# Submission to Senate Community Affairs Reference Committee

## Commonwealth Funding and Administration of Mental Health Services.

### Re: The two-tiered Medicare rebate for psychologists.

1. I note the current recommendation of the Senate Community Affairs Reference Committee in relation to the two-tiered Medicare rebate for psychologists is as follows: *"The Senate Community Affairs Committee has concluded that there are no grounds for the two-tiered Medicare rebate system for psychologists and recommends the single lower rate for all psychologists including clinical psychologists....."*

I wish to submit to the committee that there are compelling grounds for maintaining the two-tiered system and that to abandon it will have profound workforce and service-provision consequences which the committee may not have anticipated.

2. I am the clinical director and employer of a large paediatric psychology clinic in western Sydney. I currently employ 13 psychologists, 6 specialist / clinical psychologists and 7 generalist / non-clinical psychologists. Our practice see children aged 0-17 and for a range of complex psychopathologies.

3. As an employer of clinical psychologists, the current two-tiered system allows me to recruit clinical psychologists and to offer them a salary package comparable to those established by state and federal awards for clinical psychologists (e.g., The Crown Employees Public Sector Salaried Award, The Health and Community Employees Psychologists' (State) Award –NSW). Both the state and federal awards clearly recognise a work value distinction[1] between the training and experience of clinical psychologist's compared to non-clinical psychologists.

4. State and Federal awards, the Psychology Board of Australia (PBA), and the Australian Psychological Society (APS) all recognise that a clinical psychologist must complete a minimum of 6 years full-time university training and a minimum of 1000 hours of supervised clinical internships in order to be eligible for the specialist qualification of *clinical psychologist.* This is in contrast to the 4 year investment in university training required for a registered psychologist. All state and federal bodies set higher pay scales in recognition of the work value distinction for clinical psychologists.

5. In order to employ clinical psychologists in private practice, an employer must be able to offer a pay structure which is comparable to the State and Federal Awards which are already well established in all government agencies (Human Services, Corrective Services, Health, etc.) . Currently, this is made possible because the two-tier Medicare system recognises the established work value distinction for clinical psychology and enables a higher rebate and therefore higher practice income to be generated by clinical psychologists compared to non-clinical peers. This is appropriate given the significantly greater investment they have to make in in post-graduate training and supervised clinical training.

6. If the two-tiered rebate system was dismantled to one lower tier for all psychologists, it would not be possible for me as an employer, to continue to compete with the State and Federal Awards in my

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[1] The Work Value Case for Clinical Psychology was established in Western Australia by the full Bench Hearing of the Industrial Relations Commission (2001).

private practice. In essence I would be unable to acknowledge the well established work value distinction for clinical psychology and would be unable to continue to employ my 6 clinical psychologists. The result would be a future in which I cannot recruit and keep staff with post-graduate clinical training and expertise (clinical psychologists) and my workforce would be reduced to much lesser trained and experienced base of clinicians. This not only compromises my ability to compete with State and Federal Awards as an employer, it also reduces the clinical quality and expertise of my staff base over time. I do not believe this is in the best interests of the public.

7. Finally, if the government were to cease to recognise the work value distinction for clinical psychologists, by removing the higher Medicare rebate, it would be introducing a policy which is counter to the larger health reform agendas in Australia. The recent creation of the Psychology Board of Australia (under AHPRA) has continued the work value distinction of clinical psychology with a specialist “clinical endorsement” only available to those practitioners with a 6 year clinical masters degree and 1000 hours of supervised experience. The wider health agenda has consistently talked about an increasing role for psychologists with post-graduate clinical training in terms of possible prescribing rights and advanced mental health roles (which are desperately needed in this sector). My great concern is that we may inadvertently undermine the wider health agenda which is in Australia’s best interest, by introducing a budget rationalisation measure (removing the clinical Medicare rebate tier) which will have unintended consequences for the wider mental health workforce balance we are all working so hard to achieve.

Submitted respectfully,

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