive career choice for many."

Thank you for your work and attention to this important task.