1. **Background**

The Australian Government funds a number of programs under the Medicare subsidised fee-for-service and fund holding arrangements which involve services delivered by psychologists. These include the Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule (Better Access) initiative, Access to Allied Psychological Services (ATAPS) and the Mental Health Services in Rural and Remote Areas (MHSRRA) Programs which are outlined below.

The ATAPS and MHSRRA programs are delivered through fund holding arrangements, and while the proposed registration standards and continuing professional development (CPD) requirements would lead to improved quality of services provided by psychologists who maintain and enhance their skills, they would not affect the general operation of these programs.

Further comments about the likely impact of these proposals are outlined in sections 2.3 and 2.4.

The proposed CPD and specialist registration requirements will have an impact on the current operation of the Better Access initiative and may require changes to legislation. The impact will be in terms of:

- credentialling of clinical psychologists, including ongoing CPD requirements;
- mandatory CPD requirements for registered psychologists providing focussed psychological strategies services; and
- arrangements for advising Medicare Australia of those providers who continue to meet the requirements for Medicare eligibility purposes.

2. **Interaction and existing programs**

2.1 **Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule (Better Access) initiative**

2.1.1 **Program overview**

The Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule (Better Access) initiative includes a range of Medicare subsidised services for eligible people with a diagnosed mental disorder, including psychological strategies provided by GPs, psychiatrists, clinical psychologists, registered psychologists and appropriately trained social workers and occupational therapists.
Psychiatrists, paediatricians and general practitioners can refer patients for intensive, short-term Medicare subsidised mental health services. Medicare subsidies are available for eligible people for up to 12 individual and/or up to 12 group allied mental health services per calendar year. In exceptional circumstances an additional six individual services may be accessed.

The allied mental health Medicare subsidised services that can be provided under the Better Access initiative are Psychological Therapy services and Focussed Psychological Strategies (FPS) services. All providers wishing to provide Psychological Therapy or FPS services must be registered with Medicare Australia as meeting the eligibility requirements of these items.

Under the current arrangement, Psychological Therapy can only be provided by clinical psychologists who have been deemed eligible for membership of the Australian Psychological Society's College of Clinical Psychologist, and registered with the Psychologists Registration Board in the State or Territory in which they are practising.

The Australian Psychological Society (APS) is responsible for advising Medicare Australia that a provider has met the eligibility criteria for membership of the APS's College of Clinical Psychologists in order to provide psychological therapy services under the Better Access initiative, including ongoing continuing professional development.

FPS services can only be provided by registered psychologists, and appropriately trained social workers and occupational therapists. Under the current arrangements, in order to register with Medicare Australia to provide FPS services under the Better Access initiative, psychologist must be registered with the Psychologist Registration Board in the State or Territory in which they are practising.

Issue

These current arrangements would need to be reviewed to ensure consistency with the Psychology Board of Australia requirements to be introduced from 1 July 2010. The relevant legislative instrument, such as the Health Insurance (Allied Health Services) Determination 2008 under the Health Insurance Act 1973, which defines what currently constitutes a clinical and registered psychologist for the purposes of Medicare eligibility under the Better Access initiative, would need to be amended to reflect the new arrangements.

2.1.2 2009-10 Budget Measure – mandatory continuing professional development (CPD) requirements for providers of FPS services

The 2009 -10 Budget included the introduction of mandatory CPD requirements for registered psychologists, social workers and occupational therapists providing FPS services under the Better Access initiative.

Under this measure, from 1 July 2011 any allied mental health professional registered with Medicare Australia to provide FPS services who has not undertaken the required CPD will be removed from the list of Medicare eligible providers.
The Budget measure is designed to ensure that accredited CPD activities become uniform across each profession so that there is consistency in the quality of services provided by all providers of FPS services and the CPD activities meet the needs of all professions.

The Department is working with the psychology, social work and occupational therapy professions to scope what CPD activities are currently offered for allied mental health professionals, and develop new CPD requirements such as requiring 20 hours of FPS related CPD activities over a two year CPD cycle. It is envisaged that the CPD requirements for Medicare eligibility purposes will only cover training for delivering evidence-based therapies such as Cognitive Behaviour Therapy and interpersonal therapy, and that each professional peak organisation would be responsible for monitoring the uptake of CPD activities by its members and advising Medicare Australia at the end of each cycle of those providers who have not met the requirements.

**Issue:**

These proposed CPD arrangements may need to be reviewed in light of this paper and what the Board proposes. For example, the Board’s paper states, on page 10, that "a requirement of annual renewal of registration is participation in a Psychology Board of Australia approved program of CPD." The Department would need to ensure there is consistency between CPD requirements for Medicare eligibility purposes and those that the Board may introduce.

**2.2 Issues requiring further consideration and discussion**

The Department is keen to avoid the potential for psychologists being required to meet different CPD requirements and submit their CPD log to both their peak organisation such as the APS and the Board, which would add an administrative burden and additional workload for practitioners. The Department would appreciate the opportunity to work with the Psychology Board of Australia to ensure that any CPD requirements that the Board may introduce are consistent with what is currently required for Medicare eligibility purposes and the Budget measure.

**2.2.1 Monitoring and reporting of CPD requirements**

As indicated above, it is envisaged that the peak organisations representing psychology, social work and occupational therapy practitioners will have responsibility for advising Medicare Australia of those registered psychologists, social workers and occupational therapists who have met the requirements to access the MBS item numbers under the Better Access initiative.

The paper indicates that the Board proposes to introduce CPD requirements and require that "a record of CPD activity must be maintained on a template provided by the Board" and submitted to the Board. It is not clear whether this will be just for the purposes of the annual registration renewal or whether the Board will have the interest and/or capacity to provide that information to Medicare Australia for eligibility for Medicare subsidy purposes.
The APS is currently responsible for assessing applications for registration as a clinical psychologist, receiving members' CPD logs and advising Medicare Australia of those psychologists who meet the requirements to access Medicare subsidies under the Better Access initiative.

**Issue:**

If the Board consider this to be a role that it will fulfil in the future, then further discussions will be needed with the Department of Health and Ageing, the APS and Medicare Australia on the future arrangements and associated changes to the Health Insurance (Allied Health Services) Determination 2008 under the *Health Insurance Act 1973*.

**2.2.2 Credentialing of psychologists**

As previously stated, the assessment of clinical psychologists is currently undertaken by the APS according to their specialist college guidelines.

The APS currently identifies and endorses competencies for specialist areas of psychological practice. The paper, on page 18, notes however that "the Board is of the view that responsibility for identifying which registered psychologists are suitably qualified as clinical psychologists under Medicare or other current and future health related schemes, and determining the standards of training required for such recognition, is a responsibility of the Board in its role to protect the public. Therefore it should be carried out by the Board or under the Board's direction through the mechanism of specialist registration".

**Issue:**

Should the Board decide to credential clinical psychologists, the current arrangements with the APS and Medicare Australia would need to be reviewed and the legislative instrument, such as the Health Insurance (Allied Health Services) Determination 2008 under the *Health Insurance Act 1973*, amended to reflect the new arrangements.

**2.3 Access to Allied Psychological Services (ATAPS)**

The Access to Allied Psychological Services (ATAPS) initiative enables General Practitioners to refer patients, who have been diagnosed as having a mental disorder, to an allied mental health professional to provide Focused Psychological Strategies services. ATAPS primarily treats high prevalence mental disorders such as anxiety and depression. The Australian Government provides funding to 106 Divisions of General Practice across Australia for allied mental health professionals to deliver these services.
Under ATAPS, allied mental health professionals have been defined to include psychologists, social workers, mental health nurses, occupational therapists and Aboriginal and Torres Strait Islander health workers. Divisions are encouraged to target specific population groups within their Divisions such as youth, Aboriginal and Torres Strait Islander peoples, homeless people and people with co-morbid mental health and substance use problems.

The proposed registration standards and CPD requirements are not likely to impact on the general operation of this program.

### 2.4 Mental Health Services in Rural and Remote Areas Program

The Australian Government provides funding under the Mental Health Services in Rural and Remote Areas (MHSRRA) program to Divisions of General Practice, Aboriginal Medical Services and the Royal Flying Doctor Service to deliver mental health services by appropriately trained mental health care workers, including psychologists, social workers, occupational therapists, mental health nurses, Aboriginal health workers and Aboriginal mental health workers.

The MHSRRA Program provides funding for mental health professionals in communities that would otherwise have little or no access to mental health services. The program is designed to address inequities in access to the Medicare Benefits Schedule by targeting areas where access to MBS subsidised mental health services is low. The MHSRRA Program also addresses workforce shortage issues by providing flexible employment models suited to local needs and conditions. This includes flexibility to accommodate geographically, culturally and linguistically diverse populations, such as Indigenous communities, in rural and remote areas of Australia.

The proposed registration standards and CPD requirements are not likely to impact on the general operation of this program.