



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

The Institute of Private Practising Psychologists Inc (IPPP) is the peak organisation representing psychologists in private practice in South Australia. The IPPP has been recognised as an innovator in developing, implementing and assessing peer reviewed core competency standards in psychology practice as an explicit public statement of the professional qualities that the public should expect from our profession.

The IPPP only has experience with one section of AHPRA, that being the Psychology Board of Australia (PBA). Accordingly the IPPP will restrict its comments to aspects of the performance of the PBA in relation to specific areas of the Terms of Reference.

Terms of Reference (b), (c), (d) and (h):

- **The performance of the PBA in administering the registration of health practitioners**
- **The impact of PBA processes and administration on health practitioners, patients, hospitals and service providers**
- **Implications of any maladministration of the registration process for Medicare benefits and private health insurance claims**
- **PBA's complaints handling processes**

In the latter half of 2010 the PBA assumed responsibility as the registering body for all practising psychologists and for granting endorsement status for specific areas of advanced psychological practice. In particular, clinical endorsement by the PBA is required for a psychologist to be considered appropriate to provide clinical psychological services to members of the public under Medicare and for clients to receive a higher



level of rebate for their treatment. Psychologists not granted clinical endorsement are deemed as *generalists* and their clients receive a substantially lower rebate from Medicare. The psychology profession is deeply divided by the current system and it has resulted in inappropriate and unnecessarily costly differentiation in the provision of mental health services to the community and confusion amongst clinical referrers.

The IPPP has consistently voiced its concern that some psychologists who have an extensive history of clinical practice are outside the scope of transition arrangements for the granting of endorsement currently considered by the PBA as the new system takes effect. The IPPP considers that this group of psychologists has therefore been unreasonably treated in relation to the granting of clinical practice endorsement. The IPPP has met with the Chair of the PBA and corresponded with this body to establish a strong case as to why this group of psychologists warrants special consideration from the PBA. The IPPP has put a clear and simple case for consideration by the PBA based on the points to follow, however it would appear that the PBA has not seen fit to address these issues. Accordingly the IPPP now seeks to make this Committee aware of the issues and the very real flow-on effect to members of the public who require access to experienced and qualified psychologists at reasonable cost.

1. There have been, and continue to be, significant problems associated with both transition pathways thus far elaborated by the PBA:

- (a) The earlier pathway via APS Clinical College membership, which is now closed, and the currently available provision for granting endorsement on the basis of deemed equivalence under section 2.1(c) of the PBA Guidelines on Area of Practice Endorsements were developed without taking this group of senior experienced practitioners into account. These provisions are strongly weighted towards requiring the psychologist to have undertaken specific formal courses leading to qualifications. For some, these particular courses were not in existence when they commenced practice, while others commenced at a time when undertaking these courses was not the most common route into practice. As well, places on the courses have been limited, and these courses have been



- inflexible and not designed to give recognition to prior learning for experienced psychologists who might seek to upgrade their formal qualifications.
- (b) There has been a marked lack of consistency in the evaluation of applications to be recognised as a clinical psychologist under the earlier APS transition pathway, evidenced by the significant differences in outcomes for equally qualified, skilled and experienced psychologists. The PBA transition pathway has not addressed this apparent lack of consistency.
- (c) These transition provisions adopted by the PBA have not followed accepted principles generally associated with the introduction of changes in recognition of qualifications and has failed to use the concept of grandfathering, that has been used with other health disciplines. The IPPP supports changes the PBA has made regarding expectations about qualifications and training of psychologists who wish to be publicly recognised as having reached a higher standard in particular areas of psychology practice, however the IPPP believes it is unreasonable for the PBA to make these changes retrospectively without also providing considered grandfathering provisions for existing highly skilled and respected psychologists. The IPPP represents psychologists with significant years of experience, who are competent, well-trained and well-regarded by their peers, members of the public and the broader health professional community. These psychologists have been serving the community well for many years and providing primary clinical psychological health care services with the full support of all relevant authorities. The IPPP strongly supports the PBA's intent to protect the public, but suggests that this can be done without disenfranchising this group of senior experienced psychologists from being recognised as clinical psychologists as such failure of recognition reduces the pool of experienced clinical psychologists available to the public.
2. There is no specified appeals mechanism included as part of the current PBA transition procedure, which the IPPP contends results in a lack of procedural fairness.



3. The IPPP considers that the earlier transition pathway via APS College membership was contrary to the principle of freedom of association. The IPPP believes that individual psychologists should be free to choose whether or not to join a professional association and be able to make their choice without fear of being disadvantaged in the eyes of the public and the PBA, a body formed by an Act of Parliament, with regard to recognised status and reward. The ramifications of this discrimination are still on-going. Furthermore, the IPPP notes that the APS is a private organisation, which is not publicly accountable.
4. The IPPP notes that the PBA accepted the validity of recognising some older experienced psychologists in the earlier transition pathway via APS College membership. The IPPP understands that within the existing Clinical College membership some psychologists would not meet current entry criteria for such membership of the Clinical College, had they been required to apply today. Appropriately, these psychologists were granted clinical endorsement via the very limited grandfathering mechanism in effect, while those of similar standing and experience were denied the same treatment due to exercising the choice to not join the College at an earlier time when membership of an interest group was deemed unimportant.
5. Clinical endorsement is already having a very real effect in the field of mental health in that:
 - (a) Members of the community have restricted access to experienced psychologists, or find themselves with significant out-of-pocket expenses as the psychologists on whose behalf we are advocating provide services that attract a lower Medicare rebate, and
 - (b) The career pathways of some practising psychologists remains in jeopardy if they do not have clinical endorsement (e.g., due to the nature of jobs for which generalist psychologists can apply, a reduced client base due to lower rebates, etc.). Many well qualified and clinically acknowledged psychologists have been



financially compromised when graded at the lower level despite other psychologists with the same or lesser qualifications being financially more recognised.

The IPPP asserts that there should be a strong evidence base to justify discriminating between those who have undertaken APAC accredited clinical masters' programs and senior experienced psychologists with other training in the granting of clinical endorsement, especially given the significant effects of doing so. Following substantive research the IPPP is unaware of any evidence available to date to substantiate this discrimination.

Proposals for remediation

To address this situation the IPPP recommends either:

- The introduction of appropriate grandfathering for psychologists who have an extensive history of clinical practice, or
- a single tier of recognition for all practicing psychologists without this arbitrary differentiation.

The concept of grandfathering

The concept of grandfathering, or recognising the skills and experience of long established practitioners who do not hold all of the specific qualifications required in the introduction of new standards, has been widely practised during the introductory changes to grading of qualifications in other health disciplines.

A most relevant and recent example of this practice was demonstrated with the introduction of vocational registration for General Practice in 1989. All who sought vocational registration either held Fellowship of the Royal Australian College of General Practitioners (RACGP) or if they had been in General Practice for at least five years, could submit their application to the then Health Insurance Commission (now Medicare Australia) for recognition. To ensure fairness in assessment of those who had been in established general practice but who did not appear to meet the agreed criteria, an



appeals mechanism was provided to enable a practitioner, whose application had been declined, to have his or her application reviewed by a small, impartial, eminent group of experienced senior practitioners, who were independent of any interest group. This group, the Vocational Registration Appeals Committee, was empowered to examine all of the circumstances of a rejected application and reach an agreed and binding decision regarding eligibility for grandfathering, including determining the obligation for the applicant to fulfil any criteria to remedy any evident deficiencies.

Single tier system

In the absence of a suitable grandfathering process, a change to a single tier system is one obvious way to belatedly remedy many of the two tier rebate system problems.

However the IPPP makes this recommendation with one significant caution. Since November of 2006, many clients with more chronic mental health issues have come to rely on the higher rebates that have accompanied the higher-tier referral, and those psychologists providing clinical psychology services have adjusted their family and business financial commitments around the current system. The IPPP contends it is essential that the introduction of a single tier system does not provide an excuse to lower the rebate paid to members of the community who require these important services.

Proposal for a transparent and fair appeals process

The PBA does not appear to have a transparent mechanism for handling complaints and appeals and the IPPP considers that this needs to be addressed with urgency.

The IPPP proposes that APHRA instruct the PBA to adopt a process to ensure procedural fairness for those practitioners who have had their application for endorsed practice recognition rejected based on the process utilised for general medical practitioners at the time of introduction of vocational registration for general practitioners.

An Appeals Committee comprising a small group of independent eminent psychologists should be established during this the transition period, to enable applicants who have

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concerns about their rejection for endorsement to have an avenue of appeal and also enabling the PBA to draw on the Committee's expertise in assessing the applications for grandfathering. There may also need to be an extension to the transition period for fulfilling any criteria to remedy identified deficiencies, given that appropriate grandfathering will have been introduced at a late stage.

In addition, the IPPP is aware that some practitioners have been reluctant to apply for endorsement given the experience of their colleagues. The establishment of an Appeals Committee should provide these practitioners with the confidence that their applications would be dealt with in a fair and transparent manner.

Concurrently a formal appeals process should be developed independent of the PBA and AHPRA.

Conclusion

The IPPP seeks 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 clients, their families, referring practitioners, psychologists and the taxpayer.

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On behalf of the Executive Committee and membership of the IPPP