

Exposure Draft

Background:

The Australian Health Workforce Ministerial Council (—the Ministerial Council) approved the Psychology Board of Australia area of practice endorsements registration standard on 31 March 2010 and the standard has been in place since 1 July 2010 (see Attachment B).

The Board does not propose to change the approved standard and has developed and published the *Guidelines on area of practice endorsements* detailing how the standard applies. Since the guidelines were published, the Board has received feedback on how they may affect prospective and current Doctorate and PhD candidates. The Board aims to continuously improve standards in the profession and wishes to encourage students who choose to complete a higher level of education than the minimum requirement. As a result, the Board issued a consultation paper in August 2010 proposing revisions to the Guidelines which are intended to be fairer for Doctorate and PhD candidates. More than 60 submissions were received from individuals, groups and organisations. The Board greatly appreciates the comments and input from stakeholders and has made a number of changes to accommodate stakeholder feedback. This exposure draft includes the revisions and the Board proposes to adopt this draft as the new guidelines.

The Board now seeks final stakeholder feedback to this exposure draft. The draft will be available for six weeks and the Board will finalise these guidelines after reviewing stakeholder responses.

The exposure draft has been issued by the Psychology Board of Australia under the authority of Professor Brin Grenyer, Chair, 12 November 2010.

If you wish to provide comments on this paper, please lodge a written submission in electronic form, marked 'Attention: Chair, Psychology Board Endorsement Guidelines' to chair@psychologyboard.gov.au by close of business on Wednesday 22 December 2010. Please note that your submission will be placed on the Board's website unless you indicate otherwise.

<http://www.psychologyboard.gov.au> Psychology Board of Australia Guidelines on area of practice endorsement - November 2010 Page 3

Introduction

These guidelines have been developed by the Psychology Board of Australia (the Board) under s. 39 of the National Law.¹ The guidelines supplement the requirements:

¹ The *Health Practitioner Regulation National Law Act* (the National Law) as in force in each state and territory.

- set out in the Board's 'area of practice endorsements registration standard'
- in the National Law as set out under ss. 15, 98 and 99.

These guidelines supersede any previous guidelines issued from the date of Board approval and publication on the Board's website.

The relevant sections of the National Law are set out in Attachment A. The Board's 'Area of practice endorsements registration standard' is at Attachment B.

Who needs to use these guidelines?

These guidelines are developed to provide guidance to applicants for general registration and to registered psychologists applying for endorsement in an approved area of practice. These guidelines address the qualification and supervision requirements to be completed to become eligible for endorsement.

Summary

Pursuant to s.15 of the National Law, the Ministerial Council has approved seven areas of practice for endorsement. The endorsement function allows the Board to grant endorsement of registration to a psychologist with additional qualifications and advanced practice in an approved area of practice. Health professionals and members of the public will be able to identify psychologists who are qualified and skilled to practise in the endorsed areas of practice.

The endorsed areas of practice are:

- (a) clinical psychology
- (b) counselling psychology
- (c) forensic psychology
- (d) clinical neuropsychology
- (e) organisational psychology
- (f) sport and exercise psychology
- (g) educational and developmental psychology.
- [h. health psychology](#)
- [i. community psychology](#)

Area of practice endorsement

1 Endorsement and use of title

Only psychologists with general registration and with an approved area of practice endorsement may use a title that indicates that they hold those endorsements. For example, a psychologist who has been endorsed to practise in the area of clinical psychology may refer to himself or herself as a 'clinical psychologist'. A person who does not have an endorsement for clinical psychology must not use the title 'clinical psychologist' or any other title that may lead the public to believe that the person holds such an endorsement. This applies to each of the ~~seven~~ nine areas of practice approved for endorsement.

Titles associated with the approved areas of practice are: clinical psychologist, counselling psychologist, forensic psychologist, clinical neuropsychologist, organisational psychologist, sport and exercise psychologist, and educational and developmental psychologist.

Psychologists should avoid using the word endorsed in their titles (i.e. should not use a title such as 'endorsed clinical psychologist').

281 Protected titles for certain specialist health practitioners

(1) This section applies if —

(a) immediately before the participation day for a participating jurisdiction, a person held specialist registration in a health profession in that jurisdiction; and

(b) on the participation day the health profession is not a profession for which specialist recognition operates under this Law.

(2) Despite section 118, the person does not commit an offence during the transition period merely because the person takes or uses the —

(a) the title —specialist health practitioner; or

(b) another title the person was entitled to use under the law of the participating jurisdiction as in force immediately before participation day.

Participation day for jurisdiction of Western Australia was 18 October 2010, therefore to qualify to use the title "specialist" under and beyond this transition provision you must have held specialist registration within Western Australia immediately before participation day i.e. on 17 October 2010. As a principle of a fair Grandfathering Clause, and this having legal precedents in changes to previous Registration Acts within the Australian legal system, providing our records show that you did have W.A. specialist title registration on 17 October 2010, or that you were a registrar within an approved W.A. specialist registrar program as at 17 October 2010, or that you were an enrolled student in an APAC accredited and college approved Doctorate or Masters degree of Clinical or other Psychology as at 17 October 2010, you are eligible to maintain the title of specialist clinical psychologist regardless of location within Australia.

The title 'registrar' is not a protected title under the National Law, but Board's view is that the title 'registrar' may only be used in relation to the practice of psychology by candidates currently undertaking Board approved supervised practice (the registrar program) for the purpose of gaining an endorsement in an approved area of practice. Psychologists must ensure they do not use the title in such a way that it may lead a person to believe that they

Formatted: Font: Arial, 12 pt

Formatted: Font: 12 pt

currently hold an endorsement. Examples of acceptable titles are 'registrar in clinical psychology', 'registrar (clinical psychology)' or 'clinical psychology registrar'. Candidates undertaking Masters or Doctorate degrees who have general registration, but not an endorsement, may only refer to themselves as a 'psychologist' or 'registered psychologist'. Registered general psychologists have unrestricted rights to use the title 'psychologist' and may undertake ~~any work~~ **the work of a generalist psychologist** using that title as long as they maintain general registration.

Pursuant to s. 119 of the National Law, claiming to hold an endorsement of registration for an approved area of practice when one does not hold that endorsement may constitute behaviour for which health, conduct or performance action may be taken (maximum penalty \$30,000).

Further information about use of titles by psychologists is included in the Board's '*Guidelines for Advertising of Regulated Health Services*'. Psychology Board of Australia Guidelines on area of practice endorsement - November 2010 Page 5

Comment [A1]: no - because this comment will be misunderstood by general psychologists as contradicting the concept of areas of endorsement - that is, it will be misunderstood that general psychologists can do 'any' work, whereas we are advising psychologists with an area of endorsement that they may not undertake work which is beyond their areas of endorsement. Therefore, a better wording would be 'work of a generalist psychologist'

2 Qualifications for endorsement

2.1 General

To be eligible for endorsement in one of the approved areas of practice, a psychologist must have:

- (a) an accredited **and approved** Doctorate in one of the approved areas of practice and at least one year of approved, supervised, full-time equivalent practice with a Board-approved supervisor; or
- (b) an accredited **and approved** Masters degree in one of the approved areas of practice and a minimum of two years of approved, supervised, full-time equivalent practice with a Board-approved supervisor; or
- (c) another qualification that, in the Board's opinion, is substantially equivalent to (a) or (b).

Note on Doctoral degrees:

Only accredited **and approved** professional doctorates that include both coursework and placement components are approved under 2.1(a) above (i.e. DPsyc or PsyD). Combined PhD/Masters programs (or PhD programs with Masters degree equivalent coursework and placements) are recognised as equivalent to 2.1(b). This is because the additional coursework and hours of supervision required in professional doctorates is not included in the requirements for these programs. The Board will provide some concession for practical work undertaken in the PhD (see 3.1.2 of these guidelines). Overseas PhD or DPsyc/PsycD programs with coursework will be assessed under 2.1(c).

2.2 Multiple endorsements

A psychologist who already has one or more endorsements and is undertaking further training for another endorsement must complete 75% of the supervision hours required for that new endorsement after completing their postgraduate studies. For example, a psychologist seeking a second endorsement that would normally require two years of supervised practice must complete 18 months of further supervised practice **pursuant to the period of supervised practice required for the previous endorsement**. A doctorate applicant who is normally required to undertake 12 months of supervised practice must complete **a subsequent** nine months of supervised practice to gain the second endorsement.

A psychologist who is not endorsed, but is simultaneously seeking two endorsements (e.g. through a higher degree program associated with two areas of practice or a dual-degree program) is required to undertake 75% of the supervision required for each endorsement **but not simultaneously**. For example, a psychologist who would normally be required to undertake two years of supervised practice in a dual professional doctorate (one year for each area of practice), must undertake nine months in each area (i.e. **a total minimum of 1.5** years of supervision).

Accredited qualifications are listed at <http://www.psychologyboard.gov.au> . Psychology Board of Australia Guidelines on area of practice endorsement - November 2010 Page 6

2.3 Equivalence guidelines

When considering an application for endorsement under the National Law and the approved area of practice endorsement registration standard on the basis of a qualification under section 2.1(c) of these guidelines, the Board will use the following guide. Qualifications that are considered to be substantially equivalent to an accredited [and approved](#) Doctorate or Masters degree in one of the approved areas of practice are:

psychology qualifications gained overseas that have been assessed by the Board or an authority authorised by the Board as equivalent to an accredited [and approved](#) Doctorate, followed by a minimum of one year of supervised, full-time equivalent practice [within that endorsed area](#) acceptable to the Board.

psychology qualifications gained overseas that have been assessed by the Board or an authority authorised by the Board as being equivalent to an accredited [and approved](#) Masters degree followed by a minimum of two years of supervised, full-time equivalent practice [within that endorsed area](#) acceptable to the Board.

postgraduate [professional Doctoral and Masters level](#) psychology qualifications gained in Australia before the Australian Psychology Accreditation Council (APAC) began accrediting, [and the relevant APS Specialist Colleges began approving](#), postgraduate professional degrees, that have been assessed by the Board or an authority authorised by the Board as being equivalent to an accredited [and approved](#) Masters or Doctorate degree, followed by supervised, full-time equivalent practice [within that endorsed area](#) acceptable to the Board.

Psychologists who have an endorsement and want to practise in a second endorsed area are advised to apply to educational institutions offering accredited programs. Applicants may wish to request advanced standing or credit for work already undertaken. Under these equivalence guidelines, the Board will consider accredited university postgraduate bridging programs as they become available after consultation with the accreditation council [and specialist colleges](#) about the status of such programs. Graduates of such accredited [and approved](#) courses must have the depth and breadth of supervised experience and training in the area of practice equivalent to other accredited [and approved](#) sequences of study.

2.4 Maintaining endorsement

To maintain endorsement in an approved area of practice, a psychologist must meet the requirements of the Board's continuing professional development (CPD) registration standard. Requirement 3 of the standard states:

'As a general guide, CPD activities should be relevant to the psychologist's area of professional practice, and have clear learning aims and objectives that meet the individual's requirements.'

This means that psychologists are expected to obtain the majority of their CPD within their endorsed area(s) of practice, therefore:

A psychologist with one area of practice endorsement must complete a minimum of 16 hours of CPD within that area of practice and the other 14 hours required may be in any area relevant to their practice (i.e. 30 hours total).

A psychologist with two ~~area~~ areas of practice endorsements must complete a minimum of 15 hours of CPD within each area of practice (i.e. 30 hours total).

Psychology Board of Australia Guidelines on area of practice endorsement - November 2010 Page 7

- A psychologist with three areaareas of practice endorsements must complete a minimum of 10 hours of CPD within each area of practice (i.e. 30 hours total).

The Board does not require endorsed psychologists to obtain additional CPD hours over and above the Board's general CPD standard of 30 hours per year.

3 Approved supervised practice (the registrar program) to gain an endorsement

The minimum amount of full-time training required to become eligible for practice as a psychologist with an area of endorsement in Australia is eight years. In addition to holding an accredited and approved qualification for general registration, a candidate must complete a period of supervised practice (the registrar program) to be eligible to apply for an endorsement. The total duration of the registrar program must not exceed five years from the date the Board approves the registrar program to the date the registrar lodges an application for an area of practice endorsement with the Board. The Board will grant endorsement when the candidate has graduated from their accredited higher degree, obtained general registration and completed the Board approved registrar program.

3.1 Entry into the Registrar Program

1. Masters candidates may apply to enter the registrar program after a minimum of two years full-time enrolment in postgraduate study, and must complete all higher degree components (coursework, practicum, and thesis) and provide an official academic transcript showing the degree has been completed. The applicant must have general registration. General registration, and entry into the registrar program, may occur before formally graduating (i.e. attending the graduation ceremony).

2. Doctorate candidates (DPsyc, PsycD) may apply to enter the registrar program after a minimum of three years full time enrolment in postgraduate study, and upon completion of all doctoral coursework and placements (including the extra hours for the doctorate), and sufficient progress on the thesis has been made. The candidate must have general registration. General registration is available upon submission of an official transcript and letter from the Head of School (or their nominee) on a Psychology Board of Australia form that certifies the candidate has completed all coursework and practicum placements at the level of in the Masters program and that the thesis has progressed sufficiently as to be equivalent to a Masters thesis and would be eligible for submission as a Masters thesis at that institution. Registrars will not be eligible to gain endorsement in an area of practice until all minimum requirements for endorsement are completed to the Board's approval.

3. Combined Masters/PhD candidates may apply to enter the registrar program after a minimum of two years full-time enrolment in postgraduate study, upon completion of all coursework and placement requirements at the level of a Masters, and sufficient progress on the thesis has been made. The candidate must have general registration. General registration is available upon submission of an official transcript and letter from the Head of School (or their nominee) on a Psychology Board of Australia form that certifies the candidate has completed all coursework and practicum placements at the level of in the Masters program and that the thesis has progressed sufficiently as to be equivalent to a Masters thesis and would be eligible for submission as a Masters thesis at that institution. Registrars will not be eligible to gain endorsement in an area of practice until all minimum requirements for endorsement are completed to the Board's approval. Psychology Board of Australia Guidelines on area of practice endorsement - November 2010 Page 8

3.1.1 General requirements of registrars during the registrar program

The Board expects registrars to develop the capacity for continuing self-appraisal and to seek appropriate supervision and peer consultation over the course of the registrar program. In particular the Board expects registrars to:

1. Identify the limit of their competence in any given situation and
 - (a) consult with their supervisor regularly with regard to competence of the registrar
 - (b) in consultation with their supervisor arrive at a mutually agreed course of action when competence is limited
 - (c) implement the agreed upon course of action (which may include seeking other professional opinion).
2. Identify broader areas in which they require CPD and
 - (a) formulate a plan to develop these areas, in consultation with their supervisor
 - (b) monitor their progress in these areas and readjust the plan as necessary, in consultation with their supervisor (see Section 3.4 of these guidelines).

3.1.2 Content of the registrar program

The registrar program consists of three components:

- psychological practice
- supervision with a Board approved supervisor
- active continuing professional development.

The qualification held by the applicant for endorsement determines the level of each component required, as set out in Table 1.

Table 1 Registrar program requirements for area of practice endorsement Qualification	Duration of psychologi cal practice	Total number of hours of psychologi cal practice	Total supervision required during psychologi cal practice	Total active professiona l developme nt required during psychologi cal practice
DPsych/Psy D degree	One year FTE	1540 hours	40 hours*	40 hours*
Combined MPsyc/PhD degree	1.5 years FTE	2310 hours	60 hours*	60 hours*
Masters degree	Two years FTE	3080 hours	80 hours*	80 hours*

FTE: Full time equivalent

* The continuing professional development (CPD) and supervision hours in this table include the 30 total hours of [the CPD component](#) per year required for the CPD registration standard (i.e. 10 hours [within the CPD component required as](#) supervision [peer consultation] and 20 hours [as CPD](#)) and are not additional to the hours shown in the table. Psychology Board of Australia Guidelines on area of practice endorsement - November 2010 Page 9

The following forms are available and are required to be lodged to the Board when applicable:

- Application for approval of registrar program in an endorsed area of practice as a psychology registrar (AEAP-76)
- Progress report for registrar program for endorsement in an approved area of practice (PREA-10)
- Application to change supervisor for a psychology registrar program (ACSP-10)
- Application to change practice site for a psychology registrar program (ACPS-10)
- Application for endorsement for an area of practice as a Psychologist on completion of approved registrar program (AECR-76)

Before beginning a registrar program, the psychologist must submit an application for approval of a registered program (Form AEAP-76) to the Board for approval. This includes details of the supervision arrangements for the registrar program. The Board must grant approval before the registrar begins the registrar program and the supervision must begin within 28 days of the date the registrar program is approved by the Board.

Six-monthly progress reports must be submitted (Form PREA-10). Approval must be sought from the Board before any substantial change is made to the registrar program including changes to the work role (Form ACPS-10) or the supervisor (Form ACSP-10).

On completion of the registrar program the psychologist is required to submit a final progress report (PREA-10) along with the application for endorsement (AECR – 76) to the Board.

The registrar program must address the core capabilities (Section 3.1.3) and incorporate the supervision and CPD requirements set out in Table 1.

3.1.3 Core competencies

For a registrar seeking practice endorsement, the candidate must be able to demonstrate that the core competencies relevant to the area of practice, as described in the following sections, have been met at a level consistent with the depth and expertise expected of a registrar after postgraduate training. The specific competencies for each of the areas of practice are detailed in Appendix C.

The core competencies are:

(a) knowledge of the discipline, including:

- i. psychological theories and models
- ii. the empirical evidence for the theories and models
- iii. the major methods of inquiry.

(b) ethical, legal and professional matters, including detailed knowledge and understanding of ethical, legal and professional issues relevant to the area of practice

Psychology Board of Australia Guidelines on area of practice endorsement - November 2010 Page 10

- (c) psychological assessment and measurement relevant to the area of practice
- (d) intervention strategies relevant to the area of practice
- (e) research and evaluation, including the systematic identification, critical appraisal and application of relevant research evidence
- (f) communication and interpersonal relationships, including the ability to communicate in written and oral form from a psychological perspective in a style appropriate to a variety of different audiences, and to interact professionally with a wide range of client groups and other professionals
- (g) working in a broad cross-cultural context, including demonstrating core capabilities to adequately practise with clients from cultural, spiritual belief, gender and sexual orientation background es and lifestyles different from the psychologist's own
- (h) practice across the lifespan, which involves demonstrating the core capabilities with clients in childhood, adolescence, adulthood and late adulthood as and if relevant to the area of practice.

During the course of the registrar program, regular assessment of these competencies must be made and comments included on the six-monthly progress reports (Form PREA-10). At the conclusion of the registrar program a final assessment of competencies form must be submitted. All competencies must be achieved before the registrar is eligible to apply for endorsement of registration.

3.2 Psychological practice

Psychological practice is defined in the registrar program as follows:

Practice means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a psychologist in their profession. In accordance with the Board's recency of practice registration standard, practice is not restricted to the provision of direct clinical care. It also includes using professional knowledge in a direct nonclinical relationship with clients, working in management, administration, education, research, advisory, regulatory or policy development roles, and any other roles that impact on safe, effective delivery of services in the profession. However, for the purposes of some areas of endorsement such as Clinical Psychology, the Registrar training must demonstrate an acceptable minimum amount of specialist face to face hours, and associated other duties to support that work, as detailed below -

To be approved by the Board for the purpose of the registrar program, the psychological practice must:

- be within an area of practice approved for endorsement
- consist of a minimum of 176-282 (i.e. no less than 282, which equates to a full-time equivalent of 16 face to face hours per 35 hour week for a registrant completing the registrarship over a maximum of five years) hours per annum of direct client contact. Client contact means direct client contact performing specific tasks of psychological assessment, intervention and prevention
- be completed and an application for endorsement lodged within five years of the date the Board approves the registrar program
- include a minimum of 30 hours of CPD per year to meet the Board's CPD standard.

Psychology Board of Australia Guidelines on area of practice endorsement - November 2010 Page 11

Full time psychological practice for the purpose of the registrar program is 35 hours per week over a 44 week year (allowing eight weeks of annual and personal leave). Therefore, a two year full time registrar program consists of 3080 hours of practice, a one year registrar program 1540 hours of practice, and an 18 month program 2310 hours. These total hours can be spread over a maximum of five years. There must be a minimum of 476282 (i.e. 282) direct client contact hours each year. The total Professional Development requirement is included in Table 1. For a registrar with a Masters qualification, this is a total of 160 hours PD (80 hours supervision, 80 hours active CPD) spread over the course of the registrar program, with a minimum of 30 hours per year (10 hours supervision and 20 hours active CPD) to meet the Board's CPD registration standard. It is important to note that registrars cannot do only the minimum supervision required per annum in every year of their supervision program because that would not allow them to complete the total supervision hours required within 5 years.

3.3 Supervision

To be approved by the Board for the purpose of the registrar program, the supervision must be:

- provided by a Board approved supervisor who is endorsed to practise in the same area of practice as the registrar program. A Board approved supervisor who is endorsed to practise practice in a different area may, only under exceptional circumstances, be-is allowed to supervise for a maximum of 25% of the registrar program
- provided weekly at least fortnightly when practising, regardless of how many hours have been provided previously and regardless of the number of hours per week of psychological practice completed
- at least one hour per session with no more than one hour per supervision session being eligible to be counted to the total number of supervision hours required
- on an individual (one on one) basis In only exceptional circumstances (e.g. no supply of approved supervisors), a second year registrar may be approved by the Board to undertake supervision in small group format (of no more than two or three registrars) with an approved supervisor for a maximum of 50 percent of the required hours.
- provided at a minimum rate of 40 hours per fulltime equivalent year of psychological practice, and must not go below 10 hours a year (i.e. for registrars taking a leave of absence for part of the year)
- provided face-to-face or, in exceptional circumstances (e.g. high ARIA ratings of rural and remote practice context) for no greater than 50 percent of the hours, via an alternative delivery (e.g. Skype, telephone)
- relevant to the application of all attached core competencies (a) through (h) as listed in Attachment C

The registrar must submit a report from their Board approved supervisor to the Board every six months using Form PREA-10. Psychology Board of Australia Guidelines on area of practice endorsement - November 2010 Page 12

3.4 Continuing professional development

Continuing professional development (CPD) for the purposes of gaining endorsement must meet the requirements of 'active continuing professional development'. This means written or oral activities that engage the psychologist in active training designed to enhance and test learning. Examples of active CPD include:

- attending seminars where there is a written test
- reading a structured series of professional psychology articles followed by completion of an online assessment
- giving an oral presentation or tutorial to a group of peers on a new topic in psychology
- attending a workshop that requires role play of skills
- studying a new technique, then trialling this technique in the workplace, and a review and evaluation of the effectiveness and implementation of that technique.

Where activities are not inherently active, the supervisor must be involved to ensure that the activities become active. For example, if CPD activities are not inherently active, the supervisor must set written work or another activity (e.g. an oral report) to meet the active requirement.

In consultation with the supervisor, the registrar should:

- design a CPD program with clear learning aims and objectives that meet the registrar's practise requirements, as well as the requirements of these guidelines and the Board's CPD registration standard
- ensure any workshops are directly relevant to the area of practice related to the registrar program
- abide by the recording requirements set out in the Board's template for CPD.

4 Board-approved supervisors

4.1 General

The Board will approve a psychologist to provide supervision for the purposes of endorsement in an approved area of practice, when the supervisor:

- holds general registration as a psychologist; and
- holds endorsement in the approved area of practice for at least two years before commencing supervision and continues to be endorsed throughout the period of supervision (note: transitional provisions apply to this requirement until 30 June 2013); and
- has completed a Board-approved training program in psychology supervision and is currently approved (note: transitional provisions to enable supervisors to complete an approved training program apply until 30 June 2013); and
- is not a member of the supervisee's immediate (first or second degree) family or household; and
- has not been or be currently engaged in a therapeutic relationship with the supervisee.

Psychology Board of Australia Guidelines on area of practice endorsement - November 2010 Page 13

4.2 Maintaining approved supervisor status

An approved supervisor will be required to renew their status every five years. When applying for renewal, the supervisor will be required to provide a declaration about the number of psychologists they have supervised in the preceding five-year period, how their supervised practice and professional development have been maintained, and evidence of completion of a Board-approved supervision revision course.

4.3 General requirements of supervisors during the registrar program

It is the supervisor's responsibility to:

1. Ensure the registrar has adequate knowledge of relevant research, theory and policy before intervention.
2. Ensure the registrar has access to appropriate intervention models, so there is no undue intervention bias as a consequence of the supervisory relationship.
3. Bring to the registrar's attention any limitations of competence, ethical difficulty, personal bias or aspect of personal development in the registrar that the supervisor perceives to be affecting the registrar's professional development and/or professional application.
4. Offer sufficient supervision opportunities to enable evaluation of applications of the core competencies on a regular basis. Supervisors are expected to keep monthly documentation.
5. Directly observe registrar's work as part of the supervision process, for at least 25 percent of cases in the first year of registrar supervision for the MPsyg registrar; this may include observation via video or audio recording.
6. View active client files of the registrar intermittently as part of the supervision process.

5 Examination

The Board may require the psychologist to pass an examination after completing the registrar program, before accepting a final endorsement application.

6 Application for endorsement

On completion of the registrar program, the candidate must submit a final progress report (PREA-10) and final assessment of competencies form, that have been completed and signed by their supervisor and lodge an application for endorsement (AECR-76) with the Board. The Board will only grant endorsement to psychologists with general registration who have graduated with the relevant qualifications and have completed the registrar program.

The application for endorsement must be lodged with the Board within five years of the date of approval of the registrar program, or the approval of the registrar program will lapse.

Psychology Board of Australia Guidelines on area of practice endorsement - November 2010 Page 14

Definitions

Accredited means a professional Doctorate or Masters Degree in Clinical Psychology which was assessed by the Australian Psychology Accreditation Council (APAC) as meeting the minimum requirements for a six year academic training program in psychology.

Formatted: Font: Not Bold, Not Italic

Approved means an accredited professional Doctorate or Masters Degree in Clinical Psychology which was approved by the APS College of Clinical Psychologists as meeting the minimum requirements for academic training as a Clinical Psychologist in Australia.

Formatted: Font: Not Bold, Not Italic

Formatted: Font: Not Bold, Not Italic

Area of Practice Endorsement is a mechanism provided for by section 98 of the National Law through which additional qualifications and supervised practice recognised by a board can be identified to the public, employers and other users of the public online register of practitioners. Practitioners with an area of practice endorsement have that area of practice notated on the public register, and can use the title associated with that area of practice.

Client contact means direct client contact performing specific tasks of psychological assessment, intervention and prevention.

The Board means the Psychology Board of Australia.

National Law means the *Health Practitioner Regulation National Law Act 2009*, as adopted in participating jurisdictions.

Ministerial Council means the Australian Health Workforce Ministerial Council comprising Ministers of the governments of the participating jurisdictions and the Australian Government with portfolio responsibility for health.

Registrar means a generally registered psychologist who has completed a Masters or equivalent qualification in an endorsed area of practice, who is currently undertaking a Board approved supervised practice program (a registrar program) for the purpose of gaining an endorsement in an approved area of practice.

Specialist Clinical Psychologist means a psychologist with endorsement as a Clinical Psychologist who, on 17 October 2010, held registration within Western Australia as a 'Specialist Clinical Psychologist', or who was, on 17 October 2010, ~~was~~ enrolled into a W.A. registrar supervision program within the Western Australian registration system, requiring a minimum of eight years training, or who was, on 17 October 2010, enrolled into an APAC accredited and college approved Doctorate or Masters degree in Clinical or other Psychology in W.A., and who is approved to maintain, obtain and maintain, that title beyond the Transitional period by way of a Board approved Grandfather clause.

Formatted: Font: Not Bold, Not Italic

Registrar program means a Board approved supervised practice program for the purpose of gaining an area of practice endorsement with a Board approved supervisor

Standard means a registration standard approved by the Ministerial Council. In this guideline, the standard is for area of practice endorsements.

Active continuing professional development means professional learning activities in the endorsed area of practice that engage the participant in active training through written or oral activities designed to enhance and test learning.

References

Psychology Board of Australia (2010). *Area of practice endorsements registration standard*, Psychology Board of Australia, Melbourne. Date of issue: 1 July 2010; revised November 2010

Date of review: This guideline will be reviewed at least every three years

Last reviewed: September 2010

Attachment C

Area of practice endorsement competencies

Competencies Required For Clinical Psychology Endorsement

Clinical psychologists specialise in the assessment, diagnosis, formulation and treatment of **the widest range of psychological problems and mental**

Formatted: Font: (Default) Arial, 12 pt, Bold

Formatted: Line spacing: single, Don't adjust space between Latin and Asian text

Formatted: Font: (Default) Arial, 12 pt, Bold

illness with organic and/or reactive aetiology, using advanced clinical interview and assessment tools (including psychometric and neuropsychological tests of personality, emotional, behavioural, intellectual and cognitive functioning, evidence based therapies and scientifically-informed therapies. No other allied mental health professional receives as high a degree of education and training in mental health as the Clinical Psychologist. Other than Psychiatry, Clinical Psychology is the only mental health profession whose complete post-graduate training is in the area of mental health. Clinical Psychologists have extensive training in the theoretical and conceptual understanding of mental health problems, the correct diagnosis and clinical evaluation of these problems and on effective management and treatment. Clinical Psychologists design and develop psychological assessment and psychological interventions and procedures and oversee teams of other professionals in the implementation and evaluation of same.

Formatted: Font: (Default) Arial, 12 pt, Bold

Clinical psychologists have specialist training in the assessment and diagnosis of the major mental illnesses and psychological problems with organic and/or reactive aetiology. Through their eight year minimum specialist training, clinical psychologists are qualified to provide expert opinion in clinical, compensation, educational and legal jurisdictions. Some clinical psychologists also specialize in particular types of evaluation including, neuropsychological, health, forensic and educational functioning. The core

Formatted: Font: (Default) Arial, 12 pt, Bold

Formatted: Font: (Default) Arial, 12 pt, Bold

Formatted: Font: Not Italic

competencies that must be achieved by an endorsed clinical psychologist, at a level of depth and expertise appropriate to clinical psychology following on from post-graduate training, are:

- a) Advanced kknowledge of the discipline of clinical psychology – this includes
 - i. Advanced kknowledge of clinical psychological theories and models
 - ii. Advanced kknowledge of the empirical evidence for the theories and models
 - iii. Advanced kknowledge of the major methods of clinical psychology inquiry
 - iv. Advanced aAbility to analyse accurately the functions of a clinical psychologist in particular settings
 - v. Advanced cCapacity to work as a scientist practitioner, engaging knowledge in relevant clinical psychological and social-broader psychological areas

vi. Advanced kknowledge of the roles of other professions, and the capacity to provide expert Clinical Psychological Primary and Secondary Consultation Services, Second Opinion, and reporting to Psychiatrists, Paediatricians, General Practitioners and other professionals appropriately, and work collaboratively with same.

vii. Advanced knowledge in clinical pharmacotherapy and pharmacotoxicity, and differential diagnosis between psychiatric disorder and pharmacological phenomena and neurotoxicity
viii. Advanced knowledge in the design and development of psychological assessment and psychological interventions and procedures and clinical leadership of teams of other professionals in the implementation and evaluation of same.

Formatted: Font: Not Bold

b) ethical, legal and professional matters – this includes detailed knowledge and understanding of ethical, legal and professional issues and statutory requirements relevant to clinical psychology:

- i. Conduct consistent with the code of ethics and relevant statutory requirements

- ii. Understanding of how ethical principles and relevant statutory requirements are used to guide professional clinical psychological practice
 - iii. Clear and consistent use of informed consent procedures
 - iv. Knowledge of limits of competence and personal limitations that may affect work with clients.
 - v. Advanced knowledge of the Mental Health Act, Psychologists Registration Act, and any other relevant Acts under which Clinical Psychologists practice.
- c) clinical psychological assessment and measurement
1. Advanced cCompetenciest te-in the administrationer, interpretation and integratione of a range of assessment devices including:
 - i. clinical interviews
 - ii. behavioural observations
 - iii. tests of intelligence-intellectual and social functioning
 - iv. **assessment of cognitive/neuropsychological functioning (including memory, attention/concentration, language, executive processes, and academic ability)** appraisals of cognitive functioning
 - v. appraisals of emotional functioning
 - vi. personality tests-appraisals of personality functioning
 - vii Mental State Examinations and Risk Assessments.
 - ~~ix-viii~~ . Advanced knowledge in clinical pharmacotherapy and pharmacotoxicityneurotoxicity, and differential diagnosis between psychiatric disorder and pharmacological phenomena including neurotoxicity
 - ~~viii~~ix. Advanced knowledge in the design and development of psychological assessment and psychological interventions and procedures and clinical leadership of teams of other professionals in the implementation and evaluation of same.
 - ix. appraisals of relationship and family functioning

Formatted: Font: (Default) Arial, 12 pt, Bold

Formatted: Font: 12 pt, Bold

2. Demonstrated advanced competency in the following areas:

i. Selection of appropriate clinical psychological assessment techniques or instruments with proper consideration of issues of reliability and validity

ii. Knowledge-Advanced knowledge of and competency with interview and developmental case history.

iii. Clinical interviews to include:

• Developmental, relationship and family history

• Psychosocial functioning

• Cognitive functioning

• Behavioural functioning

• Emotional functioning

• Personality structure and functioning

• Neuropsychological functioning (where appropriate)

• Biological considerations (e.g. organic and reactive brain conditions, medical conditions, drug and alcohol usage)

• Mental State Examination (where appropriate)

iv. Psychometric and psychodiagnostic testing (where appropriate)

v. Behavioural observation and functional analysis (where appropriate)

vi. Neuropsychological evaluation of functioning (where appropriate)

vii. Advanced knowledge of psychopathology and critical understanding of the use of various diagnostic classification systems (DSM and ICD)

viii. Advanced knowledge in clinical pharmacotherapy and pharmacotoxicity, neurotoxicity, and differential diagnosis between psychiatric disorder and pharmacological phenomena including neurotoxicity

ix. Advanced knowledge in the design and development of psychological assessment and psychological interventions and procedures and clinical leadership of teams of other professionals in the implementation and evaluation of same.

3. Advanced competencies in evidence-based case formulation procedures, including information from context of referral, assessment information, diagnoses: providing the guidelines and framework for evidence-based and scientifically-informed intervention with demonstrated knowledge of the implications of different forms of intervention for the case.

d) evidence-based and scientifically-informed intervention strategies

1. Advanced competencies in evidence-based and scientifically-informed intervention procedures as demonstrated by ability to work as a scientist practitioner to:

i. Draw from appropriate research literature

ii. Review documents of departmental/sector and professional practice relevant to the intervention

iii. Formulate and test hypotheses from a scientist-practitioner perspective

iv. Draw from knowledge of a range of evidence-based and scientifically-informed intervention procedures

v. Design or select appropriate evidence-based and scientifically-informed intervention

vi. Evaluate outcome appropriately

vii. Advanced knowledge in clinical pharmacotherapy and pharmacotoxicity, and differential diagnosis between psychiatric disorder and pharmacological phenomena including neurotoxicity

Formatted: Bulleted + Level: 1 +
Aligned at: 0 cm + Indent at: 0.63 cm

viii. Advanced knowledge in the design and development of psychological assessment and psychological interventions and procedures and clinical leadership of teams of other professionals in the implementation and evaluation of same.

2. Advanced level sSkilful application of evidence-based and scientifically-informed intervention processes:

i. Advanced level uUnderstanding of the s-intervention processes (engagement and collaborative goal setting/evaluation, maintenance, termination, etc)

ii. Forms a positive working alliance with a variety of clients

iii. Advanced ;level eve; aAbility le to utilise evidence-based and scientifically-informed psychotherapy and/or(including behaviour therapy) with individuals, couples, families, and groups and systems

iv. Provides Advanced level -Primary, Secondary and Second Opinion Ceonsultative services to Psychiatrists, Paediatricians, General Practitioners and other professionals, and carers and systems regarding clinical psychological problems

vii. . Advanced knowledge in clinical pharmacotherapy and neurotoxicity pharmacotoxicity, and differential diagnosis between psychiatric disorder and pharmacological phenomena including neurotoxicity

viii. Advanced knowledge in the design and development of psychological assessment and psychological interventions and procedures and clinical leadership of teams of other professionals in the implementation and evaluation of same.

Psychology Board of Australia Guidelines on area of practice endorsement - November 2010 Page 24

(refer

Formatted: Font: 20 pt, Bold

next page)

e) research and evaluation – this includes the systematic identification, critical appraisal and application of relevant research evidence to clinical psychology

i. Advanced aAbility to develop research and evaluation and report outcomes

ii. Advanced cCapacity to understand evidence and appropriately handle data

iii. Advanced Aability to synthesise research literature and apply to evidence-based and scientifically-informed practice

iv. Advanced research knowledge in clinical pharmacotherapy and pharmacotoxicityneurotoxicity, and differential diagnosis between psychiatric disorder and pharmacological phenomena including neurotoxicity

v. Advanced knowledge in the design and development of psychological assessment and psychological interventions and procedures and clinical leadership of teams of other professionals in the implementation and evaluation of same.

f) communication and interpersonal relationships – this includes the ability to communicate in written and oral format from a clinical psychological perspective in a style appropriate to a variety of different audiences, and to interact professionally with a wide range of client groups, carers, families, and Psychiatrists, Paediatricians, General Practitioners and other professionals, and systems

i. Advanced aAbility to communicate adequately with clients, carers, families, within the profession, with Psychiatrists, Paediatricians, General Practitioners and other professionals, systems, and with the general public

ii. Capacity to appear as an expert clinical psychologist witness, including knowledge of Court systems, presentation in Court, and relevant policies and practices

iii. Advanced aAbility to write adequate clinical psychological reports for a range of audiences

iv. Advanced aAbility to write adequate clinical psychological reports for the legal system

v. Advanced aAbility to keep appropriate clinical psychological records and case notes in accordance with the requirements of the professional setting

vi. Advanced capacity to liaise with consultant psychiatrists regarding, and advise General Practitioner in matters of, clinical pharmacotherapy and pharmacotoxicityneurotoxicity, and differential diagnosis between psychiatric disorder and pharmacological phenomena including neurotoxicity

vii. Advanced capacity to liaise and communicate with teams of professionals regarding the design and development of psychological assessment and psychological interventions and procedures and clinical leadership of teams of other professionals in the implementation and evaluation of same.

g) working within a broad cross-cultural context – this includes demonstrating core clinical psychological competencies to adequately practise with clients from cultural, belief, gender, and sexual orientation backgrounds ~~es~~ different from the clinical psychologist's own

h) practice across the lifespan – this involves demonstrating the core clinical psychological competencies with clients in childhood, adolescence, adulthood and late adulthood, as relevant to the work of a clinical psychologist in the context in which the psychologist is employed. Psychology