

Mr Michael Costello - Clinical Psychologist  
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29<sup>th</sup> August 2011

Committee Secretary  
Senate Standing Committee on Community Affairs  
PO Box 6100  
Parliament House  
Canberra ACT 2600

To The Senate Standing Committee

RE: Commonwealth Funding and Administration of Mental Health Services

I am writing to protest the committee's inference that a 'general' psychologist is no different to 'clinical' psychologist, thus ending the two tier system of Medicare rebates.

A clinical psychologist has a minimum of Masters level education (six years university), an additional two years of supervised practice, plus stringent requirements for continued professional development in order to maintain Medicare recognition as a clinical psychologist. A general psychologist has four years of university training, two years supervision, and much less stringent conditions regarding continuing professional development.

The claim that both clinical and general psychologists offer the same skill sets is simply not true. If that were the case, why the requirement for a minimum of six university training, and more stringent requirements for continued professional development for clinical psychologists.

To put it bluntly, clinical psychologists have had expert training, whereas there is no guarantee that a general psychologist has received this.

If the two tier system were to be disbanded, what, if any, incentive would there be for a psychologist to attain Master's or PhD level? For a Master's degree – two years full-time study at a cost of approximately \$30,000 plus incidentals; the costs associated with reduced employment during the degree; plus the costs of post-graduate supervision. In all, a conservative estimate of approximately \$75,000.

You are asking psychologists to spend approximately \$75,000, up to five extra years at university and post graduate supervision, for basically nothing. No recognition of the extra skills and knowledge they have attained and no financial benefit. What other profession

would ask someone to spend two to three years full-time university study, two years post graduate supervision, and then expect that the recipient receive no more professional recognition than someone who has not done this?

Also, by lowering the Medicare rebate for clinical psychologists you are simply disadvantaging the same people you profess to be helping. In my practice in South-Western Sydney approximately 30% of my patients are bulk billed and the remainder charged at a rate well below the APS recommended rate. If the Medicare rebate was lowered a large percentage of the non-bulk billed patients would no longer be able to afford the gap and I would no longer be able to afford to bulk bill 30% of patients. Simply put, many financially disadvantaged people would go without the psychological care they need.

In summary, clinical psychologists do have extra skill sets when compared to general psychologist and deserve to be recognised for this. The lowering of the Medicare rebate for the services of highly skilled clinical psychologists will simply lead to less people being able afford gap payments and less people being bulk billed – essentially those that can least afford it being denied psychological services.

Sincerely

Michael Costello  
Clinical Psychologist