

Department of Health WA Clinical Psychology Reference Group.

**Associate Professor Brin Grenyer,
Chair, Psychology Board of Australia**

Dear Associate Professor Grenyer,

The Department of Health (DoH) WA Clinical Psychology Reference Group welcomes the opportunity to comment on the *Consultation paper on codes and guidelines* for registration and accreditation for the profession of psychology. The Reference Group was disappointed that the PBA refrained from seeking Specialist Title Registration for the psychology profession in its submission to the Ministerial Council, but we look forward to the PBA re-visiting this issue with the profession and its representative bodies in future.

Specific sections of the paper (and those relevant to WA DoH Clinical Psychologists) will be addressed below.

1. Proposal for a code of ethics for the psychology profession

The WA Psychologists' Registration Board has relied upon the APS Code of Ethics as its basis for reviewing ethical conduct for many years and we are satisfied with the PBA's proposal to start with this and review within the first five years.

2. Guidelines on continuing professional development

We are pleased that continuing professional development is mandatory for continued registration as it provides clear guidelines to employers and support for psychologists.

However, we foresee potential difficulties with the Active CPD component and recommend further consultation with the profession. Our concerns relate to two main areas:

1. Firstly, probable logistical difficulties for rural based psychologists as many work in isolation from other psychology colleagues; and
2. Secondly, the possibility that this component will place a considerable workload on a supervisor who it seems will be responsible for ensuring that CPD is *active* in nature (i.e. identifying the active elements in the workshop or professional development activity itself). If the supervisor is not satisfied the CPD was active then he/she must devise a task to make it active. If the supervisor is supervising a number of psychologists, including those undergoing supervision for endorsement, then the work-load would be considerable. This would adversely affect the number of psychologists that could be supervised at any one time.

We also believe that supervisors will need clear guidelines about what constitutes Active CPD.

3. Guidelines on area of practice endorsements

Under **Supporting information for guidelines on area of practice endorsements (pp 1-2):**

3. Transition arrangements for psychologists currently registered.

We are concerned about the following clause: “a psychologist who has been assessed before 1 July 2013 as eligible to provide clinical psychology Medicare services is eligible for endorsement in the area of clinical psychology” (p.1)

This is suitable for those who are currently studying APAC approved courses in Clinical Psychology, Doctorate of Psychology or PhD (Psychology), or undertaking supervision for what will be endorsement in the area of Clinical Psychology, but we believe it should not be an alternative entry pathway for those who have not completed these requirements.

4. Other matters related to area of practice endorsements

The DoH WA Clinical Psychology Reference Group is not in favour of “top-up” courses. We believe that the entire course and supervised practice is essential to gain the qualification and consequent endorsement. This has been the model in WA to date, as even those enrolled in Combined courses are required to undertake separate employment and supervision processes to obtain specialist titles in their respective areas.

3.cont... Guidelines on area of practice endorsements (p.3)

2. Requirements for endorsement:

2.2 Equivalence guidelines

Point #3 – “accredited, post-doctoral bridging courses followed by a minimum of 2yrs of approved, supervised, full-time equivalent practice with a Board-approved supervisor.”

We believe that clarification is required for this point as it is unclear whether this means that someone with a PhD in a clinical area (e.g. Counselling, Forensic or the like) can do a bridging course plus supervision, then be endorsed as a Clinical Psychologist – or vice versa?

Thus, what constitutes an *accredited bridging course*?

Our argument against this is as above; the two year Master’s for the particular area of psychology must be the minimum requirement for endorsement in that approved area of practice.

3. Approved supervised practice program (Registrar program)

We support the structure recommended, but we believe more detail regarding how the content of supervised practice is defined will be crucial (i.e. WA currently has a checklist of specialist skills, and requires 6 monthly reports).

The opportunity to review such detail would be welcomed.

Attachment A (p.7)

40. Consultation about registration standards, codes and guidelines.

1: “If a National Board develops a registration standard or a code or guideline, it must ensure there is **wide-ranging** (our emphasis) consultation about its content.”

This is of paramount importance. It is imperative that consultation be wide-ranging and include representatives from all States of Australia and different vocational areas for psychologists.

4. Guidelines for 4+2 internship program: provisional psychologists and supervisors

We commend the PBA’s intent to lift standards for generalist psychologists but remain of the opinion that the PBA need to advocate for the phasing out the outdated ‘internship’ approach to training and require, at minimum, an approved Masters level of training. This will need significant support for increased number of training opportunities in Masters programs at Australian universities and is a necessary step in bringing Australia closer to equivalence with international standards.

The 4+2 program as proposed is very clearly documented. However, we have a concern that the core capabilities and attributes of the two-year program would be difficult to achieve in a meaningful way within the time frame, would require significant out-of-work time to undertake (in addition to the mandatory PD requirements), and assessment of capabilities is likely to be quite onerous. The WA board allows a minimum of two supervisees at any one time for any supervisor. Under the PBA proposal this can be up to five supervisees.

Within the WA Country Health Service there are a number of generic mental health worker and counselling positions filled by psychologists. Implications for providing internships for psychologists in those positions include:

1. Provision would have to be made for travel in providing for face to face supervision if the employee and supervisor are located at different work sites (this could involve day/s away from work because of distances involved);
2. Video conference facilities are readily available in all rural sites but do have a cost
3. Due to the nature of generic mental health worker positions, the requirement that 100% of the work comprise psychological practice will mean that employees are likely to require more than two years of internship to fulfil the core capabilities for registration as a provisional psychologist;
4. As such, it would be advisable to rotate *positions* within a health programme to gain wide experience and satisfy core capabilities which may be extremely difficult to achieve in already stretched health services in rural Australia;
5. It will be difficult to find a secondary supervisor for rural psychologists;
6. There will be an increase in costs (time, money and energy) involved for already overworked supervisors to conduct additional training; and
7. No more than 5 interns per supervisor is recommended, which is an enormous workload given isolation and distances involved.

As such, costs to the WA Country Health Service (and country health services in other States of Australia) would be considerable.

In conclusion, we recommend that reviews of *any* of the codes and/or guidelines that are conducted in the future by the PBA, occur in consultation with the psychology profession from all Australian states and its representative bodies across all specialty areas.

Yours sincerely,

Department of Health WA Clinical Psychology Reference Group.