4 August 2011

Senate Community Affairs Reference Committee inquiry into Commonwealth Funding and Administration of Mental Health Services

Re: The two tiered Medicare rebate system for psychologists

I am writing as a young clinical psychologist who joined the profession in 2008 following completion of a six-year course of full-time university study. I completed a Bachelor of Science degree (Psychology) with Honours and then completed a Master's degree in Clinical Psychology, both from the University of New South Wales. The intensive nature of the study undertaken and the completion of a post-graduate qualification in a highly specialised field are of significance. The field of psychology is extremely broad and the title 'Psychologist' is just as broadly applied to a range of individuals. A researcher studying visual perception and a therapist providing clinical services to patients may both share the same title-Psychologist. However, it is obvious that the work of both is very different.

If we examine the situation amongst practitioners of psychology in a therapy or clinical context, we will again see there is diversity. There are practitioners who have completed a four year bachelor's degree (such as a Bachelor of Arts or Science) and then embarked upon a career as psychologist through an 'Apprenticeship Pathway'. This pathway refers to the individual being trained in the applied methods of psychological practice by another registered psychologist in various settings. Within this model of training, it is up to the trainee to locate an appropriately qualified practitioner who over a two-year period needs to provide them with the foundational skills to practice as registered psychologists within the Australian community. Some of these foundational skills include:

- The ability to conduct comprehensive mental health assessments and diagnose often complex disorders and understand their various clinical manifestations

- Comprehensive knowledge of psychopathology covering mood, anxiety, psychotic, neurodegenerative, substance abuse/dependence and personality disorders

- Mastery of an evidence-based psychotherapy, such as Cognitive-Behavioural Therapy (CBT)

- The ability to conduct neuropsychological assessments to assess for signs of organic brain dysfunction, memory disorders and other neurodegenerative disorders

- Ethical and professional clinical practice across the lifetime

The apprenticeship model provides no standardised foundation upon which the above skills will be acquired. In stark contrast, the pathway undertaken by clinical psychologists involves a four-year undergraduate degree (culminating in an Honours year) and then a post-graduate qualification wholly dedicated to clinical psychology over a two (Masters) or three (Doctorate) year period. The post-graduate training is intensive, comprehensive and most importantly, it is standardised, ensuring all trainees graduate with the same foundational skill-set and are fit to practice.

Attached below is a copy of the course structure of the clinical psychology Master's degree at the University of New South Wales, as an example of the comprehensive nature of the

clinical training undertaken by Australian clinical psychologists. The apprenticeship training pathway provides no such formalised, comprehensive training.

Source: http://www.psy.unsw.edu.au/students/current/files/Mas_Clin_Booklet.pdf

		units of credit
Stage 1		
PSYC7000	Research and Evaluation Methods	6
PSYC7001	Psychological Assessment 1	6
PSYC7204	Child Clinical Psychology	6
PSYC7210	Human Neuropsychology	6
PSYC7212	Experimental Clinical Psychology 1	6
PSYC7221	Experimental Clinical Psychology 2	6
PSYC7223	Professional and Ethical Practice (Clinical) 1	6
PSYC7224	Professional and Ethical Practice (Clinical) 2	6
Stage 2		
PSYC7220	Psychology of Health and Illness	6
PSYC7222	Experimental Clinical Psychology 3	6
PSYC7225	Professional and Ethical Practice (Clinical) 3	6
PSYC7226	Professional and Ethical Practice (Clinical) 4	6
PSYC7227	Research Thesis (Clinical) 1	12
PSYC7228	Research Thesis (Clinical) 2	12

Honourable committee members can access the standardised training program of any accredited Australian university to verify the comprehensive nature of the training. With respect to colleagues trained under the apprenticeship model arguing for parity in remuneration, you will not find evidence of a standardised and adequate training pathway. What you will find, however, are anecdotes based on personal experience. Appeals to personal experience cannot demonstrate the training was adequate. Whilst individuals often provide (comforting) exceptions to statistics and cold hard facts, when it comes to a matter of national importance, statistics and facts need to be given their appropriate weighting over and above appeals based on personal experience.

Does the apprenticeship model deliver on producing clinicians with these core skills that will ensure they are effective and safe health practitioners? Here are some points to help answer the question:

Apprenticeship model: The apprenticeship model does not guarantee any uniformity or standardisation in the training process. Why? Because it is up to the trainee to source out their supervisor/s and this means the entire process is flawed. Some trainees may be lucky and have a very good supervisor, others will not, and will have to, in the interest of getting their registration at the end of two years, make do with sub-standard supervision.

Clinical Psychology training: the training provides a standardised training over a two to three year period. The training is provided at an accredited university and is taught by high-level practitioners and academics, holding advanced degrees (usually PhD) in clinical psychology. Students are introduced to the cutting-edge research and practice methods by clinicians and academics who actively contribute to the research.

Apprenticeship model: The apprenticeship model is open to misreporting and lacks the proper governance. It is up to the supervisor and trainee to keep a log book of all clinical activities undertaken in order to meet registration requirements. Given that we are dealing with a registered health profession, such a lack of governance is highly concerning.

Clinical Psychology training: It is the responsibility of the university, in particular of the school of psychology at that university, to ensure students comply with all course requirements otherwise graduation is denied. A range of academics, clinicians and administrators work to ensure that all students are performing at the level required and steps are taken if this is not the case.

Apprenticeship model: Does not provide the breadth and depth of experience required to competently carry out the duties of a registered psychologist. This is because the trainee is limited to the treatment settings of their supervisor and their supervisor's skill set. As one apprenticeship model trainee recently informed me: "you just end up learning the mistakes of your supervisor".

Clinical psychology training: The training ensures the trainee receives the breadth and depth of experience required as it is up to the university to find the trainee appropriate external training opportunities (placements). In addition, in stark contrast to apprenticeship model training, universities, as public institutions, have strong links with public health settings (not only hospitals but also community health centres and specialist depression and anxiety clinics) and are thus able to provide training opportunities for their students within these settings. Furthermore, the clinical psychology training is a much more integrated, holistic experience where the trainee attends lectures, tutorials, workshops and interacts with a large number of practitioners over the period of their training. Nothing is left to chance, luck or both.

Summary and conclusions

Australia is a first-world country with a first-world health service. It deserves to stay that way. Unfortunately, compared to all other first-world countries, the training standards of the profession which forms the backbone of mental health, psychology, is in desperate need of upgrading. The apprenticeship model is an anachronism within a modern health system where specialist skills are acknowledged to be essential. In order for Australian psychologists to service the mental health needs of the community, they need comprehensive, intensive and well-thought out training.

The apprenticeship pathway, whilst suited to a trade, is grossly inappropriate for a health profession such as psychology. Arguing for parity with respect to remuneration (under Medicare, for example) between those psychologists who trained under an apprenticeship model and those who undertook a six to seven year course of intensive full-time university education, will ensure that Australia remains behind the rest of the world. With no incentive to undertake post-graduate specialisation (because they will be paid the same as someone who completed a Bachelor's degree and then trained under the apprenticeship model), Australian psychology would take one massive retrograde step. Clinical psychology training places may be cut and the ambitions of health

regulators to phase out the apprenticeship model would be dealt a major blow. Most importantly, the Australian pubic would suffer by not having access to highly trained practitioners.

Some of our colleagues within the profession have resorted to ad hominem attacks, suggesting that clinical psychologists feel "superior" to other psychologists and that the two-tier system is unfair. It needs to be said-the distinction between psychologists and clinical psychologists should not be taken personally; it is simply a distinction based on training and expertise. I acknowledge that, through no fault of their own, many colleagues did not have the opportunity to undertake clinical psychological training (for example, they live in a rural area where access to post-graduate training is extremely limited, or, they trained at a time when clinical psychology training was not a common pathway to registration) and feel aggrieved at the two-tier system as a result. Such a state of affairs should not be conflated with the objective reality that post-graduate clinical psychology training, regardless of who undertakes it, is standardised, comprehensive and best meets the needs of the public. A distinction must be made between arguments based on emotion and those based on verifiable evidence.

Australia needs to make forward movement with respect to upgrading its minimum requirements for registration as a psychologist. The Psychology Board of Australia has already realised such an upgrade must occur. Dismantling the two-tier system and removing the clinical psychology Medicare rebate will unnecessarily setback the much needed process of reform and make the case for reform weaker.

I thus urge all honourable committee members to examine the matter in question in light of the profound implications outlined above. The matter under discussion is not about feelings of superiority or inequality. The matter in question is about the mental health future of this nation. Australians deserve a first-rate mental health system.

Yours faithfully,

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