

Committee Secretary

Senate Standing Committees on Community Affairs
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Parliament House
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26th July 2011-07-26

I am writing to you today to express my concerns regarding the proposed re-structuring of the two-tiered Medicare Rebate system for clinical and generalist psychologists.

I was a mature age student and obtained both an undergraduate and master's degree in psychology and I obtained registration as a generalist psychologist in 1997. I worked in this capacity for many years in the public sector, working in many and varied agencies with a wide range of clients and issues, I then decided to work in the private sector.

In November 2006 it was announced that generalist psychologists could apply to have their qualifications reviewed to determine whether they would be eligible for membership to the Clinical College of psychologists, at this time I applied to have my qualifications reviewed and I was eventually notified that my qualifications were not considered to be adequate for membership of the Clinical College however I was offered a Bridging Program by the Australian Psychological Society (APS).

Over the next two years I completed this program and while this program took a lot of time and energy, thus reducing my workload and decreasing my earning capacity as well as taking time away from my family and friends. I made the decision to undertake this program in the belief that this would benefit my clients and improve my skills and knowledge base as a clinician. I strongly believe that with this extra knowledge that I am a better practitioner as a result of this additional study.

In my opinion, Clinical psychologists offer a higher level of service to their clients and the work I now achieve does differ from that I practiced as a generalist psychologist and that there is a real need to provide additional levels of psychological intervention over and above the focussed psychological strategies.

Again, in my opinion it is necessary to recognise psychologists who have undertaken additional training and this should be recognised in the terms of the Medicare Rebate and that this area of psychology needs to be recognised as a "specialist area" as it has been since the introduction of the Medicare Rebate.

There were many generalist psychologists who also submitted their qualifications to be up-graded, however many of them decided against the extra work load this would involve, as is their right, however for those of us who did this extra study it seems unfair to disadvantage us in this instance.

To me the main differences between generalist and clinical psychologists are:

Clinical 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. Clinical Psychologist 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.

The extent of responsibility which is taken by Clinical Psychology and the scope and breadth of extended work value is demonstrated by:

The responsibility for use of specialist psychodiagnostic procedures by Clinical psychologists;
The continual expansion of the basis of psychological knowledge;
The evidence provided for efficiency and effectiveness of discrete focussed psychological interventions and long term psychotherapy;
The key responsibilities of Clinical psychologists to the care of complex (multi-problem) mental health disorders;
The leadership demonstrated by the number of direct referrals to Clinical Psychology;
Leadership of Clinical psychologists in clinical trials of psychological interventions;
The responsibility of Clinical Psychologists for the development of psychological treatment and service initiatives.

While the decision on whether or not to undertake further studies in order to become qualified as a Clinical Psychologist is a personal one and that many generalist psychologists, for many reasons, decided not to undertake this extra study, this in my opinion, should not be used against those who did the extra work which involved a lot of time and financial pressure.

In my opinion, having worked as both a generalist and clinical psychologist, it is unfair to disadvantage those who have either gone the way of a conventional Clinical Psychologist path or those, like myself, who have undertaken the extra study involved and that the two-tier system is fair and that it recognises the additional skills and specialist knowledge that clinical psychologists have and use to good advantage with their clients.

Yours sincerely

NAME WITHHELD DUE TO CONFIDENTIALITY REASONS.