

**COLLEGE OF CLINICAL PSYCHOLOGISTS**

Review of Australian Higher Education  
Discussion paper June 2008

Presented to:  
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## **Introduction**

The College of Clinical Psychologists commends the Review of Higher Education and looks forward to the Review Panel determination on the future direction of the Higher Education sector, its fitness for purpose in meeting the needs of the Australian community and economy and the options for ongoing reform

## **Recommendations**

A Government-funded partial rebate for psychology services offered by psychology trainees at accredited sites (34 university clinics) has short and long term merits.

It will:

- ensure that initiatives designed to increase the psychology workforce (e.g., clinical psychologists) produce the desired outcomes,
- make mental health services more accessible to the public (urban and rural) at low cost,
- protect and enhance the excellent standards of service and training offered by university clinics.
- This investment, among other initiatives, has the potential of realising more efficient, effective and cheaper treatments for mental health problems in the future.

## **Background**

1. The Federal Government's Better Access initiative provides Medicare rebates to mental health professionals including psychologists and clinical psychologists. This has been a positive step in tackling the current mental health crisis, and has made mental health services more accessible and affordable to the community at large. We fully support this Government initiative. However, this development has had an unintended impact on psychology training at university clinics. ***Because clients favour Medicare-rebated services by approved and fully qualified clinicians to services offered by psychology trainees at university training clinics, referral numbers have fallen and referral types have changed.***
2. Currently, there are 34-University Clinics offering psychology, mainly mental health services, to the community, with about 9,000 clients treated on a yearly basis. The clinics provide excellent training to clinical and other psychology trainees. This is because (i) Clinic Directors and clinical supervisors attached to these University training sites hold specialist clinical and training expertise, (ii) the clinics have state-of-the art facilities for audiovisual monitoring, assessment and feedback (video cameras, one-way mirrors, recording and feedback) to provide effective and efficient training, and (iii) staff with expertise in clinical supervision provide intensive monitoring and feedback to trainees during a developmental stage when trainees have not acquired the competencies to

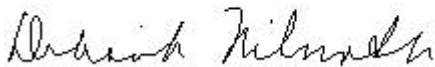
independently treat clients, especially vulnerable clients (e.g., persons with severe depression and suicide ideas). Such University-based training programs have, in the past, set standards of excellence in training, and have contributed to the development, research, trial and successful implementation of innovative treatment interventions, including several of the evidence-based psychological interventions used today. Hence it is important that such training programs continue and are supported.

3. It is proposed that the Federal Government should offer financial support to University clinics to maintain and extend their training programs. The initiative that is recommended is the approval of the 34 University Clinics as Medicare-accredited sites, to enable trainees (e.g., clinical psychology trainees) to acquire site-specific provider numbers to offer Medicare rebates to clients treated at these sites. This training model is not new and currently applies to GP-registrar training, whereby GP-registrars are given site-approved provider numbers to practice under supervision. The adoption of this training initiative has a large number of short and long term advantages that are listed below:
  - a) **Access:** The initiative will increase access to mental health services to the community. Close to 500 trainees undergo training at university clinics annually.
  - b) **Low cost:** The initiative will not be costly for the Government because partial (rather than full) Medicare rebates could be offered for services rendered by trainee psychologists. Also site-approval can be made contingent upon bulk-billing (not-charging fees above the specified rebates).
  - c) **Workforce development:** There is a serious shortfall in the mental health workforce, particularly in clinical psychology, and the Federal Government has sought to address this shortfall by several initiatives including encouraging universities to train additional clinical psychologists (e.g., by provision of additional HECS/HELP-based places for clinical psychology training) and by the recent initiative to provide 222 new postgraduate scholarships for psychologists in rural and regional areas. Because a preliminary placement in a university clinic is an important pre-requisite for placements in external settings, any initiative designed to increase the clinical psychology workforce will be successful only if training in university clinics is strengthened and extended. In other words, the drop in referral numbers to university clinics will serve as the bottle-neck, preventing the expected outcomes from well-intentioned funding initiatives (e.g., the scholarship scheme) from becoming realised. As a worst case scenario, the drop in referral numbers in university clinics may have a negative impact on workforce development, forcing universities to reduce rather than to increase training places.

- d) **Standards of care and training.** The university clinics currently offer excellent standards of care and clinical training and Government support is needed to maintain standards.
  
- e) **Strategic value:** Support for psychology training at university clinics is of great strategic import. Because of the research-focus and research culture within universities, psychology treatments and training bear close adherence to empirical validated and effective treatment interventions. Over the years, the duration (e.g., number of sessions) and cost of treating common psychological disorders have reduced, making psychological treatment both effective and efficient. The search for cheaper and more effective interventions for mental health problems is of strategic merit, and support for university clinics should be seen as a strategic investment rather than as a recurring cost.

The National College of Clinical Psychologists again wishes to thank the Department of Education, Employment and Workplace Relations for its review into this very critical area of educational need in Australia.

Yours truly



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