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10 April 11

Inquiry into the administration of health practitioner registration by the Australian Health Practitioner Regulation Agency (AHPRA)

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The Committee

The submission specifically relates to the Psychology Board (PBA) of AHPRA and concerns the policy of practice endorsement in clinical, counselling and other areas of psychology in healthcare. The submission argues that the application of the policy (i) discourages the public from accessing psychologists with a variety of skills, and (ii) ignores the value of work experience in the acquisition of skills relevant to the provision of treatment. The development of the policy reflects a strong influence of academic thought which does not adequately reflect the reality confronting practitioners daily in their work.

The policy claims that only clinical psychology deals with mental illness. In fact counselling psychology as indeed other areas of psychology in the delivery of healthcare, eg counselling psychology, have similar levels of expertise. On this basis the application of the policy discourages broader access to treatment by members of the public by devaluing the skills of eg counselling psychologists. The policy is contrary to evidence in the recent Medicare review that clinical and non-clinical psychologists are similarly effective in treatment delivery. In my experience GP's generally refer clients on the basis of how well were earlier referred clients treated rather than whether the psychologists are clinical or not.

In illustrating the inequity of the policy to non-clinical psychologists and its disservice to the public I draw from my own experience. I have been in practice in NSW since 1996 and in Victoria in the mid 1970's. From mid 1970 to mid 1990 I was a public servant in the ACT working on policy and management tasks relevant to psychology. After work hours I was voluntarily counselling individuals mainly within the Greek community, given my bilingual skills.

In Sydney I set up a private practice which attracted initially counselling work but it soon included assessments. I have been a long-standing member of the Australian Psychological Society (APS). I joined the then Australian College of Clinical Psychologists in 1999 where I met other psychologists in private practice undertaking similar work to mine.

I wanted to further my skills in psychology by undertaking doctoral studies. I did complete a Master of Education at Monash some years ago by major thesis on reinforcement theory - a topic relevant to clinical and counselling psychology.

My logical choice now was for a doctorate (DPsych). Mainly clinical doctorates were available. I was dismayed when I realised the extent to which university requirements were inflexible and beyond my capacity to meet as an individual in the workforce with family responsibilities. I could not understand why a psychologist of long experience would be required to undertake many hours supervision as part of degree requirements. A further barrier was the shortage of places for DPsych and preference being given to high academic achievers.

Nonetheless I wanted to upgrade my qualifications. I found I could undertake an EdD from New England in clinical research where I would be supervised by the psychology department. I researched the treatment of depression using a web-based module which integrated with face-to-face treatment. I was conferred the EdD in April 08. My research, subsequently published, indicated potentially large savings in treatment costs. I have informed Medicare of my research.

I considered applying for endorsement in clinical psychology but I was deterred by the inflexible requirements that placed virtually insurmountable barriers to applicants that did not have a D or M Psych or closely similar training. I found this requirement to be at odds with reality. I have met many psychologists who do not have a D or MPsych and yet are capable clinicians. Many of these, as in my case, trained at a time when the D or M Psych did not exist. On the other hand my training and experience enabled me to gain endorsement in counselling through my membership of the APS counselling college.

The policy of endorsement especially in clinical psychology needs to have much more widely defined criteria which take due account of work experience. This can only strengthen a profession by enabling a diversity of views and skills to guide its future and expand its horizons. The present endorsement policy is driving clinical psychology into rigid conformity and in-breeding. It risks encouraging it to become an appendage to and the poor cousin of psychiatry.

On the other hand counselling psychology has been expanding and exploring new horizons for years. The expansion is making distinctions between clinical and counselling increasingly untenable. For example APS seminar notices almost invariably reveal endorsement for clinical and counselling psychologists.

An alternative approach to practice endorsement which would have a sound and logical basis for wide public acceptance is the possession of a doctoral degree in psychology or a related field. It would not matter whether the practitioner has a clinical or counselling orientation. This is valid evidence of an individual having achieved the higher status in the profession that endorsement signifies and it also mirrors the membership criteria of the American Psychological Association.

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