10 April 2011

SUBMISSION TO THE SENATE FINANCE AND PUBLIC ADMINISTRATION COMMITTEES (SF&PAC)

regarding

THE INQUIRY INTO THE ADMINISTRATION OF HEALTH PRACTITIONER REGISTRATION BY THE AUSTRALIAN HEALTH PRACTITIONER REGULATION AGENCY (AHPRA)

TO WHOM IT MAY CONCERN

1. INTEREST IN THE INQUIRY

I am a member of the Australian Association of Psychologists inc. (AAPi) and have recently been informed by that agency of the above inquiry. As a practitioner, I have a vested interest in the outcomes of the inquiry and therefore wish to express my views on the Committees' Terms of Reference and their relevance to me. From information I have obtained from the AAPI, I have reason to believe that the observations I have made as well as the opinions I have expressed in this submission are relevant for many other practitioners. Accordingly I note that, whilst the views expressed in this paper are personal, they are likely to resonate with the majority. For that reason, I have no objection to the SF&PAC publishing its contents when deemed appropriate and do not seek confidentiality.

2. CAVEAT

I am a practising Registered Psychologist. I am therefore able only to comment on my perception of the performance of that division of AHPRA identified as the Psychology Board of Australia (PBA). I am not competent to express views on any other activity in which AHPRA engages.

3. MY BACKGROUND

I was first registered as a Clinical Psychologist by the Medical Board of Rhodesia (now Zimbabwe) in 1969, after two years of full time internship at the Ingutsheni Mental Hospital in Bulawayo.

Later on, and on the platform of my academic and professional history, my application for registration as a Clinical Psychologist was successful in South Africa, Namibia, Botswana, Kenya, Zambia, Angola, Mozambique, the UK and the USA.

In the last 42 years, my primary focus has always remained on interventions addressing the debilitating impact of complex anxiety disorders and clinical depression on the lifestyle quality of adolescents and adults. In addition, I have had an ongoing engagement with many other applications of my vocation. These include forensic psychology, compulsive behaviour interventions (drugs, alcohol, gambling etc.), family and relationship counselling, grief counselling, critical incident response, organisational psychology, conflict resolution in the workplace, executive counselling and mentoring, lecturing to post-graduate students in a university setting and even directing psychological operations in a combat situation.

When I applied for registration as a Psychologist in Australia in 1999, the then Psychologists Board of Victoria saw fit to ignore the documentary evidence of either my academic qualifications or my occupational history, both of which had been totally acceptable in the international arena, and decided to register me as a "generalist" rather than as a Clinical Psychologist. Since this made no difference to the way I wished to practise at the time, I decided not to challenge that decision. In view of recent developments, it was certainly remiss of me not to insist on recognition, because it now seems that, together with many thousand others, I face the likelihood of occupational extinction in the next two years as a consequence of what, in my opinion, smacks of subjective and self-serving parochialism.

4. RESPONSE TO TERMS OF REFERENCE OF THE SF&PAC

I now offer my responses to the Terms of Reference of the SF&PAC, within the constraints of the caveat I earlier noted.

4.1.1. Capacity and ability of AHPRA to implement and administer the national registration of health practitioners

I have in the past made several attempts to make telephonic contact with AHPRA during normal business hours in order to gain clarity on some registration renewal issues I had. On every attempt, I was urged to be patient as my call was in a queue and would be answered in xx minutes. It never was. What I eventually did get was a recorded message advising me to send an e-mail that would be responded to within 24 hours. I sent four consecutive e-mails, the last being a complaint about my inability to make contact and, to this date, still await a response.

Ultimately, my queries were answered by the AAPi and this enabled me to complete the registration process appropriately.

On the basis of my experience, I am not confident that AHPRA has either the capacity or the ability to fulfil this designated function.

4.1.2. Performance of AHPRA in administering the registration of health practitioners

Because of my personal experiences, I question the effectiveness of AHPRA and its adjunct the PBA in fulfilling this role when it does not respond either to the telephone calls or e-mails that it invites.

In the broader context, it is my understanding that the PBA failed to renew the registration of a significant number of psychologists by the beginning of 2011, despite the fact that those practitioners had all submitted their applications for renewal before the mandated cut-off date. The consequences of the PBA's failure to fulfil its responsibility for this vital function were significant.

Firstly, the affected practitioners were unable to practice as registered psychologists and thus were exposed to significant financial hardship. Secondly, they were unable to secure appropriate professional insurance as they could not demonstrate current registration. Finally, they were obliged to inform their clients that they could not continue with planned psychotherapeutic interventions that would be covered by Medicare, because their registration had not yet been renewed.

I have little doubt that information of this nature would not have been well received by a needy public and that it would have tarnished the reputation of the affected practitioners in the minds of their clients. I have equally little doubt that, although the PBA's failure in this area may since have been corrected, the affected practitioners continue to feel its effects and are hard pressed to regain the confidence of their clients.

An event of this sort will almost certainly be interpreted as an act of negligence and will do little to enhance the status of AHPRA and its adjunct the PBA in the minds of practitioners, whether or not they have been directly affected. It is also likely to be perceived as a potential future threat to personal security and livelihood and is unlikely to promote a sense of trust or confidence in either of these agencies.

4.1.3. Impact of AHPRA processes and administration on health practitioners, patients, hospitals and service providers

It appears to me that the PBA, finding itself in uncharted territory, has arbitrarily sought the input of the Australian Psychological Society (APS) for guidance on how to move forward with determining fundamental performance criteria for Psychologists.

In response to this approach it would seem that the APS, strongly motivated to protect the interests of the membership vital to its continued existence, has overtly advocated preferential treatment for its members that is not accessible to the masses of practitioners who are not members. As a result, the current registration modality appears to be based on the premise that anyone who has been accepted as a member of the of the APS and, in particular, its Clinical College, should be regarded as being acceptable and is therefore eligible for "*endorsed registration*", whilst those with similar or better qualifications and demonstrably greater practical experience but who are not members of the APS are given "*unendorsed registration*".

My understanding of the impact of this anomaly is that from the beginning of 2013, those practitioners who are at that time labelled as "*unendorsed*" will no longer be eligible for registration as service providers for Medicare Australia, regardless of their qualifications or years of experience. If this happens, there is little doubt that affected practitioners will also become ineligible for service provider status with Workers Compensation agencies, the Department of Veterans' Affairs and the Private Health Insurance industry.

Current statistics are of relevance. At latest count, there are 28,811 registered psychologists in Australia. Of this number, 3,907 (13.6%) are Clinical Psychologists, and only a total of 5,844 (20.3%) have been given "*endorsed registration*" status. A staggering 79.7% - 22,962 registered psychologists - have been given "*unendorsed registration*" status.

In the event that the parlous situation caused by the "*endorsed registration*"/ "*unendorsed registration*" dichotomy eventuates, it is my view that the impact on Australians in every walk of life will be enormous.

Firstly, and from an occupational perspective, the majority of registered psychologists in this country (22,962) will no longer be able to practise their profession and will thus inevitably be deprived of the livelihood they have studied for years to attain.

Secondly, I have little doubt that those practitioners who have lost the right to practice their chosen profession will seek legal redress in their thousands through class action. Certainly from a personal perspective, I will not hesitate to do so and I am confident that the majority will feel the same.

Thirdly, and at a time when the mental health and wellbeing of the Australian population is becoming increasingly prominent, the removal of a vast number of psychologists from circulation will deprive the Australian public of ready access to the professional support that they have only in recent times been able to consider, as a result of the advent of the Medicare Australia "*Better Access to Mental Health*" program.

In this context, it is of interest to explore the statistical implications of what may come to pass if the iniquitous dichotomy prevails.

On the conservative assumption that some 10% of currently registered psychologists (2,881) are not registered as providers by Medicare Australia because their occupational focus lies in other directions, the obvious deduction is that 25,930 are. When related to the Australian population of some 22 million people, the current population/psychologist ratio is approximately 848:1. If 79.7% (20,666) of current Medicare registered providers are removed from circulation as a consequence of the dichotomy and the population remains the same (which it will not), the population/psychologist ratio will change drastically to approximately 4180:1.

The Federal Government's focus on promoting mental health and wellbeing is well-founded, even if long overdue. The initiatives it has launched thus far (e.g. the Better Access program) are plausible and of potential benefit to all Australians. However, to realise that potential, there must be adequate and appropriate resources for the population to access. With a projected factor of 4,180 Australians to 1 psychologist, I cannot see the remotest likelihood of central government's goals in regard to mental health being attainable.

I have recently been registered as "*unendorsed*" by the PBA. Given my new status, it seems to me that, unless this new, elitist and clearly inequitable classification process changes, my 42 years of international experience of practicing my chosen profession, at all times with a steadfast commitment to the interests of human wellbeing, will come to an end at the end of 2012.

Whichever way one considers it, this process is biased, unjust, unfair and unreasoned. For me it reflects the emergence of a regime that seems to have lost its senses in the interests of political, academic, institutional and individual subjectivity and parochialism.

4.1.4. Implications of any maladministration of the registration process for Medicare benefits and private health insurance claims

In this area, there is again evidence that points to APS involvement in determining how a government agency, in this case Medicare Australia, registers psychologists as service providers for Medicare benefits.

My understanding of the APS is that it, in common with several other entities, is a representative

body not a statutory one. Psychologists are not obliged to become members of the APS, or indeed any other agency, as a prerequisite to formal registration.

I therefore do not believe that the APS has the right to assume that it represents the interests of all psychologists. There are many practitioners who have chosen either to become members of other agencies or to remain unattached.

Despite this, it seems to me that the APS regards itself, probably as a direct result of its overtly academic structure, as being the only agency that has the intellectual capability, depth of knowledge and practical experience to offer formal advice on all matters of importance to all psychologists. It seems that it has thus presented itself to a number of government agencies, including the PBA and Medicare, as the sole authority on those matters.

In this context, I find it astonishing that the PBA and Medicare appear to have accepted the self-proclaimed credentials of the APS without question and do not seem to have considered the real likelihood that their individual functional obligations could have been better served had they sought to apply a collegiate approach by inviting all other representative agencies to contribute to an Advisory Panel.

With these views as a background, it is clear that Medicare Australia has demonstrated its acceptance of APS rationale in determining its fee structures for psychologists providing services covered by the Medical Benefits Schedule – Allied Health (MBS).

The APS advocates that Clinical Psychologists deliver better therapeutic services and achieve better outcomes than those offered by those who are somewhat ambiguously referred to as Generalist Psychologists.

The MBS reflects total compliance with this postulation and documents a two-tier fee structure – one for Clinical Psychologists and the other for Generalist Psychologists for delivery of services that, in every professional respect, are identical.

In my experience, the majority of referrals from Medical Practitioners request psychotherapeutic interventions that will address and resolve the psychological distress they have identified in their patients. The following table reflects the two-tier fee structure when applied to two typical types of referral.

Discipline	MBS Item #	Duration	Location	MBS Fee	MBS Rebate	APS Fee
Clinical Psychologist	80010	At least 50 minutes	Consulting Rooms	$140.90	$119.80	$212.50
Generalist Psychologist	80110	More than 50 minutes	Consulting Rooms	$96.00	$81.60	$212.50
Clinical Psychologist	80015	At least 50 minutes	Other location	$164.85	$140.15	$240.00
Generalist Psychologist	80115	More than 50 minutes	Other location	$120.55	$102.50	$240.00

Source: Medicare Benefits Schedule, Allied Health Services, 1 January 2011, page 48 and page 54

Review of this table reveals two interesting anomalies. Firstly, Clinical Psychologists are required to spend ***at least*** 50 minutes per session with a client whilst Generalist Psychologists are required to spend ***more than*** 50 minutes. This is more than likely because Medicare accepts the myth proposed by the APS that Clinical Psychologists deliver superior services compared with those delivered by Generalist Psychologists. The second anomaly is a paradox and is evident in the fee structure proposed by the APS for psychologists. If indeed the APS truly believed in its own rhetoric, surely it would have recpmmended a two-tier fee structure rather than one that demonstrates parity?

I draw the attention of the SF&PAC to two recently published reports which completely debunk the superiority myth postulated by the APS.

The first was commissioned by the Department of Health and Ageing and is entitled

"*Evaluation of the Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule Initiative*"

(www.health.gov.au/Publications, Statistics & Resources/Publications).

The second was published by DrJames Alexander PhD and is entitled

"The Jury is IN: generalist psychologists as superior as clinical psychologists"

(www.aapoz.com/Information/ The Jury is IN: generalist psychologists as superior as clinical psychologists

Both reports highlight the fact that the evidence-based information that has been gathered,

analysed and reported on does not support the view that therapeutic services delivered by Clinical Psychologists are in any way superior to those delivered by so-called Generalist Psychologists.

Indeed, the evidence presents the opposite picture. Therapeutic Services delivered by Generalist Psychologists have emerged as being more comprehensive and achieving better outcomes with less recidivism than those delivered by Clinical Psychologists.

In my view, the prevailing circumstances do not imply but actually demonstrate a significant level of maladministration of the registration process for Medicare benefits and private health insurance claims. I would add that I cannot accept that this has happened with specific intent on the part of Medicare Australia. I prefer rather to believe that Medicare has been seriously misled by an agency it has trusted.

Whatever the causes may be, I believe there is now ample evidence-based opinion to support the view that the present two-tier fee structure is iniquitous and must be withdrawn immediately.

4.1.5. Legal liability and risk for health practitioners, hospitals and service providers resulting from any implications of the revised registration process

As previously noted in this submission, I believe that the inordinate delays that apparently continue to plague application of most aspects of the revised registration process are the primary source of potential occupational risk and legal liability for practitioners.

It is entirely possible that many of the delays that characterise the PBA are to be reasonably expected of a large, fledgling organisation that is charged with the responsibility of merging and blending the functions of multiple agencies into a single entity and has yet to “find its feet”.

Despite this however, where I believe the PBA has erred, thus creating significant potential for exposure to risk not only for the profession it is required to administer but also for itself, has been to rely exclusively on APS opinion without any consideration of engaging with and seeking opinion from numerous other agencies that would have enabled it to get a broader and more balanced perception of its field of influence.

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

Please refer to my comments under 4.1.2. in this submission.

4.1.7. Response times to individual registration enquiries

Please refer to my comments under 4.1.1. and 4.1.2. in this submission.

4.1.8. AHPRA’s complaints handling processes

My comment on this should be read as implicit since on the two occasions that I have tried to complain to AHPRA, I have had no response. On the first occasion, I tried to do this on the telephone and gave up in disgust after 25 minutes of trying to speak with a person and not an electronic device. In the second instance, I sent several e-mails to the address nominated by AHPRA and still await response some five months later.

4.1.9. Budget and financial viability of AHPRA

I am unable to comment on this matter.

4.1.10. Any other related matters

There are no other related matters upon which I wish to comment.

5. CONCLUSION

I thank the Senate Finance and Public Administration Committees for availing me of the opportunity to express my views on the matters before it.

I trust that the views and opinions I have set out in this submission will contribute some value to its deliberations.

I believe that it must be obvious from what I have said in this document that the matters under scrutiny by the SF&PAC are of cardinal importance to me since the outcomes of that scrutiny will virtually define how the rest of my life will proceed.

Given that I have practised my profession for 42 years, it will also be obvious that I am not exactly in my first flush of youth. Despite that, I am not yet ready to "go out to pasture" and have always expected to "die in harness", doing what I do best and doing it passably well.

It's what has made my life worth living all these years and what I truly believed I would continue to do until either ill health or death ended it. Given the direction events have taken in the last several months, I must unhappily consider the prospect that this might not happen.

I would add that in all my years of professional practice in the international arena, I have never come across the extraordinary circumstances that currently prevail for my profession in Australia.

It is my unshakeable belief that true psychologists –

- do what they do because they need to, not because they have to,
- do so with knowledge, compassion, empathy, sensitivity, humour and above all with humility and an ever-present sense of being privileged to be trusted by human beings who are fearful, dispirited and overwhelmed by the pressures of trying to cope with a world that is not always kind,
- have no politically motivated, self-serving aspirations. They aspire rather to ensuring that they apply a “best practice” approach in expressing their personal and professional commitment to the wellbeing of humankind at all times.

I am convinced that if the deliberations of the SF&PAC in regard to the activities of AHPRA, its satellites and cohorts do not bring the overtly discriminatory, unfair and ill-conceived administrative practices that currently prevail to an end, it will not only be the true psychologists who are at grave risk but also the thousands of troubled people who true psychologists support, counsel and revitalise.

I wish the SF&PAC “Godspeed” in its work and look forward to reading its report and recommendations.

Best wishes,

David Hoffman
Psychologist