

12 April 2011

Dear Committee Members,

I am a Registered Psychologist, first registered in 1992. My concerns, one under your terms of reference (f) and two under (j) are expressed below.

**ADDRESSING (F) in your Terms Of Reference - LIABILITY FOR FINANCIAL AND ECONOMIC LOSS INCURRED BY HEALTH PRACTITIONERS, PATIENTS AND SERVICE PROVIDERS RESULTING FROM ANY IMPLICATIONS OF THE REVISED REGISTRATION PROCESS.**

**ENDORSED AREA OF PRACTICE: DISCRIMINATION, AND IMPLICATIONS FOR ECONOMIC LOSS**

Understanding of my concerns in this matter, probably first requires some explanations regarding APAC, and my issues with the Australian Psychological Society (APS). See Notes below.

**NOTE:**

In 2003, **APAC** (Australian Psychology Accreditation Council) was established and charged to determine which courses of study could be accredited toward becoming a psychologist. Whilst my Macquarie University, Bachelor of Arts (psychology), and my Master of Arts (counselling), gained in 1987 and 1992 respectively, are the basis of my registration as a psychologist, they are not 'accredited' in present day terms, simply because they predated the establishment of APAC.

**NOTE:**

Since the year 2000, the **APS** (Australian Psychological Society) has not deemed registration as a psychologist with a statutory entity, such as the NSW Psychologists Registration Board, as sufficient to gain membership of the APS. **Thus many psychologists cannot access membership, nor entry to any of the APS Colleges.** (Does the Australian Medical Association have a different standard for membership to that of their governing statutory authorities?)

The **APS** is a Company (ACN 000543788), with among other things, an interest in selling Psychology Courses offered by their Colleges whose area of tuition are the same as and **pre-existed the new Endorsed Areas of Practice**. On their own website the APS itself speaks of **APS as a "BRAND" for which they want to develop promotional packs**. They have a declared strategy to "Enhance the profile of **APS psychologists** and psychology ..." The APS has lobbied the Psychologists Registration Board for the new Endorsed Areas of Practice, citing the need for higher standards. To my mind, whatever motives lie behind the APS lobby, the interests of fairness, transparency and objectivity cannot be served by what is essentially, a Company with a product to sell, having so much influence on the Psychological Registration Board. Personally, I have no confidence whatever in the APS to be objective, about standards, whilst they are promoting their own brand, and psychology courses, and I can only wonder about, and now ask the Committee to examine, the fairness and indeed the legality of a new system arising from this situation. In this transitional period, no one is representing **non** APS members, many of whom are senior in terms of their years of experience. I contend that this group, of which I am a member has unfairly fallen victim to the Psychology Registration Board's heavy reliance on the advice of the APS when it comes to granting Endorsed Area of Practice status to psychologists during this transitional period.

**ENDORSED AREA OF PRACTICE - LINK TO FINANCIAL LOSS AND DISCRIMINATION**

**Every area of endeavour a psychologist can work in, is now governed by Endorsed Area of Practice regulations.** Thus, those of us who are not Endorsed, and who will be known as General Psychologists, find that the title is virtually useless. Members of the public; employers; referring General Practitioners; Insurance Companies (potentially); and Medicare (potentially and likely?) will sooner or later preference Endorsed Practitioners. I am not against high standards, but in this transitional period there has been discrimination against some psychologists, which will have far reaching negative financial outcomes for those practitioners. **APS members who belong to an APS college have been granted automatic transition to Endorsement. (So the above mentioned APS lobby is working).** I am a psychologist with a Masters Degree in Counselling (granted in 1992 before APAC existed). I privately pursued further education in seminars, courses and workshops, and have twenty years experience in Counselling. But, as I am not an APS College member (and nor could I be), no automatic pathway is available to me. Thus in spite of having met all legal and educational obligations, and more (there was no legal requirement for the many seminars etc I have undertaken over the years) I fear that this new system will lead to the end of, or serious diminution of my successful private practice. And this, whilst others are given preferential

**treatment, thus seriously disrupting the fair competition of the market place. I am not qualified to comment on the legality of what has happened, but find it hard to believe that justice is prevailing here.**

The immediate and automatic granting of Endorsement to APS college member indicates that negotiations had taken place, on behalf of some psychologists, prior to many of us even being aware of what was going on. Some of those automatically Endorsed, and all of the newly graduating entrants to Endorsement have less experience than many senior psychologists such as myself. **Further, and ironically, seniority, is problematic here, because it increases the likelihood that qualifications were gained before APAC accreditation (see above). Those not automatically transitioned, have to make application. Applications forms ask for 'accredited degrees' and 80 hours of supervision with a supervisor in the area of practice you are seeking endorsement ( in NSW there haven't been any such supervisors until 1 July 2010) Please see Psychology Board of Australia Form AEAT-76 to get some further idea of the power of the APS, and the difficulties faced by those who are not members in applying for endorsement. The form is all about the APS.**

I have often described myself as a Counselling psychologist, and when one looks at my training, experience, and success, I do not think this has been misleading to the public. I was shocked to find that as from 1 July, 2010, I was prohibited from using that title, and that I would be advertised on the Psychologists Registration Board Website, as having a B.A., M.A. (no majors being mentioned), and as having no endorsed or particular area of practice, or further training. This understates my level of training and experience, and when it comes to attracting new clients, it is to my detriment to be advertised in this way.

In the matter of existing clients, should my lack of Endorsement lead to a reduction in the Medicare rebate I can attract for them, then they might find they have to suffer a financial loss, or effectively lose their freedom to choose me as their practitioner. Some clients, and families have a long association with me, coming to see me from time to time as the need arises. They know and trust me, and are aware that I know their 'story'

It is usual in situations such as this to offer a genuine **Grandparenting** clause such that, for example, anyone who can show they have a Masters Degree in their chosen area and, say 3 to 5 years recent **experience** in the field, would be automatically Endorsed into their area of practice. Experience is being devalued here, whilst being highly valued when it comes to having psychology students undertake work experience placements. This makes no sense, and discriminates against me.

## **SOLUTION**

**Automatically grandparent into an Endorsed Area of Practice, any psychologist who has a Masters Degree in their chosen area, along with at least 3 of the last 5 years workplace experience in that area. Standards would still be high, because Endorsed practitioners would be well qualified and experienced. (In the United Kingdom, where they are also going through change, any practitioner who can show they have worked 3 of the past 5 years in a particular area of endeavour, may automatically use the appropriate title - with or without a Masters Degree as I understand it).**

## **ADDRESSING TERMS OF REFERENCE (J) - ANY OTHER RELATED MATTERS - I HAVE TWO MATTERS OF CONCERN HERE**

### **MEDICARE, COMMUNICATION, AND THE APS**

I recently (April) attended a forum run by the Psychologist Registration Board, and found out that to retain my Medicare provider number I have to before 30 June, undertake, and log 10 hours of Continuing Professional Development, relevant to the Medicare required Focused Psychological Strategies.

**Firstly**, I had not seen prior communication about this very important requirement. This continues a theme whereby important changes are made without letting us know. Some psychologists may become aware of this too late to comply (The 30 hours they have to do for the Psychologist Board Registration may not include Focused Strategies of the type Medicare require).

**Secondly**, the log has to be entered on the APS website. I have complied with this, but I object strongly to having to put information about myself into a Company website who is in competition with me, through the promoting of its own brand. I think this is an invasion of my privacy, and I will ask the Privacy Commission about this matter. I

am in Business, and I cannot think where any other business has to give details to, and be policed by a competitor.

## **SOLUTION**

Require either Medicare or the Psychologist Registration Board to communicate with psychologists, in a reasonable time frame, and ensure no psychologist loses their Medicare status this year. Change the requirement from having to log through the APS to logging through Medicare.

**THE TWO TIERED MEDICARE REBATE SYSTEM** whereby the services of Clinical Psychologists in counselling positions, are rebated at a higher level than other Psychologists in counselling positions (including those like myself who have a Counselling Masters). The division is a false dichotomy. We do the same work - assessment, diagnosis, and counselling. The current dichotomy disadvantages me and my clients. Clients who want to see me because they or their family have a long association with me, or because of a 'word of mouth recommendation, find that they cannot get the rebate they can obtain if they see a Clinical Psychologist, and thus must accept financial disadvantage, or compromise their freedom of choice. If they choose the latter course, then I am disadvantaged by Market Place inequities. I have recently had telephone enquiries from potential clients, who do not know me but who are 'shopping around', for a **Clinical** Psychologist, and they tell me they are being specific because they want the higher rebate, not because of any perceived skill difference. **This is a new phenomenon since the Medicare rebate difference** - no one ever asked me that question prior to the existence of the rebate difference.

When I need a second opinion, regarding for example a client I am diagnosing as having Bipolar Disorder, or assessment for, and prescription of medication, I would refer to a PSYCHIATRIST, not a Clinical Psychologist, who actually cannot offer anything more than I can. The public and General Practitioners are being misled when they are led to believe differently. The only two tier system needed here is the traditional one, defined by psychologists and psychiatrists. **The Medicare system is overpaying Clinical Psychologists.**

**SOLUTION - Abandon the Clinical/ General Psychologist dichotomy for rebated Medicare counselling work in the private practice domain. Obviously you would need to determine what the rebate would be, at the high, lower, or somewhere in between level. If the public purse is under pressure (when isn't it?), I suggest a means test. This way the cost to the public purse would be reduced, without risking public safety, and without having to sacrifice and disenfranchise certain psychologists.**

**MEANS TEST? I am suggesting that for all people over the age of 25 years, Medicare rebate eligibility for counselling in the community under a Mental Health Plan, be means tested. Most of my clients could afford to pay, and they did so for the fifteen years of my pre Medicare private practice days. The safety net could be retained and would help those needing longer term and therefore more costly therapy. (Under 25 years, I would not means test because this is such a vulnerable group, who on balance, also tend to be less well off economically)**

**Sincerely, and thank you,**