

**Submission to the inquiry into the administration of Health Practitioner  
Registration by the Australian Health Practitioner Regulation Agency  
(AHPRA)**

(f) Liability for financial and economic loss incurred by health practitioners:

A dichotomy has been created (a two tier system) between clinical psychologists and general psychologists which creates a Medicare rebate rate significantly higher for clinical psychologists thereby financially disadvantaging generalist psychologists. I would argue that this action is discriminatory in that it has no evidence base for treatment superiority by clinical psychologists. In fact, the reverse has been found to be true in some cases but generally the finding of the Better Access Evaluation (March 2011) and the AAPi Client Survey suggest no difference between treatment outcomes provided by general psychologists and clinical psychologists.

(e) Legal liability and risk for health practitioners:

A further dichotomy applied to clinical psychologists and generalist psychologists appears in the form of the words 'Endorsed' (for clinical psychologists) and 'Unendorsed' (for generalist psychologists). The appendage 'Unendorsed', I would argue, causes harm to me personally and others in my position, in that not only does it denote a certain 'less than' or deficiency status but is legally injurious and places me in jeopardy in terms of the witness testimony I am called upon by the prosecution to give in a trial vis a vis sexual assault where the alleged perpetrator, the defendant, maintains innocence.

An enlightened Defence lawyer wanting to undermine significant prosecutorial evidence might argue, with some justification, that since I am unendorsed, the evidence I give cannot be considered entirely legitimate. As my testimony is undermined, so therefore are my client's prospects of justice.

The only response I can give in Court to a question about my 'Unendorsed' status is that legal action is imminent. But that will not diminish the perception of doubt vis a vis my expertise as a reliable witness. What does it mean to be unendorsed, the Defence might ask. I do not know the answer to that question. After six years of study, gaining a B.Sc (Hons) Psychology and 16 years experience treating clients with a wide range of mental disorders, I cannot answer that question without making myself even more vulnerable, and defensive.

Further, I would argue that the negative legal consequences arising from the newly acquired unendorsed status were entirely foreseeable. And given the legal ramifications, it might even become a legal and ethical obligation to declare to clients that one is 'Unendorsed'...for their protection. This perhaps is the crux of the difficulties unendorsed generalist psychologists are confronting.

(e) Legal Liability and Risk for Health Practitioners continued:

To sum: The term 'Unendorsed' suggests, by implication, that generalist psychologists are deficient in some way not quite defined. Moreover, I contend, the demeaning term with all its implications places doubt in the minds of referring GP's; clients; and the Courts to the detriment of unendorsed generalist psychologists.

Recommendations:

That the Senate Committee:

- (1) reverse the two tier system: a false dichotomy which is not evidence based and causes financial disadvantage to generalist psychologists in terms of earning capacity; and
- (2) remove the demeaning deficiency status of 'Unendorsed' which, with all its connotations, places doubt in the minds of referring GP's; clients; and the Courts, to the detriment of generalist psychologists---and which puts psychologists and their clients in jeopardy in terms of witness testimony --- and, I would suggest, in other areas too.

This, I would argue, would restore equality and an end to discriminatory practices.

Pat Ryan B.Sc. (Hons) Psychology  
Registered Psychologist

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