

The Two-Tiered Medicare System - Inequity, elitism and the devaluing of “real” experience and professional development over tertiary education.

That there is a distinction between “generalist” and “specialist” psychologists smacks of inequity and elitism and devalues the work experience and formal education and training undertaken outside of the tertiary institutional setting.

When I qualified as a psychologist 25 years ago with a high level Honours degree, I was not aware that some 25 years later I would be financially penalised because I did not join one of the “specialist” colleges of the APS. There was no requirement that a psychologist join the APS let alone one of the colleges. The APS has cultivated a “golden-haired” group, unrepresentative of its majority constituency. In its advisory capacity to the Australian government the APS has supported this elitist group of “specialists” in a two-tier payment structure, which has fractured the profession.

As a single parent, and self-employed psychologist I do not have the money to “buy” myself into this elitist group of “specialist” psychologists by running back to university to obtain a Masters Degree so that I can be paid the same rate as the “specialists” for doing the same work I do now. Nor should I have to return to university if there was recognition of the my experience and training beyond the tertiary setting. **There is something critically wrong with the system which pays a “specialist” psychologist more than a “generalist” when the “specialist” refers a client to the “generalist” for the “specialist skills” they possess.** Welcome to my world, I am an EMDR practitioner (a specialist skill) and through Medicare when I bulk-bill for assisting clients with this specialist skill, I am paid the generalist rate, with the “specialist” psychologist being paid nearly \$40 hour more for not being able to assist the client in this area.

Is there some subversive attempt by universities and the APS to generate more income for their own organizations by creating an economic disparity within the profession? A profession which is not generally a well paying one. One gets more bang for their bucks from a law degree or a Masters in Business.

The bulk-billing rate (ie scheduled fee) for generalist psychologists is very low given about 10 years ago the APS indicated that psychologists needed to charge \$120 per hour as a minimum in order to survive financially in private practice. I have chosen to bulk-bill clients with health care cards as my commitment to social justice. However, given the additional unpaid work Medicare clients involve (report writing, phone calls to doctors who have not done the correct paper work etc and the fact I may not be paid for my services because of doctors’ mistakes in failing to lodge 2710s or not being willing to provide a referral letters etc), I am seriously considering removing bulk-billing as an option given the inequity in the two-tier system. If one does their sums – it doesn’t pay to care! At least not as a generalist psychologist who bulk bills.

The Medicare bulk-billing rate (ie scheduled fee) for all psychologists should be the same (regardless of rate). As psychologists we were advised recently by the APS to put up and shut up about the inequity of the two-tier system for the sake of the welfare of our clients. Surely we have a right to speak out about the equity in our profession and exploitation of our caring capacity. In my opinion all psychologists should be considered “endorsed” in that they have all met the requirements considered

necessary at the time they completed their course of study as well meeting the registration requirements in order to practise. In addition, they have professional development requirements they have to meet annually to maintain their registration.

The two-tier system is an artificial and inaccurate indicator of the skills and experience of the individual psychologist and benefits a minority group.

Medicare Better Access – Number of Sessions

At the end of the day the decision to reduce the number of sessions will only hurt the client, which will ultimately hurt society; after all what is society but a collection of individuals. Surely it is well accepted by now that a healthy mind promotes a healthy body. Our society is more depressed, more obese etc than the generations before it; reducing the Medicare sessions in this context then is a retrograde step, which devalues the importance of psychological well-being in creating a healthy society.

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