

**STANDING COMMITTEE ON  
UNIFORM LEGISLATION AND STATUTES REVIEW**

**HEALTH PRACTITIONER REGULATION NATIONAL LAW BILL 2010**

**TRANSCRIPT OF EVIDENCE TAKEN  
AT PERTH  
MONDAY, 24 MAY 2010**

**Members**

**Hon Adele Farina (Chairman)  
Hon Nigel Hallett (Deputy Chairman)  
Hon Linda Savage  
Hon Liz Behjat**

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**Hearing commenced at 10.38 am****THORNTON, DR JENNIFER****Presiding Member, Psychologists Registration Board of Western Australia,  
sworn and examined:**

**The CHAIRMAN:** I have some formalities to go through to begin with and then we will try to be as informal as we can. I am quite happy for you to use first names.

On behalf of the committee I welcome you to the meeting. I need you to take either the oath or affirmation.

[Witness took the affirmation.]

**The CHAIRMAN:** Thanks very much. Would you please state your full name, your contact address and the capacity in which you appear before the committee.

**Dr Thornton:** My full name is Dr Jennifer Anne Thornton, 31 Purslowe Street, Mt Hawthorn, and I am appearing before the committee in the capacity of presiding member of the Psychologists Registration Board of Western Australia.

**The CHAIRMAN:** You will have signed a document entitled "Information for Witnesses". Have you both read and understood that document?

**Dr Thornton:** I have indeed.

**The CHAIRMAN:** Thank you. These proceedings are being recorded by Hansard. A transcript of your evidence will be provided to you. To assist the committee and Hansard, could you please state the full title of any document you refer to during today's proceedings. Also, please be aware of the microphone and try to talk into it and not to cover it with paper. I remind you that your transcript will become a matter for the public record. If for some reason you wish to make a confidential statement during today's proceedings, you should request that the evidence be taken in closed session. If the committee grants your request, any public and media in attendance will be excluded from the hearing. Neither media nor public are present at the moment; however, I emphasise that if you need to give evidence in closed session you need to ask even if they are not present, otherwise your evidence will automatically be made public. Please note that until such time as the transcript of your public evidence is finalised, it should not be made public. I advise you that publication or disclosure of the uncorrected transcript of evidence may constitute a contempt of Parliament and may mean that the material published or disclosed is not subject to parliamentary privilege. Do you have any questions in relation to any of that?

**Dr Thornton:** No, not at this point.

**The CHAIRMAN:** The committee received a large number of submissions from psychologists who are very concerned about the loss of the specialist registration in moving across to the national scheme. The committee has also heard evidence that the proposal for endorsed areas of practice under the national scheme will actually provide the same benefit as the specialist registration does in this state. I would appreciate your views on whether you agree with that or whether you see a distinction between an endorsement and a specialist registration.

**Dr Thornton:** No. We actually looked at this really closely, because all along the WA board has been very keen on preserving specialist title. We are quite proud in WA of how it has been progressing. In fact, even the petitioners have said that it is the gold standard. However, when we came to look at it point by point we could not see that endorsement was causing any loss and, in

fact, it provided one additional protection—that is, third party protection, within our understanding. When we looked at that, we had a number of specialists, a legal representative and consumer representative on the board. We all looked at it fairly closely because we were really concerned about dropping standards. We actually saw that that provided the equivalent of specialist registration as we have in WA.

**The CHAIRMAN:** Do specialist psychologists in WA use the title “specialist” when referring to themselves?

**Dr Thornton:** Generally it is the actual title—clinical psychologist, counselling psychologist and so on.

**The CHAIRMAN:** Therefore, changing to endorsement will not impact in any way.

**Dr Thornton:** I am aware that on some of the petitions now they have started to add that in front. I had not seen it before, personally.

**The CHAIRMAN:** You mentioned that there is an additional protection under the national scheme endorsement process of third party protection. Would you elaborate on that?

**Dr Thornton:** I will briefly. Being aware that I am not a lawyer, I will refer to this. I was checking through it last night. In terms of an ethical breach for inappropriate use of the title, we can still do that in WA, but under professional misconduct. It is my understanding that it is covered under the act. If somebody else—for instance, another organisation—says, “This person is a specialist”, when they are not, our understanding is that for third parties there will be a fine—\$30 000 for individuals and \$60 000 for body corporates. It was an additional protection; not so much for the individuals using it but organisations, and they are known to do that.

**The CHAIRMAN:** Under the state act currently, if a person holds themselves out to be, for example, a clinical psychologist and they are not a registered specialist clinical psychologist, does the board take action against that individual?

**Dr Thornton:** Yes and it would be under the area of unprofessional conduct.

**The CHAIRMAN:** Obviously, you would only take action against them once it is brought to your attention.

**Dr Thornton:** Yes, that is right. And only if they were holding themselves out, not if somebody else had done that—for instance, a media report or something like that.

**The CHAIRMAN:** Is it your understanding that that is what the national board also will do —

**Dr Thornton:** Yes, that is correct.

**The CHAIRMAN:** — in the case of if they are not endorsed as a clinical psychologist—someone will take action if someone is holding themselves out?

**Dr Thornton:** Yes, and again under the notion of unprofessional conduct. We were a bit worried about that and that is what we were looking at quite carefully.

**The CHAIRMAN:** I am a bit surprised that we have received so many submissions from psychologists in relation to this issue of no longer being registered as “specialist” and that the board does not reflect the view of the people they representing at the moment.

**Dr Thornton:** In terms of the board’s view, we are essentially there to protect the public. We are not there to protect the professional, although it has secondary flow-on. We were very, very pro-specialty in the early stages when we thought it was going to be similar to WA. However, when we actually looked at it under national law, “specialty” titled is quite a different thing. When we started to deconstruct it, endorsement seemed to be the equivalent. It is not something that we did lightly, because many of us are specialists ourselves. We knew it would not be popular. There has been a lot

of misinformation and we have been trying to correct that by putting up our Qs and As on the website. People panicked and thought it was going to be a downgrading.

**The CHAIRMAN:** The national law actually provides for specialisation and specialists to be recognised under the legislation. Some are actually identified in the legislation and then there is a provision that enables the national board to identify additional specialised areas. Given that that is in the national scheme as well as endorsement, does the psychologist board have a view about whether psychologists should be recognised as a specialist area of practice?

**Dr Thornton:** We do have a view in the sense that that is something we would like to aim for. I understand that WA has three years to preserve its specialist title. We would like to eventually get that specialist title, but we understand that we are the only state that already has standards in place and we did not think it was appropriate to rush into it when other states have not. We wanted to go about it carefully to make sure we were getting what we thought we were getting. A lot of this has been rushed and lacking in detail to be honest. Given that endorsement matches what we have here, we thought that this is what we should go for. We are not losing anything; we are gaining something marginally, as I said, and then we can go for specialist title once we know what we are actually getting and bring the whole nation together really. That is our thinking.

[10.45 am]

**The CHAIRMAN:** Are there any people who would be disadvantaged under the proposed scheme—for example, psychologists who have currently got an application in to be registered as specialist psychologists under the WA act? If we make the transition to the national law and they have not yet been recognised under the WA system and registered as specialists, or for those graduates who are still completing their years of training—their practical experience—and have not yet been registered, how will this transition impact on them?

**Dr Thornton:** Our understanding is that those who are currently halfway between the system and the transitional arrangements will be covered for that. They have until July 2013 to complete those and then they will go on to the endorsed register. Presumably students who have not become registered will go under the national scheme and will have to complete all the requirements for endorsement. They will still be able to get endorsement once they have done the appropriate supervision. I cannot see that anyone will be disadvantaged from that aspect.

**The CHAIRMAN:** We understand that the national board has recognised only seven areas of endorsement, and not nine, as were submitted by Western Australia. Would you like to comment on that?

**Dr Thornton:** Yes. The national board put in nine and the ministerial council approved only seven of them. They are still going to keep resubmitting that. That was a real problem. Part of it was that they looked at WA and saw that we had the seven specialty titles but they did not ask us why we have that. Essentially, it is a historical artefact. It is because there were no university courses or, if there were, they had not applied the specialist titles. It is the WA board's position and, as far as I am aware, the national board's position that we want nine. That puts the public at risk if you have some that are just on the outer, particularly health. We do not understand why in this system health was excluded, but we would like to see all nine.

**The CHAIRMAN:** Has the national board already been established?

**Dr Thornton:** Yes.

**The CHAIRMAN:** For how long?

**Dr Thornton:** I could not tell you the exact date.

**The CHAIRMAN:** Do we have a representative on the national board?

**Dr Thornton:** Not from the WA board but we do have a WA representative, which is Professor Alfred Allan—I think that is his title. That was part of the problem too. We did not have someone

on the WA board who could feed information. I have expressed those concerns on behalf of the board. Having said that, he has liaised quite well and will be coming to our meetings from now on to make sure that everyone is clear.

**The CHAIRMAN:** What is your understanding in terms of the continued operation of the state board after 1 July 2010?

**Dr Thornton:** We have assumptions that until the bill is passed, we will operate as we normally would. This has been a state of ambiguity for all of us and we are trying to operate on a monthly basis. Our next board meeting is on Tuesday. That may or may not be our last one; we do not know. Once the national board is up and running, the proposal is to have a regional board for psychology, combined with WA and South Australia. The board has some views on that, too.

**The CHAIRMAN:** Would you like to express those views and put them on the public record?

**Dr Thornton:** Yes, I would be very happy to. At the moment, the proposal is to have three board representatives from Western Australia and three from South Australia.

**The CHAIRMAN:** Sorry for interrupting, but how do you understand that that is the proposal? Have you received something in writing to that effect?

**Dr Thornton:** That has come from the chair of the national board in communiqués. It is all in a certain state of flux, it would appear. That, I think, is the final number. He has approached board members to apply for these regional boards. The WA board has expressed a number of concerns about that. One is the sheer reduction in numbers. We will have two jurisdictions with six people, whereas we have eight at the moment, some of whom are psychologists, consumers and lawyers. That is a major concern. I honestly do not know how it will operate. They will appoint a professional officer, apparently. This is all in personal discussions. I think I should be getting something in writing soon. That will be some help. To be honest, even in terms of matters of conduct when we appear before the State Administrative Tribunal, in some of our submissions we raise concerns. It is a matter of being able to pick who is the right board person for that. Whether they are suggesting having panels that the regional board can appoint from and whether that will serve the same role, I do not know. I sincerely hope so because that is a concern.

**The CHAIRMAN:** Does the board have anything in writing from the national boards in terms of how the state or the regional boards will operate?

**Dr Thornton:** Only what I have said. They expect that there will be—this is very recently —

**The CHAIRMAN:** Do you have it in writing? What I am getting at is to ask whether you would mind providing a copy of that communiqué or letter or whatever it is.

**Dr Thornton:** I would have to check to see what else is in it, but yes. The last one basically said that there would be six meetings in WA and five in South Australia. That is what is proposed, plus some additional teleconferences.

**The CHAIRMAN:** I will note as question on notice number one that you provide us with any written communications that detail how the state or regional board will operate because there is an argument about whether it is a state board or a regional board. I will leave that aside because I do not think it is really directly relevant to us. I notice in this letter that has been provided to us this morning, that you have raised —

**Dr Thornton:** Which one is that?

**The CHAIRMAN:** It is dated 3 March 2010 from the Psychologists Registration Board of Western Australia to the committee. The issue about costs is raised. I note with some interest that the argument that has been raised favour of a regional board rather than a state board is the cost argument. However, the state psychologists' board has been able to manage quite nicely for years now without any financial issues raising their head. I would appreciate it if you would like to make some comment about that as well.

**Dr Thornton:** We have concerns because we have not seen a costing; we have just seen a statement, as it is in here. I cannot imagine how it can be cheaper to run a regional board, particularly if you are flying members around the state and establishing panels. It was just a concern. We keep saying that but we have not seen any costings for it. A lot of this work is done by volunteers. We all have full-time jobs. I assume it will continue in the same way. I do not understand and I cannot comment on how it will be cheaper. I would like to be convinced, as would the board.

**The CHAIRMAN:** Are you able to tell the committee what the 12-month operating costs for the state board is currently?

**Dr Thornton:** I could not tell you that but I can certainly find out. Our registrars would handle that.

**The CHAIRMAN:** We will take as question on notice number two to provide the committee with the 12-month operating costs of the board and any liabilities and assets that the board currently has.

Another comment that has been made in the board's submission to the committee is the issue of self-regulation versus government control. Do you want to make some comment on that on the public record?

**Dr Thornton:** Yes. This was a concern because we were not such how much interference was going to occur. I suppose that the one area that stands out is the seven versus nine specialties. Originally, I think the ministerial council was pushing for five. There was also the notion of if you do not apply for endorsement, you may not get anything. It is my understanding that that has happened with the physiotherapy board. Apart from that, the national board seems to have been able to set standards in a way that has maintained or increased standards. They have been using WA as the aspirational model, which we are quite pleased about. Many of our concerns have been allayed. That one is a classic example. There is always some nervousness around that from the board's perspective.

**Hon LINDA SAVAGE:** I have a few questions to help me further understand. As Adele said, we have had a lot of submissions from clinical psychologists. I understood you to say that, in effect, you now consider endorsement to be, at least in terms of the standard, no different from the specialist standard that you require here.

**Dr Thornton:** That is correct.

**Hon LINDA SAVAGE:** You said that you hope to go for specialist title. Is that just because being a specialist, although you do not use the term "special clinical psychologist" any more than an orthopaedic surgeon does not say "specialist orthopaedic surgeon, gives a higher status, and in that sense you are losing status by moving to "endorsement"?

**Dr Thornton:** It was not so much a loss of status, but it seems that the specialist has additional room for development to raise standards in general. That is our understanding but we have not pursued that enough in depth. We saw that as a way of moving forward.

**Hon LINDA SAVAGE:** When you said "go for specialist title", that would be the basis for that?

**Dr Thornton:** Yes.

**Hon LINDA SAVAGE:** I understand that to be a clinical psychologist, apart from the four years and then two years study, you have to then to do a further two years of supervised practice.

**Dr Thornton:** That is for all specialties.

**Hon LINDA SAVAGE:** I am using clinical psychologists because that is from whom we got the vast majority of submissions.

**Dr Thornton:** It is just that people do mix them up.

**Hon LINDA SAVAGE:** Is the two years of the supervised practice true for clinical and other specialties?

**Dr Thornton:** That is correct.

**Hon LINDA SAVAGE:** Does anyone in our current regime who has not done the supervised practice list their qualifications as masters in clinical psychologist, with the implication that they are a clinical psych but have not done the supervised practice?

**Dr Thornton:** I could not answer that with any accuracy. I would have to check.

**Hon LINDA SAVAGE:** I ask that only because of the wider context with regard to endorsement and how people hold themselves out. It is a qualification. Someone can have a masters of clinical psychology without being a specialist clinical psychologist.

[11.00 am]

**Dr Thornton:** Under the guidelines in the proposed standards for endorsement, you will need to have either a doctoral degree plus one year supervised practice, a masters degree plus two years, or an approved equivalent.

**Hon LINDA SAVAGE:** I suppose what I am saying is that you would not call yourself a clinical psychologist but you could say you have a masters of clinical psychology.

**Dr Thornton:** I am not sure, under the act, whether that would be okay or not; I would have to check. I think it is unlikely, because if there is any confusion the act will err on the side of not implying you are a specialist or you have an endorsement.

**Hon LINDA SAVAGE:** I notice that in the eastern states a lot of people list the qualifications they have by way of explaining what they offer, as opposed to using a particular title.

**Dr Thornton:** That is where endorsement will clarify things, I think.

**Hon LINDA SAVAGE:** I have a question on the actual costs. Is there an anticipated increase for your members to register?

**Dr Thornton:** It is anticipated, but I do not have any costings. I have no idea of what the fee will be, at this point.

**Hon LINDA SAVAGE:** You are not expecting it to get cheaper because it is a national efficient —

**Dr Thornton:** I would not think it will get cheaper.

**Hon LINDA SAVAGE:** One of the bases of the scheme is that it will be efficient.

**Dr Thornton:** Yes.

**Hon LINDA SAVAGE:** You have not been given any costings —

**Dr Thornton:** No.

**Hon LINDA SAVAGE:** — but you have not been led to believe it will go down.

**Dr Thornton:** We have not been led to believe that it will go radically up either. We do not have any idea at this point, but I certainly suspect that it will not go down. But that, again, is assumption.

**The CHAIRMAN:** I might ask one further question. I notice that some concern has been raised about doing away with the state Psychologists Act and bringing it into the national scheme, which is a health-based scheme; that a number of psychologist specialist areas that do not fit all that comfortably in the health area such as forensic psychologist, sports psychologist, organisational psychologist and educational psychologist; and that the board has some concerns that the multifaceted nature of psychology may not be fully understood in a national scheme designed to provide health practitioner regulation. I wonder whether you wanted to comment on that, and also make some suggestion to the committee about how that concern could be addressed.

**Dr Thornton:** I suppose the number one thing is that, initially when we were looking at this, we thought that psychology, which is a broad profession, was getting squeezed into a health area, particularly mental health. That is why I am saying that there are specialties other than clinical psychology. When this was being developed, clinical psychology was used as a generic term, as in dealing with clinical matters, rather than the actual title. It has caused all sorts of confusion. In fact, one of the reference texts that we think was being used in the beginning actually referred to clinical psychology with specialties. We think there was a fundamental misunderstanding at the beginning. Having said that, we wanted to make sure that people such as organisational psychologists were not suddenly left out of the loop, because we think that they need to be regulated as well. That has been one of the specialty titles that have gone for endorsement. We think if we can get those other two specialties back in under the cover of endorsement, that should protect most things; in fact, that probably allays most of our concerns. I would have to think about whether there is anything else. That was the major concern—that we were not suddenly going to lose specialties that we had and take them out of the regulatory field.

**Hon LINDA SAVAGE:** Community and health?

**Dr Thornton:** Yes. It seems rather odd to have health out.

**Hon LINDA SAVAGE:** They were the two that we have definitely heard about.

**Dr Thornton:** Yes. We consider it vital for everybody to be included.

I am sorry if some of my answers are vague, but we are operating at that level.

**The CHAIRMAN:** No, you have been very clear. Obviously, if matters have not yet been finalised, you cannot give answers with any certainty but you have certainly given us an indication.

**Hon LIZ BEHJAT:** You have clarified a lot of things for us.

**Dr Thornton:** The board has read a lot of the emails and things, and I have seen all of them as well.

**The CHAIRMAN:** Is “organisational psychologist” an area of endorsement that is being sought?

**Dr Thornton:** Yes, it is. They actually got it, and health did not, and community did not.

**The CHAIRMAN:** You have no concerns about the position of organisational psychologist fitting into a health scheme?

**Dr Thornton:** It is an odd fit, but our view is it is better included. As WA has had specialty title with those particular ones, we did not want one to be disadvantaged, so it is better that they are in rather than out. If you think about access to vulnerable people, to me it is more important that we ensure that if people are representing themselves with that endorsed title, they are under some kind of regulatory system—they would be as normal psychologists, but this provides an extra safeguard in our view.

**The CHAIRMAN:** Are there any additional comments that you would like to make to the committee?

**Dr Thornton:** No. I think I got to say my bit about the regional board and concerns, which is great. It has been a tumultuous time for the board particularly, because we are aware that the position paper that we made and submissions that we made were not particularly popular. The good thing, I guess, is that even the petitioners have said this is a really high gold standard and we quite proud of that. We are quite protective of that, and that is why we have come to that decision about endorsement.

**The CHAIRMAN:** That is all the questions from the committee. On behalf of the committee I thank you for very much for making your time available.

**Dr Thornton:** Thank you.



**The CHAIRMAN:** In relation to those two questions you have taken on notice, Susan will be in contact with you later today to detail exactly what those questions are so that there is no confusion on that, and if we could have the answers by Thursday, if that is at all possible. Again, I apologise for the short time notice, but we are working on a tight time frame ourselves.

**Dr Thornton** I should let you know that this afternoon we are meeting with the petitioner group because they have been trying to meet with us and we did not have board members. It might be tomorrow morning.

**The CHAIRMAN:** Terrific. Thank you very much.

**Hearing concluded at 11.06 am**