

Thank you for the opportunity to make a brief submission to your committee.

*Submission in favour of two-tiered Medicare rebates.*

I am currently a full-time clinical researcher at Queensland University of Technology, but am a registered Medicare provider and a clinical psychologist, who began clinical practice in 1974. I have extensive experience teaching clinical psychology since 1983, have been the Head of the Psychology Department at the University of Sydney, and am a Fellow and past member of the national Council of the Australian Psychological Society (responsible for continuing education). I am a member of the APS Medicare Appeals Committee reviewing decisions on the recognition of practitioners' specialist qualifications, and was a member of the APS National Psychology Education & Training Reference Group in 2008-9, which reviewed psychology training models, and I have in the past reviewed postgraduate clinical training programs in universities. I have also assisted the Queensland Psychologists Registration Board in providing advice on cases of ethical misconduct, and served on the Queensland Practitioners Review Board (which reviewed serious cases of alleged misconduct) in 2005-8. I am a member of the consortium which provided supervision training for all prospective supervisors of practitioners seeking psychology registration in Queensland, and which continues to offer accredited supervisor training for national registration.

As the Committee will be aware, undergraduate psychology programs vary in the level of applied training that they offer, and unlike some other health professions, they do not routinely provide basic training in psychological practice. The pathway to psychology registration offered by the combination of four years of psychology plus two years of supervised practice relies extensively on the breadth of skills and the quality of training offered by an individual supervisor or supervision team. This is a very demanding role, and a significant responsibility to fall on the shoulders of an individual. The supervisor has a responsibility to seek supervision for their training role, and they sign off on the competencies of their trainees, but there is currently no national examination system to ensure that standards are being met, although I believe that such a scheme is under consideration.

Postgraduate training is highly regulated and is regularly reviewed in site visits that ensure adherence to quality standards. It is delivered by a group of people with expertise across a range of sub-specialties, and ensures that experience has been gained in a range of clinical settings. As a result, we can have confidence in the quality of graduate training across the system.

I submit that it is appropriate to retain a distinction between the level of specialist service offered by someone with that training, versus the services that may be supported by a person who has undertaken the more apprenticeship-style model. That is not to denigrate the expertise of the 4+2 graduates or their supervisors: it is a reflection of the depth and breadth of training that can routinely be provided, and the level of quality controls that are in place.

*Online services*

As other submissions attest, Medicare support for psychological services has greatly increased accessibility to these services for Australians.

However, regional inequities of access exist. My current research focus is on internet-based and smart phone interventions for addictive and other mental disorders, and I am currently chair of the

relevant APS interest group on this issue. I am also a member of an advisory group of the Department of Health and Ageing on online interventions, and have been a member of an expert advisory group on a trial of telephone intervention for the Better Access program.

We now have several internet-based programs in Australia that offer low-cost, high-fidelity treatments on a large scale: treatments that are showing outcomes equivalent to those from face-to-face treatments in people with mild to moderate severity problems. Detailed evidence in support of this statement can be provided on request. Our own website has been visited by over 13,000 individuals since it began at the end of 2009: others in this field have serviced much higher numbers. However, this mode of intervention currently relies on short-term contracts from the Commonwealth or State governments or on research grants. Internet-based intervention is not currently part of the ongoing service model for government-funded mental health care in this country. I urge that consideration be given to ways in which that might occur, so that Australians can have confidence that they will continue to receive these services into the future.

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