



My concerns about PBA proposals are many but one that sticks out is the lack of recognition of the changing nature of specialisations. These changes are outlined in the attached extract below.

I assert that the PBA is not allowing for these changes in its policy directions and that this will cause considerable difficulties for the PBA in the future.

There appears to be a tendency on the part of the PBA to want to make every practitioner fit the same mould and to comply with the same requirements. This is clearly made worse by the bias of the PBA towards accommodating the requirements of health practitioners. There is a reluctance to acknowledge that psychology is a broad church and that there is much diversity in what practitioners do in both the health and non health professions. In my opinion, this approach that one size will fit all, is a recipe for failure.

I am also concerned about the lack of policy on the continuing professional development of hyper specialists and the fact that there are so few who can provide this service. I also argue that these specialists do not require one-on-one development in their narrow field of practice. In most cases it would be a case of the pupil trying to teach the teacher which is another dysfunctional practice that the PBA seems to want to encourage. I add that there is nothing wrong with a pupil teaching the teacher a few lessons but it is a bit rich that the pupil is the one making judgements on the professional competence of the master.

In conclusion I am of the view that the PBA has a long way to go before it will come up with well-considered and appropriate policies on professional practice.

I apologise if I am negative. I am an elder statesmen and also a narrow specialist. Hence the grumpiness.

Regards

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- There are two developments in specialization that have significant implications for those practicing in the professions. The first is the move to hyper specializations and the second is the emergence of specialist-generalists
- Hyper specialization is illustrated with the medical profession. They are specialists within a specialty. They are highly specialized in a very narrow

area of medicine. An example is a hyper specialist in retinal laser photography and retinal laser surgery in ophthalmology. Hyper specialization is on the increase in the professions.

- Specialist-generalists are also illustrated in medicine. Many primary care physicians are now specializing in many new and emerging areas of medicine such as in female health, sports medicine, geriatric medicine, environmental medicine, drug and rehabilitation medicine etc [2]. Many of these primary-care specialists are not undergoing specialist training to qualify to practice in these disciplines. Instead many have elected to practice in their chosen discipline and are basically learning by informal methods such as on-the-job experience, by attendances at professional conferences, by reading etc
- One major driver of this development is the practical impossibility for medical practitioners to keep up-to-date with the latest developments in medicine. It is reported in the Canberra Times on 19 August 2001 that for general practitioners to remain current in their professional knowledge they would each need to read 40 books and more than 3000 articles from reputable medical journals each week. The knowledge explosion is forcing many practitioners to specialize. The same challenge faces those who practice in other professions such as psychology

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