

Dear Senator,

**RE: 1. Professional Development of Psychologists, Endorsement and giving Clinically endorsed Psychologists preferential treatment:**

I am a Masters and PhD trained Psychologist successful in my practice, respected by my clients and with over 15 years experience – yet unable to meet the criteria for endorsement in either my Masters specialty area (Neuropsychology) or my current client practice area (Clinical Psychology). This is because of constant changing of the rules and elitism that has no evidence base. There are many different pathways to Psychology as a profession and many different stories about highly skilled and valued Psychologists unable to obtain endorsement for no good reason. Mine is just one of these stories. It's difficult not to lose faith in what is a good profession, and even more difficult to retain trust and faith in the Psychologists' Registration Board that instead of reflecting the interests of its members and staying aligned with evidence-based recommendations has been hijacked by the agendas of a few. All Psychologists support continuing professional development and are committed to protecting the public – but through fair processes that respect us as professionals with a natural drive to continue learning, not needing the extreme documentation and checking up. The complaints procedure provides ample public protection. Justifying endorsement and the two-tiered system by citing public protection is just hiding the agenda of a few who wish to obtain superior status to the rest of us. I can think of no other profession where increased study of newer members comes alongside bullying the rest of the profession out of the field.

**RE: 2. The two-tiered Medicare System**

I am yet to see any evidence that being endorsed as a "Clinical Psychologist" justifies the extra rebate and income that those of us equally qualified and skilled and doing the same work are ineligible for. It is interesting that only Clinical Psychologists have rated themselves as superior in their abilities – not clients or GP's.

**RE: 3. Cut backs to the Better Access to Mental Health Services scheme**

In my opinion, the proposed cuts could easily be replaced by changing the way Psychologist services are accessed. My observation is that all clients requesting a Mental Health Care Plan receive one (thus the long GP appointment that is very expensive doesn't serve to save any money by gating unnecessary referrals), and equally the review appointments after 6 sessions always support further treatment. If clients could access a Psychologist for 12 sessions by a standard referral letter (like any other specialist), the saving in unnecessary GP appointments would probably be equivalent to the proposed cut to sessions (ie to 6 or 10).

I am pleased that these issues are finally being investigated as I no longer have any faith in the Board that is supposed to regulate the profession fairly.

Yours faithfully,

Dr. Kerry Jones