

Submission to the Psychology Board of Australia
in response to
AHPRA's Consultation paper on Codes and Guidelines
Authors: Dr Darryl Menaglio and Dr Wendy-Lynne Wolman

Submitted on behalf of
The Institute of Clinical Psychologists, Western Australia.

1. Preamble

The Institute of Clinical Psychologists, Western Australia (ICP) welcomes the opportunity to submit a response to AHPRA's consultation paper on Codes and Guidelines, hereinafter referred to as the consultation paper.

The ICP was established in Western Australia over 25 years ago. Its mandate is to present the interests of Clinical Psychologists who work in independent private practice. Currently the ICP has over 80 members, many of whom are senior members of the Clinical Psychology profession in Western Australia.

All members have specialist title registration with the Psychologists Board of WA as "clinical psychologists" i.e. an accredited masters or doctoral degree in clinical psychology plus two years of board-approved supervision provided by a registered clinical psychologist.

The ICP notes the short time frame that has been given in which to consult and consider in depth the important matters upon which the consultation paper focuses. The ICP acknowledges that these codes and guidelines will be subject to review within the next three years. Given the short time frame for consultation, the ICP believes that a review of the codes and guidelines within the next three years will be important.

The ICP also recognises that the position of holding specialist title in Western Australia past the 3 years transition period is unknown. It remains the view of ICP that specialist title should be retained in Western Australia as it is known to

the public and is legislated. In comparison, endorsement is not legislated, but granted at the will of the Ministerial Council and therefore can be removed or changed at any time.

Despite ICP's position on specialist title, it is recognised that the Psychology Board of Australia (PBA) will be an important entity in the governance of the psychology profession in Australia. The following views are expressed with this importance in mind.

With respect to:

2. Guidelines on advertising

ICP members rely on advertising to inform the public about services provided. Advertising is an important means of assisting the public to understand the service available and to provide information which enables the public to make informed choices about health care options and choices available.

2.1 ICP supports:

- The matters that are set out in section 4 regarding what is acceptable advertising.
- The matters listed under section 5 regarding what is unacceptable advertising.
- Restricting the use of Dr. to only those with suitable, recognised qualifications.

2.2 ICP does not support:

- The necessity to append either (Psychologist) or (Doctor of Psychology)

2.3 Discussion

The ICP holds that the public is well informed that different professions use the title Doctor. In most cases, patients/clients who attend a clinical psychologist do so knowing full well that they are attending a clinical psychologist. If there is uncertainty, the qualifications of the clinical psychologist could easily be clarified via simply asking.

It is of concern to the ICP that the requirement to append “(Psychologist)” or “(Doctor of Psychology)” will create a financial burden in that business cards, stationery, office signs, telephone listing etc. will have to be modified and reprinted.

It is unclear from the consultation paper whether the proposed guidelines will extend to everyday situations in which a clinical psychologist introduces him/herself and uses the Dr title. In these circumstances it will be unduly onerous for any psychologist to qualify him/herself as a psychologist each time he/she uses the title Doctor.

There are also adequate provisions that prevent psychologists claiming medical status.

2.3.1 Recommendation

Delete the requirement for the need to append “(Psychologist)” or “(Doctor of Psychology)” following the use of the title Dr.

3 Fees and Prices

3.1 Discussion

The advertisement of fees and prices has not been standard practice by clinical psychologists. The ICP is against this practice as it sees advertisement of this nature as diminishing the standing of the profession in the community.

3.2 Recommendation

The advertising of fees and prices not be permitted.

4. Guidelines on mandatory notification

4.1 ICP supports:

- The guidelines on mandatory reporting.

Proposal for a code of ethics for the psychology profession

4.2 ICP supports:

- As an interim measure, the adoption of the Australian Psychological Society code of ethics
- Engaging with relevant professional bodies to review the Australian Psychological Society code of ethics.

5. Guidelines on continuing professional development (CPD)

5.1 ICP supports:

- Continuing professional development

5.2 Concerns that the ICP holds.

A rationale that has been raised for the need for national legislation to govern psychology has been manpower. As the ICP understands the manpower argument, it is considered that there will not be enough clinical psychologists in the coming years to service the needs of the public.

The PBA guidelines provide a blanket requirement for CPD that every registered psychologist with no exceptions must complete 30 hours of CPD. This blanket requirement fails to take into account those

practitioners who have many years of experience and who may wish to work part time.

The onus on a blanket CPD requirement is a disincentive to experienced clinical psychologists who are nearing retirement to continue to work on a part time basis. This disincentive is likely to contribute to the manpower issues that the Government seeks to address by the loss of highly experienced clinicians to both the profession and the public.

As members of the PBA would know, there is a considerable difference in practice competence and ability of a new graduate and a 30 plus years experienced clinician. In view of the manpower issues it would seem wise to craft CPD requirement for senior experienced clinical psychologists which encourages them to remain in the workforce, rather than retire.

5.2.2 Recommendation

Reconsider the CPD requirements with a view to developing guidelines for part time experienced practitioners that require less hours of CPD.

6. Guidelines on area of practice endorsement

Transition arrangements

6.1 ICP does not support:

- The recommendation for a further three years of grandparenting for those who do not have accredited postgraduate training degrees in clinical psychology.

6.1.2 Discussion

The ICP is concerned that the APS “alternative route” system has permitted those without postgraduate training degrees in clinical psychology (i.e. those with only partial training and unexamined practices) to become members of the clinical college. This is an international anomaly and in ICP’s view compromises professional standards in clinical psychology and places the public at risk.

The ICP accepts that those who are already members of the APS Clinical College through this unusual system may need to be grandparented into the clinical psychology area of practice.

6.1.1 Recommendation

Only those who are members of the APS Clinical College be grandparented at the time the National Law begins.

Other matters related to area of practice endorsements.

6.2 The ICP supports:

- The PBA proposal to not recognise individualised non-credited bridging courses.

7. Endorsement and Use of title

7.1 The ICP does not support

- The use of the “clinical psychologist” title by those who do not have an accredited postgraduate masters or doctoral training degree in clinical psychology.
- The use of the “clinical psychologist” title by psychologists who might be endorsed via the APS Clinical College “alternative route”.

7.1.1 Discussion

The ordinary internationally accepted definition of a clinical psychologist should not be diluted to permit those without any post graduate training and those with training from other specialties, to use the title of “clinical psychologist”. It is misleading the public to permit those who do not have postgraduate training in specific psychology specialties to use titles for which they have not qualified.

7.1.2 Recommendation

Only postgraduate qualified psychologists who have trained in a specific specialty be allowed to use the specialist title for which they have trained.

8. Endorsement for approved practice in more than one area of speciality.

8.1 Discussion

It is noted that the PBA is seeking the views as to whether endorsements should be held in more than one area of practice for suitably qualified practitioners. The ICP found this request for views confusing in light of the 80% rule. This rule pertains to the necessity that a psychologist’s work comprises a minimum of 80% in the endorsed area of practice.

The ICP has a number of members who hold two specialist qualifications, for example Clinical and Forensic from APAC accredited masters and doctoral programmes. This has occurred because they have attained a Masters in Clinical Psychology and then completed Doctoral qualifications in another speciality.

A single endorsement model, that is, endorsement to practise in one area of psychology only would discriminate against these practitioners. Many divide their time equally between the specialities in which they are currently practising. In some instances, particularly in forensic

psychology, Court recognition of expertise is based upon holding and practising a second speciality.

Furthermore, the holding of the two specialities complement each other. Often holding the second speciality, particularly in the forensic field, provides the public and the courts with a very skilled and valuable practitioner.

The provision to permit the holding of more than one area of endorsement permits a flexible workforce. As already stated, the public benefits from a practitioner who holds two endorsements because the practitioner is capable of moving between the two areas as required. This also address the manpower concerns discussed earlier.

8.2 Recommendation

Remove the 80% rule and permit more than one area of practice endorsement for suitably qualified practitioners.

9.0 Guidelines on the 4+2 internship program for provisional psychologists and supervisors.

9.1 ICP supports

- The use of the title “provisional psychologist” for those psychologists undertaking an accredited higher degree program.

9.2 ICP does not support

- The 4+2 internship program for provisional psychologists

9.2.1 Discussion

ICP notes that the PBA is attempting to establish internship program guidelines for 4 year trained psychologists (the 4 +2 internship program). The ICP recognises the manpower needs of the Australian

community. However, it is concerned that the Australian psychology profession should move towards Masters level qualifications as the minimum entry requirements to the profession. This appears to be the standard that other Western countries have adopted.

It is ICP's view that the internship program risks creating the impression that 4 +2 psychologists are as qualified as postgraduate trained specialists. With this perception it becomes easy to justify to the employment of the 4 +2 psychologists in areas for which they are working beyond their expertise. This is dangerous to the public safety and the longer term consequences of this will be a lowering of standards of psychology service delivery.

It is worth noting that the Health Department in Western Australia recognised the inferior quality of 4 +2 trained psychologists and, except for very restricted practice, abandoned employment of these psychologists 30 years ago in favour of Masters trained psychologists.

The ICP recognises that there are people who have begun supervision towards general registration. For these people it is ICP's view that an internship program is appropriate.

The ICP is also concerned about the requirement of the internship program. The core capabilities as described in section 6 are considerable and beyond being able to be met by a single supervisor. It seems that if a psychologists choose the 4+2 pathway they would be better to choose to complete a Masters program and then seek specific experiences from a supervisor with advanced skills.

9.2.2 Recommendation

Phase out the internship program by 2013.

10. Board approved supervisor

10.1 The ICP does not support

- The necessity for a Board – approved training program and the requirements for maintaining approved supervisor status.

10.1.1 Discussion

The PBA proposal that supervisors must complete a Board-approved training program is in the view of ICP too broad. Without details of what this training program might involve it is not possible for ICP to give support.

There are a significant number of ICP members who have been supervisors for many years and have been doing so without the need for specific training programs in supervision. They have been approached to be supervisors because they have been recognised as possessing highly developed skills. To attain these skills they have completed additional advanced training in specific assessment, psychodiagnostic and treatment modalities of clinical psychology. In view of the training to attain highly developed skills, it is difficult to understand how a single Board program can provide the necessary advanced training in specific areas of clinical practice that are required by supervisees.

It is also of concern to the ICP that the Board's proposal that supervisors complete an approved program will result in private practitioners walking away from supplying supervision.

It also appears unnecessary to have a Board – approved training program when sufficient guidelines, particularly as detailed as those for the 4+2 internship have been provided.

10.1.2 Recommendation

Remove the requirement for supervisors to have to complete a Board – approved training program in psychology supervision and the requirements for maintaining approved supervisor status.

11. Further comment

It has been of concern to the ICP that the PBA remain independent. It has been noted that the PBA previously responded to the opinions of the Australian Health Minister's Advisory Council (AHMAC). The way in which the PBA responded, in ICP's opinion, failed to independently present the views of the psychology profession to the Ministerial Council. Consequently, it is the hope of the ICP that the submissions regarding the codes and guidelines will not be subject to interference by AHMAC and will be presented independently to the Ministerial Council by the PBA.