Response to the Psychologist Registration Board Consultation Paper

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Response to the Psychology Board of Australia

Consultation Paper on Registration Standards and Related Matters

Specialist Registration

The general principle of specialist registration for all specialties listed in the document is supported. However, we have a number of concerns and comments regarding the proposal:

1. *Pathways to Specialist Registration.*
   Although the proposal is compared to registration of medical specialties, there is a major difference within psychology. Within psychology there is far more extensive overlap between the specialties than within medicine. This is evidenced in the 60-80% overlap in domains of knowledge, competencies, and accreditation standards promoted by APAC amongst the colleges, depending on the specialty. Within those 'health' specialties that provide psychological therapy as a core service, such as counselling, clinical, educational and developmental, health, and forensic, the boundaries are extremely blurred, perhaps most evidently between counselling and clinical psychology (Brems & Johnson. 1997). Therefore, proposals to base registration *only* on *qualification* although 'parsimonious', create a rigid system that does not provide either workforce flexibility or acknowledgement of the enormous overlap between specialties. Indeed, this is why the APS has a number of alternative pathways to College membership. We recommend that there need to be a number of equivalent pathways to achieve specialist registration for those with postgraduate qualifications in psychology. Otherwise irrational rigidities are established that contribute to divisiveness, a lack of diversity, and limited workforce flexibility.

   Given that practitioners within these specialties have very similar competencies and do very similar work in varied settings, conflicts may arise between considerations of restriction of practice and protection of specialist areas. For example, if a Counselling Psychologist has expertise in chronic pain management, nominally a Health Psychologist area, a prohibition to work with chronic pain would be unfair restriction, while permission to do so crosses specialist lines. This is only one of a very large number of examples indicating that the lines between specialisations within psychology cannot be taken to be similar to those within medicine.

   Summary Recommendation: Create a number of equivalent pathways to achieve specialist registration for those with postgraduate qualifications in psychology.

2. *Assessment for entry to specialities.*
   The Colleges within the APS are currently well set up to assess criteria for membership and equivalency and have developed the expertise to do so. The Board should use the APS Colleges to assess entry to the speciality via both standard and equivalent routes rather than set up a whole new set of procedures and processes that are not fully embedded in the actual profession. Boards tend to consult one or two members of the specialty, whereas Colleges are in touch with large numbers of the specialty and therefore more knowledgeable about the practices, employment destinations, university courses, etc. of the entire specialty. Colleges are

also very experienced in making these decisions and have done so for hundreds of members. We also understand that the other health professions with specialties all use their College system to make these decisions.

Summary Recommendation: entry to the speciality via both standard and equivalent route be determined by the APS Colleges.

3. *Inclusion of all specialisations*
   The proposal is framed in such a way as to further exacerbate the extreme divisiveness within the psychology profession that has occurred because of Medicare 2-Tier rebates. Indeed, the proposal repeatedly gives the example of clinical psychology, mental health, and Medicare as support for the registration of specialists. No other examples are given from other specialties. Specialist registration, **must** include all the 10 proposed specialties to avoid a furtherance of restrictive practice in which the expertise of specialists other then clinical is not recognised. It would be preferable to have no specialist registration than to have only one or two specialties registered. If such restriction occurs, it will surely contribute to restriction of competition and choice and severely further diminish the diversity within psychology and limit postgraduate training in the wide variety of areas that psychologists practice.

4. *Accuracy of information*
   The Document states the importance of delivering accurate and reliable information on specialties to the public. However, one of the major difficulties with the reasoning in the proposal is that many of the specialties work with mental health disorders. In particular, Counselling Psychologists "are specialists in the provision of psychological therapy. They provide psychological assessment and psychotherapy for individuals, couples, families, and groups, and treat a wide range of psychological problems and mental health disorders". (APS Brochure on Counselling Psychology, 2009). The accreditation standards for counselling psychology also stress competence in diagnosis, assessment, and provision of psychological therapy for mental health disorders. This is also true internationally as a number of reviews in the US and UK have indicated (Grant, Mullings, & Denham, 2008). The proposal needs to firmly reflect this and not continue to reinforce erroneous government notions to the public and the professions that only clinical psychologists work with mental health disorders.

   Potential examples from other specialties include Educational and Developmental Psychologists who work with vulnerable schoolchildren and adolescents, Neuropsychologists who complete assessments and provide interventions for brain-injured individuals, and Counselling Psychologists who provide family therapy, couple therapy, and parent-infant therapy to individuals who are extremely distressed, vulnerable, and where domestic violence, mental illness, alcohol and drug addictions may be present. However, like mental health disorders, many of the specialties work with children, with adolescents in schools, with couples and families, or even with individuals who need rehabilitation from brain injuries. The point is that although the specialties each have a specific and coherent focus, they overlap considerably. Given the difficulties in establishing firm boundaries or 'scopes of practice' around each specialty, we recommend that the Board consider two registration categories:

i. Clinical Specialists: clinical, counselling, neuropsychology, health, forensic, and educational/developmental, gerontology.
ii. Community Specialists: organisational, community, sport

The specific specialty can be put in parentheses after the title, eg Clinical Specialist (Counselling Psychologist); Clinical Specialist (Clinical Psychologist); Clinical Specialist (Neuropsychologist) etc. This would do more to help emphasize the overlap between the specialties, but would also acknowledge the specific focus of each specialty. There is precedent for this in the legal profession, in which increased competence leads to higher grades of practice, without there being legislated restrictions regarding areas of practice.

This would assist in indicating the overlap between the specialties, particularly those in the health or 'clinical' arena. All of these 'clinical' specialties have a primary focus on assessment, diagnosis, and evidence-based treatment. This would allow the PRB to inform government and the public about the overlap between some of the specialities as well as the distinctiveness in each specialty. This would help to support the diversity of the profession and the access of the public to multiple specialties rather than further narrowing the choices; this is particularly essential for the promotion of client choice and promotion of access to a wider range of specialists. This would also allow the PRB to negotiate with government on access to funding for specific projects or additional Medicare items on the basis of the range of specialties that could provide specialist services in particular areas.

- *Summary Recommendation: Have 2 registration categories: 'Clinical Specialist'(name of specialty area) and 'Community Specialist' (name of specialty area). This allows a group of the specialties, where there is clear overlap in scopes of practice.*

5. *Lack of workforce flexibility in WA*

The assertion in the document that specialty title registration with the WA Registration Board has not led to reduction of workforce flexibility is actually inaccurate. Indeed, there has been a concerted and successful campaign over the past 20 years to open up positions in the government to the other specialties, particularly the specialty of counselling psychology. This has now successfully occurred in every department, with the exception of Health, which will employ psychologists from all specialties, but career progression to senior levels is limited to clinical psychologists. This has been extremely frustrating for hospital managers, health bureaucrats, and the other specialist psychologists and has definitely limited workforce flexibility. A similar difficulty occurs with HBF, the largest private health insurance in WA , which only gives a rebate to clinical psychologists, different to every other health provider in Australia.In short, specialist registration in WA has created barriers and workforce issues for every other specialty in psychology – not only in the state health system, but also in disability services and in private health cover. Ultimately this restricts consumer choice and discourages diversity in our field.

It would behoove the new registration board to not entrench these difficult politics nationally by setting up rigid barriers between the specialties that not does actually acknowledge the overlap between them.

- *Summary Recommendation: Avoid rigid barriers between specialties. Take heed of the problems in WA.*

6. *Qualifications and timing.*
   Although we acknowledge the international benchmarks of a professional doctorate as the entry qualification and support the notion of moving gradually toward higher standards, this move seems far too expedient; there has been little consultation with the universities and other stakeholders. It is also unclear what the implications are for employers of specialist psychologists. We would urge more caution and further consultation with employers, universities and current specialist psychologists before establishing this standard for registration. It will take universities time to move programs from Masters to Doctoral level and to fill programs with suitable applicants. Although the demand for a number of specialist psychology programs are relatively strong, other specialties are now having difficulty filling programs at Master's level. In addition, the introduction of a new 5th year will already provide enormous challenges for universities.

   An additional concern raised is that government and non-government agencies are currently beginning to 'outsource' much of their psychological work because of the expense of employing specialist psychologists. Others are refusing to hire psychologists because compared to counselors and psychotherapists, social workers, and occupational therapists, the salaries they require are very high. Moving all the specialties to the doctoral level extends the training and associated costs, raises students expectations about entry salaries, and in the long run means that services reduce the number of psychologists employed, as is currently happening in Health in several states. In addition, the universities are all currently struggling to find enough clinical placements. Extending the basic specialist training for all students will exacerbate this problem as it expands the demand for placement hours by over 30%, and considered together with the impending retirement of large numbers of the psychology workforce will have the largely unanticipated and unintended consequence of reducing the quality of clinical supervision. This difficulty will be made even more difficult by the introduction of a fourth placement

   - *Summary Recommendation: Slow the move to professional doctorate as entry requirement to the profession. Be aware of possible expense for employers and problems with clinical placements.*

Continuing Professional Development

1. We support supervision for practicing psychologists, especially those in the early stages of their career. However, we recommend against mandating 10 hours of supervision as part a CPD program across a lifetime of practice. Supervision as such is less relevant and may causes difficulties for senior psychologists, because it becomes increasingly difficult to obtain

appropriate and relevant supervision for experienced and senior psychologists many of whom are at the pinnacle of their particular area of practice. Mandating 10 hours of supervision annually over the professional lifetime of a psychologist is likely to create yet another industry, adding to the costs of being a psychologist and therefore the costs to the public. It will create a significant burden and financial cost to people in remote and isolated locations. It will also result in a scarcity of suitably qualified and endorsed supervisors.

For these reasons it is recommended that supervision is mandated for relatively new practitioners and is simply recommended as part of appropriate professional development for senior psychologists with 10 or more years of experience.

2. Regarding supervision professional development requirements of 10 hours per year, we recommend that this should be able to be either individual or group supervision. There is increasing evidence that there are additional benefits to group supervision in terms of individuals learning from each other as well as the supervisor.

Summary Recommendation: Supervision to be mandated only for first 10 years of career, than simply recommended; group supervision to be included as well as collegial supervision.

Endorsement of Psychology Supervisors

We support the principle of endorsement of supervisors, particularly for those supervisors of the '4+2' or '5+1' pathway psychologists. However, notwithstanding the experience in NSW and Queensland, there is currently a shortage of supervisors for specialist title supervision (post-training) in several states, and an even greater shortage of acceptable and willing supervisors within placements. Requiring completion of training modules and endorsement will exacerbate these difficulties. It is recommended that endorsement of supervisors be restricted, in the first instance, to non-specialist graduates.

Summary Recommendation: Endorsement of Supervisors should be only for 4+2 or 5+1 pathways in the first instance.

References:

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