

**Carlton APS Peer Consultation Network**

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**Submission in Response to the Psychology Board of Australia  
Consultation Paper  
on  
Registration Standards and Related Matters  
(of 27 October 2009)**

TO: Assoc Professor Brin Grenyer, Chair of Psychology Board of Australia  
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Thank you for the opportunity to respond to the consultation paper on registration standards. It is a good opportunity to express our views in relation to national registration for psychologists. The Carlton Peer Consultation Network (CPCN) is a group of approximately twenty psychologists (APS members) who meet monthly to consult and discuss psychological matters as part of psychologists' continuing professional development.

In general, the CPCN agree that on the whole the proposed registration standards in the consultation paper are good for the profession. However, there are some suggestions and comments which we discussed at our November meeting that we would like to propose and are as follows.

### **Professional Indemnity Insurance (PII)**

For psychologists who are employed by Public Sector, NGOs, and NFP agencies there needs to be some clarity on their protection under PII arrangements. For example, we are aware that some agencies employ under enterprise bargaining agreements (EBAs) that include covering the legal costs of a psychologist who has to attend court but not provide indemnity in the instance a negative outcome. It is generally understood that psychologists are liable both individually and severally in the event of malpractice, and this is currently not clear under many existing employment arrangements. It may be helpful to provide some clarification on these matters and we suggest that information be provided for the various arrangements that currently exist for psychologist employees as well as those in private practice.

### **Continuing Professional Development (CPD)**

The following clarifications are requested and we suggest that this information be provided to assist psychologists in maintaining their skills.

It is unclear whether supervision is required to be provided by a psychologist with endorsed supervisor status.

Some examples of existing supervision groups were discussed at our meeting and provided valuable information the new recommendations will have in relation to the detrimental impact on existing established supervision and consultation processes.

1. There are many well established peer consultation networks (PCNs) across Australia recommended and auspiced by the APS that currently exist. It is generally understood by members of these groups that these networks provide a valuable form of CPD in the form of group supervision and consultation. If the recommendation of 10 hours of CPD in the form of supervision as a requirement is accepted for each and every psychologist then it will limit the validity and usefulness of these well established PCNs. For example, the Carlton PCN regularly accommodates eight to 10 members at a monthly meeting. On the current recommendations each member at a meeting of 10 psychologists would only accrue nine minutes per month for the regular one-and-a-half-hour meeting. At such a minimal rate it would certainly see the demise of this well established group as well as many other functional and well established groups across Australia.
2. Another example provided at the recent meeting, of a work based supervision group of five psychologists who meet fortnightly (26 times per year) for one hour would not meet the recommended requirements of the PBA. Each member of this generous allocation (of time for CPD) by the employer would only accrue five hours and twelve minutes of supervision per member of the group. Employers may be reluctant to provide more than this as an

allocation. Also where psychologists and other similar non-registered professionals are employed under generic titles (such as counsellor, or mental health worker) employers may not be in favour of acknowledging the requirement just for psychologists of ten hours for supervision let alone other CPD requirements.

3. The Carlton PCN questions the recommendation in the consultation paper of limitation of size to six members for group supervision when the APS guidelines state, "Feedback from existing cluster groups suggests that 12 to 15 ongoing members are needed to ensure a viable group. A group size of no less than six (6) members at any one meeting is recommended." We would recommend that this limit be reconsidered in line with the APS recommendation for PCNs.

### **Recency of practice**

Although there is consensus that the recency of practice guidelines are important to prevent the loss of skills in practice, the proposed standard appears discriminatory against people who will necessarily be removed or remove themselves from the workforce for various genuine and sometime unavoidable reasons. Some examples include women who leave the workforce who take timeout on parent leave to start a family, fathers who take parent leave to raise children, people who develop a chronic illness, single parents who are unable to work and raise children, or people who may transfer into other non-psychology positions such as management on a three (or longer) year tenure. It is suggested that as long as some degree of CPD might be considered appropriate to allow continuing registration (albeit non-practicing status) but still allow a psychologist to stay in touch with their field.

### **Specialist Title**

The following areas are of concern and clarification or amendment is suggested.

1. The term of Specialist ('specialty') Psychologist is a tautology and an unnecessary and cumbersome use of title. A discipline is a specialty area and does not need the second qualification of specialism. It is agreed that PCN members would prefer to see (specialty) Psychologist, as an example, Forensic Psychologist is a sufficient title and provides a description of speciality in which this psychologist is trained.
2. There is genuine concern by psychologists who do not have membership with an APS college but may have completed a psychology masters degree in a particular discipline of their opportunities to transition to national registration and to gain specialist title. There needs to be clear guidelines on pathways for such.
3. There is a concern for 4+2 qualified psychologists who have recently or are about to enter the profession and still have a long career ahead. The possibility exists for these psychologists to remain in the generalist category for up to forty years. What options are available for this group? We seek clarification and suggestions for generalist psychologists' retention and progress throughout the profession.
4. The argument for transparency of specialisation title of specialty, particularly of Clinical Psychologist which was a requirement of Medicare when determining rebates for people with mental health problems, not from within the profession of psychology has now morphed into justification (at least in the Carlton PCNs reading of the consultation paper) and appears to now have become justification for transparency of title for the public. In reality title alone will neither educate the public nor provide transparency for the public. It is evident that many people still do not know the difference between a psychiatrist and a psychologist, so labelling a psychologist with a specialty title alone does not provide transparency. There needs to be an education program which comes from inside the

profession, not from outside the profession as was the case for Medicare rebates for mental health services.

5. When allocating specialist title for psychologists there is the risk of labelling the non-specialists as 'Generalists'. It is felt that the title of 'psychologist' is sufficient in itself, whereas 'generalist psychologist' fails to acknowledge the skills and knowledge that psychologists possess. The public may interpret 'generalist psychologists' to be less effective than their specialist colleagues (ignoring the accumulated knowledge and skills gained through, in some cases, many years of practice). Already psychologists are faced with a two-tiered approach to psychological interventions through Medicare (which is a body outside the field and expertise of psychology). The introduction of additional specialist titles will increase the disparity between many very experienced psychologists without title and those with title. It is suggested that there be a process investigated for psychologists to progress through the profession (see point 3 above).

### **Proposals for endorsement**

It appears that there is only one category proposed for supervisor. As specialist titled psychologists will probably require supervision specific to their specialty and generalist psychologists will not require specialist supervision or to a lesser degree then it is proposed that there be two categories of supervisor - general and specialist supervisors.

### **Conclusion**

Thank you once again for this opportunity to respond to the PBA consultation paper. We hope you consider our suggestions and look forward to your response.

Authorised by those present at the November Carlton PCN Meeting:

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