

Response to the Psychology Board of Australia

Consultation Paper 26

Review of Area of Practice Endorsements

We thank the Board for the opportunity to comment on the Psychology Board of Australia's Consultation Paper 26: Review of Area of Practice Endorsements.

In this paper the Board has limited itself to relatively minor changes and clarifications to the registration standard and guidelines in regard to area of practice endorsement (AOPE). This consultation paper is about clarification: it is about standing still and doesn't represent an advance. In essence it has failed to address the needs of the Australian public for psychological expertise.

It seems to us that there are significant problems to be addressed in providing appropriate pathways to AOPE, and that these problems in turn limit the availability of specialized services to the Australian public. While we have considered the consultation paper and each of the questions therein, this submission considers in general the type and availability of postgraduate training and manner of obtaining AOPE. In essence we address question 2 of the General Questions for Consideration "Do the nine approved areas of practice accurately reflect the current range of postgraduate degree options and specialized practice areas in Australia?" It seems to us that this question goes to the heart of training in psychology.

There is no simple answer to the question because the demographics relating to population spread, courses availability and state by state availability show a complex picture with ramifications which affect availability of specialist services to particular populations.

Current range of postgraduate degree options. There is no shortage of training courses in Clinical Psychology: all states and Territories have such a course, and there are more courses (40 not including a bridging course at the University of Western Australia) in clinical psychology than all the other areas of practice endorsement put together (28). That is training in areas of specialized practice apart from clinical psychology are limited. There is only one course in the country in sport and exercise psychology (Queensland) and only one course in community psychology (Victoria). Further the area of health psychology has only two courses: one in South Australia and one in Queensland. These courses are clearly under threat of discontinuation. It also appears that other areas of training could also be under threat of discontinuation. These include Counselling Psychology and Forensic Psychology. Further Educational and Developmental Psychology is only available with four courses in two states. Accordingly it can be very difficult for an individual to obtain a relevant postgraduate degree in their area of interest and those individuals are then, without such a degree, unable to undertake a registrarship. In addition it seems likely that this situation will become more dire since some of these training courses will be likely to be discontinued because they will have a limited number of students, and will become uneconomic.

Specialized practice areas in Australia. Without going beyond the general descriptor of health (all of which are underpinned by clinical psychology) there are a number of areas of practice that lack opportunities for postgraduate training except for a bare

introduction in a postgraduate clinical psychology course. For example pediatric clinical psychology, pediatric clinical neuropsychology, medical and health rehabilitation psychology, couples and family psychology, drug and alcohol rehabilitation, geriatrics and so on. To elaborate even further, notwithstanding the reference in the consultation paper to defence psychology, geriatric psychology and school psychology, and the Board's comments about the sufficiency of nine areas of practice, two areas that clearly will need considering in the near future are that of pediatric clinical and clinical neuro psychology , and geriatric clinical and clinical neuro psychology. These later are rapidly expanding areas of demand, but the economics of attracting and training students is such that a University is unlikely to offer training in an area without that training also including clinical psychology in a way which will ultimately allow for clinical endorsement (AOPE) and access to Medicare rebates..

In short, there is an insufficient range of postgraduate degree options, with the present available options spread very unevenly across the country. This means that on the one hand it can be very difficult for a student to obtain access to a postgraduate training of interest, and on the other it is difficult to near impossible for the public in some states and territories to access some specialized services.

Suggesting a solution is fraught, but it is generally recognized and can clearly be seen in the APAC Standards and the Psychology Board of Australia's "Guidelines on area of practice endorsements" that there is considerable overlap and commonality of skills across areas of practice. In short given these standards and guidelines all psychologists should have the same common skills and knowledge and be able with appropriate particular training move across areas of practice in a similar way to that which might occur in other health professions. If this basic premise is accepted then the completion of one area of practice endorsement postgraduate degree and subsequently receiving an area of practice endorsement ought to make it much easier to complete another area of practice endorsement without having to complete a complete new diploma or Master's degree. The board ought to be putting strenuous efforts into encouraging other providers to develop certificates of competency that will provide the educational input for the additional area.

It should be noted that in our view the skills and competencies of psychologists are generally similar across specialized areas of practice, and that the particular knowledge requirements and refinements of the skills for a particular area of practice are largely defined by that work place. The implications of this for training in specialized areas are that workplace experience and particular workplace training is critical in the training for AOPE subsequent to obtaining a postgraduate level training in an area. Further having completed an advanced level of academic training within the general area of interest AOPE should be focused on the needs of a particular kind of workplace supported by certificates of competency or perhaps postgraduate bridging diplomas/Master's degrees. In addition mechanisms could and should be developed which will enable the assessment of an individual who has completed such certificates to ensure they meet the standards for another area of practice endorsement.

Psychologists within particular AOPE's would claim that their area of expertise has areas of knowledge and or practice that are distinctive and only available in their postgraduate course. That may be the case, but that knowledge and those skills could follow a limited general introduction as a part of an introduction to health care psychology in say a course in clinical psychology and could be specified and mastered within the registrar program which leads to the AOPE..

In Summary, we do not believe that the present system of postgraduate training with a view to Area of practice Endorsement is supplying the needs of the Australian public ,

1 There is a lack of availability of postgraduate training in the non Clinical Psychology areas of the stated nine areas of practice endorsement , both in terms of numbers of courses, and in terms of geographic distribution.

2. This limits the possibility of students undertaking some of these specialist Master's courses, and the availability of specialist skills to the public.

3.The solution lies in accepting the commonality of training and skill across AOPE's and making available to graduates from Master's courses particularly in clinical psychology the possibility bridging processes to other AOPE's via work place supervision and bridging diplomas and certificates of competency.

4 The Psychology Board of Australia has an important leadership role in not waiting for other bodies to suggest solutions to these gaps, but to point to and encourage solutions in addressing the needs of the Australian community.

Associate Professor Clive Skilbeck

Clinical Neuropsychologist

██████████
Sandy Bay 7005

Dr Iain Montgomery

Clinical Psychologist

██████████
Sandy Bay 7005

Iain.Montgomery@utas.edu.au

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