

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

I write this on behalf of the psychologists below who have read this submission and authorized me to represent them in lodging our dissatisfaction with the onerous and unrealistic requirements of Professional Development (PD) that are now being required by AHPRA of Psychologists. We have never had a problem with doing PD per se and have always far exceeded that required as we all have a passion for learning and a desire to remain fully informed of advances in the areas we practice. However, the new requirements for Psychologists PD from AHPRA are out of touch with the real world. We feel that the demands on Psychologists are excessive and unrealistic both alone and in comparison with what is asked of other comparable professions.

Prior to the new requirements issued by AHPRA, The Australian Psychological Society (APS) had reasonable PD requirements that could be easily monitored through their online logging system and were also comparable in terms of the demands made on clinician time to other professions. The new requirements from AHPRA for Psychologists are hugely demanding in terms of clinician time and not comparable to what is demanded from comparable professions (see examples below).

For example, AHPRA requires Psychologists to write **a half to one page** (of self- reflection, learning and how it fits with learning plans) **per CPD hour** being claimed. In practice, this means that attendance at a two day workshop now requires a 6 - 12 page essay! Psychiatrists, on the other hand, are only asked to provide brief comments or reflections (e.g. a paragraph or two) per PD activity and to demonstrate that it fits with their learning plan. Similarly, AHPRA gives on its website examples of PD requirements for Physiotherapists who are also only asked to give a one sentence comment of reflection on their PD activity. Why the inequity and unrealistic expectations of Psychologists? Who is responsible for making up these requirements – are they clinicians who understand the demands of the real world, or academics who work in university settings where such paperwork is part of daily routine? Having to write Medicare progress reports on patients after every six sessions has already put enormous demands on time for paperwork for clinicians in private practice. Taking two days off for attendance at workshops is time well spent. Spending hours writing long essays of self-reflections afterwards (as if we do not think about what we have learned unless we write an essay about it) is a ridiculous waste of clinician time and needs to be questioned.

The second area of inequity and excessive demands occurs with peer review/supervision activities. The AHPRA requirement states “ where peer consultation is undertaken in a peer support group format, **only the time taken discussing the psychologist’s own practice can be counted towards the 10 – hour requirement**”. What this means in practical terms is that in a peer review group of 6 members, – a 3 hour attendance with 6 members yields only half an hour each as peer collaboration. Thus, 60 hours of group meetings is required to allow each member to fulfill the 10 hour requirement.

In the past, our meetings involved case presentations and shared information from journal articles and workshops, peer support and animated discussions around professional opinions. Now we feel pressured to stick to 30 min case presentations each and extend meetings from two hours to three hours (difficult at the end of a full day’s work) so we are all able to claim our 30 minutes each. Moreover, because taking three hours out of our practice or family time is onerous. The alternative option of just presenting cases in one-on-one supervision sessions (requiring only 10 hours of our time to meet requirements) is becoming more attractive. However, this is an inferior learning activity as instead of the benefit of input from five peers on our work, we only have the input of one, and we have no time to discuss, for example, journal articles and workshops attended, which is a powerful form of information dissemination.

This is not in line with other professionals such as Psychiatrists who are able to claim **all the time** spent in their peer review group towards their 10 hour requirement of peer reviewed activities. It appears the personal learning and automatic self-reflection from hearing others presenting cases is recognized by the psychiatric profession and should apply equally to the psychology profession. One of my psychiatrist colleagues was incredulous at the demands being made on us and commented that we were being "treated like children." Other colleagues have shared the view that we are being treated like students, not fully qualified professionals.

The administrative requirements seriously impact on professional productivity while motivating psychologists to pursue less professionally rewarding learning activities.

Unfortunately, rather than questioning the new PD requirements, the APS has just realigned its requirements with those of AHPRA with the hope of making the PD process simpler for us so we do not have two different systems. We are hoping this senate inquiry will allow for the onerous and inequitable demands of AHPRA on Psychologists to be questioned. Ideally, the APS should be allowed to review these PD requirements and decide on more realistic requirements of members as AHPRA has clearly demonstrated how out of touch it is with the real world of clinicians.