

10 April 2011



Re : Impact of AHPRA processes and administration on health practitioners, patients, hospitals and service providers

I write this to voice my position on Medicare and how the national registration scheme has the potential to impact seriously on the lives of the kinds of people who come to see me in my Private Practice in [REDACTED]. Although there are many serious reasons for my concern, in this submission, I will focus on what I consider to be the most serious for my clients:

I completed my BA Hons (Psych) at [REDACTED] University in the days prior to the Clinical Psychology specialisation was introduced and followed up with a Masters in Education (Psych). I became passionate about Trauma, PTSD and DID, and became an Intern at [REDACTED], attended conferences, workshops, received supervision and read extensively with people such as Jennifer Freyd, Collin Ross, Jeffrey Young, Pia Mellody, Francine Shapiro, Roger Solomon, Warwick Middleton, van der Kolk, Richard Kluft, just to name a few – over the past 30 years.

Through the years, however, I saw no reason to return to University to complete a Clinical Masters Degree because of my passion about my specialisation (Trauma, PTSD, DID) and keep constantly updated. But because of this lack of Clinical Masters Degree, I'm not considered to be an 'endorsed' psychologist and because of the new AHPRA rules and processes I have, quite suddenly, found myself at risk of not being eligible under the Medicare system. (*Very much at risk – I've just found out today that I've been 'un-endorsed' officially by AHPRA on their website*).

Even under the present two-tiered Medicare system, because I'm a Registered Psychologist, not a Clinical Psychologist, so I can only bulk-bill \$81.60 for my clients, not the \$110+ that a Clinical Psychologist can. Not that this worries me, as I feel that I'm helping my despairing clients to heal from sometimes unbelievable abuse in their young lives. Because of their fragile mental health issues, most of these people cannot afford to pay much more than their travelling expenses to attend their sessions with me.

What is so unfair for me about the 'endorsed' ruling is:

- There was no prior warning about this and no time given to me prior to the introduction of the new rules that might have enabled me to return to University to upgrade
- There were no extra places organised at Universities prior to the introduction of the new endorsement rules to enable psychologists to upgrade to a Clinical Masters Degree in time. At the present time, there are no places available at any Queensland Universities.
- There was no 'Grandfather' clause outlined in the 'endorsed' system that would allow me credit for 30 years of study/practice/experience. Even if the Grandfather Clause contained extra University study, it would be helpful and would allow us 'oldies' to use our multiple skills and experience to stay within the Medicare system.

To my knowledge, the above three issues are contrary to the practices of any other profession. In most professions, when new rules and regulations are proposed to upgrade their membership as a whole:

- Years of prior warning is clearly given to every member of the profession;
- Places are made available at Universities and this information is disseminated throughout the profession;
- Provision is made to upgrade those practitioners who have been in the profession for many years according to their present skills, knowledge and experience (Grandfather Clause)

Finally and most importantly, it is questionable whether this 'endorsement' would give the community a better service according to the latest Government funded research:

- The Centre for Health Policy, Programs and Economics report 'Evaluation of the Better Access to Psychiatrists, Psychologists and GPs through the Medicare Benefits Schedule Initiative', Component A: A Study of Consumers and their Outcomes: Final Report 22 December 2010.
- This report documents no difference between outcomes from receiving care from 'endorsed' Clinical Psychologists and those receiving care from 'un-endorsed' Registered Psychologists in fact, the figures suggest that 'un-endorsed' Registered Psychologists may get better results for their clients.

Because I have been practicing in the field of Trauma, particularly childhood trauma and sexual abuse, I am well known in [REDACTED] by many GP's and Psychiatrists who send their most serious cases of Complex Trauma to me under the Medicare system, knowing that I have the knowledge and experience to handle these cases.

At present I see between 30 – 35 people per week, so I should not have to explain any further, to this committee, how these impending AHPRA processes would affect my most vulnerable clients in the future – thereby placing a huge burden on the already over-burdened Health Systems in Australia.