Council of Specialties in Professional Psychology (CoS) comments for

draft of IR C-9 P, Postdoctoral Residency Competencies

At the time each specialty submitted their postdoctoral competencies in 2017, it was with the understanding that CoA would “rework” the submitted competencies so that they could be readily used for accreditation decisions. The specialties in health service psychology provided the competencies that were judged to be necessary for residents to achieve by the completion of a postdoc. CoS, in collaboration with CoA prior to submission, provided guidance to the specialties as to the suggested number of competencies and the essential elements within each to assess attainment of the competencies. The submitted competencies are posted on the CoS website ([www.cospp.org](http://www.cospp.org) ) along with a narrative of the process for the development of each specialty’s competencies. The current draft of IR-C-9 competencies offered for public comment raises some concerns for us that are addressed below.

The draft competencies for review across several specialties show that CoA removed some required competencies that a specialty submitted. The specialty councils should be relied upon as the content experts for a specialty, yet because competencies were removed for some specialties and not others, the rationale for the exclusion of some competencies is unclear. The competencies ideally should reflect the distinctiveness of specialties. However, the IR seems to strive for sameness rather than distinctiveness.

Each of the specialties submitted to CoS-CoA specialty-specific elements for the Level 1 competencies (Integration of Science and Practice, Individual and Cultural Diversity, and Ethical and Legal). Level 1 competencies required of all postdoctoral programs is necessary but not sufficient. The postdoctoral competencies submitted to CoA from each specialty included specialty specific essential elements for Level 1 competencies consistent with the recognized specialty practice area At least a couple of specialties ,e.g. clinical health psychology and clinical neuropsychology, have addressed in their public comments the importance of retaining elements that are distinctive and deemed necessary for a particular specialty., The approach used in the submission to CoS-CoA of competencies was to include the specialty specific Level 1 competencies as Level 3 competencies. While that approach may seem to conflate Level 1 with Level 3, in reality it is a way to recognize the differences that exist across diverse specialties. It is concerning that the distinctive, specialty specific elements for the three ‘Level 1’ competencies were removed. We ask CoA to consider how to incorporate the Level 1 specialty specific elements in IR C-9 P.

We expected that the submitted competencies and the essential elements for each competency would be reworked by CoA to make them suitable for accreditation decision making. However, CoS did not anticipate that required competency areas from some specialty’s submissions would be substantially altered or removed. Should not a specialty as represented by a particular CoS-member specialty council be the content experts for that specialty? We think a more thorough explanation for why the changes have been made to the submitted competencies would assist the specialties in developing a dialogue with CoA ultimately to promote acceptance of the specialty postdoctoral competencies that are being reviewed for public comment.

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Co-Leads of 2017 CoS submission to CoA of Specialty Postdoctoral Competencies drafted by recognized specialties