

April 13th 2011

SENATE COMMITTEE: REGISTRATION of PSYCHOLOGISTS – AHPRA

I write to you aggrieved by the current state of the psychology profession in Australia which I believe has been caused and exacerbated by the collusion of the PBA and the APS and maintained by AHPRA's lack of acknowledgment of the arbitrariness with which decisions are made with respect to:

1. Decisions regarding which psychologists should be endorsed/unendorsed
2. Differences in Medicare rebates between clinical psychologists and all other psychologists
3. The APS regulating the CPD requirements for psychologists

I am registered psychologist who trained in the 4+2 system. I work as a psychologist at the [REDACTED]. I also work in private practice where I treat children with emotional and behaviour problems. My concerns are related to:

1. The arbitrary nature of deciding which qualifications entitle someone to be endorsed versus unendorsed

How is it possible that a psychologist with numerous years experience is considered unendorsed where as a NEWLY registered psychologist without ANY experience is endorsed? This decision devalues all psychologists' who have been working succesfully and has led to a huge division between clinical and non-clinical psychologists. On what evidence was this decision based on? How can a professional body justify NOT recognising the prior learning/experience of its members?

2. The difference in rebates from Medicare based on NO evidence whatsoever of quality of psychological service provided and level of professionalism of the therapist.

What grounds has this decision been made on? Where is the evidence to suggest that clinical psychologists are 'better' than non-clinical psychologists? Who has the capacity to assess the differences between psychologists' qualifications? On what criteria could such a decision be made? How can there be several routes to becoming a registered psychologist that are held in different regard by Medicare or AHPRA? Who is a 'better' psychologist worthy of a greater rebate? Who can decide this? And on what grounds?

Psychologists who registered prior to July 2010 and were not aware that they would be held in 'lower' regard should be automatically endorsed and provided equal medicare rebates in line with their clinical psychologists colleagues. Decisions affecting our profession based on our qualifications cannot be made after the fact of our having qualified. We have qualified based on the belief that we are all 'equal' as we are all registered and have 'supposedly' met the requirements that entitle us to be recognised as equal.

3. The APS regulating the CPD requirements for psychologists

I have two major concerns with this issue. As I am not a member of the APS, I had not been made aware of the CPD requirements for psychologists through a formal process. CPD requirements should be administered and regulated by AHPRA who should be the body to inform psychologists of these new requirements. Had I not had colleagues who are APS members, I would **never** have found out about the CPD requirements because neither the PBA nor AHPRA informed any of its registered practitioners of these requirements. It is unacceptable that a voluntary membership organisation (representing only 60% of the

profession) be the body responsible for ensuring psychologists meet their CPD requirements.

It is further unacceptable that AHPRA/PBA did not send out any communication about the CPD requirements to those who are NOT members of the APS.

CPD needs to be the responsibility of AHPRA/PBA.

In addition I am concerned about the training considered 'Focused Psychological Services' which seems to primarily meet the needs of Clinical Psychologists who work with adults - this is the training approved by APS and is endorsed by the APS. Those of us who work with children who have experienced substantial trauma, need training that does not fit within the "Focused Psychological Services" mandate the APS is requiring. Examples include: play therapy, expressive arts, attachment based therapy, narrative therapy (for all clients - not just Indigenous clients), family therapy. This needs to be looked at by the PBA but not in collusion with the APS. There are lots of other associations that represent psychologists. Why are these organisations not represented in any of the correspondence to psychologists regarding CPD?

4. The profession is now divided and there is considerable ill will between psychologists

This is an inevitable fallout when registered professionals within the same profession are regarded unequally with different status based on arbitrary reasons. Non-clinical psychologists are providing equivalent work akin with their clinical psychologist peers for less money. Good psychologists are not just those who have a Clinical Masters or Doctorate degree. I don't know how a professional body can decide on how to rank its members. I don't know if it is possible to do that at all. What I do know is that clients know who are good psychologists, evidenced by their attendance to therapy, their feedback and the relationship they have with their therapist.

How does a professional body measure this? And is it really possible for quality in the provision of therapy to be measured so as to justify differences in Medicare rebates or the decisions to consider a psychologist endorsed or unendorsed?

I am hopeful these issues can be addressed through the senate inquiry. I love my profession and it is my life's work. Sadly, due to the aforementioned issues, we are a profession divided and I do not feel I am represented or supported by the PBA, AHPRA and certainly not the APS (which I have consciously chosen not to join due to a pervasive sense of being considered a secondary-rate psychologist because I do not have a clinical Masters).

Sincerely