



2<sup>nd</sup> August, 2011

**Submission to the Community Affairs References Committee by the School of Psychology, The University of Sydney**

**Senate Inquiry: Commonwealth Funding and Administration of Mental Health Services**

The School of Psychology at the University of Sydney currently offers doctoral-level post-graduate training in clinical psychology through the Doctor of Clinical Psychology (DCP) degree. This degree has full accreditation from the Australian Psychology Accreditation Council (APAC), and is approved by the Psychology Board of Australia as providing a qualification leading to endorsement in clinical psychology. The School was the first established School of Psychology in Australia and is currently one of the largest and most prestigious. Furthermore, the School has been ranked at 11 in the world in the recently released QS World University Rankings, compiled by Quacquarelli Symonds, the careers and education research firm.

We thank the Senate for the opportunity to address the issues raised in this inquiry, specifically terms of reference (e) (i) the two-tiered Medicare rebate system for psychologists, and (ii) mental health workforce issues: workforce qualifications and the training of psychologists.

**(e) (i) Mental health workforce issues: The two-tiered Medicare rebate system for psychologists**

The School of Psychology supports the two-tiered Medicare rebate system which recognises the value of accredited post-graduate training in the speciality of clinical psychology. Qualified clinical psychologists are trained to an advanced level in the prevention, assessment, diagnosis, formulation, treatment, and evaluation of treatment outcomes for a wide range of mental health problems, at all levels of severity, across the lifespan. Clinical psychologists achieve these advanced skills through rigorous post-graduate training that incorporates coursework, clinical placements and research. The current standard set by the Psychology Board of Australia (PBA) for endorsement in clinical psychology comprises 4 years of undergraduate study, plus 2 to 3 years of postgraduate training, plus 1 to 2 years of supervised practice.

Universities that offer accredited post-graduate programmes in clinical psychology formally train and assess individual students on knowledge and skills as a continuous and ongoing process, across multiple domains and using multiple methods. Universities have their own quality assurance procedures for ensuring that the training of students meets rigorous standards. Universities in Australia are subject to review by the Australian Universities Quality Agency, which is the

principal national quality assurance agency in higher education with the responsibility of providing public assurance of the quality of Australia's universities and other institutions of higher education, and assisting in enhancing the academic quality of these institutions. Furthermore, the accreditation of post-graduate professional programmes in Australia is a robust process that meets international accreditation standards. APAC is a member of the Forum of Australian Health Professions Councils, as well as the International Network of Quality Assurance Agencies in Higher Education (INQAAHE). Therefore the post-graduate training of clinical psychologists is robust and produces graduates with advanced generic and specialist skills that allow them to provide high quality services to the public.

In contrast, those who take the alternate route (4 years of undergraduate university study plus 2 years of supervised practice), register without formal postgraduate qualifications, on the basis of an undergraduate program that focuses primarily on the study of academic psychology. Although the PBA has been attempting to tighten up the two years of supervision required under this route to registration, there is little opportunity for quality control. As a result, there is considerable variation in the educational experiences, supervision experiences and breadth of clinical work undertaken for those who qualify without formal academic qualifications in clinical psychology. The fact that the PBA supported endorsement for clinical psychologists as a speciality to which only those with postgraduate training are eligible, suggests that there is widespread agreement that the tertiary qualifications provide additional skills that would not be expected from those who qualify as psychologists through the four plus two route.

We therefore recommend that the two-tiered Medicare rebate system for psychologists is retained. We also strongly support the Australian Psychological Society's recommendation to phase out the '4+2' route to registration in which clinical training is provided through 'supervised practice' rather than through an accredited postgraduate training program. In addition to ensuring a high quality psychological workforce, limiting Medicare access to postgraduate trained psychologists will contribute to limiting MBS payments to a smaller number of better qualified practitioners.

**(e) (ii) Mental health workforce issues: workforce qualifications and the training of psychologists**

The University of Sydney has taken the decision to offer only doctoral level training in clinical psychology as we believe it is important that our graduates meet international standards for the profession. For example, doctoral level training is required for entry to the profession in the United Kingdom, the United States of America, and Canada. Our graduates have little difficulty in gaining employment in the health and community sectors both in Australia and overseas, and many currently occupy senior positions in the profession. While we remain

committed to offering this high standard of professional training, there are significant funding constraints both for the university, and for our students.

**(i) Costs for institutions**

Training in the professional practice of clinical psychology is best placed at the post-graduate level where students are more educationally and developmentally mature than the typical undergraduate student cohort - which is at least part of the rationale for the graduate entry medical programs that are now the norm in Australia. Many other health professions are also changing to a post-graduate professional training model, perhaps encouraged by Federal funding of post-graduate coursework masters. Psychology was therefore an early adopter of a training model that has subsequently been adopted in other health professions. As well as being consistent with a scientist-practitioner model appropriate for an evidence-based discipline, the model is cost-effective, because it delivers the high cost professional training required to produce effective practitioners to a selected cohort of students who are not only already trained in the knowledge base and generic academic, methodological and communication skills that underpin evidence-based practice, but have also been filtered to allow selection of those most suited for the profession.

The model is also cost-effective – and of broader value to the workforce – because the ‘triangular’ model in which basic psychological science is taught to large enrolment undergraduate courses to students from a wide range of degrees. This facilitates the broad dissemination of ‘psychological literacy’ to students across the broad spectrum of disciplines (e.g., biology, computer science, law, economics, marketing, sociology, linguistics) in which an understanding of psychological science complements their other studies and enhances career options.

The constraint on our current implementation of this model at the moment, and the principal reason that Psychology Departments have been reluctant to increase the number of students accepted for professional training in clinical psychology despite government incentives to increase such places, is the inadequate funding provided. Although Health Workforce Australia has provided funding to increase the health workforce through increased capacity for clinical placements, a significant constraint for clinical psychology occurs at the level of university training.

The training of clinical psychologists at post-graduate level is, by necessity, intensive and requires small class sizes to effectively development and assess clinical skills. However, not only does Psychology/Behavioural Science receive substantially less Commonwealth base funding per undergraduate student (\$8,808) than other science disciplines like physics and chemistry(\$15,398), the base funding rate for postgraduate clinical psychology (\$10,832) is also well below that for undergraduate science students in which the average student:staff ratios are substantially higher. The discrepancy is even marked



relative to professional disciplines such as dentistry, medicine and veterinary science which receive nearly double that for clinical psychology (\$19,542).

The only way that Psychology schools can sustain their current clinical training programs is by heavily subsidizing them from their (relatively meager) undergraduate funding. For example, costing data recently collated for all courses at the University of Sydney over 2010 revealed that our doctoral program in clinical psychology ran at a net loss of over \$170,000 which had to be subsidized from our other teaching activities.

If universities are to contribute to increasing the psychology workforce it is essential that the base funding for training in clinical psychology is increased to a level consistent with the real costs of providing such training. Alternatively, a model like that in operation in the United Kingdom since the 1990's could be considered in which the National Health Service (NHS) accredits selected Universities to provide professional training and directly funds the salaries and resources required to teach the programs. Under this scheme, graduates of psychology undergraduate degrees who are selected for postgraduate doctoral level clinical training are also salaried employees of the NHS throughout their enrolment in recognition of the contributions they make to the provision of psychological services not only at the completion of their training but also while they are working under supervision in NHS trusts.

We therefore recommend that Commonwealth base funding for professional training in clinical psychology be increased to a level commensurate with other clinical health professions that require intensive, individualised training and supervision such as dentistry, medicine and veterinary science.

### **(ii) Costs for students**

The Doctor of Clinical Psychology (DCP) at the University of Sydney has recently been deemed ineligible for student income support under *Student Assistance (Education Institutions and Courses) Determination 2009 (No. 2)*. This is despite the DCP meeting all of the eligibility criteria included in *Schedule 3 Approved tertiary courses at Masters Level*. The Doctor of Clinical Psychology is the only degree offered by the University of Sydney that is accredited by the Psychology Board of Australia as meeting the requirements for entry to the profession of clinical psychology. It therefore satisfies the criterion specified in the *Guidelines for the Approval of Masters Courses for Student Income Support* of providing "the fastest pathway to professional entry", that is the shortest study route, for a student at this institution to attain an entry-level qualification for professional practice as a psychologist.

The reason given for deeming the DCP as ineligible for income support in the last application round was because the guidelines preclude the approval of coursework doctorates. However, doctoral degrees such as the DCP contain coursework and clinical placement requirements that are identical to Masters of Psychology degrees which are eligible for income support, as well as additional

advanced training that produce graduates of high quality who meet international standards. Centrelink approval should be extended to coursework doctorates in clinical psychology, particularly where those doctorates provide the fastest pathway to professional entry within that institution.

In conclusion, The School of Psychology at the University of Sydney currently offers the Doctor of Clinical Psychology programme, which holds full accreditation by the Australian Psychology Accreditation Council (APAC). On the basis of our substantial experience in providing training in clinical psychology practice, we make the following recommendations:

1. that the two-tiered Medicare rebate system for psychologists is retained;
2. that the '4+2' route to registration in which clinical training is provided through 'supervised practice' rather than through an accredited postgraduate training program is phased out;
3. that Commonwealth base funding for professional training in clinical psychology be increased to a level commensurate with other clinical health professions that require intensive, individualised training and supervision such as dentistry, medicine and veterinary science; and
4. that Centrelink includes approval for coursework doctorates in clinical psychology, particularly where those doctorates provide the fastest pathway to professional entry within that institution.

Yours sincerely

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