Submission regarding the Senate Committee into the registration administration of health practitioner registrations

Author: *Anne Etchells, Clinical Psychologist in private practice,* [redacted]

Terms of Reference

(a) It's a given that APRAH hasn't managed the transition to National Registration for psychologists adequately. I think we very much hope this will get better. I wasn't one of the psychologists affected by the registration mistake, but I believe that no psychologists should *ever* be de-registered without the registration board making personal contact with them by phone and establishing that this is what they intend, and is not the product of an oversight or mistake either end. APRAH needs to be aware that when they deregister a psychologist, they deregister them with Medicare and their clients' Mental Health Treatment Plans then become non-rebatable. Unlike many other allied services, having your mental health plan rebate stopped in the middle of service and having to transfer to another practitioner (if you can find one that's available) in the middle of treatment is difficult and upsetting for the client. For clients who need bulk billing, finding a psychologist in your area that bulk bills is not easy, and they may then be stranded without treatment. Fragile clients may not be able to face starting again with someone else. It is no good us as practitioners having sensitive ethics about disturbing a client's treatment for any reason, if APRAH are willing to fly in the face of their own expectations of us and do just that, without an apparent care for either the psychologists or their clients.

(b) Pass. I was lucky and got registered on time, though it took about 5 months to get my certificate.

(c) APRAH has laid down psychology professional development requirements that are very heavy on paperwork, for them as well as us. Quite apart from the fact that these requirements were originally handed down to us in confusing bits and pieces (APS members) or by hearsay (everyone else), and then have been even more confused by a different requirement and deadline for Medicare rego, there are also what I'd call inappropriately nit-picking paperwork requirements that we have to write and APRAH have to read if their annual CPD assessment is to mean anything at all. An example is that for every CPD hour we do, we have to write half a page about what we have learned. Presumably this means less than half a page,and we are deregistered? If not, why be that exacting? How big are the pages and what sized font? And what about the APS's online lodgement service, in a box about the size of a couple of postage stamps? How are we supposed to know what is and isn't half a page? The point I'm making is that, for goodness sake, we are professional people who care about our clients and our own reputations, and have done for years. It

feels like a bunch of non-practising people have suddenly got together and made up requirements that seem like a good idea to them at the time, but aren't really viable in terms of either knowing what we are truly doing/learning or honouring the assessment process at their end. If it takes APRAH 5 months to send me a certificate, how are they going to find time to read my annual 15 odd pages of blather about what I allege I have learned? And if they can't, why am I writing it? APRAH need a design review around their CPD role. I've been a psychologist for 24 years and this is the first time I've ever had major trouble respecting what my profession is asking me to do.

(j) I have two related concerns in respect of the National Registration process pursued by APRHA:

(1) **The rather unholy alliance between the APS, APRAH and Medicare.** I'm a member of the APS and of its Clinical College, so this isn't a personal whinge, it's a concern about what has happened and will presumably go on happening to my profession. The APS seems to represent not just its members but its own professional agendas. Firstly I'm not happy to be represented and kept informed on a major national professional issue when other psychologists aren't. The AAP has formed itself and is fighting its way in to try and put this inequality right, also the APS now seems to make more information generally available on its website. But APRAH should have had the ethical sense not to let this biased situation develop in the first place. Secondly, it's not a case of whether the APS's agendas are right or wrong, it's the fact that it has them, and there are no apparent checks or balances present in the system. We all have to get supervision so that we do the right thing by our clients, but I don't think any outside body has been checking the APS's agendas against other equally valid points of view, or anyone has been supervising APRAH in its administration and policing of us either.

(2) **The registration division of our profession into those of us who attract about $120 in rebate per hour from Medicare and those who only attract about $80.** Firstly, psychology is a profession that prides itself on being research-based and producing data-based conclusions. Research-wise there is apparently no evidence that psychologists with ordinary rego achieve any less results in terms of client improvement than those of us with clinical 'superiority'. It doesn't appear that the extra 2 years academic clinical training makes that much outcome difference overall, though it does fulfil one of the APS's prime agendas, which is to put Australian psychology - on paper - up there with the USA and UK. The thing is, our clients don't need us to look good to the British and Americans, they just need us to (a) be available and (b) help. And our national mental health service is much better than the UK, I should know, I'm a Pom and have friends and family still there.

Since the GFC and, in Queensland, the floods, the pressure on bulk billing has increased noticeably. Those of us on the higher rebate are much better placed to bulk bill a significant percentage of our practice and still pay our own bills, raise families etc. But there aren't that many of us. It will *not* help ordinary people to put all of us on the lower rebate, because then even more psychologists will find it harder to offer the bulk billing option. Our profession (APRAH, the APS and whoever else) need to get together with Medicare and do the right thing, both by the consumers and the psychologists who are trying to serve them. What is the point in having research evidence if nobody takes any notice of it?

From a personal point of view, I bulk bill up to 50% of my practice, which is so full I'm not taking any new referrals for at least 2 months. And I'm not about to burn myself out picking up extra clients that could just as easily be treated by other, currently unendorsed, psychologists - *if* they could afford to do it and financially thrive.

I do hope your enquiry will help us fix some of these problems.
Kind regards

Anne Etchells
Clinical Psychologist