

Community Affairs, Committee (SEN)

This email is to inform you I am strongly opposed to the proposed Medicare funding cuts to Clinical Psychology Services. As a private practitioner, and a supervisor of a tertiary clinical training program, I am extremely disappointed with the lack of understanding of what clinical psychologists actually do. The changes proposed devalue not only the specialist services we provide but also the clinical training programs. My key concerns are:

- 1) To presuppose that a 4+2 has the same level of service is incorrect. The masters training includes ethics, more advanced psych testing, rehabilitation, diagnostic procedures and intervention skills. These are central for treatment planning, in particular with complex cases.
- 2) There is lack of community based resources available to clients already being seen privately in cases where a referral is needed. This has not been set up - i.e. if a client cannot fund the proposed gap in current services, and community mental health services are not well resourced, this leaves the client in limbo and increases the risk or relapse, or worse in some cases, self harm.
- 3) Clinical Psychologists have been given only a relatively short amount of time in which to respond - less than 4 weeks does not allow for proper researching and collation of facts and arguments to put forth in a unified way. To introduce such a potentially impactful change which would overhaul the profession, without comprehensive thought and opportunity for feedback, is very disappointing to say the least.

Please consider the impact of this proposal not only to individual professionals, but students, the profession in general, and most of all, the well being of the public, who are not always aware of the various levels of training and expertise in Psychology.

You would be doing a disservice to the public to not inform them of the differences in training between psychologists and clinical psychologist services.

Regards
Dr. Terry Simpson