
TO:
Senate Committee

12th April 2011

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

Submission RE: Funding for Psychologists

Dear Sir or Madam,

I am writing in protest against the current status of the psychology profession.

I am a Queensland registered psychologist who has met all requirements to practice , ie:

- State registration
- Undergraduate qualifications
- Postgraduate qualifications
- Internship
- Supervision, ongoing
- Indemnity insurance¹
- Extensive continuing professional education
- Extensive professional development
- Attendance at International Conferences

I write this to voice my position on Medicare and how the national registration scheme has the potential to impact seriously on the lives of the different kinds of people who attend my Private Practice on the Gold Coast.

Over the past 17 years I have developed my career and specialized in counseling. At no time did I feel the need to complete a masters program to achieve the counseling skills and expertise required to provide exceptional counselling expertise to individuals. There has been no requirement in this area to achieve registration in the past, thus it was not pursued by me. In view of this I have spent time completing my own studies outside university walls and I have I have spent the last 8 years growing my private practice. I have managed to employ 7 other psychologists to help me cope with

servicing individuals who are referred to my practice by medical practitioners for treatment to improve their psychological well-being and health.

I run, own and operate the [REDACTED] which is a predominantly **bulk billing practice**. [REDACTED] covers most generalist conditions with focus on family and children. [REDACTED] distinguishes itself via exceptional psychological and counseling service delivery by adding value to all clients, instilling confidence, inspiration and enthusiasm for our service. [REDACTED] provides outcome focused solutions and creates satisfied clients and patients.

[REDACTED] operates to high clinical standards and gets paid the **minimal money** to provide a much needed service to the mental health community, whilst providing psychological treatment at a clinical level including providing treatment for individuals who are turned away from hospitals because they are not suicidal. Clients report that they cannot be helped by the public system unless they are suicidal, and they don't know where else to turn.

My practice is open 6 days per week and we provide treatment to over 200 patients per week. **My practice is fully Bulk-Billed**. Most of our patients and clients are already disadvantaged on disability pensions and/or unemployed. These already disadvantaged clients are among the most needy and traumatized clients needing care. These clients care have been referred to [REDACTED] because of our success rate, track record and our ability to help people achieve the change they desire. My team and I have a combination of 30 to 40 years experience regarding clinical work so we are able to manage and treat chronic and complex psychological conditions. We also are able to provide the opportunity for family counseling to occur within the centre as each family member is represented by an individual psychologist and treatment can be then conducted with a family focus.

The current proposed changes in the psychology field are discriminating to psychologists who have been practicing for years and perfecting their craft, confusing to the outside professional community, and unhelpful to individuals and families who need to access psychological services.

These changes, and the possibility that my clients may be unable to access Medicare rebates in the future have the potential to impact seriously on the lives of many of the people who come to see me and my colleagues at [REDACTED] Queensland. Should these clients no longer be eligible to access bulk billing through Medicare [REDACTED] would not be in a position to treat them: Under the present two-tiered Medicare system, because we are treated as 'just Registered Psychologist', not a Clinical Psychologist, so we can only bulk-bill \$81.60 for clients, not the \$115+ that a Clinical Psychologist can. In the event that a patient **pay a gap, they are** also left disadvantaged because the rebate they are entitled to is less than they would receive if they were treated by a colleague who has been deemed a "clinical" psychologist. We are often quizzed about this by clients who cannot understand the difference between clinical and generalist.

Discussions with clients and colleagues ["clinical" or "non clinical"] fail to establish a difference based on outcome and practice; also supported by anecdotal and research evidence [refer Better Access Evaluation (March 2011)]. If our eligibility for Medicare

rebates is withdrawn these clients will also no longer be able to afford to attend for treatment; even those with private health insurance are effected because generally the private health insurance rebates are inadequate.

All psychologists employed at [REDACTED] are considered 'generalists' and now we are all included as **unendorsed according to AHPRA, leaving** serious implications not only for the psychologists, as their careers change so significantly without notice, and for our patients that do not have the ability to pay for services should they not be deemed eligible for Medicare rebates in the future.

These changes that have occurred since the **change to registration by the Australian Health Practitioner Regulation Agency (AHPRA)**. Prior to this the other change of great concern to my profession occurred with the **introduction of the two-tiered Medicare rebate for psychologists**.

The unfairness in the 'endorsed' ruling is:

- There was no prior warning about this and no time given to me prior to the introduction of the new rules that might have enabled me to return to University to upgrade
- There were no increase in places organised at Universities prior to the introduction of the new endorsement rules to enable psychologists to upgrade to a Clinical Masters Degree in time. At the present time, there are very few places available at any Australian Universities.
- There was no 'Grandfather' clause outlined in the 'endorsed' system that would allow me credit for years of study/practice/experience. Even if the Grandfather Clause contained extra University study, it would be helpful and would allow senior practitioners to use our multiple skills and experience to stay within the Medicare system.

To my knowledge, the above three issues are contrary to the practices of any other profession. In most professions, when new rules and regulations are proposed to upgrade their membership as a whole:

- Years of prior warning is clearly given to every member of the profession;
- Places are made available at Universities and this information is disseminated throughout the profession;
- Provision is made to upgrade those practitioners who have been in the profession for many years according to their present skills, knowledge and experience (Grandfather Clause)

Finally and most importantly, it is questionable whether this 'endorsement' would give the community a better service according to the latest Government funded research:

- The Centre for Health Policy, Programs and Economics report 'Evaluation of the Better Access to Psychiatrists, Psychologists and GPs through the Medicare Benefits Schedule Initiative', Component A: A Study of Consumers and their Outcomes: Final Report 22 December 2010.
- This report documents no difference between outcomes from receiving care from 'endorsed' Clinical Psychologists and those receiving care from 'un-endorsed' Registered Psychologists in fact, the figures suggest that 'un-endorsed' Registered Psychologists may get better results for their clients.

In summary, these impending AHPRA processes and changes would affect my most vulnerable clients in the future, and of course the employment of my staff, who are dedicated team of professionals. In particular in my case, the servicing of over 200 patients per week would cease and their treatment suspended, thus returning them to the current existing public mental health system with more compounded issues, which now may include abandonment and rejection, thus returning pressure to the public health.

I urge the senate committee to consider the following:

- Re-endorse all currently registered psychologists
- Introduce a fair and transparent "grandfather" system
- Cease the two-tiered Medicare rebate system immediately and consider a compromise of setting the rebate at \$95.00 for **all currently registered psychologists**
- Eliminate the requirement for GPs to review Mental Health Care Plans [MNCP] and make immediate savings;
- Consider review and evaluation of GP MHCPs and MHCP reviews
 - Examination of required reviews as patients in need of consistent therapy can not always access their GP's and obtain required paperwork in required timeframes
 - Ensuring the paperwork is correct and reviews completed and obtained by the client interferes with that individual's treatment and sometimes delays the healing progress
- Setup new processes that do not involve the Australian Psychological Society [APS] as the "gatekeeper". This is not appropriate as psychologists are represented by many other bodies not necessarily the APS. The APS should not be involved in CPE/PD gatekeeping.

As far as I am aware I am the only private, and the biggest, psychological practice on the Gold Coast who employs psychologists, specializes in just counselling, and

provides a predominantly bulk billing service for GP referred clientele. I am privileged to be at the forefront of developing systems and good treatment programs for individuals in need. I can speak with authority and advise the Senate that our patients and clients present with gratitude in having access to such a service. Further, I can say that the medical practitioners who refer to us refer with confidence.

The work of a psychologist is demanding whilst rewarding. I love my practice and respect the people I help. I am very passionate about the contributions made by [REDACTED] together with the work put in by my psychologist staff to help the community. I feel very much the pioneer in this area, formulating, developing and implementing new standards and systems applicable to large counselling practice, which features all the intricacies of providing a successful superior counseling services to the public, whilst maintaining a bulk billing focus. I implore you to reflect upon the people who have benefitted from psychological treatment for the first time in their lives, because finally they have access to a service which has never been made affordable or available to them.

It saddens me to think of the state of my profession, the one I spent over 6 years studying for, the psychology profession, which now has become divided with disregard for appropriate care, equality and treatment of its own.

I seriously urge the Senate to consider the seriousness of this confusing and unprofessional situation that is happening to the psychology profession, and take on the recommendations of this submission.

Yours faithfully

Angela Elia

**Principal Psychologist
Director**