

24 January 2012

To the Chair, Supervision Consultation, Psychology Board of Australia

We support the attempts to advance our understanding of what is involved in supervision of a high standard and how to support implementation throughout the profession. We imagine that integrating supervisor training with the continuing professional development could be one way of streamlining monitoring and regulation.

We read with interest Gonsalvez and Milne's article as well as the submission by the Griffiths University Consortium. We note with disquiet though that the model for supervisor effectiveness is limited to only measuring competencies. We appreciate the Griffiths University Consortium finding that the majority of those who failed one of the competencies had three or more years of experience but it not clear whether this is a linear relationship, ie does the lack of relationship between years of experience and competency continue into further years of experience. This statistic has been used as an argument that experience does not correlate supervisor efficacy. This finding could also be used to argue that an intensive two day training program did not necessarily increase efficacy for psychologists who have some experience as clinicians. Also, this refers to years of experience, not years of experience as a supervisor. The research into general therapeutic factors may provide an analogue area of research. Particular qualities of the supervisor and the supervisory relationship may be the more important variables that need to be measured. We would appreciate more elucidation and more debate in the research of supervision before embarking on regulations. The policy that the Board has proposed is at odds with what currently occurs in the College of Psychiatry for instance.

Perhaps one way then to recognise effective supervision is to factor in if the supervisor has had psychotherapy training in one of the major modalities – one of the parallel professions that is cited in the discussions about the need for supervisor training – as well as what efforts the supervisor has made to obtain feedback about the supervision experience they provided, in addition to experience.

We are very concerned however that if the requirements for becoming a supervisor become onerous, it may be seen as prohibitive within public health services and further erode discipline specific skills and roles in favour of more generic duties. Frankly, cost and time will be a deterrent which jeopardises postgraduate training. Whilst this should not be the Board's concern, we do ask of the Board to please take this into consideration as the policy may have very real ramifications on the deployment of psychologists in public health.

Also, as approved training programs are yet to be established, would the board reconsider the deadline of 30 June 2013 as well as multiple opportunities for psychologists to attend training so to avoid a funnelling effect given the potentially significant number of psychologists who will need to complete approved training? On a similar note, would the Board also consider a grace period after 30 June 2012 that allocates a satisfactory amount of time to resolve disputes?

We would kindly suggest a regular, independent review process of approved supervisor training providers to insure against profiteering or any other business practices that bring the profession into disrepute. We also wondered whether having training providers assess competency could potentially become a conflict of interest.

Lastly, we would like to request that drafts for comment be put out on email to ensure that all psychologists have an opportunity to be notified and offer timely comments.

Yours sincerely

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On behalf of Psychologists at Austin Child and Adolescent Mental Health Services