

Dear Senators,

Although I have been a member of the APS for more than thirty years I do not consider it to be a body which acts in the best interests of all psychologists. I consider it has become an elitist organisation more concerned about the interests of the few rather than those of the majority of psychologists or their clients. There is absolutely no evidence that the expertise of the so-called 'clinical' psychologists is any greater than that of psychologists in general. If this is the case, why should there be any differential in the Medicare rebates available to clients? Although I had previously been designated as a "clinical psychologist" by the previous registration board in Victoria I had made no attempt to be a member of the College of clinical psychologists. I totally disagree with the concept of a "specialist psychologist". We may practice in different areas but there is no evidence that any one area of practice is better or of a higher status than any other. I was offered the opportunity to complete two relatively minor case studies which would then 'elevate' me to the status of a 'clinical' psychologist. As a matter of principle I declined to do so. I have done many courses over the years and have been practising for more than thirty-five years. As far as I am concerned I am as adequately qualified and experienced as any of these so-called 'specialist' psychologists. Although I am not a member (yet) of the AAPI, it is my view that that organisation is much more representative of psychologists in general rather than the APS which gives the impression of having been taken over by a relatively small elitist group more concerned with their own interests than those of the profession at large.

I get the impression that the APS is attempting to follow the medical model of GPs and specialists. If that is what they are after I would recommend to the committee that they enforce the medical model in its entirety. I wonder what the APS reaction would be if referrals to so-called 'specialist' psychologists were to be made by generalist psychologists as is the case with the medical profession where referrals to specialists are made by the GP. I doubt that the APS would be very receptive to this idea.

Regarding the matter of referrals, I consider it to be unnecessary and counter-productive from a cost point of view for referrals to psychologists having to be made by GPs. I have been seeing clients for more than thirty years before the Medicare requirement of referrals having to be made by GPs came into operation. I have no reason to believe that my work efficiency is any better now as a result of this necessity. GPs are paid a significant amount of money to do the referrals. The cost involved with this necessity, which I suspect must run into many millions of dollars would be much better spent in actually providing additional psychological services to clients. It would also reduce the workload on our already overworked and time restricted doctors. People do not need a referral from another professional to see a doctor, a dentist, a solicitor, an accountant, et cetera – why do they need a referral to see a psychologist? By all means doctors should be able to refer patients to psychologists but why does it have to be a requirement? Surely people in need of psychological assistance should be able to go direct to a psychologist as was always the case in the past before Medicare.

In summary, I consider it to be unnecessary and unwarranted to maintain the two tier system for classification of psychologists and hopefully the inquiry may also consider the issue of referrals.

NEIL GILBERT