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Submission to the Standing Committee on Finance and Public Administration References Committee: Inquiry into the administration of health practitioner registration by the Australian Health Practitioners Regulation Agency (AHPRA)

As a psychologist in private practice, my submission specifically addresses the Psychology Board of Australia and aspects of the performance of the PBA in relation to specific areas of the Terms of Reference.

Background: I have been a registered psychologist in South Australia for almost 17 years, and have been in private practice for nearly 16 years. Prior to going in to private practice, I worked as a group counsellor and marital therapist for 10 years at [redacted] Australia SA (formerly, [redacted] Council), and prior to this I worked as a Youth Worker for the [redacted] Community Centre for 5 years. I have also undertaken contract work as a tutor at tertiary level.

I have chosen to comment on two areas for which feedback has been requested:

- **Impact of AHPRA processes and administration on health practitioners, patients, hospitals and service providers:**

  As a service provider, I have been adversely affected by the AHPRA processes and administration. My main concern is the inordinate amount of recording that is expected of us in relation to our professional development.

  The expectation that psychologists write up ½-1 page of reflection for every hour of professional development is an unnecessary waste of valuable time. It is reasonable that psychologists provide proof of attendance at workshops/training/peer supervision meetings, and it could be argued that it is reasonable that they be expected to take notes during this process, but to require professionals who have been working in the field for years (I have been a registered psychologist for almost 17 years) is outrageous. We choose to attend (often at great personal expense) specific workshops because the content is relevant to our particular learning needs at the time. The material presented is assimilated and then followed up with reading and reflecting on notes taken, as well as integrating new approaches into our practices. It is unreasonable to expect professionals

to then have to waste time recording their personal reflections regarding the value of the training. (This might be appropriate for students in the early stages of their learning, but not for practitioners with years of experience!)

- **Implications of any maladministration of the registration process for Medicare benefits and private health insurance claims:**

  AHPRA has not followed through on its original plan to regulate Medicare providers, and has instead left this responsibility to the Australian Psychological Society (APS). It is the perception of many disenfranchised psychologists that the APS has a conflict of interest in regard to such matters.

  For the accreditation of existing registered psychologists to be able to provide clinical psychology services under Medicare, the APS has failed to follow the law of natural justice in the handling of many applications for eligibility of its clinical college (the criteria for one's clients being able to claim the higher Medicare rebate). I am one of the group of psychologists who does not have a Masters of Clinical Psychology, and so several years ago I set about to ensure that I met the criteria as specified by the APS. I returned to university to undertake two units in the Masters of Clinical Psychology course, and I completed the required amount of clinical supervision. (This cost thousands of dollars in fees and loss of income, each of the two courses consisting of 50 hours of contact time.) When my initial application (which cost $500) was rejected, I appreciated that I had possibly not provided sufficient information. Convinced that I had satisfied the published criteria, I paid an additional $1000 to appeal the decision. Four months later, I received a 1.25-page letter that simply stated that the original decision had been upheld. There was no explanation as to which particular criteria I had failed to meet. Nor was there any offer of a bridging plan. My training and experience was not dissimilar to that of a colleague who had also applied for eligibility and had been offered a bridging plan. It seems that the APS has not followed any clear (or open) criteria for assessing eligibility of its clinical college.

  I had hoped that AHPRA would be willing to review such cases, but this is clearly not the case. Given that I have had Clinical Psychologists pay me to provide them with supervision (and have even had a couple consult me as clients), that I teach in a post-graduate course (designing and delivering the hypnosis training course for the Australian Society of Hypnosis in South Australia), and that I am held in high regard by my peers, it is offensive and humiliating to be deemed as not worthy of endorsement as a Clinical Psychologist. Psychologists with a Clinical Masters who have only recently begun their

careers are considered superior to those psychologists such as myself who have had years of experience and expertise, who have undertaken considerable training and professional development over the years, and have contributed significantly to the profession. The impact on us has been devastating.

Not only has the two-tiered system affected our relationship with many of our peers who have been endorsed as 'clinical psychologists' (the divisiveness that has emerged is disturbing to say the least), but it has a direct effect on our clients. With a difference almost $40 in the rebate they receive, some clients are either unable to afford our services, or we are forced to discount our fees for them. I am the preferred provider of psychological services for a number of GPs – it is not uncommon for them to refer clients, but to then mention that the patients would not be able to afford my usual rates (which are already significantly below that recommended by the APS). We not only feel discriminated against, but our livelihoods have also been affected.

Members of the general public will naturally prefer to see Clinical Psychologists (in order to obtain the greater rebate), and yet the research has shown that there is no significant difference in the outcomes obtained by 'generalist' and 'clinical' psychologists!

Furthermore, prior to the introduction of the Medicare program, generalist psychologists were able to use a wide range of evidence-based practices in their interventions. Now, when we see clients referred under the Better Outcomes in Mental Health Scheme, we are supposed to restrict our interventions to 'Focussed Psychological Strategies'. Well-trained psychologists know that one needs to adapt one's approach to fit the needs of the client, rather than impose particular models on to the client. My colleagues, who are endorsed, are free to do this, but those of us who are not endorsed must limit our interventions when working with clients referred under Medicare, despite the fact that we have training and expertise in delivering a wider range of clinically effective interventions. This is not logical. Clients are not being offered the best service possible as a result, and we feel hampered by a system that just doesn't make sense!