

Re: The proposed removal of the two-tier system in Medicare rebates for psychological services

Dear Senators,

I am a clinical psychologist with thirty five years of clinical experience. I am deeply distressed about the proposed removal of the two tier system for Medicare rebates for psychological services. If this occurred then specialist training in clinical psychology may become redundant. There are psychologists who have trained for only four years at university, and some were even able to be accredited under the 'grandfather' clause after only three years at university. These people then have managed to find a supervisor to supervise them for two years, and then these people have become eligible for rebates as psychologists. There is absolutely no quality control under this system, and some of these so called psychologists, have had virtually no relevant training in the field of treatment and therapy, as this is not taught in undergraduate psychology courses. The basic training in undergraduate courses is purely theoretical. Clearly some of these psychologists have undergone further training, or have specialised in other areas of psychology, or may have had significant experience which might enhance their competence. However many people who call themselves psychologists are clearly inadequately trained if they have only had theoretical undergraduate training in psychology, and then found someone to supervise them for two years. For example, I had a client who worked at a medical practice as a psychologist. He did not do well enough to even get into an honours year at a local university so he was able to do his honours year on-line. He then found himself a supervisor who I assume he met with for one hour a week, for two years, and then he was able to set himself up in practice as a psychologist. I was horrified by his personality difficulties, as well as by how little he knew about anything, including cognitive behaviour therapy, which any psychologist working in a busy medical clinic should be familiar with. Contrasting this, admission into clinical psychology programs is extremely difficult and very competitive in the first instance. Then the subsequent training in these clinical post graduate courses is extremely rigorous and completely relevant to therapeutic practice. Such post graduate clinical training focuses upon assessment, diagnosis, treatment and therapy, and these post grad clinical courses have a variety of clinical placements under supervision as part of their requirements. If a student appears to have personality difficulties, they will not be allowed to complete their clinical training and they will not be allowed to become a clinical psychologist. A four year trained "generalist" psychologist has no such training, nor are they ever evaluated for competence as a clinician, nor for their suitability of personality, which is a relevant issue when you are working with the public and treating them when they are in such a vulnerable state.

I understand that Clinical Psychology is one of nine equal specialisations within Psychology. These areas of specialisation are internationally recognised, enshrined within Australian legislation, and are the basis for all industrial awards. They have been recognised since Western Australia commenced its Specialist Title Registration in 1965, and it is the West Australian model which formed the basis for the 2010 National Registration and Accreditation Scheme recognition of specialised Areas of Endorsement. All specialisations require a minimum of eight years training including a further ACPAC accredited postgraduate training in the specialisation leading to an advanced body of psychological competency in that field. No specialisation should be referred to in a manner that creates the appearance of the same level of skill and knowledge as the basic APAC accredited four year training of a generalist psychologist. As is the case with Clinical Psychology currently, each area of specialisation deserves a specialist rebate with its own item number relating to that which is the specialist domain of that area of psychology (e.g. for clinical neuropsychology - neuroanatomy, neuropsychological disorders/assessment/rehabilitation, etc; for health - clinical health psychology, and health promotion; forensic - forensic mental health, etc).

Specialist items for the other specialisations of psychology may mean that clinical psychologists might not qualify for any those second tier items pertaining to other specialisations; I deeply respect specialisations within psychology.

Implying that specialist trained clinical psychologists are the same as four year trained theoretical psychologists, would be the same as implying that a doctor who has been a registrar in a hospital for two years, is the same and has the same level of expertise as a doctor who has been trained as a specialist. It is not the same. The training is not the same, and to remove the two tier system in psychology will have the long term effect of discouraging psychologists from studying further. This will ultimately devalue the profession of psychology in Australia, and it will have a negative effect upon the overall standard of Australian psychological practice, as compared with the extremely high level of psychological practice and rigorous training in other equivalent first world countries. I cannot imagine that this outcome would be a desirable one.

Regarding the specialisation of clinical psychology, I wish to re-state that Clinical Psychology requires a minimum of eight years' training and is the only profession, apart from Psychiatry, whose entire accredited and integrated postgraduate training is specifically in the field of lifespan and advanced evidence-based and scientifically-informed psychopathology, assessment, diagnosis, case formulation, psychotherapy, psychopharmacology, clinical evaluation and research across the full range of severity and complexity. We are well represented in high proportion amongst the innovators of evidence-based therapies, NH&MRC Panels, other mental health research bodies and within mental health clinical leadership positions.

Additionally, regarding the proposed cuts to session numbers, it is abundantly clear that there is an obvious and significant gap in mental health service provision for those in the community presenting within the range of the moderate to most complex and severe presentations. Those presenting with only mild presentations are unlikely to be affected by the cuts to session numbers. The treatment of the moderate to severe range is the unique specialised training of the Clinical Psychologist and, to undertake a comprehensive treatment of these individuals, more than thirty sessions per annum are sometimes required. In this way, Clinical Psychologists should be treated as Psychiatrists are under Medicare as both independently diagnose and treat these client cohorts within the core business of their professional practices. However, this is unlikely to be granted presently given the government imperative to cut costs so I believe that the decision to cut session numbers for the specialist clinical psychologist Medicare items should be reversed immediately.

I have a busy private practice, and the handful of clients who need more than twelve sessions are always the ones with a more complex presentation, or are more distressed or they are the clients who are undergoing some major and severe crisis in their lives. If sessions are to be cut from eighteen to only ten, it will unfortunately be the more distressed members of our community who will suffer the consequences of this. As I always have people waiting to see me, I expect that the number of clients that I see every week will remain the same (therefore the overall cost to Medicare will be the same). The only difference will be that people who really need a few more sessions will be denied them and they will suffer the consequences of this by not being able to complete their treatment and overcome their negative symptoms. So I do hope that the cut in the number of Medicare funded sessions for psychologist treatment will be reconsidered.

If you have any further questions, please do not hesitate to contact me.

Sincerely,

Clinical Psychologist