

25 January 2012

Psychology Board of Australia
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Attention: Chair, Supervisor Consultation

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Re: Consultation Paper 12 – Draft Guidelines for Supervisors and Supervisor Training Providers

We support the notion of credentials for supervisors. However, we have serious concerns with some elements of the draft guidelines. Austin Health provides a large number of postgraduate student placements (around 25 per annum) and we have had substantial experience in psychology supervision.

The proposed training requirements for Supervisors are, in our view, excessive. The hours required to be allocated to preparation, face to face training, and assessment represent a significant and excessive investment of time as a “one size fits all” model.

Post-graduate students are on placement in order to learn how to translate theory into practice and are placed with experienced clinicians who are members of the relevant clinical college, registered with the Board. These attributes indicate an advanced understanding of clinical work and existing skills to induct a beginning psychologist, even without the need of additional training. Whilst some supervisory training can be seen as desirable, this would not need to be as extensive and formalized as described in the draft guidelines.

There is also no recognition of prior experience and competencies in these areas by psychologists who have been long-standing supervisors. The “one size fits all” model is inappropriate in that it fails to take account of prior experience and prior supervisor registration. It is inappropriate to think that very experienced supervisors should engage in training that will necessarily be basic, as the same training is to be provided to those with no experience at all.

Further, many supervisors have already engaged in training, which will apparently be disregarded in favour of as yet unspecified training approved by the Board. Such prior training should be taken into account.

The negative consequences of the current proposal include:

1. Those supervisors who are very experienced and/or previously registered may prefer to withdraw rather than engaging in training of this nature.
2. Exacerbating the already stretched arrangements between university and clinical placement providers, due largely to increased requirements for supervised clinical hours

for students. This is particularly relevant in settings where supervision is provided as part of the usual duties of the psychologist and is not a private arrangement.

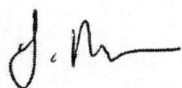
3. If the proposed training is insisted on for the supervision of post-graduate students, it is in our view very likely that many services will withdraw the offer of student placement. As we understand it, the demand for placements already exceeds supply, and to lose supervisors in this way would be disastrous for students and their training institutions.
4. The financial and leave implications will constitute further disincentive to engage in the training, and by implication, a reduction in those clinicians willing to offer supervision.

Training such as is described in the draft would incur a significant financial cost in course fees as well as potential loss of earnings while engaging in training. It is unlikely that employers in the health sector would support this extent of leave for this purpose, neither would funding support be available

Finally, additional discussion needs to occur around the content of supervisor training. Many supervisors are keen to engage in further training opportunities as they are offered but are reluctant to commit time and financial resources to an exercise that may be deemed of no value.

We note that while training providers must have a psychologist involved, this involvement may be no more than an advisory role. The "learning and development qualifications" referred to in the draft guidelines may have nothing at all to do with the practise of psychology or the supervision of one psychologist by another. Psychologists are unlikely to be willing to submit to a "test" of theoretical knowledge by those whose theoretical knowledge does not match theirs and object to receiving training in clinical supervision from those who have not practised it. As the proposal stands there would be those among the trainees whose knowledge would far exceed that of the trainers.

In conclusion, we strongly recommend a revision of the proposed training requirements for Supervisors in terms of scope, content of training and a review of the "one size fits all" model. The current position of the Board appears paradoxical- an award that makes supervision mandatory but supervisor training requirements that make it less likely that supervision will be offered. Possible funding to support supervision should be explored.



on behalf of Senior Psychologists at Austin

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