

4th March 2016

From the Clinical Psychology Reference Group of Western Australia

Submission to the Psychology Board of Australia in response to Consultation Paper 26: Review of Area of Practice Endorsements

The Clinical Psychology Reference Group (CPRG) is the peak body representing clinical psychologists and neuropsychologists in the Health Department of WA. We appreciate the work of the Psychology Board of Australia (Board) in engaging in this consultation process. While the Public Consultation paper 26 provides some useful refinements we have encountered major difficulties with the endorsement structure and are very concerned that some proposed changes further exacerbate these problems.

In particular the CPRG members have grave concerns about the changes to the definition of an area of practice endorsement to *“An area of practice endorsement is a notation on the Register of Practitioners that indicates that the individual has completed an approved postgraduate qualification and a registrar program in an approved area of practice”*. Sadly this does not reflect the reality of endorsement in Clinical Psychology and Clinical Neuropsychology. In many cases this will be patently false and it has potential to place the public and the profession at risk.

As part of the transition to National Registration many people gained endorsements on the basis of grandparenting and “alternative” pathways. Many of these people do not have approved post-graduate qualifications or have not completed a registrar program in clinical psychology or clinical neuropsychology. Is the Board suggesting that these people should then be un-endorsed – since they do not meet the criteria defined above?

In the Western Australian Department of Health we have had to manage re-occurring potential threats to patient safety and service standards from inappropriately qualified (but endorsed) applicants for both permanent and locum psychology contracts. As a state health department, since the introduction of National Registration we have had to set aside endorsement as an indicator of skill/competence and instead return to a thorough scrutiny of applicants’ original university transcripts, degree certificates, practicum placements, and referees. This has come about in response to the stream of inappropriately qualified applicants citing (even arguing with official complaints to human resources) that their “clinical endorsement with the Board” is proof enough to validate their qualifications.

Unfortunately even trained mental health staff and members of the psychology profession are not always aware that someone can have an endorsement as a clinical psychologist without completing post-graduate training in clinical psychology or completing registration as a clinical psychologist. Endorsement has failed in WA Health to provide a clear indicator to the public or other professionals who are appropriately qualified clinical psychologists or clinical neuropsychologists.

The change to the definition obscures the fact that many people endorsed do not meet these very criteria. This change in definition only compounds the problems created by the endorsement framework and obscures them further. The result is greater potential for inadequately trained people to misrepresent their qualifications, and potentially practice beyond their training and competence.

Western Australia had specialist title for seven specialist area psychologists for over 30 years before National Registration. This system was clear, transparent and allowed for the obvious identification of psychologists who had undertaken post-graduate training in their area of specialty and a rigorous registrar program. The current system of endorsement has resulted in people with widely varying degrees of training and qualifications to be lumped into the same group. It has confused the public and other professions and lowered the qualification standards of clinical psychologists and clinical neuropsychologists in this state. We believe that the current system of endorsement is failing to provide a mechanism that enables the public, employers, and the profession to identify practitioners who have the adequate training for the role. It is timely that there are now criteria for specialist title for professions as we believe that specialist title should be reinstated to identify those clinical psychologists and clinical neuropsychologists who actually have completed advanced post-graduate qualifications and training.

Kind regards,

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On behalf of the Clinical Psychology Group of Western Australia, Health Department WA.