

14 April 2011

Finance and Public Administration References Committee
The Senate
Parliament of Australia, Canberra

I wish to make a submission to the Committee's inquiry into administration of health practitioner registration by the Australian health Practitioners Regulation Agency (AHPRA), on two matters: Specialist Endorsement and the Two Tier Structure in publicly funded psychology services to individuals, and Management of Impairment and Unprofessional Behaviour. I believe I have experience relevant to both issues.

Specialist Endorsement and the Two Tier Structure in publicly funded psychology services to individuals.

At present there is a "Two-tier" structure in psychology in Australia. This is supported by the Medical Benefits Schedule (MBS) and the Allied Health Practitioners Registration Board (AHPRA). The MBS allows for "Focussed Psychological Services" and "Clinical Psychology Services". These services are delivered under the auspices of the "Better Access to Mental Health" program. Focussed psychological services can be delivered by registered psychologists with approved four-year degrees, and by some other appropriately qualified professionals, such as medical general practitioners who have undergone special training.

The two-tier system in the National Allied Health Registration system is by "endorsement" as qualified to practice in certain areas, including clinical psychology. Evaluating a psychologist as being able to provide clinical psychology services is done by for the MBS, and for AHPRA, by the Australian Psychological Society (APS), and broadly equates in both cases with eligibility to membership of the APS College of Clinical Psychologists. This body has developed and revised its entry criteria over many years, presumably with reference to international standards. In general eligibility for the College involves a minimum of completion of a two year full-time post-graduate course of study in an APS approved clinical psychology training program, usually associated with the award of a degree which might be a masters degree in Clinical Psychology, a professional doctorate in psychology, or a PhD in Clinical Psychology. Clinical psychology services incur a \$30 higher rebate under the MBS than do Focussed Psychological Services.

I understand that some members of the psychology profession are attempting to make the case that there is no difference between clinical psychologists and "generalist" psychologists

and that therefore the two tiers and specialist endorsements, and therefore the different levels of rebate, are not justified. I wish to comment on this issue. I believe my observations as a clinical psychologist with extensive and perhaps unique experience of the work of other psychologists may assist the inquiry.

I have been working as a psychologist in Australia for thirty years. I have experienced the work of other psychologists as a professional supervisor, a lecturer in an accredited Clinical Psychology training program, as an evaluator in the Queensland Supervisor Training and Accreditation Program, and as a manager of a large (by Australian standards) psychology service. I believe I have become intimately aware of the work of about 300 other psychologists in the following contexts:

- General professional supervision of both 4 year trained and 6 year trained psychologists
- Supervision of people with 4-year degrees fulfilling the requirements for full registration
- Supervision in the field and within universities of people in the process of completing the six-year plus professional training programs
- Recruitment and selection of psychologists for both entry level and senior psychology positions in both major psychiatric hospital and community positions
- Selection of people for an approved clinical psychology training program
- Supervision of psychologists who have completed the academic component of eligibility for Clinical College membership

My observation is that with only a handful of exceptions, about 1%, there is *always* a clear difference in the functioning of four-year trained psychologists and those who are even part-way through their postgraduate professional training. This difference is apparent in their general work, their written work, their functioning in supervision sessions, their performance employment selection interview, and their performance on video or audio recorded sessions. Not counting the very few exceptional four-year trained psychologists noted above, the best of the four-year trained psychologists may be very good at the area that they work in, but from my observation the six-year-plus trained psychologists are in general better in the following ways:

- They have a better knowledge of psychological theory both in extent and depth
- They are better able to apply their psychological theory to novel situations or position requirements that go beyond basic provision of one-to-one services, such as managing organisational issues, training staff, and designing programs
- They are more creative in their clinical work
- They have a more subtle and comprehensive understanding of professional ethics
- Their therapy process skills are generally better, and they have a better understanding of therapy process
- Their therapy technical skills are better, such as being better able to apply subtle aspects of cognitive therapy or the more technical aspects of operant conditioning

- They have a much better understanding of what can go wrong in therapy and are alert for such factors
- They are more able to design a formulation based treatment program
- They have a better knowledge of empirically validated psychological treatments

None of this is surprising since it is exactly what is taught in the post-graduate programs. My comment though is that the teaching *does* make a difference, people who undertake the postgraduate training programs do come out with the above enhanced skills, knowledge and abilities. Therefore I strongly support the recognition of the completion of such studies in some ways, including such things as specialist endorsement or registration, and access to higher pay-points on entry to public sector employment. I have long been an advocate of both the above, and have not seen any evidence that such a position is misguided, though I would support alternate routes to the university training approach, so long as the outcome standard is equivalent to the current university course based standard.

Management of Impairment and Unprofessional Behaviour

The second issue I wish to raise with the Committee is the management of impairment and unprofessional behaviour by the National Board. I have some experience with this in Queensland, and I am concerned that the Queensland procedures or something like them will be applied nationally thereby continuing what I see as practices that are poorly informed, overly punitive and do not allow for natural justice. I have been involved with the following cases in Queensland that I see as having unjust and negative features.

- A woman who was investigated on the basis of an obviously self-serving complaint, by a person who was not her client and under a poor understanding of Australian Law and the professional ethics of psychology. A good knowledge of the above in my view (and perhaps the view of the tribunal that eventually heard the case) would have found that there was no justification to proceed with the complaint. The psychologist rightly contested the findings of the investigator and the Board. I believe it took eight years before the matter got to tribunal at which time the finding was in the psychologist's favour. During that eight years the psychologist continued to practice under the stress and shadow of the investigation. I believe she took early retirement partly because of that stress.
- A woman who had a major investigation of her work on the basis of being mentally ill, and who was required to give an undertaking not to practice whilst she was actually in a psychiatric hospital, was clearly not likely to practice, and was in no fit state to respond to the Queensland Board process. This person no longer functions as a psychologist, and is currently on an invalid pension. I believe the process engaged in this case by the Queensland Board was unnecessarily harsh, perhaps even in contravention of the relevant Act, and contributed to this woman's subsequent mental health problems, withdrawal from the profession and generally reduced functioning.

- A woman who was investigated on the basis of a complaint made on the basis of a lunch-room conversation with friends. In the course of that investigation her history of mental illness ten years in the past was taken into account. (It had never been hidden by the woman) and she was required to make an undertaking restricting her practice and requiring her to have supervision. This undertaking was to have finished in March 2010 but is still being continued. I am not privy to that actual investigation results but there seems to be little reason to continue with the undertaking.

I am intimately aware of the work of latter two of these people whose ability to practice was compromised by the Queensland Board process. In my view their work, for their level of training was, in one case, sound, and in the other, good to outstanding. I have also been involved in one case of a psychologist for whom the process was appropriate and conducted fairly and logically. My concern is that if my sample is at all representative there are serious deficiencies in the process of dealing with complaints pertaining to professional behaviour as applied in Queensland, resulting in severe unfair deleterious consequences for the psychologists who come to the attention of the disciplinary and impairment management processes in Queensland.

There are four major problems that I identify:

- Excessive credibility and excessive reaction given to very insubstantial information.
- The coercive nature of requirements to complete undertakings whilst investigation is ongoing. This is a very coercive process. The person feels they must give an undertaking in order to earn their livelihood. Giving an undertaken can be seen as tantamount to acceptance of the substance of the complaint or evaluation as being impaired
- Poorly informed decisions to proceed with disciplinary procedures
- Excessive weighting given to past histories and mental health related diagnoses without reference to whether the person can still practice effectively as a psychologist with the diagnosis or history.
- Very protracted and costly processes with the potential to affect negatively even psychologists who are not found to have cause to be disciplined or their impairment managed.

Clearly, it would be of benefit to consider these issues in the consideration of process and resourcing of the Australian Health Practitioner Regulation Agency.

I hope the above is of assistance to the Committee. More information about me can be found at <http://www.michaelfree.wordpress.com/>

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