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)

Introduction

I have worked as a psychologist since 1993 and very successfully in private practice since 1995.

In this role, I have used clinical psychological interventions such as those described by the APS in their website.

Specifically as follows (the section highlighted in red is what the APS has on their website):

Skills and competencies of clinical psychologists

Clinical psychologists have skills in the following areas.

Psychological assessment and diagnosis

Clinical psychologists have specialist training in the assessment and diagnosis of the major mental illnesses and psychological problems. Through their specialist training, clinical psychologists are qualified to provide expert opinion in clinical, compensation, educational and legal jurisdictions. Some clinical psychologists also specialise in particular types of assessment such as neuropsychological, forensic and educational assessment.

I have been regarded by my peers, other professionals, many government departments, employers and insurance agencies as very competent to provide assessment and diagnosis of the major mental illnesses and psychological problems for nearly 2 decades. Under a number of Acts, I am regarded as a medical expert.

"WorkCover pays for services delivered by *health providers* to injured workers where the cost incurred is considered reasonable and appropriate. These providers are divided into two groups, *medical* and *non-medical experts*.

A medical expert is defined under the *Workers Rehabilitation and Compensation Act 1986* as a provider who is registered with the relevant registration board in South Australia or in any other relevant jurisdiction if the services are delivered outside of SA, in one of the following disciplines:

- medical practice (including general practice, specialist, physician and psychiatry)
- dentistry
- **psychology**
- optical
- osteopathy
- physiotherapy
- chiropractic
- podiatry
- occupational therapy
- speech pathology.

The types of services and scale of charges payable by WorkCover for delivery of services in SA are published in the Government Gazette."

(http://www.workcover.com/site/treat_home/the_workcover_system/health_providers_and_services.aspx?str=experts%20medical)

The legal fraternity regard me as one of the few psychologists in South Australia who have specialised in the Pain Sciences as does WorkCover and EML. I am a guest lecturer at the University of SA in the Master Physiotherapy course in the Pain Sciences and to date have run over 40 Pain Programs in the last 11 years. I am therefore regarded by both my Peers and other professionals as a psychologist who provides clinical psychological services, and has done so for nearly 20 years. This has allowed me to work with people with a variety of problems that have included: pain issues, PTSD, depression, anxiety, bipolar disorders, and phobias. In addition, I have undertaken assessments for the courts, various government departments, WorkCover, Employers and individuals.

Treatment

Clinical psychologists are trained in the delivery of a range of techniques and therapies with demonstrated effectiveness in treating mental health disorders. They are specialists in applying psychological theory and scientific research to solve complex clinical problems requiring individually tailored interventions.

I fulfil all of the criteria the APS have for the provision in the treatment of mental health disorders. I use hypnosis almost on a daily basis with clients and was involved as a tutor in the Hypnosis course a number of years ago. I was and probably still am one of the few psychologists who use hypnosis through interpreters to manage a variety of disorders.

Research, teaching and evaluation

Research, teaching and evaluation are all integral to the role of clinical psychologists. Research is often conducted on prevention, diagnosis, assessment and treatment. Clinical psychologists are involved in the design and implementation of treatment strategies in various settings (such as primary care, psychiatric and rehabilitation) and in the subsequent evaluation of treatment outcomes.

I have always espoused the Scientist-Practitioner model and was instrumental in running a state conference with the APS and the Psychologist Council of SA embodying this many years ago. I use psychometrics to measure outcomes and have been involved in various research projects (e.g. BREAV with the University of SA in 2008-9 – I provided the specialist clinical psychology group services).

Qualifications and registration

Clinical psychologists have completed a minimum of six years full-time university training, which includes postgraduate study in a recognised clinical psychology training program, a substantial research thesis, and supervised practice in health and mental health settings.

All psychologists are legally required to be registered with the Psychologist Registration Board in their State or Territory, and, as of July 2010, the Psychology Board of Australia. This is to ensure that they meet specified standards of competence and ethical practice.

In addition, psychologists follow strict guidelines for professional conduct that cover client privacy and confidentiality. Ethical codes are set and monitored by the APS and have been developed to safeguard the welfare of recipients of psychological services and the integrity of the psychology profession.

I have been a member of the IPPP since I started to work in practice practice. I believed that this association provided for my needs and did not feel that I had to join

the APS. The IPPP have been instrumental in providing codes of professional conduct and protocols for ethical practice management.

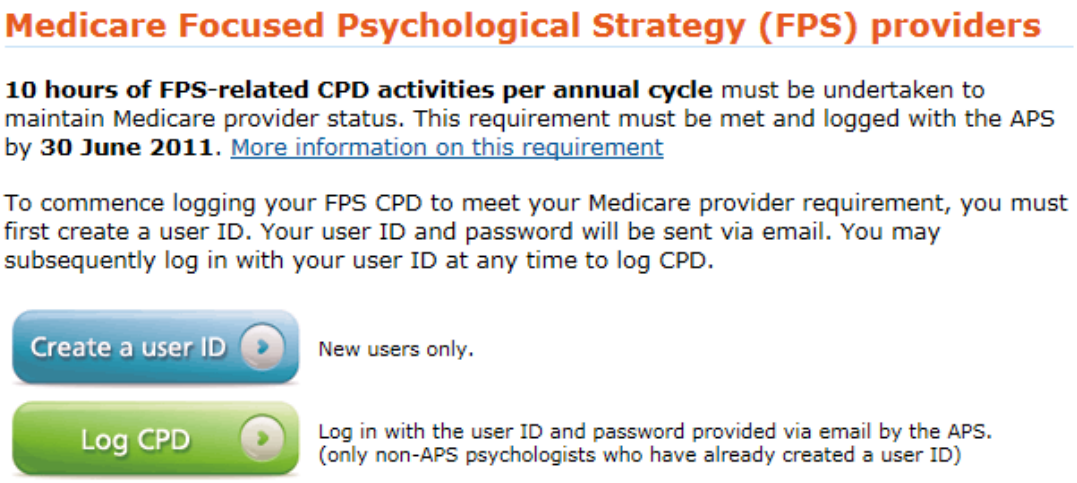
It is interesting to note that the APS on their website state "Clinical psychologists have completed a minimum of six years full-time university training, which includes postgraduate study in a recognised clinical psychology training program, a substantial research thesis, and supervised practice in health and mental health settings". This is misleading as there are many amongst their ranks that do not fit these criteria; that have a 4 x 2 qualification and have been defacto grandfathered in because they decided to choose the APS for professional membership above any of the other professional organisations. This is discrimination at its very worst. I imagine that this would not happen in any other workplace if a worker chose to be represented by one union over another.

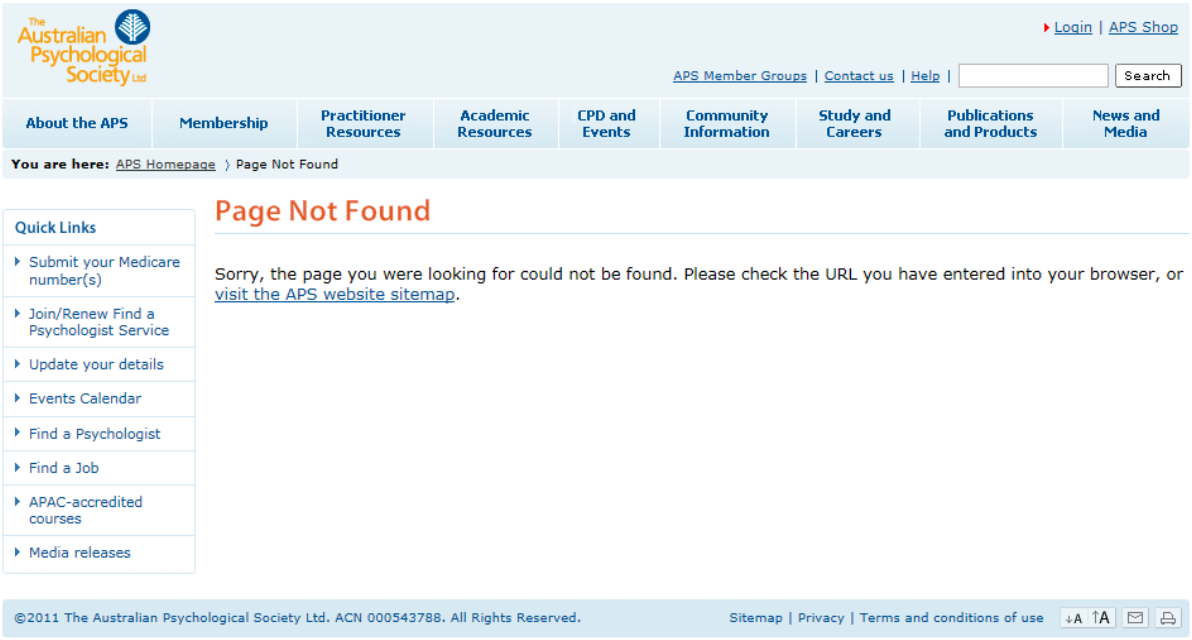
In reply to your specific terms of reference

- **Performance of PBA in administering the registration of health practitioners;**

I have attended a meeting where the Chair of the PBA spoke to the psychology profession as a very vocal majority of psychologists were aghast at how the APS and now the PBA were handling this division between focused generalist psychologists and clinical psychologists. However, The Chair had his own agenda to get through and could not answer most questions to the satisfaction of the many highly experienced psychologists present.

I now note that the PBA have subcontracted the lodging of Professional Development to the APS. I tried to log onto their website today to lodge my PD points and this is all I got:





I am astounded that the process of granting clinical endorsement has been so varied (I believe that they have had problems in other area also such as Organisational Psychology). Psychologists with almost the same amount of experience have had to undertake such a different variety of programs. In fact I am aware of a psychologist granted a specific speciality and he has never worked in this area which I find astounding and someone else who has worked in this area for 20+ years was not granted the speciality.

There is no appeals mechanism for practitioners who are disenfranchised by the process. It appears to be "because I said so" thinking.

- **Impact of PBA processes and administration on health practitioners, patients, hospitals and service providers;**

Psychologists who were getting paid the same fees prior to the introduction of a clinical specialist stream are now on the lower rates. Many of these people were supervisors of the now "clinical psychologists". I am aware that the government has tried to make psychology services available to all. I am still charging $150.00 per session and my clients have to pay the almost $70.00 gap. I will not bulk bill.

Psychologists who were also charging the $150.00 rate prior to these changes are now charging up to $220.00 and the clients have to pay up to a $100.00 gap.

How is this making it more cost effective for clients? It has become a windfall for some psychologists.

In addition, it is causing a massive gap in country regions, with people already disenfranchised within the medical system with hospitals closing and specialists not travelling to the regional areas. Psychologists who have travelled to these areas for many decades suddenly find themselves on the lower rate (with higher costs due to traveling) and will have to ask for a larger gap from a population already feeling the financial pinch in the regional areas of Australia.

We should only have one tier and this should have been the case from Day 1. If the APS had wanted to increase the education of psychologists, it should have proposed this as of a particular date and made sure that there were enough Clinical Masters positions to be able to do this, NOT to have done this retrospectively.

If their goal was to divide the Psychological Profession as never before, then they have achieved this. Instead of focusing on best practice issues, the Profession has been embattled in the last 2 years. It has been disgraceful to watch.

The 2 tier system has been confusing for both clients and referring doctors.

- **Liability for financial and economic loss incurred by health practitioners, patients and service providers resulting from any implications of the revised registration process;**

I note the uproar in the medical profession when WorkCover in SA decided to pay neurosurgeons and orthopaedic surgeons different fees for the same surgery. However, the APS, PBA and ultimately the Australian Government do not seem to have any problems in paying psychologists different rates for the same service (and in some cases a better service from the generalist psychologist due to their significant clinical experience).

Psychologists who have been in private practice for many decades are now finding that their referral base is drying up because their clients do not receive the higher Medicare rebate. These are people who have offered services when psychologists barely received any rebates from Private Health Insurances.

At a time, when the Federal government is preaching Health Literacy and attempting to become world leaders in the treatment of mental health, we will be faced with a lack of psychologists providing affordable services. This will especially be the case in the lower socio-economic regions in Australia.

Conclusion

I request a review of the operation of the PBA by the Senate Committee to enable introduction of a fair and transparent method of grading psychologists that will be of benefit to our clients, their families, referring practitioners, psychologists and the taxpayer.

Maria Polymeneas
Psychologist