

Submission to the Senate Community Affairs Committee relating particularly to the provision of Clinical Psychological Services.

From Prof Malcolm Macmillan, DSc, FASSA, FAPS
Department of Psychology, University of Melbourne, Victoria 3010 Australia.

I should like to submit the following points on the matter of Clinical Psychological Services to the Committee for its consideration. My remarks are from the position of one who helped draw up the Constitution of the Australian Psychological Society (APS), who helped found what is now its College of Clinical Psychologists and largely drew up the qualifications for membership of it, who has taught in formal clinical training programs for about 15 years, and who has clinical experience in the public sector (although a long time ago).

My first point is that what Australia most needs most is a comprehensive nation-wide scheme of free clinical psychological services provided by properly trained clinical psychologists. In my view, these services should be made available at clinics staffed by clinical psychologists, social workers, psychiatrists, and general practitioners each of whom have clearly defined and agreed on roles. Few really serious psychological problems can be dealt with in isolation -- even by clinical psychologists. I believe that in addition to funds being made available for clients and patients to claim to a 'higher' Medicare rebate from private practitioners, a scheme like that outlined briefly, should be planned and implemented.

I believe there is also a need for a similar comprehensive scheme for providing professional psychological services that are distinct from clinical problems, although related to them, in such areas as neuropsychology, education, vocational counselling, relationships, etc. Although I am making no submission about such a scheme I do ask that the Committee consider its desirability. I believe that there is evidence supporting the conclusion that services like these would help prevent the development of more serious clinical psychological problems.

Second, I sense that proposals are being considered that would significantly degrade the level of training for those psychologists offering clinical psychological services when the real need is to upgrade them. Although this might be seen as an internal APS 'political' matter it has implications for the agreement reached by APS with Government over the provision of psychological services. The APS has effectively removed the processing of applications for membership of the College of Clinical Psychologists from the College's own membership committee and combined that processing with that of approving applications for the 'higher' Medicare rebate. The standards for both applications are now significantly lower than those recognized by the College itself.

Proper training of clinical psychologists should be at the doctoral level and include an empirically relevant research thesis, practical placements supervised by a member of the College of Clinical Psychologists (or a clinical psychologist possessing equivalent qualifications) and a fund of knowledge of advanced clinical theory and practice. In all three of these areas, many of the APS standards for recognising equivalence for the higher Medicare rebate are not much higher than in an undergraduate degree and are certainly lower than those the College has set up even though the College has always had a route to membership via its own equivalent examination system.

In usurping the role of the College of Clinical Psychologists, the APS has paid scant attention to the concerns of the members of the College and has never consulted with College members directly. Nor has it been possible for the Chairs of the State sections of the College to discuss them. Motions have been proposed by the APS, not the College, for the APS Conference later this year but it is unlikely that the opinions of the Clinical College and other Colleges will be adequately aired.