

20 August 2021

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Submitted via email: consultation@sira.nsw.gov.au

Dear Sir/Madam

SIRA Post implementation review of the Authorised Health Practitioner (AHP) framework

The Australian Psychological Society (APS) welcomes the opportunity to provide feedback to the State Insurance Regulatory Authority (SIRA) of NSW in response to its Authorised Health Practitioner Framework Post Implementation Review.

The APS is the largest professional organisation for psychologists in Australia representing over 27,000 members. Many of those members deliver psychological services to motor vehicle accident survivors with treatment entitlements under Federal, State or Territory accident schemes as sole providers or members of a service provider entity.

In making this submission, the APS has reviewed the documentation provided by SIRA and has consulted NSW members with established expertise and peer acknowledged status.

The APS again thanks SIRA for the opportunity to provide feedback about the authorised health practitioner (AHP) framework. It trusts that the following comments are helpful and looks forward to further discussion with SIRA.

If any further input is required from the APS, I may be contacted through my office on [REDACTED]

Kind regards



Dr Zena Burgess FAPS FAICD
Chief Executive Officer
Australian Psychological Society

Post implementation review of the Authorised Health Practitioner (AHP) framework

Discussion question 1 - Do you have any comments in relation to the scope or process of the review?

The APS believes the scope of the review is appropriate.

Discussion question 2 - How can the AHP framework better deliver on its key objectives to improve the injured person's customer experience, and encourage the early and just resolution of disputes?

The APS enthusiastically notes that the key objective of the Authorised Health Practitioner (AHP) framework is in authorising health practitioners to support the injured person's customer experience, by encouraging the early resolution of motor accident claims and to providing quick, cost-effective and just resolution of disputes. This is highly commendable.

Given the need for process and outcome evaluation, a broad range of stakeholders should be consulted with an emphasis on objective measures of time, cost and resolution/outcomes.

Discussion question 3 - How do we incentivise the take up of joint medico-legal assessments in the CTP scheme?

The APS is aware that psychologists often already work in conjunction with physiotherapists and occupational physicians in such a context. Its members have advised that this approach has proven beneficial as it ensures that an injured person's psychological and functional capacity can be considered in conjunction when assessing their ongoing capacity. The current settings therefore appear to be appropriate in prompting joint medico-legal assessments.

Discussion question 4 - What, if any, changes are required to either the eligibility requirements or terms of appointment?

The current benchmark of five years of relevant experience is appropriate. However, the definition of "clinical experience" appears too narrow and insufficiently targeted towards the work that AHPs are required to do across all professions. The definition of clinical experience is currently worded as:

"Providing direct clinical care or providing oversight of direct clinical care of patients, or directly involved in the clinical education of either pre-registration or post-registration students".

The APS submits that assessment and report writing are core competencies which should be equally weighted along with "direct clinical care of patients". AHPs are not required to provide direct clinical care to the injured persons whom they are assessing. Instead, they are required to evaluate the clinical care being provided by others, propose appropriate clinical care, and make judgements about the injured person's ongoing capacity for work.

Accordingly, while expertise in providing direct clinical care is helpful in formulating such views, the APS submits that competencies in conducting assessments and report writing, along with academic and medicolegal experience, are also factors for determining eligibility requirements for appointment as an AHP. Broadening the eligibility requirements to include such experience, would more closely reflect the post-appointment work that AHPs are expected to do.

Discussion question 5 - How should SIRA measure the overall effectiveness of the AHP framework?

The APS suggests that SIRA measure the overall effectiveness of the AHP framework through ongoing monitoring of the objectives against outcomes.

The APS proposes that this will require frank "customer" feedback elicited via means that utilise plain language statements of enquiry (e.g., in the form of metrics, surveys and free text appraisals) with an ease of function that facilitates feedback.

Regular, appropriately designed, data gathering, analysis and reporting demonstrating that customer satisfaction is rising, and complaints by stakeholders are reducing, will be critically important to the achievement of objectives.

Discussion question 6 - Do you have any comment with regard to the ease, efficiency and transparency of the application and review process outlined in Part 8 of the guidelines?

The APS believes that the administrative process outlined is relatively straight forward. While it acknowledges the legitimacy of SIRA establishing an AHP application and review process and associated standards, the APS suggests that AHPRA's standards may be sufficient.

This is asserted on the grounds that any complaints arising from any AHP performance or conduct matter will most likely be directed to AHPRA rather than SIRA.

Discussion question 7 - How can the quality of applications be improved?

As previously stated in relation to question four, realigning the eligibility criteria to more precisely target the work required of AHPs will be helpful in improving the quality of AHP applications. In particular, experience conducting assessments, report writing, and working within a medicolegal environment should also be considered, in addition to the current focus on "clinical experience" which, as noted in the APS's response to question four, is defined in narrow terms.

Discussion question 8 - Can SIRA's published list be improved to ensure it is simple for injured people, insurers, and legal professionals to use?

The APS notes that the judgements made by SIRA about the listed "specialty" that each individual holds are potentially problematic because psychologists are differentiated by "endorsement" not "specialty" (as per AHPRA regulations).

Relevant endorsements within a medicolegal environment would include Clinical, Clinical Neuropsychology, Organisational, Counselling, Health and Forensic. It may be more appropriate to list the "endorsement" a psychologist holds rather than their "specialty".

The APS suggests that SIRA align the published list to AHPRA's stated areas of practice endorsement for psychologists. Currently, some psychologists on the list have endorsements that are listed as specialties, while others do not have their endorsements listed at all. This needs to be rectified.

Discussion question 9 - How can SIRA ensure that AHPs have the appropriate training and experience, and consistently delivering high quality reports?

The APS understands that SIRA requires quality assurance measures to ensure that all AHPs have the appropriate training, experience, and competencies to maintain appropriate standards of assessment and reporting. It believes that the ongoing continuing professional development (CPD) requirements for psychologists overseen by AHPRA are largely sufficient for this purpose. However, the APS would be pleased to partner with SIRA to develop CPD specifically aimed at providing a means to ensure the quality of reports.

Discussion question 10 - Do you have any other comments in relation to the AHP framework that you would like considered as part of this review?

Given the opportunity SIRA has to receive information provided by the courts, other dispute resolution services, and health practitioner regulatory bodies, it is important that ongoing review and refinement of the framework provides for only absolutely necessary additional regulation.