

The Institute of
**PRIVATE PRACTISING
PSYCHOLOGISTS**
INCORPORATED



**IPPP Response to the
Psychology Board of Australia's
Consultation Paper on Registration
Standards and Related Matters
(27 October 2009)**

The Institute of Private Practicing Psychologists (IPPP) is the peak organisation representing private practitioners within the psychology profession in South Australia (refer to Appendix 1 for a brief outline of IPPP initiatives). Established in 1982, it is part of a larger national body, Psychology Private Australia Inc ([Psychology Private Australia Incorporated](#)), which was formed in 1983.

The IPPP welcomes the opportunity to comment on the *Consultation Paper on Registration Standards and Related Matters* and acknowledges the Psychology Board of Australia for their efforts in developing this document. The establishment of the national board, and the publication of this consultation paper, provides a long overdue opportunity to review the teaching, supervision, and practice of psychology within Australia, and to shape a future course that is responsible and far-sighted. Notwithstanding this, we note there is also enormous risk that sits concurrent with the potential for positive outcomes, for what is set in motion at this time will shape the future of this diverse profession for years to come.

THE IPPP RESPONSE TO CONSULTATION PAPER ON REGISTRATION STANDARDS AND RELATED MATTERS

Consultation period

Given the importance of the matters under consideration the IPPP deems that a one-month consultation period is both inadequate and unreasonable. Although we do not wish this process to be drawn out, the 29 days allocated for preparing a cogent paper for the Psychology Board of Australia is disproportionate to the long-term consequences to our profession and the community at large (Consultation paper released on 27 October and written submission to be lodged by close of business 24 November 2009).

Two members representing the IPPP attended the national psychology consultation forum held in Melbourne on 19 November 2009 that ran from 3.00pm to 5.00pm.

Notwithstanding this, it is the opinion of the IPPP that the time allocation did not allow adequate consultation. The date of the forum was only a few business days prior to the due date for written submissions, and the two hours allocated did not allow detailed explanation from the Board members, or the opportunity for stakeholders to present their views. Specifically we were concerned that the PBA indicated that “almost 70 % of affected psychologists were essentially under represented here today”.

The IPPP reiterates that given the consultation paper affects the psychology profession nation-wide, meetings should be held within each capital and if this is not possible then

consideration of an interactive video-conference option to facilitate an exchange of information could be prearranged.

We acknowledge the “requirement for national boards to undertake wide-ranging consultation of proposed standards, codes and guidelines” (Consultation Paper on Registration Standards and Related Matters, p1). We reiterate the position of the IPPP that this requirement is not meaningfully fulfilled if consultation on these complex matters be finalised *within 29 days*.

Further it is the IPPP’s position that although some matters within the consultation paper may be agreed within the allocated time frame and implemented as from 1 July 2010, the more complex and contentious issues should attract further consultation and be finalised within the nominated 3-year transition period nominated in the paper.

Recommendation 1: The Psychology Board of Australia should not implement the more complex and contentious issues as from July 1, 2010 but consult further and resolve these matters within the nominated 3-year transition period.

Proposed standards the IPPP can endorse now

The IPPP fully endorses the following proposed standards for implementation as of 1 July 2010, with the accompanying relevant transition arrangements, as applicable:

- Criminal history
- English language
- Recency of practice
- Qualification requirements for general registration
- Endorsement as a psychology supervisor

Recommendation 2: The Psychology Board of Australia implement the proposed standards relating to: Criminal History, English Language, Recency of Practice, Qualification Requirements for General Registration and Endorsement as a Psychology Supervisor, as from July 1, 2010.

Proposed standard for which the IPPP recommends minor modifications

Continuing Professional Development

The IPPP has a demonstrated history and commitment to continuing professional development and we applaud the existence of a regulated standard of Continuing Professional Development (CPD). Notwithstanding this we recommend the following modifications.

1. Individual supervision

General comments

- (a) Many of our members have expressed concern about the component of individual supervision. They have suggested, amongst other things, that there is no empirical evidence to support the efficacy of individual supervision in

preference to other professional development activities, and hence they would prefer this to be a voluntary activity, rather than a mandated one, until it can be shown to be otherwise.

- (b) For those practicing in the private sector, discussing one's practice in the depth that will be required to be useful, will at times mean revealing proprietary information about processes that have been developed, at that individual's expense (time and money), for the administration of their own private practice. This is unreasonable and does not recognise the commercial realities of the context of practice.

The requirement for individual supervision requires clarification:

- (a) The Consultation Paper on Registration Standards and Related Matters defines individual supervision as, "one-on-one consultation with a registered psychologist" (p.12). Given the emphasis in this paper on the endorsement of a psychology supervisor, we recommend that the definition of individual supervision should make explicit that the registered psychologist does not need to be an endorsed supervisor, thereby removing any potential for ambiguity.
- (b) Further information is required in relation to what the Board envisions in relation to the conduct of supervision. We note there are 3 related, but nonetheless different activities cited in the description of supervision, that is *development*, *support* and *reflection* (Consultation Paper on Registration Standards and Related Matters, p.12). We recommend that the individuals in the supervision arrangement are free to determine the nature and weighting of these activities they engage in according to the professional maturity and needs of each person.

Recommendation 3: The definition of individual supervision should make explicit that the registered psychologist does not need to be an endorsed supervisor, thereby removing any potential for ambiguity.

Recommendation 4: Further information is required in relation to what the Board envisions in relation to the conduct of supervision.

Recommendation 5: Individuals in the supervision arrangement should be free to determine the nature and weighting of these activities they engaged in according to the professional maturity and needs of each person.

2. Specialist registration

The IPPP believes that the matter of specialist registration is complex and requires additional and substantial consultation within the 3-year transition period. Accordingly it is inappropriate to make a specific requirement for CPD within a specialist registration category. Should specialist registration be endorsed at a later time, then the IPPP agrees that there should be additional proposed CPD for this registration category, with the details being negotiated then.

Recommendation 6: As it is inappropriate to make a specific requirement for CPD within a specialist registration category further consultation is requested.

3. Psychology supervisor

The IPPP concurs with the endorsement process for psychology supervisors and the requirement that endorsed supervisors maintain their skills and knowledge pertinent to this role, in addition to the CPD they must undertake consistent with the nature of their registration. However, we advise that skills and knowledge specific to being a supervisor do not become out-dated within a year. Hence we propose that supervisors undertake a minimum of 7 hours (equivalent to a 1-day workshop) CPD specific to psychology supervision every 5 years. If an endorsed supervisor does not undertake any supervision duties within a 2-year period, then the requirement for 5 hours of CPD specific to psychology supervision could be enacted prior to the person commencing the endorsed supervision role with another psychologist.

Recommendation 7: Supervisors undertake a minimum of 7 hours (equivalent to a 1-day workshop) CPD specific to psychology supervision every 5 years. If an endorsed supervisor does not undertake any supervision duties within a 2-year period, then the requirement for 5 hours of CPD specific to psychology supervision could be enacted prior to the person commencing the endorsed supervision role with another psychologist.

4. General comments

- (a) Some members of the IPPP wish us to make known the view that those who practice on a part-time basis will experience the greatest difficulty with the extent and cost of CPD required. It has been suggested that, in particular, this requirement discriminates against those with parenting responsibilities, especially women. The IPPP acknowledges the dilemma of applying best practice standards in a context where a practitioner is balancing work and family responsibilities. We do not propose a solution to this matter; rather we request the Psychology Board of Australia discusses the implications of the new standards from this perspective.
- (b) The IPPP concurs with setting standards based on review of the practice of psychology within and external to Australia. Nonetheless, there is an emphasis in the Consultation paper on benchmarking against international settings. The IPPP recommends that the Psychology Board of Australia should give due consideration to like professions within Australia, such as the medical profession, and in particular, general practice, when setting standards for CPD.

Recommendation 8: The Psychology Board of Australia should give due consideration to like professions within Australia, such as the medical profession, and in particular, general practice, when setting standards for CPD.

Proposed standard for which the IPPP recommends further consultation

Specialist registration

1. General introductory comment: Do not denigrate the generalist psychologist

The IPPP expresses concern that a predominant focus has been on the matter of specialist registration and by implication, generalist registration has been painted as only for those with less competence, suggesting that the public gets poorer service from these psychologists, and overall, that generalist registration is not something to be aspired to. This is an imperfect picture to paint of the psychology profession, and an unhelpful one with regard to establishing a mental health workforce that is adequate to service the needs of the Australian community.

The IPPP suggests the Psychology Board of Australia should look to the medical profession, and specifically to the General Practitioner population, when considering a model to organise the psychology profession. The GPs are not denigrated within the medical profession, rather they are seen as an important front-line service provider, requiring a broad level of skills and knowledge to allow them to assist whomever enters their surgeries. The GPs are the gatekeepers of primary care in Australia and as necessary, the GPs determine who requires specialist assistance and refer on. The IPPP believes Australia needs a large group of generalist psychologists who can act in a similar manner in providing primary care in mental health. The generalist registrants do not require lesser skills and knowledge; rather they require a broader range, enabling them to work with a varied population of presenting problems, referring on for specialist assistance when required.

If the outcome of the new standards imposed by the Psychology Board of Australia is to see the profession become one that is predominantly of specialists, there will be an adverse effect on the supply and cost of the mental health workforce.

Recommendation 9: The Psychology Board of Australia should guard against a decrease in numbers of generalist registrants in the future and also against the establishment of a perception that generalist psychologists lack skills to perform the work they undertake.

2. Specialist registration across all psychology disciplines

The IPPP supports the role of the Psychology Board of Australia to set standards and undertake other regulatory actions rather than educational institutions or professional interest groups and organisations.

With regard to the issue of specialist titles, the IPPP acknowledges that this is a complex matter and one about which the profession is deeply divided. The IPPP views that the introduction of specialist titles to date (most particularly through the Medicare-funded psychology services) has not had the desired intention of informing the public and giving them greater protection in choosing a practitioner. Further it has led to inadvertent confusion by both the public and referring providers who have not been able to identify what, if any, level of skill difference there is. This is principally due to the poor process by which the Medicare-funded clinical psychology services were introduced, without grandfathering and/or adequate consultation about independent accreditation transition processes.

Despite all the positive aspects of this new legislation, with respect to the proposal as it stands for the introduction of specialist titles, it is simply ratifying this flawed history.

We believe the views of the membership of the IPPP mirrors those held generally across the broader psychology profession population regarding the introduction of specialist titles; as such there is division and strongly held opinions about this matter. The IPPP acknowledges that the way forward with the new legislation will not please everyone, nor should there be an attempt to do so. The introduction of the new legislation should herald commitment to best practice. Therefore the IPPP does not oppose the introduction of specialist titles, if it is done in conjunction with consultation about the appropriateness of equitable grandfathering and/or the introduction of reasonable accreditation processes for existing experienced practitioners, governed by the new Psychology Board of Australia rather than professional interest groups, or educational institutions.

The IPPP therefore proposes that consultation should occur regarding the agreement of an independent process to assess and accredit the competence of psychologists with extensive practice experience and recognition of their prior learning with a view to grandfathering according to merit. To ensure that eligibility is not reduced to a simple time-serving criterion, and to ensure adequate standards of service provision, there needs to be mechanisms to evaluate practical competence and participation in professional development and other activities to maintain currency of knowledge. One way of doing this is to utilise existing programs, such as the IPPP Competencies Program (refer Appendix 3).

On a broader level, the longer-term development of a neutral assessment scheme, along the lines of the medical profession's AGPAL practice assessment model should be endorsed. This is what should have occurred within the psychology profession when Medicare-funded psychology services were first introduced and the IPPP remain optimistic that there is still an opportunity for improvement and appropriate change to occur.

This proposal to specifically address the concerns of psychologists with extensive practice experience is consistent with the process described in the Consultation paper, which cites, "the Board will consider other applications for equivalence on their merits" (p. 44). In addition, consultation should occur to determine reasonable processes by which any such practitioner may achieve required standards, should they not meet the grandfathering criteria. Specifically we propose the Psychology Board of Australia convenes an advisory committee consisting of representatives from organisations that currently have stakeholders in this matter and who have made substantial efforts already to progress solutions in this matter. The IPPP (representing the PPAI), the Australian Psychological Society (APS), and the Australian College of Clinical Psychologists (ACCP), with members based in the ACT, NSW and Qld would be appropriate organisations from which to draw representatives.

In summary, given the fraught history referred to above in relation to the introduction of the Medicare-funded psychology services, the IPPP urges the Psychology Board of Australia not to repeat the same mistakes and to act to repair the damage done within the profession and the broader community (some members of the public have been very angry that when seeing their chosen psychologist they cannot receive the higher level rebate from Medicare), while concurrently holding firm to regulating for high standards.

Hence the IPPP strongly recommends that the proposal for the introduction of specialty titles by 1 July 2010 is an inadequate time frame to consult widely about this matter and to address the many reasonable concerns and current inequities that the Medicare system has unwittingly introduced.

The IPPP also makes the following points, which we argue are amongst the many matters that should be widely and thoroughly debated in the process of determining whether, and if so how, to introduce specialty titles. In so doing, the Psychology Board of Australia will be showing due diligence in meeting its requirement to “undertake wide-ranging consultation” (Consultation Paper on Registration Standards and Related Matters, p.1) and will address the concerns held by many who have felt they have not previously been given fair hearing.

- (a) The psychology profession may be considered akin to the profession of psychiatry and law, which are not broken down into a myriad of component interest areas of practice. Psychiatry as a whole is recognised as a specialty area of practice and each psychiatrist is expected to have core foundation knowledge and skills in order to practice. Similarly, legal practitioners share a core foundation and they ‘specialise’ according to interest and ongoing professional development. The proposed national registration standards, minimum educational qualifications and continuing professional development requirements set out in the Consultation Paper on Registration Standards and Related Matters are consistent with how psychiatry is organised and regulated. Once established, individual psychiatrists train, practice and advertise their particular interest areas should they so choose. This model fits the psychology profession well.
- (b) Currently the registration standards, various legislation and professional indemnity policies all make it abundantly clear that psychologists must only practice within their sphere of expertise, that they should refer on where appropriate, and that there are serious disciplinary and legal consequences for practicing outside of these parameters. The adoption of specialty titles will not add anything more to the current protection that exists for the consumer public.
- (c) By the very nature of the titles being *specialist*, the introduction of these titles will lead to substantial upward pressure on the health budget and on fees charged within the private sector. The various levels of government and the Australian consumer public are already experiencing inflationary pressure regarding the cost of health and this will only see the situation worsen at an increasing pace.
- (d) The consultation paper cites that “specialist areas of psychology are well established” (p.17) and lists specialty areas according to “title of the qualification, or specialty” (p.19). The IPPP does not agree that “specialist areas of psychology are well established” (Consultation Paper on Registration Standards and Related Matters, p.17), or that the title of the qualification defines a specialist area of *practice competence*. We acknowledge that defined areas of practice interest are well-established, but that these are *areas of interest*, and in many cases, related APAC accredited postgraduate professional degrees do not establish specialist capabilities in terms of actual practice. The clearest evidence of the confusion created by specialist titles and reliance on the title of a postgraduate degree has been the introduction of the specialist title of Clinical Psychologist versus Registered Psychologist under the Better Access to Mental Health Care initiative that included psychological services under Medicare. The nature of services to be provided by the Clinical Psychologist and the generalist Registered

Psychologist are not described differently by the APS, which has been the body contracted to determine eligibility for psychologists to provide services under these categories (refer to Appendix 2).

- (e) The Consultation Paper on Registration Standards and Related Matters states that “specialist registration protects the public interest by ensuring the public is fully informed about the extent and type of qualifications possessed by a practitioner” (p.18). The IPPP deems that specialist titles do not provide adequate information to members of the public about areas of practice, specifically given the overlap of issues that almost always overlap between areas incorporating health, counseling, forensic, and clinical issues.

Referral sources similarly do not understand the artificial differentiation between these titles.

- (f) The consultation paper lists specialty areas according to “title of the qualification, or specialty” (p.19), which results in 10 proposed specialty areas, and thus 10 different specialty titles. Should specialist titles be considered necessary, the IPPP recommends that considerable work will need to be undertaken to define the nature of the specialist areas in a way that is simple, and clear for the public to understand, and which addresses the current extensive overlap between interest areas. Simply relying on current titles of qualifications does not do this.

Further, if specialist areas are to be considered, then we suggest there should be relatively few. As noted, currently there is extensive overlap between interest areas, most particularly within those interest areas relating to addressing psychological health and well-being problems. The attempt to create distinctions between them is a non-productive exercise. The IPPP recommends that an independent study of components of practice be undertaken and attempts made to meaningfully discriminate between areas of practice prior to considering the adoption of specialty titles.

- (g) The Consultation Paper on Registration Standards and Related Matters makes provision for grandfathering with respect to specialisation. The proposed transition arrangements, especially that which cites, “APS college membership of the Australian Psychological Society, or those having been assessed as eligible for full membership, will be judged as meeting the equivalence criteria. Those registrants who have been recognised as eligible to use Clinical Psychologist items under Medicare will be taken to meet the equivalence criteria” (p. 44) is flawed. Please refer to p. 6 of this Response paper for the IPPP recommendations regarding how to address this serious concern of psychologists with long-standing practice experience.

The lack of grandfathering when Medicare was introduced runs counter to what has occurred with major changes in other health professions (e.g., medical profession) and is discriminatory. These practitioners undertook their original training when training places for Masters Programs were far more limited, and in fact, when the supervised practice route was often considered more ideal for those who wished to practice.

The lack of grandfathering is further problematic as assessing eligibility for Clinical Psychologist status was contracted to our professional interest group, the APS. The APS website cites, "Medicare-funded clinical psychology services can only be provided by fully registered psychologists who are qualified to use the

title 'clinical psychologist' as determined by membership of the Australian Psychological Society's (APS) College of Clinical Psychologists, or demonstrated eligibility for membership of the College". It is our understanding that individuals who were members of this APS College at the introduction of the Better Access to Mental Health Care initiative¹ were granted clinical status recognition, irrespective of whether or not they would have met the joining criteria at that time. If this did occur, the IPPP would not consider this action inappropriate, given the long-standing College membership and experience of these psychologists. Nonetheless, this would mean that the APS would effectively have grandfathered in long-standing members, while the same recognition was not afforded to non-members, thus creating a discriminatory and inequitable situation.

Most importantly, members of the public are disadvantaged in not being able to access many of the more experienced psychologists who have worked in private practice for many years, based on financial considerations. (Individuals referred to psychologists designated as "clinical psychologists" currently receive a rebate of \$117.65 for a standard consultation, while those referred to psychologists not designated as "clinical", receive a rebate of just \$80.20, or only 68% of what others receive.) Access to quality mental health care services from psychologists within the private sector comes at a cost. The capacity of individual patients to gain sufficient rebate when in need of psychological services, significantly influences their willingness and ability to seek out such services, and in many cases directs whom they see. The IPPP considers that the lack of grandfathering for experienced private practitioners must be explicitly addressed in this transition process and separate from the current assessment process undertaken by the APS College system.

It is noted that the Consultation paper has provision for transition processes and that the "Board will consider other applications for equivalence on their merits" (p. 44). There is no information as to how this might occur, leaving many experienced psychologists uncertain about their future. Further, the Consultation paper cites, "the equivalence qualifications arrangement is proposed to be phased out in six years depending on workforce needs and provision of university places" (p.44). The IPPP wishes it known that some of our members waited for extended periods of time when they applied to the APS for consideration for clinical status for an outcome decision. This is not a criticism of our professional organisation, it is simply an outcome resulting from workload due to numbers of applications they received. It is expected that there will also be lengthy delays associated with the Psychology Board of Australia considering applications for equivalence after the July 1 2010 implementation date. Although a period of six years is reasonable, the IPPP recommends that the six-year time frame be applied from the date upon which the psychologist receives notification of outcome should an application for equivalence be submitted (within a timely manner) and additional training or supervision be recommended for experienced psychologists. Further, the IPPP reinforces the Consultation paper's concern about provision of university places. We note that adequate funding for university places is required if this proposal for a transition process is to be successfully implemented.

¹ Prior to the Better Access to Mental Health Care initiative, this College was simply one of a large number of professional interest groups that psychologists could choose to join.

Recommendation 10: A decision regarding the introduction of specialty titles should not be made by 1 July 2010, rather further consultation should occur post this date.

Recommendation 11: Should specialty titles be introduced, consultation should occur to agree an independent process to assess and accredit the competence of psychologists with extensive practice experience and recognition of their prior learning with a view to grandfathering according to merit. This process must not be that currently undertaken by the APS College system, as this is not considered independent.

Recommendation 12: Should specialty titles be introduced, consultation should occur to determine reasonable processes by which any such practitioner may achieve required standards, should they not meet the grandfathering criteria.

Recommendation 13: Should specialty titles be introduced, the Psychology Board of Australia should convene an advisory committee consisting of representatives from organisations that currently have stakeholders in this matter and who have made substantial efforts already to progress solutions in this matter.

Recommendation 14: Existing programs should be reviewed for their applicability to assist in addressing the issue of experienced psychologists meeting equivalence criteria. The IPPP Competencies Program (refer Appendix 3) should be one such program considered.

Recommendation 15: If specialist areas are to be considered, then we suggest there should be relatively few. The IPPP recommends that an independent study of components of practice be undertaken and attempts made to meaningfully discriminate between areas of practice prior to considering the adoption of specialty titles.

Recommendation 16: If an application for equivalence be submitted by experienced psychologists, the six-year time frame for completion of transition arrangements should be applied from the date upon which the psychologist receives notification of outcome, if the outcome is a recommendation for additional training or supervision. (This recommendation assumes the psychologist makes an application for equivalence in a timely manner.)

Recommendation 17: The Psychology Board of Australia must bring to the attention of the Ministerial Council the likely additional funding requirements that will be necessary to support the proposed transition process for experienced psychologists.

2. Proposed minimum qualification for specialist registration

The IPPP considers that the proposed minimum qualification for specialist registration will see the cost of addressing mental health problems in the community soar.

If the Board adopts specialist registration, the Consultation paper cites that the "minimum qualification for specialist registration [will] be an accredited professional doctorate in psychology in the specialty plus one year of approved supervised full-time equivalent practice comprising 35 hours on individual supervision with a psychology supervisor who has the relevant specialty and is endorsed by the Board or equivalent" (p.19). The IPPP posits that if this minimum qualification is introduced and over time becomes the preferred educational program for psychologists, this will result in those with specialist registration charging significantly higher fees than they do now, and for those employed, attracting significantly higher salaries. The cost of educating psychologists will also escalate. The IPPP considers pressure on the health budget at present is immense and this proposed minimum education requirement would further amplify this.

In addition, due concern must be given to funding sufficient university places for this level of education to be provided, along with scholarship or other funding mechanisms to assist students undertaking these studies.

Recommendation 18: The Psychology Board of Australia must bring to the attention of the Ministerial Council the additional funding requirements that will be necessary to support the proposed minimum qualifications for specialist registration.

Proposed additional area of endorsement in relation to area of practice

The IPPP welcomes endorsement in relation to recognition for individuals who wish to act as a psychology supervisor.

We also note that there is an important area of practice that should be subject to endorsement that is even more critical again than that of the role of psychology supervisor; that is the area of independent practice.

The IPPP is alarmed that the consultation paper is silent on this critical area of practice.

Psychologists can enter independent private practice immediately upon graduation, with many practicing in isolation. Unlike some other health professions, there is no requirement for an intern period, nor is there any requirement in relation to how business practices are learnt or conducted, on-going professional development specifically in relation to operating an independent practice, and maintenance of self-care.

The IPPP has been concerned that this is an area where the risk of harm to the public is high, especially with the influx of new graduates in this area since the advent of psychology services within the Medicare system and accordingly developed a Competency Program (refer to Appendix 3) for those in independent practice.

To our knowledge, this is the only peer-reviewed Program in existence both nationally and internationally, where established and respected private practicing psychologists actually conduct an on site attendance as part of the auditing process for those psychologists undergoing the competency program.

It is not simply a self-assessment process.

The IPPP would welcome the opportunity to discuss their established Competency Program with the Psychology Board of Australia, and we propose this Program as a model for what might be developed, with further consultation with our profession over the next 3 years, in order to reach agreement regarding endorsement of this fundamental area of practice.

Recommendation 19: Psychology supervision should be accepted as an endorsed scope of practice.

Recommendation 20: Independent practice (private practice) should be an additional scope of practice considered for endorsement.

Recommendation 21: The IPPP wishes to discuss their established 12 Unit Competency Program with the Psychology Board of Australia, and proposes this Program as a model for what might be developed, with further consultation with our profession over the next 3 years, in order to reach agreement regarding endorsement of independent practice of psychology.

The IPPP thanks the PBA for the opportunity to respond to this important issue affecting all psychologists nation wide.

Paul Kassapidis

Vice President IPPP SA (PPA Inc)

Appendix 1: Brief outline of IPPP initiatives

Since inception, the Institute of Private Practicing Psychologists (IPPP) has been the peak private practice organisation of psychologists in South Australia (www.psychologists.org.au). The IPPP was the founding member of the Federation of Private Practicing Psychologists' Associations, now renamed [Psychology Private Australia Incorporated](#).

Although the IPPP has always welcomed psychologists who practice on a part-time basis, IPPP members have traditionally been drawn from the pool of psychologists who have worked full-time in a private practice setting. Hence the IPPP is an organisation of, and for, the interests of psychologists with extensive practice experience (e.g., IPPP members have delivered the majority of workers compensation services in the state of South Australia [source Workcover SA]).

The Institute has been involved in many strategies and initiatives on behalf of the members, and benefiting the consumer public and the private practice psychology profession as a whole. A sample of activities the Institute has been involved in include:

1. Negotiated private health fund rebates. In 1982, South Australia was only the second state in Australia to obtain private health rebates for psychology services.
2. Developed and maintained the First National Schedule of Fees and Services in 1985. This schedule has formed the basis of other national schedules and is used as the basis for the Gazetted Schedule of Psychology Fees and Services by Workcover SA.
3. Negotiated a recent increase in fee rebates and improved Schedule of Services for Psychologists with the WorkCover Corporation in South Australia.
4. The IPPP contributed to the development of [TREAT](#), an important practice support resource for clinicians working with WorkCover clients
5. Negotiated a Psycho-Legal Schedule.
6. Developed agreed Best Practice Guidelines for Psychologists.
7. The IPPP has been extensively involved in the provision of training and continuing education of private practitioners in South Australia.
8. Liaised with government and private industry bodies, including liaison and lobbying on a federal basis regarding issues such as Medicare, Rural Health, and Practitioner Competencies
9. The IPPP was the founding shareholder of a non profit company set up to assist psychologists in their private practice by providing variety of services
10. The IPPP has built and maintained links with other psychology interest groups, such as the Australian Psychological Society (APS).

Appendix 2: Nature of services provided under Medicare

The Australian Psychological Society (APS) website (www.psychology.org.au/medicare/psych_medicare items) cites the following information:

“There are two categories of mental health Medicare items for psychologists – (1) ‘Focused Psychological Strategies’ items which can be provided by all fully registered psychologists who are competently skilled in this area; and (2) ‘Psychological Therapy’ items which can only be provided by clinical psychologists who have been assessed as eligible by the APS.”

The Australian Psychological Society (APS) website lists the following services as being defined as Focused Psychological Strategies:

“Delivery of approved Focused Psychological Strategies (FPS), which have been specified as:

1. Psycho-education
2. Motivational interviewing
3. Cognitive behaviour therapy, including:
 - Behavioural interventions
 - ↳ Behaviour modification (especially for children, including behavioural analysis and contingency management)
 - ↳ Exposure techniques
 - ↳ Activity scheduling
 - Cognitive interventions
 - ↳ Cognitive analysis, challenging and restructuring
 - ↳ Self-instructional training
 - ↳ Attention regulation
 - Relaxation strategies
 - ↳ Guided imagery, deep muscle and isometric relaxation, controlled breathing
 - Skills training
 - Problem-solving skills training
 - ↳ Anger management
 - ↳ Stress management
 - ↳ Communication training
 - ↳ Social skills training
 - ↳ Parent management training
4. Interpersonal therapy (especially for depression)

There is flexibility to include narrative therapy for Aboriginal and Torres Strait Islander people.

Some assessment may form part of the initial consultation with the client in preparation for treatment, but this generally should not extend beyond the initial consultation. ‘Assessment’ refers to clinical interviewing and psychometric testing for the purposes of clarifying and mental health diagnosis (NOT other forms of assessment such as neuropsychological assessment and intelligence testing).”

The Australian Psychological Society (APS) website lists the following services as being defined as Psychological Therapy:

“In addition to psycho-education, it is recommended that cognitive behaviour therapy be provided. However, other evidence-based therapies, such as interpersonal therapy, may be used if considered clinically relevant.

Some assessment may form part of the initial consultation with the client in preparation for treatment, but this generally should not extend beyond the initial consultation. ‘Assessment’ refers to clinical interviewing and psychometric testing for the purposes of clarifying and mental health diagnosis (NOT other forms of assessment such as neuropsychological assessment and intelligence testing).”

There is no case for differentiation between a generalist and a clinical psychologist made within the above descriptions of services, and yet these service descriptions are provided by the very body that assesses eligibility of practitioners to be granted clinical status.

Appendix 3: The IPPP Competency Program

An alternative model of assessing qualifications and clinical competence.

The IPPP in SA, on behalf of the PPAI, has developed competency evaluation procedures that comprehensively assess the experience and competency of psychologists in clinical private practice. This programme provides for professional education and maintenance, supervision and mentoring. There are two levels of recognition within the Competencies Program: General and Fellow. The Fellow is expected to maintain continued adherence to the competencies for a period of at least 4 years. The IPPP competencies were developed and implemented prior to the advent of Medicare and demonstrate the long-term commitment that IPPP members have to contemporary and high standard clinical practice, on-going professional development, and efficient business structures underpinning the delivery of services to clients.

“The philosophy behind the development of the IPPP competencies follows that of the Australian National Training Framework (ANTA 2001) in that the professionals and industry develop and own these standards. The IPPP competencies represent a clear statement of what standards the industry (private practitioners) consider important within private clinical practice of psychology. These standards are intended to comply with relevant legislative requirements, protect the public while maintaining the flexibility and diversity of practice. Psychologists who successfully complete the full IPPP assessment package will be eligible to attain the Membership Category of “Fellow”. Fellows of the IPPP will need to successfully demonstrate ongoing adherence to these requirements.” (IPPP Core Competencies, 2002)

The assessment process relating to the competencies is as follows:

“Self assessment: Practitioner completes appropriate self assessment of their practice against specified criteria in the 12 core competencies.

Evaluation by peers: Assessor completes a review of the practitioner’s self-assessment documents and confirmation of completion of the specified criteria by means of an “on site visit”.” (IPPP Core Competencies, 2002)

The core competencies against which practitioners are assessed are:

- Unit 1: Establishment and maintenance of professional and business networks
- Unit 2: Managing delivery of quality professional service
- Unit 3: Management of financial resources and obligations
- Unit 4: Client assessment
- Unit 5: Treatment and intervention
- Unit 6: Reporting
- Unit 7: Record keeping
- Unit 8: Legal requirements and ethical considerations
- Unit 9: Psychologist’s personal functioning
- Unit 10: Professional performance, continuing education
- Unit 11: Supervision and mentoring
- Unit 12: Training