ACPA THE AUSTRALIAN **CLINICAL** PSYCHOLOGY ASSOCIATION

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The Secretary
The Senate Committee
Commonwealth Funding and Administration of Mental Health Services
30.08.2011

Dear Senators,

Thank you again for providing us with the privilege of appearing at the Senate Inquiry into Commonwealth Funding and Administration of Mental Health Services in Melbourne on 19th August, 2011. We deeply appreciate this opportunity and the interest of the Senators in the issues regarding funding of mental health services and our troubled profession. Please find appended the letters requested by Senator Moore in which the Australian Clinical Psychology Association (ACPA) requests meetings with Government Ministers. Some of these have been given standard responses without mentioning a meeting, some have provided no response.

You will note that the letter sent following the release of the Evaluation of the Better Access to Psychiatrists, Psychologists and GPs through the Medicare Benefits Schedule (May, 2011) was written by Associate Professor Caroline Hunt, who was managing ACPA while I was overseas. She informs me she has not mentioned the evaluation document in this correspondence as she was aware that Professor Henry Jackson and Associate Professor Nick Allan from the University of Melbourne were preparing a document to present to Government regarding the deficiencies in this 'study'. I understand that this document has been provided to the Senators.

At the hearing in Melbourne Senator Fierravanti-Wells asked if I would prefer to be seen by a new clinical psychology graduate or a psychologist with 40 years experience. I would like to further clarify my response to this question. Her question was akin to asking whether I would prefer to be seen for a medical problem by a science graduate with two years of practice under the supervision of a medical doctor (who may also only have a science degree and a two year period of supervised practice) plus 40 years experience, or a fully trained new graduate with a postgraduate degree in medicine. I would choose the fully trained medical graduate as they have a broader, deeper and up to date understanding of medicine. Of course, in medicine such a choice would only be offered in a third world country, as it would in terms of a psychologist with a general degree and a period of supervised practice vs. a trained and qualified clinical psychologist. The standards in Australia are those of a third world country for psychology practitioners.

In its submission to the Psychology Board of Australia's Consultation Paper on a National Psychology Examination, the Australian Psychology Accreditation Council (APAC) states that the supervised practice route is "not currently subject to adequate quality assurance or accreditation processes" (2011, p. 3).

APAC points out:
"The quality of the training provided relies on each individual supervisor's suitability, skills, diligence, and on the nature of the training opportunities and work environment(s) available to the trainee and supervisor, without involving any direct independent external scrutiny of the quality of supervision and other training undertaken. This arrangement leaves open the possibility that there is a high degree of variability in the quality of the supervision and training received, as well as in the level and breadth of competency candidates attain…" (May, 2011, APAC Submission to the Psychology Board of Australia, p. 3).

We would like to invite the Senators, as a group or individually, to visit the Psychology Clinic at the University of Sydney to view the level of resources allocated to the training of clinical psychologists. Our students undertake a year of intensely supervised practise in the training clinic with sessions being viewed by supervisors, and recorded and viewed with students; they also have both group and individual supervision. They have different supervisors on a six monthly basis. This is prior to undertaking three additional placements external to the university in clinical settings, such as hospitals and community mental health services, under the supervision of experienced clinical psychologists. A visit by the Senators would be very welcome and able to be accommodated at any time that suits.

Yours sincerely,

Dr Judy Hyde

President, Australian Clinical Psychology Association

Director, the Psychology Clinic, University of Sydney

Below are emails sent to Ms Kylie Davis who informed me by telephone that she would request a meeting for ACPA with the Minister for Health and Aging, the Minister for Mental Health and their advisors. There was no response to these emails other than a standard letter of reply from Minister Butler.

21.03.2011

Dear Kylie,
Thank you for your assistance in this matter.

Please find attached letter from the Australian Clinical Psychology Association with regard to the logging of Continuing Professional Development activities for psychologists and clinical psychologists. I hope the Minister will be able to eliminate the burden of dual reporting for our profession.

I appreciate you bringing this to the attention of the advisor to the Minister. My mobile number for the advisor if they are unable to contact me on the number below is: 0427 262920.
Thank you again for your assistance, Judy

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29.03.2011

Dear Kylie,
You have been so helpful in guiding me through the government maze, but I have got a bit lost and would like your assistance again if that is possible. I am attaching the letter regarding the issue I would like to discuss with the appropriate advisor to the Minister for Health and Aging. There are associated issues I would also like to bring to attention. I am sure you passed my telephone contact details on, but I am often not available and difficult to catch and I fear they may have tried to contact me without success. I have had some missed calls when I come out of meetings. I was wondering if there was a time I could ensure was free so I could contact the appropriate advisor regarding this matter? What do you think would be best? Judy

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18.04.12011

Dear Kylie,
Again, thank you for your assistance with this matter that is causing much confusion and anxiety amongst psychologists nationally. I am attaching two letters to the Minister and her advisor regarding these concerns.

I would also like to request a meeting with the Minister and also with her advisor regarding this and other matters of great concern for psychologists and clinical psychologists any time from June onwards if that is possible.

I appreciate your assistance in this matter, Judy

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21.03.2011

The Honourable Nicola Roxon MP
Minister for Health and Ageing

Dear Minister,

We are writing to inform you of our concern about the designation of the Australian Psychological Society (APS) to ensure compliance with Continuing Professional Development (CPD) requirements for those psychologists providing services under the Better Access program. The Australian Clinical Psychology Association (ACPA) is a new organisation that represents those clinical psychologists with post-graduate qualifications in the speciality, thus meeting the standards for endorsement established by the Psychology Board of Australia (The Board).

The Board has established standards for CPD with which all practising psychologists are required to comply in order to continue practising. The Australian Government further requires general psychologists providing Medicare Focused Psychological Services (FPS) to undertake 10 hours of CPD in FPS strategies; however, the CPD requirements for clinical psychologists remain aligned with those of the Board.

In a document sent to APS members on 22nd December, 2010 titled, “Information on the new continuing professional development (CPD) requirements for psychologists,” the APS states,

> "The Australian Government has delegated the CPD monitoring process to the APS (as per current arrangements for clinical psychology Medicare providers), and has advised that the consequence of a psychologist’s non-compliance with the CPD requirements will be loss of Medicare provider status. Providers will have two months after the close of the annual cycle (1 July 2011) to log their CPD before the APS will notify Medicare Australia of those providers who have not met the FPS-related CPD requirements."

The Board has established CPD requirements at a level supported by the profession. The Board is charged with ensuring adherence of the profession with CPD requirements so that registrants continue to meet registration standards, as are all National Boards. The current system means that those psychologists providing services under Better Access must report to two bodies, the APS and the Board. While APS members are required to log their CPD with the APS to maintain membership eligibility, this requirement disadvantages those members of the profession who do not wish to be members of the APS, and who are already logging their CPD elsewhere in accordance with Board registration requirements. While some method of ensuring general psychologists adhere to the government's requirement of 10 hours of FPS-related CPD activity is required, such methods need to be simple, incur little additional cost, and avoid duplication of reporting.

Importantly, we are aware that there is a misperception among some psychologists that they must be a Member of the APS in order to maintain Medicare provider status. This is understandable given

that the APS has been delegated to manage Medicare CPD compliance. It is our opinion that the role of Medicare CPD compliance management should be delegated to a regulatory body, not to a professional body that represents only the interests of its members.

We would like to recommend that the monitoring of CPD requirements to maintain eligibility for delivering services under the Better Access program be moved solely to the Psychology Board of Australia as the governing body for all practising psychologists, and that the government recognise the governance of the Board in this matter. This move will reduce cost, time and burden for the profession. Given that the CPD requirements for clinical psychologists under the Better Access scheme are identical to those of the Board and generalist psychologists undertake 30 hours of CPD to meet Board requirements, into which the 10 hours of Focussed Psychological Services can be readily incorporated, thereby placing little or no burden on the Board .

Finally, we would like to convey our concerns about the apparent lack of processes in place for the direct communication of vital information from Medicare regarding the Better Access scheme (for example, information regarding compliance with audit requirements) to non-APS members who are registered under the scheme. This lack of communication disadvantages those psychologists who are not APS members, and has the potential to result in service delivery and audit compliance problems. This situation also creates a perception that a psychologist must be a member of the APS in order to access this vital information. Unintentional non-compliance with Medicare procedures can result in significant financial penalties for psychologists if audited by Medicare, and this issue is understandably a source of significant anxiety for members of the profession. The conveyance of information regarding compliance with government schemes is a role that falls within the PBA's realm of responsibility.

Yours sincerely,

President, the Australian Clinical Psychology Association

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18.04.2011

The Honourable Nicola Roxon MP
Minister for Health and Ageing

Dear Minister,

Further to our letter of 21.03.2011, we are writing to inform you of serious difficulties in the capacity for psychologists to comply with Continuing Professional Development (CPD) requirements for those psychologists providing services under the Better Access program. It is our understanding from information provided by the Australian Psychological Society that:

> The Australian Government has delegated the CPD monitoring process to the APS (as per current arrangements for clinical psychology Medicare providers), and has advised that the consequence of a psychologist's non-compliance with the CPD requirements will be loss of Medicare provider status. Providers will have two months after the close of the annual cycle (1 July 2011) to log their CPD before the APS will notify Medicare Australia of those providers who have not met the FPS-related CPD requirements.(APS website: http://www.psychology.org.au/medicare-psychology/cpd-requirements/).
>
> All CPD undertaken to meet the Medicare requirement must be logged using the APS logging system and the APS will notify Medicare Australia of those psychologists who have met the requirements. If Medicare Australia does not receive notification that the psychology provider has logged the appropriate CPD, then the provider's billing rights for clinical psychology Medicare items will be removed. Psychologists who are removed from the approved clinical psychology provider list by Medicare Australia can be placed back on the list once they meet CPD requirements for the previous cycle (16 hours) and log these with the APS. This must be done within three months of being removed. (email: APS National Office [campaign@psychology.org.au], Wednesday 20.03.2011. 11.33am)

The APS has provided CPD logging for those psychologists who were assessed by the APS Medicare Assessment Team, but will not provide logging capacity for those psychologists whose registration or endorsement via the Psychology Board of Australia gave them eligibility for provision of psychological services under the Better Access Scheme.

In an email addressed to an member of the Australian Clinical Psychology Association (ACPA), Jill Gease, executive officer of the APS writes:

> "I take it from your correspondence that you gained your accreditation to provide Medicare clinical psychology items through the Psychology Board. This arrangement is a fairly recent one, as the APS Medicare Assessment Team was previously the only avenue to gain accreditation to provide clinical psychology items under Medicare. The APS only has the authority to monitor the CPD relevant to maintaining Medicare provider status for those psychologists who were assessed by the APS Medicare Assessment Team.

> The APS has not been advised about CPD monitoring arrangements for clinical psychologists in your position who gained approval to provide Medicare items through the Psychology Board. I fear that this monitoring role may have been something that has been overlooked by the Psychology Board if you have not received any information. It also seems as though Medicare Australia is not aware that the Psychology Board should have this responsibility if it was the body that approved you as a provider.
>
> I am happy to look into this for you to see if it would be acceptable for you to log your required Medicare CPD with the APS, but currently we have not been given this authority for psychologists in your circumstances.
>
> I hope this helps to explain the situation."

This arrangement leaves psychologists assessed by the Psychology Board of Australia and eligible to provide Medicare services unable to comply with logging requirements for CPD. It also leaves many members of the profession burdened by having to report the same CPD to two bodies, the APS and the Psychology Board of Australia.

We would like to recommend that you consider moving responsibility for all Continuing Professional Development for psychologists to the regulatory body, the Psychology Board of Australia, rather than a professional body, such as the Australian Psychological Society whose primary interest is in working for its own members, rather than members of other professional associations. Given that the CPD requirements for clinical psychologists under the Better Access scheme are identical to those of the Board, there would be little or no burden on the Board. The case of generalist psychologists is similar, as these psychologists undertake 30 hours of CPD to meet Board requirements, into which the 10 hours of Focussed Psychological Services can be readily incorporated. The Board's auditing processes are already determined, and would provide a stronger incentive to comply with CPD standards than a simple logging system.

Finally, we would like to recommend that communication of vital information from Medicare regarding the Better Access scheme be undertaken through the Psychology Board of Australia, which has the details of all registered psychologists, rather than through a professional body, such as the APS, which represents only a portion of psychologists.

Yours sincerely,

Dr Judy Hyde, M. Clin. Psych, PhD

President, the Australian Clinical Psychology Association

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17th May, 2011

The Honourable Nicola Roxon MP
Minister for Health and Ageing

Dear Minister,

We are writing to request urgent clarification regarding changes to the Better Access Scheme as outlined in the 2011-2012 Federal Budget. The Australian Clinical Psychology Association (ACPA) is a National organisation that represents Clinical Psychologists with post-graduate qualifications in the speciality. Clinical Psychologists have specialised training and experience in the assessment and treatment of mental health disorders, across the spectrum of mild, moderate and severe presentations. While we applaud many of the new mental health initiatives outlined in the Budget, we have serious concerns about changes that reduce patient access to treatment by Clinical Psychologists and reduce the overall quality of service provision, particularly for those patients with moderate-severe mental disorders and/or significant comorbidity. Our concern stems principally from the fact that Clinical Psychologists are specifically trained to work with patients who have complex mental health issues.

The February 2011 Better Access Evaluation Report prepared by the University of Melbourne confirmed that Better Access delivered a large number of services using evidence-based treatments. Half of the patients treated had not before received mental health care, and most of them had diagnoses of anxiety and/or depression. However, we have been concerned for some time that this system was aimed at the treatment of mild cases, at the expense of moderate-severe mental disorders and/or significant comorbidity. The evidence from the University of Melbourne evaluation showed that 75% of patients received 1-6 sessions. However, our Clinical Psychologist Members inform us that they are routinely referred patients with moderate to severe disorders under the Better Access programme.

Under the current proposals, there does not appear to be provision for moderate to severe mental health cases, who need more than the 10 sessions that will soon be available under the proposed Better Access scheme, but who do not fit the criteria for severe and persistent mental illness catered for by intensive support services in the public sector. Patients with complex presentations had been eligible for 18 sessions under the "exceptional circumstances" condition of the existing scheme, but under the proposed scheme will not have access to clinical psychology services in the private sector. We recommend that these 18 sessions for exceptional circumstances are reinstated under Better Access in the absence of a scheme that provides access to clinical psychology services for some of the more vulnerable members of the community. Clinical psychologists possess the hospital and clinic-based training and supervised experience that is essential to ensuring the delivery of effective, comprehensive, evidence-based mental health care for patients with complex presentations.

In essence, our Membership is greatly concerned about the capacity for Clinical Psychologists to provide high quality care under the changes to Better Access. In particular,

we hold serious concerns regarding the capacity for treatment of patients with complex presentations and/or comorbid conditions, such as those patients presenting with personality disorders, substance abuse, and/or early trauma histories, as well as those with long-standing mental health issues and associated impairment in functioning, such as adults presenting with childhood-onset anxiety disorders, eating disorders, or longstanding depression that has not responded to medication. Indeed treatment may have unintended negative consequences for these patients if sessions limits require that treatment be ceased prematurely; for example, reinforcing long-standing patterns of isolation, rejection/abandonment and hopelessness. For these reasons our Members have raised serious concerns regarding the ethics of providing treatment to such patients referred to them under the Better Access Scheme, if the new session limits are to be implemented.

Whether it be in the public or private sector, Clinical Psychologists have the training and skills required to assess and diagnose conditions when longer term treatment is required, select which treatment modalities are appropriate, provide sophisticated clinical psychology treatments, and know how best to integrate this care with treatment provided by other health professionals (such as psychiatrists, GPs, and other allied health providers). Focused Psychological Strategies provided by non-clinical Psychologists and other allied health providers are particularly appropriate for consumers presenting with milder mental health conditions and no comorbid issues, where treatment is more straight forward and total number of treatment sessions would be expected to be lower. Based on our reading of the Budget to date, it does not appear that a distinction has been made between these two levels of services – that is, Focused Psychological Strategies and Clinical Psychology Services. We believe that this is an important distinction, and that due consideration should be given to this distinction in planning mental health care, both within the private sector under Better Access, and within the public sector under other mental health initiatives.

We request an urgent meeting to discuss these matters further.

Yours sincerely,

Caroline Hunt
ACPA Acting President

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The Honourable Nicola Roxon,

Minister for Health and Aging

Dear Ms Roxon,

We are writing to you with concerns about the current management of Medicare for clinical psychologists, as our members have raised a number of issues relating to communication between the Medicare Australia advisors and the profession regarding the implementation of the Better Access program. These issues are causing clinical psychologists considerable anxiety and are leaving them vulnerable to errors in their procedures that can lead to serious consequences when being audited. The Australian Clinical Psychology Association (ACPA) represents those clinical psychologists who hold accredited qualifications that qualify for endorsement as a clinical psychologist, as established by the Psychology Board of Australia.

ACPA members are aware that the payment of government monies to our profession for our services is a privilege, and that with this privilege comes the responsibility to abide by the guidelines set for this expenditure. We appreciate the need for the auditing of compliance and for penalties to apply when these have been breached. We also understand that all professions granted money under the Better Access scheme are bound by the same requirements and are similarly reviewed. However, communication between Medicare Australia and the profession regarding the processes involved for a Medicare provider is often unclear, conflicted, and outdated. This lack of communication imposes an enormous burden on the profession, as they are being held accountable for their own inadvertent errors, as well as the errors of referring GPs.

For example, we recently had a member required to re-pay a substantial amount to Medicare Australia because referral letters from her GP did not specifically include the words, “exceptional circumstances” in the request for additional sessions. The Medicare Benefits Schedule Explanatory Notes M6.2 states:

> In addition, the referring practitioner may consider that in exceptional circumstances the patient may require an additional six services above those already provided (to a maximum total of 18 individual services per patient per calendar year). Exceptional circumstances are defined as a significant change in the patient’s clinical condition or care circumstances which make it appropriate and necessary to increase the maximum number of services. It is up to the referring practitioner to determine that the patient meets these requirements. In these cases a new referral should be provided, **and exceptional circumstances noted in that referral.**

However, not all clinical psychologists or GPs are aware of the need for the specific wording “exceptional circumstances,” rather than noting of the actual special circumstances themselves. This leads to enormous confusion, as well as costs for clinical psychologists who need to spend additional administrative time liaising with GPs. Our members have also told us that GPs frequently refute the need for specific wording.

There also appears to be a degree of procedural unfairness in the audit system, as many members of our organisation are being audited without this specific wording requirement being raised as an issue. Some are given 'educational' audits with no penalties, others are harshly penalised for inadvertent errors, while others are asked only to show referral letters and reports relating to a specific date, not the wording "exceptional circumstances." This inequity in the application of confusing rules is causing great distress for psychologists generally.

It has also emerged that ***both*** a Mental Health Treatment Plan (MHTP) and a referral from the referring practitioner is required for services to be provided and, therefore, advice given by the Australian Psychological Society (APS) in March 2010 was incorrect in saying that only one of these is required. The APS has since corrected their advice to members, but non-members of the APS do not receive such updates in information. This requirement is also frequently not understood by GPs and indeed we are aware of some local Divisions of General Practice that have explicitly advised their GPs to provide the MHTP as the referral document instead of a referral letter. Furthermore, re-referrals for patients have also caused difficulty as some GPs are not aware of the requirement that GP MHCP reviews must be completed at a minimum 3 months apart. Other GPs are aware of this requirement but mistakenly believe they cannot re-refer a patient for an additional six sessions within 3 months of the original plan, which results in significant disruption to a patient's treatment. Clinical psychologists are required to constantly follow up GPs whenever the referral is not dated, signed, or in the required format, or pay the consequences of GP errors, yet changes to the requirements are not made widely known to psychologists. Our members report that GPs are becoming increasingly frustrated with requests for changes in referral documentation made by our members, and this represents a threat to established collaborative relationships. This area is exceptionally fraught where the referring GP is a locum and leaves after several weeks.

Confusing and outdated information is also being given to members directly by local offices of Medicare Australia. For example, the Medical Benefits Scheme (MBS) states that a (Mental Health Treatment Plan (MHTP) remains valid for as long as treatment is required under the plan, yet our members have received advice from local Medicare offices that a MHTP expires after 2 years (24 months). Patient eligibility for rebates has been rejected on the basis of the patient "not having a current MHTP."

Local Medicare offices are also advising members that they need to apply to the Australian Psychological Society to obtain eligibility to provide mental health services at the clinical rate under the program and that the requirement is eligibility for membership of the APS' College of Clinical Psychology, rather than endorsement by the Psychology Board of Australia (PsyBA).

There is also great confusion for clinical psychologists about Continuing Professional Development (CPD) requirements. CPD requirements necessary to provide Medicare services and those of the PsyBA are in alignment, but the APS claims that Medicare requirements for clinical psychologists are managed by them, not the PsyBA, while those of generalist psychologists, where they are different from those of the PsyBA, are managed by Medicare Australia. We believe that CPD for clinical psychologists should be managed simply by the PsyBA, resulting in simplicity and single reporting for

clinical psychologists. In other words, if clinical psychologists are able to maintain their endorsement in clinical psychology, they will have met the CPD requirement for Medicare.

ACPA considers that the expertise of clinical psychologists is not being adequately utilised in current government programs. Qualified clinical psychologists undertake a post-graduate degree at Masters (2 years) or Doctoral (3 years) level specifically focussed on the assessment, diagnosis and treatment of mental health problems. This is followed by a period of one (Doctoral graduates) or two (Masters graduates) years of supervised practice before being eligible for endorsement as a clinical psychologist. This level of training is only matched by the four year post-graduate training of psychiatrists, yet this expertise is being overlooked in the assessment and diagnosis of mental health problems and relegated to GPs, who have far less training in these areas of mental health. We believe that the underutilisation of the skills and knowledge of clinical psychologists leads to inefficiencies, inaccuracies in diagnosis, and poorer treatment for the public, along with excessive costs for government. We would welcome an opportunity to consult with government on the role of clinical psychologists in the mental health workforce.

Yours sincerely,

Dr Judy Hyde MClin Pscyh PhD

President, the Australian Clinical Psychology Association

cc. The Hon Mark Butler, Minister for Mental Health

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01.08.2011

Dear Ministers,

The Australian Clinical Psychology Association represents those clinical psychologists who hold post-graduate qualifications in clinical psychology and meet the requirements for endorsement by the Psychology Board of Australia (PsyBA).

We are writing to request that you consider granting specialist title for clinical psychologists. It is in the best interests of the public that they, and those who refer them to psychology services, are able to clearly distinguish clinical psychologists with post-graduate qualifications and training in the speciality. This issue has arisen in the context of preparing submissions to the Senate Inquiry into Commonwealth Funding and Administration of Mental Health Services.

Clinical psychology is an internationally recognised speciality of psychology in its body of knowledge and practice. Clinical psychologists specialise in the assessment, diagnosis, evidence-based treatment and treatment outcome evaluation of mental health disorders across the lifespan at all levels of complexity and severity. Along with psychiatry, clinical psychology is the only specialist training in which the entire post-graduate program is in the area of mental health. No other allied mental health professional receives as high a degree of education and training in mental health as the clinical psychologist.

The Psychology Board of Australia (PsyBA) has established the standard for endorsement of clinical psychologists as a post-graduate Masters (2 year) or Doctoral (3 year) degree in clinical psychology, plus a period of supervised training to bring the total amount of post-graduate training to four years. The PsyBA proposed to AHMAC that specialist title be granted to specialist psychologists in 2009. In March, 2010, AHMAC granted endorsement for psychology specialities. However, the public does not understand the concept of 'endorsement'.

The public is familiar with the concept of 'specialist title' as it has been used in medicine and dentistry for some time to denote those individuals with accredited post-graduate specialist training in medicine and dentistry. Currently, the public is unaware of how to determine the level of training of a psychologist to enable them to obtain the appropriate specialist treatment to meet their needs where required. Specialist title is needed to provide clear differentiation for the public of those with accredited specialist post-graduate training.

Western Australia clinical psychologists, along with other specialist psychologists, held specialist title for 30 years prior to Western Australia joining the National Health Practitioners Registration Scheme in October, 2010. At this time, specialist title was revoked under the Health Practitioner Regulation National Law Act of 2009. Specialist psychologists in Western Australia were permitted to use the title until 2013, and a notation to that effect is placed on the register for those who gained specialist title in a psychology speciality in Western Australia prior to October, 2010. Specialist psychologists in Western Australia were assured their entitlement to use specialist titles would be reviewed prior to 2013, and consideration would be given to extending this status to specialists in psychology with

accredited post-graduate training nationally. It is now 18months out from the 2013 deadline when permission to use specialist titles in Western Australia will be withdrawn and no consideration has yet been given to this matter.

Furthermore, it is thought that approximately half of the clinical psychologists granted endorsement by the PsyBA in 2010 were "grandparented" into the speciality without holding the required post-graduate qualifications and training in clinical psychology. This increases the difficulty for referrers and the public in identifying those clinical psychologists with the necessary qualifications for the speciality.

In the best interests of the public, we urge you to consider, as a matter of some urgency, granting specialist title in clinical psychology to those with accredited specialist training in the speciality, in accordance with the PsyBA's current established standards for endorsement. This will enable the public to make a clear and properly founded choice of specialist practitioner.

Yours sincerely,

Dr Judy Hyde
President, Australian Clinical Psychology Association

PSYCHOLOGY CLINIC

The Hon Tanya Plibersek Suite M1.24
Parliament House Canberra, ACT 2600

02 August, 2011

Dear Ms Pilbersek,

The School of Psychology at the University of Sydney would like to invite you to visit our Psychology Clinic which has recently moved to new premises. As the local Member of Parliament for the University and the Minister for Human Services, we thought you may be interested in the structure of training of clinical psychologists at post-graduate level and the resources the University invests in this training.

The training clinic sees members of the public at extremely low cost for both therapy and psychometric assessments, thus reducing the cost burden of service provision on the Government while providing training for professionals at a very advanced level. The University of Sydney has only offered a Doctoral level training for clinical psychologists for the past ten years. We have a large staff dedicated to this training and excellent facilities with state of the art systems for supervision that we would like to show you.

The staff of the University of Sydney Clinical Psychology Unit are considered leaders in the profession of clinical psychology and have been active advocates for the recognition of clinical psychology as the advanced speciality merited by its level of post-graduate training. On staff we have many members of leading professional organisations including the President and Vice-President of the Australian Clinical Psychology Association, which was established to represent the interests of qualified clinical psychologists. While this is an independent body, the involvement of staff in this organisation reflects their strong commitment to clinical psychology.

We would like to invite you to visit the clinic and view the facilities and meet with staff at your convenience. We would welcome the opportunity to inform you about clinical psychology and the training it requires and to discuss the role of clinical psychology in mental health. If this is possible, please have your staff contact Assoc Professor Caroline Hunt on: 9351 5446 or Dr Judy Hyde on: 9351 5175.

Yours sincerely,

J Hyde

Dr Judy Hyde
Director, Psychology Clinic, University of Sydney

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