Consultation – Reducing regulatory burden: Retirement of the 4+2 internship pathway to general registration' to psychconsultation@ahpra.gov.au.

Dear Ministers and A.H.P.R.A.,

Please find outlined below my submission in response to the 4 +2 Retirement Proposal Pathway for Psychologists, which is freely available for Public Viewing at the following links:

http://www.psychologyboard.gov.au/News/Professional-Practice-Issues.aspx

http://www.psychologyboard.gov.au/News/Current-Consultations.aspx

The key proponent of the change being proposed by the Australian Health Practitioners' Regulation Authority (hereafter referred to as A.H.P.R.A) is to reduce the 'regulatory burden' that is placed on them in regulating the registration of psychologists. This phrase has been used repeatedly and at nauseam during their proposal; and seems to be the catch cry of an illogical and flawed argument.

A.H.P.R.A is a regulatory body whose primary function is to regulate. The idea of removing regulation from a regulatory authority is a contradiction in terms.

Furthermore, there has been no explanation of what the 'burden' actually constitutes.

There has been no information of the number of staff it takes to administer these regulations, nor the time and expense involved.

There has been no time or seemingly any inclination by A.H.P.R.A. to have a fully transparent investigation into the current regulatory process. There is a strong feeling that this proposal is not one that is up for consultation, but rather it is a declaration of intent.

It seems abundantly clear from the title and throughout the proposal that there is a strong bias by A.H.P.R.A. towards a particular outcome (retiring the 4+2). This raises the question, is this a genuine consultation, or rather just going through the motions in order to appear to satisfy a statutory requirements for a consultation?

The actual consultative contact with the public, the sector and profession was minimal and restrictive.

As I understand, there has only been one public meeting that was held to discuss this proposal and many questions and issues of those concerned with the proposal were ignored, laughed at or dismissed. I raised the question of A.H.P.R.A. fees and that if the proposal were to be affirmed, then what kind of percentage reduction on fees should be expected? This serious question was laughed at.

It appears that the content of the paper has been 'cherry picked' and makes many attributions to 'stakeholders' without actually identifying who these stakeholders are, or which sectors are supporting this proposal.

To remove the 'regulatory burden' from A.H.P.R.A. does not eliminate the burden but simply shifts it from one party to another. There has also been no indication made as to where the 'burden' of regulation would shift to. Would it be Universities, who are not statutory authorities now being required to regulate as the P.B.A. under the purview of A.H.P.R.A.

Another questionable argument put forward in this proposal is that these changes will bring us in line with 33 other European countries and that due to this, our practitioners will be able to transfer their skills to these countries. This argument raises a number of different issues.

Firstly, it is highly illogical to propose that simply because one country may be doing it that we should immediately follow suit. No evidence has been presented, that due to the proposed changes alone being implemented, that the outcomes for all concerned would be greatly improved.

Secondly, it should be made sufficiently clear that the aforementioned 33 European countries are non-English speaking ones. Such a linear application of regulations between these countries would serve to only benefit a very small minority of individuals and is not fit to be proposed as a legitimate argument.

I would also like to draw attention to the use of the word confidential and its use in this proposal.

At the footer of every page of this document bares the phrase;
"**CONFIDENTIAL** – Psychology Board of Australia – public consultation paper - .. etc."

Once again this is a contradiction in terms, if this is truly a public consultation, then it can by no stretch of the imagination be confidential.

I firmly believe that until such a full and through investigating is completed, which covers academic qualifications, right through to Industry Training patient treatment outcomes and one Medicare rebate, that a total moratorium should be placed on any proposals that alter the 4+2 system we currently have, until a consensus can be reached on an industry wide level.

The academic and practical qualifications of Psychologists are the main crux of ramifications of the A.H.P.R.A. proposal.

Clearly, the 5+1 substitute has not been around for long enough to even properly assess its effectiveness and yet again, no research has been done on treatment outcomes.

I question the need to rush to dismantle 4+2? It has evidently worked for decades until it was "interfered" with in 2010 with similarly little consultation.

Where is the evidence that it is not producing better psychologists or worse psychologists before there is such a rush to retire it?

I would argue this accounts more for the decline in applicants for 4+2 as well as the highly manipulated, obvious financial incentives that there are biased to a Clinical Masters largely theoretical Pathway. However, for starters, why isn't A.H.P.R.A. investigating the current non-evidence based treatment outcomes payment fiasco where taxpayers are and have been paying 47% more for identical services under Medicare since 2006 onwards to "Clinical Psychologists," compared to all the other 75% of psychologists?

I did all my post-University training in a Psychology Clinic for 2 years and have worked in Clinical settings and a Medical Centre continuously day in day out for the past decade; and yet I am told I can't use the title Clinical Psychologist because I chose another approved training pathway!

My own private "mystery shopping" has revealed that most University Course Academics are only recommending the Clinical Masters Pathway to potential students, largely because of the financial rewards that have been engineered by vested interests; and not based on treatment outcome evidence (Key Performance Indicators).

There was a constant claim at the A.H.P.R.A. talk on 24/05/2018 and webinar on 17/05/2018 that retiring the 4 + 2 will bring us in line with 33 European Countries - well, most of those are Non-English speaking countries, so I don't think that is even comparing apples with apples.

It was also put forward that psychologists will have the advantage of being able to work in those European countries, but how many of us would want to do that and/or speak in languages other than English anyway? I imagine it would be a very small percentage.

Furthermore, the PBA proposal fails on at least 3 elements of its own guidelines in point 33:

33. a*"streamlined education and training"* Well, for a complex and diverse profession such as psychology, is not necessarily a good thing for the profession or the public, due to a tendency to a monoculture and a stifling of initiative, creativity and originality, although it would benefit the board and the academic institutions to streamline processes to keep their lives simple, yet highly profitable.

33.g.iii access to services provided by health practitioners would reduce as a result of less psychology graduates in the workforce due to longer time at university.

33.d.iv *"…enable the continuous development of a flexible, responsive and sustainable Australian health workforce "*

My question is: How does removing an option for training enable development of a flexible, responsive and sustainable health workforce? Where is the equity and diversity academics constantly espouse?

It simply doesn't!

33.f. "*Stakeholder views about the proposal must be further explored and general agreement for retirement obtained."*

It is vitally important to have a moratorium on this decision until all stakeholders' views have been adequately canvassed through proper lengthy debates, consultations, concerns and issues adequately discussed and addressed and appropriate compromises made in order to reach a general consensus on the way forward. This approach is pushing through a single agenda of a particular interest group and disenfranchising a large section of the psychology stakeholders.

37. In the current context there is:

a. a growing workforce

b. a viable alternative program of education in the 5+1 internship pathway, and

c. Most psychologists are no longer trained via the 4+2 internship but rather via the higher degree pathway.

The way I see it is, a growing monoculture in psychology is dangerous to the public in that it reduces diversity and flexibility to paradigm shifts and epidemiological change on a macro-scale.

b) It is too soon to say if 5+1 is a viable alternative to 4+2.

There is **no doubt** that it will certainly benefit the academic careers of those who deliver the extra mandatory year at university, but may not make the trainee any more competent, having spent longer at university and less time in the field. Where is the evidence treatment outcomes are any better or worse? Shouldn't this be done first?

c) The higher degree pathway to applied psychology is severely limiting the diversity of courses available at post graduate level as clinical psychology is promoted as

> superior and remunerated at a higher rate due to spurious assertions as to its superiority, and 5+1 is probably going to be phased out once it supersedes 4+2 and clinical psychology masters becomes the monoculture, if we are to go down the path of retiring the 4+2 broad highway to producing diverse and versatile, highly competent practitioners.

I know from my personal experience that the 4 + 2 is not the problem!

Rather, I would put forward the alternative that A.H.P.R.A. should better spend their time, and our money, putting together another undergraduate Degree in Psychology which specifically caters for people from Day 1 who wish to work in Clinical Settings. Totally separate, and in addition to the existing General Psychology Degree, for people that don't wish to follow that path.

That way, students won't have to study 4 years before they even start supposedly learning to be a day to day psychologist through all the existing pathways beyond Undergraduate and Honours Degrees.

As a mature age student, I saw University from a VERY different perspective to my mostly, still living at home with Mum and Dad, very limited real life experienced, colleagues.

At the time, I looked up to academics and there were great lecturers, but it was apparent that many were more interested in doing their own research than taking classes.

In fact, it became painfully apparent that many were just professional students with little if any real life work experience outside of academia.

I understood at the time if someone had completed a PhD it was automatically assumed they could teach, but I found the reality quite the opposite in terms of assumed teaching prowess.

Perhaps A.H.P.R.A. should rather be prioritising and insisting that all academics at least have a Master's In Education before they step foot into academia; and at least 5 years working in **private practice as a sole trader in the private sector**!

We were forever writing reports ad nauseam and spent the whole year writing an Honours Thesis, which I have neither used nor looked at once since I left University.

It was often joked that whoever could copy and paste the best would succeed in academia and that was not far from the truth from my experience and observation.

So when it came to deciding whether to do a Clinical Masters or a 4+2 it was an easy choice.

From day one in the 4 + 2 program provided by A.C.A.P, I learned more in that 2 year day to day collegiate relationship with a real Psychologist than I ever learned at University, in terms of practical and useful skills. I still did coursework through ACAP too.

In fact, the best learning, for me, has mostly been beyond University through private study, real life practise and Personal Development Workshops and Courses.

I personally think University training is extremely costly, unnecessarily drawn out and overrated.

For example, in my undergraduate years, a semester was roughly 14 weeks long for actual classes. It usually ended up being 13, because many never turned up in the final week.

Actual face to face learning time was roughly 12 hours weekly, based on 4 subjects with 1 hour lectures and 2 hour tutorials.

That's really only 144 hours face to face per semester.

Most of the tutorials were mind numbing, boring student presentations, just overseen and marked by the tutor (often who were just senior students).

Many lecturers clearly viewed teaching as a chore and preferred doing their own research.

In my time, lecturers didn't even need to have any teaching qualifications, because if they held a PhD, it was assumed they could teach. Definitely not a good assumption and I think that is still the case.

Students are now expected to spend 6 years at University to basically establish who can copy and paste the best, and then expected to do another 2 years Clinical Registrar Program, because universities have clearly failed to provide any real life training. Why doesn't AHPRA do some research on that instead?

I understand some employers are not happy with what is being churned out after 8 years of training and want at least 3 years private practice experience on top of the 8 years of training.

Might sound cynical, but it is happening; and we all pay outrageous fees for the "privilege."

At least a 4+2 gives us real life skills; and what we learn beyond University is invaluable.

This is another reason why it concerns me that the 4+2 is so unfairly being maligned, when non-evidence based generalisations like this are being espoused:

"…Australia's psychology workforce is the most poorly trained in the English-speaking world, requiring an undergraduate degree in

the science of psychology plus a 2-year period of supervised practice for registration…".

(Hyde, J. (2014). Lessons from Australia in the public funding of mental health services. Canadian Psychology/Psychologie canadienne, 55(2), 139-143).

I assume the reference here was referring to the University component of the 4 + 2, as that was certainly my experience.

There are some countries where psychologists require a doctorate (USA and Canada). So does this mean that we need to introduce this as our new minimum standard?

We are moving further away from the registration requirements of our allied health colleagues.

No other allied health profession has a Two Tier Medicare Rebate solely based on the possession or lack of just a Clinical Masters.

The average salary for a psychologist in the countries requiring a doctorate are much higher than Australia's average wage for psychologists. For example, the average psychologist salary in the USA is US$83 455 (equivalent AUD$109 985), compared to Australia AUD$85 171 (Source: https://www.indeed.com/salaries/Psychologist-Salaries)

The majority of our allied health colleagues don't require 6 years of education/training to become qualified. These professionals can place the public at greater physical risk if not sufficiently qualified (e.g. dentistry or physiotherapy).

They also don't require registrants to pass a Board exam to gain general registration.

Dentistry - 5 year program (4 years in Bachelor of Dentistry and 5th year in work experience)
Physiotherapy - 4 years of study
Occupational therapy - 4 years of study
Speech pathology - 4 years of study
Social work - 4 years

The Board's registration data suggests that the preferred pathway favoured by 'psychologists in training' is the standard higher degree (masters) pathway, but these figures are skewed by the financial incentives favouring clinical psychologists over all other types of psychologists (Table 1 shows the significant increase in demand for clinical masters programs over other masters programs).

The development of the two-tier Medicare rebate system, two-tier DVA and most recently a proposed two-tier NDIS system, mean that clinical psychologists receive significantly higher non-evidence treatment outcomes rebate than all other psychologists in almost all facets of psychology practice. Where has there ever been any evidence provided that they are delivering and achieving better treatment outcomes than non-clinicals, costing the taxpayers 47% more in Medicare Rebates?

For example, under the Medicare Better Access program, clinical psychologists are rebated $124.50 per 50 minute session compared to all other psychologists (even those endorsed in other areas) who receive $84.80 for the same length session.

These significant financial incentives have disproportionately attracted students to clinical masters programs. However, entry into these programs is extremely limited and competitive.

Students who can afford to sign up to complete an additional two years of full-time study after completing their four year undergraduate degree are more likely to come from higher socioeconomic backgrounds who can be supported by family/partners for the duration of their six years of study. So much for the equity and diversity that universities constantly espouse!

I would also argue that this expectation is discriminatory towards those in areas not offering 5+1 or masters programs and those from lower socio-economic backgrounds. Particularly those in rural areas where psychologists are in high demand.

Having done 4+2 myself, I also don't think 1 year Industry Training with 5+1 is enough and will just keep students in academia (lining the pockets of cash strapped universities) for another wasted year. No research has been done that all these extra years at University are delivering better treatment outcomes and I very much doubt that they are from what I've seen and heard.

If people particularly from rural area backgrounds are pushed out of psychology, we are going to lose many future psychologists with 'lived experience of disadvantage' who can apply this understanding and empathy to consumer needs.

Table 1.

APAC Accredited Postgraduate Psychology Programs 2011-2017

Postgraduate Programs	2011	2014	2017
Clinical Neuropsychology	14	14	14
Clinical Psychology	96	97	90
Community Psychology	3	3	1
Counselling Psychology	11	10	4
Educational and Developmental	16	9	7
Forensic Psychology	14	10	2
Health Psychology	8	7	4
Organisational Psychology	21	19	16
Sport and Exercise Psychology	4	3	2
Professional Psychology (5+1)	4	9	18

Note: Table includes Masters, Masters/PhD and Doctorate programs.

I also feel the level of “burden” between the 4+2 and 5+1 is very similar.

The “burden” was increased several years ago when additional requirements were added to the 4+2 program.

There is increased burden as the Psychology Board of Australia has to regulate the national psychology exam and the marking of case studies.

However, let’s not gloss over the fact that psychologists pay very substantial fees each year to the Psychology Board of Australia to maintain registration ($462) and provisional psychologists pay $462 each year plus $450 to sit the exam and pay $485 when they apply for full registration.

Other allied health professionals such as Occupational Therapists pay an annual registration fee of $110 per year to A.H.P.R.A. (see Table 2). With this increased income stream being derived from the psychology membership, there should be enough funds to pay for additional A.H.P.R.A. staff to administer these requirements and reduce the ‘supposed’ burden.

Table 2.

The Psychology Board of Australia registration fee for 2017/2018 has been set at $462, limiting the increase to indexation of 3.0%.
The Occupational Therapy Board of Australia registration fee for 2017/2018 has been frozen at $110.
The Physiotherapy Board of Australia registration fee for 2017/2018 has been frozen at $110.

With the exception of Victoria, all other states have either the same or more interns enrolled in the 4+2 than the 5+1 programs (see Table 3).

There will not be enough 5+1 program places to cater for all of these additional 4+2 interns in the future. All we were told at the Sydney Seminar is that:”… we live in a very competitive world…” Really?! The devil is always in the detail; and we weren’t given too much of that.

There are currently no 5+1 programs in the A.C.T, N.T. and S.A. (see Table 4).

There are only two distance online/learning options at Charles Sturt University and the University of New England (see Table 5). Both these programs require students to attend a number of residential schools and engage in practicums near the campus.

Therefore, if you are a student living in the ACT, NT, SA or outside of a regional city, you would need to travel and attend campus several times during the program. This would be extremely difficult, if not impossible, for students with young families, caring for others and those who hold casual/ inflexible employment.

There is also the risk that if psychology students have to travel to large towns and cities, that they will establish themselves and not return to their rural and remote area.

Many psychology agencies are finding it difficult to attract provisional psychologists to areas outside of the big towns and cities, thereby leaving these populations with limited access to mental health care.

Table 3.

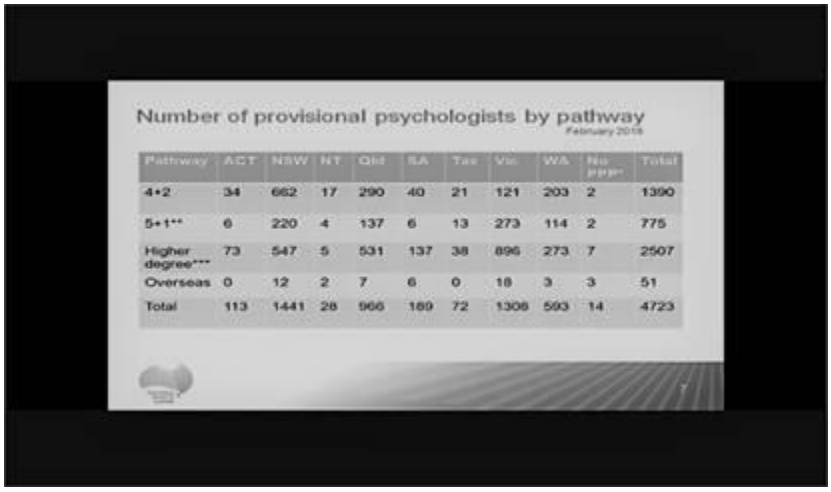

Table 4.

Location	Educational provider
ACT	Nil

NSW	Australian College of Applied Psychology Charles Sturt University Macquarie University University of New England University of Wollongong Western Sydney University
NT	Nil
Qld	Australian Catholic University University of Southern Queensland University of Sunshine Coast
SA	Nil
Tas	University of Tasmania
Vic	Australian Catholic University Cairnmillar Institute Deakin University Monash University Victoria University
WA	Curtin University Murdoch university

Table 5.

https://www.psychologycouncil.org.au/APAC_accredited_psychology_programs_australasia

I left my 4+2 Internship confident that I could run my own practice; and have done so for almost a decade.

The only reason I can see 4+ 2 is being proposed for retirement is because once Universities have a total and unjustified monopoly on training, everyone loses, except academia.

What a cash cow it would be for Universities to keep students in Academia for as long as possible, and once training is monopolised, the sky is the limit as to how much fees can be raised.

The way I see it, Universities would clearly not be able to replace all the training places lost if 4+2 is abandoned, unless they raise fees very significantly to increase places at University. We haven't been given any details on that nor the Chinese Whispers about "bridging programs."

I also doubt A.H.P.R.A. Fees will be reduced significantly, even if they no longer have the "Burden" of administering 4+2. That I would like to see and know what the reduction would be?

It has been my experience that most worthwhile things in life are never easy, so "retirement" and "regulatory burden" just seems a total cop out, by clearly vested interests.

Perhaps people who have worked in the real world of day to day coalface practice need to be in the Top Job?

Until some independent research is conducted that 4+2 does not provide equal/better or worse treatment outcomes, then I believe it would be a travesty of justice for the 4+2 program to be abandoned. It also goes against all the emphasis on basing decisions on evidence regards treatment outcome differences, because there isn't any!

Having done 4 + 2 long ago, I personally have nothing to gain by defending the 4+2 program, but I just feel for future students of psychology who will have lack of diversity in pathways to choose from, where increasingly the Clinical Masters Hegemony of the powers that be is already having a considerable divisive and detrimental effect on the profession as a whole.

At least a 4+2 gives us real life skills and what we learn beyond University is invaluable. The usefulness of what is taught at Universities is largely questionable and assumed to be superior, without any apparent evidence to back up that assumption.

I would also like to make mention that I "tried" to take part in the Webinar and Seminar in Sydney.

The Webinar held on 17/05/2018 was far from interactive in the sense that the audience were not able to speak and could only type questions to the 2 speakers (Brin Grenyer and Rachael).

It was very one way.

I posed the following questions at the Webinar: and NOT ONE of them was acknowledged and/or answered:

Q: What will be the likely reduction in $ of our AHPRA annual fees if the "burden" of administering the 4 + 2 is no longer one of AHPRA's functions?

Q: How will all the lost Industry Training places be offered/replaced by Universities if the 4 + 2 is retired?

Q: How high do you envision University Course fees will rise to make up for all the lost industry training places?

Q: What research has been done to supply evidence that Industry Training does not provide equal to and/or better than University Training?

Q: Why doesn't the equity and diversity universities espouse apply to training of psychologists at places other than universities?

Q: Where is the evidence that treatment outcomes differ significantly from 4 + 2 with any other pathway of training?

Q: Is the idea to keep students at University longer to provide more funds for cash strapped universities?

If the 4+2 isn't broken, then why retire it with no evidence what treatment outcomes are compared to other pathways?

Q: The A.A.P, Inc have stated in their most recent newsletter that they believe one of the biggest problems being experienced is in transitioning Psych Graduates to a professional role in helping them make the shift from student to psychologist.

A 4+2 offers a better transition because they spend 2 years in a collegiate relationship learning from an experienced Psychologist on a day to day basis. Why would/should that be abandoned?

Similarly, the Seminar held in Sydney on 24/05/2018 had extremely, tightly controlled air space:

We were advised beforehand that the 4 + 2 Retirement Talk was scheduled to be from 5.00pm - 7.00pm.

We were waiting and waiting inside the auditorium well before 5.00pm and then finally Professor Brin Grenyer and Rachel (his deputy) just casually wandered onto the stage at 5.35pm!!!

So at this point, we had already lost 35 minutes of the scheduled 2 hour "talk."
We in the audience had better things to do with our time, than our attendance seemingly being taken for granted, but there was no apology for the unprofessional tardiness and keeping us all waiting, nothing, just straight into the thanking original custodians of the land! An absolute disgrace and seemingly contempt for those of us present!

Then a slide presentation for 30 minutes or so (basically same as the webinar), then answering about 5 general questions it was claimed had been received in advance of the meeting.

I am sure more questions would have been sent in advance, had people been advised that was an option.

We were finally asked for questions from the audience.

I went straight to the microphone, because we were told to line up at the back.

Little time remained for questions, so we all felt "hurried" and I really started to wonder why we had been asked and even bothered to attend.

In light of what had been said, I spoke and suggested they look at treatment outcomes before they proceed any further.

Perhaps even consider having an undergrad degree in addition to the current one for people who specifically want to do clinical work from the outset, because that seems time better spent than retiring the 4 +2 that is working and has stood the test of time.

The body language on stage suggested disinterest and furthermore, I personally saw no sign of any notes being taken or much interest.

Roughly 4 other people all spoke up and all were in defence of 4 plus 2.

Professor Brin Grenyer kept rambling on about having the same International Standards as 33 European Countries and I was thinking - most of them are non-English speaking!

Are we comparing apples with apples here ?

What does this have to do with the unique Australian situation?

Can't we be innovative, particularly if some research was done first to find out if the 4 + 2 is producing better psychologists before it is retired?

I went up to the microphone to speak again and was just totally ignored.

Brin Grenyer just said the meeting had to close and said we had to be out of the building by 7.00pm (at that stage it was 6.40pm), so I just returned to my seat to get my bag and stormed out totally disgusted.

So we lost another 20 minutes of the scheduled 2 hour meeting in addition to the 35 minutes lost at the outset, due to the unexplained late start by the speakers. If my maths is correct, a two hour meeting was reduced by 55 minutes down to just 1 hour and 5 minutes!

This was far from an interactive consultation, or fair debate, it was clearly just seemingly held to tick a box that a meeting had been held; and an extremely unprofessional one at that, taking the audience for granted.

If anyone carried out a meeting in private enterprise like that, they would be sacked, but I guess A.H.P.R.A. is a monopoly and has no competition. I guess we were expected to like it or lump it.

I was reminded of my time at University where it was seemingly the norm for University Academics speakers to rarely be punctual.

I emphasis again that this whole proposal needs to be debated Australia wide with equal air time given to the fors and against, because of the serious ramifications that follow from it.

Moreover, in 2011, the researchers' commissioned to do investigative work, published their findings of the Government funded project examining treatment outcomes. [Pirkis, J., Ftanou, M., Williamson, M., Machlin, A., Spittal, M. J., Bassilios, B., & Harris, M. (2011). Australia's better access initiative: An evaluation. The Royal Australian and New Zealand College of Psychiatrists, 45, 726-739].

This 2011 research funded by the Australian Government specifically examined treatment outcomes between the:

1) Tier one clinical psychologist group,
2) Tier two generalist psychologist group
3) GP focused psychological strategies group.

All groups were treated across mild, moderate and severe cases of mental illness under Medicare Better Access.

Additional post-hoc analysis of the 2011 data was conducted in 2016 to offer further clarity and detail of the original findings of the outcome comparison research conducted in 2011.

The 2011 research examined pre- and post-treatment measures using the K-10 and the three (3) subscales of the DASS (i.e. Depression, Anxiety & Stress). Results of the research showed a clear reduction in symptoms post treatment across all measures of the K-10 and DASS and across both groups of psychologists (i.e., both generalists and clinical).

It was noted that pre- and post-scores of the 'clinical' and 'generalist' psychologist groups had the same measure of symptom reduction post treatment while the GP group had a lower symptom reduction post treatment.

Summary of conclusions of the 2011 Government Commissioned research publication into Medicare Better Access:

• All groups (i.e., clinical psychologists, generalist psychologists and GP's) showed symptom reduction (as measured by the K-10 & DASS) post treatment
• The psychologist group combined (i.e., clinical and generalist) showed greater symptom reduction post treatment compared to the GP group
• There was no difference in post treatment symptom reduction between the clinical psychology group and the generalist psychology group.
• Pre- and post-measures and mean group differences derived from the K-10 and the three (3) subscales of the DASS (i.e., Depression, Anxiety & Stress) showed equivalent statistically significant post treatment change between the top tier and lower tiered psychologists that was seen across mild, moderate and severe symptoms.

Post Hoc analysis (i.e., additional analysis after the study is complete) of the data from the 2011 Government Commissioned study was conducted by Prof Mark Anderson in 2016 to provide further clarity on outcome differences between the clinical psychology group and generalist psychology group treating under Medicare Better Access.

The post hoc analysis applied by Prof Anderson utilised the 'Cohen's d' which is used to directly compare the effect size difference pre/post treatment.

The Cohen's d offers an effect size rating as outlined below:

• Small effect size between pre/post treatment: d=0.20
• Medium effect size between pre/post treatment: d=0.50
• Large effect size between pre/post treatment: d=0.80
• Very large effect size between pre/post treatment: d=1.20

The Australian Government asks our profession to treat those in the community who would benefit from our service and in return for our service the consumer will be assisted in payment with a rebate. This research confirms that consumers receive the same service regardless of the qualification the psychologist holds and regardless of the rebate they receive.

Below is a summary overview of up-to-date data on expenditure (2016/17 Financial Year) contrasting the top tier 'clinical' psychology group and lower tier 'generalist' psychology group of Australian Government rebated mental health treatment services.

• 80010 – Standard (50+minute) 'Clinical' Psych Appointment ($124.50 rebate)
2,092,967 appointments that cost the taxpayer $260,574,391.50 for the 2016/17 Financial Year

• 80110 – Standard (50+minute) 'Generalist' Psych Appointment ($84.80 rebate)
2,493,291 appointments that cost the taxpayer $211,431,076.80 for the 2016/17 Financial Year

Summary of implications of expenditure for Medicare Rebates for psychological Services in the 2016/17 Financial Year:

• Clinical Psychologist's on the 'top' tier charged the government $49,143,314.70 more for 400,324 less appointments

• The total amount of standard Clinical Psychologist appointments completed on the 'top' tier in the 2016/17 financial year cost the government $83,090,789.90 more than what the generalist psychologist would have cost on the lower tier for the same number of treatment sessions.
• Considering that treatment outcomes are equivalent across the 'clinical' psychologist and 'general' psychologist group, is the top tier worth the additional charge to the Australian Taxpayer of $83,090,789.90 per year or $227,645.99 per day for the 2016/17 financial year?

• Clinical Psychologists have accounted for approximately 46% of money spent on service provision while making up only 25% of all providers and earning approximately 32% more per session than psychologists providing the same outcomes across mild, moderate and severe mental illness on the lower tier.

Unlike specialties in medicine, the notion of clinical practice in psychology is not unique to clinical psychologists. Psychologists who have gained registration from many different training

pathways are engaged in clinical practice every day in Australia, treating people across a very broad range of conditions and levels of severity. The skills to diagnose, treat mental illness therapeutically, and produce effective outcomes are not unique to one advanced area of psychology. Once again, this is highlighted by the scientific evidence.

Importantly, there are currently many different pathways to registration to practice as a psychologist in Australia, which is healthy. Psychologists, participating in and completing these pathways, ALL experience advanced levels of training and supervised practice. All psychologists are required to complete Continuous Professional Development that is relevant to the scope of their practice and interests.

There will be some 'content' knowledge differences across the different training pathways but the essential therapeutic skills which produce the outcomes are the same. The PsyBA has informed us that the board is very concerned that clinical masters programs have proliferated in universities at the expense of important areas like forensic, health, counselling and educational and developmental psychology.

In the 2016 – 2017 financial year taxpayers paid an additional $84 million dollars only to receive the 'same outcomes' for consumers using Medicare to access psychologists.

Given all of the above only a single or 'no-tier' system will offer genuine value to the public and utilise the great knowledge and valuable skills of all practising psychologists.

My clients experience a significant out of pocket 'gap fee' for seeing myself. However, the therapeutic outcomes they receive and, as demonstrated above and in the literature cited below, are at least equivalent to what they would experience had they seen a clinical psychologist.

Clinical psychologists are not the only psychologists equipped to deal with serious mental illness and there is no empirical evidence or theoretical basis to support the view that Clinical psychologists may be "best equipped" to do so.

All psychologists are registered under the Australian Health Practitioners Regulation Agency (A.H.P.R.A) and are extensively trained in evidence-based psychological therapies to treat both high prevalence and serious mental health disorders. They are skilled at assessment, diagnosis and treatment of the community mental health presentations that the Medicare rebate system, Better Access scheme, is intended for.

The Australian public would be better served if the arbitrary and highly discriminatory distinction between clinical psychologists and all other psychologists in the top tier for Medicare rebates was removed. This would allow clients of the latter to obtain the higher level rebate for treatment of their mental health problems. The current discrimination limits access to high-quality endorsed specialist care and is particularly restrictive in rural and outer metropolitan areas, and for patients who cannot afford to pay the larger 'gap' payment.

All psychologists are fully trained to deliver the full range of 'psychological therapies' for mental health disorders but their Medicare clients are only funded to receive 'focused psychological strategies'. Hence the terms of the Medicare rebate system, Better Access Scheme prevents non clinical psychologists from providing the best psychological services they can to their Medicare patients. This is not only a restrictive trade practice but presents an ethical dilemma for non clinical psychologists imposed by the arbitrary distinction between clinical and counselling psychology. All psychologists provide 'psychological therapy,' including assessment, diagnosis and provision of the evidence-based psychological therapies for mental health disorders approved under Medicare.

So, in summary, most psychologists I know are in agreement that there will not be enough university places if the 4+2 Retirement proposal proceeds.

This will inevitably lead to a further shortage of Psychologists.

Demand will be greater than supply, so clients will probably have to pay more and wait longer for consultations.

It appears that this intended change will increase demand for already overstretched university places, which will clearly benefit the academic psychology community more than anybody else. Please note that the P.B.A. is largely a body of academic professors of psychologists.

The change doesn't simplify anything if 5 + 1 becomes the alternative. It simply gives academics more revenue and power and influence over people's careers. It would reduce the earning capacity of Psychology graduates who must stay another year at University before entering the full time workforce, which reduces the size of the workforce and disadvantages the sector and the public.

It looks like the clinical psychology academics are the only real winners if the P.B.A. carries out its intention to retire the 4+2 pathway. This is Hegemony at its very worst and adds nothing to the good of the public.

I would question why only Clinical Master's pathway psychologists can only call themselves Clinical psychologists, when the fact is many psychologists have trained in clinics and do clinical work, but absurdly can't call themselves Clinical Psychologists. This does not even pass The Duck or Pub Test!

It also appears to be a way to sell degrees to overseas students and those Australian students wishing to work overseas, which isn't particularly helpful to the Australian public's need for more practicing mental health workers now.

Given the sheer volume of the 74-page document and the limitations on time and energy as privately practicing psychologists, this conclusion of necessity has been presented in a list-wise fashion in direct response to important issues raised within the paper.

We are continually being told that: "...The Board's proposal to retire the 4+2 internship pathway will not affect psychologists with general registration, but rather a future date of retirement is proposed."

Of course, it will affect psychologists who have been registered via the 4+2 pathway, by implying that they are inferior in training and ability, which is often not only implied, but stated, by academics.

This is another nail in the coffin of the careers industry trained psychologists, who are progressively relegated to second class status by clinical psychologists and their lobby.

The truth that "the 5+1 internship pathway is a relatively new pathway" is stated clearly. However, no evidence is provided to support the assertion that the 5+1 pathway is "preferred" by trainees and employers.

Given that the 5+1 internship pathway is relatively new it is not properly bedded down and sufficiently reviewed and therefore needs longer monitoring for long term consequences to the workforce and the public of this approach to training.

"In line with the consultation requirements of the National Law, as well as the request from the Australian Health Workforce Ministerial Council (Ministerial Council), the Board is undertaking wide-ranging consultation on the proposal to reduce the regulatory burden of the training pathways to general registration as a psychologist in Australia."

It is doubtful whether this approach of the PBA fully complies with the requirements for proper consultation and if it does comply with the letter of the law, it certainly doesn't follow true ethical principles for properly informed participatory consultation, not least because they appear to have already made up their mind and the Australian Psychological Society (closely aligned with the PBA) is referring openly to the retiring of the 4 + 2 as a sure thing which is about to occur, suggesting it is a teleological certainty, and an expression of manifest destiny of the annihilation of the 4+2 pathway.

Regulatory burden for whom? The P.B.A? The very reason, purpose and role of the P.B.A is to regulate under AHPRA.

They command large fees from tens of thousands of registrants to do so. Shifting regulatory burden to Whom?

Shifting power and oversight of the professional development to whom?

Why should psychologists be shy of regulatory activities?

The process of applying oneself during the +2 internship to the Practice Standards and Competencies were a great introduction to and training in regulatory power and capacity.

Do they want psychologists to be less capable of self-regulatory and regulatory intelligence? Because that will be the result of shifting more regulation to external authorities such as Universities or the A.P.S. training branch.

"The Board considers that the case for retirement of the 4+2 internship pathway at this time is favourable with:

b. a growing workforce

c. a viable training alternative (the 5+1 internship program)

d. the decline of interest in the 4+2 pathway by both interns and employers, and

e. General agreement among key stakeholders to explore streamlining the pathway to general registration."

We have a growing population and a growing need of trained mental and emotional health and wellbeing workers with industry/sector experience.

A better trained workforce results from more time on the job, not less.

The anecdotal 'decline of interest in the 4+2' is not properly supported by evidence here and no attempt to understand or admit that the forces operating against the 4+2 pathways include a reduction of support for the pathway from academia and the pba and long promotion of and lobbying for the elevation of academic pathways of training and clinical psychology, in the absence of **any** evidence.

Anyway, I think I'll rest my case at this point and hope some fairness, common sense, decency and respect is forthcoming in our profession.

Once and for all I'd like to see some solid evidence put forward by A.H.P.R.A. that the 4 + 2 does/does not provide better or worse outcomes than other training pathways, before this retirement "proposal" proceeds any further.

I advocate a total moratorium on the 4+2 retirement until we see some evidence that it is not producing equal, better or worse psychologists than the alternatives.

Otherwise, we may most likely end up with another very costly Sydney tram like fiasco - get rid of something that works well and then realise that it should never have happened.

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