

TO:  
Senate Committee

13th April 2011

## **Inquiry into the administration of health practitioner registration by the Australian Health Practitioner Regulation Agency (AHPRA)**

### **Submission RE: Funding for Psychologists**

Dear Sir or Madam,

I am a Queensland registered psychologist who has met all requirements to practice, ie:

- National registration under AHPRA
- Undergraduate qualifications
- Supervised Practice Program
- Supervision, ongoing
- Indemnity insurance
- Extensive continuing professional education including certificate courses in recognized psychological treatments currently taught at University level
- Extensive professional development

I recently gained general registration after completing the Supervised Practice Program. Although accepted at the time to three universities, I declined Postgrad study as I was not sure where I wanted to specialize (Ed&Dev, Org, Clin/Neuro, Clin, Health etc.) and as such declined so I could work out where my passions are.

Completing the supervised program has given me a wide range of experiences and hands on knowledge that I continue to build upon, which has helped me to identify my areas of passion. Having received no prior warning of the changes that are currently being suggested, I have not planned to go on to post-grad study until 2014. The prospect of having to go onto FT post-grad study immediately in order to continue practicing in two years' time is a very disappointing one, and one I am not financially viable at present to make. As such, the prospect of not being able to continue to provide psychological support for many years is even more disappointing, as well as a waste of the skills I have acquired, and the reality should the proposed changes occur.

With the changes suggested, my most recent employment and the invaluable clinical experience and support I could gain working in private practice at [REDACTED] would be nullified. Moreso, the clients whom I have been seeing would be robbed of their ability to access counseling. This is a bulk billing practice and as such enables those people who could not otherwise afford it to attend counseling to work on issues which negatively affect them, people around then and potentially the community at large. Given the minority of

Clinical Psychologists compared to Generalist Psychologists, the number of vulnerable and needing clients who would be unable to see a practitioner would increase immensely, and with this the costs to the community in terms of Hospital treatment, doctor billed visits, social offences etc. would increase to an extent most probably outweighing the current cost of the medicare system of billing 'unendorsed' psychologists.

The unfairness in 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 increase in 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 very few places available at any Australian Universities.
- There was no 'Grandfather' clause outlined in the 'endorsed' system that would allow me credit for years of study/practice/experience. Even if the Grandfather Clause contained extra University study, it would be helpful and would allow senior practitioners 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.

**I urge the senate committee to consider the following:**

- Re-endorse all currently registered psychologists
- Introduce a fair and transparent “grandfather” system
- Cease the two-tiered Medicare rebate system immediately and consider a compromise of setting the rebate at \$95.00 for **all currently registered psychologists**
- Eliminate the requirement for GPs to review Mental Health Care Plans [MNCP] and make immediate savings;
- Consider review and evaluation of GP MHCPs and MHCP reviews
  - Examination of required reviews as patients in need of consistent therapy can not always access their GP’s and obtain required paperwork in required timeframes
  - Ensuring the paperwork is correct and reviews completed and obtained by the client interferes with that individual’s treatment and sometimes delays the healing progress
- Setup new processes that do not involve the Australian Psychological Society [APS] as the “gatekeeper”. This is not appropriate as psychologists are represented by many other bodies not necessarily the APS. The APS should not be involved in CPE/PD gatekeeping.

Kind Regards,  
Anna Wiederroth  
Psychologist