

Submission to the Psychology Board of Australia
Concerning the proposed revisions to Areas of Practice Endorsements Standards
(Public Consultation Paper No. 26)

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Sections 52 – 57

Section 52 The nine approved areas of practice are listed in the summary section of the registration standard. The Board's view is that the nine areas accurately reflect the current range of postgraduate degree options and specialised practice areas in Australia and proposes no changes the approved areas.

I wish to recommend that changes should be made to this section. The nine areas of practice no longer reflect the range of post-graduate degree options as even a cursory inspection of these offerings around the country will show. Almost every University and most Higher Education Providers offer post-graduate professional degrees in Clinical Psychology and few offer other alternatives. Those alternatives that are offered are reducing in number each year. It is clear that in the next five years there will be almost no post graduate degree available other than Clinical Psychology.

At present courses in Community, Counselling, Health, Educational & Developmental, Forensic and Sport and Exercise Psychology are all 'endangered'. In any comprehensive review it would be better to reduce the number of areas of practice endorsement (APEs) to two or three given the extent of content overlap present in most of the courses serving these areas.

For example, the area of Clinical Psychology could include Clinical Neuropsychology, Clinical Psychology, Community Psychology, Counselling Psychology, Educational and Developmental Psychology, Forensic Psychology and Health Psychology. Organisational Psychology and Sport and Exercise Psychology could also be combined. If this were to be established, or any similar re-arrangement it would take very little time before market forces would drive Universities and other Higher Education Providers to provide the relevant courses and to put their own stamp on the content. I envisage that these courses would reflect the interests and skills of the teaching and professionally qualified staff and so provide diversity of content offerings that would serve the demands of the human service workforce.

I would predict that future job advertisements would list criteria for specific positions and that employers would then be able to interview and appoint those persons best suited for the particular positions. For example, a job advertisement for a clinical psychologist might list requirements for work in a hospital clinic with mentally ill patients experiencing early psychosis. Those with suitable traditional clinical psychology qualifications would be considered. Alternatively, an advertisement could require applicants to work in services focussed on relationship counselling or loss and grief. Applicants for these jobs might also be graduates from courses in clinical psychology but they would have been trained in different skills and methods of working with clients. Both sets of applicants would be Clinical Psychologists but would not be in direct competition with each other and would simply reflect the diversity of training that was available.

This approach would lead to less confusion in the minds of the general public who already struggle understanding the difference between the nine areas of practice endorsement. In fact most of the community would not be able to distinguish between psychiatrists and psychologists and there is evidence for this. Another advantage would be the alleviation of much of the resentment presently experienced with the current two tier system of Medicare rebates as clients of all Clinical psychologists would be eligible for the appropriate rebate.

In the meantime if these recommendations are not promulgated then the changes that I am aware the APS College of Counselling Psychologists are proposing should be implemented.

Sections 53 – 54

I support these sections. There is no evidence that further APEs are necessary. This would just add to the public confusion about this profession.

Sections 55 – 56

I support the reasoning in Section 55, and in view of my proposals above I would not support any introduction of an APE in School Psychology.

Section 57

I do not support the Board's position on this issue. As I have described above the nine APEs are not sufficiently distinct, especially in the public mind. It is the public who must be seriously considered in this matter especially if there is an alternative means of providing informed treatments that the public can readily understand. At the moment all APEs are suffering 'death by a thousand cuts' and I urge the Psychology Board was to take the lead in this matter and adopt the suggestions above. At the moment, Universities and Higher Education Providers are waiting to see what this present

review recommends and then they will act to provide suitable and varied training through their professional programs. To not take action at this time would be to ignore the responsibility of the Board to provide leadership that assists the general public to access psychological services from practitioners whose skills can be easily understood.

Finally, I would like to support the Board's position on Specialist Registration. I think this is unnecessary and only serving to enhance some grandiosity on the part of some practitioners. Once the public understands the proposed suggestions of reduced APEs Specialist Registration will not be worth the cost.

Thank you for the opportunity to make this submission.

Sincerely,

A handwritten signature in blue ink, appearing to be 'R. J. ...' with a stylized flourish at the end.

15 February 2016

I place no restriction on the publication of this submission.