

Dear Senate Committee,

I am a psychologist of 13 years who would like to address the erosion of professional standing of psychologists, who have completed four years of university study and two years of supervision (4+2). I undertook this pathway and believe that it is extremely important to recognize that this was a **legitimate** pathway into registration as a psychologist. In fourth year we were presented with two options, two more years of training at university or two more years of training in the field.

Those people that resonated with hands on training in both clinical and counseling settings were more likely to choose the supervision pathway. It was never presented as an inferior option, in was **an equal and legitimate pathway**.

I benefited immensely from my supervision training. My supervisor was a both a Clinical and Counseling Psychologist and my confidence, assessment and treatment skills flourished under his guidance. I have been a valuable contributor to Mental Health services over the past 13 years, in both community and private settings and lecturing and training. I am regularly sought out, I have trained clinical psychology Master's students and, as well as having a successful private practice, I often act as a secondary consult to other psychologists.

I am now, however, to be referred to as a generalist psychologist. Young students, who have completed their Clinical Masters, have a higher standing than me. This is despite my years of attending training, workshops, ongoing supervision and practice.

If the pathway as an endorsed and non endorsed psychologist is now set up to regard the 4+2 pathway as inferior (and thus a pathway to being a non-endorsed psychologist), it should have to recognize all the psychologists who took that pathway when it was considered an equal and legitimate choice.

I cannot understand why a grandfather clause does not allow for the recognition of all psychologists who took the legitimate 4+2 pathway, as endorsed. Had I been informed that this legitimate pathway was going to result in a 'change of mind' years down the track and effectively rate me (despite my years of work in the field) as an inferior psychologist, I would have simply enrolled in a Masters. As would have the majority of people in that situation. We didn't choose that path to avoid a Master's Degree, a Masters was simply one option. Neither was presented as any inferior or superior (it is important to also note that in order to obtain a supervision placement for 2 years you had to show a significant amount of aptitude to even be considered).

I would also like to address the current two-tiered Medicare rebate. I am well aware of the position put forward by **some** Clinical Psychologists that they are superior in their skill set. I am, however, also aware that they continually put forward reasons for their superiority that are **not evidence based**. I find this absurd in our evidence-based field. **The evidence, in fact, suggests that we perform the same.**

The fact that some clinical psychologists are becoming loud about their superiority (potentially worried that their rebates will be reduced to be in line with all other psychologists who –as the evidence suggests- treat equally as effectively), does not

make it so. I am sure I remember a children's book where a whole group of animals were stating, "the sky is falling". Just because a group put forward their belief loudly- it doesn't make it so. Evidence is required.

Surely it should simply be dealt with in that way. Show us the evidence that Clinical Psychologists have better treatment outcomes than 'generalist' psychologists. There isn't any and until this occurs it makes **no sense** to erode the Mental Health Budget by giving Clinical Psychologists a higher rebate than other psychologists. The Mental Health Budget was not designed to be used to fuel non-evidenced based elitism; it was designed to enhance the availability of Mental Health service provision in the community.