



24 February 2014

Ms Jenny Jackson  
Program Officer  
WorkCoverSA  
GPO Box 2668  
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Via email: jjackson@workcover.com

Dear Ms Jackson

**Re: Psychology fee schedule**

Thank you for inviting the Institute of Private Practising Psychologists (IPPP) and the Australian Psychological Society (APS) to participate in the consultation process regarding proposed changes to psychology fees and services. We have consulted with our respective memberships and this document sets out the mutual position of the two professional organisations.

This correspondence highlights the areas of significant concern for our profession and provides suggestions to address them. Service provision on which this correspondence is silent may be read as our acceptance of them.

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## 1. Initial and Subsequent Consultation

### Recommendation

The maximum duration should be extended to 2 hours.

### Rationale

Whilst most consultations will be conducted in 1.5 hours or less, there are some occasions when a consultation greater than 90 minutes is warranted. For example, should a worker from a country location attend a city-based psychologist for a consultation, an initial consultation may take 2 hours if the psychologist attempts to take the history and also conduct some form of initial treatment intervention to make it a worthwhile journey for the worker and the scheme.

### Potential amendment

The IPPP and APS would accept an amendment to the proposed schedule that explicitly stated that the Psychologist may seek authorisation from the Case Manager to extend the maximum duration charged for a consultation when the Psychologist could present justification as to why this should occur.



## 2. Psychological Assessment

### Recommendation

The maximum duration should be extended to 3 hours.

### Rationale

The majority of psychological assessments will be conducted within the 2 hours maximum duration. However, our members have been clear that there are a range of more comprehensive assessments that will require more time to administer and interpret (e.g., Wechsler scales) and, in addition, more complex clients (e.g., those with a head injury) often require more extended time than the average client for a variety of reasons.

### Potential amendment

The IPPP and APS would accept an amendment to the proposed schedule that explicitly stated that the Psychologist may seek authorisation from the Case Manager to extend the maximum duration charged for psychological assessment when the Psychologist could present justification as to why this should occur.

## 3. Neuropsychological Assessment and Report

The IPPP and APS wish to thank the WorkCover Corporation for including this service as a separate item, as we have been recommending for some years. This is a positive and sensible step.

### Recommendation 1

This service should be treated in a manner consistent with the *Independent Clinical Assessment and Report* and the limit to the maximum number of billable hours should be removed.

### Rationale

The neuropsychological assessment may be perceived as a 'specialist service' and is, quite rightly, specified as a service that must be requested by the Case Manager or self-employed insurer. The assessment comprises a range of activities including:

- (a) History taking
- (b) Reading of reports
- (c) Neuropsychological test workup, including scoring
- (d) Interim plus post treatment neuropsychological testing and scoring
- (e) Feedback to the client

The nature of the injury and/or pre-morbid functioning of any client who requires a neuropsychological assessment automatically places them in the category of 'complex' and they are invariably considerably time-consuming to assess.



### Potential amendment

- (a) Should a maximum number of chargeable hours be specified, it should be no less than 11 hours. This accommodates 7 hours for the assessment component and 4 hours for the comprehensive report.
- (b) Should a maximum number of chargeable hours be specified, the 2 components of this service should be separated into assessment and report writing; with the assessment component attracting a maximum of 7 billable hours and the comprehensive report attracting a maximum of 4 billable hours.

### Recommendation 2

The minimum experience and qualifications required of psychologists authorised to provide the services of a neuropsychological assessment and report should be either (a) or (b) plus (c).

- (a) Have a minimum of five years relevant clinical experience of providing neuropsychological services
- (b) Have an endorsement from AHPRA as a clinical neuropsychologist; and
- (c) Two years' experience in provision of psychological services within the workers compensation field.

### Rationale

The psychologist authorised to provide this service should have specific skills, training and experience to conduct this service and to differentiate it from other psychological assessment activity. There are experienced psychologists working within the workers compensation system that have not sought endorsement from AHPRA and who should not be excluded from performing this service. There is already a dearth of psychologists who are able to perform this service with the competence required and the workers compensation health workforce should not be diminished by the arbitrary inclusion of this unnecessary standard.

The inclusion of the 2 years' experience in provision of psychological services within the workers compensation field is essential, given that working within this field should be seen as a specialist area. It also makes the experience criteria consistent within the fee schedule (i.e., this is included in the criteria to provide an Independent Clinical Assessment and Report).

## **4. Psychology Management Plan**

### Recommendation 1

The flat fee should be increased to pay for 30 minutes of the psychologist's time during the trial of the *Psychology Management Plan*.

### Rationale

There is considerable anger amongst the profession about the low fee for the *Psychology Management Plan*.



Our respective memberships wish us to make the point most strongly that a substandard management plan is not in the best interest of the client, the WorkCover scheme or the psychological profession. A professional management plan is pivotal to achieving the goals required by the workers compensation scheme and is mandatory to achieve best practice outcomes. Paying psychologists to write a Plan in 15 minutes sends a clear message that the content of the Plan is not important and should be given minimal attention by the psychologist.

In addition, our members anticipate that the *Plan* will not be utilised by Case Managers as intended; rather that they will use it to replace a *Treating Psychology Standard Report*, thus getting a service 'on the cheap'. The IPPP and APS will be monitoring this and we signal that we will specifically request the statistics on these two service item numbers as a precursor to the next year's negotiation of our fee schedule.

### Recommendation 2

There should be an explicit statement that the *Psychology Management Plan* is not to be used to specify treatment access by Case Managers, but rather solely to monitor it.

### Rationale

There is considerable disquiet amongst the profession about having the *Psychology Management Plan* and our members are concerned that the Psychology Management Plan will be used by Case Managers to question clinical judgement, despite them not being recognised medical experts. We note that Case Managers would not question the clinical judgement of a Doctor or a Psychiatrist, and should not do so with Psychologists.

## **5. Treating Psychology Standard Report**

### Recommendation

The description requires amendment to the following: "A written clinical opinion, statement or response to a limited number of questions relating to an overview of the medical status and treatment of a worker, requested in writing by the case manager, self-insured employer, worker or worker's representative. Should the psychologist dispute the request for the report being classified as a *Treating Psychology Standard Report*, he or she should discuss this with the requesting party."

### Rationale

Many case managers have difficulty differentiating between the *Treating Psychology Standard Report* and the *Treating Psychology Comprehensive Report* or seek the *Standard Report* as a cheap alternative. This needs addressing.



## 6. Treating Psychology Comprehensive Report

### Recommendation

The description requires amendment to the following: “A written report in response to questions pertaining to the claim determination, diagnosis, medical status or treatment of a worker that requires additional information to that required by a *Standard Report* due to the complexity of the case or the detailed information required.”

### Rationale

The current definition of complexity is simplistic and contributes to the current confusion. In addition, report requests that have been made to assist in claim determination should routinely be considered to be a *Treating Psychology Comprehensive Report*, as the quality of this report is crucial not only to the original claim determination but also if the determination is challenged.

## 7. Travel Time

### Recommendation 1

The fee for travel should be consistent with the hourly fee for all other psychological services.

### Rationale

The uncoupling of the value of travel time from the value of client contact time is disturbing and irrational. The psychologist’s time taken to travel for the purpose of providing a service to the worker should not be arbitrarily devalued in this way. An hour of psychologist time, regardless of the purpose, should be set at the same hourly rate (of \$170.20) as the client contact time.

One would presume that employees of WorkCoverSA do not revert to a lower rate of pay when travelling to and from work commitments, or doing something other than their typical duties.

During informal negotiations of this fee schedule, representatives from WorkCoverSA indicated that when the psychologist is travelling he or she is not requiring use of their room or support staff. Should this really be the rationale, we point out that this is ludicrous, as the psychologist does not break their lease or their responsibilities as an employer to their staff for the period he or she travels. In addition, there are vehicle running costs and frequently also, parking costs, involved when a psychologist is required to travel. Further, scheduling clients in the psychologist’s office around the work requiring he or she to travel is less efficient than having ‘back to back’ clients. There always needs to be an amount of time allowed for unexpected hold-ups (e.g., traffic problems), so as not to disadvantage other clients by keeping them waiting. The end result is that the psychologist almost inevitably bills less efficiently on days requiring travel.

### Recommendation 2

The IPPP and APS will recommend that our members do not agree to travel if this fee anomaly is not corrected.



## Rationale

See Rationale for Recommendation 1.

In addition, WorkCoverSA has for many years been wishing to encourage psychologists to liaise more effectively with other parties to the claim and to build better and realistic knowledge of the workplace and the worker's duties. This reduction of fee for travel actively works against these important goals.

## **8. Fee Calculation**

### Recommendation

The WorkCover Corporation should provide details of the Medicare data used to calculate fees in future consultation papers.

### Rationale

In the *Psychology Fee Schedule Consultation Paper*, section entitled *Fee Calculation Methodology and Proposed Fee Increase*, it was noted that the "increase in average private charges for allied health services (including psychology) has been analysed using 2012 – 2013 Medicare data. This increase has been compared to the June 2013 annual Australia Bureau of Statistics Consumer Price Index (CPI – 2.4)". Whilst this may be the case, as no Medicare data has ever been included in consultation papers to date, it makes it difficult to negotiate proposed fees using principles of transparency and a 'level playing field' between the negotiating parties. Should there be reasons why this data cannot be released, this should be made explicit in future consultation papers, including the grounds on which the data is restricted, and by which authority, so that the profession can choose whether or not to seek to challenge this.

## **9. Services WorkCover SA will not pay for**

### Recommendation 1

This section of the Psychology Fee Schedule that currently reads "services focussed on improving a worker's general level of health, fitness and wellbeing" should be amended as follows: "services focussed on improving a worker's general level of health, fitness and wellbeing that cannot be clearly justified as contributing to a worker's recovery and supporting timely, safe and durable remain at and return to work outcomes and/or restoration to the community".

### Rationale

It is clear that for some injured workers psychological treatment is required to address their general level of health, fitness and wellbeing as a critical step towards their recovery, including return to work. Further, the Psychology Fee Schedule specifically cites "restoration to the community" as a specific purpose of psychology services within the workers compensation environment. It is arguable that this purpose cannot possibly be achieved without addressing, at least to some extent, a worker's general level of health, fitness and wellbeing.



### Recommendation 2

This section of the Psychology Fee Schedule that currently reads “more than one consultation, psychological assessment, group or family session on the same day” should be amended as follows: more than one consultation, psychological assessment, group or family session on the same day unless the psychologist has sought authority to do so from the case manager or self-insured employer.”

#### Rationale

Acknowledgment should be made explicit in the Fee Schedule that there are exceptional circumstances that would reasonably require more than one of these services to be provided on the same day. Two examples that are not uncommon are:

- i. The conduct of a consultation with a worker immediately following a case conference.
- ii. Injured workers who live in the country and travel to the city for treatment. It is possible that 2 sessions of, for example, psychological assessment may be conducted, with a break in the middle, to ensure that there is maximum value from having had the worker travel. The decision not to pay for more than one psychological service in a day discriminates against regionally based workers, as they are not able to return the next day or two to complete work in a timely manner.

### Recommendation 3

Regarding the service, *Consultation with Another Person(s) other than a Worker*, the exclusion should be amended to read, “multiple consultations cannot be charged on the same day for the same other person”.

This section of the Psychology Fee Schedule that currently reads “more than one consultation, psychological assessment, group or family session on the same day” should be amended as follows: more than one consultation, psychological assessment, group or family session on the same day unless the psychologist has sought authority to do so from the case manager or self-insured employer.”

#### Rationale

We have assumed the statement that currently reads “more than one consultation, psychological assessment, group or family session on the same day” will not be paid for, also includes the service *Consultation with Another Person(s) other than a Worker*. If so, we suggest it is conceivable that this service may be used a number of times on the same day with different ‘other persons’ and hence requires amending.

## **10. When payments will not be made**

### Recommendation

This section of the Psychology Fee Schedule that currently reads “where the worker’s claim has not been accepted. In this case the worker is responsible for payment” requires clarification to accommodate the situation where the case manager or self-employed insurer accepts provisional liability and authorises payment for early intervention treatment.



### Rationale

It has long been accepted now that early targeted intervention is an important contributor to an injured worker's recovery and a swifter return to work. If we are to return to the days when a claim had to be accepted before any treatment can be funded, this is likely to have significant adverse effects on the success of the scheme.

Some members have also advised that their clients have been told that they will be personally liable for treatment services received during the period of provisional liability, should the claim be rejected. This inhibits early treatment seeking and ultimately undermines the efficacy of the workers compensation system.

## **11. Non-scheduled service**

### Recommendation

We recommend that the *Non-Scheduled Services Descriptor and Item Code* be listed in the *Psychology Fee Schedule*.

### Rationale

The current schedule makes it explicit that the claims agent or self-insured employer must authorise the delivery of the service and that this authorisation must occur prior to service delivery. If there is any abuse of this service item, it should be dealt with on a case by case example.

The IPPP and APS have been informed that the service descriptor and item number is being retained but simply not listed in the *Psychology Fee Schedule*. We therefore suggest it is poor practice to withhold the information from psychologists that this service descriptor and item number exists. We urge transparency in dealings with our profession.

## **12. Vocational Assessment**

### Recommendation

We recommend that the service *Vocational Assessment* be included in the *Psychology Fee Schedule*.

### Rationale

Within the workers compensation system in South Australia, the *Vocational Assessment* service has always been provided by psychologists due to the clear specification of activities that this service has comprised (including a thorough assessment of abilities, and with that, psychological issues, over and above vocational preferences). An effective and comprehensive Vocational Assessment, which will be defensible and credible in the Tribunal, requires a psychologist to conduct it.





## Comments

- (a) Following the introduction of the *Suitable Employment Assessment/Report Service* some years back, there appears to have been a progressive dilution and erosion of the *Vocational Assessment* service. We now note with immense dismay that not only has the *Vocational Assessment* service been removed from the proposed *Psychology Fee Schedule* but that it has been removed entirely from the workers compensation system within South Australia.

The IPPP and APS were advised that the *Vocational Assessment* service was to be included in the *Return to Work Services Fee Schedule*, however nowhere is the service *Vocational Assessment* listed in this document. A thorough *Vocational Assessment* that identifies “potential and alternative career employment options carried out by means of integrated clinical and standardised assessment procedures and instruments” (*Psychology Fee Schedule and Guidelines, 2013 – 14. p.17*) now no longer exists. The psychology profession has serious concerns about this action and would like to express its objection in the strongest possible terms.

In our opinion, without a *Vocational Assessment* conducted by a psychologist, it is not possible to match an injured Worker, objectively and reliably, to suitable employment as defined in the *Return to Work Services Fee Schedule*: “Suitable employment information including transferable skills, qualifications, interests and abilities identified during workplace rehabilitation services that may be relevant to the future planning for the worker’s rehabilitation or return to work, including identification of suitable employment at a different employer” (p.13).

There is no other service in the proposed *Return to Work Services Fee Schedule* which provides an objective and reliable means of assessing skills. To assess a worker’s skills via an interview process alone, or through the use of non-psychometric testing, is neither objective nor reliable and *Suitable Employment/Job-Matching* undertaken on this basis, is open to dispute via litigation.

- (b) Having said this, if WorkCoverSA were to propose that the *Vocational Assessment* service were to be included in the *Return to Work Services Fee Schedule*, the IPPP and APS would vehemently object. The *Return to Work Services Fee Schedule* is not a schedule for medical experts. If a psychologist is required to undertake a service within the workers compensation system, then there is a relevant fee schedule, the *Psychology Fee Schedule*. We do not accept that a *Vocational Assessment* is a return to work service any more than are all other services provided by a psychologist when working within the workers compensation system. Our view is supported by the description of the purpose of psychology services as explained on page 3 of the proposed *Psychology Fee Schedule*. “The purpose of psychology services is to provide treatment that assists a worker in their recovery and supports timely, safe and durable remain at and return to work outcomes and/or restoration to the community.”

### **13. Proposed *Return to Work Services Fee Schedule***

In addition to the concerns we have identified regarding the proposed *Psychology Fee Schedule*, there are a number of specific issues we wish to raise in relation to the proposed *Return to Work Services Fee Schedule*. These are detailed below:



(a) Use of the term *Specialist Rehabilitation Consultant*

Throughout the proposed *Return to Work Services Fee Schedule*, the term **Specialist Rehabilitation Consultant** is used to refer to any Registered Physiotherapist, Qualified Occupational Therapist, Accredited Exercise Physiologist or Registered Psychologist. The IPPP and APS consider this term inappropriate, as it does not adequately reflect the status of some of these professionals as Independent Medical Experts in their own specialised field, instead grouping them together in a ‘mixed bag’ simply according to a form of service they happen to be able to provide to WorkCoverSA.

In many other industries, (and as previously noted on p.13 of the *Workplace Rehabilitation Providers Fee Schedules and Guidelines – Effective 30 August 2011-30, September 2013*), these providers would be duly accredited with Independent Medical Expert status and recognised for their professional expertise at this level.

Also included within this ‘mixed bag’ of providers referred to as *Specialist Rehabilitation Consultants*, is any “rehabilitation counsellor registered with ASORC who has completed the equivalent of two years full-time workers’ compensation practice” (*Return to Work Services Fee Schedule*, p.53). Whilst it is convenient for WorkCoverSA to group all of these service providers together, it is clearly not appropriate for Rehabilitation Consultants with 2 years’ experience to be grouped together with other providers, such as Psychologists, Physiotherapist and Occupational Therapists, all of whom have varied and differing levels of professional qualification and, more importantly, who must be registered by the Australian Health Practitioner’s Regulation Authority (AHPRA) with ongoing requirements for professional development.

(b) In addition, the definition of a *Specialist Rehabilitation Consultant*, used on p.53 of the proposed *Return to Work Services Fee Schedule* is misleading. It states, “an occupational therapist, physiotherapist, exercise physiologist, or psychologist who are registered with AHPRA...” Exercise physiologists are not required to be registered with AHPRA.

(c) Further, the definition of a *Specialist Rehabilitation Consultant*, used on p.53 of the proposed *Return to Work Services Fee Schedule* is problematic because of its reference to a requirement to have ““have completed the equivalent of two years full-time clinical practice”. The term “clinical” used in this context is inappropriately restrictive in relation to psychologists, as psychologists may have expertise in other areas (i.e. organisational) which do not meet the criteria for a clinical speciality, but which are nonetheless relevant and suitable for use within the WorkCover arena.

You do not need to have completed the equivalent of two years full-time clinical practice in order to be a registered psychologist. This example reflects one of the reasons why it is inappropriate to group various specialists from different backgrounds into a “mixed bag” for the convenience of providing a service to WorkCover and with no consideration of the unique points of difference which apply to these different professions.

(d) Use of the term *Personality Profiling*

On pages 23 and 32 proposed *Return to Work Services Fee Schedule*, there is a reference to “Identification of broader vocational goals, for example personality profiling (linked to



vocational suitability)”. Personality Profiling is listed as one of the Fitness Pathway Services and Employment Pathway Services. It is concerning that there is no statement as to which provider is considered appropriate to deliver the Personality Profiling. It appears that this Personality Profiling service could be provided by anyone who is categorised as a *Specialist Rehabilitation Consultant*, including providers who are not qualified psychologists. *Personality Profiling* is a service which should only be undertaken by individuals who are trained and experienced in the use of psychological tests. Many personality profiling tests are restricted to use by psychologists and we do not accept inexperienced or unqualified users undertaking such testing. In addition, we recommend that only psychometric tests are used for this purpose to ensure the reliability and validity of the results obtained from such testing. Any *Personality Profiling* that is not conducted using valid psychometric instruments may be vulnerable to litigation.

Further, it is unclear why the *Vocational Assessment* service has been omitted and instead, *Personality Profiling* has been identified in this document as one of the examples for identifying broader vocational goals. Personality elements are clearly one of the lower priority factors when it comes to job matching for injured workers. Of far greater concern are elements such as physical capacity and cognitive potential/skills. The identification of an Injured Workers cognitive skill via psychometric testing is vital for any job matching process which claims to be objective and reliable. At the very least, it is essential to ensure that basic literacy and numeracy skills have been acquired by an injured worker in order to support their transition into new employment (with the same or an alternate employer). If an injured worker lacks sufficient literacy/numeracy skills for example, it doesn't really matter what characteristics have been identified via personality profiling, as a lack of core skills will invalidate them for certain types of employment long before personality factors would even be considered.

(e) Use of the term *non-psychometric tests*

A definition of this term is required which outlines the interpretation and application of it as it is applied within this fee schedule. Current and past use of the term “non-psychometric” has serious implications for Psychologists and should also be of concern more generally by WorkCoverSA, when using it as part of a service descriptor within any fee schedule.

Psychometric tests are tests which are objective and reliable and which have met rigorous criteria to ensure that they are valid indicators of the characteristics to which they purport to measure. By inference then, *non-psychometric tests* are less reliable, less objective and less valid measures of any criteria and it is unclear why the use of such tests would be identified as a preference in any service descriptor or fee schedule.

From the perspective of a Registered Psychologist, to aspire to the use of non-psychometric tests, as outlined on page 30 of the proposed *Return to Work Services Fee Schedule* (and as previously defined as part of a *Suitable Employment Assessment/ Report* service in the *Workplace Rehabilitation Providers Fee Schedules and Guidelines – Effective 30 August 2011-30 September 2013*), is akin to recommending that a driver aim to use an unregistered or un-roadworthy vehicle as their preferred means of transport!



(f) Services that WorkCover will not pay for

Throughout the proposed *Return to Work Services Fee Schedule* (p.9, p.21, p.29, p.39, p.43) there are references to the fact that WorkCoverSA will not pay for “treatment (including therapeutic counselling)”.

There appears to be some confusion/contradiction in relation to this statement as evidenced on page 23 of Schedule, which refers to circumstances where it may be appropriate to use *Group Based Functional and/or Psychological Capacity Building* programs including “*blended cognitive behavioral therapy and exercise programs*”. Cognitive behavioral therapy is a form of treatment and/or therapeutic counselling

In summary, the IPPP and APS hold significant concerns about some of the services described by the proposed *Return to Work Services Fee Schedule* and by the description of service providers who may undertake these services. We may need to seek the opinion of AHPRA regarding some of these issues to help provide clarity on the way forward.



We hope you will find this feedback constructive. We would be pleased to participate in further discussions about these issues

Yours sincerely

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