

Submission on the Consultation Paper

APHRA Codes and Guidelines – Psychology Board of Australia

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13 April 2010

Overview

This submission comments on the recently released consultation paper on codes and guidelines by the Psychology Board of Australia (PBA). As my practice is within the organisational psychology area, I have framed my comments from this perspective but at times have indicated where there is wider applicability across the profession as well as across other health professions. My comments are made in response to direct statements made within the guidelines or based on a reading and interpretation of the guidelines as currently written.

I have been in a fortunate position to read the submission drafted by the College of Organisational Psychologists from the Australian Psychological Society and would support the points raised in that submission.

The following outlines my key points of concern with the codes and guidelines as currently written.

Guidelines for Advertising of Regulated Health Services

1. Testimonials in Advertising (section 5(d), p.4 of the code): The new legislation itself (s.133) says you cannot use “testimonials or purported testimonials about the service or business” (this is referred to on p.1 of the code). Section 5(d) (p. 4) of the code also says unacceptable advertising includes use of “testimonials or purported testimonials”.

- This section of the code fails to acknowledge non-health areas such as organisational psychology where the nature of the work differs to mental health, where we work in business environments and with other business professionals. It is common practice to get testimonials about programs, interventions and advice provided by business professionals as part of how you describe your business and differentiate your services from others (for example a client describing the content of your leadership development program and how this program has equipped them to be more effective in the workplace in terms of dealing with workplace issues and how they lead their staff and manage their team). Yes there is a need to be sure that what is said is fair, accurate and does not denigrate other professionals or their service. It is important too that outrageous claims are not made to entice clients to a service or product. Surely it is reasonable to allow testimonials if they accurately describe the value of the advice or service and the positive consequences that were experienced.
- Potential Consequences of this Restriction: If psychologists are restricted from this but other business and management consultants are allowed to use testimonials, psychologists working within business may miss out on opportunities to demonstrate the added value they present to clients, the unique contribution they can make as a result of their training and there may be an adverse impact longer term on the perceived value of psychology and organisational psychology by making it less visible and by implication less relevant.

Questions for the PBA:

- This part of the code appears inequitable if it allows business and management consultants to use testimonials and not psychologists. As I described above there are ways to articulate guidelines for using testimonials that don't discriminate against psychologists. Question – is this a form of legal discrimination?
- What about companies that employ a psychologist – will they be banned from using a testimonial because they have a psychologist on staff? Question – are there legal consequences of this in terms of trade practice restriction and discrimination?

Example: Let us consider the use of testimonials from staff that are part of the businesses attraction strategy for new employees. Suppose an oil and gas company has a doctor, nurse and clinical psychologist as part of its health and safety

department and contributing to its health promotion activities (there are a few resources companies who have these professions on staff). What if the company describes itself as a safe place to work, with no major health risks or concerns and have statements from staff to this affect on their website. Testimonials about working for a company are usually designed to encourage potential good applicants to apply for jobs and want to work in that company. Say there is a work place death or some chronic health problems with the workers in our oil and gas company or even a shift system that does not meet best practice and so creates some unsafe conditions, could the company and/or doctor/nurse/psychologist be disciplined under this code because testimonials on the web site say its safe but there is evidence it may not be 100% safe?

2. Professional Qualifications (section 3 on p. 3 and 6.4 on p. 5): These sections state that a “practitioner must clearly state their professional qualifications. A practitioner who does not hold registration or endorsement must not claim or hold himself or herself out to be a specialist or hold endorsed registration, either explicitly or by implication, or attempt to convey that perception to the public.”

Question for the PBA:

- If a practitioner has a psychology degree or postgraduate degree but is not registered as a psychologist, will the PBA assess them as implying they are a psychologist because they list their qualifications on their business card? The person has NOT called themselves a psychologist, they may have called themselves a counsellor or a consultant, but they have stated they have a Masters in Psychology (Organisational). Where does the person’s right to be able to state their qualifications (a matter of fact and record) sit against the code? Is this legally fair?

3. Use of Titles in Advertising (code 6.4 on p.5-6 and s.116 of the bill): This section of the code is based on the underlying assumption that only medical practitioners legitimately hold the title of “Dr” and those from other professions should clarify they are not a medical practitioner by stating their profession after their name. However this is both historically inaccurate and on its face discriminatory to non-medical professions. Medical doctors do not have a doctorate and have been allowed to use the title as a courtesy. Only those with a doctorate conferred by a university legitimately hold the title of “Dr”. It would seem more appropriate and non-discriminatory to make every professional using the title of “Dr” to state their profession, not just the non-medical ones.

4. Use of specialist titles for psychologists (code 6.4 on p.6 and s.118 of the bill): Section 118 of the bill expressly prohibits a person who is a non-specialist as defined by the bill from using a specialist title. Section 115 specifies the two professions with specialist title to be dental and medical. However s119 of the bill (refers to registration and endorsement interchangeably) as a means of indicating speciality in any profession. In conflict to the legislation, section 1 on p.3 of the code suggests psychologists will be able to use a specialist titles for psychology as a result of the endorsement process. This advice from the PBA seems to contradict the legislation and is very confusing and unclear. My reading of the bill is that we can’t use a specialist title.

Question for the PBA:

- It would appear there is a need for the PBA to seek legal advice as to whether specialist titles such as “clinical psychologist”, “counselling psychologist” or “organisational psychologist” can be used, or whether endorsement will need to be specified in brackets, for example as “Psychologist (Clinical)” or “Psychologist (Clinical Endorsement)”.

Guidelines for Mandatory Notifications

1. Notifications Regarding Students: Section 5 of the code and s.141 of the bill refers to the conditions relevant for an education provider to make a notification regarding a student. Both definitions in the code, (a) and (b) refer to the student being impaired during the course of their clinical training (so too s.141 of the bill). Neither of these definitions refer to organisational, sport, forensic, educational, developmental or counselling psychology training. I am sure the code does not leave other areas of psychology out intentionally, thereby exempting them from the mandatory reporting requirements. It would appear that the term “professional training” would be more inclusive and would capture all branches of the profession and not just “clinical” trainees.

Proposal for a Code of Ethics for the Psychology Profession

Deferring to the APS code of ethics so further consultation can be completed seems reasonable at this time. This is a widely understood and accepted code that can be used by all branches of the profession and has been the common national standard referred to by state registration boards for some time. However, when the PBA does begin its consultation for the development of a code of ethics for psychology, it should be done on the basis that all branches of the profession will be consulted at that time, not just those who work in mental health. Although there are some common issues and standards that should be considered, different scenarios in different branches of the profession will present unique ethical issues for the shaping of a national and universally relevant code of ethics.

Guidelines on Continuing Professional Development

1. Definitional Problem regarding the term Competencies: It would appear there is a definitional problem in this code. The definition of competencies in the code is stated as “knowledge, skills and attitudes”. This is not true – attitudes are not a competency. ‘A’ for ‘attitudes’ is used on page 1 of this code in the summary and in later in the educational rationale. The code even suggests you can do a training needs assessment of an attitude which I believe would be difficult based on my social psychology training as an undergraduate and my organisational training as a postgraduate. Most good basic organisational psychology texts define competencies as “the knowledge, skills, abilities and other characteristics needed to perform a job” (Aamadt, 2004; p.534) with abilities being “a more general, enduring trait or capability an individual possesses when he or she first begins to perform a task” (Gatewood and Field, 2001; p. 370). Abilities when expressed as a competency are usually statements of action or behaviour of what you are expecting to observe, usually as behaviours in the workplace – for example when describing the ability, ‘communication’, behavioural descriptors of that communication ability could include:

- Establishes existing understanding and level of detail required from others.
- Uses questions to establish information from others.
- Uses analogy to convey concepts and technical issues/applications.
- Adjusts message in response to audience feedback.
- Modifies message according to differing audience.

I recommend that the code be changed to more accurately define competencies. If you would like further information on the identification of job critical competencies which can be used as objective and standardised criteria for assessing whether someone meets the requirements of a role whether that assessment be for selection or development purposes I recommend Gatewood and Field (2001) or its 2007 update with Murray Barrick as a start point.

2. Peer consultation (p.2): The code appears to be unclear whether an accredited supervisor is part of the peer consultation process or not. Peer consultation as defined in this code does not specify this has to be done with a board approved supervisor however p.2 of the separate practice endorsements code in its second last paragraph refers to supervisors providing supervision for the purposes of general CPD peer consultation. Please can the PBA clarify whether this is a requirement for CPD or not.

- If we assume a board approved supervisor is not required as a part of the CPD process as stated in the CPD code then it is a more reasonable proposal in terms of cost and commercial sensitivities than it was proposed last October 2009 when supervision was part of the CPD code. In a peer consultation environment, you can now see a situation where an organisational psychologist could meet monthly with another colleague (or group) and discuss professional approaches and actual client work when it is with a peer they trust and respect and where there is no commercial arrangement. As the psychologist can more carefully choose the peer they consult, and in the case of organisations, you could run peer consultation 'in-house', you are therefore less likely to see commercial sensitivities, intellectual property issues and client relationship concerns in a peer consultation frame than when it was framed as formal supervision. You could also see this potentially being a lower cost process (no supervision costs, just costs in terms of loss of your time, loss of income). For example in practice you could see it working in organisations such as WA police or health departments where the psychologists could get together regularly to discuss work practices, cases, etc as peers in a peer coaching environment, and it be a less costly process than it was originally proposed. An additional benefit of this NOT being supervised but rather a peer activity, is that it would be less likely to undermine an existing supervisor-employee relationship.

2. Organisation and Methods (p. 2): The PBA is to be commended for recognising that you can get job-relevant knowledge and skills from industry bodies and non-psychology groups.

3. Attachment B: While I think the 2 templates look practical and useful I am wondering how flexible the learning plan will be. You might as the year progresses identify opportunities you did not foresee earlier in the year and conversely may find by the end of the year some expected opportunities or events did not happen or were not practical for what ever reason. If you can provide commentary on this and describe what you did instead this would seem to be appropriate. Perhaps some recognition of the possibility for alternation as circumstances change should be expressly stated.

Guidelines on Areas of Practice Endorsements

1. Grandfathering in those with APS College Membership (p. 1): There are concerns raised by this in terms of PBA abdicating responsibility for one of its more critical roles to a 3rd party who may not hold the same standards as required by the PBA resulting in the PBA placing the public at risk. In addition, the PBA is directly discriminating against the estimated 30% of registered psychologists who choose not to be a member of the APS. An explanation of my concerns follows:

- As a result of some jurisdictions failing to provide guidelines around specialist registration, APS College membership has historically been used by some eastern states psychologists as a defacto mechanism for indicting specialism and using specialist title.
- However it is well known anecdotally there are individuals with APS college membership who do not meet their own college's criteria for inclusion – for example it is said there are some in the clinical college who have only a 4yr degree and no postgraduate degree or training, and that there are individuals in the counselling college with an education degree not a psychology degree. There are bound to be other examples where the criteria for membership has not been followed that the bulk of the APS membership are not privy too.

In addition it is also known that the assessment of qualifications is not as rigorous as that conducted by registration boards, for example there is at least one case where an individual has received college membership yet a registration board refused to register them as their degree came up lacking when compared to APAC degree requirements.

- If the PBA is using this grandfathering as a means of reducing their initial workload in assessing applications for endorsement then this practice will trade off public protection for administrative ease. The regional boards of the PBA are perfectly placed for reviewing applications for endorsement in their region and doing so reasonably effectively. The PBA would be better placed providing the regional boards with guidelines for dealing with the supervised practice components of the requirements by saying all those with a postgraduate masters or doctorate, if they have at least 5 years of fulltime practice in that specialty, will be allowed endorsement. Perhaps set this till 2013 so you do not impact on current postgraduate trainees who entered the profession in good faith believing they would get this 'specialist title'. This will assist in ensuring practitioners, particularly non-APS members, are not asked to now retrospectively complete supervised practice and will therefore lighten the load for each regional board in terms of lowering their need to monitor a large number doing supervised practice in the first few years and ensure psychologists are allowed to keep practicing in their area of speciality as they expected to when they entered the profession years before. It should be simple enough to ask everyone to put in an application for endorsement, if they have a postgraduate degree and a certified copy of their academic transcript and can show a work history of 5+ yrs in that specialty, you should easily be able to tick them off and move to the next applicant.
- Some would argue that you can't 'revoke' title from people who have been using it as it may affect their livelihood. However, we are not saying they cannot call themselves a psychologist or that they can't continue to practice where they have been practicing, we are just saying that they cannot call themselves by a specialist title unless they meet the criteria the PBA itself have said are important for endorsement and therefore title. If they have been calling themselves a specialist and do not have specialist training I would put it to you this is both unethical and unprofessional and should not have been allowed to occur in any jurisdiction in the first place. Reasonably they should stop doing so.
- I also worry about the precedent this creates in abdicating responsibility to a 3rd party for assessing qualifications when we have no control over how consistently they apply the requirements. What is stopping another professional association from demanding the same level of recognition for their members as provided to APS members. Can we ensure the same standards are applied so we have a clear minimum level of competence and expectation of protection for the public?
- What about those who choose not to be a member of the APS (as industrial legislation allows for voluntary membership of unions and associations). This option could be seen as actively discriminating against these people, a significant proportion of the registered psychologist population (estimated to be 30% of the registered psychologist population). They should not be discriminated against and made to do supervision years after completing their degrees because they have chosen not to be a member of an APS college and so are not afforded the same level of professional courtesy.

Questions for the PBA:

- Could these people claim discrimination in some jurisdictions (for example in the ACT where the Australian Capital Territory Discrimination Act 1991 (ACT) says you cannot discriminate on the grounds of membership or non-membership of association of employers or employees or the Northern Territory Anti-discrimination Act 1996 (NT) which says you cannot discriminate on the grounds of affiliation or activity)?
- How does this fit with the freedom of association aspects of our workplace relations legislation?

2. Endorsement and Use of Title (section 1 of the code p. 3): As noted previously in this submission there is some confusion about whether we psychologists can actually use titles such as “clinical psychologist” or “organisational psychologist”. This section of the code suggests we can if we meet the requirements for that area of practice endorsement. However s.118 of the bill expressly prohibits a person who is a non-specialist as defined by the bill from using a specialist title. Section 115 specifies the two professions with specialist title to be dental and medical. Then s119 of the bill refers to registration and endorsement interchangeably as a means of indicating speciality in any profession. This is very confusing and unclear and I would suggest needs legal clarification.

3. Maintain Endorsement (code 2.3 on p. 4): It is good to see that additional CPD is not required in relation to registration renewal and ongoing endorsement (as was proposed in the October 2009 PBA consultation paper). That the PBA has linked CPD requirement to your area of specialty seems more practical administratively and more relevant and cost effective for registrants.

4. Scope of Application (transition arrangements code 5 p. 2 and attachment B of the code p. 9): There would appear to be some conflict between this code and the legislation in respect to academic psychologists who train postgraduate students. Section 69 of the act refers to limited registration for teaching and research purposes and suggests academic staff can register under this section of the act and makes no mention of also requiring practice endorsement. However section 5 (b) of this PBA code refers to supervisors in universities who provide supervision during the postgraduate degree and says they will need to have an endorsement in the relevant area of practice in which they teach and supervise. So if we just focus on the PBA code on this issue, it would appear the PBA requires academic supervisors of placement units to be primarily practitioners who can meet the registration and endorsement requirements set.

Questions for the PBA

- This has wide reaching implications for universities - has the PBA considered how this will be implemented given current university staffing and salary budgets?
- Has the PBA considered how universities will balance the make-up of their schools given their fixed budgets and the need for teaching and research across the undergraduate and postgraduate programs?
- It is widely acknowledged that postgraduate programs tend to run at a loss due to the low supervisor to student ratio expected in practical placement units. Schools often struggle to buy in supervision at a reasonable hourly rate and often end up paying a premium to meet the supervision needs of the units and student load. Requiring more practitioners means there will be less money for other salaries, researchers and undergraduate teachers. I think there is a need for the PBA to be clear which section of the act academic supervision falls and then to think very carefully how this will be implemented given the fact that postgraduate degrees already tend to run at a loss and put pressure on other areas of each school.

5. Other Matters related to Areas of Practice Endorsements (section 4 of the code on p. 2): The PBA has asked for views on the requirements and standards necessary for the endorsement of psychologists in a second area of specialty. I would endorse the views expressed in the submission made by the College of Organisational Psychologists (COP) here. When you compare the competency requirements of the different specialty areas as articulated in APAC accreditation guidelines for each degree and in the APS college review work referred to by COP, it is obvious that for some specialty areas there is significant overlap in some competency requirements and therefore degree content (for example clinical and counselling, and clinical and neuropsych) but that for other specialties there is very little overlap in competency requirements and degree content (for example organisational psychology and clinical psychology). As a result I believe that endorsement should only be given if an individual completes the entire requirements of the second specialty – ie. masters degree and 2 years of supervised practice. The PBA needs to be consistent and seen to be

consistent, fair and equitable. More importantly, the public needs to be protected from people who decide to 'switch' with little formal theory or practical experience in the 'new' area of speciality. I am thinking here of clinical psychologists who decide to switch to organisational psychology as well as organisational and other psychologists who decide to switch to clinical or counselling areas. Nothing prevents these people from moving into that area, but we should protect the integrity of the title that goes with that specialty so that members of the public, medical practitioners, and other referring organisations such as courts, have an accurate understanding of the difference between a generalist and a specialist. The criteria for that an endorsement should be clear, consistently applied and fixed so that they know what standard of training they can expect from someone with endorsement. Keeping the standards fixed for endorsement provides for a minimum level of public protection.

Guidelines for 4+2 Internship Program: Provisional Psychologists and Supervisors

I would like to say at the start of my analysis that this entire code seems to be biased towards clinical and clinically-related (counselling, forensic, neuropsychology) areas of psychology and fails to consider other areas of speciality. The content seems to illustrate it was written by someone with a clinical background with little understanding of other areas of psychology or the needs of those specialties. As a result at times it proposes guidelines and practices that are not relevant to some specialties, makes impractical and costly suggestions, and is ultimately disrespectful and dismissive regarding competencies required for those who practice outside of the clinical area. The underlying assumption seems to be one of protecting the public in terms of mental health services. However there is no acknowledgement that some psychologists do not want to work in mental health and have no intention of doing so. Forcing them to complete training in this area is a potential waste of time and resources that could be used on another intern, and unfair and unreasonable to the profession and the intern in terms of the competency development you drop to make room for the irrelevant mental health content. Some might argue, and these codes do, that having exposure to at least 2 specialty areas is desirable and makes you equally competent at the end of the 2 years as a masters student in each area. I would disagree. As noted earlier in my comments regarding endorsed areas of practice, should psychologists wish to change specialty later they should be required to meet the standards of that new specialty to gain endorsement in it.

1. Objectives (3.1 of the code p.2-3): The code states that interns will be required to change jobs in order to ensure they meet all of the 8 core capabilities targeted by the internship. The rationale articulated is one of protection of the public in relation to mental health. This clearly only considers a narrow group of people and interests within the profession and is NOT inclusive of where others choose to work. As articulated in bullet 2 (p. 3) there also seems to be an assumption that at the end of this internship the newly registered psychologist is now capable of working across a number of specialty areas in psychology. The implication being they get to develop each of the 8 capabilities across 2, 3 or more specialty areas (See bullet 2 where you use 2 specialty areas as examples, this suggests if at least 2 have to be experienced, the intern should spend 12months in each area of specialty and change jobs annually. I challenge the PBA to find employers willing to hire, spend time/money/resources on training staff who are NOT interested in that specialty area or staying with that organisation). It is also inaccurate and demeaning to all of the specialty areas in psychology to suggest that 2 years of supervised practice provides all relevant competencies in a number of specialty areas. If this was the case the PBA would not be bothering with postgraduate training or endorsement and would be giving specialist titles away with 1 year of experience as implied in this code (the proverbial prize in the wheaties packet) and not the required theoretical, practical and research competencies currently articulated in the postgraduate criteria for areas of practice endorsement. It would seem more realistic if the PBA acknowledges what state registration boards have worked through over the years and what they have found to be realistic and possible. It would

appear that allowing someone to learn the basics of one specialist area in psychology to seek registration (usually with one employer), as you are expecting of masters students where they stay in one specialty area, would seem reasonable and practical. The core underlying principles learnt of assessment, diagnosis, intervention, evaluation could then be generalised to other areas of psychology should the person chose to shift career later. This is the assumption today as we see psychologists shift and move across roles. It is the assumption you are making for the masters and doctoral students too. I suggest this section of the code needs to be seriously reviewed for comparability reasons to postgraduate training paths as well as for realistic and practical reasons.

Note: Section 5.1 of the code discusses the career planning process of the intern and acknowledges they will be planning around a personal intention to work in one area of specialty. Hence the objectives of the code discussed above seem even more confused given this acknowledgement later in the document that interns will want to focus in one area – why then the suggestion they need to work across specialties and move jobs? There would appear to be a need for the PBA to be consistent in the concepts underpinning the internship.

2. Psychological Practice definitions and workplace settings (4.2 of the code p. 8): There appears to be a good attempt at defining types of clinical and organisational work. To avoid confusion or conflict/debate I think it will be important to do the same for the other 5 approved areas of endorsement in bullet 3.

3. Psychological Practice (4.3 of the code p.8): Bullets 1, 2 and 3 seem very clinical in orientation and fail to consider that

- psychological assessment can also assess ‘individual’ states such as work-related competency assessments and ‘group’ level states such as organisational culture or climate, and perceptions and attitudes (bullet 1),
- system or organisational wide interventions that target the work environment which may then have a flow-on effect to employee health and well-being (bullet 2), and
- structures, systems and processes that enhance organisational productivity and performance that may then have a flow-on effect to employee behaviour, performance and well-being (bullet 3).

4. Client related Activities (4.3 of the code p.9): Bullets 1 and 2 are clearly biased to clinical contexts and fail to consider other areas of practice. The intent of the bullets could be applied across settings so changes to how they are expressed could solve this problem.

5. Direct Client Contact (4.3 of the code p.9): Bullets 3 and 4 are clearly biased to clinical contexts and fail to consider other areas of practice. As noted above, the intent of the bullets are universal and so changes to how they have been expressed could solve this problem.

6. Observation of Supervisees (5.7 of the code p.12): The final paragraph requires supervisors to observe the supervisees conduct a minimum of two psychological assessments and two intervention sessions every 6 months. Please can it be clearly stated that the PBA understands that these 2 activities may look different in each of the different specialty areas – the techniques, tools and approaches used. It is important there is an acknowledgement beyond the clinical view of these activities so there is no debate or conflict later as to whether someone has met the requirements or not.

7. Assessment of Core Capabilities (6.2 of the code p. 13): The code refers to the fact that case studies are to be prepared and submitted for assessment and review. The author in their final sentence comments that organisational case studies must be of the same rigour and scope of clinically-based one. This statement demonstrates the clinical bias of the author and shows their

lack of knowledge about other areas of specialty and how they do their business – it is ill-informed, inaccurate and offensive.

8. Core Capabilities – Psychological Assessment and Measurement (6.3 of the code p.14-15): The clinical focus of this section again highlights the bias of the author and fails to acknowledge what is appropriate in non-clinical contexts.

- (f) Psychometric tests: Bullets 1 and 3 list only tests relevant in clinical type environments. It is less likely in an organisational context you will conduct intelligence testing using an individual test such as the WAIS however it is more likely you would use a measure such as the SPM or APM individually or in a group. It would be more reasonable to include alternative options such as this in the list in bullet 1. Bullet 3 refers to the assessment of memory – in 15yrs of practice I have never had to do this and I believe you would struggle to find even a clinical psychologist outside of a neuropsychology practice who would say they have used this even once. It's highly unlikely you will need to do this type of assessment in traditional organisational psychology practice (perhaps if you are in rehabilitation or similar contexts). I would suggest the PBA look at rewriting this section to make tests of memory an option dependent on the relevance of it to the context and client group.
- Diagnosis Training Objectives (p.15): This entire section is so clinical in orientation it misses the point of what 'diagnosis' means in an organisational setting and perhaps other branches of the profession would say the same – diagnosis in sport or school psychology could also look very different to the view articulated here. The most problematic of this section is one of the final points which refers to competence with (b) – major diagnostic classification system. Although other branches of psychology should know these diagnostic classification systems exist and their objectives and utility, it is important that you acknowledge they are not the core tools used for diagnosis in non-clinically orientated areas of psychology. Should someone working in an organisation identify someone with a classifiable problem, they should be able to recognise the problem, realise they are out of their depth and refer the person on as soon as possible. I would hate for a little knowledge to make someone so over confident that that little piece of knowledge makes them dangerous. Similarly I would hate for a 4yr trained person during their internship to think they are as skilled in the use of these systems as a masters student and believe that they can work competently with them. I would want them to be able to recognise when there is a major mental health issue and know how to refer this person on. That they realise they are out of their depth. I think this section of the code needs some careful rewriting to make it relevant and practical, and to make it realistic about what you can expect from an intern compared to more formerly trained and closely supervised trainees in postgraduate programs.

8. Core Capabilities – Intervention Strategies (6.3 of the code p.15-16): Again this section shows a clinical bias and needs greater acknowledgement of other areas of specialty.

- Training objective (f) acknowledges organisational interventions but is quite limited in the description. Other specialties did not get a mention – ie. what would you expect of a forensic psych who does court reports, gives expert witness testimony, etc? This needs to provide some description across all 7 areas of specialty to ensure clarity, consistency and equity and prevent confusion later about whether an intern has met this standard.

9. Core Capabilities – Practice Across the Lifespan (6.3 of the code p.19-20): Again there needs to be greater acknowledgment that some psychologists do not work with children or adolescents and that making them do so may be irrelevant, impractical and insensitive.

- Training objective (b) states the intern should work with at least two different developmental stages, with at least one stage being either childhood and adolescence and at least one stage being either adulthood or late adulthood. If an intern is working in a mining

company – where exactly are they going to get the children or adolescent exposure? Is this the time they change jobs as suggested by the PBA? I challenge the PBA to find employers willing to invest in the selection and development of staff knowing that after one year they will leave and go somewhere else. How would this requirement work for educational and development psychologists working within schools? Where do they get adult experience? Note in the definition above the training objectives, 4 developmental stages are defined. It would seem more reasonable for organisational psychology interns to be allowed to consider this group of 4 stages rather than the revised 2 inconsistently used later in this objective (b). I would ask the PBA to be consistent and stick with 4 developmental stages and allow interns flexibility regarding which 2 of these 4 stages they develop expertise in. This is likely to be achievable.

10. Case Study Requirements (10.2 of the code p. 25): The specific requirements noted in this section again have only clinical or related specialties in mind. An organisational case study may contain some of the same information found in a clinical case study it is just framed differently.

- For example (a) requires the number of sessions with each client to be specified. In an organisational case study where I redesigned a performance management system I might talk about when I met with the client, at what stages, to gather what information/feedback/advice. I might describe who was consulted across the organisation and why (its contribution to design and final product). This gives the supervisor similar information about the client process, just in a different way. An educational psychologist too may not just want to describe how and when they met with a child – they may need to discuss their consultations with parents, teachers and other key persons. So too a forensic psychologist writing a report for criminal or family court. Yes when did you meet with the child/offender, but who else is very relevant to the process of problem identification, assessment, intervention, and evaluation. A rewriting of these guidelines to accommodate alternative approaches and specialties is required.
- Bullet (h) again refers only to diagnosis using classification systems NOT used in other specialties such as organisational psychology. This should be rewritten to accommodate other diagnostic principles/approaches and not limit interns to just this one.

Due to my background teaching within universities, as I read this code a few thoughts arose regarding those completing postgraduate training. I am sure the PBA is considering the transitional arrangements that are needed to cover all those people currently being supervised for generalist registration, those currently being supervised for specialist registration in WA, and those currently completing their postgraduate training. Hence I raise these few initial thoughts to contribute to your planning process.

Questions for the PBA:

- Outside of the 4+2 pathway, what transitional arrangements are in place for those currently completing their masters or doctorate?
- Some, particularly in organisational psychology, may not currently hold student or provision registration as it is not a state requirement while in training. Will the PBA allow these students to complete their training without provisional registration as per their expectations when they began training?

Final Comments

In summary I would like to acknowledge the efforts and work the PBA has put in to the development of these codes and guidelines. I do understand there is much to do in a tight time frame. I would like to state explicitly that my comments are meant to provide helpful analysis and highlight where there would appear to be unhelpful bias and/or conflict within the codes.

Acknowledging the diversity of psychology beyond clinical is important for the credibility of the PBA as well as the relevance, integrity and applicability of these codes and guidelines.

If you would like to discuss any issues I have raised or require clarification please feel free to contact me.

References

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