To whom it may concern,

I am writing about the effects of the two teir registration system that Medicare has adopted in relation to rebates for psychology services. I am also writing in relation to the new AHPRA legislation which entrenches inequites within the provision of psychology services by sustaining specialist titles which are not helpful in most cases, and spurious in some cases.

Firstly, my concern about the 2 teir Medicare rebates. It appears that Medicare rebates received by some patients may be discontinued on the basis that they are receiving treatment by psychologists but not clinical psychologists. There has been an artificial division created by this funding arrangement which is not based on any sound clinical judgment but on prejudice and elitism which cannot be sustained as good funding practice nor good clinical practice. My Masters in Counselling Psychology required rigorous study and skill development in the treatment of anxiety, mood disorders and personality disorders. These are by far the most significant disorders in Australia by prevalence, and consequently economic burden in terms of lost productivity and heath service uptake. Whilst, the clinical Masters focuses on more serious mental illness such as the psychoses which are very debilitating for those affected. **The name Clinical Psychologist is a misnomer** in that it presumes that they are the only type of psychologist clinician, when in fact the large bulk of patients present with anxiety, mood and interpersonal difficulties which are treated just as successfully by Counselling and other psychologists who are also clinicians and have significant clinical skills in such treatments. It would be true to say that clinical psychologists have more experience with the psychotic disorders but these are less prevalent and the large bulk of presentations for mental illness to psychologists is for the former diagnoses.

I am alarmed that there be any consideration of taking my Medicare Provider number away on the basis that I do not belong to the Clinical College of the Australian psychological Society. As stated I have a Masters in Counselling Psychology which means I have 6 years of University training. Furthermore, I have undertaken private weekly and fortnightly professional supervision and case discussions since 1992. This enables me to provide an extremely considered **clinical** treatment for my patients. However, I am not a member of the clinical college because they cut off any form of recognition to other Masters Psychology graduates prior to the Medicare rebates being provided to psychologists. It was only once the Medicare rebates were introduced, that they were obliged to assess the qualifications of other than Clinical Masters graduates. Rather than assessing competency, they assess paper qualifications, which of course, are not exactly the same as a Clinical Masters by virtue of the fact that they are other qualifications. However, assessing paper qualifications is seriously flawed as a means of assessing competency as it does not take into account the real import of skills development that occurs for all clinical science practitioners. It is once all practitioners begin to practice and bring their work for scrutiny by their colleagues that important clinical learning occurs. This is the reason that 3 years of the Medical undergraduate training occurs in a hospital setting under the auspices of senior practitioners.

I have undertaken exactly that, in that I have spent 8 years working in public psychiartry undertaking training both formally within the hospital settings, through supervision and regular professional development including education days. This is in addition to the Masters qualification. Yet, I have had my qualifications assessed for clinical college membership and been advised that I need to do a bridging program. This makes no sense, when the unit of study I have to do is taught by one of my ex-supervisors who provided a letter to the Assessment committee of the clinical college endorsing me as competent for college membership. Clearly, the assessment process is prejudicial.

I report these facts in this letter not to request redress of my case, but simply to illustrate the flaws in the system. This system recognizes one set of paper qualifications over another within the same profession as a result of one set of clinicians exercising a form of industrial monopoly to further its own ends.

I would also like to draw your attention to the following issues with regard to the Medicare funding arrangements for the treatment of mental health-

- 55%of Better Access funding goes to GP's
- The 2 tiered system requires a greater expense passed on to the Australian public as 'clinical psychologists' are paid around 50% more than 'generalist' psychologists by Medicare however they provide the same service and have the same operating expenses
- 'generalists' are therefore forced to pass on some of this expense as a gap fee in order to remain in the business of providing a service.
- An equitable rebate system could eliminate this situation.
- Medicare is now allowing GPs to provide 'focused psychological strategies' after having completed 18 hrs of APS provided training in Cognitive Behavioural Therapy (CBT). This means that all psychologists minimum 6 years of study/training to become a registered psychologist has now been reduced to 18 hrs of training for people in a completely different profession to do your job. Physicians are not psychologists- they have not extensively studied or trained in psychology. It appears that my professional association, the APS, is complicit in this outrage by providing the training to GPs- they obviously believe that our 6 years minimum of training is reducable to 18 hours of CBT.

I would urge you to consult properly before changing the Medicare rebate system as any proposal to curtail funding by reducing access to the current psychology workforce would be cause great disadvantage to the many people who suffer from mental illness and their families. I have also heard some critics of the system including a notable MP argue that treatment under Medicare for anxiety and mood disorders is tantemont to treatment for the "worried well". This is extremely divisive and would be the same as restricting access to medical services for patients with migraines over patients with cancer. Where does the line get drawn? Is one form of mental illness less important than another. I would think not. I urge you to carefully consider the success of the system in enhancing very many people's lives through improved health and urge you not to act in divisive manner either towards psychologists, especially as there is no evidence that to do so would not bring any benefits, nor towards types of mental illness as each involves a great deal of sufferring.

Yours Sincerely
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