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Cc:
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Subject: Fw: Attention: Chair, Psychology Board of Australia

To: The Psychology Board of Australia
Re: Consultation paper on registration standards and related matters
From: John M. Blythe MAPS

I am writing to the board in response to the consultation paper on registration standards and related matters. I write as the director of a private paediatric psychology practice which employs up to 10 salaried psychologists at any point of time. I commend the board for the initiatives it has taken to ensure that the highest professional standards exist for psychological services in Australia into the future. However, as an employer of the psychology workforce, I also have practical concerns about several aspects of the future directions.

1. The introduction of the Medicare Benefit Scheme for psychologists has produced significant changes for private clinics. For the most part, private practice sustainability requires a workforce who are able to work at the Medicare Specialist level. The current Medicare Specialist rebate of \$117.65 is 57% of the APS recommended fee for a one hour session and as such is seen as a bare minimum for practice sustainability.
2. It is currently very difficult to recruit psychologists with a clinical master's degree who have achieved Medicare Specialist status. Given there are approximately 25,000 registered psychologists in Australia and approximately 3500 are currently Medicare specialists (or 14-15% of the psychology workforce), it is not surprising there is a shortage of clinicians with this qualification. In my own practice I typically have to employ a new 6-year trained person and provide them with 12 months of supervision while they work as a non specialist. If the criteria is lifted to a D.Psych + 1 as the minimum entry level for future Medicare Specialist status, the percentage of the workforce with this qualification will be considerably smaller than the current 14% for some time to come. I realise that current specialists will be grandfathered, however many will also retire in the next decade and it is unlikely there will be the numbers with the new qualification to not only replace them but to increase this already scarce workforce. While I fully support the D.Psych criteria, I have significant concerns there will not be a sufficient workforce to meet the demands of private practices across the country, even with six years lead time.
3. In terms of the bigger picture, there seems to be a widening discrepancy between the PBoA's view of the profession and the federal government's view under the new modern award system. I believe psychologists fall under the [Modern award—Health Professionals and Support Services Award 2010 - Transitional Provisions Order](#) as do art therapists, counsellors, and homeopaths? Even at their highest rates the award salary's are much lower than current psychologist's awards. While we are all able to offer employees salaries above the award rates, when these minimums are in writing they tend to pull the 'worth of a profession' down over time. How will we convince people to invest themselves and their money into 7 – 9 years of tertiary training, plus ongoing post-doctoral clinical supervision, when the income potential of the psychologist is not likely to compensate them? We are asking people to make a similar educational investment to a medical degree, without the ultimate likelihood of similar earning potential.

Could the board provide more detail into their analysis of the current workforce status of Medicare Specialists and what impact the proposed changes will have, not only on sustaining the current

levels, but seeing them increase into the future?

Could the board also comment on the apparent discrepancy between the very high educational and professional requirements proposed for Specialist Psychologist status and the lack of such recognition in any of the current modern awards being implemented under the Fair Work initiative?

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