

Submission from Malcolm Macmillan on 13th April, 2010 to the Psychology Board of Australia on the Board's *Consultation Paper on Codes and Guidelines*.

I wish to make a submission to the Psychology Board of Australia on four topics: Specialist Registration and Specialist Titles, Bridging Courses, Supervision and the 4+2 model, and Codes of Practice. I do so from the perspective of one with a reasonable amount of practical, teaching, and research experience in the area of Clinical Psychology, and a good deal of experience of the Australian Psychological Society's policies in relation to that specialist area. I have set out these 'qualifications' in a little more detail in a separate attachment.

Specialist Registration and Specialist Titles

I submit that the PBA should continue to urge the registration of specialist titles. Specialist registration helps protect the public from psychologists who step outside the bounds of their competence by, for example, describing themselves as clinical psychologists when they have no clinical training. The establishment of the system in Western Australia should be the model the PBA tries to have adopted for the whole of Australia. I know something of the background to its being set up and know how envious the early members of the precursor to the APS College of Clinical Psychologists were of it.

Bridging Courses

The problem with all the bridging course proposals with which I am familiar is that they fail to take into account the effects the different specialist areas have on those aspects of psychology that they have in common. Although I'll restrict my remarks to clinical psychology, they apply to courses attempting to provide a bridge from that specialist area into others (e.g. to clinical neuropsychology, forensic psychology) as well as to those providing a path into it.

Most post-graduate professional courses in psychology consist of three components: advanced academic knowledge of the specialist area, research skills, and closely supervised placements for practical work. Although these components have some similar content, they differ in detail simply because of the different contexts in which they are used. Thus, and obviously, the advanced academic knowledge, the research skills, and the practical interventions in clinical psychology are very different from

those required in organisational psychology. But the same is true of the differences posed by the context of clinical neuropsychology.

Members of the public are entitled to expect they will be protected from sub-standard practice by practitioners entering a specialist area via bridging courses. Senior members of the profession of psychology and related professions have the same expectation. Therefore an acceptable bridging course requires the student's academic knowledge of the specialist area to be raised to the advanced level it reaches in (usually) the first two years of a doctoral degree or over the whole of a master's. Consider how well equipped a health psychologist working on health promotion would be to enter organisational psychology. The research skills, and therefore the ability to evaluate research-based practice, are very different across the specialist area, even to how participants are recruited, and certainly in most of the analytical methods required. Consider how well equipped a clinical psychologist would be to undertake research in clinical neuropsychology. And, of course, the practical intervention skills required in the different specialist areas varies widely.

The original internal examination system set up by the APS College of Clinical Psychologists was modelled on the procedures for admission to the various specialist medical colleges. It overcame the problems I have mentioned and went some way to assuring that those lacking formal post-graduate training in clinical psychology did not lack clinical competence. The College's system required candidates for membership to sit examinations in academic subjects, demonstrate the appropriateness of their research skills, either by completing some research project or evaluating published evidence relevant to a clinical topic, and having their practical skills evaluated, either by submitting detailed reports from a qualified supervisor or by being assessed in an 'on-the-job' situation.

The old College examination is clearly too cumbersome to be revived, and is no longer needed, given the number of post-graduate clinical programs now on offer. Any expansion of clinical training opportunities needs to be through an increase in places in accredited post-graduate programs.

Supervision and the 4+2 Model

I submit that the PBA should consider acting to ensure that the supervision experience of psychologists aiming to be registered under something like the provisions of most

of the current registration legislation (i.e., the 4+2 provisions) be brought closer to that of candidate in a doctoral or masters program.

The advanced knowledge and research skills of doctoral and masters candidates provide a psychological context that gives greater meaning to their placement experience. That experience also occurs in a physical context where the candidate's clinical acumen can be monitored on a day-to-day basis, where guidance can be given immediately should ethical problems arise, and where there are other and more senior psychologists with whom cases can be discussed. This is simply not the case with psychologists seeking registration under the 4+2 model of training.

When the APS was formed, the then 3+1 model was already outdated but proved almost impossible to alter. Relatively speaking the 4+2 model is now even more outdated, and I would like the PBA to adopt as a long term goal the replacement of all such models by formal doctoral and masters programs.

Codes of Conduct

The APS Code of Conduct grew in the same manner as Topsy said she had grown and is now totally unsatisfactory. I submit the PBA should set up a small task force consisting of senior psychologists from each specialist area of psychology with the task of formulating the principles that should be embodied in a Code that could cover each of the specialist areas of psychology. It should then set up more representative committees in each area to flesh out the principles.

The Code of the American Psychological Association can be considered in this process but it must be recognised that its ambit is too wide and it is too much affected by the litigious atmosphere prevailing in US professional practice to be applicable in Australia without substantial modification.