



To:
Cc:
Bcc:
Subject: Fw: Attention: Chair, Psychology Board of Australia

Attention: Chair, Psychology Board of Australia

I would like to make the following quick (as there has not been a lot of time to respond) points personally about the Consultation paper on registration standards and related matters (my university colleagues may not concur with all my points though several do):

- ⇒ While I support standards in ongoing PD, the proposed PD requirements are too stringent (notwithstanding the APS requirements which I have also had some gripes about..), especially requiring 10 hours of individual supervision which apart from perhaps not always being the best way to improve one's clinical practice, will incur a significant expense for people in private practice (10 x \$150) and the extra 5 points annually for being a registered supervisor (5 x \$150), and a significant time commitment in agency clinical staff. And to have to attend an approved course in supervision if you have already been supervising for years having done training some years ago is a problem I think. In WA Chris Lee's APS approved course is 3 days (so there will be a cost of training plus time). (And how often would the approved training need to be done? Annually? Or every X years to update?)
- ⇒ So that would mean in a year I would have to spend the equivalent of 8 full days in training or supervision if I want to practice and supervise?
- ⇒ And where will all the supervisors come from to supervise everyone that will need it under this system? The extra requirements to be a registered supervisor may mean a significant drop in the number of people who may make themselves available as a supervisor.
- ⇒ If I continue to attend my monthly peer group for supervision comprising about 9 people that means we would have to meet for 90 hours in a year to allow each us to claim 10 hours? Currently we meet once a month for 3 hours and sometimes use that time to work through a clinical resource book (e.g. using mindfulness approaches or emotion focused therapy) together with the exercises to expand our skill repertoire and that has been very useful but that would not be worth our while anymore in terms of PD points. We would each have to present our own individual cases all year for 2 hours a week to reach the 10 hour/point equivalent each so there would be no time for the other useful approaches.
- ⇒ And lastly, I hope the Board has considered the impact on university clinical psychology training programs of many of the recommendations as it will affect our already seriously compromised capacity to fund and run these programs (e.g. the extra cost associated with paying for staff to complete the clinical supervision registration requirements; e.g. finding external placements for all the students completing the 3 year? mandatory professional doctoral program (vs the 2 year Masters) when we are struggling now in the wake of the Medicare scheme to find enough clients for students to practice on in the internal pracs and struggling to find enough external placements for them in the second year of the Masters; and all the cost and staffing implications for agencies and their clinical supervisors in the agencies that take the students during their clinical training or who employ graduates on completion of their course.

Kind regards
Sandy Williams
Clinical Psychologist in private practice and Senior Lecturer