Dear Project Team

Contribution to the Review of the National Registration and Accreditation Scheme for health professions

As the Chair of the Australian Psychological Society, South Australian Branch there are several matters that members in South Australia would like raise. We appreciate the opportunity to provide input into the review of the National Registration and Accreditation Scheme for health professions.

Education Standards
There is concern that the Psychology Board of Australia (PsyBA) has set high, rather than minimum, education standards e.g. the mandatory examination for all provisional psychologists prior to registration must be taken by all graduands from accredited programs. This would appear to make redundant the need for a university program to be accredited if the graduands will be assessed in the same manner as 4+2 provisional psychologists.

There is also considerable concern that this examination is skewed in the direction of the endorsed area of clinical psychology and not general psychology. This may already be having the result of directing entrants to the profession away from training in areas of practice other than clinical psychology. These other areas of psychology include organisational, health, sports, neuro, educational and developmental, etc., etc. A shortage of psychologists with good education in these areas will have significant impacts across not just health but industry more generally, none of which appears to be considered by PsyBA.

Restrictions to the entry to the profession
Changes that PSyBA have made to the creation, conduct and completion of a 4+2 program have become extremely onerous for both the provisional psychologists and for the supervisors. As a result such supervision program is becoming very unattractive for supervisors to participate in, thus constricting availability of 4+2 placements and therefore the supply of new psychologists.

At the same time, universities are closing programs as funding for professional Masters Programs is grossly inadequate. Only the ‘loss leader’ course of clinical psychology is routinely run within universities with undergraduate psychology programs to attract undergraduate students.
While PsyBA is not responsible for the closure of Masters Programs, it is responsible for the tightening of the 4+2 access. At a time when the mean age of practitioners is rising, constructions of entry to the profession is causing major employers to look elsewhere for lesser trained workers, such as mental health nurses. The narrowing of the profession to a solely clinical psychological focus will be a serious loss across all industries.

**Notifications and Determinations against Psychologists**
This is a fraught area made more challenging by at least two concerns.

The first is that there is a lack of meaningful data about notifications, the nature of the complaints and outcomes for various different concerns. There is also considerable concern about the time that takes for complaints to be resolved. The expectation by practitioners of the response by PsyBA is negative and the taken to respond to a concern is long. Now it may be that the timeframes by which notifications are resolved are entirely reasonable; however with no information readily or meaningfully available improving the complaints process or changing the minds of practitioners if the complaints process is perfect is not possible.

The second aspect of concern about notifications and determinations against psychologists centres on an apparent attitude of hostility held by PsyBA toward psychologists. This has manifest in the expression by the Chair of PsyBA Professor Brin Grenyer to a meeting of psychologists in Adelaide a couple of years ago, and repeated since then by some PsyBA staff that "psychologists are dangerous" with an implication that the Board's role is to protect the public from us. When asked why there was no concern about life coaches and other therapists, counsellors etc., etc. who can hang a shingle up with little or no training or any type of supervision, insurance or other obligation Professor Grenyer indicated that it was because "they are not registered" and psychologists are.

This perceived animosity combined with a dearth of useful information about the notifications processes and outcomes has resulted in considerable anxiety and stress for practitioners whenever notifications are made, whether made by vexatious claimants or otherwise.

**Continuing Professional Development**
All Continuing Professional Development (CPD) for psychologists must be accounted for annually. This makes make the engagement in a long course of study or attendance at a specialised (and expensive) conference unattractive as, if one only completes the minimum CPD hours, there are only 10 hours of such activity can be counted in any year.

Of the other 20 hours of CPD, 10 hours must be peer supervision. Peer supervision is problematic not conceptually but in practice. As a sole practitioner, (and between a quarter and a third of all psychologists will be in this category) unless I pay for supervision (making every hour of supervision very expensive as I need to work another to just pay for the supervision) or I am lucky enough to find a colleague senior enough or be a peer and willing to supervise me without being supervised in return; I need to engage in 20 hours of ‘peer
supervision’ to get my 10 hours of peer supervision, the other 10 hours being the supervision that I must give the other person. As a result I have only 10 hours available for major ACP activities. As a result the focus is on little often inconsequently CPD activities and not any major skill or knowledge development.

These are the major areas of concern for APS SA members in South Australia. Thank you for taking these concerns into consideration.

Kind regards

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