**Submission**

**By CCCCCCCCCCCCCCCCCC**

**Psychologist in Private practice**

**To the Psychology Board of Australia**

**On**

**Public Consultation on area of practice endorsement registration standard**

6th December 2018

**RE: Public Consultation – Area of Practice Endorsements Registration Standard.**

Thank you for seeking comment from interested parties concerning the Psychology Board of Australia’s public consultation on the ‘Area of Practice Endorsements Registration’. Please find my responses below.

**1. Which option do you prefer - the status quo or option 2 (proposed standard)?**

My submission is in disagreement with both option 1 and option 2 that have been presented by the board. I dispute the presumed legitimacy of the AofPE (Area’s of Practice Endorsement) of any Psychologist due to the historical fact that their introduction is widely viewed as a corrupted process, whereby what had hitherto been best viewed as areas of interest for psychologists who chose to be members of the Australian Psychological society (APS), as reflected in their free choice to join any college of their choosing, became enshrined as eligibility for automatic AoPE. That many long-term applied psychologists chose to not be members of the APS meant that they were excluded from this automatic endorsement. The process of ‘grandfathering’ non-APS college members is popularly viewed as having been corrupted by APS interests and biases.

The system of endorsements misleads the public and is needlessly expensive for the Department of Health to regulate. The current system of endorsements fails to recognise that psychologists possess significant expertise in a particular area unless they have undertaken an APAC approved program in an endorsed area of practice and a superfluous registrar program. However, many practitioners provide psychological services that are indistinguishable from those with endorsements with no less skill or effectiveness and at no greater risk to the public.

Many psychologists have undertaken substantial professional development and possess formal qualifications in related areas of allied health that are not recognised by the Board. Certifications in the application of particular therapeutic techniques are also unrecognised, as are hours of clinical supervision outside of formal registrar programs. The combined education, training, and practical expertise of many psychologists is prodigious but often unrecognised by the Board due to current regulatory processes and the constraints of the endorsement system.

**2. What are the advantages and disadvantages of moving from the current AoPE standard (supported by the current AoPE guidelines) to the proposed AoPE standard (supported by the proposed AoPE guidelines)?**

The advantage is that this gives Psychologists who achieved registration via the internship pathway an opportunity to gain an AoPE without completing a full Clinical Masters, Doctorate or PhD. The importance of an AoPE appears flawed given its method of introduction and the effectiveness of treatment outcomes by psychologists with AofPE. Research conducted by Pirkis et al (2011) regarding the effectiveness of Psychologists under the Better Access to Mental Health Scheme showed both Generally Registered Psychologists and the Clinical Psychologists achieved treatment outcomes equivalent to those seen overseas indicating AofPE do not impact treatment outcomes. The disadvantages include the costs involved to manage this system without appreciable treatment outcome benefits.

**3. Are there other specific impacts (positive or negative) arising from the proposed AoPE standard that need to be considered? This may include impacts from the proposed removal of content from the standard that is set out in the proposed AoPE guidelines.**

The AoPE may intensify division amongst Psychologists in Australia. The various Australian Psychological Society submissions from which the two-tier Medicare Benefits Schedule used for the Better Access to Mental Health program and more recently the APS proposal for three tiers have divided the profession. These submissions were not based upon evidence which proves one training pathway is better than another, yet the idea of a tiered system promotes one group as being superior to another. A continuation of AoPE could be used in the same way.

The AoPE standard may lead to a restriction of consumer choice. When choosing a Psychologist for treatment, consumers who have not already received a recommendation or referral, may be more likely to go for the seemingly more qualified Psychologist with the additional validations after their name. This may not lead to the consumer choosing the Psychologist best for their needs.

For many psychologists it would be disadvantageous both financially and in terms of business continuity and employment of staff to engage in a further year of study to demonstrate capability in work they already successfully complete. This would also disadvantage the psychologists’ current client base.

The endorsed areas of practice recognised by the Board are quite limited. There are many different areas of psychology and therefore psychologists that are not recognised by the Board. This list includes but is not limited to; cognitive psychologists, critical psychologists, vocational psychologists, social psychologists, evolutionary psychologists, geropsychologists, engineering psychologists, peace psychologists, integrative psychologists and transpersonal psychologists.

**4. Is the content and structure of the proposed standard helpful, clear, relevant and workable?**

The content is understandable and clear. However I do not feel the AoPE will offer true value to practitioners or consumers given Psychologists already engage in continuing professional development and are mandated to practice within scope.

**5.** **Is there any content that needs to be added to, deleted from, or changed in the proposed standard**?

If the rationale for having an AoPE is to differentiate Psychologists as ‘more competent’, then this appears to be based on a false premise that training pathways are predictors of better clinical outcomes. If this is the rationale, there would be thousands of highly skilled mid-late career psychologists who would be disadvantaged by Areas of Practice Endorsement becoming a minimum expectation. It is also concerning that a Psychologist who is endorsed in one area will not be able to transition into another area without having to gain a further AoPE to be considered competent.

I am not opposed to further study and intend to continue to study to improve my practice. However at this stage in my career I do not see a bridging course to gain an AoPE as being beneficial to my practice and ongoing Professional Development. I am concerned the AoPE may become the standard for Psychologists and those psychologists who choose not to seek an endorsement will be deemed less.

Accordingly, I strongly urge the Board to completely retire the system of regulating endorsed areas of practice in psychology and recognise full registration as an unrestricted license to practice professionally in the field.

Yours sincerely,

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