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To the Senate committee investigating two-tier Medicare rebates for psychology services:

The recent proposal to reduce rebates for clinical psychologists, creating instead a “one size fits all” approach is highly regrettable. It is akin to suggesting that a recently graduated medical doctor should receive the same pay as a qualified psychiatrist who is a Fellow of the Royal Australian and New Zealand College of Psychiatrists.

In brief, a general psychologist gains the right to offer psychological services through a pathway of four years of tertiary study plus two years of supervision. These two years of work experience may be narrow or varied; supervision standards vary. In contrast, to achieve Clinical Psychology status, a minimum of six (Masters), seven (Doctorate) or eight (PhD) years of study are required, accompanied by a further two years of supervised practice. I am currently studying a Doctorate in Clinical psychology, and I believe it is quite a mistake to say that when I graduate from this gruelling program, I will only deserve the same rebate as a general psychologist with a four year degree.

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.

In 1989, the Management Advisory Service to the NHS differentiated the health care professions according to skill levels. Skills in this sense referred to knowledge, attitudes and values, as well as discrete activities in performing tasks. The group defined three levels of skills as follows:

Level 1- "Basic" Psychology - activities such as establishing, maintaining and supporting relationships; use of simple techniques (relaxation, counselling, stress management).

Level 2 - undertaking circumscribed psychological activities (e.g. behavioural modification). These activities may be described by protocol.

Level 3 - Activities which require specialist psychological intervention, in circumstances where there are deep-rooted underlying influences, or which call for the discretionary capacity to draw on a multiple theoretical base, to devise an individually tailored strategy for a complex presenting problem. Flexibility to adapt and combine approaches is the key to competence at this level which comes from a broad, thorough and sophisticated understanding of the various

psychological theories.

The group suggested that almost all health care professionals use level 1 and 2 skills and some have well developed specialist training in level 2 activities. The group went on to argue that clinical psychologists are the only professionals who operated at all three levels and "it is the skills required for level 3 activities, entailing flexible and generic knowledge and application of psychology, which distinguishes clinical psychologists..."

This is consistent with other reviews which suggest that what is unique about clinical psychologists is his or her ability to use theories and concepts from the discipline of psychology in a creative way to solve problems in clinical settings.

Further, Clinical Psychology is recognised as one of several specialisations within psychology within the United States and Britain. If this has been recognised internationally it does not make sense that the Australian Senate would consider it differently when two similar nations have identified Clinical Psychology as separate from four year only degree psychologists. Considering the above I vehemently do not support the proposed changes to the professional and funding structure within psychology which has been proposed.

The treatment of moderate to severe mental health diagnoses is no trifling matter; Australians deserve First World treatment standards that include practitioners with high quality education and supervised training. As qualified practitioners, we should not be expected to provide professional services at sub-standard rates. With respect, the Senate committee proposing the abolition of a two- tier Medicare rebate system is making a serious mistake.