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Psychologist in Clinical Private Practice

Senate Finance and Public Administration Committees  
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Parliament House  
Canberra ACT 2600  
Australia

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Dear Senators

RE: Inquiry into the administration of health practitioner registration by the Australian Health Practitioner Regulation Agency (AHPRA)

I am a psychologist in clinical private practice. My private practice has been my sole income for the past ten years. I fear that because of the changes being made in relation to National Registration, I will be forced out of business around 2013.

This is a serious concern for me and my family. At present I am able to make mortgage payments, but once my private practice is gone my income will be gone, I will not be in a position to change careers at my age (58). We will be forced to sell our house and down-grade significantly. As it is, our lifestyle is modest now.

The problem is that I have a "generalist" registration with the Psychologist Board of Australia (PBA). By 2013 psychologists in my position are expected to apply for a specific registration. In my case this would be "clinical". There is no way that I will be acceptable for registration as a "clinical" psychologist going by the current criteria that is set by the Australian Psychological Society (APS). Therefore I will be unendorsed in 2013 for clinical work. If this then means that I will lose my Medicare provider number, WorkCover provider number, and any other provider positions, I will be out of business. Private practice is a business and like any other business there is competition. If I am unable to gain endorsement as "clinical" I will be out of the contest.

Interesting, at one stage I was acceptable as a clinical psychologist. Then came November 2006 and I am no longer clinical with the introduction of the Medicare two tiered system of payments. The same will occur in 2013. One day I'll be in a viable private clinical practice then the next day I will be unendorsed and out of business.

My fears about my future were awoken August 2006 when I attended a NSW regional Psych Board Meeting chaired by [REDACTED]. This was just prior to the new two tiered Medicare system being introduced in November 2006. At the meeting I introduced the topic of "clinical" endorsement in view of the pending two tiered Medicare system of payments. Obviously the main issue is the anticompetitive practices of giving one group of psychologists a competitive advantage in the market place over another. Remember, prior to 2006 psychologists like myself entered private clinical practice on good faith; with acceptable qualifications.

At that meeting in August 2006 [REDACTED] outlined further developments for the profession. He mentioned the coming of National Registration and the likely changes. There is one thing that he said at that meeting that has stuck with me over the years. He said, "Blood will spill over these issues." He was looking at me when he said it. I suppose what he meant is that I don't matter, and nor do my colleagues matter, but what does matter is the APS agenda.

Of course there are two issues here. One is the interests of the psychologist in private practice and the other is the interests of the public who seek our help. These are not separate concerns. For example, under the current two-tiered Medicare system, my clients receive a Medicare Rebate of \$81.60 whereas a client of an APS endorsed "clinical" receives a rebate of over \$110.00. No one has

demonstrated the superior quality of an APS "clinical"; and on the point of evidence, I am aware of evidence that irrefutably shows that APS "clinicals" are less than superior and no more than equal to the "registered" psychologist in clinical private practice. In my postgraduate research I extensively reviewed the literature on psychotherapy research for the past 60 years; and I can state that there is no support for any group or modality as superior in the delivery of psychotherapy (counselling, focused psychological strategies, CBT, call it what you will).

The one thing that would fix my concerns would be proper Grandfathering provisions. In other words, I will be assured of a "clinical" endorsement based on my continuing viable clinical practice.

I am not against professional postgraduate qualifications for psychologists. But surely the introduction of new requirements should not put the existing and experienced practitioners out of business. If the government actually has concerns about upgrading qualifications for psychologists in my position, then there would be a need for adequate funding and practical support to make it doable. Currently, for me to satisfy the APS requirements I would need to give up my income and quit my practice for two years and then pay up to \$60k in course fees. To do this I would have to sell my house and disappoint my wife and five year old son for the poverty we would be forced into. As it is I am now looking forward to the same poverty in any case because my "blood will spill" if the government accepts the APS agenda.

The senators may have noticed that there is a strong body of opposition against the APS agenda. There is the strong opposition to the two-tiered Medicare system because it supports anti-competitive practices; and there is fear around the endorsed areas of practice because it seems that it will put many psychologists out of business. These two points are supported by the APS agenda, which appears to support the interests of academics and public servants. I urge the senators to listen to the submissions of the Australian Association of Psychologists (AAP) and Psychology Private Australia (PPA). These are organisations that actually represent the interests of psychologists in private practice who actually deliver the Medicare services to the public.

Sincerely yours

*Brendan Lloyd*

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