

CORRECTED VERSION

STANDING COMMITTEE ON LEGAL AND SOCIAL ISSUES

LEGISLATION COMMITTEE

Inquiry into the performance of the Australian Health Practitioner Regulation Agency

Melbourne — 18 September 2013

Members

Ms G. Crozier

Mr N. Elasmarr

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Mrs I. Peulich

Mr M. Viney

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Secretary: Mr R. Willis

Witnesses

Ms G. McCredie, lead, strategic relations,

Dr E. Green, state chair, and

Ms R. Palmer, past state chair, College of Organisational Psychologists Victorian Section, Australian Psychological Society.

The CHAIR — I declare open the Legal and Social Issues Legislation Committee public hearing into the performance of the Australian Health Practitioner Regulation Agency. I welcome representatives from the College of Organisational Psychologists Victorian section and thank you for your submission. All evidence taken at this hearing is protected by parliamentary privilege as provided by the Constitution Act 1975 and further subject to the provisions of the Legislative Council's standing orders. All evidence is being recorded and you will be provided with proof versions of the transcript within the next week. Transcripts will ultimately be made public and posted on the committee's website.

We have before us Ms Rachael Palmer, past Victorian state chair; Dr Ern Green, Victorian state chair; and Ms Gina McCredie, lead, strategic relations. Thank you all for being with us this evening. We have approximately 30 minutes for this hearing, so I now invite you to speak to your submission and we will then open the hearing up to the committee members to ask questions in relation to your evidence and your submission.

Ms McCREDIE — I would like to begin by thanking the committee for the opportunity to speak and for the invitation. The College of Organisational Psychologists is represented here tonight, and I will begin by talking a little bit about who we are in terms of some context. We are all members of the College of Organisational Psychologists, which is a specialty group within the Australian Psychological Society. We are a member-based organisation and all of the time we put into this is voluntary. We are very passionate about organisational psychology. That is because we work in organisational psychology. We are practitioners; we are not academics, we are not policy people. Day in and day out we are working with teams and people in organisations to design new systems and practices.

What we are not doing is what many of our psychology colleagues that perhaps you might have in mind are doing. We are not doing individual work in a health care-type environment or set up. That is what we really wanted to talk to about tonight in terms of the performance of AHPRA and the national regulatory scheme — how that is impacting on our sort of psychology.

I thought I might start with a little bit of a visual around how we fit into the overall legislative framework and then talk briefly about how we feel we have been impacted, some of the things that have worked and some of the things that have not worked for us in this new regulatory scheme. Then I will pass over to my colleagues to talk about what this means in terms of the future viability of our specialty and also to talk on some of the cost and efficiency issues arising. Again, as organisational psychologists working with business and organisations we have some commentary around that as well which may be of assistance to the committee.

In terms of how we fit in, there is a piece of paper on the table in front of you. In the diagram you will see on the left-hand side conceptually the way the legislative framework is set up in terms of the national regulatory scheme. It is meant to cover all of the health professions, and psychology is considered one of those within that group of 14. On the right-hand side you see what we feel — and live — is the reality. That is to do with the fact that the psychology population or profession as a whole is quite diverse and includes people who work in the health sector but also includes a number of people who are not actually working or operating in that space. The challenge legislatively is how do we cover those people as well, people like us, in a way that works for all? From the perspective of needing a whole-of-government approach, I do not think — and this is part of what we will talk about — we can afford not to necessarily focus on those individuals as well.

What is in the bottom part of that diagram? Who are these psychologists who are not in the health sector? For us as organisational psychologists our work is, as I said before, with organisations. We are all about human behaviour but we couple with that our knowledge and training in organisational systems in order to help organisations be more productive, more sustainable and to contribute back not just in terms of, say, dollars and results but also in terms of contributing back to the community, to the economy and indeed to the nation. From our perspective we are doing work that is valuable and imperative in terms of its contribution to overall society but it does not seem to be, to our minds, covered particularly well in terms of the regulatory context.

This is not a new issue. I think we last were involved in the Victorian parliamentary scene in 2009 when the new legislation came in, and we have been working in years past also to alert and identify for people like yourselves what the issues are for those who do not actually fit within that sort of health model of psychology. When it came to 2009 we had a number of people speak in Parliament, in the Legislative Council, about the very question of what will the impact on organisational psychologists be? And here we are, four years later,

talking about what actually is that impact. We have three key areas that we would like to talk to, and I am going to cover off on the first one which is around protection of the public. I will then pass to my colleagues.

The first issue for us in relation to protection of the public is within the way the legislation is framed the public are typically recipients of health care as it relates to the health sector. We would argue that in fact there are multiple publics that need to be covered in this legislative framework. The other publics are those individuals and organisations outside of health care. It could be anything from school students, who educational psychologists work with. It could be sports teams, which sports and exercise psychologists work with. For ourselves, as organisational psychologists, it is organisations: it is government departments, it is private sector organisations, it is not for profits and it is CEOs, executives, managers and so forth. We are working with them to train them to help them be more effective, to figure out how to restructure things and so forth — all of that work is absolutely important.

However, if we get it wrong, it has an impact. Just as a health psychologist and clinical psychologist could have some sort of adverse impact and someone might want to make a complaint against them, in our world it is more likely to be, say, a business or someone who has had, say, vocational counselling experience or something that they would like to complain about. It happens very rarely, which is great, but if they did, who do they turn to? Their first port of call and thought is usually not, 'I'll go and speak to the health care complaints commissioner or the health services commissioner', because, you know, 'I'm an executive or a CEO of a big company; that's not who I think I'm dealing with'. They are contracting with us around particular services that they do not see in any way have anything to do with the health sector.

So protection of the publics is the question I guess we would like to share with you, which is: what do we do about the fact that all these other publics are seemingly being ignored by the legislation and the scheme as it stands at the moment? I will pass to Rachael Palmer now to talk a little bit more about the future viability.

Ms PALMER — The future viability is obviously important to us as practitioners, but I think it is also important in the broader regulatory scheme. Part of what AHPRA and the board are trying to do is to increase services and increase competition, and that is one of the explicit things that they have said is their aim. We think that the way that organisational psychology is currently being regulated is actually going to have the opposite effect. As Gina talked about, a lot of organisational psychologists do not work in that health area, and people who have been trained in more clinical and so forth types of psychology cannot do the kind of work that we do. So it is important not to restrict the range of services that organisational psychologists can offer, because that will have an adverse impact on competition.

I think the future viability has been threatened from a couple of angles. One is from the students. In fact it is something that Mr Davis referred to in 2009, and it is on the public record. He said:

I predict what will occur, unless some changes are made, is that there will be a loss of registered psychologists — people will choose not to register as psychologists and will operate in the marketplace unregulated. That will be a loss to the community.

Indeed, that is what we see happening, particularly in organisational psychology.

In terms of the student end of the system, I suppose, it is becoming — or will become — less attractive, I think, for students to study organisational psychology. The reason I say that is primarily the national psychology exam that the board is bringing in. They are bringing it in to try to standardise and keep a best practice standard across the country, but by doing that they are increasing the clinical emphasis in the syllabus. They are taking away some of the freedoms that the universities have to teach psychology, and students who want to study organisational psychology do not necessarily want to or need to spend — it is not useful for their career to spend — six months or more learning about clinical issues. So students might well start to choose other kinds of degrees such as business degrees or HR degrees rather than organisational psychology.

It is also a deterrent because although it is part of national law that there will be a student register — all of the health professions that are regulated are meant to have a student register — the psychology board decided it wanted to have students registered as provisional psychologists rather than on a student register. So that costs a lot of money for a student — I remember I could not have afforded that much when I was a student — and it is another deterrent against them starting that study.

Once you have finished your degree and your honours degree, to become an organisational psychologist or any other endorsement you have to do another two years of supervision, if you have done a masters degree. So supervision is increasingly becoming an issue. Firstly, they have to pay for that supervision, which again when you are fresh out of uni is not necessarily something you want to spend a lot of money on. But supervisors may well have to charge for that service. There is a lot of red tape around it. It takes time. Supervisors need to attend training in order to register as supervisors, and we have already seen a significant decrease in the number of organisational psychologists who are registering to become recognised supervisors so that they can go on and supervise those students.

You also need to be registered as a supervisor in order to supervise students while they are at university doing placement, so as that decreases, it is going to be harder for students to find the placements to complete their degrees in the first place. As we get fewer registered or endorsed organisational psychologists coming out of that system, there are going to be fewer who can then go on to supervise the next generation, and we see a downward spiral there.

The other point I wanted to make was about the number of courses. We have already seen two-thirds of the courses in Victoria close, so it is only one-third of the courses that we used to have that students can even attend, which is obviously going to have an impact on the number of organisational psychologists as well.

The CHAIR — Thank you. Dr Green, would you like to add anything?

Dr GREEN — Following on from that, I think we have always seen it as very important that our professional association, the Australian Psychological Society, works closely with AHPRA, and that we have that relationship where hopefully there is a very productive discussion going on. I suppose the question is, what is the right balance in terms of the level of regulation? Is it a regulation, as it has been designed, to keep the safety of the public, and at what point is it going beyond that and stepping over into carrying on practices that really are normally being done by professional associations in terms of setting what best practice is as opposed to what safe practice is? So I suppose it is about raising the question and some of these things about the level of regulation that are causing difficulties for us in terms of continuing to operate as a college and as a profession. It raises the question of what is that right balance, and it invites the minister and those here to consider what is that right balance.

Just taking a comparison in terms of a similar regulatory body in the UK, their registration fee, for instance, is the equivalent of A\$129, and our regulation fee is \$409 — it is about three times as much. That is not to say that perhaps AHPRA needs that because of the level of activities that it is involved in, but the question is, is there a degree of duplication and unnecessary duplication that could cause a significant saving if there was a clearer balancing of what is the right level of regulation?

That is certainly one of the things that has been important to us in terms of working with and discussing things with AHPRA. It has been great in terms of presenting its changes and asking us for feedback. I suppose the experience over the last five years has been that while there has been the opportunity for feedback, we have been disappointed with not really having had the opportunity to do what we are doing here, which is sitting down together and working through issues that really help respect what the issues are for AHPRA but at the same time work out ways in which we know that those things that they want to achieve can also be achieved and can also be manageable for us to continue fruitfully as a profession and service the sorts of objectives they are trying to achieve as well.

I suppose we are just raising those sorts of issues for discussion, and we welcome your questions.

The CHAIR — Thank you very much indeed, and that does raise a number of questions. I would like to go to the point that you made, Ms Palmer, about individuals operating in a market that is unregulated, I think you said. You said that has been happening since AHPRA came into existence. Is that correct?

Ms PALMER — Yes. There are certainly graduates from organisational psychology masters and doctorates who are not registered psychologists.

The CHAIR — Prior to AHPRA coming into existence, could you confirm for the committee where they would have been registered, under which board and how that process would have been undertaken?

Ms PALMER — I do not know the exact numbers. Many of them would have been registered under the Victorian board of psychology, but I do not have numbers.

Ms McCREDIE — It is one of those areas, and I guess this is the interesting thing if you look at the submissions that you have received from AHPRA and from the national boards — they talk about one of the benefits of the new scheme being that there is now accurate psychology workforce data, and one of our problems with that is that it really only captures the type of people who are registered as organisational psychologists. The sort of work we do often does not require us to use that title. On one hand it is great to have that protected title and on the other hand, if we work as a consultant, an HR manager or whatever it might be, we do not have to use that. There has always been a little bit of choice, if you like, in the organisational psychology community.

The general registration is the first step, but then there is the path for endorsement. Prior to 2009 we did not have the specialist title of organisational psychologist; we were all registered as psychologists. People had that flexibility coming out of their masters after their six years of study to immediately call themselves organisational psychologists, and provided they registered that was not an issue. What has changed is they now have to do two years of extra supervised practice in order to earn the right to call themselves organisational psychologists.

As we all have, I have also supervised a number of people coming through the system, and they do aspire to achieving an endorsed title of organisational psychologist, but quite frankly it is just more and more difficult to actually get them to sign up because they do not see it as a compelling proposition anymore. It is too hard, there is too much paperwork and it is too difficult for them to find a supervisor. They have to find somebody like us who is prepared to spend at least an hour a fortnight with them, plus obviously the supervision of whatever their work in practice is, hopefully in our own organisation. Sometimes we have to do that externally, and that just makes it really difficult to do on top of the regular work that you are actually doing and are paid for. It is seen as something that people like us do to give back for our profession, but again, there is a liberty being taken and an expectation that we will be doing the sorts of things, and that is something that at some point might not be viable and that is why there is a need to think about these things.

Dr GREEN — With the recent introduction of AHPRA asking for all supervisors to be trained for a number of days — there is the time away from work, and they need to pay for the course — and then they are also there helping to supervise students coming through and so forth to become endorsed, and so continually there are extra imposts. Obviously there are real positives in that, but there are also costs. Then unfortunately there is more and more pressure to pass on those costs to us, those being supervised, to pay for supervision, which is yet another burden for those just coming through study and trying to get into their profession. So again it is just trying to work out what is that level of regulation, leading into the space for the professional to work out what is the right sort of professional development and so forth, knowing that that public safety is looked after.

Ms McCREDIE — I might give you a stark contrast example. In terms of being registered at the state level, if we go back a few years, in order for me to become a supervisor, I had to complete a form that had, from memory, four lines where I had to write what my supervisory experience was as part of my application to become a supervisor. That was it. Obviously I can tell if you have done the correct degrees and things like that, but that was just a few lines. Contrast that to now — if, for example, I woke up this morning and thought, ‘I had better become a supervisor’, then I would need to undertake this three-day training program in my own time and at my own cost, taking time off work for that, and then undertake further training that is now required. We absolutely understand about the importance of national consistency, quality, safety and so forth, but we have not seen any evidence that actually states that supervisory practices were very poor or dangerous in any way, and yet now we have this additional level of requirement on us that is now causing people to say, ‘Hang on, it is too much. I can’t do it’.

Mrs PEULICH — What is contained in those three days of training?

Ms McCREDIE — We have not actually seen that yet. Where the psychology board is up to at the moment is that it has a request for a proposal out for organisations, and several organisations have put in to say that they would like to run that training. So the typical sorts of topics that they are covering are around how to supervise, so that is how to establish the relationship; how to contract for what sort of work is going to be completed, the degree of supervision; and then starting to address specific competencies around making sure that the individual

over that supervisory period knows what to do. So the training is: does the supervisor know what the competencies are, do they know how to elicit them and can they give feedback? It is a whole bunch of very fundamental things that many of us have learnt, studied and trained other people in as part of our work.

The CHAIR — Mr Elasmar? Or do you have a follow-up question, Mrs Peulich?

Mrs PEULICH — I have a couple of questions. You said that two-thirds of your courses have closed, with only one-third remaining. What is the story behind that?

Ms McCREDIE — If you go back several years, we had a program of organisational psychology postgraduate programs at the University of Melbourne, Monash University and Deakin University, and now we are down to Deakin University being the only one.

Mrs PEULICH — The organisational psychology stream?

Ms McCREDIE — Organisational psychology, yes.

Ms PALMER — It is not the only reason, but at least one of the reasons is the way that universities have been funded, so there is an emphasis on clinical — —

Dr GREEN — A focus on health.

Ms PALMER — Yes, and there is more money.

Mrs PEULICH — My second question is that we have heard the criticisms, and I think some of them are valid, but what are four key dot points in terms of the changes you would like to see?

Ms McCREDIE — Firstly, and I do not know how viable this is, it would be fantastic to see the legislation amended in a way that encompasses all of the people that it is supposed to cover — the language and wording of it. Again, in previous years we have even talked about the bill potentially being renamed ‘health and cognate professions’ so that we can accommodate the extra parts of the professional group that are not within that health sector. That would certainly go one way towards ameliorating some of the problems it has caused.

Mrs PEULICH — Within that, are you implying embedding in the legislation a duty of care towards the clients or the people you work with? As part of that answer could you outline the cognate professions that may be encompassed in the amending legislation? Also have you thought through the financial implications for broadening the duty of care and embedding it in the legislation?

Ms McCREDIE — I guess part of my answer would be that I do not know that it is broadening the duty of care, because as a whole-of-government piece of legislation we should be covered. That is part of what we are talking about here. In terms of who would be the other professions, we have only focused on psychology. It would be a definitional element to just explain that it would be psychologists working outside of the health sector. At the moment with the health professional being defined as someone who provides an individual health benefit, that sort of circuitous definition is the problem for us. So a bit of work around that would definitely help. In terms of the four things, that would be the first thing.

The second thing is we would love to see a larger role being played by people like yourselves and the Minister for Health in terms of representing Victoria within the group — the collection of health ministers’ council — in relation to making sure that all groups are actually covered, so following through on that duty of care in terms of making sure that the psychology board, for example, with the aspirations it has around creating a very high-quality best practice and expensive regulatory regime is held to account by the various health ministers. That is what we would ask of our Victorian health minister: a stronger role in ensuring that we have a viable system that is not going to lead to the death of specialties like ourselves.

In relation to the third area — and to some extent this is me saying that part of the problem as well as the solution is coming back to Dr Green’s point — we would like to be involved and would like to help assist in being able to shape some of these things. It is not necessarily going to be very hard to do.

Mrs PEULICH — And you are not currently? There is no consultation?

Ms McCREDIE — No.

Dr GREEN — There have been a lot of submissions, but there is no dialogue.

Ms McCREDIE — In our experience the board has very much taken a view that consultation means putting out a request for submissions and receiving them. They go somewhere, somebody looks at them and then a final copy of something is released. In that final copy we see that something has changed or has not changed. We do not know if small changes or big, fundamental changes were made in terms of the discussion behind them, so there is a sense of a lack of engagement and certainly no involvement.

I notice in the national board's submission to yourselves that in the consultation and engagement section it said 'psychology', and the phrase was something around 'more than 1500 practitioners have been involved in forums and meetings'. I can tell you as somebody who would very keenly like to be part of all those sorts of meetings, that the sorts of styles of meetings that we have been invited to have very much been presentations with questions and answers at the end, and even over the course of the three years the Q and A has been that you have to actually submit the questions beforehand. So in terms of actually having any dialogue, it is not two-way.

What I would really like to see is a change in the style. Certainly we take some hope from what we see happening over in the UK in terms of their council. Even in their descriptions of their standards for practising psychologists their writing talks about things like, 'We are going to use these particular terms because they are inclusive and we feel they cover everybody'. I do not think we have had that sort of language locally. It is much more of a disciplinary-type focus.

The CHAIR — Is that your final dot point?

Mrs PEULICH — I think you have covered three.

Ms McCREDIE — That was three. The fourth one — gosh, I do not know.

Dr GREEN — I suppose just to reinforce it — and this is the last point — the consultation is something we really want to do. But we are seeking guidance, in terms of AHPRA, in finding that balance between what is regulating safe professional practice versus overstepping that and creating duplication with other bodies that are very effective at doing professional best practice in terms of developing that within the profession.

Mrs PEULICH — So they are overregulating? What are they overregulating?

Dr GREEN — In the case of the universities, for instance, they have been involved in the universities in setting exams and so forth rather than setting safe standards or minimum standards and then leaving it up to the universities to do what they are qualified to do, which is to prepare people in the areas of psychology, knowing that AHPRA has set certain standards that they need to respond to, in that way getting the balance of both capabilities working together to achieve an outcome rather than one overstepping and taking over the other and therefore creating costly duplication as well as frustration. There is also, as my colleagues have been saying, the difficulty of potentially not listening to the profession and potentially causing it to, in some cases, disappear.

Ms McCREDIE — If you read the documentation from the various submissions and presentations from AHPRA and the national boards, there are two key groups that are just not mentioned. The professional associations are not mentioned. There is not even any reference to us being consulted, which is fine, but we are not mentioned — —

The CHAIR — It is those professional groups that you think are being ignored by AHPRA.

Dr GREEN — The Australian Psychological Society.

Ms McCREDIE — We are here to be tapped into, and we have the same end in mind — —

Dr GREEN — It is a large body.

Ms McCREDIE — We want to deliver great services. The other group is the public; they are not being mentioned either.

The CHAIR — The public?

Mrs PEULICH — The clients.

Ms McCREDIE — The public, the clients, the non-health environment.

Mr O'BRIEN — Thank you. That is where I would like to start my questions. You referred to this diagram, which is very helpful; thank you. To me in a sense the solutions are either to keep things as they are, where you are sort of half in and half out, which I think you have got some problems with, to break up the psychology profession to organisational and clinical or take the regulation away, which they would not do for the clinical area, or to bring you in. I take it from your answer to Mrs Peulich's question that you would like to be brought into the Health Act?

Ms McCREDIE — We are not against regulation; we would like to be part of that sort of mechanism. At the moment we are registered as health practitioners, but the difficulty is that that does not really fit, so it is about how to change to accommodate that.

Mr O'BRIEN — Yes. The next part of that is that you do not perform a clinical role in individual cases, so your risk to the public, you would say, is less because you are not directly seeing patients — or people.

Ms McCREDIE — It is certainly less in terms of direct medical or clinical risk because we are not doing any of that sort of work. The risk that we have is more about the organisational impact that we have. For example, if I am working with a team that is having some problems, they are dysfunctional and they are supposed to be delivering something important for their organisation, but I am unable to help them — and perhaps they are unhappy with the service that I have provided — the risk is that that group is now not going to perform effectively. So it is a different sort of risk.

Mr O'BRIEN — Do you pay the same registration fees that psychologists pay?

Ms McCREDIE — We all pay the same, yes.

Dr GREEN — Yes.

Mr O'BRIEN — If I could go to an example from the law profession — I was formerly a lawyer — one of the risks for the public in relation to lawyers is defalcation of trust funds, or the lawyer running off with the money. Over time different regulatory fees are paid, depending on whether you take trust funds or not — for example, I think corporate and pro bono solicitors offer lesser fees because there is deemed to be less risk to the public. But they are all lawyers, they are all regulated and they all have degrees and qualifications. Is that the sort of model you would prefer to see adopted?

Ms McCREDIE — That would certainly be a more sophisticated model than what we have now.

Mr O'BRIEN — In a short supplementary submission or in some correspondence would you be able to tell us how in your profession such a break-up would work with the various bodies and training, fees — —

The CHAIR — If I could ask that you consider that request from Mr O'Brien and just provide a letter; that would be fine. It is not necessary to provide a supplementary submission. Some correspondence explaining that point would be most helpful.

Mr O'BRIEN — Thank you. The last thing I will add on the corollary, which could be a bit of an issue — I am thinking of some sporting bodies recently — is that sometimes risks are not always assessed, which is why you always want to keep your role as psychologists very much there. That is why I do not think you would want to be cut off from the profession; you would just want that level of regulation lowered.

Dr GREEN — True. Being part of the profession means that we are also asking that places like AHPRA acknowledge us as non-health psychologists and tailor and respond to us as that, rather than just incorporating us in the same way as everyone else. Hopefully that would mean that we are being regulated but in a way that is meaningful for us as non-health psychologists.

Mrs MILLAR — We have talked a lot about the registration process and education. I am interested in your views on the complaint process being handled as part of the national scheme and whether in your view AHPRA is an appropriate body for hearing complaints in your area of practice?

Ms PALMER — Gina spoke to that a little bit at the beginning. The short answer is: no, we do not think it is appropriate for a number of reasons. It has the health focus, and the people who hear those complaints have that background and expertise. Also clients who might want to make a complaint would not think of that body as the right body to go to. It needs to be transparent and obvious for the client as well as having a fair hearing by people who understand what is being complained about.

Mrs PEULICH — Conceptually, in terms of the duty of care, those roles should split anyway. If they stuff up a complaint, there could be a vested interest in covering their butts and so forth, so there needs to be a separate and different regime.

Ms McCREDIE — With complaints at the moment, we know that New South Wales is not part of the complaints part of the national scheme. I understand Queensland is looking at that as well. It suggests that something is not necessarily working well in that area, so you would want to have a good look at that too.

Mr O'BRIEN — There is one other matter that we have been exploring with other professionals. What are your views on the financial transparency and accountability of AHPRA generally and perhaps particularly how it compares to the situation prior to the national scheme coming in?

Dr GREEN — I think AHPRA is run professionally in terms of its finance reporting. It seems that it is all very transparent. It goes out on the website in terms of reporting. Sometimes there seem to be large items, and we cannot see what those items are, but I suppose that can happen in any organisation. Generally we feel that from a professional organisational point of view it is reporting; it is disclosing what is occurring.

Ms McCREDIE — It is the level of detail that is probably missing.

Dr GREEN — I suppose that is the only thing, but not to take away from the positives, it is professionally run.

Mr O'BRIEN — Are there any specifics on the detail?

Ms McCREDIE — On the level of detail — for example, if we have a look at what is spent on legal fees, there is no accounting back to us as to what they are spent on. So we do not know what advice they have been getting.

Dr GREEN — It was a large amount; we just do not know what it is on.

Ms McCREDIE — In relation to the Psychology Board of Australia when we went national, in the scheme we had some money that was basically legacy from the previous schemes, and two-thirds of that money is now gone. We are three years in, and it is something like we have gone from 1.5 to about 500 left as our spare.

The CHAIR — One point five million?

Dr GREEN — Yes.

Dr GREEN — To 500 000 now.

Ms McCREDIE — Again you say, 'What's the return on that? Where do we see that actually — —

Dr GREEN — So there is the revenue of 157 million plus taking some of that legacy money, in terms of running the operation.

Mrs PEULICH — Are you able to ask questions at the annual general meeting to any report that is tabled?

Ms McCREDIE — There is no annual general meeting.

The CHAIR — Do you ask for an explanation as to why that legacy has shrunk? Have you been able to do that, I think is Mrs Peulich's question.

Ms McCREDIE — No is the answer.

Dr GREEN — It has been reported, but we have not been told, no.

The CHAIR — There is no avenue to ask the question or no response to the question?

Ms McCREDIE — There is an avenue. We have not taken it, in the sense of there is no meeting. There is no board presentation to registrants to tell them about what the situation is.

Dr GREEN — To give them the opportunity.

Ms McCREDIE — Basically, this is material; the numbers that I am quoting are coming out of the AHPRA report, which has information for each of the different boards within there, and it is up to us. Yes, we do have the possibility to write and ask questions about it directly to the board. We have not done that as yet. It has really been part of the preparation of having a look at speaking to you this evening that we have been able to look at those figures a little bit more closely.

Dr GREEN — Certainly there is the transparency, and we should be asking those sorts of questions, but it certainly was a concern to us to see that.

Mr O'BRIEN — Your submission says the scheme is much more expensive than the previous one; that is, on costs:

The scheme is much more expensive than previous jurisdictional arrangements, directly for practitioners ...

Can you just elaborate on some of the questions you might be asking: where the money has gone, or what is happening.

Dr GREEN — You have got that letter in one of the submissions from the UK. In your list of submissions, they indicate that, changing it to Australian dollars, they spent 40 million on running costs, and AHPRA's running costs are 157 million. That is almost four times the amount. This is not to say that they are not doing a lot with that money.

Mrs PEULICH — Per year?

Dr GREEN — Per year. Our understanding is that is \$20 million more than it costs the regulators that regulate the finance industry, so we are not talking about small things here. But that is not to say that it is not being put to lots of important things from an AHPRA point of view. The question is: is that best spent by a regulator whose purpose is to provide and ensure minimum standards for the public in terms of our profession, or is it part of the fact that they are going beyond that and overregulating and duplicating with other bodies that could well be doing that and therefore saving a lot of cost?

These are not small changes; these are big differences that raise alarm bells, I suppose. We normally are the sort of profession that will sit down with another body and work things through, but we are here because we are trying to make sure that we can find avenues so that we can work well with the relevant regulator and hopefully raise issues about what is the right balance that, with a bit of guidance from the Parliament, might bring that right balance back that would save duplication and the cost.

The CHAIR — Dr Green, on that comparison with the UK and the Australian AHPRA, have you also got a comparison of registrant numbers?

Dr GREEN — Yes. The registrant numbers for AHPRA is 583 000. That is part of the submission too. For the UK, it is 315 000. AHPRA is 185 per cent of the UK, so that is a good question to ask. Coming back to apples for apples, the running cost per registered professional for AHPRA is \$269, and for the UK it is \$126. As you say, bringing all those factors into account to make sure it is making a fair comparison, in terms of running costs per registered professional it is about twice. In terms of the cost of the registration fee, though, it is about three times.

Mr O'BRIEN — The other side of that equation and one way to determine whether it is overregulation, duplication or valid service: how have the services that you have received as a profession and that you can infer

have been provided to the public improved, or otherwise, in relation to that corresponding increase in fee? Have you noticed a difference, an improvement in service to justify that fee, or is there a suspicion that it is in that duplication role?

Ms McCREDIE — It is possibly in that duplication. In terms of the service we are seeing, I am sure you would be aware of some of the problems AHPRA had in actually establishing itself and getting under way. There were plenty of issues around the database of practitioners and things like that.

The CHAIR — We are well aware of that in the Senate inquiry.

Ms McCREDIE — In terms of the service that they are offering now, it seems to be effective in terms of when you phone in, you get advice, support and things like that. I think they have got things working now, which is fantastic. There are still some issues to do with their databases and the way they are set up with individuals being listed multiple times in registers, and we have had difficulties in trying to encourage a lot of our colleagues to become supervisors before the last cut-off point, which happened recently.

We were trying to check databases via the web to find out was this person actually registered correctly. There are different levels of things you have to be registered for as a supervisor to supervise uni placements or to supervise endorsement practices. Each of those requires a separate listing. They are listed in the database differently for some reason, so on one hand it is great that all the information is in there; on the other hand it is a little inaccessible.

In terms of the quality of service, the ability for us to get that data, it is not very easy as yet. There is still a journey I think.

Mr O'BRIEN — The final part of the comparison is with the UK. If they are paying half as much, do you know what services they get, or could you find that out?

Dr GREEN — Yes, this submission that was provided to this committee had that listed — that is, what sort of services they provide — and essentially they are a lot of the services. It is not 'minimalist'; that is the wrong word. It is not overregulation; it is just working with professional bodies to make sure that those sorts of standards are in place and leaving the space for those other bodies. As Gina has been saying, it is working in consultation, including that consultation in the records that they send out. I have got a copy of that letter here.

Mr O'BRIEN — I am not sure it was provided.

Mrs MILLAR — I don't think it was.

Mr O'BRIEN — There are references to the Nolan rules.

Dr GREEN — Sorry.

Mr O'BRIEN — No, that's okay.

The CHAIR — If you could provide that to the secretary, that would be most helpful.

Dr GREEN — I can provide that letter to you. I have got it here.

Mr O'BRIEN — It is good to be prepared. Thank you.

Dr GREEN — It was from the CEO of the UK body.

The CHAIR — Thank you for that. Could you, just before we do conclude, give an opinion on the mandatory reporting requirements under the national scheme? Have you got a view on those reporting requirements? Would you like to just elaborate on that to the committee very briefly?

Dr GREEN — When you say mandatory reporting — —

Ms McCREDIE — Do you want me to answer this?

Dr GREEN — Sure.

Ms McCREDIE — Look, we do not have a particular problem with the mandatory reporting. Certainly the way it was set up originally had some issues. Obviously one of our big concerns with many professions is vexatious claims, so there were some teething issues as I recall to do with how that was all set up. Certainly from an organisational psychologist's perspective, it does not come up as an issue in terms of being a problem.

The CHAIR — Thank you for that confirmation. I do not believe there are any further questions, so can I, on behalf of the committee, thank the three of you very much indeed for your attendance this evening and for providing the evidence that you have. It has been most helpful. Thank you very much. The hearing is now adjourned.

Committee adjourned.