

Please find attached information in support of yesterdays hearing testimony.

Although I am an academic, the focus of my role is clinical. I have 12 years of experience in psychological practice that has focused predominately on clinical, health, developmental psychology across the lifespan. I have held senior clinical roles across public, private and not-for-profit. I have worked extensively with children and young people in the area of complex presentations (mental health and developmental/health/neurological conditions) and with adults in the areas of mental health, chronic pain and dual diagnosis. My PhD research focused on resilience in youth. I am currently maintaining a very small private practice in Mount Isa and would like to provide services in Longreach but the nature of my work means I travel a lot across my region, and the lack of access to reliable and affordable mobile and internet networks means that e-services are not viable. I provide this information because I was concerned that during the hearing there was focus on removing Psychologists from private practice in rural and remote regions rather than supporting Psychologists to maintain a percentage of private and public/not-for-profit work through a pathway similar to the rural generalist pathway in place for GPs in Qld. I certainly would be interested in looking at a private practice model in rural and remote if I had support from a pathway such as this.

In regards to my comments about the recent MBS review submission from the APS, that would only allow endorsed psychologists to provide services to level 2 and 3 consumers under the stepped care model, I am attaching some information about the statistics and numbers of psychologists in rural and remote (Australian Psychological Society, 2018; Matthews, 2011). Again I reiterate that there is a difference between expertise and speciality, and a further difference between speciality and endorsement (not all Psychologists who hold a Masters in a speciality choose to gain endorsement). If the APS proposal is accepted by parliament you would lose over 60% of the Psychologist workforce in the MBS private space. This will have a greater impact in regional, rural and remote (RRR) when you consider that over 80% of the Psychology workforce in RRR does not hold an endorsement with a college (Psychology Board of Australia, 2018).

Finally, I would like to highlight that in the 2011 evaluation of the better access program there were no significant difference in outcomes between Clinical Psychologists and other Psychologists (Pirkis et al., 2011). If the argument of endorsement equaling expertise was valid then the data should have shown significant differences in outcomes for moderate to severe presentations. Unfortunately this idea that an endorsed Clinical Psychologist is superior to other psychologists is already effecting education options (University course offerings for other specialties has reduced) and employment opportunities for non-Clinical Psychologists. Ultimately, the only loser in the type of proposal put forward by the APS, and the two tiered system already present in the MBS scheme, is the consumer and their right to choose their Psychologist based on expertise rather than endorsement.

Your sincerely,
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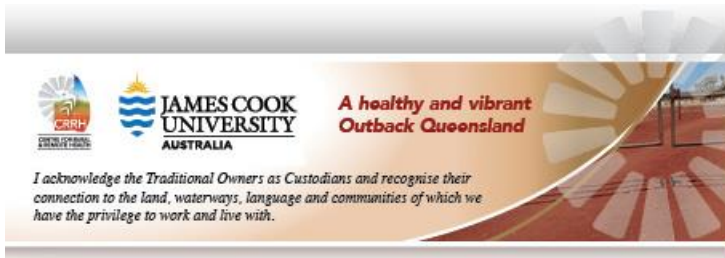
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1. The Australian Psychological Society (August, 2018). APS Submission to the MBS Review: Better Access to Psychiatrists, Psychologists and General Practitioners. Available: <https://www.psychology.org.au/getmedia/5ee546ee-7a78-4807-a404-45d0d12adca7/2018-APS-submission-Better-Access-following-presentation-aug.pdf>
2. Mathews, R. (2011). Profile of the regional, rural and remote psychology workforce [online]. *InPsych: The Bulletin of the Australian Psychological Society Ltd*, 33(5). Availability: <https://www.psychology.org.au/for-members/publications/inpsych/2011/oct/Profile-of-the-regional-rural-and-remote>
3. Pirkis, J., Harris, M., Hall, W., & Ftanou, M. (2011). *Evaluation of the better access to psychiatrists, psychologists and general practitioners through the medicare benefits schedule initiative: summative evaluation/final report*. Availability: <http://www.health.gov.au/internet/main/publishing.nsf/content/mental-ba-eval-sum>
4. Psychology Board of Australia (June, 2018). Registrant data. Availability: <https://www.psychologyboard.gov.au/About/Statistics.aspx>