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Winthrop Professor David Badcock
ARC Australian Professorial Fellow
School of Psychology
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Re: Draft Guidelines for the 5+1 Internship Programme

Dear Professor Badcock,

Thank you for the opportunity to respond to the Draft Guidelines for the 5+1 Internship Programme on behalf of the Clinical Psychology Unit, School of Psychology at The University of Sydney. Clinical Psychology training at The University of Sydney includes completion of a combined Doctor of Clinical Psychology & Master of Science degree, or a Doctor of Clinical Psychology & PhD degree. Our postgraduate training in Clinical Psychology aims to achieve the highest level of international standards for training in clinical practice, coursework and research in keeping with the PsyBA and APAC guidelines. We would like to present a number of key concerns that we have for any 5+1 Internship Programmes.

While 5+1 programmes incorporate an additional year of training, relative to the weaker 4+2 programme, both pathways to registration are lacking in standardised supervision arrangements and “quality control” measures. The quality of the training relies entirely on the skills of individual supervisors of provisional psychologists, in conjunction with the available opportunities in individual work places. As such, the possibility of highly variable training and supervision remains likely. Moreover, the quality of supervision and training experiences is lacking in external scrutiny thereby enhancing the likelihood that competencies will be negatively impacted.

The supervision arrangements for 5+1 programmes rely heavily on supervisors managing the dual role of both primary supervisor, mentor and assessor of competencies. Students in Masters and Doctoral level postgraduate clinical psychology programmes typically receive supervision from a number of supervisors (typically at least four individual supervisors) within a broad range of workplaces and patient presentations. In the absence of high quality supervisor training and minimal levels of quality control, there remains the danger that dual

roles will not be well managed and competencies will be negatively impacted. The ratio of supervision to clinical hours for 5+1 programmes remains dangerously low; provisional psychologists typically require more time to present and receive guidance and feedback on cases, including viewing of sessions, at this stage of their training. Minimal supervision requirements are of particular concern in enhancing the risk to the public, and particularly to patients with serious mental health concerns, which 5+1 students typically have little experience in assessing or treating.

Clinical placement sites are limited, and as such, 5+1 programmes increase the number of students seeking external placements and have the potential to put further pressure on Masters and Doctoral level clinical programmes. Finally, the breadth and diversity of learning for clinical placements required for best practice is reduced in 5+1 programmes that place immense pressure to supervise students to competency on a single principle supervisor and placement experience.

I appreciate you considering these concerns about 5+2 programmes and hope that these comments are helpful in decision-making about 5+2 pathways to registration.

With Kind Regards,

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