SOMNUS PSYCHOLOGY

(03) 6292 6056

info@somnuspsychology.com.au

250 Macquarie Street, Hobart, 7000, TAS

Non-Invasive Neuromodulation in Psychological Practice

An Australian clinical pathway for psychologists

Chloe Stone, Psychologist | Hobart, Tasmania | September 2026

A practical pathway

1. Start with the clinical problem, not the device

Define the population and indication you intend to treat. Review the strength and limits of the evidence for that indication, including whether the evidence applies to treatment-resistant illness, bipolar depression, older adults, young people or home-based treatment. Avoid extrapolating an adult depression protocol to another diagnosis simply because the technology is available.

2. Map the proposed activity to your professional competence

The Psychology Board of Australia's professional competencies are minimum expectations that must be maintained across a psychologist's career. Consider whether the proposed work is consistent with your education, supervised experience, CPD, current competence and the complexity of the clients you intend to treat. The APS provides professional guidance and CPD resources, but individual scope is determined by competence and regulatory obligations rather than by APS membership alone.

3. Obtain modality-specific theoretical and practical training

Training should cover neurophysiology, evidence, indications, contraindications, adverse events, device operation, electrode or coil placement, dosing concepts, informed consent, troubleshooting and escalation. Online theory alone is not a substitute for practical competency. Neurocare Academy Australia is one available pathway and offers separate theory and hands-on tDCS training for psychologists and other health professionals. Its practical workshop includes DLPFC localisation, electrode placement, intensity, impedance and safety.

4. Read the Australian and international guidance

For rTMS, consult current RANZCP guidance, the MBS requirements where relevant, international TMS safety guidance and device instructions. For tDCS, review the RANZCP Clinical Memorandum alongside the Fregni et al. evidence-based guideline and current safety literature. Guidance written for psychiatrists remains clinically informative but should not be treated as a substitute for the psychologist's own regulatory and scope assessment.

5. Establish governance before treating

Create written procedures for patient selection, screening, consent, baseline measurement, treatment documentation, adverse-event monitoring, medication or health changes, escalation, emergency response, maintenance decisions and treatment cessation. Decide when medical or psychiatric review is required and how communication with the broader treating team will occur. Home treatment requires a clear training and review pathway rather than simply lending a device.

6. Select an appropriate regulated device and follow its intended use

The TGA regulates therapeutic goods rather than the clinical scope of individual practitioners. The TGA advised Somnus Psychology that use, supply, advertising and promotion of a medical device should be consistent with the manufacturer's intended purpose, indications, contraindications, warnings and instructions for use. Check the current ARTG entry rather than relying on marketing material.

7. Build assessment and outcome monitoring into the service

Use validated symptom measures, functional outcomes and adverse-event monitoring at baseline and during treatment. Predefine what constitutes meaningful improvement, deterioration, non-response and a reason to pause or seek review. Neuromodulation should sit inside a clinical formulation rather than becoming an isolated technical procedure.

8. Clarify billing and funding before treatment begins

Funding rules differ between rTMS, tDCS and psychological treatment. Check the current MBS and the relevant funder rather than assuming that a device-based intervention is covered because it occurs during a psychology appointment. Explain any private component clearly to the patient before treatment.

9. Begin conservatively and keep reviewing competence

Start with the population and protocol for which you have the strongest training, evidence and governance. Seek supervision or consultation when cases fall outside that experience. Keep CPD, adverse-event review and audit of clinical outcomes as part of the service.

Australian professional and regulatory context

Psychology Board of Australia and APS

The revised Psychology Board professional competencies took effect on 1 December 2025 and describe the minimum knowledge and skills expected of registered psychologists. The APS has mapped professional development activities to these competencies and provides guidance to members. There is no single APS neuromodulation credential that, by itself, establishes scope to administer TMS or tDCS. A psychologist should be able to demonstrate relevant competence, training, safe practice, informed consent and appropriate clinical governance.

Therapeutic Goods Administration

The TGA regulates therapeutic goods and the Australian Register of Therapeutic Goods. In correspondence with Somnus Psychology, the TGA stated that it does not regulate clinical practice or the end users of medical devices. It recommended that use, supply, advertising and promotion remain consistent with the manufacturer's intended purpose, indications, contraindications, warnings and instructions for use.

RANZCP guidance

RANZCP Professional Practice Guideline 16 describes psychiatrist-led assessment, prescription and governance for rTMS. Its 2022 tDCS Clinical Memorandum describes evidence for depression as moderate, recommends careful screening and consent, and states that clinical use should occur with appropriate organisational governance and oversight. These documents are important Australian clinical references, while recognising that they were written for psychiatrists.

International guidance

The Fregni et al. evidence-based guideline uses a structured evidence-grading framework and gives tDCS for depression a Level A recommendation. For TMS, clinicians should also consult current international safety and training guidance from bodies such as the International Federation of Clinical Neurophysiology. Guidance should be read alongside the instructions and approved indications of the specific device.

Training and equipment pathways

Neurocare Academy Australia

Neurocare offers a two-part Australian tDCS training pathway comprising online theory and a face-to-face practical workshop. Psychologists and clinical psychologists are listed among the intended participants. The practical component covers patient preparation, DLPFC and other scalp localisation, stimulation settings, electrode impedance and safety. Neurocare states that its TMS and tDCS courses follow IFCN recommendations for training in non-invasive brain stimulation. This is one training option rather than an endorsement by Somnus Psychology.

Neuro Supplies Australia and Sooma

Sooma lists Neuro Supplies as its official distributor for Australia and New Zealand. The TGA ARTG records show Neuro Supplies Australia Pty Ltd as sponsor of a Class IIa continuous-current transcranial electrical stimulation system manufactured by Sooma Oy, ARTG 491325, entered 10 June 2025. Clinicians should confirm the current ARTG entry, intended purpose and device instructions at the time of purchase and use.

rTMS equipment and service models

rTMS involves greater infrastructure, treatment mapping and governance than portable tDCS. Under the Australian MBS pathway, prescription and mapping are performed by an appropriately trained psychiatrist, while treatment delivery items can be provided by or on behalf of that psychiatrist. Psychologists interested in rTMS may therefore enter the field through multidisciplinary services, formal training, treatment delivery, outcome monitoring and concurrent psychotherapy.

Funding and billing

Medicare and rTMS

The MBS currently includes items 14216 and 14217 for an initial rTMS course and items 14219 and 14220 for retreatment. Item 14216 covers psychiatrist prescription and mapping. Item 14217 covers up to 35 treatment services provided by, or on behalf of, an appropriately trained psychiatrist. Eligibility requirements include adulthood, a major depressive episode and specified prior treatment criteria. Check the current MBS before relying on item numbers, fees or eligibility.

Medicare and tDCS

There is no dedicated MBS item for tDCS. In a 2026 AskMBS response to Somnus Psychology, the Department advised that no Medicare benefit is payable for the tDCS component itself. In the specific scenario put to AskMBS, an eligible 50-minute focused psychological strategies service could only be claimed if all requirements of that item were met and the patient received the full psychological service. The Department expressly stated that its advice was specific to that enquiry, so clinicians should seek advice for materially different billing arrangements.

NDIS and other funders

The NDIA response supplied to Somnus Psychology did not provide a definitive approval pathway for adjunctive tDCS. Do not present tDCS as routinely NDIS funded on that basis. DVA, workers compensation, motor accident schemes and private insurers may have separate rules or case-by-case approval processes. Obtain written confirmation where funding is uncertain and distinguish the psychological service from any device hire, consumables or neuromodulation fee.

Suggested minimum clinical framework for tDCS

Clinical domain	Questions to resolve before commencement
Indication and evidence	Is the intended indication supported by evidence and by the device's intended purpose? Does the evidence apply to this patient's age, diagnosis and level of treatment resistance?
Screening	Have contraindications, skin integrity, neurological history, implanted devices, pregnancy considerations, medications, bipolarity and current risk been reviewed?
Consent	Has the patient received balanced information about expected benefit, uncertainty, alternatives, common adverse effects, rare risks, cost and the possibility of non-response?
Treatment protocol	Who selects the protocol? Is the montage, intensity, session duration and course consistent with training, evidence and the device instructions?
Home use	How will initial competency be assessed? Are treatment

	sessions device-controlled? What is reviewed remotely? When does the patient return to clinic?
Monitoring	Which validated symptom and functional measures will be used? How are adverse effects documented? What change triggers review or cessation?
Escalation	Who is contacted for deterioration, suicidality, possible hypomania or mania, unexpected neurological symptoms, skin injury or technical problems?
Governance	Are policies, indemnity, documentation, privacy, device maintenance, infection control and incident review arrangements in place?

Useful starting points

Psychology Board / APS professional competencies: Use the current PsyBA competencies and Code of Conduct to assess competence, CPD needs and professional obligations. Open resource

RANZCP clinical guidance: Review the current rTMS professional practice guidance and tDCS clinical memorandum. Open resource

MBS Online: Check current rTMS items, explanatory notes, eligibility and fees. Open resource

TGA / ARTG: Verify the current ARTG entry and sponsor for the device you intend to use. Open resource

Neurocare Academy Australia: One available Australian training pathway for tDCS and rTMS, including hands-on workshops. Open resource

Neuro Supplies Australia: Australian supplier/distributor information. Verify products against current ARTG entries and manufacturer information. Open resource

Sooma professional distribution: Manufacturer listing of official distributors by market. Open resource

Core references

1. Fregni F, et al. Evidence-Based Guidelines and Secondary Meta-Analysis for the Use of tDCS in Neurological and Psychiatric Disorders. Int J Neuropsychopharmacol. 2021;24:256-313. 10.1093/ijnp/pyaa051
2. Royal Australian and New Zealand College of Psychiatrists. Clinical Memorandum: Transcranial direct current stimulation (tDCS). 2022. Online resource
3. Royal Australian and New Zealand College of Psychiatrists. Professional Practice Guideline 16: Administration of repetitive transcranial magnetic stimulation (rTMS). 2018. Online resource
4. Razza LB, et al. Efficacy of transcranial direct current stimulation for depression: individual patient data meta-analysis. Br J Psychiatry. 2026. 10.1192/bjp.2025.10511
5. Woodham RD, et al. Home-based transcranial direct current stimulation for major depressive disorder: 6-month follow-up. J Psychiatr Res. 2025;186:23-32. 10.1016/j.jpsychires.2025.03.047
6. da Silva PHR, et al. Challenges and future directions of tDCS for depression. Braz J Psychiatry. 2025;47:e20243989. 10.47626/1516-4446-2024-3989
7. Australian Government Department of Health, Disability and Ageing. MBS items 14216, 14217, 14219 and 14220: Repetitive Transcranial Magnetic Stimulation. Online resource
8. Therapeutic Goods Administration. Neuro Supplies Australia Pty Ltd - Transcranial electrical stimulation system, continuous-current. ARTG 491325. Online resource

SOMNUS PSYCHOLOGY

(03) 6292 6056

info@somnuspsychology.com.au

250 Macquarie Street, Hobart, 7000, TAS

Educational and governance note

This resource is not legal, Medicare, insurance or regulatory advice and does not establish an individual clinician's scope of practice. Requirements can change. Confirm current professional standards, funder rules, ARTG information, manufacturer instructions and local governance before commencing a service.