

Re : Impact of AHPRA processes and administration on health practitioners, patients, hospitals and service providers

I write this on behalf of the psychologists below who have authorized me to represent them in lodging our dissatisfaction with the onerous and unrealistic requirements of Professional Development (PD) that are now being required by AHPRA for Psychologists. We have never had a problem with doing PD per se and have always far exceeded that required as we all have a passion for learning and a desire to remain fully informed of advances in the areas we practice. However, the new requirements for Psychologists PD from AHPRA are out of touch with the real world in terms of excessive and unrealistic demands on Psychologists and in comparison with what is asked of other comparable professions.

Prior to the new requirements issued by AHPRA, The Australian Psychological Society (APS) had reasonable PD requirements that could be easily monitored through their online logging system and were also comparable in terms of the demands made on clinician time to other professions. The new requirements from AHPRA for Psychologists are hugely demanding in terms of clinician time and not comparable to what is demanded from comparable professions (see examples below). It does not appear that the APS or psychologists were consulted about what would be reasonable requirements, and no explanation has been given to us for the inequity between demands made of us versus other professions.

For example, AHPRA requires Psychologists to write ½ - 1 page of reflection and learning **per CPD hour** being claimed. In practice, this means that attendance at a two day workshop now require a 6 - 12 page essay! Psychiatrists, on the other hand, are only asked to fill a box in a table with a comment (e.g a paragraph) per PD activity. Similarly, AHPRA gives on its website examples of PD requirements for Physiotherapists who are also only asked to give a one sentence comment of reflection on their PD activity. Why the inequity and unrealistic expectations of Psychologists? Who is responsible for making up these requirements – are they clinicians who understand the demands of the real world, or academics who work in university settings where such paperwork is part of daily routine? Having to write Medicare progress reports on patients after every 6 sessions has already put enormous demands on time for paperwork for clinicians in private practice. Taking 2 days off for attendance at workshops is time well spent. But spending hours writing long essays of self reflections afterwards (as if we do not think about what we have learned unless we write an essay about it) is a ridiculous waste of clinician time and needs to be questioned.

The second area of inequity and excessive demands occurs with peer review/supervision activities. The AHPRA requirement states “ where peer consultation is undertaken in a peer support group format, **only the time taken discussing the psychologist’s own practice can be counted towards the 10 – hour requirement**”. What this means in practical terms is that in a peer review group of 6 members, – a 3 hour attendance with 6 members yields only half an hour each as peer collaboration. Thus, 60 hours of group meetings is required to allow each member to fulfill the 10 hour requirement. In the past, our meetings involved case presentations and shared information from journal articles and workshops, support and animated discussions. Now we feel pressured to stick to 30 min case presentations each and extend meetings from 2 hours to 3 hours (difficult at the end of a full day’s work) so we are all able to claim our 30 mins each. Moreover, because taking 3 hours out of our practice or family time is onerous, the alternative option of just presenting cases in one on one supervision sessions (requiring only 10 hours of our time to meet requirements) is becoming more attractive. However, this is an inferior learning activity as instead of the benefit of input from 5 peers on our work, we only have the input of one, and we have no time to discuss journal articles and workshops etc.

Again I question whether real clinicians were consulted in setting up these requirements as they are impractical and the outcome of a poorer learning experience to meet administrative requirements is poorly thought out. Moreover, it is not in line with other professionals such as Psychiatrists who are able to claim **all the time** spent in their peer review group towards their 10 hour requirement of peer reviewed activities. It appears the personal learning and automatic self reflection from hearing others present cases is recognized by the Psychiatric profession and should apply equally to the Psychology profession. One of my psychiatrist colleagues was incredulous at the demands being made on us and commented that we were being "treated like children." Other colleagues have shared the view that we are being treated like students, not fully qualified professionals.

Unfortunately, rather than questioning the new PD requirements, the APS has just realigned its requirements with those of AHPRA with the hope of making the PD process simpler for us so we do not have two different systems. We are hoping this senate inquiry will allow for the onerous and inequitable demands of AHPRA on Psychologists to be questioned. Ideally, APS should be allowed to review these PD requirements and decide on more realistic requirements of members as AHPRA has clearly demonstrated how out of touch it is with the real world of clinicians.