

I am fully in favour of retiring the 4+2 pathway to registration.

I commenced by psychology training in 1970 when a mature age student, and sold my practice in July 2016. I continue to work in the practice with a much smaller client load. I have also been a supervisor (and won't be renewing this accreditation after June this year. With this background, I have seen a steady rise in the quality of training and responsibilities of psychologists. The standard of supervision and internships can vary and I believe universities should be the primary gatekeeper of standards for consistency.

Like many others I was disadvantaged by the changes in 2006 when 'clinical' no longer meant (to me anyway) working in a clinical setting. When I sought to upgrade my qualifications to a 'clinical masters' I was told I was too old and close to retirement, and that the cost would not be recovered. I accepted this advice not realising I would still be practising in 2018. What I did instead was to employ or contract psychologists with clinical qualifications. Our practise has also provided internships to both clinical and 5 + 1 pathways. We won't accept 4+2 requests. We find the clinical graduates are much better trained and ready for practising with high standards compared to the 4 + 2 interns I have supervised in the past.

I think the 4+2 pathway can no longer meet the standards expected of today. While those like myself were disadvantaged through no fault go our own, and accept lower remuneration and perceived as less qualified, I can see no logical reason why anyone after 2006 would choose this pathway given the career prospects and inadequacies of general registration where the same quality of work from dedicated psychologists is paid less. The 5 + 1 pathway allows general registration to earn an income while completing qualifications for registration (as my last 5+1 supervised is doing). I have had to do the same work as a clinical psychologist for less remuneration in spite of the equivalent of 8 years of full-time study. However, in hindsight I agree we have to raise practice standards and qualifications. The 4 + 1 cannot achieve this and puts additional pressures on those seeking this pathways (finding a placement when their skills and experience are less attractive to employers and the workload is increased for supervisors).

I know this is not part of the submission but I would like to see training changed to also retire counselling, health, and developmental/educational pathways (where the training is very similar for example in counselling psychology) provide clinical psychologist qualifications with specialities in these three areas with the same training as clinical psychologists do now except a fourth speciality would be lower incident or more severe mental health issues (more severe disorders and conditions). Everyone could have similar training in diagnosis. That would equalise the training to current clinical standards of training (diagnosis, treatment planning, etc.). You may disagree but it is unfair to general and clinical psychologists to be drum the same work for different remuneration - unfair to the general psychologist (doing the same work) and unfair if the clinical psychologist isn't remunerated for their qualifications. So why not have them all train to high standards expected of clinical psychologists?

The only other way for there to be fairness in remuneration, is that clinical psychologists are given an item number from Medicare that only applies to approved treatments. It's crazy and costly for a Clinical Psychologist to be paid more for doing counselling, psycho-educational assessments, or adjusting to a chronic illness, teaching relaxation exercises, etc. When I could have gone down the more clinical pathway in the 70's my reason was that I wanted to work with the normal range of mental health issues and leave the personality disorders, alcoholism, and psychotic cases to those whose interests are with helping those clients and working closely with psychiatrists. With the job limitations at the time, I worked in schools for most of my career until 20 years ago. Clinical psychologists I have supervised (not for registration) and doctors value my experience but I recommend aspiring psychologists to go for a clinical masters and not general registration.

Much has changed and when we consider overseas qualifications we are also not keeping up. I will retire completely soon so my recommendation is not from self-interest.

Finally, as I love this profession, I have visited schools and participated in career markets, and hearing the same message from students and parents. Why bother with all that training to become a psychologist and not even being sure of completing the study or finding work. When I phoned the APS the person I spoke to agreed with my observation. We are losing retiring psychologists. There needs to be a long-term answer to training future psychologists, including recognising training in other fields such as counselling if standards are met. Should general and clinical categories follow the medical profession (GP's are not second-class doctors without high standards of training)? Scrap 'generalist' or make it meaningful with the same Medicare remuneration, or broaden clinical to include every psychologist working in a clinical setting (allied health).

Must stop there.

Thank you for retiring the 4+2 pathway - it was good for the past but inadequate for now and the future. I would like to see changes also in the generalist versus clinical areas as well.

Kind Regards, Ian