SUBMISSION –

THE AUSTRALIAN PSYCHOLOGY ACCREDITATION COUNCIL
CONSULTATION PROCESS:

APAC Accreditation Standards for Programs of Study in Psychology.

The APS College of Clinical Psychologists wishes to thank the Australian Psychology and Accreditation Council for the approach as a Key Stakeholder to review the work conducted in developing Accreditation Standards for Programs of Study in Psychology in Australia.

The proposed Standards strengthen the training of generalist psychologists in some areas, which is a step in the right direction to move closer to international standards. However, this training continues to be inadequate, especially given that professional training itself occurs totally (in the 4 + 2 pathway) or substantially (in the 5 + 1 pathway) within an unaccredited supervision program. Within such an unaccredited program of supervision, a psychologist may be trained by a supervisor from any background area within psychology whose knowledge was gained previously from a supervisor in the same situation prior to that; in this way, these pathways to registration remain risk points for the public. Adding to the concern about public risk, APAC acknowledges that the psychology content in undergraduate programs in the UK and EuroPsy remains higher than for Australia, despite the proposed move to 58% content in undergraduate years.

It is important to note that undergraduate programs are not accredited in other jurisdictions as they are considered inadequate for practice as a psychologist, and therefore do not lead to registration or licensure. Accreditation occurs only at postgraduate doctoral level in all English speaking jurisdictions, other than Australia, as this is considered the minimum training requirement for the protection of the public. This continues to leave Australia with the most poorly trained psychologists in the Western world and renders international transportability of postgraduate Clinical Psychology training virtually impossible within the English speaking world.

Given that Australia has the lowest standards of training of professional psychologists in the Western World, any further lowering or undermining of Standards is an anathema and must be renounced. The changes to the current Standards proposed by APAC significantly weaken training in professional psychology. While the proposed Accreditation Standards may be viable for some areas of psychology, they are absolutely inadequate for the Area of Practice Endorsement (AoPE) of Clinical Psychology and possibly other areas where practice involves clinical populations, such as Clinical Neuropsychology.

This is an unacceptable scenario. Clinical Psychologists must be held to a higher, more rigorous standard of training and practice as their work as experts in mental illness, particularly with more seriously ill patients with comorbid, chronic, and intractable problems, places life at risk if competence or expertise is inadequate.
The necessity of a rigorous training in Clinical Psychology for working in the area of mental illness is evident. Preliminary evidence of an analysis of members of the psychology profession de-registered due to misconduct or poor practice, currently being undertaken by our colleagues at the Australian Clinical Psychology Association (ACPA), shows that, while all psychologists, including a couple of Clinical Psychologists, have been deregistered for misconduct related to boundary violations, generalist psychologists without qualifications in Clinical Psychology working with clinical populations in mental health are de-registered also for poor, inadequate and/or unethical practices. To lower the standard of training in Clinical Psychology places the public at significant and demonstrable risk. In Victoria, over the past two years, only one psychologist in seven coming before a Tribunal has had professional training at post-graduate level.

The Clinical College has very serious concerns regarding the following points:

- **Lack of Differentiation between Level 9 Master and Extended Master programs.** The Level 9 Master program is a generalist program that is not equivalent to the first year of an Extended Master program leading to an AoPE. It is not possible to cover to any extent the necessary first year content of all nine AoPEs in one year. This would take 9 years. The programs have different intent, foci, rigor and purpose. The Master degree aims to produce a generalist psychologists, the Extended Master degree to lead to endorsement in one of the AoPEs. It is dangerous to assume that there is adequate teaching in clinical applications and competencies in a one year generalist professional practice degree to equate to the continuously integrated, focused and supervised learning of a Clinical Psychology program. The Level 9 Master degree cannot articulate into the Clinical Psychology Extended Master Degree with safety to the public.

- **Bridging or Conversion Programs must be equivalent in every aspect to the degrees for which they are to substitute.** In Clinical Psychology, these programs must adhere to the same rules of entry as the Level 9 Extended Master Degree. The same learning outcomes and competencies must apply. In Clinical Psychology this cannot be achieved in 48 credit points. This implies an Advanced Credit of 48 credit points, which is not achievable via any other AoPE or program of study. A minimum of 80 Credit Points is absolutely necessary for any Bridging or Conversion Program in Clinical Psychology in order to ensure adequate protections for the public, and absolutely no Advanced Credit can be possible, given that allowance has already been made in the discount of 16 Credit Points at entry. It is essential that in Clinical Psychology the integrated program of knowledge, research, clinical and professional practice is sufficiently extensive and rigorous to protect the public. This is not possible by offering Advanced Credit for learning in other spheres that does not meet the rigorous standards that apply to clinical psychology with clinical populations.
  
  - As the PsyBA has stated in relation to programs of study that offer piecemeal learning, as evidenced previously offered in Individual Bridging Plans during the transitional period of NRAS, “The Board’s view is these do not provide the
sustained education, training and supervision that characterises the integrated experience in a specific postgraduate degree plus supervision program required for endorsement.” (Consultation paper on codes and guidelines April, 2010, p. 2). We concur with this view.

- Under the proposed Standard, a full year of Advanced Credit (48 Credit Points) is awarded automatically and a further 22 Advanced Credit Points is possible, making a potential total of 26 Credit Points in Clinical Psychology, as opposed to the standard pathway of 96 Credit Points, all that is required to enter the registrar program for endorsement. This is totally unacceptable for Clinical Psychology.

- The proposed level of Advanced Credit for Level Nine Masters Extended Degrees and for Level Ten Doctoral Degrees in Clinical Psychology is completely unacceptable.

- Claims are often made that there is considerable commonality in the training of psychologists. This is true, however, in Australia virtually all overlap occurs at undergraduate level. In the UK, Ireland, New Zealand, and Canada, where undergraduate psychology is strong, differentiation of professional postgraduate training, particularly for Clinical Psychology, is recognized through differentiated Degrees. Only the USA includes some commonality in postgraduate degrees; however, this is due to the lack of need for an undergraduate training specializing in psychology for entry to Doctoral programs in the USA.

- In English speaking countries Clinical Psychology is registered or licensed at Doctoral level only (UK, Ireland, Canada, USA) or equivalent (New Zealand). Three years of accredited professional postgraduate training is the minimum. In Australia an Extended Master degree of two years qualifies Clinical Psychologists. The international standard of three years of training is either well beyond Australia’s standards, requiring a move to Doctoral level training only for Clinical Psychology, or is accounted for in the training provided at undergraduate level. Contrary to generalised claims by some, that there is a 70 percent overlap, in fact, there is very minimal overlap in training at postgraduate level in Australia.

- There is clear evidence in practice of the lack of alignment and overlap in training of Clinical Psychology and other AoPEs comes from New South Wales where:

  ● The University Of Sydney has allowed no credit for any subjects to graduates of the Master of Counselling Psychology program at Macquarie University as the courses had different emphases, foci and standards to a Clinical Psychology program, despite careful consideration. As an example, the Master of Clinical Psychology and Master of Counselling Psychology programs at Macquarie University ran different training in
Cognitive Behavioural Therapy, as the requirements and standards of the two programs differed considerably. The only Advanced Credit offered was in an observational placement, with no direct client contact.

- Where course teaching has been combined at the University of New South Wales for Clinical and Forensic Psychology and at Macquarie University for Clinical and Clinical Neuropsychology, the objectives and outcomes for the students in each program differ.

- Where students transfer between universities from one Clinical Psychology program to another, little credit can be given as programs are differentially organized and differing aspects of the knowledge and skills are taught in differing ways and areas, leading to a lack of equivalence of training in various areas at different stages of training. The greater innovation in training practices promoted by the Draft Standards will serve to amplify this lack of alignment.

  - This lack of equivalence and overlap has serious consequences for the Bridging or Conversion Programs into Clinical Psychology and for Advanced Credit being awarded for prior learning in the Extended Master or Doctoral degrees leading to the AoPE of Clinical Psychology.

  - It is essential that in Clinical Psychology a total of 80 Credit Points are acquired in an accredited Clinical Psychology program. It is also essential to tailor the content of any Advanced Credit Points to the prior training and knowledge base of individual students. This ensures that students of these programs attain the basic competencies and expertise for Clinical Psychology practice.

  - Clinical Psychology carries the strong responsibility for the lives of those suffering mental illness. It may be acceptable in other areas of psychology to award more than 16 Advanced Credit points, but not in Clinical Psychology.

  - In offering Advanced Credit the following needs to be taken into consideration and a case made for any piece of Advanced Credit awarded to any student in any program that leads to the qualifications for endorsement in Clinical Psychology:

- Knowledge of the Discipline. Clinical Psychology is an advanced discipline requiring an approach to learning focused on clinical practice with clinical populations. Other AoPEs, such as Organisational and Sport and Exercise Psychology do not work exclusively with clinical populations and therefore are offered training in a broad base of psychology without an integrated focus on Clinical Psychology. Those trainees in AoPEs that do focus
exclusively on clinical populations, that is, Clinical Neuropsychology and Forensic Psychology, have their own focus and expert knowledge base in which some Clinical Psychology may be incorporated, but not with adequate integration to the whole focus of Clinical Psychology, and vice versa.

- **Legal Ethical and Professional Frameworks.** While there is some overlap between Clinical Psychology and those AoPEs that work exclusively with clinical populations, i.e. Clinical Neuropsychology and Forensic Psychology, all other overlap is contained within the undergraduate Program of Study. However, the focus of ethical issues differs for each AoPE. Further ethical training is necessary for all entrants to an Extended master program in Clinical Psychology, while legal and professional frameworks can be credited for Clinical Neuropsychology or Forensic Psychology.

- **Psychological Assessment and Measurement.** Clinical Psychology assessments, case formulation and diagnosis differ from other AoPEs in focus and expertise. This cannot be offered as Advanced Credit.

- **Evidence-based Interventions.** No other AoPE applies evidence-based interventions exclusively with a wide range of mental illness presentations with varying severity, comorbidity, chronicity and complexity at the advanced level of Clinical Psychologists. This area cannot be given Advanced Credit.

- **Research and Evaluation:** For the Level Nine Masters Extended Degrees, Level Ten Doctoral Degrees with Professional Coursework Program, and all Bridging or Conversion programs leading to qualifications for endorsement in Clinical Psychology it is essential that the research project is undertaken with clinical (i.e. mental illness) populations. Should this not occur a student may graduate having undertaken all their research in non-clinical areas and have no first-hand knowledge and extended expertise of a specific clinical area. Additionally, they may not experience the specific ethical, practical and clinical demands of research with clinical populations, leaving them inadequately prepared for undertaking research with clinical populations on graduation. It is of note that Clinical Psychologists are frequently employed for these specific skills. Only those students who have completed relevant research at the required level with a clinical population, looking at a clinical issue and supervised by a clinical academic should be given Advanced Credit for the research project.

  - Given that the standard for research in the English speaking world is a doctoral thesis (UK, Ireland, USA, Canada, and the equivalent in New Zealand), it is of grave concern that a masters trainee’s research is reduced to an honours level thesis. While this may not be important in all areas of
psychology, it is an important point of deviation from international standards in Clinical Psychology.

- **Communication and Interpersonal Relationships.** The level of verbal and written communication for Clinical Psychologists is greater than for the generalist psychologist and differs in focus from other AoPEs, as Clinical Psychologists are trained experts in mental health and their communication needs to demonstrate this to other mental health professionals.

- **Cultural Responsiveness and Cultural Safety.** This area has particular application to clinical populations and mental illness and cannot be granted Advanced Credit for students from other AoPEs.

- **Practice Across the Lifespan:** Only knowledge in developmental models taught at post-graduate level as part of an integrated program of study can be awarded Advanced Credit as the application and integration of these is unique to each AoPE and differs from Clinical Psychology.

- **Supervision, mentoring and self-reflection.** This needs to be assessed throughout all application and supervised practice in Clinical Psychology training and cannot be awarded Advanced Credit.

- **Standard 4.4.4 evident in the Level 9 Master degree is omitted from the Extended Master degree Standards.** This ensures a “total amount of Advanced standing or Credit for Placement granted to any student of the Program is never more than 33% of the total practical Placement required by the Program of Study.” For Clinical Psychology (Level 9 Extended Master degree), this must be included in the Standards, but only 25% of the total practical Placement required is acceptable. To obtain this Advanced Standing, it must be very clearly demonstrated that the program is equivalent to that being taught in objectives, assessment, inputs and outputs. For a Clinical Psychology Placement, it must be clearly demonstrated that this was undertaken with a clinical population and supervised by a qualified Clinical Psychologist, who is willing to declare that the level of work and skill of the student met the criteria that would be expected of a Clinical Psychology student on placement.

- **The Staff: Student ratio of 1:15 (p, 7) is absolutely inadequate.** A single individual, regardless of their knowledge and research and clinical skills, is not capable of training fifteen professional psychologists at post-graduate, level. This is akin to having no Standard. That such a lack of concern for adequate training has been proposed by an accreditation body is of deep concern. Given that there is increased teaching of mental health in undergraduate programs, such low staff: student ratios allow for clinical resources to be removed from post-graduate professional training to undergraduate and Level 9 Master programs, thereby reducing the intensity of training in Clinical Psychology. This ration may be adequate for AoPEs other than Clinical Psychology. It is not adequate for training in Clinical Psychology.
The previous Standard of a ratio of 1:10 itself was inadequate (2010, *Rules for Accreditation & Accreditation Standards for Psychology Courses*, 2.4.1 p. 36 and 2.4.2 p. 37, Australian Psychology Accreditation Council, June, 2010), but must be maintained until an improved Standard is developed to meet the actual needs of a Clinical Psychology Extended Master program.

Furthermore, rule 2.4.8 (p. 37) of the rules must also be retained, for clinical psychology: "For each professional postgraduate program there should be at least three staff who hold a doctoral degree in a relevant area of psychology and no less than half of the total staff EFT teaching into the program must have qualifications which make them eligible for full membership of the relevant APS College.” This needs to be amended to replace the APS College reference with that of endorsement in the Area of Practice Endorsement of the Psychology Board of Australia. While the APS College of Clinical Psychologists and the requirements for endorsement in clinical psychology by the Psychology Board of Australia currently align for prospective applicants, due to previous APS procedures of entry to the area of clinical psychology practice there are a considerable number of endorsed clinical psychologists who themselves do not hold the qualifications for which they are training clinical psychologists. This leads to variable standards in training and inadequate protections for the public.

- The ratio of supervision hours: hours worked of 1:17.5 lowers standards dramatically, further widening the gap for the amount of training supervision provided to professional trainees between Australia and other countries, and placing the public at risk of inadequately trained professional psychologists. While such ratios may be suitable for generalist psychologists and psychologists training in other AoPEs such as Sports Psychology or Health Psychology, the training of Clinical Psychologists needs to be appropriately intense to ensure safety of the public. Under this Standard students would only receive an hour of supervision per fortnight, as most student placements are part-time. This is unsafe practice and inadequate learning. This Standard is particularly concerning given the relatively low number of practica hours required for training in Australia in relation to the rest of the developed world.

- The allowance for group supervision in practica is poorly worded and requires correction. The proposed Standards 5.6.19 and 6.5.19 need to be adjusted to state: “The Program of Study requires that no more than 33% of the supervision provided in each placement for Client-related Practica is group supervision.” This would ensure that a complete an entire placement with only group supervision.

- For Clinical Psychology, Sections 5.6.17 (iv) of Level Nine Masters Extended Degrees and 6.5.18 (ii) of Level Ten Doctoral Degrees with Professional Coursework need to be clarified to state that “each supervisor undertaking supervision of students who are involved in any Practica involving real Clients:
Must hold qualifications and maintain experience applicable to the AoPE for which the student is training.

It is of serious concern that while a Level 9 Master Extended trainee must undertake two placements external to the AOU, but over the course of the program require only two supervisors. This is absolutely unacceptable in Clinical Psychology where a wide variety of placements are required to enable trainees to acquire the breadth of skill necessary. In Clinical Psychology it is essential for at least three supervisors to examine the trainee’s work in different settings, working with different populations, including child/adolescent and family and acute and chronic adult presentations. This also needs to be clearly stated in the Level 10 doctoral requirements.

Despite the additional demands on placements, particularly for clinical psychology, it is essential that Australia move towards international standards, particularly in terms of practica hours, and we applaud the increase in hours required. The retention of this increase in the standards is commended.

It is important to note that EuroPsy is not an accreditation process, but an agreement related to practice equivalency. In providing support for the EuroPsy model, APAC cites training in the USA to highlight differences with the Australian system, stating that undergraduate training in psychology is not required or accredited in the USA.

In the USA, however, a strong undergraduate training in science is required, and it has become virtually impossible to enter professional training without an undergraduate degree majoring in psychology. The UK, Ireland, Canada and New Zealand all have models that require strong combined training at both the undergraduate level and separate training at post-graduate level for each area of psychology endorsement/speciality.

Australian graduates are required to speak English. Australia is an English speaking country. The international standards that apply to Australia are those of the English speaking world (UK, Ireland, Canada, USA, New Zealand), not the lower standards of Europe and EuroPsy. International mobility for Australian psychologists is severely restricted to other English speaking countries in adopting standards that do not match those of the English speaking world.

New Zealand has a much higher standard of training than Australia, yet is forced to register Australian psychologists under the Trans-Tasman agreement. New Zealand has an undergraduate program in psychology similar to that in Australia, plus a three year individuated post-graduate training for each ‘scope of practice’. This is the standard we need to meet.

Benchmarking and quality improvement activities are essential in order to promote and maintain high standards. However, to assume a model of training that aligns with the international competencies being developed through the International Project on
Competence in Psychology (IPCP), is extremely premature. This project is currently merely in nascent form and does not address training requirements in any way whatsoever.

CONCLUSION –

While the proposed Standards may be adequate for other areas of psychology, they are unsupportable for Clinical Psychology where there is a high level of responsibility, severity, chronicity, complexity and comorbidity of mental health problems that can lead to death if not managed appropriately. Clinical Psychology rejects these proposed Standards as inadequate and asks that separate Standards be developed for the AoPE of Clinical Psychology in order to provide genuine protections for the public.

Once again, the College of Clinical Psychologists thanks APAC for inviting us to further submit to this APAC consultation process as a Key Stakeholder. We are grateful for the scope and context of your work and are more than happy to elaborate further as required.

Yours Sincerely

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