



## Policy Statement

The Board of the Australian Association of Psychologists inc has been responding to a number of issues that are creating major divisions in the psychology profession. As these issues are affecting the practice of psychology and the clients of psychology practitioners the Association has developed this Policy Statement.

### Preamble

Human psychology is immeasurably diverse. The psychology profession must embrace and adapt to this diversity.

“An open, flexible and market-driven mechanism adapts best, fastest and most efficiently.”

That truism is the driving force behind the policies of The Australian Association of Psychologists inc (AAPi), and is the philosophy that directs this manifesto.

The Members of AAPi believe there are three major factors that are impeding open, flexible and market-drive mechanisms applying to the practicing of psychology in Australia for the principal benefit of the clients of the practitioners and for practitioners to be able to operate efficient profitable businesses providing an essential service to the Australian public.

The three pillars of policy that are retarding the advancement of psychology in Australia are:-

- The implementation of Medicare in the profession under the Better Access Scheme
- The discrimination against the majority of psychology practitioners as a consequence of the implementation of the national policy that created endorsed status v unendorsed status.
- Qualifications and recognition of prior learning and experience.

This manifesto canvasses these issues and sets out the Associations policies to remove the bias and discrimination that is retarding best practice treatment of mental health disorders in Australia.

### Executive Summary

The Australian Association of Psychologists inc has adopted the following policies in respect of the three issues referred to above:-

#### 1a. *Two Tier Rebate Scheme – AAPi Policy*

*The Federal Government should immediately 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. There is no credible evidence to justify a “Clinical/ Endorsed” practitioner’s client being paid a higher rebate than a “Generalist/ Unendorsed” practitioner’s client.*

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### 1b. Professional Development requirements – AAPi Policy

*That Medicare continue to require ongoing PD; however the PD requirements be developed in consultation with all the profession and with all the organisations that represent the interests of psychologists in Australia; thereby ensuring that 10,000 practitioners and their clients are not disadvantaged.*

### 2 Endorsement v Unendorsement – AAPi Policy

*That:-*

- *the disenfranchisement of most Australian psychologists should be removed by eliminating all false dichotomies which are not based on evidence;*
- *all psychologists should be brought back into the fold by instigating fair practices and policies;*
- *all policies which put the bulk of Australia's psychologists at risk of defunding by governments be eliminated.*
- *all psychologists registered as practitioners on 30<sup>th</sup> June 2010 be endorsed*
- *all new education and training requirements commence from 1<sup>st</sup> January 2012*

### 3. Qualifications and recognition of prior learning and experience.- AAPi Policy

*That:-*

- *All psychologists (including those trained overseas) registered to practice as at 30<sup>th</sup> June 2010 have their qualifications fully recognized and endorsed.*
- *The Ministerial Council take note of the research that unequivocally demonstrates the efficacy of generalist psychologists and introduce qualification requirements for practitioners that recognises prior learning and experience, and does not create a false dichotomy by attempting to identify one section of the profession as superior to another.*

## Medicare

### Two Tier Rebate Scheme

In 2006 the then Federal Government implemented the APS instigated "Two Tier" system of Medicare rebates.

The APS recommended the "Two Tier" system to government despite very strong advice to the contrary and a failure to consult its membership.

No doubt this recommendation came from the Clinical clique within the APS who were trying to create an "elite" within the profession, and disadvantage the clients of "generalist" psychologists who only qualified for the lower Medicare rebate.

Psychology is clearly an inexact science and all practitioners, despite their particular areas of practice, treat the full range of psychological illness. Unlike our colleagues in the medical profession who are able to demonstratively specialise in particular areas of medicine; therefore it is practical to allow different Medicare rebates for a range of medical procedures. In an engineering sense procedures are identifiably different and therefore identifiable. The medical Medicare rebates are established on the basis of the cost of administering the various procedures.

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The medical model cannot be transposed into the psychology sphere because there is no ability to differentiate between procedures, and many procedures overlap in treatment of complex problems involving people and their unique personalities.

Therefore we assert that it is a fallacious argument to claim that a so called "Clinical" psychologist is providing a different or superior treatment to that provided by a "Generalist" psychologist, and the question this raises is:

Why are clients of "Generalist" psychologists discriminated against by Medicare?

Any claim of inherent superiority of 'clinical' psychologists by practicing 'clinical' psychologists, or by the academic 'clinical' psychologists who train them, is simply against the weight of evidence. The distinguishing feature of psychology, why it considers itself to be a science at all, is that it pays attention to research based evidence - or at least, it is meant to.

Recent research both in Australia and overseas has highlighted the attitudes and views of key stake holders in psychology and allied health fields.

'Generalist' psychologists questioned the higher Medicare rebate paid to 'clinical' psychologists. For their part only a few 'clinical' psychologists thought that MBS provider numbers should be restricted to 'clinical' psychologists. Only the APS and 'clinical' psychologists perceived the difference in rebate as a valid reflection of "the additional training and skills" of 'clinical' psychologists. Despite the proof of no difference between the two, and based on the rhetoric of 'clinical' psychologists GPs generally reported feeling more confident in referring patients to a 'clinical' rather than a registered psychologist.

A massive confidence trick has been pulled on the medical profession, the Australian Government and the general public by vested interest in the APS, PBA and 'clinical' psychology. Where all the evidence demonstrates either no superiority of 'clinical' psychologists over registered psychologists (or where there are differences, they are usually in favour of registered psychologists), vested interests in the APS, PBA and 'clinical' psychology have succeeded in marketing themselves at the expense of 80% of their psychology colleagues.

**NOTE:-** Refer to the comments in this document under the item canvassing endorsement v unendorsement discussing research concluding that there is no empirical evidence supporting the theory that "clinical" psychologists are "superior" to "generalists"

### **Two Tier Rebate Scheme – AAPi Policy**

***The Federal Government should immediately 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. There is no credible evidence to justify a "Clinical/ Endorsed" practitioner's client being paid a higher rebate than a "Generalist/ Unendorsed" practitioner's client.***

### **Professional Development requirements**

The APS has been advising its members, who comprise 66% of Australia's psychology practitioners that they are required to complete 10 hours of APS approved CPD by 30<sup>th</sup> June 2011 to be eligible to retain their Medicare numbers.

The 10,000 psychologists who are not APS members have not been so advised. Once again creating a "closed shop" arrangement, with the APS, despite the fact that it is not a government body, now being the gatekeeper for Medicare and leaving 10,000 psychologists and their clients disadvantaged.

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Despite the fact that Medicare has a direct relationship with practitioners who have been allocated Medicare numbers the so called Medicare requirement for “New continuing professional development requirements for Medicare providers” appears to be something that is unknown to Medicare.

On enquiring with Medicare about the new PD requirements it appears that Medicare itself was ignorant of the requirement being publicised only to APS members. One non APS member was advised by Medicare that the information Medicare received from the APS is that for psychologists to continue billing the psychological numbers they will need to log 10 hours of continuing professional development in focus psychological strategies. This will need to complete by June 30th.

In other word this is not a Medicare requirement. It is an APS requirement.

It is absolutely proper for Medicare to introduce Professional Development requirements; provided this is done in consultation with the full range of the profession. It should be Medicare who advises the practitioners of new requirements or alternatively all the professional organizations and associations representing the profession should be provided with the information for their members.

At present hMedicare cannot provide the information regarding the requirements. They are only available on the APS website to members only through their user name and password login. The “closed shop” situation continues.

### **Professional Development requirements – AAPi Policy**

***That Medicare continue to require ongoing PD; however the PD requirements be developed in consultation with all the profession and with all the organisations that represent the interests of psychologists in Australia; thereby ensuring that 10,000 practitioners and their clients are not disadvantaged.***

### **Endorsement v Unendorsement**

The decision made by the Council of Australian Governments (COAG) Ministerial Council to bring all the state based regulatory boards under one national board has created a major schism in the practice of psychology in Australia.

The implementation of this decision, although well meaning, has disenfranchised 80% of Australia's psychology practitioners, and devalued years of education, training and experience in the profession. The decision has also left the implementation in the hands of a small minority of elite academic psychologists who do not appear to be interested in progressing best practice psychology at the coal face for the benefit of mental health sufferers in Australia, and for the benefit of the great majority of practitioners who earn their living from practicing their craft.

The decision has resulted in 80% of the profession being *unendorsed/ generalist* practitioners. This is the scheme that is being administered by the Psychology Board of Australia academics in alliance with the academics of the Australian Psychological Society, and is clearly demonstrating bias towards the 20% of *elite endorsed* practitioners in the face of crushing evidence that refutes the claims that *clinical/ endorsed* psychologists are superior to *generalists*.

For those practitioners that:-

- are a “generalist” psychologist
- are not an APS College member (who get automatic endorsement)
- have not applied for and been granted endorsement

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- are unable to meet the criteria for endorsement (see the application forms of the PBA)

Then they are *now UN-endorsed* and will most likely remain so.

UN-endorsement is the negative inferior status that has been given to the majority of Australian psychologists since 2<sup>nd</sup> July 2010 by the PBA (in collusion with the APS) - not as a result of any deficiency in their work, or as a result of complaints about their work or professionalism, but purely as a result of a bureaucratic decision by the PBA in collusion with the APS. Most Australian psychologists NOW have this inferior status, even though they are registered psychologists.

The PBA make it clear in their application for endorsement that applicants have until 2013 to apply for endorsement; however:-

- If they cannot get their original supervisor to sign a form.
- Unless they can demonstrate a required amount of supervision in a specified specialist area.
- Unless they have an APS approved masters degree in that specialist area or can demonstrate (to the PBA's satisfaction in alliance with the APS) equivalent training, followed by specific supervision in that specialty.
- Unless they can get two already endorsed psychologists in that specialty to vouch for them

*They will remain UN-endorsed.*

What will happen to un-endorsed psychologists after the period of application for endorsement closes in 2013?

We believe the Federal Government is looking for ways to reduce expenditure; therefore budget cuts are looming, and this will only escalate over the next few years. Health services could be amongst the first to be cut back, and there is little doubt that cuts to psychology services will proceed cuts to others services which are deemed more essential.

After 2013, Australian psychology will be neatly divided between APS College members (all endorsed) and all the rest; unendorsed psychologists.

Subject to being able to rectify the position before it is too late we believe that when budget cuts are made it will not be the "endorsed" APS College members who will suffer the consequences. It will be the great majority of unendorsed practitioners who have been given an inferior status that will be disadvantaged. The government will be well pleased with this state of affairs as the APS/PBA alliance has given them a rationale to liquidate the majority of Australia's psychologists. The apparent savings will be substantial once all un-endorsed psychologists are no longer eligible for employment in government services and agencies, and clients of un-endorsed psychologists are no longer eligible for Medicare rebates. The longer term costs will be catastrophic.

***All psychologists are already endorsed by virtue of their registration which has been the identifier of competence for decades and has allowed psychologists to practice.***

### ***Endorsement v Unendorsement – AAPi Policy***

***That:-***

- ***the disenfranchisement of most Australian psychologists should be removed by eliminating all false dichotomies which are not based on evidence;***
- ***all psychologists should be brought back into the fold by instigating fair practices and policies;***

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- *all policies which put the bulk of Australia's psychologists at risk of defunding by governments be eliminated.*
- *all psychologists registered as practitioners on 30<sup>th</sup> June 2010 be endorsed*
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### Qualifications

We strongly support the importance of professional psychology practitioners attaining the highest possible qualifications and being required to meet targets for ongoing professional development; however we continue to contend that it is completely impractical to attempt to retrain the entire profession to enable them to continue practicing a discipline that many have practiced for a lifetime.

It has been suggested to that one of the reasons for requiring retraining to obtain “endorsed” status is to match international standards. **Which international standards?**

We believe that in comparison with US standards our level of training is at the very least fully equivalent and possibly superior; however it is difficult to compare the two.

In comparison with the UK there is evidence showing very highly qualified practitioners being rejected for entry to the APS Colleges and PBA endorsement because their qualifications and experience are not recognised. **Nevertheless it appears that these are the qualifications we aspire to!**

This evidence comes from practitioners who have worked with, and been supervised by some of the most highly qualified psychologists, and in world terms some of the most respected, who hold/ held influential advisory positions with European and other governments.

The psychology profession in Australia includes a number of highly trained and experienced practitioners who received their training in prestigious overseas tertiary institutions and gained extensive and valuable experience practicing in a wide range of different countries and cultures. We should encourage these practitioners and benefit from their experience by recognising their qualifications.

It is quite clear that a masters or PhD does not equip a practitioner to deal competently with any human issue unless he/she has both the practical experience and the humility to accept that they do not have all the answers because of their academic achievement.

Psychology in Australia is not a medical service that can be divided into specialties and separate endorsements.

The Australian population is relatively small and practicing psychologists need to be all things to all people, with the traditional exception of the need, in some cases, to refer to neuropsychologists or practitioners who have developed specialties in practice in areas such as eating disorders, OCD etc. Competent practitioners know when to do this and have always done so when necessary.

All good practicing psychologists in full time private practice understand the need to run a balanced practice with a balance of client needs. No individual practitioner can sustain, nor should they, an entire practice of people who are suffering from serious depression, or anxiety, or OCD or personality disorders.

They intuitively balance their practices with a range of presenting issues to afford sustainability. They shape and encourage their referral networks accordingly. Some psychologists mix serious clinical presentations with higher functioning and more stable clients.

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Particularly traumatised clients may be referred for more intense treatment by psychologists who have taken a particular focus upon the required area of practice, sometimes as a component of the client's overall management. Such referrals have always been conducted and received with a high level of understanding, respect and cooperation. We recognise that this is not always available to psychologists in rural areas.

It is the task of psychologists to determine, preferably from an eclectic skill set of approaches, which approach would best suit the individual client, and which approach is most likely to be effective with each individual client for that particular set of client problems and issues.

Psychologists should be left free to focus upon their practice and the needs of their clients. It is a demanding profession, like all human service delivery. Psychologists need to be focused and relaxed in order to practice effectively, and they should continue with Professional Development which all good practitioners have always done, long before any formal requirement to do so: however the PD should be determined by the practitioners themselves according to developmental needs, latest research and changing client needs.

### ***Qualifications and recognition of prior learning and experience.- AAPI Policy***

#### ***That:-***

- ***All psychologists (including those trained overseas) registered to practice as at 30<sup>th</sup> June 2010 have their qualifications fully recognized and endorsed.***
- ***The Ministerial Council take note of the research that unequivocally demonstrates the efficacy of generalist psychologists and introduce qualification requirements for practitioners that does not create a false dichotomy by attempting to identify one section of the profession as superior to another.***

24<sup>th</sup> March 2011