Associate Professor Brin Grenyer, Chair
Psychology Board of Australia
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23/11/09

Dear Sir,

Re: Psychology Board of Australia: Consultation paper (27 October 2009)

I am a member of the IPPP in SA and of the national body the PPAI. I have read and concur with their submission and the request for more time to allow all our members to voice their opinions.

I am responding to the PBA draft proposal as a psychologist in a successful private practice for the last 16 years.

I direct the following comments to section 4 of the above paper "Proposal for Specialist Registration".

My concerns with this proposal can be summarised as follows:

This seems to be an attempt to overlay a medical specialist model upon an existing industry primarily to try to create a perception of alignment with the educational requirements of other countries (i.e. the USA). While I understand the importance of having a credible and internationally-benchmarked profession, I think there also needs to be some recognition and respect given to the existing Psychology industry in Australia and the structures which support it. Certainly there is variation in the quality of existing practitioners, but such variation exists in any profession and suggesting that this might be addressed through compulsory additional educational burden is not evidence-based, and perhaps somewhat naive.

Perhaps, instead of saying "The USA has a thriving and respected Psychology profession because all of their practitioners have Doctorates," we could be saying, "Australia has a Psychology profession the equal of the USA in spite of the fact that not all of our practitioners have Doctorates; suggesting that added academic burden is not necessarily an effective or efficient way of developing or regulating the Psychological workforce,"?

There has been no evidence presented that suggests that there is a pressing need for formally recognised 'specialist' categories within the Psychology profession. While the public certainly needs to feel confidence in practitioners who purport to offer specialist services and there should be an expectation of suitable qualifications and experience to support any claim to specialist status; I am not aware of any breakdown in the current state of play to the extent that formal intervention/interference at a national level is warranted.

The Proposal uses, as part of its justification for specialist recognition, the existing two-tier medicare rebate anomaly. This is a flawed, and particularly galling, device in this instance as the introduction of the differential rebates has never been accepted as a legitimate policy by a large proportion of the Psychology profession. Indeed, it is seen by many as evidence that the profession is being hijacked by the academic sector and does not reflect the quality of practice being undertaken by those with years of quality experience instead of just a standard qualification. This is evidenced by the significant dissatisfaction within the APS' own clinical college regarding the guidelines for who can practice what and the fees charged. We are having anomalies where private practitioners of decades standing can only charge the lesser rates to the detriment of their clients (as they still charge the full fee, with less rebate) and relatively new graduates with little experience of private practice which requires a broad knowledge of psychology can charge the higher rate. I have had such psychologists refer complex clients (in the area of pain management) to me as they do not have the skills to treat them. Again, the consumer is being penalised.

I am concerned that this will occur in the formation of specialist fields. Perhaps the most fundamental problem with the proposed establishment of specialist categories within the Psychology profession is the inherent incongruity of this concept against the way Psychology is practiced. The Psychology profession differs from the role of medical specialists, in that it is expected that a Psychology practitioner should be able to apply knowledge across a range of areas. For example, it would be ridiculous for one Psychologist to diagnose a mental disorder and then refer to a different Psychologist for therapy or counselling. Psychologists need knowledge across a wide range of areas and current training methods provide this knowledge.

There is no evidence presented that suggests that completing a doctorate would necessarily provide supplementary skills at such a level that any given practitioner could then be unequivocally regarded as a 'specialist'. A Doctorate typically consists of intensive research into a single topic, result in published study. While this would be a useful exercise, the practice of Psychology requires a range of skills and knowledge – many would argue best gained through actual experience rather than isolated research. The option of supervised practice in the training of Psychologists, while sometimes

criticised, is testament to the fact that appropriate training comes not out of a textbook, but from genuine experience and interaction with both practitioners and clients.

While the list of proposed Specialists does contain some areas worth considering, the selection seems arbitrary and appears to double up on closely aligned areas (e.g. health, clinical and counselling) and omits other areas which might be considered equally as worthy of specialist status (e.g. Family/Relationship Psychology, Child Psychology, Pain Sciences). Given the breadth of issues Psychology addresses, the range of potential speciality areas could be enormous. And perhaps the important question in all of this is, "If specialists are covering the Clinical, Counselling, Health, Educational, etc work areas – what exactly is it that non-specialist Psychologists do? I'm sure there are thousands of existing practitioners who would like to hear the answer to that question.

The other area of concern re the creation of Psychology specialists is financial. Traditionally specialists expect to be financially rewarded for the extra time they spend studying. Evidence of this can be seen in the difference in fees between the Psychiatry and Psychology professions. If, for example, Counselling Psychologists were to expect financial remuneration that reflected their Doctorate training, then counselling therapy could become a very expensive exercise. Possible consequences of this could be: increased burden on the Medicare system, shorter session times, or greater financial burden on patients. Given that the existing Psychological practice structures offer a more cost-effective option to other 'specialist' practitioners, it would seem unwise to add further to the financial strain of Australia's health care system.

Once again, I agree with many of the changes proposed, but believe that the idea of Specialist Status needs to be deliberated further rather than decided in haste and become costly to change.

I am happy to expand on this further and can be reached by email.

Regards

Maria Polymeneas
Psychologist
Member of IPPP and PPAI