

Australian Clinical Psychology *Listserve*

Response to Consultation Paper on Codes and Guidelines

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Submission to the Psychology Board of Australia

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The Australian Clinical Psychology Listserv appreciates the opportunity to make a submission to the Psychology Board of Australia (PBA) on the codes and guidelines for the profession.

The Australian Clinical Psychology Listserv represents over 800 clinical psychologists with accredited post-graduate qualifications in clinical psychology. These clinical psychologists form the membership of an email Listserv established to represent the views of clinical psychologists with accredited post-graduate qualifications. It is strongly believed by this group that no other current professional body is able to adequately represent the views of these clinical psychologists. While the Australian Psychological Society does have a small minority of members with accredited post-graduate qualifications in clinical psychology, its primary membership consists of psychologists who do not hold these qualifications.

Response to the Consultation Paper on Codes and Guidelines

The Board proposals contained in this consultation paper are characterised by significant changes to standards and requirements for practising psychologists in Australia. They promote higher standards for the profession of psychology to assist in ensuring high quality psychological care for the community. The Australian Clinical Psychology Listserv welcomes this, and supports the Board's efforts to raise the standards of training and practise within the profession in the best interests of the community. While the raising of standards is laudable, some of the proposals require clarity, while others are considered untenable.

Guidelines on area of practice endorsements

This proposed introduction of areas of practice endorsement in Australia is likely to substantially fulfil the primary mandate of the National Registration and Accreditation Scheme (NRAS), of providing improved safeguards for the public through a uniformly high standard of specialised psychological services that is clearly identifiable to those referring for specialist psychology services and to the public. This will also ensure that those providing specialist services meet the required standard of qualification to deliver these services. It is essential that this standard is based on accredited post-graduate qualifications to ensure an adequate standard of practice.

Specifically, the Board's proposal "to not recognise individualised non-accredited bridging courses" is fully supported and applauded by the Australian Clinical Psychology Listserv.

Furthermore, the Australian Clinical Psychology Listserv *does not* believe that "an APAC-accredited masters or doctoral program in any one endorsed area, when combined with either subjects from another APAC-accredited masters or doctorate and/or supervised professional practice and/or professional development in another area" (p. 2 Guidelines on area of practice endorsements), can be considered to constitute an adequate equivalent training to a post-graduate degree in that second area of practice. Apart from not providing the sequence of integrated academic instruction, research development, and application in a variety of settings particular to that speciality within the second speciality area, such programs do not allow for

adequate evaluation of a student's performance and have no guarantee that an individual meets the required standard of training in the second area.

While there are claims that there is around 70% overlap between speciality areas in psychology, standards between specialities and the focus of training in the different programs differs markedly. Standards of entry to APAC-accredited masters or doctoral programs vary according to each speciality. There must be no 'back door' or 'alternate route' to those endorsed areas of practice that require the highest standards of intellectual capacity, academic achievement, and personal qualities in order to acquire the necessary knowledge and application in order to take responsibility for patients with serious mental health problems, as this would put the public at risk. For example, clinical psychologists carry a serious responsibility in the assessment, diagnosis, formulation and treatment of those with mental health problems. Inadequate performance can lead to the serious harm, possibly even death of a patient. Most other speciality areas of practice do not have the same high level of entry standards or the standards for performance necessary to undertake the level of training and responsibility required by a clinical psychologist. Furthermore, only those specialising in clinical psychology through post-graduate training train specifically to work in the mental health field.

An individual with post-graduate training in an endorsed area of practice wishing to be recognised in a second endorsed area of practice needs to apply for accredited post-graduate training in the second area of endorsement and obtain such credit as the accrediting body deems equivalent. Only an accredited post-graduate training provider can determine the equivalence of training standards for any area of endorsement. No lesser requirement would enable Australia to eventually meet international standards in the training of psychologists in speciality areas.

Transition arrangements for those undertaking bridging plans

It is of profound concern that over the past 3 years the speciality of clinical psychology has been downgraded to the point where 20% of the membership Clinical College of the APS now consists of psychologists without the previously required post-graduate qualifications in clinical psychology (Littlefield, APS meeting, Sydney, 6.30pm. 28th January, 2010). In allowing a transition period of a further 3 years of grandparenting of those with unaccredited training through individual bridging plans in a speciality such as clinical psychology, which deals with mental health issues, the current practices will continue to undermine standards and reduce the qualifications of the workforce, thereby placing the public at increased risk. It will take many years for the profession to recover standards that will be lost in these 3 years.

It is understood that psychologists need to be permitted "to complete, within a reasonable timeframe, an approved program to gain recognition" as a clinical psychologist "that was begun in good faith before the commencement of the National Law" (p.1, Guidelines on area of practice endorsements). However, the risk to the public of poorly or partly trained and unexamined practitioners undertaking work in mental health, we believe, outweighs all other considerations. We recommend this practice cease immediately, as the public interest does not support endorsement of a practitioner in any specialist area without the accredited post-graduate training required by that speciality.

Should a transitional period be necessary, it is of paramount importance that a register of those who have entered an individual bridging program prior to 1st July, 2010, be kept in order to limit this pathway to those already embarked upon it. Any such transition period needs to be limited to the minimum time possible.

Transition arrangements for registrars in Western Australia

Where transition arrangements are required but have not been outlined is for those completing post-graduate qualifications or supervision plans, as registrars, for specialist title recognition in Western Australia. These post-graduate students and registrars undertook their post-graduate studies and program of supervision in good faith and within a strong, widely accepted and well-established system of recognition of specialist title which has the approval and support of the psychology profession nationally. They, all specialities in psychology, and the public of Western Australia, are being disadvantaged by the national introduction of endorsed areas of practice instead of specialist title. Post-graduate students and registrars registered with the Psychologists Board of Western Australia need to be granted specialist title on completion of their qualifications and supervised practice plan, at least until 1st July, 2013. Registrars also need to be permitted to use their current title of Clinical Psychologist (Registrar) until completion of their period of supervised practice in order to remain identifiable to the public as a psychologist with accredited specialist qualifications in clinical psychology and their supervisee status.

Potential disadvantage to doctoral students

It is of note that the registration process has the potential to disadvantage those undertaking doctoral qualifications if registration as a psychologist is not permitted at a point equivalent to two years of Equivalent Full Time (EFT) post-graduate training. At the present time, those undertaking a 4 + 2 internship program for registration can be registered at the completion of 2 years of EFT supervised practice. Masters graduates may be registered on completion of two years of EFT training. It is important that doctoral students are permitted to be registered after an equivalent period of time in training in order them to undertake work as a psychologist while completing the final year of their doctoral qualifications, which may largely consist of a research project.

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

The Australian Clinical Psychology Listserve supports the intention of the PBA to raise standards for basic training of generalist psychologists. It is well recognised that Australia has the lowest standards of training in the developed world (Hall & Altmaier (Eds.), 2008; Helmes and Pachana, 2006). The planned coverage of education and training outlined in the Guidelines covers the basic requirements for practice as a psychologist; however, there are major concerns with the model of training being proposed in the consultation paper.

As Pachana, O'Donovan and Helmes point out, "In the eyes of registration boards, it [supervision] frequently seems to be regarded as synonymous with "training" because of the equating of 2 years of supervision with 2 years of structured activity in Master of Psychology degrees" (2006, p. 105), and "supervision" in the 4-year training model has been a catch-all phrase for activities that range from formal teaching to peer supervision activities less

recognisably related to the common meaning of the term “supervision” (2006,cited in Helmes & Pachana, 2006).

It is not possible to provide the level of academic and clinical training required in a program in two hours of “supervision” a week when genuine supervision is required to ensure the safety of patients in treatment with provisionally registered psychologists through case observation and discussion. It is of importance to note that accredited post-graduate training incorporates one hour of supervision for every day of clinical work and this is entirely focussed on case discussion and observation of sessions. Academic, skills learning and other aspects of the training program are taught separately from supervision of clinical work.

The inclusion of training in assessment, formulation, diagnosis, intervention and prevention in a training program based primarily on supervision is unrealistic and unachievable. These processes are complex and critical and demand a high level of knowledge, conceptualisation and supervision to be taught and implemented effectively. Errors in these areas of practice have serious repercussions for the public. It would be preferable to limit the supervised training for generalist psychologists to providing guidelines to determine when a patient should be referred on to those in the profession, or other professions, that have the appropriate level of training to undertake these tasks with expertise.

Given that the 4 +2 model “is the same as that previously used in the United Kingdom up to the 1970s, which has recently been described by Skilbeck (2004) as “an awful training route”” and “a Master’s level qualification is now the standard required for professional training” (Helmes & Pachana, 2006, p. 105), a more profound change in training generalist psychologists is required. The 4 + 2 training route for psychologists needs to be closed and financial support given for a broadening of Masters level training as the basic requirement for generalist psychologists.

While the proposals of the PBA clearly aim to lift standards by doubling the usual requirements for supervision and including 8.5 days of professional development activities/year “designed to meet the eight core capabilities of the internship program” (Guidelines for 4 + 2 internship program, p. 3), this remains totally inadequate when equated with the required standard of a Master’s level training.

Specific concerns relating to the proposals for the supervision component of the 4 + 2 route

The PBA is proposing that the profession ‘train’ psychologists at an equivalent of a Master’s level through a program of supervision, which is considered an outdated and inept mode of training. Furthermore, many members of the profession providing supervision have not themselves undertaken this level of training. The proposal also represents a marked increase in: administrative and cost burdens for the profession and pressure, demands and responsibilities on practitioners. It promotes ‘training’ that does not have a standard sequence and regular examination, is inefficient, is not reviewed by an accrediting body to ensure adherence to the program or appropriate outcomes, does not provide for evaluation of the intern’s work by anyone other than the supervisor, who may not have had this training themselves. As the supervisor is the only evaluator of the intern’s knowledge base, this lack

of training can readily remain hidden, to the detriment of the public. This is not accepted as an adequate pathway of training anywhere in the developed world.

The Australian Clinical Psychology Listserve supports the view that “it is essential that provisional psychologists undertake a broad generalist training program in the practice of the profession” (Guidelines for 4 + 2 internship program, p.2) prior to registration. We are deeply concerned, however, that the PBA consultation paper also states that in regard to the supervised internship program the Board assesses for, “the match between the job description and the applicant’s chosen area of focus for the psychology training (e.g. clinical, counselling, organisational)” (Guidelines for 4 + 2 internship program, p. 6), and “”does my career plan include ultimate specialisation in an area such as counselling, clinical, or organisational psychology?” (Guidelines for 4 + 2 internship program, p. 9). The paper is therefore unclear as to the generalist nature of training and appears to promote specialist training through a supervision program for generalist psychologists.

Guidelines on advertising

The proposals for guidelines for advertising will ensure an appropriately professional presentation of psychologists to the public and limit advertising containing unfounded and misleading claims. It is fully supported that practitioners should clearly state their qualifications in advertising, as this allows informed choice by referrers and the public. It is particularly pleasing to see that endorsed areas of practice are protected and restricted to those with the required qualifications for endorsement in specialist areas.

It is not supported that patients be permitted to be used in advertising with their written permission. It is widely recognised that an unequal power exists within professional relationships in psychology, and that patients may be highly vulnerable within such relationships. We therefore do not believe it is ethical for clinical psychologists to depict photographs of former patients, which may put them in a vulnerable position, even having sought their permission.

It is of note that membership of professional bodies is not endorsed in these proposals. In the case of the Australian Clinical Psychology Association, which is about to be launched, membership ensures accredited post-graduate qualifications in clinical psychology and, in doing so, simply and readily informs the public that members of the Association have the highest level of training in clinical psychology available in Australia. This is to differentiate accredited clinical psychologists from those who have entered the speciality through individual bridging plans and without accredited post-graduate training in clinical psychology. This can only be of benefit to referrers and the public.

Guidelines on continuing professional development

The Australian Clinical Psychology Listserve supports the recommendations for Continuing Professional Development for the profession. In particular, it is in full support for the 10 hours of supervision annually for all registered psychologists. This represents the minimum number of hours required and is of a similar amount of time already required by the Royal Australian and New Zealand College of Psychiatrists Section of Psychotherapy. There is a well known body of literature that demonstrates that practitioners practising in isolation are at most risk of serious breaches of ethical and professional misconduct. It is believed, however,

that newer members of the profession require supervision by more senior members and that only as seniority increases peer supervision becomes suitable. It is suggested that individual supervision with a more senior member of the profession be required in the first five years of practise. A total of thirty hours of CPD is not onerous for the profession and should be considered the minimum requirement.

Those practicing in rural or remote areas are not always able to undertake supervision face-to-face. The guidelines need to allow for 25% of supervision of those in such areas to be conducted by telephone or conference call.

Of concern is the requirement that for annual renewal of registration the Board be presented with a program of CPD that is based on a needs assessment and learning plan prior to the commencement of the CPD period. Most practitioners take advantage of opportunities for CPD activities that meet their learning needs as they arise and cannot always predict what will be on offer, or how their needs may change over the space of a year. It would be of greater value for psychologists to present to the Board a completed program of CPD with an evaluation of its benefit, rather than a prospective program. Needs assessment is undertaken naturally in terms of whether a particular CPD program can fill specific needs for the psychologist undertaking the activity.

Proposal for a Code of Ethics

The Australian Clinical Psychology Listserve **does not** support the proposed interim adoption of the current Australian Psychological Society (APS) Code of Ethics. The APS Code of Ethics fails to make appropriate distinctions between clients and other individuals and groups who are not clients, but for whom the psychologist has some ethical obligations. This fundamental failure to make appropriate distinction can potentially lead to any number of foreseeable problems with the application of the APS Code of Ethics.

We strongly recommend that the Psychology Board of Australia adopt the American Psychological Association's Ethical Principles of Psychologists and Code of Conduct rather than the APS Code of Ethics until an adapted code that better suits the Australian context can be developed

Guidelines on mandatory notification

The guidelines on mandatory notification of impaired students or those engaging in professional misconduct that puts the public at risk of harm, is fully supported by the Australian Clinical Psychology Listserve. The protection of those making mandatory notifications in good faith is essential. It is essential that those failing to make a report when mandated to do so are formally reprimanded and notified to the profession.

Finally, the Australian Clinical Psychology Listserve thanks the Psychology Board of Australia for its hard work and visionary approach to the implementation of the National Registration and Accreditation Scheme (NRAS). The commitment to raising standards of the profession for the protection of the public is strong and apparent in the proposals put forward and this intention is fully supported by the Listserve.

References

Helmes, E. & Pachana, N.A. (2006). Issues in training in clinical psychology in Australia: Interplay between training goals and legal standards of practice. *Australian Psychologist*, *41*, 104-111.

Hall, J E. & Altmaier, E. M. (2008). *Global Promise: Quality assurance and accountability in professional psychology*. New York: Oxford University Press.upporting the non-recognition of individual bridging plans
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