

# Psychologists Registration Board of Western Australia

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The Secretary  
Senate Community Affairs Committee  
PO Box 6100  
Parliament House  
Canberra ACT 2600

Dear Sir/Madam

## **Inquiry Into The National Registration & Accreditation Scheme For Doctors And Other Health Workers**

The Psychologists Registration Board of Western Australia welcomes the opportunity to provide the Senate Committee with our perspective on the proposed scheme for national registration and accreditation. We recognize that the aims of the scheme are to ensure that an adequate number of health professionals are available to the public, to have consistency of standards throughout Australia, and to enable greater mobility of each of the professions throughout Australia. The Board appreciates the value of these aims, but questions whether the proposed scheme, which involves great expense, would add any significant benefits that are not already available in the State-based schemes. In addition, we have a number of significant concerns about the proposed scheme, in terms of its potential impact on professional standards, public safety, and costs.

### **Proposed Benefits of the National Scheme**

One of the stated aims of the proposed national registration scheme has been to enable greater mobility of the professions throughout Australia. In this Board's experience since 1995 and the introduction of the Mutual Recognition Principle, such mobility has not been significantly restricted. The Mutual Recognition and the Trans Tasman Mutual Recognition Acts currently allow individual practitioners in each State and Territory and New Zealand to register and practice in each State or Territory.

A less costly and more efficient way to enable greater mobility could be achieved by extending the current State-based scheme of registration. This would involve allowing registrants to move interstate freely once they have become registered in their "home" State or Territory. Such a scheme would allow freedom of movement around the country yet still retain the current registration requirements and efficiency, knowledge and expertise of operation of each of the registering authorities.

Another aim of the proposed system is to have consistency of standards between the various States/Territories. However, Australian registration boards are already close to having consistent standards under the current state- based system. Fine tuning the differences between the States and allowing interstate practice on one registration (with appropriate safeguards) within the existing infrastructure is a far more cost effective method of achieving the aim of consistency.

From the public point of view, we cannot see any substantial benefits to patient care or safety in the change to the proposed national scheme. The proposed arrangements for complaints handling under the scheme will not provide any additional protection for the public against improper or unprofessional conduct by registered practitioners. Current State-based legislation allows for the individual Boards to investigate complaints against practitioners and also to deal with impaired practitioners adequately, and at a level that is efficient and effectively protects the public from harmful practices. This system has proven highly efficient, with decisions being made locally and in a manner that is timely and not bureaucratic. The proposed scheme has the potential for administration to become cumbersome and distant, as well as being unable to recognize issues that are regional and unique to each State or Territory. (The way that the consultation process regarding national registration has been conducted to date has confirmed our concerns that uniquely State or Territory based perspectives, needs and issues, will be overlooked)

In addition, the public would not receive any more experienced practitioners under the proposed scheme nor will it receive a higher standard of service from those who are currently practising.

### **Significant Professional Concerns**

The proposed national scheme focuses on the registration of health professionals and does not give sufficient recognition that Board members' time is involved in a wide range of activities of which only one is registration matters and most of which are, of necessity, locally based. These include assessing applications for registration, reviewing supervision reports for registration, issuing guidelines to registered practitioners that outline the Board's interpretation or position on professional practice issues, working with national accreditation bodies, setting up codes of conduct for the profession, presenting to undergraduates and postgraduates on ethical and legal issues and working with professional associations on common matters that protect the public.

The IGA indicates that one of the considerations that the Productivity Commission looked at was "the supply of, and demand for, health workforce professionals". The Board is gravely concerned that the initial impetus for national registration was a workforce philosophy, aimed at increasing the number of health professionals that are available for the public. If those considerations hold sway, the focus could be on reducing the requirements for professional training, and so increasing the risk to the public of consulting professionals who are registered, but insufficiently qualified to practice. Any loss or diminishing of standards which are currently in place would be to the detriment of the public's health and safety.

In addition, the proposed national registration arrangements only recognises specialist titles in relation to medical practitioners, registered dentists and registered podiatrists. This would therefore see a reduction in the level of training undertaken by those other

professions who currently have specialist registration, which includes psychology, which is not to be included in national registration. Use of a specialist title is an important component of registration, as it provides protection to the public by ensuring that they are consulting properly trained and more highly qualified professionals and enables them to differentiate between the different types of specialty. This Board would prefer to endorse a model that at the very least maintains current standards for registration, and recognises the value of specialist titles.

Also, the Board considers that the process of registration and regulation of the profession needs to be conducted by members of their own profession, as only they will be able to evaluate and understand the esoteric nuances and complexities of professional practice within their profession. That is, there needs to be autonomy of each profession which in some cases has only recently been achieved with new State legislation. Therefore, national registration as proposed would be a retrograde step.

Further, there is significant concern that in a national scheme, some of the smaller professions may be controlled or unduly influenced by the larger professions, as well as by the Government and public servants, to the detriment of the professions and the public. Examples of this include the views of some medical practitioners who consider that a number of other health professionals, including chiropractors, podiatrists, psychologists and nurses, are practising in areas that should be restricted to medical practitioners.

The proposed scheme for handling complaints is also a concern. The proposal is that the complaints process would be along the lines of that which currently exists in New South Wales, i.e. a consumer council. This Board considers that complaints need to be handled and investigated by members of the profession, as they are in a better position to determine, evaluate and understand the unique nature and complexities of professional practice within their profession. This process is not to the exclusion of consumers, as they would be represented on the Board.

This Board also finds it surprising that the proposed scheme does not allow for a member of the legal profession to sit as a board member. The legislation in Western Australia provides for a member of the legal profession to sit on the Board and has done since its inception in 1978. This Board has found that a legal representative on the Board has provided invaluable insight and assistance to the Board, particularly when dealing with the many legal complexities that can emerge, even in what appears to be the simplest matters. We strongly recommend that a legal representative be appointed on the state/territory boards.

### **Costs**

The proposed national system requires Government funding for both implementation costs and ongoing functioning. Our concern is that these costs will be much greater than those required to maintain the current state-based system, with some minor adjustments. This is particularly problematic when we also question the efficiency of the proposed model compared to the current State-based regime. The current state-based system in Western Australia is self-funding through annual registration fees.

Higher costs would inevitably result in a significant increase in annual registration fees. This, in turn, is likely to be passed on to the public with higher consultation fees, which

defeats the purpose of greater public access to health professional assistance. The Board has not seen any financial models to reassure it that costs can be controlled and that registration fees will not significantly increase.

Thank you again for this opportunity to submit our comments on the national scheme. If you require any further information or clarification, please do not hesitate to contact me.

Yours faithfully

A handwritten signature in black ink, appearing to read "John Manners". The signature is written in a cursive style with a large initial "J" and a long, sweeping underline.

**Dr John Manners B.Psych., M.Psych., Ph.D.**  
**Presiding Member of the Psychologists Board of Western Australia**