I am a (“non-specialist”) registered Psychologist. I have worked in a private psychiatric hospital for over 10 years and treat the whole spectrum of psychological disorders, most of whom are in the more complex and severe range, including patients with severe personality disorders, trauma victims and patients with chronic anxiety disorders (including obsessive-compulsive disorder) and major depression. I am, however, virtually unemployable in a private psychology practice or medical centre as I do not qualify for the higher rebate.

My hospital work colleagues are both “non-specialist” and clinical psychologists. We all do exactly the same work and treat exactly the same people – and we are all equally effective.

The APS College of Clinical Psychologists would have you believe that non-specialist psychologists only provide relaxation techniques and other equally basic ‘focused-psychological strategies’. Quite frankly, one does not need to be a psychologist to provide such basic techniques and I have certainly never seen anyone who just requires relaxation, or the like.

“Non-specialist” do the same work as clinical psychologists, only most of us have gained our experience ‘on-the-job’ rather than at a university clinic - that often screens clients to suit research demands. I would certainly argue that trained neuropsychologists have superior skills to any non-specialist or clinical psychologist, but they are not the issue here.

Working in a psychiatric hospital with complex clients requires me to remain up-to-date with the latest research, training and techniques. It is ridiculous to think that this is only the domain of a clinical psychologist.

The Clinical College is currently sending out information to its members to lobby you to not only maintain their advantage, but to increase it, and to encourage their clients to lobby you as well. They are also providing ‘cut-and-paste’ options to hasten these letters.

I have absolutely no doubt that non-specialist psychologists could also provide you with an abundance of testimonials to declare that we are, indeed, equally capable as clinical psychologists.

The only difference I can see, is that non-specialist psychologists are less greedy and entitled (for want of a better word) than some of our “superior” clinical colleagues who are demanding higher rebates.

Your consideration of an end to this two-tiered system would not only save enormous funds for the government, but a profession that is now torn in half. This rebate came into being to benefit members of the public in need of help – not clinical psychologists. The public would certainly benefit from a single-tiered system by having a larger pool of psychologists working on an even playing field, charging the same fees and receiving the same rebates.