

**1<sup>st</sup> August, 2011**

**ATT: Committee Secretary  
Senate Standing Committees on Community Affairs  
PO Box 6100,  
Parliament House  
Canberra, ACT, 2600**

**Re: The two-tiered Medicare rebate system and work force issues for psychologists.**

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My name is Dr Angela Green and I am a registered Clinical Psychologist with over 10 years clinical experience. I completed a Doctorate in Clinical Psychology at The University of Queensland resulting in a research publication. I am a Member of the Australian Psychological Society (APS), a Member of the APS College of Clinical Psychologists, and a Member of the Australian Association of Cognitive Behaviour Therapy (AACBT). I currently work as a private practitioner, which utilises my prior experience in community adult mental health, consultation-liaison psychiatry (public hospital-based), drug and alcohol (public hospital-based), Centrelink and the job-network, and tutoring of Medical students at The University of Queensland. I am an approved Supervisor with the Psychology Board of Australia (PBA) and provide supervision to post-graduate Clinical Psychology students, as well as registered psychologists seeking membership of the APS College of Clinical Psychologists.

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### **Summary**

This submission to the Inquiry being conducted by The Community Affairs Committee of the Australian Senate pertains specifically to Term of Reference point (e) *mental health workforce issues, including: (i) the two-tiered Medicare rebate system for psychologists and (ii) workforce qualifications and training of psychologists.*

In particular, this submission seeks to highlight: 1). the specialisation of Clinical Psychology; 2). equality, but differences within the Psychology profession; 3). the unique contribution and work value of Clinical Psychologists; and 4). work force and training issues affecting the profession.

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Dear Committee Secretary,

The inclusion of the two-tier system within the Terms of Reference (TOR) is puzzling as the Government made no mention of changes to it in the 2011 Federal Budget. Nonetheless, an opportunity has been afforded by the Senate Inquiry to reaffirm the unique contribution of Clinical Psychology in treating the needs of Australians with recognised mental health disorders.

### **Recognition of Psychology**

In 2006, the Council of Australian Governments (COAG) released a National Action Plan on Mental Health (2006-2011), which saw not only the recognition of psychology under Medicare,

but a distinction between Clinical Psychology and general psychology. A significant component of the National Action Plan was the instigation of the *'Better Access to Mental Health Care Initiative'*. At that time, however, there was a workforce shortage of Clinical Psychologists – and with better access to mental health care the primary objective – psychologists with a recognised minimum of training (i.e., Generalist Psychologists) were included in the Initiative.

Importantly, the Federal Government made a timely distinction between the differences within the Psychology profession by recognising the specialised qualifications and training of a Clinical Psychologist. This resembled a framework applied to medical and other specialist disciplines.

### **Regulation of Psychology**

The Australian Health Practitioner Regulation Agency (AHPRA) is responsible for the implementation of the National Registration and Accreditation Scheme across Australia. On 1 July 2010, the *Health Practitioner Regulation National Law Act 2009* came into effect, which governs AHPRA's operations. This law means that for the first time in Australia, 10 health professions are regulated by nationally consistent legislation. One of these 10 professions is Psychology, which saw the establishment of the Psychology Board of Australia (PBA) whose main role is to protect the public by setting the standards and policies that all registered psychologists must meet. Pursuant to the *Health Practitioner Regulation National Law (2009)*, the PBA determined the minimum qualifications required for registration as a psychologist.

### **Clinical Psychology Specialisation**

To effectively evaluate the two-tier system, an understanding and appreciation of what differentiates Clinical Psychology as a specialised discipline is first required. Clinical Psychology has a special focus on psychopathology and its prevention and remediation, which includes the full span of psychopathological disorders and conditions, aetiologies, environments, degrees of severity, developmental levels, and the appropriate assessments, interventions, and treatments that are associated with these conditions. As a specialty, Clinical Psychology focuses on the understanding, assessment, prediction, prevention, and alleviation of problems related to disability, distress, intellectual function, emotional, biological, psychological, social, and behavioural maladjustment, and mental disorder, and, therefore of necessity, enhancement of psychological functioning, and prevention of dysfunction.

The PBA determined that eligibility for endorsement in an approved area of practice (i.e., Clinical), a registered psychologist must have a higher qualification (i.e., an accredited doctorate) and a minimum one year of approved, supervised, full-time equivalent practice with a PBA-approved supervisor. In recognition of the higher and specialised qualification that attracts endorsement, the PBA 'Guidelines on area of practice endorsements' (p.17) states that "*Clinical psychologists are specialists in the assessment, diagnosis, and treatment of psychological problems and mental illness*". Membership of the Clinical College of the Australian Psychological Society (APS) requires the maintenance of the highest standards for clinical psychology practice in Australia, which is consistent with international standards of clinical practice.

The American Psychological Association (APA) recognises Clinical Psychology as a "*specialty in professional psychology*" and that "*what distinguishes Clinical Psychology as a general*

*practice specialty is the breadth of problems addressed and of populations served. Clinical Psychology, in research, education, training, and practice, focuses on individual differences, abnormal behavior, and mental disorders and their prevention, and lifestyle enhancement”.*

The APA also identified that Clinical Psychologists possess a knowledge that includes theoretical and applied principles of measurement and assessment, administration and scoring, and interpretation of results across diverse populations; a knowledge base of intervention that requires mastery of theories of psychotherapy and psychotherapeutic methods and awareness of current literature on effectiveness and emerging interventions; a knowledge of principles of behavioural change, clinical decision-making, and the professional and ethical concerns surrounding clinical practice; and a knowledge base relevant to the populations served (i.e., cultural awareness, patterns of normal and deviant development across the life span). Additionally, Clinical Psychologists typically provide supervision, which requires knowledge of the theoretical, clinical, and empirical bases set forth in the rich and extensive literature on clinical supervision as a professional activity.

### **Equal, but not the same**

Currently in Australia, the distinction has been made between a Clinical Psychologist and a Generalist Psychologist such that those professionals with higher qualifications, specialised training, and specialised continuing professional development (CPD) attract a higher Medicare rebate.

This type of distinction exists across all other medical and health disciplines. For example, a Registered Nurse will on average attract higher remuneration than an Enrolled Nurse, as would a Neurosurgeon, with specialised training and skills, comparable to a General Practitioner. It stands to reason that this is not an exercise in discrimination, but one of deserved recognition of the higher training, qualification, and specialisation of a discipline and profession. **We are all equal, but we are not the same.**

### **Work Value – Australian and International Recognition**

In Australia, regulatory agencies (i.e., AHPRA), Boards (i.e., PBA), Government sectors (i.e., Medicare), and organisations (i.e., APS) have formally recognised the distinctions in work value between Clinical Psychologists and Generalist Psychologists.

Most recently, a Work Value Document released by the Industrial Relations Commission (IRC) endorsed articulation of the calling of Clinical Psychology in Australia and the higher industrial Work Value, than the calling of Psychology. This is now embedded within Australia's Industrial Relations Awards and should be strongly considered with any review of the two-tier Medicare system predicated on Work Value.

Similarly, the Commonwealth Government's Department of Veteran Affairs (DVA) distinguishes Clinical Psychologists from Generalist Psychologists by applying a two-tiered rebate model to psychological treatment with higher rebates for Clinical Psychologists.

The Australian and New Zealand Standard Classification of Occupations (ANZSCO) was jointly developed by the Australian Bureau of Statistics (ABS), Statistics New Zealand (Statistics NZ)

and the Australian Government Department of Employment and Workplace Relations (DEWR) to improve the comparability of occupation statistics between the two countries and the rest of the world. ANZSCO too have distinguished Clinical Psychologists and psychologists as different entities.

The Skill Stream of Australia's Migration Program is specifically designed to target migrants who have skills or outstanding abilities that will contribute to the Australian economy. The Australian Government continues to emphasise skilled migration and unsurprisingly, of individuals with qualifications and relevant work experience to address specific skill shortages in Australia and enhance the size and skill level of the Australian labour force. The Australian Government Department of Immigration and Citizenship compiles a Skilled Occupation List (SOL), which *“identifies specialised occupations of high value and includes managerial, professional, associate-professional and trade occupations. The list of occupations reflects the Australian Government’s commitment to a skilled migration program that delivers skills in need in Australia. The SOL will continue to deliver a skilled migration program tightly focused on high value skills that will assist in addressing Australia’s future skills needs”* (p.1).

On 1 July, 2011, the Annual Update of the SOL listed Clinical Psychologists (272311) and Psychologists nec (not elsewhere classified; 272399) as two separate entities. Whilst both are considered ‘high value’ occupations that are ‘in need’ in Australia, the Department of Immigration and Citizenship recognises Clinical Psychology as a specialty that is crucially different to psychology nec.

### **Quality Assurance**

There has been much conjecture that the distinction between Clinical Psychologists and Generalist Psychologists has created a ‘superior-inferior’ dichotomy within the profession. Not surprisingly, the bulk of this conjecture (and inflammatory and divisive allegations) have come from the latter group, but they and other detractors have failed to recognise the crucial underpinnings of the Clinical Psychology specialisation. Clinical psychology is the only mental health discipline, apart from psychiatrists, whose entire accredited training is specifically focused in the field of evidence-based assessment, case formulation, diagnosis, and evaluated treatment of the full spectrum of lifespan mental health disorders across the full spectrum of complexity and severity. We are well represented in high proportion amongst the innovators of evidence-based therapies, NHMRC Panels, other mental health research bodies, and within mental health clinical leadership positions.

A Generalist Psychologist gains entry into the profession via the completion of four years of tertiary study plus two years of supervision. As the standards of supervision can vary significantly, so too does the skill set of the clinician, which may be narrow in scope. Consequently, the phasing out of this pathway has been recommended. It is only currently shelved because of an ongoing workforce shortage. Nonetheless, in satisfying the minimum requirements, Generalist Psychologists are deemed adequate to provide mental health services to the public. This is deserved and something that any individual who successfully completes the minimum qualification and training should have access to.

In contrast, a Clinical Psychologist gains entry into the profession and specialised endorsement via a minimum of six (Masters), seven (Doctorate) or eight (PhD) years of study in addition to further supervised practice. Membership of the APS Clinical College stipulates the possession of a high level of specialist knowledge and skills, which are detailed in a set of competencies developed by the Society. Advances in the discipline and specialised professional area also requires continual updating through professional development activities, which are necessary to maintain membership of the College. Thus, the successful completion of *higher* qualifications, specialised training, and continuing professional development enables greater quality assurance in the provision of psychological treatment for members of the Australian public. This is not unlike the distinction made under the '*Better Access Initiative*' in recognising – by way of higher rebate – General Practitioners who have completed mental health training as opposed to those who have not.

### **Work force and training issues**

Another key recommendation of the Council of Australian Governments (COAG) National Action Plan on Mental Health (2006-2011) was increasing the Workforce Capacity. They had found that there were "*serious workforce shortages across all mental health professional groups. This shortage hinders the ability of government and non-government providers to meet the increasing demand for services*".

A major focus of the National Action Plan was to build the capacity of the public, private, and non-government workforce to deliver services including, specific policy directions to support the non-government and private sector to provide quality services to people with mental illness. Another recommended action was increasing the number of training places for mental health nurses and **Clinical Psychologists**.

Psychology Departments within all Australian Universities make distinct the speciality of Clinical Psychology. Currently in Australia, the completion of six years of University training in psychology is the minimum level by which to practise within the profession. In the UK, registered Clinical Psychologists must have a doctorate in Clinical Psychology plus an additional three to five years of postgraduate experience and university training in applying the science of psychology to clinical problems. It therefore takes six to eight years to qualify as a registered Clinical Psychologist. In the USA, entry into the specialty begins at the doctoral level and serves as a basis for advanced postdoctoral training in Clinical Psychology that builds on its knowledge and application bases.

As at May, 2011, there were approximately 4,000 registered Clinical Psychologists throughout Australia, which represents a labour workforce shortage. Without additional funding for tertiary places in Clinical Psychology, the shortfall will most likely continue. But what incentive genuinely exists for current and future psychology students to specialise in Clinical Psychology (i.e., commit to at least six years full-time study plus post-graduation supervised practice) if the Federal Government will only provide recognition and remuneration equivalent to their peers who hold lower qualifications and training? It would not be unreasonable to predict that such a disincentive to gain postgraduate qualifications would result in a workforce skilled significantly below par comparable to other OECD countries (i.e., UK, USA). This would in turn lower the

overall standard of consumer mental health care for the Australian public, and may result in the loss of an Australian psychological brains trust to foreign soil.

Furthermore, if the Federal Government resolves that strictly-accredited, educational benchmarks are not relevant to professional practice, then it can be safely assumed that the ramifications of such a decision would extend well beyond the Psychology profession. Surely the Government does not intend to make extinct Universities and other higher-educational Institutions?!

### **Two-tiered rebates and Cost-Effectiveness**

As a cost-saving measure (albeit a false economy being indicated), the Federal Government released in the 2011 Budget a proposal to cut the number of psychological sessions under the *'Better Access to Mental Health Care Initiative'* available to a person with a recognised mental health disorder from 18 to 10, with no 'exceptional circumstances' enabling additional sessions. No reference to the two-tier system was made. If cost-saving is the Government's primary and only objective then it may be more prudent to examine the breakdown of current expenditure based on provider type (Clinical Psychologists comparable to Generalist Psychologists), rather than to slash session numbers *en masse*. A focus on the two-tier system coupled with the proposed cuts to rebated session numbers directly speaks to the work of Clinical Psychologists and to the most complex and severe mental health presentations for which they are uniquely trained to treat.

**We are all equal, but we are not the same.**

Thank you for reading this submission. I trust that it will be given due consideration.

Sincerely yours,

Dr Angela Green BPsych (Hons), DCLinPsych, MAPS  
Clinical Psychologist