



THE AUSTRALIAN
CLINICAL PSYCHOLOGY
ASSOCIATION

Submission to the
Psychology Board of Australia
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Consultation on the proposed 5+1 internship program

Introduction

Australia currently has the lowest professional psychology training standards in the Western world. The 5+1 training program would not meet standards for the practice of psychology in other comparable international jurisdictions. In Australia the existing university postgraduate clinical masters and doctoral programs come closest to minimum professional psychology training standards in the United Kingdom, New Zealand, Canada and the United States of America. Such training should be promoted as the only Australian training model to follow, given that international mobility for work purposes is higher to these countries. The European standard is also at a masters level and thus the 5+1 training would not suffice for psychological practice in Europe either. The oft-made claims of workforce shortages in Australia are not consistent with workforce data on registered psychologists in the other most closely related countries in the world (Hunt & Hyde, 2013).

Australia continuing to adopt 4+2 and 5+1 professional training programs perpetuates a lower than necessary professional training standard in psychology, which a) puts the public at risk from underqualified practitioners, and b) undermines the value and funding of quality postgraduate psychology programs into the future. Currently, post-graduate professional training programs operate at a loss and universities will be tempted to abandon these in favour of fee paying shorter programs for funding and resource reasons. Clinical masters and doctoral university programs require strong support from the Psychology Board of Australia (PsyBA) and university Psychology Departments and Schools to continue to operate and to expand, thereby providing a high quality workforce of professional psychologists both now and in the future. Maintaining and expanding our established postgraduate university professional training model is in the best interest of public safety and the maintenance of the nations mental health.

1.1 Overview

It is proposed that the internship component, the +1, of the 5+1 internship program involve 3 components to be carried out in one year (or equivalent part time):

Psychological practice: There is no detail on what constitutes an 'approved' professional setting.

Supervision: We recommend that a second supervisor be mandatory not optional (discussed in more detail later in this submission)

Professional development: Formal learning should not be divorced from professional practice and psychological theory should be integrated with professional practice.

This will not occur with an ad hoc professional development program.

The Internship program

2.1 Aims

We agree with the eight core areas of psychology but do not believe that a one year internship program is sufficient to continue develop the skills and knowledge gained in the first 5 years of training. The first four years of the 5+1 internship program will not be clinically based leaving only one year for inclusion of psychological theory relevant to mental illness.

There will be little or no opportunity for the integration of theory and practice in the fifth year of training (only very short clinical practice placement will be undertaken in the 5th year and these may be observational). Similarly the sixth year will contain little formal psychological theory and will rely on professional development attendance for theory-based instruction. Even with supervisor guidance this could be of questionable quality.

While the aims are laudable it is not possible to cover all core areas in any kind of depth in one year of an internship program.

2.2 Core Competencies

We disagree that the basic competencies are developed across the six years of psychology. Undergraduate psychology may not include theory, which is relevant to in depth knowledge of the core competencies. For example, it is unlikely that ethical legal and professional matter will be covered to a sufficient standard in the undergraduate years. Likewise it is unlikely that competencies 3, 4, 6, 7 & 8 will be covered in the first 3-4 years of a psychology degree. This means that psychological theory relevant to mental health will need to be concentrated into the 5th year of training and will not be supplemented or enhanced by a concurrent practicum experience as this is only undertaken in the 6th year.

There should be a stronger emphasis on using assessments and interventions with a scientific evidence base to ensure public safety.

The principle responsibility of the Psychology Board of Australia is the protection of the public. Patients with mental health problems are most vulnerable to inadequately trained professionals and 5+1 graduates will be eligible for general registration allowing them to work in any area they choose including mental health. If this component of the training is to continue as central to the learning of competencies, *at least two* placements with *two principle* supervisors are essential and placements must both be conducted in the area of mental health. As described elsewhere, attaining such placements will be problematic for 5+1 students.

The full onus of evaluation of achievement of core competencies in most cases should not rest on a single supervisor. This is inadequate as, despite any supervision training taken, individual supervisors vary widely in their knowledge base. As the Australian Psychology Accreditation Council (APAC, 2011) states in its Submission to the Psychology Board of Australia on Consultation Paper 9: National Psychology Examination:

The PBAs recent introduction of the so-called “5+1” pathway to general registration, which involves completion of a four year APAC accredited program of study, followed by an APAC accredited Graduate Diploma of Professional Psychology (5th year), and a final year of supervised internship under the direction of the PBA, is at this point untested, although a number of courses are starting and/or in development. The pathway has the advantage over the 4+2 pathway of an additional year of higher education aimed at foundational applied training in preparation for the final year of supervised practice, but since the final year of supervision will suffer from the same lack

of an accreditation process described for the 4+2 pathway above, it therefore would also benefit from an appropriate form of final competency examination (p.4).

This ‘lack of accreditation standards’ is described as the following in relation to the internship program of the 4+2 pathway to registration:

Although APAC acknowledges that the PsyBA has in place a set of requirements and reporting obligations, which guide the work experiences and supervision of provisional psychologists during the final two years of this pathway, the supervision and work experience are not subject to any form of quality control. The quality of the training provided relies on each individual supervisor’s suitability, skills, diligence, and on the nature of the training opportunities and work environment(s) available to the trainee and supervisor, without involving any direct independent external scrutiny of the quality of supervision and other training undertaken. This arrangement leaves open the possibility that there is a high degree of variability in the quality of supervision and training received, as well as in the level and breadth of competency candidates attain, despite the requirements and reporting measures set down by the PsyBA for this training”. “An additional problem with any system that relies so heavily on a primary supervisor as both the mentor and competency assessor is the conflict between these roles. There is danger that the conflict will not be well managed in a 5+1 system that does not involve close externally moderated quality control, peer review and support for best supervised practices. The problem is acute with so much of the provisional psychologists’ applied training concentrated in the final two years of the pathway. The supervision arrangements for the +2 component of this pathway thus do not meet the fundamental quality, transparency, fairness and trust requirements of widely accepted international training accreditation guidelines (World Health Organisation, 2005, International Standards Organisation, 2005). The right kind of national examination at the point of registration would be one possible solution to reducing this variability and ensuring that training during the final two years of this pathway meets a consistent benchmark of competence and proficiency like that in place for the professional postgraduate pathway. It should however be complemented by other processes during the training that address issues of transparency, fairness and trust (p.3-4).

2.3 Requirements

2.3.1 Required hours

The requirement for 1400 hours of supervised practice (560 hours of direct client contact and 840 hours of client related activities) equates to approximately .5 EFT per week. If the person works full time the required hours could be completed in 6 months. Given there is no research or theoretical component to complement the placement hours we believe that this is inadequate number of hours of training and places the public at risk when psychologists with such limited training join the workforce. There is nothing stopping such a person setting up in private practice at the end of this limited training.

The requirements for supervision of the internship program are extremely inadequate and indeed dangerous. Having untrained provisional psychologists practising with as little oversight of their work as one hour for every 17.5 hours of practice places the public at significant risk. Given the caseload that is carried in 17.5 hours of work, only a few cases can be discussed within one supervisory hour. This means methods of supervision are severely restricted, issues relating to other components of practice, such as ethical principles relating to cases, cannot be addressed and problems can be readily hidden. At least one hour of direct supervision is required for every day worked to meet a minimal level of safety, given that sessions are not routinely viewed in these placements.

Given only 50 hours of direct supervision of case material is required, registrants from this program should not be permitted to independently see patients with mental health problems. The supervision arrangements here are at the level required for a fully trained post-graduate masters or doctoral level psychologist undertaking a period of supervision (for example a registrar) early in their career in order to ensure public safety while their competencies grow and develop. It is totally unsatisfactory for the training of basic competencies. If this level of supervised practice remains, it needs to continue indefinitely to ensure public safety. Furthermore, the level of oversight, training, professional development, and mentoring required by the Board is impossible for one human being to deliver within 50 hours of supervision.

It is not sufficient to complement the internship program with 60 hours of professional development and this kind of program is open to exploitation. The provisional psychologist may not be experienced enough to evaluate the quality of professional development and the supervisor may not be able to influence or oversee the quality of professional development the provisional psychologist attends.

2.3.2 Required reporting

The reporting methods are dependent on the supervisory relationship and therefore open to exploitation. If a provisional psychologist is paying for supervision then the supervisor is in a conflicted position. External standards for of assessment are required.

Case studies, 2 of which are assessment and 2 of treatment, are an insufficient means of determining diversity, breadth and depth of training, particularly when only one of each type of case is submitted for examination to the Board.

- One case study needs to be of an adult psychometric assessment
- Once case study needs to be a child and family clinical assessment and treatment
- One case study needs to be of an adult psychometric assessment
- One case study needs to be of an adult clinical assessment and treatment

The Board will need to be vigilant that case studies for the Board's examination are not prepared on fictitious patients or copied from other sources. With respect, how will the Board ensure that the case studies reflect genuine patient contact and report on the actual outcome of the treatment?

It is not clear how the submitted work will be assessed for adequacy. Will Board members undertake the assessment or will this be outsourced to experts in the field?

Do the existing Board members have capacity to assess all of these adequately or, if outsourced, how would conflict of interest with accredited delivering agencies be avoided? It is not clear who designs and provides the final assessment and competence form (to be signed by the supervisor) and how the adequacy of this form is determined. There is no stated mechanism to deal with logbooks, records of practice, progress reports and case reports which are not up to standard either at the supervisor level or the Board level.

2.3.2.4 Final Assessment of competence

There is no mechanism outlined whereby the suitability of individuals for registration as a psychologist is determined. How will the supervisor reach the belief that the provisional psychologist has satisfied the requirements of the internship and achieved the 8 core competencies and attributes without some external standard of comparison? While passing the National Examination is helpful, this does not examine interpersonal competence and professional behaviour in practice.

2.3.3 National Psychology Examination

The PsyBA National Examination should be compulsory to gain registration after a 5+1 pathway (some parts of the consultation paper infer this is the case, however, page ii says ‘may’, and thereby implying this might be optional). Supervisors and candidates need in some way to be legally prevented from sharing/distributing National Examination questions and answers.

2.4 Time frames

We agree that 5 years should be the maximum time allowable to complete the +1 component of the 5+1 internship program if this pathway goes ahead.

2.5 Prerequisites

We believe that a one year Graduate Diploma of Professional Psychology is an insufficient base to begin internship training, which because of the current low requirement for supervision, is likely to put vulnerable members of the public at risk.

2.6 Arranging an internship

It will be extremely difficult for students to independently find their own quality placements for a sixth year of Board approved supervised practice internship. Universities are already finding it difficult to arrange enough quality external placements for enrolled postgraduate clinical masters and doctoral candidates. There are moves in the public health system to charge universities or students a fee per day for placement supervision. The financial load on 5+1 students (who would usually be young adults) to pay university fees plus such fees is an unfair pressure. This is likely to further contribute to low quality training outcomes, which is not in the best interests of public safety. What are the consequences of 5+1 interns not being able to find a suitable internship and/or supervisor?

3. Psychological Practice

We agree with the Board’s assessment of this area

3.1 Client contact

We agree with the Board’s assessment of this area

3.2 client related activities

We agree with the Board's assessment of this area

3.3 Placements

We agree that placement must be psychological in nature. However, suitable placements will be difficult to find, whether paid or unpaid.

In public mental health settings, such as hospitals and state funded community mental health services, 5+1 interns would compete with masters or doctoral post-graduate students in clinical psychology, thereby adding enormous pressure to scarce resources. Given the superior training and later employment potential of postgraduate masters and doctoral students, these provisional psychologists will be a much more attractive proposition for public mental health services who generally understand the differences in levels of psychological training, thereby putting the training of the 5+1 trainee at risk. Over saturating the market with a lesser-trained but 'cheaper' work force will limit high quality placements for all training programs in psychology. It further leaves the internship component of the 5+1 program open to exploitation from agencies that do not understand the different levels of psychological training and who have trouble recruiting and retaining staff because the 'burn out' factor is high, for example, child protection. Such settings will limit the achievement of the core competencies and other requirements of the internship (such as on site supervision) and place both the provisional psychologist and the public at risk. This will create a serious duty of care issue for both the training institution and the Board.

To ensure adequate capacity in the field to provide quality professional training placements, the 5+1 or 4+2 routes to registration need to be reduced in number in favour of postgraduate masters/doctoral professional training routes.

Expecting existing university psychology clinics to provide all or part of the 5+1 intern year (1,540 hours) would overload the capacity of university psychology clinics that are already at full capacity providing quality first year internal placements for clinical masters/doctoral students. Overloading the capacity of university clinics and academic staff with 5+1 students will reduce the quality of existing postgraduate clinical masters/doctoral training. This is not in the long term best interests of quality training and public safety.

3.3.1 Scope of the psychological practice

In order to protect the public it is essential all psychologists are capable of identifying, diagnosing and treating mental health problems. Given that graduates of a 5+1 program will become registered psychologists who can choose to work in private practice under Government schemes with patients with mental health problems, it is essential that their psychological training is within the mental health area. This cannot be adequately learned in an internship program in which the focus is on sport and exercise, organisational, educational or community settings. The Board excludes internships with components such as social work, occupational therapy and special education; therefore the demand for placements will be on mental health, and will include private practice settings, which are unlikely to be able to accommodate these less well-trained students. We agree that provisional psychologists should not be permitted to work independently or establish a private practice but how will this be managed/audited?

We note that the onus in ensuring that an adequate scope of practice is attained by the 5+1 intern is put on the supervisor. This responsibly should remain with the training institution that will grant the degree. If the supervisor is not on site then they will not be in a position to identify limitations to proposed work roles/placements that might prevent the provisional psychologist from achieving all of the competencies within the allowed internship timeframe.

4. Supervision

The 5+1 supervisor should have a minimum of 3 years full-time experience (not a part-time increment across 3 years). In addition, they must have completed a Board-approved training program specifically covering 5+1 and 4+2 pathways to supervision with additional requirements. This is an enormous demand on an individual supervisor with, possibly, no post-graduate training in professional psychology given the specific supervisor training will be more important as most students entering this training pathway will have achieved lower academic grades.

4.1 Supervision provided during the internship

It is essential that all supervisors of 5+1 interns are registered with PsyBA and approved for this specific form of supervision. A formal back-up second supervisor must also be a requirement (not optional), since 5+1 students are so heavily dependent on the supervisor to cover all registration requirements.

There are likely to be problems arising where full fee paying 5+1 students consider taking legal action against supervisors whom they do not believe are providing supervision adequate to meet the demands to achieve general registration.

It is essential that universities are prevented from coercing staff who are Board approved supervisors for postgraduate masters or doctoral and registrar programs into 5+1 supervision, as this will lead to the downgrading of the Australian psychology workforce. Supervision of 5+1 interns for the university's financial benefit reduces the time capacity to supervise clinical postgraduate candidates and this is a real threat and risk to the postgraduate clinical programs.

4.1.1 Individual supervision

For the internship year of the 5 + 1 program, 1-hour supervision for every 17.5 hours of student intern practice is inadequate. There needs to be a mandated minimum for face-to-face supervision, including a clear guide on how much more supervision is ideal (e.g. currently post graduate clinical psychology trainees are required to have one hour supervision per day (7.6 hours) of placement, which is more than double the proposed requirement for the 5+1, lesser trained intern).

4.1.2 Other Supervision

Formal supervision time for applied practice should not be by telephone, Skype or email, to be of a quality standard. Supervisors must be onsite, not off site as such an arrangement is likely to provide inadequate and distal supervision, risking unsafe practices for both interns and client/patients.

4.1.3 Direct observation

Direct observation of the provisional psychologist's work needs to occur at least daily, as it is with masters and doctoral trainees in the early stages of training. Direct

observation of child and adult psychometric assessments must continue until competencies are reached. Intervention sessions must be watched, at least in part, on a regular basis and rotated through the caseload to address ongoing problems.

4.2 Supervisory arrangements

As the Psychology Board states, ‘Supervisors are experienced psychologists who often practice in specialised areas’ (p.14). The adoption of a secondary supervisor, potentially in the same setting, working with a similar population, is inadequate. 5+1 interns require exposure to more than one area of psychological practice, as they will obtain general registration allowing them to practice in any setting. At the very minimum, one of the placements must also be in child and family work and one in adult work to ensure a reasonable breadth and diversity of learning.

All work roles/internships in the sixth year should be approved by the Board, and not by internship accreditation agencies. This would introduce a conflict of interest between agencies seeking financial gain from full fee paying students as the first priority, without adequately attending to the quality of applied training offered. This would lead to public risk.

The accredited fifth year of professional psychology study is likely to be used by universities as a full fee paying course for students. If the numbers in the intake are high there is a risk that grades for entry will be relaxed due to university/business conflict of interest, which is not in the best interests of quality professional training and public safety.

4.2.1 Establishing supervisory arrangements

Establishing supervisory arrangements will be an extremely difficult task for 5+1 interns and should be the responsibility of the institution granting the degree. These students will neither have the skills nor the life experience necessary to judge the quality of the work place/supervision and negotiate conditions under which supervision should be provided. They will be in an unequal power relationship and dependent on gaining an internship to graduate and not be focused on the quality aspect of the training.

4.3 The internship plan

How will the Board be reasonably expected to assess the proposed plan?

4.3.1 Using the internship plan

How will the Board ensure that the proposed plan is adhered to? Unless the supervisor and intern review the plan regularly (6 monthly is inadequate as the internship could be completed in that time) it will be very easy to vary what was proposed to the detriment of the intern’s experience.

In a single year of internship, changes to the plan submitted within 28 days plus Board time to approve these, could take up a substantial part of the year, especially if there is more than one change.

5. Professional Development

While professional development is critical for maintaining skills and competence it is not an adequate method of training. Quality is variable and often workshops are

superficial introductions into an area. They do not constitute or take the place of formal training, teaching and assessment. A clearer definition of ‘professional development’ is needed in relation to the 5+1 training pathway, including clear limits and boundaries (i.e. what is/not acceptable).

5.1 Recognition and recording of professional development

No comment

6 Completion of the internship

6.1 Applying for general registration

How will the Board satisfy themselves that the 5+1 intern is safe to practice on the public? The National Examination while useful for theory-based assessment cannot take the place of the continuous and rigorous assessment regimen within a structured higher degree. An examination will not assess in a practical way professional conduct and interpersonal skills.

7 Conditions and policies governing the internship

We agree with the Board’s assessment in this area

7.3 Changes to work roles or placements

We agree with the Board’s assessment in this area

7.4 Changes and/or disruptions in supervisory arrangements

We agree with the Board’s assessment in this area

7.5 Offsite supervisory arrangements

If the supervisor is not on site, there must be another psychologist available on site that can oversee the provisional psychologist and whom the provisional psychologist can consult for professional guidance, as required. A non-psychologist line manager and/or other health professional is not acceptable for professional guidance for psychologists in training.

7.6 Discontinuing the internship

We agree with the Board’s assessment in this area

7.7 Resuming the Internship

We agree with the Board’s assessment in this area

7.8 Maintaining provisional registration

We agree with the Board’s assessment in this area

7.9 use of title

We agree with the Board’s assessment in this area

7.10 Psychological practice outside the 5+1 internship

We agree with the Board’s assessment in this area

7.11 Professional indemnity insurance

We agree with the Board’s assessment in this area

7.12 Dispute resolution

We agree with the Board's assessment in this area

Closing remarks

Given the large number of psychologists already in the Australian workforce with standards of training below what is acceptable in other developed countries is it ethical to add to the untrained/less well trained workforce and expose the public to unnecessary risk at the expense of a well-trained postgraduate clinical psychology workforce?

What is the proposed career path for 5+1 trainees? If the 4+2 and 5+1 pathways to registration are to remain, ACPA recommends that these pathways be reserved for organisational, sport and exercise, community, and educational psychologists. Graduates should not be permitted to work in independent practice with clients/patients in mental health without ongoing supervision at the level detailed in this submission.

References

Hunt, C. and Hyde, J. (2013). Ataxonomy of psychology standards and training, and their relevance for psychiatrists. *Australasian Psychiatry*, DOI:10.1177/1039856213476121