

The Australian Psychological Society Ltd

Submission to the Psychology Board of Australia Consultation Paper 5

Proposed Revisions to the

Guidelines on Area of Practice Endorsements

APS contacts:

Professor Lyn Littlefield OAM, Executive Director

I.littlefield@psychology.org.au

David Stokes, Senior Manager, Professional Practice

d.stokes@psychology.org.au

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Comments on Proposed Revisions to the Guidelines on Area of Practice Endorsements

The APS acknowledges the demands and complexities that are associated with areas of practice endorsement within the context of national registration. It also accepts the need for the revisions as these complexities are worked through and resolved, and that further revisions may yet be necessary. The APS largely endorses these revisions but identifies some important issues for discussion and raises some further questions. Many of these have been more fully articulated by the contributions from the three specialist APS Colleges that accompany this submission, as this area of national registration is of particular relevance to the APS Colleges.

The Proposed Changes

Rather than addressing the changes one by one, the APS will raise some general issues that it felt need to be further considered or added to future agendas for collaborative discussions.

Client Contact. Proposed Change 3 identifies a level of client contact. The defining of *client contact* is a somewhat difficult issue where the variety of professional interfaces can be extremely varied across the profession. The first question is who or what is defined as a *client*? This must necessarily involve not just individuals, but multiples (couples, groups, organisations). In addition, relatives or parties associated with the client are also inherent in the term client or may well absorb some of the professional time and input.

The second facet that needs clarification is the term *contact*. This has become a much more fluid notion given the introduction of electronic facilities and these need to be acknowledged. More importantly they may require some constraints if there are good professional reasons. For instance, face-to-face (F2F) client contact may be vital on some occasions and not substitutable by electronic services.

APAC has attempted an official definition of F2F with regard to training which provides one way of defining 'contact' as well as applying constraints. It may require further clarification as a standard for professional practice, but it is a useful contribution to ongoing discussion.

Face-to face work is defined as real time verbal communication in the presence of client(s) in the room with the trainee or interacting with the trainee by means of videoconference technology where there is a real time image of the each of the parties, including a clear view of facial expressions. While casework with clients by means of other electronic media or use of simulation is permissible, face-to-face casework must never be less than 66% of the total casework undertaken as part of the course. (APAC Standard 5.3.19.)

Is it the intention of the PBA to provide such definitions or refer to such definitions as developed by other bodies? The accompanying submission by the APS College of Organisational Psychologists (COP) supports this need for clarification and definitions, but also adds a large number of other terms that deserve closer attention.

The other element of change that raises concerns is the adjustment of hours of client contact. While the increased flexibility is welcomed, the 176 hrs per year (4 hours per week

over 44 weeks per year) seems very low and the APS would recommend something closer to 350 hours (approximately 8 hours per week).

Areas of endorsement. The APS could not comment on the seven identified areas of endorsement without once more highlighting the regrettable omission of two well-established speciality areas of practice and tertiary education within the psychology profession: community psychology and health psychology. While this document is not intended to canvas this issue, it is important to record our continuing concerns. The APS has been particularly active in lobbying and negotiating with Commonwealth, State and Territory Ministers to address this anomalous outcome from the COAG-managed committees. The APS urges the PBA to continue to support the inclusion of all nine recognised areas of speciality as areas of practice for endorsement. It has been reported to the APS that the apparent 'silence' of the PBA on this issue has been noted and may be seen as acquiescence with the Ministerial Council rather than continuing support. The APS would value an official expression of continuing strong support from the PBA about this matter.

The APS wishes to reiterate its strong preference for 'specialist title' rather than 'area of practice endorsement' as a mechanism for recognition of specialist practitioner skills. The reported grounds on which specialist titles for psychology seem to have been rejected by COAG are the lack of established specialist history and questioning of well developed postgraduate education programs. Given that some of the psychology specialisations even predate many of the medical ones, this does not appear to be a valid argument.

The concern raised by COP in some of their papers about the industrial impact of discarding 'specialist title' (a level of employment standing recognised in some public sector awards) in favour of 'endorsement' (not recognised in such awards) is certainly worthy of consideration.

Implications of the Registrar Concept. As noted in the submissions from the APS College of Clinical Psychologists, College of Clinical Neuropsychologists and the COP, there are a number of questions raised by this proposal. The APS will just identify these and refer to the College submissions for greater and more precise articulation:

- The commencement point of the registrar role;
- The preclusion of doctoral students from attaining general registration following the completion of two years of requirements equivalent to those in a specialist Masters degree
- The complicated employment options associated with provisional registration, registrar programs and fully registered registrars;
- The downside of using such a medical term for psychologists working in non-health contexts.

The content hours of the registrar program being inclusive of 'administration' deserves reconsideration as the APS would be concerned if activities such as this dominated the registrars' workload.

Other Issues. The APS would like to comment on the following issues raised by the various APS Colleges:

1 The APS notes that some of the definitions of areas of practice endorsements should be rewritten as several do not capture the essence of the 'specialty', particularly neuropsychology, educational and developmental, forensic and organisational psychology. The APS therefore requests further consultation to ensure an appropriate set is achieved.

2 The issues of 'grandparenting' provisions raised by the COP have two components which deserve noting and separation. These are largely consequences of interim arrangements while all bodies come into line and AHPRA gets across its workload. The possibility of the regulatory body and the professional body creating variations in standards is more concerning as it could well precipitate a disputed set of standards (differing) and a confused public if two versions of standards and specialists emerge. Good will at this stage of the developments may not be sufficient to prevent the eventual creation of dual sets of standards.

3 Supervision was extensively discussed in the COP submission and the potential for difficulties in finding supervisors who are either in existence or prepared to work within extended or more stringent guidelines is a considerable worry for workforce planning.

4 The APS congratulates the PBA on including bridging programs in the endorsement guidelines (2.3). This increases both workforce flexibility and professional opportunities that the APS feels are important issues. The APS, however, would request that a more flexible definition of such programs be adopted during the interim period while universities develop formal bridging programs for accreditation. Without any opportunity to undertake a bridging program, Australian psychologists are placed at a disadvantage in attempting to serve various sections of the community, especially as university courses in certain specialties are dramatically reducing in number.