October 24, 2009

Attention: Chair, Psychology Board of Australia

> Re: Submission on the consultation paper, "Psychology Board of Australia: Consultation paper on registration standards and related matters. 27 October 2009."

I thank the Board for a series of excellent proposals that will help protect and maintain standards of psychological care to the public. I would like to comment on a few issues. The item numbers below refer to the item numbers as they occur in the Board's paper.

2.4 – Continuing Professional Development

> The requirement of 10 hours of individual supervision/peer consultation per year as part of the continuing professional development is new. Although the empirical literature supporting the effectiveness of clinical supervision is strong, I am unaware of empirical evidence demonstrating that peer consultation (especially when the peer supervisor may not be trained in clinical supervision) will produce superior outcomes than alternative PD activities. On the other side of the argument, the evidence for involvement in PD activities translating into new and enhanced competencies is also weak. There appears to be a compelling case that this issue needs to be investigated systematically. I suggest that the ten hours of individual supervision/peer consultation be encouraged but made optional, until further research demonstrates its superior effectiveness. It would be important for bodies such as the PBA to take a leadership role and support such research initiatives.

3 – Proposed qualification requirements for general registration

> I note that the PBA plans to phase out the 4+2 model in 6 years. I am aware that the APS and other stakeholders have been advocating for this to happen for many years now. It is frustrating that another 6 years are to elapse before this model is shelved. The model should be discontinued as soon as is legally feasible. There needs to be clarification about the requirement that will be in place in six years (2016).

4 – Proposal for specialist registration

> The Board's support for Option 3 is justified. The requirement will ensure that qualifications within Australia are consistent with those prescribed in the USA and the UK. I would like to draw the Board's attention to an inaccuracy that should be corrected because of potentially significant implications. The document states, "There are well-established APAC accreditation standards applying to postgraduate training leading to specialist qualifications (Attachment C, p. 42)." It should be noted that APAC standards are generic to all doctoral degrees

across specialisations. College Course Approval Guidelines specify requirements for specialisations. The clause should be modified to read, "well-established APAC-accredited and College-approved guidelines leading to specialist qualifications." The Board suggests that grandparenting clauses cover a transition period. It is important that these grandparenting clauses should ensure that members currently eligible for specialist status are not disadvantaged in any way.

5 – Proposal for endorsement of supervisor training.

I currently conduct a University-based supervisor training program and am conversant with the research in the clinical supervision domain. The Board's proposal deserves strong support for the following reasons

a) Clinical supervision research indicates that inefficient supervision practices are widespread
b) In the scientific literature there is unequivocal and universal acknowledgement of the importance of clinical supervision to psychology training and the paradoxical neglect of supervisor training. There are concerted efforts to remedy this situation. For instance, the U.K's Dept of Health (2004) has endorsed clinical supervision as one of 10 'essential capabilities' of the modern mental health practitioner.
c) The notion that experience-begets-expertise is untenable. Both expert consensus and available empirical evidence (although not extensive) indicate that experience (sans training) does not lead to expertise.
d) There is evidence that supervisor training (especially when theoretical aspects are integrated with experiential learning) leads to positive outcomes.
e) Providing supervision is increasingly accepted as an independent competency in its own right and providing supervision without training may be regarded as breaching ethical guidelines requiring psychologists to practice within their competencies.

The Board's current criterion for "supervision expertise" is minimalist. The positive outcomes demonstrated for clinical supervision are mostly associated with supervisor training programs that have integrated experiential learning (not just a couple of short workshops). It is acceptable that the Board adopts a low-level criterion during a transition period. However, the system adopted should be sufficiently flexible to accommodate further upgrading. It would be ideal if the endorsement specify levels of expertise (basic/intermediate/advanced).

Once again, I thank the Board for the opportunity to comment on what I consider an excellent set of proposals.

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