

Dr Megan Preece

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To whom it may concern,

Re: Consultation on area of practice endorsements

Below are my responses to the questions the Board has asked in its consultation.

Area of practice endorsements registration standard

1. From your perspective, how is the current registration standard working?
 - Generally, good.
2. Do the nine approved areas of practice accurately reflect the current range of postgraduate degree options and specialised practice areas in Australia?
 - Generally, yes. However, as a clinical psychology registrar working in a Child and Youth Mental Health Service, I often wonder whether there could be a “child and adolescent” area of practice, similar to the psychiatry area of specialty. This would be broader than the idea for an area of practice of “school psychology” as mentioned in the Board’s consultation paper.
3. Do you support the addition of a pathway to endorsement for previously endorsed applicants?
 - Yes.
4. Is the content and structure of the draft revised registration standard helpful, clear, relevant and more workable than the current standard?
 - Yes.
5. Is there any content that needs to be changed or deleted in the revised draft registration standard?
 - No comment.
6. Is there anything missing that needs to be added to the revised draft registration standard?
 - No comment.
7. Do you have any other comments on the revised registration draft standard?
 - No comment.

Guidelines on area of practice endorsements

1. From your perspective, how are the current guidelines working?
 - Generally, well. However, I have had considerable difficulty meeting the current seemingly arbitrary requirements for supervision frequency (fortnightly) and session length (1 hour minimum) as a clinical psychology registrar works full-time as a shift-worker undertaking shifts across 7 days a week, 24 hours a week. I work as a mental health clinician in the emergency department of a large public hospital, so at least one clinician is required on-site at all times. My workplace is very supportive of me undertaking the registrar program and are allowing me to have two supervisors when psychologists in my workplace usually only have one supervisor. However, there is often no easy way for me to attend supervision fortnightly when I do a run of night-shifts (from 8:45pm to 7:15am), followed by at least 3 days off, and my supervisors work regular business hours. Furthermore, it is often difficult to

consistently achieve supervision lengths of at least 1 hour in acute hospital settings in my experience.

2. Do the draft revised guidelines address issues that you may have previously raised?
 - Yes. I am extremely glad that the Board has proposed to relax the requirements for supervision to be at least fortnightly and sessions at least 1 hour long. To my best knowledge, there was no strong empirical evidence to support either of these prescriptions for supervision in the registrar program.
3. Is the content and structure of the draft revised guidelines helpful, clear, relevant and more workable than the current guidelines?
 - Yes, especially the increased flexibility regarding the frequency and session duration for supervision for the reasons I mentioned above. I felt as though the previous guidelines were geared towards registrars working in private practice, and did not do enough to sensibly accommodate those of us working as psychologists and undertaking the registrar program in diverse settings (particularly, the acute hospital setting).
4. Do you think that the area of practice competencies accurately reflect the range of core skills and knowledge common to all psychologists who work in the area of practice?
 - Yes for clinical psychology. No comment regarding other areas of practice.
5. Are there core areas of skill and knowledge that are specific to a particular area of psychology practice that are missing from the competencies (Appendix B) for that area of practice?
 - No for clinical psychology. No comment regarding other areas of practice.
6. Is there any other content that needs to be changed or deleted in the draft revised guidelines?
 - No comment.
7. Is there anything missing that needs to be added to the draft revised guidelines?
 - No comment.
8. Do you have any other comments on the draft revised guidelines?
 - No comment.

Thank you for the opportunity to provide my views in your public consultation.

Yours sincerely,

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