

The Australian Psychological Society Ltd

Allied Health Assistant Project

APS Response to the Discussion Paper from Queensland Health

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APS Response to the Discussion Paper on *Allied Health Assistant Project*

Introduction

The Australian Psychological Society (APS) is the premier professional association representing psychologists in Australia with over 16,500 members. The APS is the largest of all non-medical health professional associations in Australia and has 40 State and Regional branches across Australia.

The APS aims to raise the profile of psychology and enhance its standing, both as a discipline and a profession through the support of high standards for the profession, the advancement of psychology as a science and its contribution to community wellbeing. APS psychologists work in a diverse range of employment settings and specialisations. The APS provides essential professional support in areas ranging from advice on best practice, ethics and workplace relations to professional development and media liaison. The wide ranging practice and research areas of psychology are recognised and supported by the APS through specialist Colleges, employment setting Reference Groups, a range of Interest Groups and an annual calendar of professional development activities and conferences.

Queensland Psychology Health Workforce

There are some 3,400 fully registered psychologists working in Queensland. Of these some, 2,400 are members of the APS. APS membership data suggests that about 60 per cent work in the private sector. Of the 40 percent employed in the public sector, about 20% work in the health sector and 20 % in other areas of the public sector (education, prisons etc). In terms of APS membership, the 20% (or the public health sector) amounts to about 450 people. Interpolation between APS membership and the State registration numbers therefore suggests that there are around 650 psychologists in the health sector (acute hospitals, community health, specialist services).

Once again on the basis of APS data, around 20% of these psychologists are senior clinicians/psychology managers and around 15% are specialist psychologists (post-graduate masters or doctorates in clinical, neuropsychology, counselling and health psychologists). These specialities tend to be located in skill appropriate service areas.

The relevance of this workforce data to the issue of Allied Health Assistants must recognise that the notion of Psychology Assistants is an undeveloped practice or workforce classification. Therefore the following need to be considered:

- Size of psychology workforce that needs to be consulted with and brought into collaboration on the project;
- The size of the senior clinician/psychology manager determines the size of the Assistant workforce in view of the need for appropriate training and supervision etc;

- The presence of specialists also directs the need for variety of skills in the Assistant workforce if they are to be supervised by the specialist as well and the inappropriate generalist training model;
- The diversion of senior clinicians and specialists into the supervision and training of Assistants lessens their availability for less experienced psychologists whose support and supervision is already a workforce issue.

Responses to the Discussion Paper

The Australian Psychological Society endorses the concept of developing and enhancing the role of Assistants for the specific allied health disciplines, including psychology. The Society acknowledges the issues of workforce shortages and the need to contain costs and maximise the efficiencies of the allied health workforce. However, we feel that these should be secondary to safety and quality of service. We therefore offer the following feedback in the interests of improved consumer access to allied health services, flexibility of service provision but most of all safety and quality of services. We urge Queensland Health to utilise these suggestions for further work and consultation.

1 The paper assumes that Allied Health Professions are a homogenous group. Despite the fact that allied health practitioners have worked constructively together for years (National Allied Health Classification Committee, Allied Health Professions Australia), homogeneity has never been correct for even those professions who are the foundation of public health services (physiotherapists, social workers, occupational therapists, dietitians and speech pathologists). The way in which the physiotherapists function and the skills required of their assistants is quite different from that of speech pathologists or social workers. Therefore, the fundamental assumption that you can treat all allied health assistants in the same way for all health professional groups is a flawed assumption.

2 This is a particularly poor assumption when it is extended to psychology. Firstly, because psychological practice is almost exclusively psychosocial and therefore quite different to other allied health professionals and, secondly, there is considerable variation even between professionals within psychology itself. For instance, the way in which an assistant might function within rehabilitation with a clinical neuropsychologist would require quite different skills from that of a mental health focused assistant working with a clinical psychologist or a drug and alcohol psychologist.

3 Another issue that needs to be considered when characterising the education and training of allied health assistants is the issue of levels of risk. The levels of risks, and the setting in which services are provided, constitute major differences between the various allied health services. These risks may even vary between practitioners within the same profession. Consumers of psychological service provision can come with considerable vulnerability (e.g. mental health disorders, drug and alcohol addiction, domestic violence) and such people need a high level of protection and confidentiality. An Assistant within these contexts needs to be carefully managed and supervised and the providers of that assistant's role need more extensive education, training and preparation. For this reason, the grouping of allied health assistants as if they are one set of service providers with one set of skills would be inappropriate.

4 The overall project's aims and proposals for allied health assistants seem to be rather premature. There are some fundamental issues of difference regarding public sector professional's practice and role descriptions for all allied health professionals. The workforce consists of core service provider staff, such as medical, nursing and allied health professionals, as well as support staff, including assistants. Queensland Health is undoubtedly aware of the major recommendations from the Productivity Commission calling for major re-structuring of the health workforce to alleviate pressures and bottlenecks around the medical profession. Until some of this reform and review work is done, it is premature to try and refine and redevelop the allied health assistant role in scope and practice. To this extent the project seems to be placing the cart before the horse.

5 Another concern conveyed in the project terms of reference is the focus of the review on the public sector. The notion of an allied health assistant, whether it be with speech pathology, physiotherapy or psychology, has relevance for the private sector, community health, and even non-government organisations. The validity and power of this whole project would be enhanced by broadening it beyond the narrow focus it has currently adopted.

6 Another limitation conveyed by documentation is with regard to training and education exclusively focused on the VET or TAFE sector. All the professionals with whom the assistants will be working will have received their training in the university sector. Furthermore, from a psychology perspective particularly, the foundation for the exercise of psychological skills must be grounded in psychological theory. This clearly is better provided within the university sector than in the TAFE or VET sector. The VET sector takes a skill development blueprint approach to professional matters where the university sector tend to draw on the discipline theory and research for their content. The approach of VET or TAFE training for psychology assistants, in this instance, is therefore seen as very problematic.

7 The concern of allied health practitioners regarding the current training of allied health assistants is raised in the *Allied Health Assistant Project Discussion Paper* where the consultation held with allied health professionals is outlined. Practitioners raised "significant concerns" about the Certificate III and IV levels and instead urged that the prospect of a Diploma level course be considered. To quote some of that feedback: "the formal training currently available does not adequately equip allied health assistants to perform the job requirements as determined by the allied health workforce" (Point 4.3.1, page 14). If this is so for the physical modalities of the allied health professions, then this is doubly so for the psychologically oriented professionals where risk and skill demand is so much greater.

8 The issue of safety and quality in healthcare is of paramount concern to all consumers, professionals and health policy makers. The discussion paper specifically says "that the provision of an appropriately trained workforce has the potential to reduce patient waiting times and promote continuity of care" but leaves open the issue of whether it will result in better quality of care, safe services and improved outcomes. There is a danger of that the processes the project has entered into suggest that public health services are prepared to trade quality and safety for patient throughput and improved numbers in the workforce. We feel this issue needs to be more effectively addressed.

This is particularly relevant in the context of national registration, national accreditation and the work of the Australian Commission on Safety and Quality in Healthcare. This issue has particular sensitivity to Queensland Health, but does not seem to be reflected in this document.

9 As stated from the outset, the Australian Psychological Society endorses the concept of support staff for the allied health disciplines and has been giving careful consideration to the whole notion of a health assistant role within its professional structure. The Board of the Society has established the National Education and Training Reference Group, which has been considering this very issue for the past 12 months. It has undertaken extensive research, consulting widely, and made significant progress in devising a structure that would both incorporate and define the scope of practice of such a position. The Society would be very happy to consult with Queensland Health with regard to the development of this role. It is regrettable that no direct approach to the Society has been made as part of this project's consultation phase.

10 If for some of the allied health assistants there is a training component within the VET sector, there needs to be some clear guidelines regarding the articulation between the VET sector and subsequent training opportunities in the university sector. This issue was actually raised under Recommendation 12 of the discussion paper and yet no consideration of the specific processes are either referred to or discussed. Given the fact, noted above, that most allied health professionals are trained within the university sector, this seems to be a serious omission.

Conclusion

The APS reiterates its support for the concept of Assistants to Allied Health professional groups. The proposal of providing a professional infrastructure to each profession would enhance the capacity of these professions to increase access to their services. The notion is novel to psychology and has not been worked with or developed at this stage. The APS is keen to collaborate in such a development. There are, however, a number of issues to be considered and resolved before such an initiative could be instituted. Not least of these is a discussion about the most appropriate structure of the psychology profession itself within the public health system. The need to confront some of the longstanding issues in professional psychology as it is structured within the health system has been exacerbated by the recent developments in the Australian Government initiatives in mental health. The other issues that need to be negotiated over are the appropriate training of Assistants and the defining of the role that they will have in providing improved services within psychology. Further discussion and collaboration will be welcomed by this Society.