

Submission to; Administration of health practitioner registration by the Australian Health Practitioner Regulation Agency (AHPRA)

To whom it may concern,

Dear Sir/Madam,

I wish to draw your attention to the discriminatory system currently in place within the administration of registration of Psychologists by AHPRA.

I chose to pursue a Doctorate rather than a Clinical Masters course of study during my Psychology degree, despite the fact that it involved more years of study, because I believed that a clinical degree afforded a pathologising approach to mental health care, whereas my doctorate was of a general sociological focus, and would promote a more holistic approach to mental health care.

Having worked successfully in the industry for 12 years I now find myself sorely disadvantaged. Colleagues who have spent far fewer years in study and/or practice (but many of whom employ similar holistic methods to my own as they find them more effective than Clinical approaches) are able to command a higher fee because they have 'Clinical Psychologist' degree to their name.

This disadvantage has been recently compounded by the registration system established by the APS and adopted by AHPRA, which now renders me 'Unendorsed'. The consequences of this potentially include;

- Posing an insurmountable threat to my livelihood by rendering me, along with 20,000 (80% of the total) registered psychologists* ineligible for Psychologist Insurance cover, Medicare provider status, and Mental Health Care rebate provider status, and therefore
- Prohibiting me from providing financial relief to my clients without which they cannot afford to access psychological services: (95% of my clients have reported that they need to use the rebated system, or lose access to psychological services).
- Promote Clinical Psychologists as the only 'effective' psychologists; a claim entirely unsubstantiated by the empirical evidence upon which clinical psychology is purported to be based;
- Create an unsupportable demand on the few clinical psychologists (less than 20% of all psychologists*) in this geographical area, which in turn would rob the public of access to the preventative early intervention which has been proven to lessen the demand for more costly measures of mental health intervention at later stages.

I respectfully submit that

1. the Ministerial Council take note of the research that unequivocally demonstrates the efficacy of generalist psychologists, and move to abolish the false dichotomy which attempts to identify one section of the profession as superior to another
2. the Ministerial Council introduce qualification requirements for practitioners that recognises prior learning and experience, and
3. the Ministerial Council move to discontinue the Two Tier Rebate Scheme and replace it with a single rebate for consultations referred by a GP to all registered psychologists under a Mental Health Care Plan.

Sincerely,

C Sharp PhD