



WorkCover NSW

Final

**Psychologists and Counsellors
Regulatory Framework**

1. INTRODUCTION

Psychologists and Counsellors represent a group providing a high incidence of services to injured workers but for whom a regulatory framework is yet to be implemented.

In October 2008, a discussion forum was held by WorkCover to discuss issues related to psychological and counselling services and identify options for regulation. The forum invited approximately sixty representatives from scheme agents, self and specialised insurers, workplace rehabilitation providers, professional associations and service providers.

Generally it was agreed amongst forum participants that a regulatory framework should be introduced for the purposes of addressing the following issues in relation to psychological and counselling services:

- the need for a shared understanding of the criteria for 'reasonably necessary treatment'
- service providers needing to understand and deliver appropriate levels of servicing
- access to skilled and qualified service providers, including rural and remote areas of NSW
- poorly performing service providers not being adequately regulated
- treatment plans and reports needing to provide information about aims, objectives, outcomes and timeframes of treatment
- psychological and counselling services not being routinely evidence based and focused on return to work
- service providers not understanding the workers compensation system in NSW
- poor communication between key parties.

It was agreed that a regulatory framework should be consistent, to the extent that is practicable, with the existing WorkCover frameworks for other service providers and consistent, to the extent that is possible, with frameworks that exist in other jurisdictions. In addition such a framework should be accessible and usable for all participants.

In December 2008 WorkCover NSW released the Psychological and Counselling Services Regulatory Framework Consultation Paper, which proposed a framework based on feedback received, frameworks in other jurisdictions and those for other allied health professions working in the NSW workers compensation system. Comments were invited by written submission in response to the proposed framework. Fifty-three written responses were received and reviewed. WorkCover

considered this feedback and a response paper with an amended framework was released in May 2009, outlining changes about who can deliver services, approval for services, management of services providers and a strengthened education strategy. Twenty-nine written responses to the amended framework were received. This feedback was reviewed and considered by WorkCover when re-developing Regulatory Framework for Psychologists and Counsellors.

2. PROPOSED MODEL

The aims of WorkCover's proposed framework for psychologists and counsellors' treatment services are:

- improved return to work outcomes for workers with a psychological injury
- improved health, social and financial outcomes for workers with a psychological injury, and
- improved cost effectiveness of psychological and counselling services provided to injured workers.

This proposed framework focuses solely on treatment services provided by registered psychologists and counsellors with appropriate qualifications. Diagnostic assessment services provided in relation to psychological claims will be reviewed at a later date.

Psychiatrists and nominated treating doctors (NTD's) will continue to provide treatment to injured workers with a psychological injury and are regarded by WorkCover as providing 'medical services' and will therefore not be regulated as part of this framework.

The overall features of the regulatory framework for psychologists and counsellors are:

- approval of suitable practitioners
- guidelines for practitioners which promote evidence based practice and delivery of services to provide measurable outcomes for injured workers
- administrative arrangements and protocols for referral, approval and payment for services as well as communication between insurers, workplace rehabilitation providers, employers and service providers
- a fee schedule which sets maximum fees payable
- appointment of Independent Consultants for peer support and review of providers
- complaints management and management of poorly performing service providers
- education of psychologists and counsellors, insurers, agents, medical practitioners, workplace rehabilitation providers and other service providers in relation to the framework.

The features of the regulatory framework for psychologists and counsellors are described in the following sections.

3. APPROVAL OF SUITABLE PRACTITIONERS

Payment will only be made for services provided by WorkCover approved service providers. A service provider must have a WorkCover approval number prior to delivery of any psychological or counselling service to an injured worker. WorkCover will approve the following services providers:

1. Psychologists registered in the Australian state or territory where the service is delivered and who also meet the WorkCover approval criteria
2. Counsellors - who meet the requirements for Tier-A1 of the Australian Register of Counsellors and Psychotherapists (ARCAP) and also meet the WorkCover approval criteria.

WorkCover approval criteria are:

- agreement to deliver evidence based and outcomes focused treatment
- agreement to deliver services in accordance with WorkCover's administrative arrangements and communication protocols
- agreement to deliver services within the individual service provider's scope of practice, education and experience
- being a fit and proper person to provide services to injured workers (i.e. no upheld criminal charges or civil proceedings, no upheld complaints lodged with any health services ombudsman, professional body, department or regulator)
- agreement to practise ethically and to undertake ongoing professional development
- adherence to quality standards for all practice locations:
 - display of, an appropriate Code of Ethics which addresses duty of care, professional conduct and patient confidentiality
 - adherence to that Code of Ethics
 - a dedicated room suitable for consultation, and a toilet available for client use
 - a practice facility which ensures a safe environment for staff, clients and visitors
 - equipment for sending and receiving communication electronically
 - a business records management system that ensures records are suitable for professional and financial audits
 - quality assurance systems which support continuous practice improvement
 - public liability insurance of at least \$5 million
- agreement that WorkCover may request a service provider to engage a supervisor in order to maintain approval number where it is determined appropriate.
- maintain professional registration and professional indemnity insurances up to \$5 million

- agreement to notify WorkCover immediately of any changes to the information contained in the application for approval
- attendance at WorkCover prescribed training within six (6) months of receiving an approval number – an approval number will be provisionally provided upon processing of the application and confirmed after attendance at the prescribed training.

WorkCover will establish an approval process for service providers, which will include:

- application form available from the WorkCover web-site
- processing of correctly completed applications and provision of approval number within 10 working days
- monthly advice to insurers of the names and approval numbers of approved services providers
- WorkCover website listing of approved service providers, updated daily.

Intern (i.e. provisionally registered) psychologists will not be eligible to provide services under this framework.

4. GUIDELINES FOR PRACTITIONERS

WorkCover will provide a guidelines document to inform service providers and insurers about service provision. The Guidelines will be gazetted as part of the Fees Order, which sets maximum fees for provision of psychologists and counsellors' services.

The Guidelines will contain "Principles of Treatment", developed by the Motor Accidents Authority and WorkCover Psychological and Counselling Services Working Party for the purposes of informing psychologists and counsellors of the expectations of WorkCover and the MAA about the management of injured persons. These principles promote the concept that services provided by a psychologist or counsellor are goal oriented, evidence based and clinically justified. The 5 principles outlined in the document are:

1. Measurable treatment effectiveness is demonstrated
2. Treatment goals relate to improving function and resuming usual activity, including return to work
3. A biopsychosocial approach is essential for the management and treatment of persistent pain and psychological injuries
4. Treatment focuses on self management by the injured person
5. Treatment is based on the best evidence available.

The Guidelines will also provide information for service providers about the workers compensation system in general, administrative arrangements for service delivery, the definition of reasonably necessary treatment, other parties in the system, assistance available to practitioners and dispute prevention and resolution.

5. ADMINISTRATIVE ARRANGEMENTS

5.1 Protocols for referral and approval of payment for services

Only the injured workers' nominated treating doctor or treating psychiatrist may refer for psychological treatment or counselling services. No services are to be delivered without referral from the NTD or treating psychiatrist. Where a treating psychiatrist provides the referral, the NTD is to be informed of that referral by the psychiatrist.

An insurer, workplace rehabilitation provider or other health care practitioner may recommend that psychological or counselling services be provided. However, only the NTD or treating psychiatrist may refer for these services. This referral may be included in the Management Plan on the WorkCover medical certificate.

Insurers pay for services which are reasonably necessary. When a service provider receives a referral from the NTD or treating psychiatrist, no prior formal written insurer approval is required for the initial consultation and up to a further 5 treatment sessions. However the service provider is to contact the insurer to advise that the worker has been referred for treatment, to confirm liability status, and that the insurer agrees that the services are reasonably necessary and will pay for them.

Any treatment provided after the initial six sessions must have prior approval from the insurer. If more than six sessions are required, the service provider must complete and submit a treatment plan to the NTD or treating psychiatrist for endorsement and insurer for approval of up to 6 more sessions. It is advised that the service provider submit the treatment plan prior to the sixth session, allowing time for processing so that there is no disruption to treatment continuity. It is recommended that service providers consider submitting a treatment plan after session 4 if it is considered that more than 6 sessions is required. The service provider must submit a new treatment plan for each block of 6 sessions.

Insurers will consider the request for further treatment and advise approval or non-approval within 10 working days of receipt of the treatment plan. The insurer will record their agreement on the plan and return it to the service provider. If the insurer does not agree to the plan, they will advise the service provider in writing, giving reasons. If the service provider has not received a response from the insurer

within 10 working days, the insurer is considered to be in agreement with the plan that ongoing treatment is reasonably necessary. Any complaints regarding the timeliness of approval of Treatment Plans will be referred to WorkCover.

Where treatment is required for more than 12 sessions (for a worker with a new psychological injury), a review by an Independent Consultant is to be undertaken as part of the decision making process about the reasonable necessity of further treatment. If an insurer determines that such a review is unnecessary, they will advise the treating practitioner of this and the number of additional sessions that are approved.

Service providers will be required to submit invoices, which include the same details required of all other service providers in the NSW workers compensation system:

- The words 'Tax Invoice' stated prominently
- The name of the practitioner who provided the service and practice details
- WorkCover NSW approval number of the psychologist or counsellor who provided the service
- The date the tax invoice was issued
- The provider's Australian Business Number (ABN)
- The injured worker's name and claim number
- Date of each service
- Appropriate WorkCover NSW payment classification code
- Service cost for each WorkCover NSW classification code
- A brief description of each service item provided
- Payee details.

5.2 Communication Protocols

An important objective of the framework is to promote effective communication between key parties about the early, safe and durable return to work for injured workers.

The framework will incorporate mechanisms to facilitate communication about return to work between key parties, such as treatment plans, report writing and case conferences.

5.2.1 Treatment plans

The purpose of a treatment plan is to provide justification, based on clinical reasoning, for service delivery. It allows the service provider to succinctly inform the insurer about treatment aims and outcomes so that insurers may make decisions about reasonably necessary treatment. Proposed

treatment must have an outcomes focus, and must clearly explain how treatment will assist the injured worker to return to work or stay at work.

The Motor Accidents Authority and WorkCover Psychological and Counselling Services Working Party has developed an agreed draft treatment plan template and explanatory notes to suit the needs of service providers, insurers and scheme agents within the NSW workers compensation and compulsory third party jurisdictions. Further consultation with a wider workers compensation audience about the content and format of the template is currently being conducted.

5.2.2 Report writing

The regulatory framework de-emphasises the routine provision of lengthy reports. However, it is acknowledged that in some circumstances the insurer may require more detailed information than that provided on the treatment plan and may request that the service provider prepare a report. A written request and prior approval from the insurer is required before a service provider provides such reports.

5.2.3 Case conferencing

Case conferencing is a valuable tool used to promote a shared understanding of the worker's capacity for work, barriers to return to work and strategies to facilitate return to work. It may occur in a face-to-face meeting or teleconference with the nominated treating doctor, workplace rehabilitation provider, employer, insurer and/or worker and the focus of discussion must be a worker's return to work plan. File notes of case conferences should be documented in the service provider's records indicating discussion and outcomes as this information may be required for invoicing purposes. Discussion between treating doctors and service providers relating to treatment is considered a normal interaction between referring doctor and practitioner and is not to be charged as a case conference item.

6 EDUCATION AND TRAINING

Service providers will be required to attend training developed by WorkCover. The training for service providers will include:

- information about the New South Wales workers compensation system
- information provided in Guidelines for service providers
- best practice in return to work
- the principles of WorkCover's approach to managing injured workers with soft tissue injury.

Similar training will be provided to scheme agents and insurers to ensure that the same messages are received by decision makers in the workers compensation system.

Medical practitioners, including general practitioners and psychiatrists, workplace rehabilitation providers and other health care service providers will be provided with information about the new protocols for psychologists and counsellors and WorkCover's approach to management of workers with soft tissue injury.

7 PEER SUPPORT

WorkCover will establish a panel of Independent Consultants for the purposes of:

- providing independent review of an injured worker's treatment
- assisting insurers and agents to determine if treatment is reasonably necessary, and
- providing guidance to practitioners about how treatment outcomes may be improved.

Independent Consultants will be respected as experts within their profession and have extensive experience in the clinical management and rehabilitation of injured workers.

Recruitment of Independent Consultants will be an open, competitive process conducted in consultation with the Australian Psychological Society, Royal Australian and New Zealand College of Psychiatrists, New South Wales Psychologists Registration Board and the Counsellors and Psychotherapists Association. Selection criteria will be developed in conjunction with these parties and insurers and will involve written application and interview. The successful applicants will be provided with training, support and mentoring and will be required to report their activities to WorkCover on a regular basis.

The process of referral and review of injured workers will be the same as that which applies to all other Independent Consultants.

8 COMPLAINTS MANAGEMENT

Complaints received generally relate to:

- inappropriate billing
- excessive service provision with no outcome

- standards of service
- improper conduct
- breaches of injured worker rights, and
- poor clinical practice.

When a complaint is received by the Provider and Injury Management Services team, it is allocated to a professional officer. Where the complaint relates to service provision specific to the workers compensation system (i.e. inappropriate billing, over servicing), WorkCover will investigate and seek a resolution between the parties.

Where it is determined that additional skills, specific to working in the workers compensation system, are needed, a service provider may be requested to engage a supervisor in order to maintain their approval number. This strategy is consistent with the current culture within the psychology and counselling professions where practitioners regularly source supervision or peer support for their professional development to assist with skills development and mentoring. In such circumstances, a service provider may be requested by WorkCover to source a supervisor who has experience and knowledge of service provision in the workers compensation system to assist with this skill development.

For persistently recalcitrant service providers, WorkCover will consider withdrawal of the WorkCover approval number, after appropriate consultation and opportunities for improvement have been offered to the practitioner concerned.

For complaints that indicate potential fraud, the matter will be referred to WorkCover's Fraud Investigation Branch for investigation.

Where a complaint is about professional misconduct or poor clinical practice, the matter will be referred to the Psychologists Registration Board, as will other matters that may affect a practitioner's ability to continue practice as a registered psychologist.

9 FEE SCHEDULE

Section 61 of Workers Compensation Act 1987 (*the Act*) provides for the setting of a maximum fee for service which reflects the customary charge made in the community for the treatment to persons other than injured workers.

WorkCover conducted a fee survey involving more than 200 psychologists and 26 counsellors in New South Wales to determine the current community rate for services provided by psychologists and

counsellors. Information was also gathered from other workers compensation jurisdictions, Medicare and the Australian Psychological Society (APS).

Based on the survey, service descriptors and fees are proposed in the following table. All fees are exclusive of Goods and Services Tax.

DESCRIPTOR	FEE	
	Counsellor	Psychologist
Initial Consultation	\$134 per session	\$180 per session
Standard Consultation	\$120 per session	\$150 per session
Report Writing	\$120 per hour (maximum 1 hour)	\$150 per hour (maximum 1 hour)
Case Conferencing	\$120 per hour (pro rata)	\$150 per hour (pro rata)
Travel	\$1.44 per km	\$1.44 per km
Group	\$38 per person per session	\$45 per person per session

No fee is payable for cancellation or non-attendance for a treatment session.

The fees for psychologists are the equivalent to the amount currently paid to WorkCover approved physiotherapists, chiropractors and osteopaths plus a 3% index adjustment, in anticipation of a 3% annual Wage Cost Index for 2009. Similarly, the fees proposed for counsellors are equivalent to the WorkCover fees for exercise physiologists, adjusted upwards by 3%. The final amount for such fees will be known later in 2009 when the final annual indexation rate is known.

The payment classification codes COU001-006 and PSY001-006 are to be used.