

SUBMISSION

Response to: *Consultation paper on codes and guidelines*

Submitted to: Psychology Board of Australia

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In this submission, I would like to comment on the following areas addressed in the *Consultation paper on codes and guidelines* (Psychology Board of Australia, 2010):
Proposal for a code of ethics and Guidelines on area of practice endorsements.

As way of background to my comments, I manage a Psychology Department (of 8.5 EFT) at the Royal Melbourne Hospital across two of its sites – the City Campus and the Royal Park Campus. When fully staffed, the RMH Psychology Department comprises 11 psychologists with higher degrees (MA, Doctorate or PhD) in several specialties (Clinical Psychology, Counselling Psychology, Clinical Health Psychology, and Clinical Neuropsychology).

Proposal for a code of ethics for the psychology profession

I support the initial adoption of the Australian Psychological Society's (APS) Code of Ethics for the reasons outlined in the consultation paper. However, a number of psychologists choose not to belong to the APS for a variety of reasons, including financial considerations, and are therefore unfamiliar with its code of ethics. Hence, if the Psychology Board of Australia adopts the APS code of ethics, it will be important for the Board in conjunction with the APS to make the code available to all registered psychologists to enable appropriate access.

Guidelines on area of practice endorsements

1) *Section 3.2 Psychological Practice*. This guideline specifies that for the purpose of endorsement, the psychological practice must comprise a *minimum of 80 percent of the psychologist's work role*.

This prescription fails to take into account the role of senior psychologists (at Grade 4 level) where that role tends to encompass both managerial and senior clinical duties. For example in my case as Manger of Psychology at the RMH, my role is split (50/50) between work as a senior clinical neuropsychologist (with a master's degree in Clinical Neuropsychology) and managerial duties. My current clinical work in the specialty area of neuropsychology would involve at least 20-30 hours per week, and in addition to direct patient work, includes supervision of less experienced neuropsychologists, as well as postgraduate students enrolled in APACC accredited neuropsychology courses. Some of my managerial role covers matters to do with the provision of neuropsychology services. Thus my role as a clinical neuropsychologist is substantial but may not include 80% of my total work role. Technically it is therefore unclear whether I would be able to gain endorsement in the area of clinical neuropsychology.

I do not believe it is the intent of the Board to prevent senior psychologists from gaining a practice endorsement in the area in which they hold a higher degree and in which they have

worked for many years simply because their role covers both managerial and clinical responsibilities. This would remove some of the most experienced psychologists from endorsement in a practice area and further reduce the number of supervisors available in an endorsed area of practice. I would like to suggest that this aspect of the guideline is reconsidered to reflect minimum hours of work per week in the practice area to be endorsed, rather than a percentage of the work role.

2) Area of practice endorsement standards

2.1) Transition arrangements: As outlined in the consultation paper, I think it is vital that there is a grandfather clause that enables experienced psychologists with a master's degree in specialty areas to obtain a practice endorsement. As an example in support of this clause, I obtained a master's degree before doctorates were introduced. After completing my degree, I undertook supervision to obtain registration as a specialist neuropsychologist in Victoria (which was available for short period in the 1990's). I have worked continuously since 1996 as a registered psychologist providing neuropsychological services in several public hospitals. No doubt there are many other experienced psychologists who hold a master's degree in a specialty area rather than a doctorate.

2.2) Area of practice endorsement standards: Although it was proposed in the consultation paper, the Australian Health Minister's Advisory Council have decided not to endorse health psychology as an area of practice endorsement. This is of great concern. Public hospitals treat patients with health conditions (e.g. cardiac, respiratory, and neurological conditions, diabetes, cancer, renal failure etc.). Health psychologists have been specially trained to psychologically assess and treat patients with health conditions. As manager of the Psychology Department at the RMH, I have over the years employed a number of health psychologists specifically because of their expertise in working with patients with physical illness and associated mental health problems.

It would be helpful if the Psychology Board of Australia could advise us on how psychologists with higher degrees in health psychology should describe and discuss their role with patients, family and other professionals in a manner in accordance with the new registration standards.

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