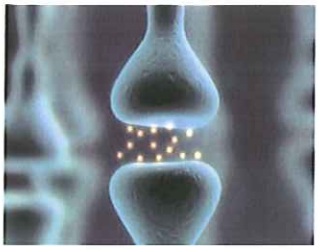
Psychology Statewide Professional Group



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Associate Professor Brin Grenyer
Chair
Psychology Board of Australia
PO Box 16085
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Dear Associate Professor Grenyer,

I am writing on behalf of the Queensland Health Psychology Statewide Professional Group. We would firstly like to thank the many Psychologists who have contributed to the drafting of the National Registration documents for their dedication and excellent work.

Demographically, our group represents an equal number of psychologists qualified via the supervised practice and postgraduate pathways, and currently 113 out of 813 (12.7%) of our staff are probationary/provisional registrants. We also provide a minimum of 9 000 postgraduate student training days per year, projected by the QLD University Clinical Training Consortium to reach a minimum of 13 000 training days per year in five years.

Our main concerns centre on providing appropriate information and support to our psychologists to achieve adequate implementation of required changes across the State, and to minimize the impact of changes on current and future workforce sustainability. We would therefore appreciate clarifying statements/elaboration on the following points:

(1) Transitional arrangements for the 4+2 Internship Program

The PBA Consultation paper 27 October 2009 (p.38) indicates staff already participating in supervised practice programs must complete those programs to the standards and requirements of the relevant state Board, and that new applications received from the participation day must meet new PBA requirements.

We understand that the cut-off for 4+2 completion via existing programs is intended to be 30 June 2013. For a subset of staff who have recently commenced 'practice in the profession' in some generic roles in Queensland Health, there is a risk that achieving the breadth of psychology specific, competency based experience required under the existing program may take their program completion time past this cut-off date. For these staff, a period of just over three years will be available to complete their program, where the National standard will allow new applicants five years.

Will there be any scope for staff who are very close to completion of their 4+2 state based program at 30 June 2013 to transition to the National program requirements, and/or apply on a case by case basis for recognition of psychological practice and competencies completed prior to the cut-off date?

(2) Transitional arrangements for the purposes of Endorsement in the specific instance of continuing eligibility to supervise university placements

Guidelines on area of practice endorsements (p 2.) 5 b. states "supervisors of psychologists undertaking a university course or a supervised practice program leading to an application for endorsement; these supervisors must have an endorsement in the relevant area of practice".

The transitional arrangements for Board approval as a supervisor, and for gaining Endorsement, are both clearly described. However, some supervisors for university placements are currently considered appropriate supervisors for the purposes of APAC recognized postgraduate training placements on the basis that they would be eligible *[based on postgraduate qualification, experience, CPD and supervision]* for APS College membership (versus membership, or completed APS assessment as 'eligible' for the purposes of Medicare).

For this subgroup of supervisors, it may not be clearly demonstrable on participation day that they "held an endorsement, or an authority to practise as a supervisor, or who was approved to provide supervision by a state or territory board immediately before participation day".

Could the Board please indicate whether this 'would be' eligible subgroup require official Endorsement to continue to supervise psychologists undertaking a university course - or alternatively confirm that College eligibility as previously acceptable to APAC constitutes a form of "... authority to practise as a supervisor..." for the purposes of supervision leading to Endorsement.

(3) Use of the title "provisional psychologist"

'Intern' has been acceptable in Queensland to indicate the training/provisional status of 4+2 and postgraduate trainees and is also defined in this context in the PBA Consultation paper 27 October 2010 (p.35). After much education, managers and clinical staff of other disciplines now have an understanding of the title and the legislative requirement for its use (versus no qualifier on 'psychologist'). Organizational documentation (e.g. officially approved titles for ID badges) has also been changed to include this title.

To avoid a need to re-educate managers and staff from other disciplines on a large scale, we ask that 'psychologist intern' or 'intern psychologist' be included as an appropriate alternative or replacement for the title "provisional psychologist" – we would argue that 'psychologist intern' also appears to be a more logical precursor to the title "registrar", and unlike 'provisional', 'intern' has a common or lay meaning that is interpretable on face value by the general public.

(4) Co-signing of all "formal reports and correspondence" for 4+2 provision psychologists

Under Guidelines on internship (p.17), *Assessment tasks* – it is stated that "In addition to reading and cosigning all formal written reports and correspondence...". Cosigning all written reports and correspondence will present logistic difficulties for 4+2 trainees and supervisors in situation where they are not co-located, mainly in regional, rural and remote areas. Delaying release of a report until a signature can be obtained in these cases may be detrimental to clinical care.

We ask that electronic approval of formal reports and correspondence be added as an acceptable alternative to a signature

(5) Guidelines for 4+2 Internship: Personal relationships between supervisors and supervisees

Section 9.8 states "Supervisors must not enter ANY personal relationship with provisional psychologists".

We are concerned that observation of this complete prohibition ("ANY") may be untenable for staff in regional, rural and remote areas, and have the potential to cause them stress and confusion in

routine social or community settings. The wording of 9.8 points a).and b). appears sufficiently protective on its own.

(6) Adoption of the APS Code of Ethics

We support the adoption of the APS Code of Ethics without reservation.

(7) Non-inclusion of Health Psychology as an area of Endorsement

Psychologists in Queensland Health are integral members of teams at the forefront of health initiatives and intervention developments relating to lifestyle and disease management, including teams in the priority areas of obesity, diabetes, kidney disease, cancer and alcohol and drug use.

The non-inclusion of Health Psychology as an area of Endorsement is bitterly disappointing to these psychologists, and potentially detrimental to our future professional capability to contribute successfully to the management of lifestyle related illness and chronic disease. We strongly support reconsideration of the decision to exclude Health Psychology as an area of Endorsement.

Yours sincerely

Annette Broome PhD
Chair
Queensland Health Psychology Statewide Professional Group
09/04/10