Dear Chair and Board members,

RE: CONSULTATION ON REVIEW OF AREA OF PRACTICE ENDORSEMENTS REGISTRATION STANDARD AND GUIDELINES.

I would like to make a submission to the public consultation on the review of Area of Practice Endorsements Registration Standard and Guidelines. As a professional psychologist with a Masters degree in Counselling Psychology I welcome the review as an opportunity to resolve apparent professional disparity inherent in the current guidelines.

I am a Registered Psychologist, graduating in 1993. I have been registered since 1996. I completed my Masters of Psychology (Counselling) in 2000. In that time I have practiced as a Psychologist in a variety of settings including as a government employee, in private industry, in private industry servicing a government psychology contract and currently working in private practice. I believe that after 20 years of practice I have a good perspective on the psychology services industry and I make the following points to support the application to recognise the work of Counselling Psychologists across this industry.

1. Training: I have worked with many Psychologists (including Clinical Psychologists) and I have not found any significant difference in knowledge or skill in regards to capacity to carry out psychological work. Any apparent differences has been an outcome of years of experience and area of focus/interest, rather than training. In my training I have completed units in psychological assessment (including diagnostic assessment), psychopharmacology and psychopathology. These areas are often claimed to be the specialist area of clinical psychologists, which is not the case.

2. Other professionals (including health professionals) do not differentiate a Clinical Psychologist from a “Psychologist”. In my experience I have found health professionals (including doctors) use these terms interchangeably. I am often correcting GPs that I correspond with that I am not a “Clinical Psychologist” (even though I have never referred to myself as such). I have often been asked (including from GPs) “what is the difference?” (illustrating lack of awareness of the difference). My experience has shown that I am a) referred and asked to do work that a Clinical Psychologist would do; b) am able to effectively and proficiently do the work. The effectiveness of my work is illustrated by ongoing referrals from the same GPs who have had positive reports from clients. The bottom line (in my experience) from GPs (and potentially other health professionals) is if you can treat the client and they have improvement from their symptoms then you have done your job.

3. Centrelink tendered out a number of their psychological assessment services in approximately 2007. I managed the provision of one of these tenders while working within a private organisation. Part of this service was to complete psychological assessments to provide evidence of mental health condition or intellectual disability to for the purpose of unemployment benefits. This particular government contract only specified requirement of a Masters qualification (not which speciality of Masters qualification) This suggests to me awareness at Government level that professional delivery of psychological diagnostic assessments could be suitable carried out by any
Masters qualified psychologist. Again, this brings into question why AHPRA (and others) continue to imply difference in competency between different psychologists.

4. Difference in benefits and rebates. The preservation of an apparent difference in competency between a Clinical Psychologist and a Counselling Psychologist is perpetuated by differences in Medicare rebates, and private health rebates. Again, this is a result of misleading information and lack of awareness with decision makers in these industries in the skill level and type of work Counselling Psychologists do. From a practical point of view it provides unequal payment for equivalent services. In my private practice I work with a 2-year qualified “Clinical Psychologist” who is rebated via Medicare $40 more than myself with 16 years post-Masters experience. This is despite the fact we are referred the same “kinds” of clients from GPs. From a practical point of view it suggests unfair and unwarranted superior expertise (which is misleading at best). From a client point of view it is confusing (a higher fee implies higher level of service).

As a service provider I believe the current difference in understanding of competencies is not reflective of the work that I do, or the work that most Counselling Psychologists do. I urge your committee to look carefully at the similarities between Counselling Psychologists and Clinical Psychologists and make the relevant changes to the current guidelines to make it more equitable across our profession.

I appreciate this opportunity and look forward to your response.

Kath Polglase  
Registered Psychologist