Dear Sir,
Please accept my submission regarding the above.

I have been a registered Psychologist since 1992 and hold a Bachelor of Applied Science (Applied Psychology), Bachelor of Applied Science (Psychology) Honours and a Masters of Behavioural Studies in Health. My employment has been (from the beginning) in clinical areas of practice - intellectual disability; tertiary psychiatric services (within a Psychiatric Hospital), acute mental health (General Hospital), community mental health, and private practise (firstly part-time and then full time). All through this time there has been extensive training through professional development, Supervision, self-directed learning. It has been suggested to me by the Australian Psychological Society that I am required to do further postgraduate education on the meagre income I now produce. My services have been downgraded although I still perform the same clinical duties. There are a number of Psychologists in a similar position. I propose that a Grandfather clause could be instigated so that the skills and experience of Psychologists (without 100% formal clinical postgraduate qualifications prior to the change in legislation) are recognised rather than degraded.

Scott Miller (well known Psychologist in the US) has done many studies on the efficacy of psychotherapy and what constitutes an efficacious practitioner. It seems that it's not the Psychologist with the research PhD that have the best outcomes. When I was at University during the late 80's, students were told that unless one intended to work in academia, then do not pursue the PhD, however, it is those now who did pursue the PhD, who are now stating, that they should be given priveleged status within our profession. This flies in the face of our ethics, where no one practitioner should set themselves above others. Our ethical standards appear to just be ink on paper and does not appear to carry any weight in this public debate.

With regard to GP's being the referral agents for allied health treatment sessions, let me remind you that GP's are General Practioners of medicine. Usually they will refer to others in their field whom specialise (for example, gynaecologists, endocrinologists) acknowledging that it is not their area, however, we now have the case where GP's are conducting assessments and diagnostics (supposedly) and receive a large amount of remuneration for this too. Sometimes it is a one paragraph letter accompanied by a template that has minimal scribble on it, without any obvious assessment.

I believe that those who require the most funding for mental health are not receiving it. I can not bulk bill and remain in business. (In fact, the Australian Psychological Society recently suggested an increase in the professional body's recommended fee - the bulk billing fee is one third of this. The APS suggested that in order to cover infrastructure and wage, the fee they recommended is required.) Therefore, this means that a gap is charged. People in disadvantaged socio economic circumstances and/or on disability pensions can not pay a gap.

I suggest that those Psychologists in rural or indigenous areas may also find it difficult to charge a gap due to the above reasons, so are financially challenged as well. It does not provide incentive for Psychologists to go to rural areas which require a range of skills that they will develop in a professionally isolated situation. Psychologists have been trained at university to be able to research and seek out the information that they require so as not to cause harm. Look at the amount of

complaints agains psychologists per year (a very low number compared to our medical colleagues).

Thank you,

kind regards.