

RESPONSE TO EXPOSURE DRAFT: GUIDELINE FOR SUPERVISORS AND SUPERVISOR TRAINING PROVIDERS

Consultation paper – 3 November 2011

To whom it may concern,

We are writing in response to the above invitation to respond to the draft guidelines for supervision. Our department currently provides two or three long term clinical placements per annum for masters or doctoral clinical psychology students. The following comments are limited to the supervision arrangements for:

- supervision of provisionally registered psychologists undertaking placements as part of an accredited university course.

Training in Competency-Based Supervision

The proposed changes to board-approved competency-based supervision represent a significant change to the current situation in which supervision successfully takes place. While the aim and the purpose of this proposed change are admirable, the practicalities of both investment of time and money represent an added burden on an already under-resourced profession.

Currently (in Victoria) clinical placements for provisionally registered psychologists undertaking placements as part of an accredited university course (students) are entirely un-funded – they are available for free and at the discretion of various institutions in which they take place (hospitals, mental health settings etc). The value system underpinning this arrangement has traditionally been that supporting practice and the profession is worthwhile.

The suggested changes do not address the substantial funding and continuing professional development imposts implicit in the recommendations. Psychologists currently working in these clinical settings are under considerable strain because neither governments nor the university sector actively value supervisory work through resourcing the supervision and training of post-graduate psychologists.

Psychologists employed in the public sector cannot be expected to fund CPD for supervision of students or indeed to perform an additional 21 hours of CPD /annum without access to paid study leave and professional training grants.

Unless the Psychology Board of Australia, together with APAC, proposes a realistic way of funding these radical changes, the risks are that many current experienced and endorsed psychologists will withdraw their (unpaid) services to the training of future psychologists, or clinical services such as ours will be forced to cease providing placement opportunities for students. The profession (particularly clinical psychology) has already experienced a drastic reduction in experienced, trained senior psychologists working in settings in which placements can successfully take place, as a result of the advent of a shift to the private sector together with Medicare billing.

Recommendations

The successful take-up of the proposed supervisor training and thus the preservation of appropriate training placements will depend on some of the following being considered.

Buy-in from stakeholders will be essential to ensure the success of providing publicly identifiable suitably trained supervisors. Suggested stake holders in this new training enterprise are:

1. State or Territory Department(s) of Health
2. Universities and APAC
3. Employers and their Financial Controllers
4. Departments of Psychology/Heads of Department
5. Supervisors
6. Supervisees

The resourcing for this training will require significant buy-in from all stake holders in terms of provision of time, funding and tools necessary for the proposed three stages of Board-approved supervisor training:

- 7 hours preparatory
- 14 hours of face to face
- Systematic assessments (maybe 2 psychologists time involved, video recording equipment, feedback etc)

It is worth noting that the time commitment will in many cases represent the equivalent of a week's clinical practice work and this presumably is in addition to the 30 hours of CPD already required for continuing national registration. Additionally, it is noted that the guidelines for training are based on limited research, and it is unclear if the training as outlined is actually necessary or will enhance the quality of supervision provided.

To fund this enterprise will require nothing less than a change of culture and priorities in the funding bodies and employers.

The current climate in which an experienced clinical psychologist practices and provides supervision to provisionally registered psychologists undertaking placements as part of an accredited university course would not support the proposed time commitment to this national endeavour.

Clarification is required of the various EBA(s): currently an employed, 'endorsed' psychologist works within a legislative framework which is interpreted by the EBA. The current entitlement for leave for professional development does not allow for additional training and study. There is currently very little money available for CPD within the public hospital system and most psychologists work in an environment of waiting lists and no allowance for back fill or cover for psychology colleagues on leave.

Finally perhaps the most concerning aspect of this proposal is that there is no consideration of existing and current expertise in the setting and speciality in which supervision is taking place, even though the supervisor has not only supervised and trained registrars for years (in some cases) but also has met all CPD requirements. The effect is to render clinical experience and training as invalid and not valued. This would surprise many registrars who have valued their training supervision.

Is the time-line realistic?

While PsyBA has provided its own deadline for the end of the transition period (June 2013), it has failed to give an indication of when the courses are available. By the

second half of 2012 decisions will already be taken in relation to taking in new registrars on their placements. Without an assurance of resourcing this proposal and the timing of its inception, many psychologists will already have made their decision not to commit and thus the University courses will be unable to place post-grads into the best available clinical placements.

In summary, the training proposed has limited evidence-base in Australia, is lengthy, costly, and involves additional resources that many individuals and employers will simply not have access to (e.g., video recording). The likely lack of uptake for all these reasons seriously threatens the short term, and longer term, availability of supervisors for training provisional and registrar psychologists. It is recommended that urgent steps be taken in the guidelines to make any training affordable, time-reasonable, and practicable. Accreditation as a supervisor should be expanded to include pre-existing supervision experience and training (prior to 2008). The transition period should also be extended until there is a reasonable uptake of accredited supervisors to ensure the continued training of provisional and registrar psychologists.

If the current recommendations go ahead it is unlikely that that our department will be able to provide clinical placements for students, this will be a loss to the profession, the department, and has implications for universities and the wider community

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