



## **COLLEGE OF CLINICAL PSYCHOLOGISTS**

30 August 2010

Mr Brin Grenyer  
Chair  
Psychology Board of Australia

Dear Brin

Re: Consultation Paper 5, Proposed revision to the Guidelines on Area of Practice Endorsements (August 2010)

The APS College of Clinical Psychologists National Committee discussed your Consultation Paper 5, Proposed revision to the Guidelines on Area of Practice Endorsements (August 2010) and would like to make the following submission.

- 1) We would like to commend the PBA for taking prompt action and redressing the problems faced by the current cohort of students enrolled in PG courses. We allude, in particular, to the grand-parenting arrangements extended to currently enrolled PG students in your document, "Grace period for students who were enrolled in their high degree program on 30June 2010."
- 2) We recommend that the PBA consider the need for students enrolled in Masters Degrees who transfer to a DPsych or a combined degree either this semester or first semester 2011 be allowed the same transition arrangements, i.e. enrolment in ANY relevant degree as of 30 June 2010, gives access to the grandparent clause, regardless of which degree they exit with.
- 3) We strongly support the PBA's proposal that allows doctoral students, both DPsych and PhD students to commence their registrar programs before completion of their research degrees.

- 4) We note that the PBA does not allow doctoral students to attain generic registration enroute to attainment of special endorsements. This would serious impact on the availability and nature of job possibilities for such students despite their being better qualified and skilled than their counterparts (e.g., 4+2 psychologists). We recommend the following:
- 5) That DPsyc and PhD students be allowed to gain general registration, on completion of the following, as attested by the Head of School of the concerned University:
  - a. Completion of a 2-year period of enrolment in their doctoral degree, AND
  - b. Completion of all coursework and practicum requirements prescribed for the 'specialist' masters degree, AND
  - c. Completion of research deemed equivalent to requirements of the 'specialist' masters degree,
- 6) The rationale is that if a 4+2 student can obtain generic registration following endorsement by a supervisor that the prescribed competencies have been attained, a similar endorsement by the Head of School should suffice for students enrolled in a doctoral degree, particularly since such students are better trained than their 4 + 2 counterparts.
- 7) Commencement of registrar training.
  - a. For students enrolled in combined Masters/PhD degrees, the College recommends that a 2-year registrar term (or part time equivalent) apply, with the term commencing after general registration
  - b. For doctoral students, the College recommends a one-year registrar term that commences after attainment of general registration AND completion of advanced coursework and advanced practicum associated with the DPsyc degrees.
- 8) We concur with the PBA that students enrolled in doctoral degrees (PhD combined and DPsyc) should be granted specialist endorsements only on completion of both their registrar training and their doctoral degrees.
- 9) The prescription of 176 hours per annum of client contact for a registrar program (4 hours a week) is low and inadequate. We are concerned that this will be inadequate to provide these registrars with specialist competencies. We suggest that these hours be raised to 400 hours per annum (or 9 hours a week).
- 10) We also support the stipulation that the registrar program must not exceed 5 years from the date of enrolment. The only minor qualification worthwhile

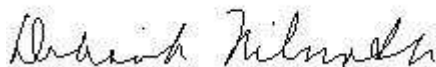
implementing is the provision for an extension (e.g., by a maximum of 1 year) in exceptional circumstances (e.g., due to medical reasons such as pregnancy).

11) Finally, we are deeply disappointed that bridging programs, not approved by earlier PBA guidelines, have re-emerged. We have had long and detailed deliberations about this issue over the last 2 years and we are of the strong opinion that these programs are conceptually flawed and impossible to monitor and regulate.

- a. The assumption that there is a set of specialist knowledge and skills that is unique to each of the 7 areas of endorsement is also inherently inconsistent with the notion that a single prescribed program can bridge over the different gaps between the seven different areas of endorsement. Specifically, accreditation guidelines that may be an adequate bridge between Clinical and Counselling programs in a university are not going to be a good bridge between the Clinical and Organizational divide. There are seven different endorsement areas, and therefore 21 possible gaps of different sizes and natures. Is the aim to design 21 different sets of accreditation guidelines or one set of guidelines that will bridge over 21 different gaps? Neither of these aims is achievable.
- b. Additionally, these bridges have to take care of coursework and practicum and research components. To complicate the engineering of the bridge-building enterprise, there is significant between-university variability offering the same specialisation (e.g., Clinical Neuropsychology in 2 different universities) and wide variability between students within the same university doing the same program (e.g., one student could complete a program of placements that has a significant overlap with clinical psychology whereas another student's program might show little overlap).
- c. Finally, any revision of College Guidelines will necessitate a review of associated "bridging programs" as well. It is the strong opinion of the College that the level of variability necessitates a solution that is based on a case-by-case basis in the same manner in which Universities assign specific credit towards a destination degree.

Thank you for the opportunity to make comment.

Yours truly



Dr Deborah Wilmoth, PsyD  
Chair