Submission to the Community Affairs References Committee

I am a psychologist in private practice in Palm Beach, QLD.

B (ii): Rationalisation of Allied Health Treatment Sessions
The recent evaluation of Better Access Initiative conducted by Pirkis, et al (2011) found:

> *"Preliminary analysis of outcome and cost data for consumers seen by psychologists through Better Access suggests that the initiative is providing good value for money ... These achievements do not seem to be occurring at the expense of other parts of the mental health system. This major mental health reform seems to have improved access to and outcomes from primary mental health care for people with moderate to severe common mental disorders" (Pg.2)*

[Pirkis, J., Harris, M. Hall, W. & Ftanou, M. (2011). Evaluation of the Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule Initiative, Summative Evaluation, Final Report. Centre for Health Policy, Programs and Economics, University of Melbourne]

Reducing the amount of sessions allowable under the Better Access Initiative to 10 does not make sense. Good outcomes are being achieved. Reducing the amount of sessions will decrease good patient outcomes, resulting in an increased burden on the Medicare system and an additional burden on the already overburden public mental health system.

If anything, the maximum allowable sessions should be increased. There is a small percentage of patients that need more than 18 sessions per year. Increasing the amount of sessions would result in better outcomes for these patients and an overall decrease in the financial and social cost of their illness. As far as I am aware, there is no limit on how often a patient is able to see their GP (MBS Level B: $34.90 per session, less than 20 minutes), and there is a limit of 50 sessions per calendar year with a psychiatrist (MBS #302: $62.40 per session, 15-30 minutes).

Psychologist:	$81.60/50mins = $1.63 per minute (maximum 18 sessions)
GP:	$34.90/20mins = $1.75 per minute (unlimited visits)
Psychiatrist:	$62.40/30mins = $2.08 per minute (50 session limit)

As can be seen from the above, psychologists work cheaply in comparison!

Each profession has a unique contribution in collaborative care for patients experiencing poor mental health. Psychological treatment cannot be replaced with additional GP visits or more sessions with a psychiatrist.

E (i): Two-tiered Medicare rebate
I practice clinical psychology, though, as I have not completed a Masters/Doctorate, I am unable to call myself a 'Clinical' psychologist. I completed a four year Bachelor of Psychology with honours and then chose to complete a two year internship in clinical psychology, even though I was accepted into a Master of Psychology (Clinical) program at the time. In making my decision to do an internship rather than further study, I compared the course on offer at the University of New England and the requirements of completing an internship (as set by the NSW Psychologist Registration Board) and I sought advice from other psychologists who had completed each pathway. As I was planning to provide clinical psychological services throughout my career, I chose to do the internship because it offered a greater exposure to clinical practice.

Reading through the submissions made by Clinical Psychologists to this Inquiry has made me wonder whether they have any idea what a rigorous process it is to gain registration as a psychologist via an internship – it is not the easier option. Certainly the requirements of NSW Psychologist Registration Board were comprehensive and time consuming. I refer in particular to the submission by Dr Jennifer Pearce, as the below comment is similar to the submission of other Clinical Psychologists:

> *Clinical Psychology 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 psychopathology, assessment, diagnosis, case formulation, and therapy, across the full range of severity and complexity of mental health issues.*

I strongly oppose this statement. Firstly, Dr Pearce refers to the 'profession' of Clinical Psychology – clinical psychology is a sub-specialisation within the profession of psychology and is a descriptive term to describe what we do. The title of Clinical Psychologist refers to someone who has completed a Masters/Doctorate in clinical psychology but does not mean that someone without a Masters/Doctorate in clinical psychology does not practice clinical psychology. Secondly, Dr Pearce infers that only Clinical Psychologists and Psychiatrists have the training to practice clinical psychology. I find it interesting that she refers to training rather post-graduate study … certainly psychologists who completed an internship in clinical practice have the necessary training. If you compare the course content of a Masters in Psychology (Clinical) and the requirements to complete an internship, they are very similar but instead of having to conduct another research project (as done in honours year), I conducted a literature review instead, which I believe better informed my clinical practice.

The current Medicare rebate for a session with a psychologist is $81.60, the current rebate for a session with a Clinical Psychologist is $119.80, a difference of $38.20 per session. My question is - does the additional two years of academic study really entitle someone to an extra $45,840 p.a. (based on 25 clients per week, 48 weeks per year). Does the evidence suggest that Clinical Psychologists are getting better outcomes for their clients than other psychologists? No it does not. So how then to justify the extra fee?

I propose that Clinical Psychologists and other psychologists in clinical practice incur the same Medicare benefit, e.g. $97.70 per 50+ minute session (split the difference).

The current fee per session recommended by the APS is $218 per hour, for all APS members - there is not a recommended fee for Clinical Psychologists and then one for all the other psychologists. Similarly, providers of professional indemnity insurance do not differentiate between Clinical Psychologists and psychologists in their fees, nor does the Psychology Board of Australia in their renewal of registration fees. Workcover QLD and Workcover NSW do not pay Clinical Psychologists more than other psychologists providing clinical psychological treatment, nor is the payment for psychological services provided under the Access to Allied Health Services (ATAPS) different for Clinical Psychologist and other psychologists.

Thankyou.

Yours sincerely,

Tracey Maher
Psychologist
B.Bus; B.Psyc(Hons); Assoc. MAPS