## **Senate Committee Submission**

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

## **Submission re Psychologists**

I am a registered psychologist having met all the requirements:

- State registration
- Undergraduate qualifications B.Psych(Hons)
- Postgraduate qualifications Masters of Counselling Psychology and Graduate Diplomas
- Internship
- . Supervision, ongoing
- Indemnity insurance
- Extensive continuing professional education
- . Extensive professional development
- . Attendance at International Conferences

I practice my profession at a high ethical standard.

I am now <u>unendorsed</u> according to AHPRA with serious implications on my ability to practice my profession. I am also aware that I or my clients may be deemed ineligible for Medicare rebates in the future.

These changes that have occurred since the **change to registration by the Australian Health Practitioner Regulation Agency (AHPRA).** Prior to this the other change of great concern to my profession occurred with the **introduction of the two-tiered Medicare rebate for psychologists**.

These changes and the possibility that my clients may be unable to access Medicare rebates in the future have the potential to impact seriously on the lives of many of the people who come to see me in my private practice on the Gold Coast because if my clients are eventually no longer eligible to access bulk billing through Medicare I will be unable to treat them. I currently **bulk bill** all my clients, who are all generally vulnerable and of lower socio-economic status.

Because of my now "unendorsed" status, I am seen as being inferior to a Clinical, "endorsed" psychologist, although my training has been equivalent in length and rigour (I just do not hold membership of the Clinical College, as my Masters was not in that specialization). My discussions with clients and colleagues ["clinical" or "non clinical"] fail to establish a difference based on outcome and practice; also supported by anecdotal and research evidence [refer Better Access Evaluation (March 2011)]. If my eligibility for Medicare rebates is withdrawn these clients will also no longer be able to afford to come to me for treatment.

The unfairness in the 'endorsed' ruling is:

- There was no prior warning about this and no time given to me prior to the introduction of the new rules that might have enabled me to return to University to upgrade
- There were no increase in places organised at Universities prior to the introduction of the new endorsement rules to enable psychologists to upgrade to a Clinical Masters Degree in

time. At the present time, there are very few places available at any Australian Universities.

• There was no 'Grandfather' clause outlined in the 'endorsed' system that would allow me credit for years of study/practice/experience. Even if the Grandfather Clause contained extra University study, it would be helpful and would allow senior practitioners to use our multiple skills and experience to stay within the Medicare system.

To my knowledge, the above three issues are contrary to the practices of any other profession. In most professions, when new rules and regulations are proposed to upgrade their membership as a whole:

- Years of prior warning is clearly given to every member of the profession;
- Places are made available at Universities and this information is disseminated throughout the profession;
- Provision is made to upgrade those practitioners who have been in the profession for many years according to their present skills, knowledge and experience (Grandfather Clause)

Finally and most importantly, it is questionable whether this 'endorsement' would give the community a better service according to the latest Government funded research:

- The Centre for Health Policy, Programs and Economics report 'Evaluation of the Better Access to Psychiatrists, Psychologists and GPs through the Medicare Benefits Schedule Initiative', Component A: A Study of Consumers and their Outcomes: Final Report 22 December 2010.
- This report documents <u>no difference between outcomes</u> from receiving care from 'endorsed' Clinical Psychologists and those receiving care from 'un-endorsed' Registered <u>Psychologists in fact, the figures suggest that 'un-endorsed' Registered Psychologists may get better results for their clients.</u>

In summary, these impending AHPRA processes and changes would affect my most vulnerable clients in the future. Finally I urge the senate committee to consider the following:

- Re-endorse all currently registered psychologists
- . Introduce a fair and transparent "grandfather" system
- Cease the two-tiered Medicare rebate system immediately and consider a compromise of setting the rebate at \$95.00 for all currently registered psychologists
- Eliminate the requirement for GPs to review Mental Health Care Plans [MNCP] and make immediate savings;
- . Consider review and evaluation of GP MHCPs and MHCP reviews
- Setup new processes that do not involve the Australian Psychological Society [APS] as the "gatekeeper". This is not appropriate as psychologists are represented by many other bodies not necessarily the APS. The APS should not be involved in CPE/PD gatekeeping.

The work I do is demanding but rewarding. The irony of this current situation and the threat to my professional status is and has been traumatic.

I hope you will consider the seriousness of this confusing and unprofessional situation.

Yours faithfully

Victoria J Meadth