

ATTENTION: PSYCHOLOGY BOARD OF AUSTRALIA

Submission: Consultation Paper on Codes and Guidelines

Comment on: “Guidelines on area of practice endorsements”
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I would like to put forward a comment regarding practice endorsement for clinical psychologist under the new national registration and accreditation scheme.

As a professional working at the ground level within the health system I am very concerned about the comment in the guidelines under section three “Transition arrangements for psychologists currently registered”. The comment that says *“In some states, industrial awards enable the employment of a psychologist in a position that has a protected title – for example, as a clinical psychologist – despite the psychologist not meeting the requirement of this standard. In such cases, the psychologist must not use a title that may induce a belief that the psychologist holds an endorsement in an approved area of practice..”*

I am concerned that this comment devalues many highly qualified, & professional clinical psychologists who have obtained their clinical masters or doctorate in psychology. Many have completed two years supervision in order to obtain the industrial award classification “Clinical Psychologist” although I understand that this requirement in the Health system may be variable. Many, and I include myself continue with a high level of professional development but have not applied for recognition through the Australian Psychological Society or for endorsement through medicare.

Can I also make the comment that (to my knowledge) apart from Western Australia, there has not previously been a legal basis for claiming that “Clinical Psychologist” was reserved for psychologists who met the endorsement of the APS Clinical College or Medicare.

I propose that in the transition arrangements there needs to be some allowance for assisting people in this position to be considered for endorsement (and I know at least half a dozen clinical psychologists in this position). I agree that there needs to be consideration of a clinical psychologist’s level of education, training, supervision, professional development and clinical experience – for endorsement.

However, I am concerned that this process is not made excessively arduous for myself and many of my colleagues who are in a similar position. There needs to be consideration of the following;

1. Many of us have been serving in the health service for a long period of time and may not have kept older records of clinical supervision when first entering the Service.
2. Living in country areas does make professional development more expensive and more difficult to access to maintain higher standard levels.
3. For a similar reason and can be more difficult to access supervision by clinical psychologists who already are in the clinical college of the APS to maintain professional development.
4. The expense of the endorsement process needs to be minimal to keep it accessible.

Unfortunately, time prevents me from further expanding on these concerns. I would appreciate your consideration of the above points when reviewing the “Consultation Paper on Codes and Guidelines”.

Regards

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