



## **Submission**

# **Enquiry into Mental Health Services: Progress to Implementing the Recommendations of the Select Committee**

**To:**

- **Senator Lyn Allison - (Chair) Select Committee on Mental Health.**
- **The Secretary, Senate Community Affairs Committee.**

**This submission was prepared by the National Executive of the Australian College of Clinical Psychologists (ACCP) on behalf of all members, and drafted and edited by Paul J. Stevenson OAM (National President).**

I submit this Position Statement as National President of the Australian College of Clinical Psychologists, on behalf of the members of the College. This publication combines the views and comments of members who have expressed concerns over the proposed Medicare initiative, pertinent to the role of Clinical Psychologists.

Paul J. Stevenson OAM.

## **Introduction**

This submission will address the following topics:

1. Background to the Australian College of Clinical Psychologists.
2. Issues pertinent to Medicare.
3. The role of associations.
4. Recommendations.
5. Justice and the “Fair Go” in industrial relations.
6. Conclusions.

### **Overview of the submission**

The Australian College of Clinical Psychologists represents three hundred (300) clinical psychologists across the four eastern states of Australia. We are an association supporting practitioners of the profession with the provision of mandatory peer review and professional development.

The College respectfully requests Federal Government and Medicare acknowledgement of the elite skills and abilities of Senior Clinical Psychologists and Fellows of the association, for eligibility to Clinical/Specialist Provider Status with regard to Medicare Services, under the Better Access to Mental Health Scheme.

What follows is an argument to support the College, in assessing our members to have equivalent qualifications and experience to members of the Australian Psychological Society’s College of Clinical Psychologists, and an automatic eligibility (pathway one) to Medicare Clinical/Specialist Provider Status.

### **1. Background of the College**

The Australian College of Clinical Psychologists (ACCP) is an independent professional association devoted to the support and development of practicing psychologists in Australia. The College is a non-profit organization with all its fees and charges being applied to the achievement of its aims and purposes in the interests of its members.

The College was formed in 1980 in Canberra by a group of practicing private and public clinical psychologists. Other branches soon followed in Queensland and New South Wales (1983), Victoria (1996), the Riverina and the Gold Coast (both 1997). Current membership is three hundred (300), comprising the membership categories of Student, Intern, Associate member, Full member, Senior Clinical Psychologist member and Fellow. There are presently thirty-five (35) Fellows in the association, with a further fifteen (15) eligible for Senior Clinical Psychologist status.

The ACCP was a pioneer in the support of Clinical Psychologists in Australia, convening the first Australian Clinical Psychology conference in 1984. It was supported by the APS, which saw the College as the leader in this field. The ACCP also conducted the second, third and fourth conferences in Clinical Psychology, as no other association (including the APS) was so doing.

In fact, the 1987 (fourth conference) was held in conjunction with the APS Queensland Board of Clinical Psychology. Clearly, the ACCP had a path finding role in the development of the profession years before the APS, or any other association, joined in.

## 1.1. Membership

The six membership categories within the College are:

- **Fellow** – This is the highest level of membership within the College, and is available to full members of at least five years standing, nominated and seconded by the membership and elected by a majority of the national executive. The Fellowship is dependent on contributions to the College in terms of executive office, mentoring and exemplary practitionership within the community. It is retained for the duration of current membership.
- **Senior Clinical Psychologist Member** – Full members who have completed five years full membership, and who have demonstrated exemplary competence in professional and community practice and particular diagnostic specialities, are elevated to this level pursuant to logbook documentation. An appointment to this level is attained via extensive professional and community project service, including endorsements from relevant industry referees and Branch Presidents.
- **Full Member** – This level is available to members who are academically qualified and fully registered, and who have completed one year as an Associate member, with approved supervision and peer review, and who engage in a minimum of six hours of clinical practice weekly.
- **Training/Intern Member** – This level refers to members who are academically qualified, undergoing supervision for State registration, and who engage in a minimum of six hours of clinical practice weekly.
- **Associate Member** – This level applies to those who have not yet completed their full academic programme, but are working toward the clinical contact requirement.
- **Student Member** – This level applies to students of psychology engaged in tertiary studies, with current enrolment status.

## 1.2. The College aims to:

- Promote excellence in the practice of clinical psychology by providing opportunities for members to develop their professional knowledge and skills; and
- Protect the interests of members, their clients and patients by monitoring and advancing standards of practice through professional development, supervision and peer review.

## 1.3. The College is committed to:

- Providing training, education, supervision, peer review and support of psychologists engaged in clinical practice; and
- Sharing knowledge, expertise and experience in a mutually supportive way.

## 1.4. Definition of a Clinical Psychologist

Fundamental to the ethos and philosophy of the College, is the definition of Clinical Psychology. Our definition is as follows:

*Clinical psychology is a discipline, which involves the professional psychologist in direct contact with a patient (also referred to as a client) in either a therapeutic or assessment role, as distinct from a teaching, research or administrative role.*

The College is inclusive of members of all other psychological organizations, and those members are welcome to join the ACCP at the level to which they are qualified.

**Membership, however, is dependent on the mandatory requirement, that the psychologist is currently engaged in either part time or full time therapist-patient practitionership, which is clinical in nature.**

Clinical Psychology is regarded by members of the college to be a “**process**” rather than a “**title**”. The process referred to is the facilitation of assessments and treatments required to address the needs of patients, in a practitioner-oriented manner.

A **Clinical Psychologist**, therefore, is a qualified psychologist with an additional measure of **practitioner** training. This, again, differs from other associations’ definitions of the term “clinical”, particularly those that promote academic over practitioner qualifications.

**College members (in particular Fellows and Senior Clinical Psychologists) feel strongly that their expertise should be acknowledged by Medicare Australia as part of Medicare’s ongoing commitment to provide the best service to patients requiring clinical psychological treatment.**

The basic academic standard for psychologists is set by the State Registration Boards as a four year degree in Psychology followed by a two-year statutory supervision program. The ACCP promotes that clinical training requires further supervision in a practitioner setting, mentoring, peer review and ongoing professional development.

All Fellows and Senior Clinical Psychologists of the ACCP have reached a level of clinical proficiency as measured by sufficient academic studies, sufficient supervision, and sufficient ongoing education. Further, they each have many years practical clinical experience.

**These College members believe that a Masters Degree in Clinical Psychology is only one of many pathways to achieving a proficiency in clinical practice. Many Fellows and Senior Clinical Psychologists of the ACCP have chosen pathways other than the Clinical Master's degree to achieve clinical proficiency.**

### **1.5. Professional Development**

- **Peer review.** The College requires all members to present to their peers on an annual basis, a review of a client intervention, case study, literature review or other articles of professional relevance. Non-presenting members attend these meetings to contribute feedback and share their own clinical experiences. These meetings operate on the “problem solving based learning” model and have proved a valuable source of learning for new graduates and students of psychology.
- **Collegiate participation in College meetings.** The College insists that all members attend half of all monthly meetings scheduled by their branch, annually. It is not possible to be a passive member of the College.
- **Other professional activities** – All members must also complete thirty-five (35) hours of professional development activities annually (such as workshops, seminars, lectures, peer review and academic study), either within the College, or the wider professional community.
- **Intern supervision.** The College provides placements, mentoring and education for interns as they proceed through conditional registration and academic study.

### **1.6. Public Liability and Professional Indemnity**

The College has several options for members who desire professional indemnity and public liability insurance. As a result of College negotiations, we have two preferred insurers which each offer up to a twenty million dollar policy across the board.

The College is in favour of the Medicare requirement that providers carry sufficient insurance. This is a service that is indicative of the high level of professional support that the ACCP provides for its members.

## **2. Issues pertinent to the proposed Medicare changes**

### **2.1. Community accessibility to psychologists**

The College applauds the Federal Government's initiative and commitment to provide more accessibility of psychological services to the Australian public. Traditionally, the psychology profession has suffered commercial disadvantage, operating in an environment where there is high community need, but low demand for services, due to the relative high prices for these services.

Public accessibility has been the constant challenge for all psychologists in private practice. The College sees sponsorship by Medicare to be a positive move toward increased accessibility by the public, leading to more commercially favourable fees for services. Many College members have expressed their commitment to minimise or cover the gap in fees, in the light of viable Medicare rebates and more referrals.

### **2.2. Eligibility for "Generalist" Provider Status with Medicare Australia**

The College acknowledges that all state unconditionally registered psychologists, are eligible to apply for a provider number with Medicare Australia.

The number of fully registered practising psychologists in Australia is approximately twenty thousand (20,000). Of this number, many are in salaried occupations, the public service, academia and research. Further, some are in designations such as Organizational, Social and Forensic Psychology. Many, if not most of these practitioners would not be operating as Clinicians. The College concedes that even if all eligible practitioners were to receive a provider number, the community would still be less than adequately serviced for psychological treatment.

### **2.3. Eligibility for "Specialist/Clinical" Provider Status with the APS**

The College is aware that the Australian Psychological Society (APS) specifies that members wishing to be admitted for the first time require a six-year Masters level qualification for membership eligibility to its College of Clinical Psychologists. Ironically, the APS also concedes that 50% of all licensed practising psychologists are four-year trained (including their own continuing membership).

The ACCP actively encourages ongoing professional development and upgrading of skills and qualifications. This upgrading may take many forms including workshops, seminars, individual research, peer review and formal tertiary courses. Of all these options, the ACCP believes that practitioner competence can be best maintained by way of professional practice in an environment of supervision, peer review and mentorship.

Over many years, the APS has had a strong bias towards academic studies. This bias has meant that, at the time this submission was being prepared, many of the ACCP Fellows and Senior Clinical Psychologists with as much as thirty (30) years clinical

experience have been excluded by the APS Medicare Assessment Team from eligibility to the higher Medicare registration.

The State Registration Boards, as statutory authorities, are in the best position to govern the profession objectively across all associations. At some time in the future, when Registration Boards adopt a uniform code that endorses the category of Clinical Psychologists, the ACCP believes that this should be taken as the benchmark for the recognition of the “Specialist/Clinical” Provider Status.

**Until such time, the ACCP believes that it is appropriate that the only two societies in Australia that are in a position to make such an assessment; namely the APS (Clinical College) and the ACCP be two associations that can make the determinations of “Specialist/Clinical” Provider Status.**

Further, the College supports the Registration Boards in applying further training demands for the Specialist/Clinical status under Medicare, in line with their obligations to the community regarding practitionership (as opposed to higher academic qualification).

**The restrictive, rigid and biased view of the APS Medicare Assessment Team towards the eligibility for the higher level of patient rebate through Medicare Australia has set a standard different from that required for a licence to practice. This has resulted in discrimination toward some licensed practitioners and represents a restrictive trade practice.**

### **3. The Role of Associations**

Psychological associations, such as the ACCP and the APS, provide many services to members and protections to the community and sponsors. The ACCP is inclusive of all other psychological associations, and considers that membership to either association provides for the opportunity for support, professional exchange and professional development.

Clinical Psychologists, therefore, determine the association of their choice, based on alliances to philosophy, ethics and procedures, and should be able to make that choice freely. Clearly, one should be free to align with either association, both or neither.

When the Federal Government entrusts one society alone with the task of adjudicating over the distribution of public funds, non-members of that society become disadvantaged as a result of that society’s adherence to its own philosophy, ethics and procedures.

In the interests of natural justice, and access and equity, the ACCP considers that all such adjudication should be entrusted to the Statutory Psychological Registration Boards in the long-term, and to each association (for its own members) in the short-term.



## 4. Recommendations

### 4.1. Background

The present Medicare Clinical/Specialist Provider Status eligibility criteria are specified exclusively by the APS College of Clinical Psychologists. The ACCP members believe this is an inappropriate and perhaps invalid criterion for non-APS members, and I cite the following reason for this assertion.

The APS College of Clinical Psychologists was formed as recently as 1994 (previously a Board structure), whereas our association (ACCP) was formed in 1980. For fourteen (14) years, therefore, the ACCP was the only College in Australia exclusively representing Clinical Psychologists, and the pre-requisite for membership was in keeping with the academic standard of that time (i.e. a four-year degree). Later, the ACCP moved to a four-year degree plus a two-year supervision program in line with State Registration Boards requirements for full registration.

Please note that many current members of the APS Clinical College (who are long-term members) have equivalent qualifications to ACCP members who graduated around that same time (1980-1994). However, their membership of the APS Clinical College allows them automatic eligibility for the Clinical Specialist Provider Status (via pathway one), whereas the same eligibility is not extended to ACCP members.

In short, these long-term APS members are deemed eligible by virtue of their membership alone to the APS Clinical College, and, under the present system, there is no requirement for them to update their qualifications.

#### **Recommendation:**

**That the members of the Australian College of Clinical Psychologists (ACCP), who have attained the same level of professional standards, be seen as equivalent in status to the members of the APS College of Clinical Psychologists.**

### 4.2. Background

Many of the long-standing members of the ACCP will find it impossible to meet the APS College of Clinical Psychologists eligibility criteria (as would many of their own members), due to the different eligibility for membership criteria operating at the time they applied for membership.

Prior to the early 1990's, there was no requirement by the APS or the State Registration Boards for recording of supervision. In short, documented supervision was not mandatory, at the time that many ACCP members commenced practice.

The eligibility for the APS College of Clinical Psychologists now stipulates one thousand (1,000) hours of supervised clinical practice, under the auspices of a Clinical Psychologist.



While, in the past, ACCP members worked under various supervision arrangements (as all psychologists did in psychiatric clinics, rehabilitation clinics etc), that supervision was not always recorded or documented – rendering it impossible to substantiate in a way acceptable to the APS College of Clinical Psychologists.

To suggest that our long-standing members retrain under current conditions for undergraduate and post-graduate students of a university is absurd, and disrespectful of their years of professional experience, professional development and work place learning. In short, the APS appears to make no allowance for the “Recognition of Prior Learning”.

Further, I am aware of several of our members who have been rejected by the APS Medicare Assessment Team who have themselves been conducting clinical supervision (and mentoring) of other psychologists for many years. This situation is both ludicrous and unjust.

It is important to note that the APS College of Clinical Psychologists eligibility criteria has been structured around current Clinical Masters Programs, and while we consider this criteria appropriate for new graduates entering the profession, it should not be applicable to those with as much as thirty (30) years professional experience, professional development, ongoing education and peer supervision and support.

#### **Recommendation:**

**That the Fellows and Senior Clinical Psychologists of the ACCP be deemed eligible for the provision of Specialist/Clinical Services under Medicare, by virtue of recognition of prior learning and experience as assessed by the ACCP’s rigorous conditions, and not be required to engage in additional formal university study, or APS prescribed supervision, in order to meet current APS College of Clinical Psychologists eligibility criteria.**

#### **4.3. Background**

In the absence of the eligibility for Specialist/Clinical Provider Status being judged by State Registration Boards, the ACCP endorses the evaluation of that eligibility by either the APS or the ACCP. Fellows and Senior Clinical Psychologists of the ACCP who have been rejected by the APS (even if they happen to be members of both associations) would then be eligible for “Specialist/Clinical” Provider Status by virtue of their status within the ACCP.

Clearly, the APS is the largest association representing psychologists in Australia, and it would appear that the Federal Government has found it convenient for the APS to have exclusive responsibility for all Medicare eligibility assessments.

However, the ACCP strongly recommends that the Federal Government give recognition to the only other long-standing psychological society representing Clinical Psychologists – namely the ACCP. The ACCP has a very efficient and fair method of assessing applicants for admission to the college and also for assessing members for promotion to higher status within the college.

Most of our members have chosen to not join the APS, based on objections to various principles including its over-reliance on academic standards ahead of professional practitionership, and its failure to engage its members in mandatory peer review.

Put simply, many ACCP members have serious concerns about the philosophies and methodologies of the APS, and hence have chosen to continue their professional development through the ACCP. Were this APS monopoly to continue in its present form, many of our members would **not be able to provide appropriate Specialist/Clinical Services via Medicare**. Consequently, both our members and their clients will be financially disadvantaged.

As a non-partisan approach, the Federal Government has, in our view, an obligation to provide all Clinical Psychologists (whether members of the APS or the ACCP) the same opportunity to apply for Specialist/Clinical Services provision to a committee of their peers.

### **Recommendation:**

**In the interests of Industrial Access and Equity, Fair Trading, and access by the community to “Best Practice” services, I request the Parliamentary Secretary allows selection of Clinical Psychologists to Medicare Specialist/Clinical Provider Status by panels of either the APS or the ACCP, based on eligibility criteria appropriate to each association.**

## **5. Justice and the “Fair Go” in Industrial Relations**

As previously noted, the current APS Assessment Team criteria for eligibility to the Medicare Specialist/Clinical Provider Status remain equivalent to membership of that Society’s Clinical College. The ACCP is adamant that this premise is invalid because it excludes non-member psychologists with decades of practitioner experience who do not fulfill the particular requirements of that society.

**Many of my own College members (with up to 30 year’s experience) have paid for the APS assessment, failed to be accepted, and forfeited their application fees. Currently, very few ACCP members (who have applied to the APS) have been deemed to be eligible for Medicare Specialist/Clinical Provider Status.**

The APS Clinical College and the ACCP coexist because they provide a different model of service to their members. For years, Clinical Psychologists have been making a choice as to which of the clinical colleges best suits their need. The ACCP believes that it is a healthy situation where there is a real choice for Clinical Psychologists wishing to belong to either association.

The APS monopoly over adjudication of eligibility status renders a small percentage of ACCP members ineligible for Specialist/Clinical status under Medicare. If the Federal Government were to continue to exclude these competent and appropriately

qualified registered psychologists, this would result in disadvantage to both practitioners and their patients.

**I am sure this unfair discrimination was not the intention of the designers of this new Medicare scheme.**

I contended earlier that some eligible providers are approved (pathway one) entirely by their status as long-term APS Clinical College members; a privilege not afforded to equivalently trained and experienced members of the ACCP.

**These APS members are now able to attain the higher Medicare rates by virtue of their long-standing membership of the APS Clinical College alone.**

Some of these long standing members are three-year qualified, some are four, but the majority would not be eligible on today's standards. Further, some are academics and researchers, and have little or no experience with day-to-day patient treatment.

In contrast to this, ACCP members with high levels of academic qualification, experience and professional development, have reported that they cannot satisfy the APS criteria for the following reasons:

- 1). Their in-service training and supervision (albeit with qualified Senior Clinical Psychologists) was completed prior to State Registration Board requirements for mandatory recording. No provision has yet been offered for "Recognition of Prior Training and Experience" that has not been documented in a way stipulated for contemporary new registrants.
- 2). The APS has structured eligibility for Medicare Specialist/Clinical provider status around its own contemporary membership eligibility, and favours recruitment to that Society as a concurrent process to Medicare eligibility. Many ACCP members consider this to be a restrictive and inappropriate practice.
- 3). The present Medicare Specialist/Clinical provider status eligibility criteria stipulate that the applicant cite two referees from APS Clinical Psychologists, endorsing the application. This is a further example of monopolist thinking and practice. The current APS base referring system is unworkable because most of our members are not personally known to APS Clinical College members. In addition, an endorsement by two members of the APS requires more than just knowing who they are, but rather a familiarity and rapport sufficient to warrant such an endorsement.

We acknowledge that the Federal Government is using the APS Clinical College eligibility as a benchmark for qualifications and experience. However, we recommend that this benchmark for eligibility be extended to include the ACCP.

In other words, endorsements (referees) for an applicant's assessment should not be the exclusive domain of members of the APS Clinical College, but also be open to Fellows and Senior Clinical Psychologists of the ACCP.

**The ACCP respectively requests that the Select Committee urgently reviews the current method of assessing psychologist's eligibility for Medicare Specialist/Clinical Provider Status. Furthermore, we request cognisance of the principles of Natural Justice and the formulation of a selection process that incorporates equal access and opportunity to the registered practising Clinical Psychologists in Australia who are prevented from eligibility for the Medicare Specialist/Clinical Provider Status under the present system.**

### **Conclusion**

The Australian College of Clinical Psychologists represents approximately three hundred (300) fully trained and registered psychology practitioners around the nation. The National Executive of the College, comprising Branch Presidents of each State (QLD, NSW, VIC, ACT) respectfully requests the Parliamentary Secretary, the CEO of Medicare Australia, and the Medicare Select Committee on Mental Health, to:

1. Acknowledge the expertise of ACCP members, and to endorse their selection of those appropriately qualified members to Medicare Specialist/Clinical Provider Status.
2. Allow the nomination of ACCP members considered to be equivalent in status to the members of the APS Clinical College (namely Fellows and Senior Clinical Psychologists), to Medicare Australia, for inclusion on the list of Specialist/Clinical eligible providers.

The level of membership proposed is that of Fellows and Senior Clinical Psychologists members of the College, having demonstrated more than five years exemplary practitionership, post full registration and training pursuant to their tenure in the profession. **Please note that the number of eligible practitioners involved is less than fifty (50).** Consequently there would be no "Flood gate" impact and the financial impact of this change would be minimal.

The College considers such an endorsement of the above recommendations will validate the Federal Government's adherence to the "Fair Go" in consumerism, the Industrial Relations statutes regarding trade practices, and open an equal access to government funds and the provision of services for all Clinical Psychologists with appropriate credentials.

The College also believes that those psychologists, who are engaged in "Best Practice" within their profession, will be better able to engage with their community of patients, affecting the real intentions of the Federal Government's commitment to "Better Access to Mental Health".

On behalf of the members of our college, I wish to thank you for your time and consideration of this Position Statement. The College willingly offers support and assistance with regard to further negotiations, and I invite you to contact me on any of the numbers above, or my personal mobile number 0412 000 080, for further clarification of this Submission.

Yours sincerely,

Paul J. Stevenson OAM  
National President – Australian College of Clinical Psychologists.