

SUBMISSION TO PSYCHOLOGY BOARD OF AUSTRALIA ON REVISED AREA OF PRACTICE ENDORSEMENT CONSULTATION

Title:

Submission for the public consultation on revised area of practice endorsement registration standard for the Psychology Board of Australia (AHPRA).

Submitting Group:

The University of Queensland, Australia on behalf of the Master of Psychology Program (Health, Counselling, Sport and Exercise).

Purpose of Submission:

This submission is to request the serious and careful consideration by the Psychology Board and AHPRA of the potential repercussions of the Stand-Alone Pathway to endorsement to the continuing detrimental loss of diversity in the psychology profession into the future.

We speak in support of students who through undertaking the Master of Psychology six year program and a registrar program would be eligible for pursuing endorsement in Counselling Psychology, Health Psychology and Sport and exercise Psychology as well as other students across the country studying in programs associated with all other areas of endorsements who will work in clinical areas but are not undertaking Clinical Psychology programs.

Overall Summary Point for this Submission

The introduction of bridging programs associated with the Stand Alone Pathway from general registration to endorsement will only likely perpetuate the Clinical Psychology emphasis in Psychology and the further demise of other areas of psychology unless eligibility to access *Psychological Therapies* Items under the Medicare Better Access Program is extended to include all endorsed psychologists.

Arguments have been made that bridging programs in the Stand Alone Pathway can be used to allow psychologists with general registration to gain endorsement, and as a consequence of such endorsement, become eligible for Medicare rebates for *Psychological Therapies*. While not the only reason for this move by the Board to enhance the pathway for endorsement, this avenue is seen by many as a means of overcoming the existing problems in the profession associated with the much disputed two tier Medicare system.

However, unless similarly qualified endorsed psychologists practicing in other areas of psychology are also included in *Psychological Therapies* Medicare Items, this move toward bridging programs in the Stand Alone Pathway will simply only make the problems in diversity worse. If other areas of psychology are only recognized in the *Focused Psychological Strategies* Items, then registered general psychologists seeking inclusion in the higher tier of *Psychological Therapies* through endorsement will naturally only seek endorsement into Clinical Psychology placing further strain on the existence of

other areas of psychology and entrenching the approach offered by Clinical Psychology as the only means of providing mental health services in Australia to the detriment of the broad community.

While we endorse the introduction of the Stand Alone pathway to support the aspirations of registered general psychologists to gain endorsement, we **do not** support this initiative unless there is a recognition through Better Access of endorsed psychologists in other areas of psychology who have been as stringently trained in a Masters, Combined or Doctoral pathways as are those eligible for endorsement through having undertaken a Clinical psychology program.

Background Rationale for the Submission:

The Psychology Board and APAC set, assess and evaluate the standards and guidance for the psychology profession and the training for psychologists in Australia. Training programs at a Masters, Combined or Doctoral level that will equip psychologists for practice and provide the traditional pathways to endorsement have to meet high accreditation standards through APAC. Such programs ensure students who complete these programs are competent in skills and knowledge that allow them to provide services across the spectrum for mild to severe mental disorders.

Since 2006 funding for such psychological services (particularly in the private and community sectors) has, to a significant degree, been provided through the MBS (Better Access) initiative that was established in 2006 under the Council of Australian Governments' 2006 National Action Plan on Mental Health with the intended purpose of *building a more connected system of health care and community supports for people affected by mental illness*.

The MBS (Better Access) initiative provided Medicare items to approved providers offering a restricted number of psychological services for those with a diagnosed mental health condition. Approved providers were recognized in a two-tiered system of Medicare items: *Focused Psychological Strategies* items and *Psychological Therapy* items of which clients of endorsed psychologists offering approved services were able to apply for Medicare rebates for psychological services. *Psychological Therapy* items attracted a higher rebates for clients and providers of such were restricted to psychologists holding a clinical endorsement. All other registered psychologists and those endorsed in other specialist areas of psychology were restricted to lower rebates as offered under the *Focused Psychological Strategies* items. As such all psychologists endorsed in any other area of psychology besides the area of Clinical Psychology, irrespective of their comparable level of initial training and same endorsement standards, were relegated to the lower tier of funding in the MBS Better Access initiative.

The MBS (Better Access) initiative remains only one element of the mental health strategy of the government. The stated priorities of the current *Fourth National Mental Health Plan* include:

1. Social inclusion and recovery
2. Prevention and early intervention
3. Service access, coordination and continuity of care
4. Quality improvement and innovation
5. Accountability – measuring and reporting progress

As stated in the *Fourth National Mental Health Plan*, Australian mental health policy as well as scientific evidence has recognized that mental health concerns are associated with many life events

and community settings. Mental disorders are the result of many different interrelated aspects: Genetic, Biological, Environmental, Situational, Psychological, Social and Spiritual.

It has been well documented that success in dealing with mental health disorders has involved all aspects and levels of care affecting mental health including prevention, early intervention, treatment and recovery. As such effective mental health care necessitates working in all aspects of care across many settings. As government has recognized in other areas of physical health, prevention and early intervention and meeting people where their needs occur, is preferable and cheaper for the health system than a concentration on tertiary treatment of diagnosed disorder. This need to address mental health care at many levels in diverse settings was recognized in the field of psychology over many years and resulted in the development of expertise in different areas of psychology.

In a similar way to medical specialities, specialist areas of psychology provided the basic knowledge and skills necessary to treat disorder but also allowed for greater development of skills in areas of concern that contribute to the overall care of community mental health and reduce mental disorders through both treatment and prevention on such disorders. These different speciality areas of mental health are reflected in the areas of psychology represented in such organizations as the Colleges of the Australian Psychology Association and as areas of endorsement under the registration of psychologists with the Board of Psychology and AHPRA:

- Clinical Psychology
- Counselling Psychology
- Health Psychology
- Sport and Exercise Psychology
- Educational and Developmental Psychology
- Forensic Psychology
- Community Psychology
- Organisational Psychology

There has been an argument put forward that the focus of the MBS (Better Access) initiative is on mental illness rather than mental health. That argument has therefore justified endorsed clinical psychologists as being the only group eligible for rebates under the *Psychological Therapies* Medicare items, irrespective of the fact that other endorsed psychologists also have training in the care of mental disorder using clear evidence-based procedures and offer similar services to clients. A strong contrasting argument is then that recognition of the expertise in the all areas of psychology (not just clinical psychology) will continue to assist the broad and effective care of mental health in the Australian community. A confinement of psychology to the narrow area of “disorder” and so Clinical psychology approaches and skill sets alone will actually reduce the ability of the psychology profession to offer broad mental health services in different settings among different populations. There are more than enough areas of need in mental health to require the broad skills base of the whole diverse psychology profession!

But Medicare, and potentially the current proposal for Stand Alone endorsement within this Consultation document, has, and potentially will, threaten this ability to tackle mental health broadly across the community unless change occurs soon. If we delay much longer there will be no diversity left in the profession to celebrate, or even simply to save.....

How would diversity be affected by the proposed revised area of practice endorsement changes?

Student demand as a result of MBS (Better Access) Initiative has led to the demise of University-based programs in any other area of Psychology except Clinical Psychology. It is understandable that students in considering their professional and financial futures would choose to invest in a training program most likely to lead to greater guarantees of status and income. This increased monetary and status value to students of undertaking a Clinical pathway program came as a result of the inequitable MBS (Better Access) initiative rather than any recognized evidence of greater value of the approach taken in Clinical psychology compared to other endorsed areas of psychology. The MBS (Better Access) initiative by offering higher levels of financial support to psychologists with a Clinical endorsement suggested an externally generated validation of one area of psychology viz., Clinical over other areas of psychology that was based solely on a category rather than evidence of value of practice or higher training demands. The fact is that other endorsed psychologists have the same basic six or more years training and vigorous endorsement requirements demanded by APAC and the Psychology Board. This artificial support of one area of psychology over other areas was a strong contributory factor in the demise of other training programs in other specialty areas of psychology across the tertiary sector.

This externally driven demand for Clinical psychology training is also made worse by funding restrictions within University budgets. Universities choose to maintain programs with highest student demand. As a result there has been a serious demise of postgraduate programs in all areas of psychology except Clinical Psychology since 2006. This external governmental validation as well as the financial demands on universities to provide professional programs has resulted in many universities reducing their offerings in fields of psychology. With the MBS (Better Access) Initiative the decision as to the choice of programs to maintain or cancel within the university was highly skewed toward offering programs in Clinical psychology only. This has resulted in a serious reduction of the offering of programs in other areas of psychology nationally with populous states such as NSW and Victoria offering no other education in other areas of psychology except Clinical psychology. Hence an external decision made by government, rather than the professional system, has consequentially affected the ability of the profession to offer broad services to the Australian community for mental well-being.

As an example of this serious demise and serious impending risk, the **Master of Psychology program at The University of Queensland** is now the ONLY Masters training program in Australia that offers specialties in Counselling Psychology (WA has announced closure in 2019) and Sport and Exercise Psychology; and one of only two remaining Masters programs left in Health Psychology in the country. This APAC accredited program offers six year training program in these areas of specialty that are comparable to similarly offered high level APAC accredited training programs in Clinical psychology. In fact a number of core courses developing psychological competencies are undertaken by Master of Psychology students with the cohort of the Master of Clinical Psychology at UQ.

While the Better Access program restricts *Psychological Therapy* items (Tier 1) to endorsed Clinical psychologists and excludes all other endorsed psychologists, students will continue to choose to enter programs in Clinical Psychology to the detriment of a broad church of programs in psychological care across the community. They will do so even though their talents, skills, interests and abilities may be better suited to other areas of psychology. These other areas of psychology will be lost and Clinical programs will not be able to provide the depth of knowledge and expertise in these areas to compensate for this loss.

This attraction to entering Clinical programs alone will be further strengthened when Stand Alone Pathways to endorsement are provided if all endorsed psychologists are not included in the *Psychological Therapy* items (Tier 1) of the Better Access Program. Currently registered psychologists

are rebated at a similar rate as all other endorsed psychologists under the *Psychological Strategies* items (Tier 2). What would be the incentive for a registered psychologist in private practice to spend money on a further one year training and supervision costs to gain endorsement when their financial situation would remain unaltered on completion. While many argue that there may be other reasons to seek endorsement in other areas, this would likely constitute a very small group of registered psychologists who could afford to spend the significant funds and work to gain the same level of available rebate to their later work.

As a result the new Stand Alone programs would likely only attract registered psychologists seeking a Clinical endorsement. The evidence from existing bridging programs here at UQ of people already endorsed is that it is psychologists endorsed in other areas of psychology seeking a Clinical endorsement for these practical reasons of Medicare funding and status, and little to none seeking other endorsements. Stand Alone program enrolments would then continue to increase in those programs offering Clinical endorsements that already have strong enrolments. Universities would see other programs offering other areas of psychology as being even less viable and more of the few remaining programs would also close. Effectively it is possible to see the end of psychology training in any area but Clinical psychology in the next decade all as the result of a decision made about the superiority of one area of psychology over others based on no strong evidence.

The loss of training programs would be hugely detrimental to the profession and the mental well-being of Australians overall. But unless something happens to save the areas of psychology other than Clinical psychology from demise this will be a reality. Once the expertise is gone it will not be easily restored when the error of this narrow approach is recognized in the future.

All other areas of psychology have been under enormous pressure since the advent of Better Access in 2006. If the Psychology Board wants to preserve the breadth and diversity of the profession it needs to relieve this pressure on the other areas of Psychology by rectifying the lack of recognition of the broad areas of psychology in government through Better Access and the community in general where the 'superiority' of clinical psychologists is becoming the folklore.

Besides reducing stress on programs, we implore the Board also to NOT add even more pressure to the survival of the programs equipping people to work in other areas of psychology by introducing a Stand Alone pathways that will effectively only lead to another stream of people feeling forced to enter only Clinical training programs supporting the Stand Alone pathways.

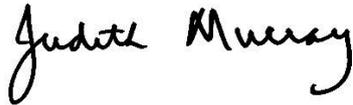
Conclusion

This submission argues that while we support the development of Stands Alone pathways from general registration to endorsement in theory, we implore the Board to recognize the potential repercussions of this move on all other areas of psychology and hence the diversity of the profession overall. Hence we ask the Board to put this initiative on hold until the issue of preserving diversity in the profession is addressed. At the very least we implore the Board to link the move to Stand Alone pathways directly to the moves to protect all areas of the profession through support of all endorsed psychologists with the same access to MBS Better Access items. Without such a link we fear that bridging programs associated with the Stand Alone Pathway from general registration to endorsement will only likely perpetuate the Clinical Psychology emphasis in Psychology and the further demise of other areas of psychology. It will be the very sad death of what psychology was and could be, and the profession and the whole community will be the poorer for the loss. Areas of psychology besides Clinical psychology are endangered species...They are worth protecting and look to their own

Psychology Board to offer some effort toward such protection. We will willingly do the rest and prove diversity was worth protecting.

We offer this submission respectfully requesting your careful consideration of the issues contained within

Signed

A handwritten signature in black ink that reads "Judith Murray". The signature is written in a cursive style with a large initial 'J' and 'M'.

Associate Professor Judith Murray

(On Behalf of staff, students and graduates of the Master of Psychology Program and with support of head of School of the School of Psychology and other staff UQ)

Program Director

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School of Psychology, The University of Queensland, Australia

Dated

6 December 2018