



COLLEGE OF CLINICAL PSYCHOLOGISTS

Professor Brin Grenyer
Chair
Psychology Board of Australia
PO Box 16085 Collins Street West
Melbourne Vic 8007
25 February 2016

Dear Professor Grenyer,

Re: Consultation Paper 26: Area of Practice Endorsements

The Clinical College of the Australian Psychological Society is the peak body representing around 60% of Clinical Psychologists in Australia. As such, we represent one of the nine Endorsed Areas of Practice within the registration standard, and therefore the College is grateful for the opportunity to comment on the PsyBA's proposed changes to the registration standard and guideline.

The College agrees with the PsyBA that significant changes to the standard and guideline at this time would be premature, given the number of changes in environmental factors impacting the Profession at this time. Nonetheless, whilst outside the scope of this consultation, overall we remain committed to the development of a Specialist Registration register, rather than endorsement for Clinical Psychology, as being the most appropriate pathway to manage the difficulties we perceive in the current system going forward (Q1). We have a comprehensive recommendation for Specialist Registration currently sitting with the APS Board.

Review of Area of Practice Endorsements registration standard

The College agrees with the Board's preference for minor changes as outlined in points 42-46: Option 2. The College agrees that all nine areas should remain at this time (Q2) and supports the additional pathway for those returning to the workforce and wishing to re-instate their endorsement (Points 69-70; Q3). This and other changes in the review are much more equitable for women, and those with disabilities or carers, and the changes improve flexibility in the workforce.

While the aim of changing the wording of the standard to align with AQF is laudable, the proposed wording will remain confusing to the average graduate. It is recommended that Eligibility "a" be clarified to include the doctorate thesis; and that "c" has the bridging program separated to its own point (eg f). Finally, it is unclear given the amount of current background changes being undertaken, why the Board is proposing a five year review as optimal, when it does not expect that it will be possible. Perhaps this can be done after the next review?

Review of Guidelines on Area of Practice Endorsements

The current guidelines are on the whole are clear, but the opportunity to amend some expectations and competencies is welcome (Q 1). Therefore the College agrees with the Board's preference to make minor changes to the Guidelines (Option 2) as per point 78.

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The proposed changes do go some way to address some previously identified issues, such as the five year limit (point 99) and the supervision process (point 101) (Q2). Both needed more flexibility. However, the draft guidelines are confusing, probably in part due to typographical errors, for example 3.2 uses old wording of “Masters” and “Doctorate”. There is also confusion in this point as it is unclear how a “bridging program” is different to gaining “additional endorsement” (also 3.2) and therefore the different hours of practice requirement is not clarified. Similarly, 4.1.3 states “the registrar program must be completed within five years” and yet point 99 removes that requirement (Q3).

While overall the core competencies of Clinical Psychology are reflected in Appendix B, some minor changes to reflect the changing workforce landscape is advised (Q4-5). Approximately 24 leading Clinical Psychologists employed in various organisations/ private practice, with representatives from across Australia, met in 2014, in part to discuss our unique role within the workforce. These recommended changes are based on those conversations:

1. Specific Services (paragraph three) – these should not be listed in an adhoc fashion. Framing the examples within the context of DSM 5 and ICD 10 would be clearer. Highlighting Clinical Psychology’s role with complex, unspecified and co-morbid mental health problems and disorders, and those who have not responded to first line therapies is essential.
2. In Knowledge competency – a) “ a broad understanding of mental health and *mental illness/disorders*.....including *individualised* assessment, diagnosis and *varied* treatments *based on formulation*” would be more specific. Also, including marital therapy in e).
3. In Intervention competency – b) “a *range* of evidence-based psychological therapies”.
4. In Communication competency – b) “psycho-education about mental health problems and *disorders*”.

Overall, the College supports the suggestions of the Board and is willing to discuss recommendations made here in more detail if that would be helpful.

If we can be of assistance, please don’t hesitate to contact me.

Yours Faithfully,

A handwritten signature in black ink, appearing to read 'Ros Knight', with a small registered trademark symbol (®) at the end.

Ros KNIGHT
Chair, APS College of Clinical Psychologists