

Submission to the Senate Community Affairs Standing Committee

Col Barling

Background

I am a generalist un-endorsed registered Psychologist No PSY0001120882 and have practiced in a private capacity since 1998. I have been an APS member since 1979 and am currently a member of the International Association of Workplace Bullying and Harassment (IAWBH). My experience up until the late 1990's was in the fields of human resource management, industrial relations, information technology and engineering. As a consequence much of my work has had an organisational psychology flavour. Since around 2007 I have been increasingly occupied with mediation, counselling and clinical psychology for a corporate private hospital group Australia wide.

Submission

I wish to add my voice to the body of opinion that argues that the false dichotomy of "endorsed"/"unendorsed" Psychologists be abandoned. This relates to the Terms of Reference (e) Mental Health Workforce Issues.

Argument

This classification dichotomy I find personally offensive and degrading, it has no logical merit based on the evidence and has resulted in the Australian taxpayer being over-charged for services by so call "endorsed" Clinical Psychologists.

While I do not have empirical evidence to support the studies that have shown there to be little difference in the outcomes from endorsed and generalist practitioners in the clinical field (which I would argue is probably translatable to other endorsed categories) my own experience would suggest that this is correct.

In my own case, at age 64, I am not likely to see benefit in returning to academic study to complete a Masters (even if I could get a place) for 3 reasons – one, the quality of the education & training is arguably poor; two, the cost and loss of time required makes it impractical; and three, the outcomes in respect of the services I already deliver would not improve. The last point I base on observing the dialogue between academic specialists in the field and attending conferences where these people discuss their statistical models – rarely the people involved are considered. Their anguish, anxiety, distress is ignored.

I completed a graduate diploma in 1996 and followed this with 2 years supervised practice (ie 4+2 arrangement) in the areas of clinical and organisational psychology. During this period I also completed a counselling diploma which was far more experiential than anything I had ever encountered or heard of in a university environment. It is this training and experience that I have built my therapeutic relationships around and which has made my workplace interventions so successful.

The disservice to the Australian community by inflating the cost to the taxpayer through unnecessary differential rebates to Clinical Psychologists as against generalist psychologists is not something that directly affects me as I work in a corporate capacity. This is not to suggest

that this will always be the case. I am often asked by employees for counselling which I must refuse on the basis of a conflict of interest.

Antecedents

Why has this situation developed? I have not been able to get an answer from the APS. My emailed queries go unanswered by Prof Littlefield and Prof Crowe and my telephone calls asking why I should continue to remain a member is answered in terms of my age – apparently my fees halve next year! Why I am treated as an inferior Psychologist goes unanswered – perhaps because there is no answer other than the current arrangement was set up to advantage tertiary institutions in respect of more funding for their psychology departments. The role of the academic lobby in having the false dichotomy established has been aided and abetted by the APS which has always had a preponderance of academics on its governing board.

My inferior un-endorsed status I accept could have been remedied had I joined one of the APS Colleges some years ago. I did not on principle because I valued the fact that I was able to adapt my psychology practice to any field. Besides I considered the Colleges to be not much better than the 36 Interest Groups promoted by the APS – Gay and Lesbian Psychology, Sufism & Psychology, Islamic Psychology, Psychologists for Peace, etc. Why I needed to be associated with bodies that in fact detract and fragment the science of psychology is a mute point.

Recommendation

That the dichotomy of endorsed/un-endorsed psychologists be abandoned along with the differential Medicare rebate until there is irrefutable evidence that a difference in service levels and outcomes exists. In the meantime all psychologists should be treated the same.

Thank you for the opportunity to record my views.