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

Dear James,

APS Response to the Consultation on the Draft Allied Health Treatment Request

The Australian Psychological Society (APS) welcomes the opportunity to provide feedback to the State Insurance Regulatory Authority (SIRA) on the draft Allied Health Treatment Request form. The APS and SIRA have a long history of working together to work towards achieving the best health outcomes for people in NSW who have experienced a personal injury.

The APS notes that the Draft Allied Health Treatment Request is the proposed form to replace the current Allied Health Recovery Request (AHRR) in the SIRA personal injury schemes. In response to this consultation, the APS has distributed the relevant information on the Draft Allied Health Treatment Request to our NSW-based members for those who might wish to provide feedback. In addition, we have canvassed specific members who provide treatment services to SIRA and collated their feedback in the table below.

Thank you for the opportunity to provide input into this consultation. Should any further information be required from the APS, please do not hesitate to contact me on (03) 8662 3300 or at z.burgess@psychology.org.au.

Yours sincerely,

Dr Zena Burgess FAPS FAICD
Chief Executive Officer

APS Response to the Consultation on the Draft Allied Health Treatment Request

Document	Section	APS Feedback
Explanatory notes	<i>Where to find SOMs and screening tools?</i>	<p>We note that the link in the explanatory notes to the WorkSafe Victoria standardised outcome measures and screening tools is a broken link.</p> <p>We also recommend including some links to psychology related psychometrics, such as the DASS21, PCL5, GAD-7, PHQ-9, and/or OREBRO.</p>
Explanatory notes and AHTR form	<p><i>Diagnosis (Explanatory notes)</i></p> <p><i>Objective measure (AHTR form)</i></p>	<p>The explanatory notes appear more focused on physical injury than psychological injury.</p> <p>We recommend providing some examples of psychological injury in the explanatory notes, for example, under the heading '<i>Diagnosis</i>' in the Explanatory notes.</p> <p>The AHTR form would also benefit from providing psychological examples in '<i>Section 2 Objective Measures</i>'.</p>
AHTR Form	<p>Section 2: Your clinical assessment</p> <p><i>Compensable injury</i></p>	<p>We note that 'diagnosis' is now under the heading of "Your clinical assessment" which places more emphasis on a psychologist to make a formal diagnosis.</p>
AHTR Form	<p>Section 2: Your clinical assessment</p> <p><i>Objective measures</i></p>	<p>The Objective Measures section appears to provide a good overview of standardised outcomes and/or risk screening measures.</p> <p>However, we are concerned that Agents may not have the appropriate expertise, qualifications, or training to interpret scores provided. In the AHRR form, the <i>objective measures</i> section contains a larger space for the health practitioner to include a clinical interpretation and explanation of standardised measures. We recommend retaining the ability to provide this level of detail.</p>

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AHTR Form	Section 2: Your clinical assessment <i>Capacity</i>	<p>The APS believes that retaining the ability to provide an opinion on the injured person's capacity to work can help keep psychological therapy more targeted on return to work goals.</p> <p>However, we note that the updated form has removed the ability to comment in detail on the injured persons capacity at work, in the home and within the community. Whilst this may reduce the time taken to complete the form, it will also impact on the quality of information and data collected. For example, this will result in less functional capacity information being obtained, which may reduce the ability to track progress across pre-injury, capacity at assessment (initial and final) versus current capacity.</p> <p>This stated, it is important to note that some psychologists may not feel confident with making a recommendation on capacity at all, particularly where the person may also be experiencing a physical condition or limitation contributing to their injury or claim.</p>
AHTR Form	Section 4: Your recommended recovery plan <i>Injured person goals (SMART)</i>	<p>We believe that the layout of the section on <i>SMART goals</i> has improved. However, we note that there is no definition of the "SMART" acronym.</p> <p>Whilst many health professionals are likely to already be aware of the definition of the SMART acronym, which we assume is not included in the interests of saving space in the form, we believe it would be beneficial to provide this clarity by including the definition, i.e., "specific, measurable, attainable, realistic, and timely".</p>
AHTR Form	Section 6: Your details <i>Fax number</i>	<p>The APS is aware that some psychology providers continue to use fax as a way to send and receive information. This includes receiving and sending information to and from GP practices (i.e., referrals, letters and reports). Therefore, the APS recommends continuing to include the 'Fax' number on the AHTR form.</p>

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AHTR Form	Section 6: Your details <i>Best time/day to contact</i>	<p>The APS notes that many psychologists only work part-time, hence the '<i>best time/day to contact</i>' part of the AHTR form is useful. Psychology service providers often find it difficult to get in touch with other health professionals and likewise, given the nature of consulting, psychologists are often difficult to get into contact with. Retaining the '<i>best time/day to contact</i>' part of the form ensures that people are aware of the days the clinician works and available times, which can help with planning communications between stakeholders.</p>
AHTR Form General comment	<i>Fee structure</i>	<p>The APS notes that the current fee structure is not sufficient for the time taken to complete the form.</p> <p>We note that the current fee is \$38.70 plus GST, which in the context of a standard hourly rate for a psychologist, is the equivalent of approximately 12 minutes. Further, the APS notes that a psychologist is only able to bill for it the first time the report is completed. When compared to the fee for the Episode of care and treatment plan for Open Arms, the fee structure works out as the equivalent of approximately 40 minutes, which can be billed at the conclusion of each episode of care (which can last up to 10 sessions).</p> <p>Further, the current fee structure does not have any provision for cancellations to be paid. Compared to NDIS and Open Arms where the fees are 100% and 60% of the full fee applicable for the scheduled and confirmed session.</p> <p>The APS recommends SIRA review the current fee schedule for psychologists completing the AHTR form to ensure the fees are appropriately aligned to reflect the work undertaken.</p>