

Senate Community Affairs Reference Committee inquiry into Commonwealth Funding and Administration of Mental Health Services

Re: The two-tiered Medicare rebate system for psychologists

I am making this submission as an individual clinical psychologist; I do not speak on behalf of any organisation, although I am a member of the College of Clinical Psychologists of the Australian Psychological Society.

I can also say that I am trying to avoid addressing this topic from a position of self-interest. I have worked as a clinical psychologist for almost forty years, 17 of those years in my own sole practice before Medicare rebates were available: I made a decent enough living then (and the caseload was much less complicated) and I believe I could do so again even if these rebates were no longer available; and I am at the end stage of my career, and have other streams of income that mean that a drop in the Medicare rebate to clinical psychologists would not have any significant impact on my financial position.

Nevertheless, I do have a bias, and that bias is training and education: not just university education, but standards of training and education for all workplace roles, trades, and professions. So while I am troubled by the distress the debate about the two-tiered Medicare system has caused some people, the central question that must be addressed is whether or not the attainment of relevant, accredited qualifications is the appropriate basis for setting benchmarks for workplace role and financial remuneration.

I certainly accept the argument that there are many without formal qualifications who can do the job as well as those who have them, but the problem is, how do we safely identify those people? There are self-taught home handymen who can competently carry out electrical work, there are book-keepers can perform complex accounting tasks, general medical practitioners who can safely perform obstetrical procedures, solicitors who are as knowledgeable as barristers, and so on, but the lack of a formal qualification in these areas in reality imposes limits on what they are allowed to do and what they are allowed to call themselves.

In the case of psychology, the undergraduate degree and the two-year internship leading to registration do not include any formal clinical training: there is no training in diagnosis of psychological and psychiatric disorders and management of these disorders (apart from an introduction to Cognitive Behaviour Therapy), no training in risk assessment, management of suicidality, writing of psycho-legal reports, and so on. It is possible for a psychologist to set up private practice soon after registration without receiving training in any of these areas. Clearly there are psychologists who over the course of time do undertake professional development to cover areas of practice that they identify they require further training in, and who function effectively in a clinical role. However the development of their knowledge and skills is entirely self-directed, and there are no set courses they are required to do and no standards they are required to meet, unlike an accredited postgraduate clinical psychology course which requires the psychologist to pass all subjects in order to be able to call themselves a clinical psychologist.

If a government committee decides that strictly accredited educational benchmarks are not relevant to professional practice and recommends instead that individuals can develop their own learning plan and their own standards of competency, this decision may well have ramifications that extend beyond the discipline of psychology.