

The New Zealand Psychologists Board welcomes this opportunity to comment on the Australian Government Productivity Commission's *Review of Mutual Recognition Schemes - Draft Research Report* (November 2008)

Background:

In its previous submission on this review, the New Zealand Psychologists Board (**the Board**) raised the following concerns;

- A significant proportion of the TTMRA applications we receive are from persons who have never resided in Australia, and have no evident intent to do so.
- A significant proportion of the TTMRA applications we receive are from persons whose qualifications would not otherwise meet the current New Zealand standard for registration.
- "Shopping and hopping" is a very real and growing problem, and it puts the public at unnecessary risk.
- A residency requirement would stop at least the worst abuse of the TTMRA process and is clearly not at odds with the philosophy or purpose of the TTMRA.
- The Board meets annually with the "Council of Psychologist Registration Boards of Australasia" (**CPRBA**). Our CPRBA colleagues believe that the standards for registration in the Australian states and territories need to be harmonised *and* raised to a level equivalent or close to those currently prescribed in New Zealand. Unfortunately they have not been able to progress this to date as some legislators have not been willing to lift the standard (primarily based on workforce arguments).
- Boards need the ability to place temporary conditions on practise to ensure local knowledge and cultural safety requirements are met by registrants from overseas. These core competencies are already imparted to New Zealand interns and trainees as they complete their Board-accredited programmes.

We appreciate and are grateful that the Productivity Commission has carefully considered these matters and has commented on each of them in their draft report. Our concerns, however, remain unchanged.

Residency requirement

In its draft report and at the roundtable discussions, the Commission have suggested that a residency requirement would be expensive to administer and therefore should not be considered. We hope that the comments made by participants at the Wellington roundtable have given the Commission reason to reconsider their position, as it seemed to be widely agreed that in fact a residency requirement could be administered very cheaply through addition of a brief statement to the statutory declaration already used on many application forms. It would then be up to the regulator to decide which, if any, declarations might require verification. In practise, we expect that simply having to make the declaration would dissuade all but the most dishonest applicants. And, as we have previously stated, there is absolutely nothing about a short residency requirement which is anathema to the TTMRA's purpose.

A residency requirement, evidenced by a statutory declaration, is a simple, efficient, low-cost and effective solution to the problem of applicants in third countries abusing the TTMRA system.

Difference in standards (qualifications)

In New Zealand, the Health Practitioners Competence Assurance Act 2003 includes mechanisms that ensure entry-level qualifications are prescribed by those with the expert knowledge required for the task, and also that ensure those qualifications are set at the *minimum level required to protect the public*. The Australian Psychology boards have a strong case, based on analysis of how and when competencies are taught and on comparison with international standards, to set a standard similar to that currently prescribed in New Zealand. However, given that the CPRBA's efforts to harmonise standards at a responsible level have been frustrated and that the move to one national registration board is unlikely to change this situation, Boards are now focussing on other ways to achieve their mandate of protecting the public. In the meantime, our shared concerns about the current (low) standard required in some Australian jurisdictions remain valid.

The Commission have invited respondents to present evidence of harm that has resulted from differences in standards (Draft Finding 5.2). We were told at the Wellington roundtable that the Commission is an "economic advice agency" and that the only way we could convince them of our arguments would be to provide "the numbers". This to us is a very unsatisfactory approach, especially in terms of the regulation of health professions (to protect the public). The regulation of health professions is surely (and primarily) meant to *prevent* harm, not just to react to it after the fact. In short, while economic forces may work well for products and commodities, they work less well in the area of professional standards and health care provision.

We do not accept that the harm done to consumers by under-qualified practitioners can be captured by complaint statistics. Cases that result in complaints and to eventual hearings on charges cannot be simply or directly correlated just to a practitioner's qualifications, as there are many other factors also in play. Further, it is the most serious and egregious cases that tend to be reported. We believe that the Commission would be doing a great disservice to the public if it relied only on complaint or hearing tribunal data to measure harm.

It is reasonable to assume that for every formal complaint made about a practitioner, there are many more dissatisfied clients who have not complained. It may be that, after a few sessions with an unhelpful, relatively unskilled psychologist the client simply stops attending. The problems that brought them to seek help may then go unaddressed – with potentially significant costs to the client, their family, employer, and perhaps even to the economy. Worse, the client may then decide on the basis of their one bad experience that *all* psychologists are unhelpful and subsequently not seek the help of someone better qualified. The key point is that much of the *serious* harm done by under-qualified practitioners is harm which is hidden and for which

there are no hard statistics. This is precisely the kind of harm that can be prevented (or at least greatly reduced) by prescribing qualifications that assure *competence*.

That said, a review of our discipline and competence cases for the past five years reveals that practitioners who were grand-parented into the profession with lower level qualifications and those who entered the profession through 'supervision to registration' pathways (versus University Internships) are grossly over-represented and have cost the Board well over one million dollars. While none of these recalcitrant offenders registered via the TTMRA, they all hold qualifications and/or completed their training in the same manner some Australian jurisdictions currently prescribe.

All of the CPRBA Boards agree that at present the entry level qualifications prescribed in some Australian jurisdictions are too low. Low standards result in less competent, less effective, higher risk practitioners and do result in harm, although most of that harm is hidden.

Conditions on practise

The Board remains concerned about our inability to require that TTMRA applicants provide evidence of cultural competence and local knowledge (e.g., jurisprudence and Code of Ethics) relevant to New Zealand. Regulatory Boards such as ours need the authority to place temporary conditions on psychologists moving to New Zealand to ensure they are competent to practise with the New Zealand public. We therefore support the Commission's Draft Recommendation 5.5.

Other recommendations

The Board also supports the Commission's Draft Recommendations 5.3, 5.4, 5.6, 5.7, 5.8 5.10 and 11.2.

Thank you for hearing and considering our submission.

New Zealand Psychologists Board.
12 December 2008