SUBMISSION TO THE SENATE FINANCE AND PUBLIC ADMINISTRATION REFERENCES COMMITTEE FOR THE INQUIRY INTO THE ADMINISTRATION OF HEALTH PRACTITIONER REGISTRATION BY THE AUSTRALIAN HEALTH PRACTITIONER REGULATION AGENCY (AHPRA)

BACKGROUND

The Australian Association of Psychologists inc. (AAPi) is a not for profit association of registered practicing psychologists. The Association was incorporated on 18th March 2010 under the Victorian Incorporation Associations Act 1981.

AAPi was formed to represent the interests of all Australian psychologists including the so called "generalist" psychologists who, together with their clients, have been disadvantaged and discriminated against by the introduction of the national registration arrangements now being administered by the Psychology Board of Australia (PBA) as a component of AHPRA.

Registration as a psychologist is the only prerequisite for membership of the Association. At present members and affiliates number approximately 1000 and AAPi communicates on a weekly basis with approximately 6000 psychologists.

The Association is administered by a board of directors consisting of:-

President:	Mr. Paul J Stevenson OAM,B.A.(Mus.),Dip.Psych. MOP.MAPS. FACCP. FAAPi
Vice President:	Ms Ruth Simons C.S.W. B.Soc. Sci Psych(hons), FACCP, FAAPi
Treasurer:	Ms Nerida Saunders BCN; BA; Dip Ed; Grad Dip Couns; Mphil. FANSA, FACCP, FAAPi
Directors:	Dr. James Alexander B.A; Grad Dip Couns Psych; PhD. ACCP. FAAPi.
	Mr. Mike Simons
	Ms Wendy Northey BA, Grad Dip App Psych (0rganisational), MCrim (Melb Forensic Psychology), MAPS, FAAPi
Executive Director:	Mr. Michael Pointer
Consultant:	Mr. Paul Cummins LLB, BA(Hons), DipClinHypno FAAPi

Five of the directors and the consultant are practicing psychologists all operating their own small business private practices.

The Vice President is a Member of the Board of Assessors for Professional Conduct for the Queensland Civil and Administrative Tribunal (QCAT)

The founding members of AAPi believed that the profession was not being properly represented by the largest professional body the Australian Psychological Society (APS), which is now controlled principally by academic interests and is promoting the interests of a group of psychologists practicing as “clinical” psychologists, at the expense of the great majority of practitioners. The Association also asserts that there is an unseemly alliance between the APS and Psychology Board of Australia (PBA) that is acting to the detriment of the profession and its practitioners.

The PBA being one of the ten National Health Profession Boards supported by AHPRA.

The AAPi was formed to represent the interests of the great majority of psychology practitioners, particularly in their dealings with lawmakers and regulatory bodies who to date have been influenced by sectional interests.

The Association has become a forum and a voice for the disadvantaged and discriminated majority. In so doing it has clearly hit a nerve in the profession judging by the support it is receiving and the responses to its surveys that overwhelmingly support its policies that are detailed in the body of this submission.

SUMMARY OF RECOMMENDATIONS

This submission addresses each of the terms of reference in order and recommends to the Committee that:-

1. The PBA Members and Executive be stood down forthwith, and independent administrators assume the regulatory powers of the Board on a care-taker basis until competent independent regulators and administrators are appointed after a period of genuine consultation with the entire profession.

2. All decisions and regulations made by the PBA to date to be rescinded.

3. Discretion to future PBA members and Executives be removed and replaced with precise and objective legal criteria for all categories, because of the inherent difficulty and ambiguity in defining categories. The previous regulatory arrangements under State Boards be resumed. That is the free market is left to operate, producing economic efficiencies and fostering adaptability and innovation addressing the consumers needs.

4. The nexus between the Psychology Board of Australia (PBA) and the Australian Psychological Society (APS) must be removed.

5. The APS, other industry organisations and their boards and officials be confined to their proper role as groups who may make submissions and representations to the PBA, Medicare and other regulatory bodies, but have no executive influence.

6. Persons who have served in board or executive roles in industry political organisations such as the APS and AAPi should be excluded from appointment to the PBA. This complies with legal principles for lobbyists regarding “hands-off” provisions.

7. The Chair of the PBA should not be selected from academia and should be someone that is non-partisan and is not a psychologist and who is experienced in impartial administration; with a broad knowledge of administrative law and procedural fairness. ANY vested interest or previous affiliation MUST be rejected.

8. All the organizations representing psychology practitioners in Australia should be consulted by the Ministerial Council, Ministers for Mental Health and the PBA on matters concerning the practice of psychology.

9. The PBA should consist of a range of interests and not be dominated by academia.

10. Appointments to AHPRA supported National, State and Regional Boards should be open and transparent and made independently in consultation with all the professional organisations.

11. The two tier Medicare rebate scheme should be immediately discontinued and replaced with a single rebate for consultations referred by a GP to all registered psychologists under a Mental Health Care Plan. There is no credible evidence to justify a "Clinical/ Endorsed" practitioner's client being paid a higher rebate than a "Generalist/ Unendorsed" practitioner's client.

12. Medicare should continue to require ongoing professional development (PD); however the PD requirements must be developed in consultation with all the profession, and with all the organisations that represent the interests of psychologists in Australia; thereby ensuring that 10,000 practitioners and their clients are not ignored and disadvantaged.

13. The APS Medicare Assessment Team should be disbanded and operate under the auspices of Medicare. Any affiliation and alliance with the APS or its Colleges be grounds for disqualification in an administrative role in the team. "Hands-off" principles should also apply to Medicare assessment personnel and procedures, with proper governance and impartiality. Rules to apply in future must be precise, clear, objective and evidence-based.

14. The APS should be removed as the gatekeeper for Medicare PD requirements. The Medicare professional development requirements for psychologists should be managed by Medicare, notified to practitioners by Medicare and logged with Medicare. It is entirely inappropriate that a private non government organisation that is not responsible to Medicare should assume responsibility for the management of Medicare requirements.

15. All psychologists fully registered as practitioners on 30th June 2010 should be "endorsed" and their qualifications and prior learning experience fully recognized.

16. Ministerial Council should take note of the research that unequivocally demonstrates the efficacy of generalist psychologists and introduce qualification requirements for practitioners that recognises prior learning and experience, and does not create a false dichotomy by attempting to identify one section of the profession as superior to another.

17. Acknowledgement of the right of Psychologists to choose the association they want to belong to and to be confident that they will not be discriminated against because they are not members of the APS.

18. A reference be made to the Productivity Commission to investigate a series of anomalies that have occurred in the regulation of the profession. Those anomalies are detailed in the final recommendations in this report.

19. The Senate initiate, as a matter of urgency, an inquiry into the registration, regulation and administration of the practice of psychology in Australia.

SUBMISSION

Human psychology is immeasurably diverse. The psychology profession must embrace and adapt to this diversity.

"An open, flexible and market-driven mechanism adapts best, fastest and most efficiently."

That truism is the driving force behind the policies of The Australian Association of Psychologists inc (AAPi), and is the philosophy that is incorporated in this submission.

A paper setting out the policy position on the issues addressed in this submission is attached as Appendix i

For the past forty years, the profession of Psychology was legislated for and regulated by State governments. The profession was regulated effectively and efficiently in all of that time.

Following a decision made at Ministerial Council level a national registration scheme, based on the Western Australian model, came into effect in July 2010; this followed the implementation in 2006 of a Medicare rebate scheme for psychologists in private practice.

Western Australia was the only state in which the APS was able to successfully lobby and dominate the State registration board. In all other states their proposals were rejected by the Health Ministers and their advisers .

These two events have created a hiatus in the profession that is severely adversely impacting practitioners and their clients. The new national scheme unfortunately has added support to the APS influenced Medicare model that attempts to differentiate between various levels of qualification and competency in the practice of psychology.

Our colleagues in the Medical profession are demonstrably and rationally able to specialise in particular areas of medicine according to the structures and workings of the human body. Psychiatry is a long-established medical specialty which includes prescribing rights and requires full knowledge of the working of the human body.

Accordingly, medical areas and medical specialties are reflected in the differing Medicare rebates for a broad range of medical services according to procedures and inherent costs.

However, Psychology is clearly an inexact science. All psychological practitioners, despite any particular areas of practice, treat the full range of psychological illness. The medical model cannot be transposed into the psychological sphere because there is a less clearly defined basis or need to differentiate between procedures. Many procedures overlap, particularly in treatment of complex problems and issues involving people and their unique personalities.

Research both overseas and locally, including the Evaluation of the Better Access Scheme clearly and unequivocally indicates that any claim of inherent superiority of 'clinical' psychologists by practicing 'clinical' psychologists, or by the academic 'clinical' psychologists who train them, is simply *against* the weight of evidence.

The distinguishing feature of psychology, why it considers itself to be a science at all, is that it pays attention to research based evidence.

A paper analyzing the Evaluation of the Better Access Scheme is attached as Appendix ii

These and other issues are discussed in this submission as it addresses the Inquiries Terms of Reference. In dealing with the issue of the performance of AHPRA our submission concentrates on the Psychology Board of Australia (PBA), because this is the regulatory sector of AHPRA that is responsible for the psychology profession.

(a) Capacity and ability of AHPRA to implement and administer the national registration of health practitioners;

We recognize that the national scheme for the registration of psychologists only came into effect in July 2010, and some teething problems could be expected; however AHPRA have clearly had massive problems integrating the various state databases and systems to enable registration of practitioners to be implemented seamlessly and efficiently.

The massive deregistration of practitioners in Queensland and Victoria in January and February 2011 as a result of a bureaucratic blunder by AHPRA/ PBA is probably the tip of the iceberg in demonstrating their inability to administer the national registration of health practitioners.

The cause of the problem was that AHPRA/ PBA failed to send to many registered practitioners renewal notices and invoices for registration renewal, despite the fact that a number of practitioners specifically requested these documents prior to renewal date.

In trying to defend themselves AHPRA/ PBA claimed that the practitioners were responsible for their renewal. A reasonable argument if it were not for the fact that since inception the state boards had always issued renewal notices and invoices prior to the regular renewal date, and the fact that renewal notices and invoices were sent by AHPRA/ PBA to some practitioners.

We do not object to the recognized *modus operandi* being changed; however we do object if it is to be changed for some practitioners and not others, and without consultation or notification to the profession, and we believe this obvious confusion demonstrates lack of capacity to handle the critical role of managing the national registration of psychologists.

(b) Performance of AHPRA in administering the registration of health practitioners;

The performance, to date, of AHPRA/ PBA has left a lot to be desired, apart from the deregistration debacle referred to above. It appears that the PBA has made no attempt to understand the problems being experienced by practitioners operating in private practice and reporting those problems to the Ministerial Council.

The PBA believe that their only role is to “Protect the Public”. They appear to overlook the fact that they also have a responsibility, on behalf of the profession, to inform the lawmakers of the way in which their laws are actually achieving the outcomes for which they were implemented.

There is overwhelming evidence as detailed later in this submission that the implementation of a national scheme is an unmitigated disaster and is creating divisions in the profession that can only adversely affect both practitioners and their clients in the face of a national crisis in mental health.

Furthermore one of our members wrote to the AHPRA CEO on 3rd February 2011 concerning his deregistration only to be advised by letter dated 17th February 2011 that the matter had been referred to Counsel. At the time of writing this submission no further correspondence has been received. Surely a totally unsatisfactory way of administrating practitioners whose livelihood and whose clients’ wellbeing depend on their ability to continue practicing their chosen profession.

Performance includes communicating with stakeholders and in this regard the PBA is duplicitous and an abject failure. Information/ discussion meetings have been called at short notice giving the perception that the expectation is they will not be attended. Now that meetings have been attended with practitioners seeking information and raising difficult but legitimate issues the meetings are being called not only at short notice but requiring questions to be submitted in advance in order for them to be censored and not addressed. At public meetings the PBA Chairman has stated that the Board has not received complaints despite the fact that not only has this Association met with the Chairman to raise a number of complaints we have copies of written complaints addressing many of the issues that are in the Boards remit.

Dodging the issues by pretending they do not exist is not the way to administer a professional organization.

An example of the poor performance by AHPRA/ PBA occurred in the aftermath of the deregistration debacle when the agency attempted to justify its ineptitude by publically stating that the number of deregistered practitioners was only slightly higher than the normal annual number of practitioners who fail to reregister. They completely overlooked the fact that the fault was theirs in not providing a group of practitioners with renewals. To justify their incompetence they attempted to “blame the victims”.

To their credit AHPRA/ PBA attempted to rectify the subsequent problem by establishing an on-line “Fast Track” renewal process. Unfortunately the agency was unaware of the ongoing ramifications of renewal (these are discussed in the following segment) and even using the fast track process it was six weeks before most of the deregistered psychologists were able to resume practice.

(c) **Impact of AHPRA processes and administration on health practitioners, patients, hospitals and service providers;**

The impact of the AHPRA/ PBA processes on practitioners falls into two categories:-

1. The administration of the Ministerial Council decisions
2. The ramifications of deregistration discussed above.

1.The administration of the Ministerial Council's decisions has resulted in an alliance between the PBA and the Australian Psychological Society (APS) that has seen the profession of psychology become captive to academia.

The Ministerial Council's decision to adopt the Western Australian model was an attempt to identify the level of competency of individual practitioners by their area of practice endorsement. Originally seven, now nine areas of practice endorsement are identified; however these do not cover all the competencies that are required to treat the full range of psychological illnesses; therefore to create a class of practitioners who are endorsed in a limited number of areas of practice and an underclass of the balance of the profession is irrational and should be immediately rectified.

The largest area of endorsement is that of "Clinical Psychology" currently comprising only 14% of all registered psychologists. It is a clique of "endorsed" Clinical Psychologists who are holding themselves out as the superior group of the profession.

To qualify for endorsement practitioners must either have completed a Masters or PhD within the last ten years or be members of the relevant APS College which also requires a Masters or PhD.

It is quite clear that a Masters or PhD does not equip a practitioner to deal competently with any human issue unless he/she has both the practical experience and the humility to accept that they do not have all the answers because of their academic achievement.

There is no empirical evidence supporting the theory that "clinical" psychologists are "superior" to "generalists". In fact overseas research and the Evaluation of the Better Access Scheme conclude that at the very least the efficacy of "generalist" psychologists is fully equal to that of "clinical" psychologists.

The implementation of the Ministerial Council decision, although well meaning, has disenfranchised 80% of Australia's psychology practitioners, and devalued years of education, training and experience in the profession.

To obtain "endorsement" psychologists must either meet academic qualifications including providing information that is sometimes impossible to provide (such as signed evidence of supervision completed many years ago) or be, or become, a member of one of the APS Colleges. Herein is the unseemly alliance between the PBA and the APS.

The APS has become captive of the academics in the profession. Only 66% of Australia's psychologists are members of the APS, meaning that there are 10,000 practitioners who are not APS members. Nevertheless one of the prerequisites for APS College membership, and therefore PBA endorsement, is full APS membership.

The PBA application form for endorsement continues to refer to and require APS input for applicants to be considered for endorsement by the PBA.

In alliance with the APS the PBA has clearly set up a "closed shop" establishment as the gatekeeper for endorsement.

Currently there are 28,881 registered psychologists in Australia of which only 5,844 have been "endorsed". Leaving 80% of Australia's registered psychologists as "Unendorsed".

The Ministerial Council decision was effective from 2nd July 2010 which meant that 80% of practitioners operating as registered psychologists on 1st July were practicing as unendorsed psychologists on 2nd July.

Unendorsement is the negative inferior status that has been given to the majority of Australian psychologists since 2nd July 2010 by the PBA Not as a result of any deficiency in their work, or as a result of complaints about their work or professionalism, but purely as a result of a bureaucratic decision by the PBA Most Australian psychologists now have this inferior status, even though they are registered psychologists

We assert that all psychologists are already endorsed by virtue of their registration which has been the identifier of competence for decades and has allowed psychologists to practice.

The PBA/ APS "closed shop" circle is completed when highly qualified and experienced psychologists apply for admission to one of the APS Colleges to be able to obtain endorsement and are refused entry without adequate reason and so advised by standard letter of rejection.

This Association has been copied with many such rejected applications. In particular from highly qualified and experienced practitioners whose credentials enabled them to supervise new post graduate psychologists who are now endorsed under the PBA/ APS alliance, whereas the supervisor is unable to obtain endorsed status.

To further impede applicants for endorsement via APS College admission applicants are charged a fee of $500 to lodge their applications and if rejected an additional fee of $1,000 to lodge an appeal.

Also

We recently observed an advertisement posted by a 24 year old graduate offering her services as a supervisor for Masters or PhD graduates. The advertisement noted that the potential supervisor was a “clinical” “endorsed” psychology graduate; however it did not mention that at 24 years of age she could only have limited experience as a practicing psychologist.

The impact of unendorsed status accruing to psychology practitioners as a result of the administration of AHPRA/ PBA is significant.

Unendorsed status has resulted in:-

- Withdrawal of referrals by GPs and psychiatrists.
- Withdrawal of statutory referrals by instrumentalities like WorkCover, DOC’s, TAC, Veterans Affairs, Insurance Companies, Schools, Hospitals etc
- Loss of clients
- Courts questioning the competence of practitioners providing evidence

We assert that all psychologists registered as practitioners on 30th June 2010 should be endorsed, and their qualifications and experience recognized.

We strongly support the importance of professional psychology practitioners attaining the highest possible qualifications and being required to meet targets for ongoing professional development; however we continue to contend that it is completely impractical to attempt to retrain the entire profession to enable them to continue practicing a discipline that many have practiced for a lifetime.

We also assert that all new education and training requirements commence from 1st January 2012.

As a consequence of the negative impact of the AHPRA/ PBA processes and administration on health practitioners, patients, hospitals and service providers we believe that the Ministerial Council should revisit their decision that has created a false dichotomy in the profession of psychology.

2.The ramifications of deregistration were wide ranging and considerably more than just replacing the deregistered practitioners on the register.

Most deregistered practitioners were advised of their status by mail dated 11th January but not received until 18th or 19th January.

Immediately on deregistration AHPRA/ PBA informed Medicare and the practitioners Medicare Provider status was cancelled. In addition any practitioners treating clients between 11th and 18th January were doing so in breach of the law and their insurance policies.

This debacle occurred at the time of the Queensland floods and we have evidence of highly respected psychologists presenting at relief centers to act *pro bono* in assisting NGO's and government agencies with flood victims only to be told by their peers that they were now deregistered and could not be used to assist in this crisis.

We have further evidence of clients presenting invoices to Medicare for reimbursement only to be told that reimbursement was refused because the practitioner was deregistered resulting in practitioners losing clients.

(d) Implications of any maladministration of the registration process for Medicare benefits and private health insurance claims;

Later in this submission we address the wider matter of Medicare and its inappropriate two tier system of rebates.

The short term implications of the AHPRA/ PBA maladministration of registration has been fully canvassed above under Performance and Impact.

(e) Legal liability and risk for health practitioners, hospitals and service providers resulting from any implications of the revised registration process;

Again this reference is addressed under Performance and Impact. A large number of practitioners were practicing uninsured, and illegally during the period between their deregistration and being so notified.

This situation left the affected practitioners liable for conviction and substantial penalties.

(f) Liability for financial and economic loss incurred by health practitioners, patients and service providers resulting from any implications of the revised registration process;

Clearly this reference is critical. The academic bureaucrats responsible for regulating the profession are clearly not cognizant of the fact that the great majority of psychology practitioners are operating small businesses that are their livelihood. Most of them have done many more than six years of graduate and post graduate training and continue to upgrade their skills with continuing professional development.

These highly qualified professionals are now regarded as inferior, unendorsed generalists and cannot abandon their practices and patients to complete irrelevant Masters or PhDs. In the case of practitioners who graduated more than 10 years ago they will need to revisit the full four year course plus supervision.

Not only will these highly qualified and experienced practitioners lose the income from their practices they will probably also lose their practices. On top of which they will need to outlay sums in the order of $50,000 in tuition fees.

In addition to the loss of income for two years the total cost will amount to more than $250,000 in order to undertake training which will not improve the performance of psychologists who have already been demonstrated to be as effective as "clinical" psychologists.

AHPRA/ PBA should have been advising the Ministerial Council of the development of this intolerable set of circumstances particularly when:-

a. The nation is confronted with a crisis in mental health and requires all the qualified mental health professionals available to deal with the crisis.
b. There are insufficient places available in Australia's tertiary institutions to accommodate such a volume of unnecessary retraining.

The regrettable result of the financial implications of the AHPRA/ PBA administration is an accelerated loss of committed and well trained professionals from the practice of psychology.

(g) Response times to individual registration enquiries;

Members report lengthy delays in response to enquiries, and in some cases no response is received.

At the time of the deregistration debacle many practitioners reported that they were entirely unable to contact AHPRA, and if they were there was either no response or the response time was totally unsatisfactory.

(h) AHPRA's complaints handling processes;

As far as the PBA is concerned there does not appear to be a complaints handling procedure.

Complaints and questions tabled at a meeting with the Chairman were taken on notice and answered by stating that the responses to questions were available on the website. There was/ is nothing on the website that addresses the matters raised.

Questions at meetings have either been ignored or responded to with spin or answers like "That is a good question" and no attempt to provide an answer.

The PBA's NSW Board recently convened a short notice meeting. Only the community representative took any interest in the issues of concern that were raised, and she made an undertaking to have these discussed at a National PBA Board meeting.
We understand the issues were to be addressed as an agenda item at a subsequent full PBA Board meeting. At the time of completing this submission we continue to await a response.

The latest method of handling complaints at public meetings is to require questions/ comments/ complaints to be lodged in advance in order for the board to avoid dealing with them and enabling the Chairman to erroneously state "We have not received any complaints"

(i) Budget and financial viability of AHPRA;

We do not intend to comment on this term of reference.

(j) Any other related matters.

Medicare

Two Tier Rebate Scheme

In 2006 the then Federal Government implemented the APS instigated “Two Tier” system of Medicare rebates.

The APS recommended the “Two Tier” system to government despite very strong advice to the contrary and a failure to consult its membership.

Psychology is clearly an inexact science and all practitioners, despite their particular areas of practice, treat the full range of psychological illness. Unlike our colleagues in the medical profession who are able to demonstratively specialise in particular areas of medicine and therefore it is practical to allow different Medicare rebates for a range of medical procedures. In an engineering sense medical procedures are identifiably different and therefore identifiable. The medical Medicare rebates are established on the basis of the cost of administering the various procedures.

The medical model cannot be transposed into the psychology sphere because there is no ability to differentiate between procedures, and many procedures overlap in treatment of complex problems involving people and their unique personalities.

Our colleagues in the Medical profession are demonstrably and rationally able to specialise in particular areas of medicine according to the structures and workings of the human body. Psychiatry is a long-established medical specialty which includes prescribing rights and requires full knowledge of the working of the human body. Accordingly, medical areas and medical specialties are reflected in the differing Medicare rebates for a broad range of medical services according to procedures and inherent costs.

However, Psychology is clearly an inexact science. All psychological practitioners, despite any particular areas of practice, treat the full range of psychological illness.

The medical model cannot be transposed into the psychological sphere because there is a less clearly defined basis or need to differentiate between procedures. Many procedures overlap, particularly in treatment of complex problems and issues involving people and their unique personalities.

In particular, we assert therefore what the majority of psychologists know to be true: that it is a fallacious argument to claim that a so called 'clinical' psychologist is providing a different or superior treatment to that provided by a 'generalist' psychologist. Evidence demonstrates that all these psychologists provide a service of equal value to their clients.

The question this raises is:-

Why are clients of "Generalist" psychologists discriminated against by Medicare?

Any claim of inherent superiority of 'clinical' psychologists by practicing 'clinical' psychologists, or by the academic 'clinical' psychologists who train them, is simply against the weight of evidence. The distinguishing feature of psychology, why it considers itself to be a science at all, is that it pays attention to research based evidence - or at least, it is meant to.

Recent research both in Australia and overseas has highlighted the attitudes and views of key stakeholders in psychology and allied health fields.

'Generalist' psychologists questioned the higher Medicare rebate paid to 'clinical' psychologists. For their part only 'clinical' psychologists thought that MBS provider numbers should be restricted to 'clinical' psychologists. Only the APS and 'clinical' psychologists perceived the difference in rebate as a valid reflection of "the additional training and skills" of 'clinical' psychologists. Despite the proof of no difference between the two, and based on the rhetoric of 'clinical' psychologists GPs generally reported feeling more confident in referring patients to a 'clinical' rather than a registered psychologist.

The Federal Government should immediately discontinue the two tier rebate scheme and replace it with a single rebate for consultations referred by a GP to all registered psychologists under a Mental Health Care Plan. There is no credible evidence to justify a "Clinical/ Endorsed" practitioner's client being paid a higher rebate than a "Generalist/ Unendorsed" practitioner's client.

Appendix viii A cost analysis of services provided by registered and clinical psychologists.

Professional Development requirements

The APS has been advising its members, who comprise 66% of Australia's psychology practitioners that they are required to complete 10 hours of APS approved CPD by 30th June 2011 to be eligible to retain their Medicare numbers.

The 10,000 psychologists who are not APS members have not been so advised. Once again creating a "closed shop" arrangement, with the APS, despite the fact that it is not a government body, now being the gatekeeper for Medicare and leaving 10,000 psychologists and their clients disadvantaged.

Despite the fact that Medicare has a direct relationship with practitioners who have been allocated Medicare numbers the so called Medicare requirement for "New continuing professional development requirements for Medicare providers" appears to be something that is unknown to Medicare.

On enquiring with Medicare about the new PD requirements it appears that Medicare itself was ignorant of the requirement being publicised only to APS members. One non APS member was advised by Medicare that the information Medicare received from the APS is that for psychologists to continue billing the psychological numbers they will need to log 10 hours of continuing professional development in focus psychological strategies. This will need to complete by June 30th.

In other words this is not a Medicare requirement. It is an APS requirement.

The APS self appointed role as the manager of Medicare affairs for psychologists is not only perpetuating the "closed shop" it is effectively making membership of the APS compulsory, and we believe that compulsory "unionism" is illegal in Australia. The only information being made available to psychology practitioners about Medicare PD requirements is coming from the APS to their members only, and it appears that the APS is directing Medicare on this matter.

There are 10,000 psychologists, approximately one third of all registered practitioners, who choose not to be members of the APS, and they have been precluded from receiving Medicare information about requirements for professional development. It is totally inappropriate for the APS to try and use Medicare to attempt to force membership of its organisation on psychology practitioners.

Many of the 10,000 psychologists chose not to be APS members for a variety of reasons and it impinges on their privacy to mandate that they should have to log their professional development reports with the APS.

We observed that within minutes of the distribution of our 30th March e-Newsletter raising this issue the APS installed a portal on their website for non members to access Medicare information and log their PD. Every time a non member logs on to that portal their email address and other available details will be logged by the APS.

If Medicare is to use professional organisations as conduits to psychologists they should use all the organisations and not be responsible for fostering a monopoly. Preferably Medicare should be communicating directly with the providers with whom they are contracted.

It is absolutely proper for Medicare to introduce Professional Development requirements; provided this is done in consultation with the full range of the profession. It should be Medicare who advises the practitioners of new requirements or alternatively all the professional organizations and associations representing the profession should be provided with the information for their members.

At present Medicare cannot provide the information regarding the PD requirements. Until 30th March the information was only available on the APS website to members through their user name and password login. The “closed shop” situation continues.

This Association believes that Medicare should continue to require ongoing PD; however the PD requirements be developed in consultation with all the profession and with all the organisations that represent the interests of psychologists in Australia; thereby ensuring that the 10,000 practitioners who are not APS members and their clients are not disadvantaged.

Research conducted by the AAPi with 390 clients of registered psychologists, now deemed unendorsed 'generalists' has demonstrated a very high level of satisfaction with the services provided.

- 99.2% of respondents stated that they believed their registered psychologists provided them with services in a 'capable and professional manner' (87.4% strongly agree, 11.8% agree)
.
- 98.7% of clients stated that the registered psychologist helped them to achieve the goals that they set for themselves in attending the service (77.7% highly agreed and 21.0% agreed).

- 98.7% of clients stated their satisfaction that their registered psychologist had obtained the relevant, education and experience required to provide the psychological service (84.6% agreed and 14.1% agreed)

- 99.0% of clients stated that the service provided them by the registered psychologist was done in a safe and competent manner (90.0% highly agreed, and 9.0% agreed)

- 98.5% of clients stated that they would like to see access to psychological services in the community by registered psychologists expanded so as to become accessible to more people.(87.2% strongly agreed, and 11.3% agreed).

Clearly, the clients of registered psychologists in this sample felt a very high level of confidence and appreciation for the services provided to them by the registered psychologists. Taken with the high level of appreciation expressed by clients of registered psychologists in the Better Access Program Evaluation, as well as the high level of positive outcomes, a clear picture of competency amongst registered psychologists emerges.

Attached as Appendix ix is the full analysis of this client survey.

The PBA is the government's regulatory authority that should be completely independent of any of the industry organizations and associations; however as a consequence of the conflicted relationship between the PBA and the APS the latter has been allowed to establish itself as the professions gatekeeper for recognition of qualifications, areas of practice endorsements and Medicare required CPD.

This is a nexus that should, and must be broken.

The role and performance of the PBA should be transparent and open and embrace the entire profession not just one organization that appears to be more intent on promoting its own agenda and not the interests of 80% of Australia's psychology practitioners.

The Board should consist of a range of interests including academics, private practitioners and generalists who not only understand that their role is to "protect the public" but also to advance the profession of psychology and the interests of its practitioners.

We note that AHPRA advertised in the national press on 2nd April for expressions of interest and nominations from practitioners and community members for appointment to various State and Regional Boards including Psychology. We also note that these applications are to be submitted to AHPRA for assessment by their selection committee. This is the type of closed, duplicitous behavior that has led to the problems we have outlined above, including conflicts of interest.

Appointments to these National, State and Regional Boards should be open, transparent and made in a totally independent manner and thereby avoid the biased, conflicted decision making that is the hallmark of the current PBA.

CONCLUSIONS AND RECOMMENDATIONS

We believe that the divisions and poor administration that currently exist in the profession and that are responsible for causing highly trained and experienced practitioners to leave the practice of psychology at a time when the country is facing a mental health crisis need to be rectified as a matter of urgency.

Attached as Appendix x is the result of a survey of psychologists conducted by AAPi at the end of March and early April

Furthermore we believe that there are sufficient anomalies that have existed in administering the profession to warrant a reference to the Productivity Commission for investigation.

The matters that should be investigated are:-

I. The conflicts of interest by the APS Clinical College in administrating the Medicare "gatekeeper" role.

II. The patterns of admission and refusal to admit psychologists to "clinical" status by the APS Clinical College.

III. The excessive $1000 fee to appeal the APS Clinical College decisions

IV. The lack of objective and precise legal criteria for admission to "clinical" status

V. The anti-competitive trade practices caused by the two tier Medicare scheme

VI. The propriety *ab initio* of handing regulatory and administrative authority to a partisan industry interest group

VII. The existence and outcomes of internal Medicare research into the lack of difference in efficacy between “clinical” versus “generalist” practitioners.

In summary our overall recommendations are:-

1. The PBA Members and Executive be stood down forthwith, and independent administrators assume the regulatory powers of the Board on a care-taker basis until competent independent regulators and administrators are appointed after a period of genuine consultation with the entire profession.

2. All decisions and regulations made by the PBA to date to be rescinded.

3. Discretion to future PBA members and Executives be removed and replaced with precise and objective legal criteria for all categories, because of the inherent difficulty and ambiguity in defining categories. The previous regulatory arrangements under State Boards be resumed. That is the free market is left to operate, producing economic efficiencies and fostering adaptability and innovation addressing the consumers needs.

4. The nexus between the Psychology Board of Australia (PBA) and the Australian Psychological Society (APS) must be removed.

5. The APS, other industry organisations and their boards and officials be confined to their proper role as groups who may make submissions and representations to the PBA , Medicare and other regulatory bodies, but have no executive influence.

6. Persons who have served in board or executive roles in industry political organisations such as the APS, ACPA and AAPi should be excluded from appointment to the PBA. This complies with legal principles for lobbyists regarding “hands-off” provisions.

7. The Chair of the PBA should not be selected from academia and should be someone that is non-partisan and is not a psychologist and who is experienced in impartial administration; with a broad knowledge of administrative law and procedural fairness. ANY vested interest or previous affiliation MUST be rejected.

8. All the organizations representing psychology practitioners in Australia should be consulted by the Ministerial Council, Ministers for Mental Health and the PBA on matters concerning the practice of psychology.
9. The PBA should consist of a range of interests and not be dominated by academia.

10. Appointments to AHPRA National, State and Regional Boards should be open and transparent and made independently in consultation with all the professional organisations.

11. The two tier Medicare rebate scheme should be immediately discontinued and replaced with a single rebate for consultations referred by a GP to all registered psychologists under a Mental Health Care Plan. There is no credible evidence to justify a “Clinical/ Endorsed” practitioner’s client being paid a higher rebate than a “Generalist/ Unendorsed” practitioner’s client.

12. Medicare should continue to require ongoing professional development (PD); however the PD requirements must be developed in consultation with all the profession, and with all the organisations that represent the interests of psychologists in Australia; thereby ensuring that 10,000 practitioners and their clients are not ignored and disadvantaged.

13. The APS Medicare Assessment Team should be disbanded and operate under the auspices of Medicare. Any affiliation and alliance with the APS or its Colleges be grounds for disqualification in an administrative role in the team. “Hands-off” principles should also apply to Medicare assessment personnel and procedures, with proper governance and impartiality. Rules to apply in future must be precise, clear, objective and evidence-based.

14. Medicare should continue to require ongoing professional development (PD); however the PD requirements must be developed in consultation with all the profession, and with all the organisations that represent the interests of psychologists in Australia; thereby ensuring that 10,000 practitioners and their clients are not ignored and disadvantaged.

15. The APS should be removed as the gatekeeper for Medicare PD requirements. The Medicare professional development requirements for psychologists should be managed by Medicare, notified to practitioners by Medicare and logged with Medicare. It is entirely inappropriate that a private non government organisation that is not responsible to Medicare should assume responsibility for the management of Medicare requirements.

16. All psychologists fully registered as practitioners on 30th June 2010 should be “endorsed” and their qualifications and prior learning experience fully recognized.

17. Ministerial Council should take note of the research that unequivocally demonstrates the efficacy of generalist psychologists and introduce qualification requirements for practitioners that recognises prior learning and experience, and does not create a false dichotomy by attempting to identify one section of the profession as superior to another.

18. Acknowledgement of the right of Psychologists to choose the association they want to belong to and to be confident that they will not be discriminated against because they are not members of the APS.

19. A reference be made to the Productivity Commission to investigate a series of anomalies that have occurred in the regulation of the profession as detailed above.

20. The Senate initiate, as a matter of urgency, an inquiry into the registration, regulation and administration of the practice of psychology in Australia.

10th April 2010
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