

My submission is brief but hopefully to the point.

The two tiered system is causing major divisions within the psychology profession - it is becoming an "us" versus "them" issue and is not helpful to the profession as a whole. I can understand one group wanting to defend their income as they have it now - who wouldn't. I can also understand another group seeing themselves doing the same work and getting paid less, becoming upset at this.

On this last point, when in my private practice, there were other psychologists in the surgery and external and the way that referrals were assigned by GP's was on matter of availability of the psychologist, not on whether they were clinically registered or generalists. From my discussions and observations, on the ground that is just the way it works. In fact, I would say much of my work is clinical in nature, and I often was referred on to by clinical psychologists for those clients they were getting no where with or when they recognised it was not their area of expertise. Of course, there were instances where I would do the same, recognising their areas of expertise in a particular area that may be more beneficial to a client.

Finally, many have cited the use of CBT in their practice, however, CBT is not the "be all and end all" of psychology or treatment. It is one useful tool in treatment however, CBT is often contraindicated for traumatised and abused children - yet I know this form of treatment persists, which highlights best practice is not always followed - regardless of status.

As a "generalist" psychologists I too have treated numerous clients with wide and varying conditions. I have saved lives, I have changed peoples lives, I have treated severe PTSD and treated the most vulnerable of all, abused and traumatised children; including the systems surrounding the child - which I do not get paid for however do anyway as I know that this is where the real treatment lies. This goes to another matter, the form of funding based on seeing the Identified Patient (client) whereas often it is work with parents or spouses or significant others that is required. The current funding is too medical model based, which has been shown over and over again, to be insufficient for many of the clients we work with, however is reflected in the funding of clinical psychologists at a higher rate.

Anyway, that is my two cents worth. In short, the difference in work between a clinical psychologist and a generalist psychologist is artificial, divisive, and inaccurately reflects on the service that is provided - suggesting one psychologist is better than another. In fact, on reflection, if I was to say this to a client or advertise this, I would be in breach of the Code of Ethics and such a distinction is totally incongruent with the ethics of psychology in this country.

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