



Association of Counselling Psychologists
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Re: Inquiry into the administration of health practitioner registration by the Australian Health Practitioner Regulation Agency (AHPRA)

To whom it may concern,

Please find attached a list of concerns and recommendations prepared by the Association of Counselling Psychology (ACP) related to the current senate inquiry. The ACP is the only body in Australia that provides independent representation that focuses specifically on the functions of Counselling Psychologists in Australian society. In Western Australia where specialist title has been protected for several decades, a clear majority of registered Counselling Psychologists, registrars and trainees are members of the ACP. Our recommendations follow from consultation with our members specifically on the matter of national registration.

Most people are either unfamiliar with Counselling Psychologists or hold misconceptions about their expertise. Counselling Psychologists complete a minimum level of an accredited Masters degree with an additional two years of supervised practice, coming to 8 years in total. Counselling Psychologists provide psychological therapy to individuals, couples, families and groups. They engage in psychological assessment and diagnosis, and are trained to work with a wide range of severe, chronic and co-morbid mental health conditions. Identification and treatment of psychopathology is a core component of the training and professional work. In short, a Counselling Psychologist is a psychologist who specialises in the application of psychological therapy for all people who live in society.

Our submission covers a range of points identified in the terms of reference in the current senate inquiry, particularly terms (a), (c), (d), and (f). In summary, we recommend:

1. Significant improvement to communication between AHPRA and psychologists.
2. Clearer identification of Counselling Psychologists, via specialist registration.
3. Responsibility for the processing all CPD requirements to be assigned to the Psychology Board of Australia and simplified, in alignment with other professions.
4. Responsibility for the identification of all Medicare providers to be assigned to the Psychology Board of Australia, using fair and balanced assessment criteria.

Yours sincerely,

Ben Mullings
ACP Chair

Communication Issues:

The ACP has encountered a number of reports from Counselling Psychologists that they have experienced lengthy delays or lack of reply when they have attempted to seek clarification from the Psychology Board of Australia (PBA). We understand that it has been a difficult transition process as the new system is put in place, however, it must be appreciated that psychologists need timely clarification about the requirements of the system in order to maintain compliance. Further to this point, just like any other profession, psychologists are busy practitioners and therefore do not have large amounts of time to follow up on matters outside of their work in the field. Poor communication could potentially lead to psychologists being deemed non-compliant and result in a loss of mental health practitioners accessible to the general population.

The ACP is also aware of many cases where letters from the PBA about registration renewal have not been received by psychologists, resulting in de-registration, creating a situation where the practitioner is no longer covered by their insurance policy. This matter is of great concern to the ACP. We understand that during the recent floods in Queensland, there were many cases where psychologists were de-registered over these faults in the administrative process. We are concerned that poor administrative practices may result in a psychologist being de-registered, particularly during the time of a natural disaster.

Summary: The ACP stresses the importance of appropriate and timely communication between AHPRA and psychologists. The currently poor level of communication risks harm to mental health consumers by leaving the profession of psychology in a state of confusion about how to maintain compliance within the new system.

The Specialist Registration Issue:

The field of psychology has distinctive specialist areas, despite our registration system not being reflective of that fact. During the initial consultation with the profession, the PBA proposed specialist registration in the field of psychology. There were 111 replies to their consultation paper and 97 of the psychologists who responded made specific reference to specialist registration. Of that group, 77 psychologists who made a submission were in clear favour of specialist registration, whilst the majority of the others were neither for nor against the proposal. Not a single member of the profession was in favour of 'area of practice' endorsements. This suggestion was made by just one party, from the outside of the psychology profession - namely, the Australian Health Minister's Advisory Council (AHMAC). Hence, the decision by the PBA to propose area of practice endorsement to the Ministerial Council did not reflect the feedback from consultation with the profession. Consequently, we now have a system that does not reflect the fact that there are specialists in our profession.

There is currently no way for consumers to identify psychological specialists. Despite the reassurance that specialist title would remain in place for 3 years as we transitioned into the new registration scheme, the PBA lists endorsed areas of practice directly under a section that reads 'Specialties – None'. Consumers are also unable to search for psychologists with a PBA endorsement. That is, the system has been designed in such a way as to make it impossible for consumers to search for specialists. From the perspective of consumers, the implication is that there is no clear way for them to find a specialist when they are looking for one. The ACP is concerned that despite doing advanced

rigorous training and years of supervised practice to earn their title as a Counselling Psychologist, the public is not able to clearly identify our group, let alone others.

Further to these problems with the way information is displayed on the PBA website, the ACP has been alerted to many cases where qualifications have been displayed incorrectly. The implication of displaying this information incorrectly is that it causes confusion for the public about the competencies of a psychologist. This further compounds the problem of helping consumers to identify suitable practitioners in the field who have an advanced level of training and supervised practice in mental health care and other domains.

Summary: The ACP is of the view that decision making must reflect feedback from the profession during consultation processes. The current system does not clearly identify the advanced qualifications of Counselling Psychologists and does not facilitate clients in their search for a practitioner of choice. The ACP requests that a search field be added to the system allowing consumers to search for psychologists with an endorsement. We also request that there be some mechanism to address situations when decisions do not reflect the feedback from consultation processes. With regard to specialist registration, the ACP remains of the position that Counselling Psychology is a specialised domain and should be identified as such.

Continuing Professional Development Issues:

The ACP is of the understanding that the national registration system was intended to reduce duplication of processes and overcome needless barriers and obstructions to the provision of health services across Australia. In truth, the current system has actually created even more duplication and further obstacles for practitioners, particularly psychologists who work as Medicare providers. This situation has been created by the recent decision to delegate the responsibility of monitoring Medicare-related continuing professional development (CPD) to the Australian Psychological Society (APS). That is, psychologists are now required to report some professional development activities to the PBA and some to the APS. Information reported to the APS overlaps with information reported to the PBA, meaning that psychologists are reporting the same information twice to different bodies at different times. It is not clear to the ACP why a private organisation has been charged with this responsibility when the PBA initially proposed that it would assume that function.

The duplication of processes created by this new system has created a mismatch in the dates of reporting professional development activities. Not only are psychologists required to lodge their CPD with different bodies, but also they are required to lodge them on different due dates. This is made worse by the fact that Medicare-related CPD is being processed separately. For example, psychologists who are classed as 'generalists' must submit their CPD by July or they will immediately lose Medicare provider status. However, psychologists who are classed as 'clinical psychologists' in the Medicare system have a due date ending at the end of November with a 2-month grace period. Effectively, this gives those psychologists until the start of February 2012 to lodge their CPD - a full 6 months more than other psychologists in the system. This is confusing and discriminatory and is likely to lead to a situation where we lose some Medicare providers, which will have serious knock-on effects for the general public who access those psychologists.

The reporting requirements for continuing professional development are also excessive. Psychologists are required by the PBA to write half a page of notes for each hour of CPD.

The ACP is of the understanding that no other health profession in the national registration scheme has such an onerous requirement. Psychiatrists for instance are asked to provide a single paragraph about each PD activity and physiotherapists are merely required to provide a single sentence reflecting on PD activities. In the opinion of the ACP, the excessive requirements for reporting CPD in the field of psychology create needless barriers and additional work. These requirements are unrealistic when taken in the context of the busy life of practitioners in the field. On completing a 2 day workshop for example, a psychologist would be required to provide 6 pages of written reflections, which is akin to being asked to write an essay on top of doing the CPD event itself. The ACP is of the view that these onerous requirements should be reconsidered and brought into alignment with the requirements of other health practitioners in the system.

A particularly pressing problem right at this moment is that all psychologist Medicare providers are required to lodge their CPD activities with the APS before July 2011. It is important for policy makers to appreciate that there are many psychologists who are not members of the APS and therefore have not been informed about this requirement. Our information is that psychologists who do not lodge their Medicare-related CPD with the APS will have their provider status revoked and will no longer be able to bill for Medicare items from July 2011. The ACP points out that this policy unfairly discriminates against practitioners who have chosen not to affiliate with the APS, particularly those who opted to terminate their membership with this private body last year in protest at the lack of representation from the APS on critical issues. In turn, this policy unfairly discriminates against consumers who wish to access those practitioners. The core issue here is freedom of association – and the current requirements for Medicare providers directly violates this principle. We understand that freedom of association is a core democratic value enshrined in many of Australia's laws, including the Workplace Relations Act.

Summary: The ACP strongly recommends that all professional development requirements should be processed by the PBA, in order to eliminate duplication and confusion within the system. The delegation of this task to a private body violates the democratic principle of freedom of association. The current policy is coercive, in that it pressures psychologists to associate with the APS, plainly discriminating against non-members through lack of communication about the requirements to maintain Medicare provider status. Further, we suggest that CPD reporting requirements be simplified and brought into alignment with the standards of other health professions in the national registration system.

The Medicare Problem:

In the field of psychology, the requirements for Medicare providers were largely negotiated between the Australian Psychological Society (APS) and the Department of Health and Ageing (DoHA), in the lead-up to November 2006. At this time, the APS proposed to DoHA that providers of 'psychological therapy' services should be associated with membership of the APS College of Clinical Psychology. This policy has created a discriminatory two-tiered system, whereby the largest group of specialists claim exclusive rights to the provision of mental health services for complex cases. In reality there are actually several specialist groups in psychology that possess advanced standards in the assessment, diagnosis and treatment of complex, chronic and severe mental health disorders. This includes specialists from the areas of Counselling Psychology, Neuropsychology, Forensic Psychology, and Developmental Psychology. In order to be identified as providers of 'psychological therapy' services in the Medicare system, all of these groups have been forced to demonstrate eligibility for entry to the APS College of

Clinical Psychology. Upon doing so, they are identified in the Medicare system as a Clinical Psychologist, when in fact their training and supervision is from other specialist domains in the profession that should have been identified as appropriate service providers in the mental health sector from the outset.

The implication of this policy decision is that the numbers of Clinical Psychologists have swelled, as an artefact of other specialists groups using the flawed policies of the system to be identified as 'psychological therapy' providers by Medicare. With the advent of national registration, these specialist Medicare providers have been transitioned into the system as having an area of practice endorsement in Clinical Psychology. Due to the fact that there are extra requirements to maintain CPD for each area of endorsement, some psychologists have chosen not to apply for endorsement in their original specialist field. In effect, this has eroded diversity across the field of psychology. In Counselling Psychology for instance, we are aware that there were over 900 members of the APS College of Counselling Psychology, with many more non-members of the APS registered as specialist Counselling Psychologists in Western Australia prior to the launch of the new scheme. In total, we would estimate there to have been approximately 1250 Counselling Psychologists across Australia. In contrast to this, the current figures on the PBA website show that there are only 639 Counselling Psychologists across Australia. The ACP is greatly concerned about the erosion of our specialist group, caused by policies that are biased in favour of Clinical Psychologists.

To the view of the ACP, suitability for Medicare should be determined by AHPRA with a set of criteria that accurately identifies the full range of available psychologists with advanced competencies in mental health care – including Counselling Psychologists. The national registration system in its present form discriminates against all specialist providers of mental health care services besides Clinical Psychologists and creates pressure within the profession for psychologists to be incorrectly classified through a system created and maintained by the APS. Further to the points outlined in prior sections, this violates the principle of freedom of association and creates significant industrial problems for the field.

Summary: The ACP urges policy makers to give the responsibility of identifying suitable Medicare providers to the Psychology Board of Australia. A fair and unbiased set of criteria must be put in place to identify 'psychological therapy' providers in the Medicare system across the full range of mental health care specialists in the field of psychology. Counselling Psychologists in particular need to be identified as providers of 'psychological therapy' by Medicare, as they focus specifically on psychotherapy for the general public and they are the second largest group that deliver these services in the Australian community. The current system discriminates against consumers who choose to access a Counselling Psychologist through Medicare.