

A tale of two countries

Janina Szyndler moved to Australia to work as a clinical psychologist. We asked her to describe the similarities and differences between practice in the two countries

I trained as a clinical psychologist at the Centre for Applied Social and Psychological Development, Salomons, Canterbury Christ Church University. I completed a BPS Diploma in Clinical Psychology in 1990 and my post-qualification doctorate in 2002. The model adopted within Salomons conceptualises the clinical psychologist as a reflective scientist practitioner. Clinicians are encouraged to learn how to evaluate and use the best available knowledge and skills. The training focuses not only on working with individuals but also with wider systems. After qualifying I worked for 10 years in the NHS, primarily in southeast London. When I left the UK I was what was then

called a B grade and had been running a busy clinical psychology child development service from two sites with six psychologists.

Moving down under

I moved to Australia in 2001 at the age of 39. There were a number of reasons. I'd travelled backwards and forwards a few times and fallen in love with the big sky and more relaxed way of life. I had also been living with an Australian who felt that he had done in stint of cold winters, having lived in London for over 15 years. We settled in the inner west of Sydney which has familiar names like Lewisham and Dulwich to remind me of home.

Working in New South Wales (NSW) came as a huge shock. Although the language was the same the clinical psychology was not.

A small and young profession

There remain some fundamental differences between the psychology professions in the two countries.

Clinical psychology has much less status in the NSW health system than in the English one. This may be in part because it is still a relatively small and young profession. It has also done a far less effective job in selling itself to policy-makers and proving its effectiveness in helping people with a range of problems. The situation varies somewhat from state to state, with each state having their separate health and registration systems.

In NSW there is little scope for career progression within the health service, with very few senior posts. The majority of clinical psychologists work in direct client work. Most managerial or clinical lead positions within services are held by doctors, and the management structure seems to place less value on psychology. This may be because clinical psychology training in NSW still focuses on cognitive behaviour therapy as a model of practice, so many of the issues and techniques which I covered in my training are simply not on the agenda for students here.

The 1990s pressure for multi-skilling – enabling jobs to be filled by a number of different professionals who are viewed as interchangeable – may also have had an effect on psychologists' status.

There has been some move towards doctoral level training, but most courses are still two-year masters. They focus on training practitioners to provide focused psychological interventions for people with anxiety and depression.

There is also a more immediate transition from undergraduate to postgraduate training, so that many new clinical psychologists join the workforce in their mid-twenties with extremely limited experience. There is still an internship route to registration. You can practise as a psychologist in NSW having completed two years of supervised training and practice which is overseen by the Psychologists Registration Board.

The wider context

From my experience, morale for many clinical psychologists working in the health services in NSW is poor, and private practice appears to be the increasingly preferred option for many who enter the profession. Last year this was made much easier by the inclusion of what are known as Medicare rebates for

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psychologists, allowing individuals the choice to be seen through their local mental health or community services or, with a referral from their doctor, psychiatrist or paediatrician, by someone in private practice. Medicare allows for up to 12 appointments per year with quite generous levels of rebate, particularly for clinical psychologists. For many clients this means a choice of who they see and a continuity of care that they do not always receive in the health service. The system is expanding to include more services for children with autistic spectrum disorders.

The Medicare initiative has led to a significant reduction in public service waiting lists. Most clients who see someone privately receive an excellent service; however, I do have concerns that the system is poorly regulated and there is nothing to stop someone who is newly qualified setting up in sole practice without any supervision.

Working in private practice

Now seven years on, my working life is probably very different to what it would have been like if I had remained in England. I work in full-time private practice. I continue to specialise in child and family work, although I also see adults for individual therapy. I have tried to maintain my interest in autistic spectrum disorders. However, I find that the NSW health system can at times be very fragmented. This can be particularly evident when working with children who may be seeing various professionals in private practice or in non-government agencies who do not communicate over assessments or therapy.

I routinely do a range of more specialist assessments for the Family and Children's Court, as well as for Victims of Crime. NSW has a system in place which provides free counselling to people who have been victims of violent crime. People can also apply for compensation on the grounds of psychological injury as a result of assaults and domestic violence. I have now spent quite a lot of time giving evidence in court, which I find very stimulating. The challenges have been different and I still enjoy working as a clinical psychologist because I feel I am always learning something new. I enjoy the flexibility which working in private practice gives me but find that it can also be extremely demanding and time consuming.

It can also at times be professionally isolating, particularly when you do not have colleagues who you have 'grown up' with to discuss cases. I still miss working in the NHS, which has become somewhat

FEATURED JOB

Job Title: Organisational Development Consultant
Employer: Lane4

Tom Smith, Head of Organisational Development at Lane4, describes this as 'a role for someone who wants to be challenged on a daily basis'.

Lane4 is allocated to the fastest qualifier for a swimming race; the lane from which the company's co-founder Adrian Moorhouse MBE won a gold medal in the Seoul Olympics. Tom picks up the story. 'Adrian formed the company with sports psychologist Professor Graham Jones and Adrian Hutchinson. As that heritage suggests, our focus has been on using coaching and other team and individual sports as a metaphor for high performance. Sports provides really effective models and techniques which translate readily into the organisational world to encourage elite performance. Our staff includes sports psychologists and elite sportspeople as well as other development specialists.'

But the new job marks growth in a new service area for the company. 'The sports metaphor works very well with individuals, but not necessarily at an organisational level.

Our clients are now asking us questions like, 'How can we identify talent in the first place?'; 'How can we create an organisation in which talent is nurtured and thrives?' Talent is the key issue for business leaders at the moment and we're looking for a 360 degree approach to it – all the way from identification and maximising on an individual basis to creating an organisational environment within which talent excels. The successful candidate will be focused on this organisational segment.'

Tom is a member of the executive committee of the Society's Division of Occupational Psychology and is involved in discussions on the current masters programmes. He has a clear view of what organisation work demands from psychologists. Tom stresses that he's looking for a psychologist with corporate experience.

'If you employ recent graduates, especially those close to chartership, you assume they have a body of technical and applied knowledge. But you have to spend time giving them other skills – influencing for instance – and the ability to apply their knowledge to solutions which reflect real business needs, such as return on investment and measurable impact. The successful candidate must already have those skills and that mind set. In addition they must bring what I believe any psychologist contributes to a role: a stringency in what they do; the ability to focus on evidence-based practice.'

You could expect that in an organisation staffed by elite performers in their own fields, Lane4 would be highly pressured. 'As I said, it's challenging. But in a survey carried out by Managing Partners' Forum we came out top in a survey of the best UK professional firms to work for. We talk a lot about the balance between achievement and well-being and everyone, whatever their job, is committed to improving both.'

Tom has one further point. 'We're a company that employs professionals with different backgrounds including sports and occupational psychologists. It's fascinating to watch people comparing approaches and learning from each other. The successful candidate will need to pass across their knowledge and acumen and the particular stringent approach that occupational psychology encourages. But they'll also learn from others who focus on removing the mental barriers that prevent people performing as well as they are able. This dialogue is going to grow and, hopefully, turn up fruitful and innovative approaches.'

For more information on Lane4, see www.lane4performance.com.

You can find this job on p.430, and with many others on www.psychapp.co.uk. The site provides a valuable resource to Society members and employers alike.

"Talent is the key issue for business leaders at the moment and we're looking for a 360 degree approach to it"

romanticised in my mind over the years. However, I had the privilege to work with some inspiring colleagues from other professions as well with more senior psychologists who have been instrumental in shaping the professional I became.

I have met various other pommies who end up in Sydney and most tell me that they enjoy living and working here. It is certainly easier to get a good balance between home and work life. There are also nicer beaches, larger open spaces and plentiful affordable restaurants. I still get a buzz out of standing on the terrace of the Opera House on a nice balmy evening with glass of cold white wine looking out on the harbour.

Thinking of coming to Oz?

If you are thinking of coming to work here I would recommend that you get all your paperwork organised when you are in England – despite the view that it's all relaxed down under, NSW continues to be one of the largest bureaucracies in the world! To

work as a psychologist in Australia you are legally required to be registered. Registration is the province of the State and Territory Psychologists Registration Boards. Each Board determines the requirements for registration in that State or Territory.

There are not the range of jobs available, nor the one publication that covers all vacancies. However, the APS does publish a weekly online list and health service vacancies are also advertised on the web. Jobs are still also published in the papers. The salaries for health service psychologists are much lower than in the UK, but the cost of living is also lower.

I For more information on psychology in Australia see:
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www.health.nsw.gov.au
www.psychreg.health.nsw.gov.au



Life as a clinical neuropsychologist

Jamie Macniven considers who and what has inspired him in his hugely varied career

A lecture by Professor Sergio Della Sala at the University of Aberdeen, when I was 18, made my mind up to become a clinical neuropsychologist. His extraordinarily vivid descriptions of the impact of brain injury and illness inspired me to work in this field.

I still frequently feel the same excitement when listening to neuropsychology lectures (depending on the speaker!), undertaking my own research and especially working clinically to help people with neuropsychological difficulties. It has been a long and sometimes difficult journey from student to qualified practitioner; but anyone who feels the same buzz of excitement as an undergraduate should persevere.

Professor Della Sala was my tutor. He helped me work with patients as part of my research dissertation and

enabled me to develop as a student. In fact, this is a theme throughout my career to date. At every stage other peoples' dedication and talent have inspired me.

Gaining experience

After my undergraduate degree I volunteered for a number of jobs including clinical support work in a group home for people with learning disability and challenging behaviour, rehabilitation support work in the Behaviour Disorder Unit of the Royal Hospital for Neurodisability, and working as an assistant psychologist at the Birmingham Brain Injury Vocational Centre.

Much of the work was challenging and unpaid (or very poorly paid) but it enabled me to meet a number of hugely dedicated and compassionate people from many different healthcare professions, as well as patients I've always

remembered. These posts prepared me well for my career.

The training route

In the UK, the route towards clinical neuropsychology involves training as a clinical or educational psychologist first. In other countries it is possible to train as a clinical neuropsychologist immediately following an undergraduate degree. Some people argue that the UK should follow a similar route. When I finished my undergraduate degree I sympathised with this view as I struggled to gain the required experience for entry into clinical psychology training. When I finally got on a course, it helped me to understand people, psychology and mental health in a way I would not have done had I simply undertaken specialised training in clinical neuropsychology.

In my final year at the University of East Anglia, I was supervised by Professor Barbara Wilson OBE, another person who influenced me hugely. She helped me understand the principles

and techniques of neuropsychological rehabilitation. This area epitomises the value of theory-practice links. Clinical psychology and neuropsychological theories help formulate the experience of people following head injury or brain disease. This enables patients to understand their experience, and can reduce distress. Clinicians can work collaboratively with patients and multidisciplinary teams to help compensate for various cognitive impairments.

My passion for neuropsychology strengthened further in my final year of clinical training. When I qualified as a clinical psychologist I immediately sought a clinical neuropsychology post. At the time of my qualification (2002) the employment market for clinical psychologists was buoyant. Like a number of colleagues, I was offered a number of different posts in clinical neuropsychology. I chose to work in Nottingham.

In the years immediately

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- | Getting on the career ladder
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- | Your careers-related letters

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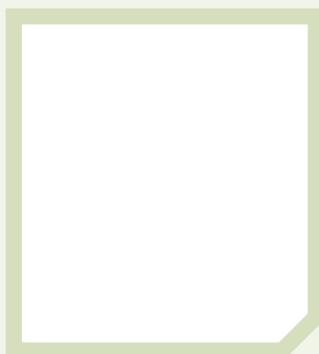
after my qualification, the Society's Division of Neuropsychology introduced a new route towards Practitioner Full Membership. This became a Society qualification (the PFMQ: Practitioner Full Membership Qualification), which involves:

- | an underpinning knowledge component through a PGDip/MSc in clinical neuropsychology (currently available at Nottingham and Glasgow Universities, and at the Institute of Psychiatry);
- | a clinical portfolio involving supervised practice and six case reports;
- | a research portfolio (met by completing the MSc at that time, although now exemption is granted if candidates have undertaken doctoral-level research previously).

I was a member of the first cohort to successfully complete the PFMQ. The research component is crucial in emphasising evidence-based practice and theory-practice links.

One of the key points I want to make is that colleagues create commitment. My

psychologist managers have almost always been hugely supportive. For instance, Dr Arleta Starza-Smith steered my current department through some recent NHS storms:



Agenda for Change, a local hospital merger and the need to save millions of pounds across our Trust.

Putting it into practice

I relish the variety my job provides. My post is split between my Nottingham University Hospitals work of neurosurgery (two days), neuropsychiatry (two days) and a secondment from the NHS Trust to the University of Nottingham as Acting Course Director of the

MSc in Clinical Neuropsychology (one day). I also have departmental responsibilities: managing the clinical neuropsychology service for stroke patients, and leading on clinical governance for research and development. I am also currently the Honorary Secretary of the BPS Division of Neuropsychology, a role that enables me to be involved in national decisions about the future of our profession.

My working day is hugely variable. For example, I spend time seeing outpatients for neuropsychological assessment; meeting with a multidisciplinary team to formulate and discuss the management of a patient with psychiatric and neurological symptoms; researching the impact of treatment for normal pressure hydrocephalus by assessing an inpatient; supervising a colleague in the stroke service; giving a lecture at the university; marking coursework; and writing reports. Occasionally I undertake extraordinary collaborations with neurologists or neurosurgeons; for example, assessing a patient under the 'awake craniotomy' protocol in order to determine the impact of neurosurgery on cognitive

functioning in real time – while the patient is awake and having a brain tumour removed.

Although the variety of my post is a strength, it also causes stress. I sometimes need to be in more than one place at once, but this adds to the excitement! As with all psychological jobs, there is a potential for stress to result in 'burnout'. It certainly helps to have the support of colleagues through peer supervision.

Deciding to become a neuropsychologist

Any students currently considering a career in clinical neuropsychology must accept that the route is long and challenging; but the journey is worth it. I recall another undergraduate lecture from our course clinical psychology lecturer, who recommended that we should not pursue clinical psychology training as we would never succeed given the competition for places. This was a shocking disappointment. Maybe he was trying to ensure that only the most dedicated would pursue the career, or perhaps he genuinely felt that we would be wasting our time. Every day I'm thankful that I didn't listen to him.