

Chair
Supervisor Consultation
Psychology Board of Australia
AHPRA

27/1/12

Dear Sir or Madam Chair,

As Area Senior Psychologists, NWMH, we are writing in response to Consultation Paper 12, "Exposure Draft: Guidelines for Supervisors and Supervisor Training Providers". We appreciate the opportunity to respond to this most important topic.

NorthWestern Mental Health (NWMH) provides a comprehensive, integrated range of services to people with a serious mental illness in North-Western Melbourne. It provides services through four Area Adult Mental Health Services, an Aged Persons' Mental Health Program and a Youth Mental Health Service – ORYGEN Youth Health. NWMH is a clinical division of Melbourne Health and operates in partnership with Northern Health and Western Health. We employ over 130 clinical and clinical neuropsychologists and as such are one of the largest employers of psychologists in the public health sector in Australia.

The establishment and maintenance of high standards of supervision is an issue of major concern for us. We understand that the different pathways to registration that may be taken by psychologists presents challenges for the profession and that the profession will continue to develop with improved supervision standards and practice. We have, however, significant concerns about the model and the approach to implementation proposed.

1. Financial and time costs

The financial and time cost of the proposed program is significant. Given that there will be a stringent accrediting process for training providers there will need to be a significant profit margin for them to provide such training. In addition to this financial commitment there is the time commitment. Several days of training for all senior staff in an organisation such as NWMH would place unrealistic demands on either the staff or the organisation especially if it were to occur within a brief time frame. Approximately 30% of our psychology workforce are eligible under our Award to supervise staff (N= 40) and would be required to undertake this training. This would be an unmanageable commitment for us to make given that approximately 20% of our workforce at any one time is made up of Registrars.

2. Workforce issues

The cost of the kind of accredited training program proposed will either fall to individuals or to the organisations for which they work. If this falls to the individuals they may be reluctant to engage in the provision of supervision if it is required that they attend these specific courses. There are two likely consequences of this for public health services. We would have a reduced number of staff wanting take up positions where supervision is a part of the role, in the long term reducing senior staff in the public sector. Secondly there would be a reduced number of staff available to supervise higher degree students on placement. Neither of these likely unintended consequences are consistent with current workforce needs which include amongst other things a focus on recruitment and retention.

**Inner West Area
Mental Health Service –
The Royal Melbourne
Hospital**

'Waratah'
Inner West Area
Mental Health Service
Level 2
641 Mt Alexander Road
Moonee Ponds Vic 3039
Tel 61 3 9377 3400
Fax 61 3 9375 7211

Services provided:
Primary Mental Health Team
Continuing Care Team
Consultation and Crisis
Liaison Service
Mobile Support and
Treatment Team
Homeless Outreach
Psychiatry Service
Area Service Administration

'Norfolk Terrace'
Community Care Unit
1 Travencore Crescent
Flemington Vic 3031
Tel 61 3 8371 7500
Fax 61 3 8371 7522



Inner West Area Mental Health Service
is a provider of services to
The Royal Melbourne Hospital

www.mh.org.au
ABN 73 802 706 972

If it falls to the organisation with the extremely tight budgets of public health services, there will be a strong disincentive to employ psychologists into the field compared with other disciplines.

3. Risk to new graduate employment

The implications of the likely reduction in senior staff are that psychologists requiring a registrar program for endorsement would be less likely to be employed due to their supervision requirements. This would have the consequence of reducing the number of psychologists working in the public sector over all. In addition to reducing the number of psychologists in the public health workforce it would also reduce the number of psychologists with experience in treating people with severe mental health problems. Currently many public sector employees also work in private practice and bring their public sector experience to this work, potentially leading to a flow-on effect of reduced psychological expertise in treating severe mental health disorders.

4. Reduced access to psychologists

A reduced number of new graduates in the system would also result in reduced access to psychologists by clients. Psychologists currently make up less than 10% of the mental health workforce in NWMH and this would likely be reduced even further.

5. Risk to Higher Degree Placements

Due to the large number of junior staff and the limited number of experienced staff who remain in the public health system, meeting out current requirements to provide supervision for post-graduate students is difficult. The number of senior psychologists available to provide supervision is currently small (Ref: State Services Authority 2010 Melbourne Health Workforce Data Collection Report) and would be reduced further if this training requirement is implemented. This will have major workforce implications across Australia and is not consistent with other Federal initiatives to increase the health workforce e.g. under Health Workforce Australia.

6. Current training needs

Many of the skills proposed in the guideline parallel clinical processes and so double up on training that higher degree trained psychologists already have. There is certainly a need for training in applying these skills to a collegial relationship, for example, but not for re-learning them. Consequently, such an extensive program may not be required.

This strategy while clearly and appropriately designed to improve competency in supervision is at this stage misplaced in its application to all supervisors of provisional psychologists and registrars. The consequence of its introduction will place further strain on the employment of psychologists in the public sector which the health workforce can ill afford.

To viably introduce supervision training we request the following be considered;

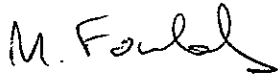
- A more graduated process of up skilling supervisors
- Previous training under taken
- The proposed structure and therefore the cost in monetary terms and hours of training and the need for approved training providers

Finally, we seek clarification as to whether the supervision training revision is proposed to occur every 5 years throughout the professional career of a supervisor or only once following the initial training. This does not seem to be clearly defined in the consultation draft.

Thank you for the opportunity to respond to the Consultation Paper. These recommended guidelines represent major changes with broad implications for both the workforce and the practice

of psychology in the public health sector. We hope that you will take the issues outlined above into consideration when finalising the requirements for supervision training.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'M. Foulds', with a stylized flourish at the end.

Margaret Foulds
Senior Psychology Advisor NWMH

For Area and Program Senior Psychologists
NWMH