



Australian College of Psychologists in Clinical Private Practice (Vic.)

SENATE INQUIRY

Commonwealth Funding and Administration of Mental Health Services

The Australian College of Psychologists in Clinical Private Practice (Vic.) is a member of a Federation of State Colleges of Psychologists in Clinical Private Practice. All of these college members are registered with the Psychology Board of Australia.

1. The original meaning of the word “clinical” was bed-side. A later meaning was related to the word clinic. It has now come to imply an ability to diagnose the nature of a psychological problem and plan appropriate treatment. All psychologists operate clinically.

How has it come about that today that the majority of psychologists are not legally permitted to call themselves clinical psychologists? For years many of our members had been registered as specialists in clinical psychology and/or in counselling psychology. In the late 1990’s the State Registration Board abolished all specialist registrations.

2. Students wanting to be psychologists are now being told that there is no future without a Masters Degree. Many are being pushed into PhD’s in anticipation of a push for further academic qualifications.

3. Issue Of Social Justice

The community has a lot to fear from over qualification. Those entitled to call themselves clinical psychologists make a big point of their added university training as justification for a higher rebate in the 2 tier Medicare system. More qualifications warrant, they say, more pay. It would make more economic sense to reward experience and successful private practice as a justification for more money. Generalist psychologists have not pushed their proposal on the basis of increased financial advantage.

Clinical psychologists argue that it would not be worth their while to treat people at the lower Medicare rebate under the Better Access scheme. This overlooks the fact that disadvantaged clients are best catered for in the Better Outcomes scheme under ATAPS, where Medicare pays the full fee.

Most importantly, there is clear evidence from Medicare’s own survey that there was little difference in the outcomes of services provided by clinical as opposed to generalist psychology providers. In fact, the differences in outcomes were in favour of generalists. So, why have a 2 tier system and why pay more money to the minority who are allowed to call themselves clinical psychologists?

4. The basis for the present practice of allowing members of one college within the APS, the APS College of Clinical Psychologists, exclusively to call themselves Clinical Psychologists is based on a new specific university qualification. In other words – a further academic training was acknowledged as the sole source of required competence.

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In the past, clinical training was part of the post graduate training for all psychologists. Now people who were registered as clinical psychologists are forbidden to call themselves clinical psychologists because they had not completed a course of training that was not available until recently. But, there was no grandfather clause to cover this situation. In other words, only a new academic training was being acknowledged as a source of sufficient competence.

Experience over many years and the running of a successful clinical practice was completely disregarded. Yet, it has been a long established tradition amongst all university graduates that university qualifications alone were insufficient to predict effective practice within most disciplines. In Psychology, particularly, advanced qualifications were a passage to an academic career teaching within the university. The practitioners of Psychology, especially those in private practice, opted for supervision, professional development and peer review to hone their treatment skills. It will not be long before graduates with the new higher qualification discover the need for practical experience, supervision, etc. You can be over qualified but you cannot have too much applied experience.

5. The only people disadvantaged by the 2 tier system are the poorer people with the greatest need who cannot afford the higher gap payments and the increasing number of psychologists who have jumped into private practices to benefit from the Medicare payments for psychological services. They now face reduced use of their services as Medicare funding is reduced and more and more graduates flood the market lured by Medicare payments.
6. ACPCPP (Vic.) is concerned about and opposed to that element in the Health Budget which caps psychological services under the Better Health Initiative to a maximum of 10 sessions. This brings the length of treatment below the minimal guidelines for treating many mental health disorders.

Specific Proposals

1. Set up a 1 tier system and use the money saved by not paying extra money to clinical psychologists to increase services under tier 1.
Or
2. Create a compromise by paying both clinical and generalist psychologists \$100.

Those psychologists who achieve the highest level of competency will be sought out by clients and will be able to adjust their fee schedules to the clients capacity to pay, as all of us did before Medicare funding for psychological services.

Note: The rebate is for people seeking psychological services not for psychologists providing those services.

The College supports the submission made by Psychology Private Australia Inc. (PPAI). As a successful private practitioner of over 33 years, I am happy to make a fuller presentation to the Senate Committee.

Don Burnard
President
28 July 2011