

27 May 2013

To The Chair, Psychology Board of Australia,

Please find attached my submission in response to the "Consultation Paper on the Guidelines for the National Psychology Exam" dated 18 April 2013.

As many others have stated in previous submissions regarding the exam there are a wide range of problems and flaws with the model selected by the Psychology Board of Australia. I would like to endorse the comments made by the Australian College of Specialist Psychologists and the College of Organisational Psychologists in their many previous submissions regarding the exam. In particular regarding this current consultation paper I would like to note that I support the submissions made by Dr Guy Curtis and Libby Brook regarding the psychometric problems with the exam, the narrow and misguided mental health focus of the exam and the proposed problems with the implementation of the exam (ie. Fatigue associated with 150 items over 3.5hrs).

The focus of submission concerns the fundamental guidelines proposed by the PsyBA for the exam.

1. Aim of the Exam

The consultation paper states:

"Holding general registration means that a practitioner possesses a general skill set in applied psychology that allows psychology practice across a wide range of workplaces. The Board's role is to protect the public by ensuring that any psychologist who offers services to the public possesses this skill set." (Page 3)

The aim of the exam on the face of it seems reasonable – A "general set of skills" that applies "across a wide range of workplaces". However given the content you have approved for the exam this is NOT POSSIBLE and you will NOT be able to meet your own aim. You have approved a mental health content that will ONLY apply in the context of mental health. The assessment tools and the interventions listed have NO RELEVANCE in a range of settings in which many psychologists work – namely organisations, the community, and sporting contexts. How can this protect the public? I assume you do not have a narrow definition of 'the public' in that you are only referring to those in mental health contexts. I assume you mean everyone, every where. In that case you are NOT ensuring the protection of people who work in organisations for example who are provided with inappropriate advice and interventions by people with no knowledge of organisational issues, structures, systems and processes. You are not protecting those in clinical neuropsychological settings who are being assessed by people with no training in neuropsychological measures and interventions. And other specialist areas such as forensic, community and sport.

If you as the registration board continue to narrow the 'basic' competencies of psychologists down to mental health related knowledge, skills and abilities then can I ask whether you as the registration board will start taking action against psychologists working outside this area of competency? I ask this as a psychologist with post graduate training in organisational psychology who regularly encounters clinical and counselling psychologists working in organisational contexts providing inappropriate and unhelpful advice and interventions to clients. No one is protecting them from paying for services that are unhelpful or damaging.

2. Who is Required to Sit the Exam

On page 3 of the paper you note who will need to sit the exam and note on page 4 that masters and doctoral trained psychologists are exempt until June 2016. I understand postgraduate students as provisionally registered psychologists were recently sent a letter from the PsyBA advising them that

post 2016 this exemption will no longer exist and postgraduate trained persons will have to sit the exam. Again – this is the PsyBA valuing a mental health model of competency within the profession with no thought to the diversity and value of all 9 areas of specialty. This focus on mental health competencies is problematic for a number of reasons (as highlighted by Guy Curtis). Programs teaching to the exam to ensure ‘passing’ will mean time and space problems for non-clinical and non-counselling programs that will have to cover 2 disciplines of knowledge and skill in 2 years. It also undermines the authority of the PsyBA’s own accrediting authority, APAC. You either trust APAC to ensure key competencies are taught or you don’t. Make up your mind.

3. Psychometric Principles of the Exam

As noted in Libby Brook’s submission there are a number of psychometric problems with the exam that relate to a number of sections in your guidelines.

- Curriculum (p. 4): As noted above, its narrow and is relevant to only 3 of the 9 specialty areas (clinical, counselling and I suspect partly educational/developmental). Token reference to a couple of non-mental health measures and no reference to any interventions outside of a mental health context. It would appear the questions are not complete either – the answers for the sample questions suggest additional information would need to be provided or assumed to identify the correct answer.
- Format of the Exam (p. 4): 150 questions with 2 competency areas requiring 45 items each. Wow. What item analysis has been done to determine which items have appeared in the exam? How many did you write that did not make it in? What analysis was done to determine the ones dropped? The need for content and construct validity I understand but does this mean all 45 questions are required? Factor analysis anyone? Internal consistency?
- Duration (p. 5): 3.5hr seems extraordinarily long and violates our own principles for ensuring performance standards and reliability of results. What reliability checks have been done to ensure fatigue, response bias or other sources of error are not a concern?
- Number of Questions and Proportion (p. 5): Again – 150 items seems extraordinary given the narrow mental health focus of the exam.
- Passing Grade (p. 5): How did you determine this? What predictive validity has been done on the exam to suggest this is set at a level that protects the public? Has it been done across ALL 9 areas of specialty given your plans to make everyone do it post-2016?
- Attachment A (p. 10): Provides a history of the concept of an examination in psychology, I assume as a justification for the exam now. What this history lesson shows me is that although there was agreement for one in the past, it can’t have been seen to be relevant/useful/necessary if no one then acted on it. It also seems to demonstrate that the drive for the exam was predominately from NSW and was not seen as critical in other states. Certainly not in WA where registration at general and specialist levels was so well defined and managed for over 35 years.

As a final point, given there are ethical guidelines that underpin our profession and our practice the entire concept of the exam seems redundant. Our ethical guidelines state people should not work outside their area of competency (knowledge, skills and abilities). So should a psychologist do this, then the PsyBA has a mandate to investigate and take action. Are you saying our ethical guidelines are not sufficient? Do you propose getting rid of them? I expect not. So what is the REAL intent of the exam? If I was cynical I might think that the underlying intent of the national health practitioner legislation is to ensure ‘workforce numbers’ – so one could argue the PsyBA is ensuring the lowest standards of competency required for someone to work in a mental health setting – ie. A health department. Meaning state governments will be able to hire psychologists at a lower salary level and ensure cookie-cutter assessments and interventions (ie. CBT for all) at a lower cost. I wonder who is this really serving?

In closing I hope that the PsyBA has a genuine desire to read these submissions and take on board the comments and feedback. History suggests this is not the case, but I would like to think that consultation is being done because you would like to protect the public and shape professional standards, not just meet a legislative requirement to ask the profession.

Kind regards,

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Registered Psychologist.