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**Attention:** Associate Professor Brin Grenyer, Chair, Psychology Board of Australia

Dear Professor Grenyer and board members,

Thank you for the opportunity to respond to the Psychology Board of Australia's Consultation Paper on Registration Standards and Related Matters.

I would like to respond to the proposal for specialist registration contained within the paper. Since the introduction of the Better Access in November 2006, the profession has seen an unnecessary focus on clinical psychology. The spurious elevation of clinical psychologists as the only specialists trained to treat complex mental health is entirely unfortunate for psychology in Australia, not supported by any evidence base and misaligned with the United States and the United Kingdom. Clinical psychology is but one area of specialisation with a focus on mental health. Counselling psychology, as another specialisation, also focuses on mental health and is arguably more suited to the Better Access population due to its focus on treatment across the lifespan and with clients of varying levels of mental health issues. It is extremely misleading to imply that only clinical psychologists can provide psychological therapy and that all other 'generalist' psychologists can only provide focused psychological strategies. In support, the brochure for counselling psychology recently produced by the Australian Psychological Society (2009) recognises in the very first line that, "counselling psychologists are specialists in the provision of psychological therapy".

The development of the Psychology Board of Australia represents an opportunity to redress this misleading focus on clinical psychology within the field and to open up top tier Medicare rebates to all specialist psychologists who have the necessary skills to work in primary mental health and with complex mental health presentations. Not only am I arguing that counselling psychologists should have automatic access to top tier rebates under Medicare, but that any specialist psychologist who can demonstrate the necessary 'clinical' skills to practice in primary mental health care should be eligible for these higher rebates. The difference in rebates should distinguish 'generalist' psychologists (4 + 2 trained psychologists) from specialist psychologists (postgraduate trained psychologists who have completed an APAC approved programme). This would see top tier rebates opened up to specialist psychologists who have trained via counselling, health, developmental and clinical neuropsychology pathways. There are a number of ways that this could be achieved and managed; two options are outlined below:

1. Firstly, the definition of 'clinical psychologist' under law and the specialist registration procedures of the PBA could be expanded. The specialist title of clinical psychologist under this option would be expanded to include all specialist psychologists who have received advanced training in mental health care. This would mean that the title of Specialist Clinical Psychologist would not be defined by the title of the qualification.
2. It is noted that the PBA has proposed 10 specialist titles to be preserved. It is arguable that these specialist titles do not reflect distinct areas of specialisation within the profession and there are considerable areas of overlap. For example, the common characteristics between clinical and counselling psychology are significant

and both specialist areas provide training for the psychologist to work in primary mental health care. The possibility here is that the PBA reduces the number of specialty titles and does not link these with the title of the qualification but the area of work. Therefore, the number of specialty titles could be reduced, possibly to two<sup>1</sup> including; Specialist Health Psychologist or Specialist Health Care Psychologist (including graduates from accredited postgraduate programmes such as clinical, counselling, developmental, clinical neuropsychology and health) and Specialist Institutional Psychologist or Specialist Organisational Psychologist (including graduates from accredited postgraduate programmes such as, organisational, educational, forensic, community and sport). This would make the specialist areas of psychology more understandable to the public, less discriminatory and divisive and allow room for the growth and development of the profession into the future.

In conclusion, I welcome the development of the Psychology Board of Australia and thank the board for the opportunity to comment on the consultation paper. I believe that the development of the PBA represents a special opportunity to redress misleading and spurious distinctions that have been made under Medicare, which are not based on evidence nor aligned with other developed countries such as the USA and the UK. I look forward to the PBA developing and implementing alternative options to support and recognise the skills of all specialist psychologists rather than just 'clinical psychologists'.

Yours Sincerely,

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<sup>1</sup> Possibly three if Specialist Research Psychologist were to be recognised and included