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Inquiry into the administration of health practitioner registration by the Australian Health Practitioner Regulation Agency (AHPRA)

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The Committee

The submission specifically relates to the Psychology Board (PBA) of AHPRA.

Overall comment
The PBA has by and large acted efficiently and effectively in organising national registration for psychologists practising in Australia. The comments below refer to areas of its functioning where performance can be enhanced.

Culture in the organisation
The Board is composed of 12 members of whom 8 are practitioners. No other information appears readily available on the practitioner Board members other what is on the AHPRA database. There is therefore no ready way of determining the extent to which the practitioners represent the profession. Given that there are several professional organisations of psychologists it is important to ensure at least to some extent their representation on the Board. The main organisation, the Australian Psychological Society (APS) has played a key role in the formation and functioning of the Board and to my knowledge is well represented by the practitioner Board members. This breeds the risk of a government body being overly influenced by a private organisation through its links with individual members to promote sectional rather than profession-wide interests.

A Board for all psychologists
The Board should not favour one section of the profession, eg clinical psychology as opposed to the others. This creates the risk of building unrealistic tariff-like barriers to protect the favoured section thus effectively barring transfers between the different sections. This is particularly so in terms of clinical psychology - recent research on Medicare evaluation clearly revealed that clinical psychologists fared no better than other psychologists delivering healthcare in providing effective treatment. It is not a mere coincidence that the Board and the APS hold closely similar views on the issue of favouring clinical psychology above other areas of healthcare psychology, eg counselling.

The Board's approach of maintaining virtually insurmountable barriers to protect the favourable position of clinical psychologists has acted to deprive the great majority of psychologists of recognition for services they have been efficiently providing for many years. There has been no grandparenting clause for psychologists working in the clinical field before the advent of the new legislation. The denial of recognition of their clinical skills has (i) penalised them financially, and (ii) reduced the public's choice of receiving the higher-tier Medicare rebate for consulting the psychologist of their choice.

The public is the clear loser because it is being denied access to professionals with broader skills and experience namely beyond the narrow confines of clinical psychology training. To serve the public better the Board should (i) recognise the many practitioners who worked in the clinical field before the advent of the new legislation, (ii) treat as equals all psychologists in the healthcare field, and (iii) develop realistic approaches of enabling the migration of practitioners from one section of the profession to another eg through bridging courses. Any approaches should respond to the reality of a mature practitioner with family responsibilities.

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