Special Commission of Inquiry into Healthcare Funding

Statement of Associate Professor Lil Vrklevski

Name: Associate Professor Lil Vrklevski

Occupation: Principal Clinical Psychologist

1. This statement made by me accurately sets out the evidence that I would be prepared, if necessary, to give to the Special Commission of Inquiry into Healthcare Funding as a witness. The statement is true to the best of my knowledge and belief.

A. My Role

2. I am the Director of Psychology for Sydney Local Health District (**SLHD**) and the Professional Senior Psychologist within the Mental Health Service (**the MHS**) at SLHD.

3. As Director of Psychology, I advocate for new psychology positions within SLHD. This involves speaking with medical staff specialists and clinical leads who seek my assistance with writing briefs for the establishment of new psychology positions.

4. As the Professional Senior Psychologist of SLHD, I am responsible for the leadership, governance and coordination of psychology services within the MHS. I am also responsible for the planning and development needs of psychology services from a financial, organisational, physical and workforce perspective.

5. I am also a Clinical Associate Professor at the Australian Catholic University and have affiliations with a number of other universities. I am also the Co-Chair of the Violence Abuse and Neglect (**VAN**) Network.

B. Psychology Awards

6. All psychologists employed by NSW Health, including psychologists within community health teams, fall under the *Health and Community Employees Psychologists (State) Award 2023* (**Psychology Award**).

7. Psychologists employed by other organisations, such as non-government organisations, fall under various other awards including the *SACS Modern Award*, the *Social, Community, Home Care and Disability Services Industry Award 2010* and NSW Department of Education industrial awards (**Community Awards**).

C. Psychology Award Issues

8. Updates to the Psychology Award over the last 15 to 20 years have not substantively changed employment conditions. In my view, the current psychology award is not fit for purpose in reflecting the current needs of the discipline. For example, the Psychology Award has not been updated to reflect changes in education registration requirements.

9. Until 2022 when the model was retired, an individual was required to complete four years of university and two years of supervised practice to become a psychologist. Since 2022, the minimum training to become a registered psychologist is 5 years at university with 12 months of a supervised internship (6 years of education and training). To become qualified with an Area of Practice Endorsement (**AoPE**) in a specific discipline such as clinical psychology, neuropsychology or forensic psychology, an individual is required to undertake 6 years of study at university with a 2-year supervised registrar program (8 years of education and training).

10. The pay structure set out in the Psychology Award includes only five levels of pay, namely, "psychologist", "senior", "clinical", "senior clinical" and "principal clinical". Each level has a number of sub-levels based on the years of service. This structure is a barrier to career progression within the public health service as the Psychology Award does not translate well with the levels of pay as articulated under the Allied Health Award. For example, a psychologist may want to become a team leader or a manager, however, under the Psychology Award, although they assume additional responsibilities for that role, they will still be paid at the same rate as a clinical psychologist.

11. It is possible to progress to a leadership role which is sufficiently senior to fall within a different award (where the compensation offered is comparable to similar roles in other disciplines), for example a role falling under the *NSW Health Service Health Professionals (State) Award 2023*, however, these roles rarely become available, which means that the progression pathway for experienced, senior psychologists most often becomes stagnant.

12. Another key issue that impacts on psychologists employed under the Psychology Award is the absence of the allowances, including some that are available to other practitioners. For example, the Psychology Award does not include provisions for:

a. activities such as research, undertaking supervision, and attendance at conferences (such as the Training, Education and Study Leave allowances available under the *Staff Specialists (State) Award 2022*);

b. allowances for attending training and continuing education such as continuing professional development requirements;

c. designated student educator positions. Currently, psychologists are required to liaise with different universities and co-ordinate student placements, including interviewing potential students, onboarding, and completing associated administration work, in addition to their clinical duties. Educator positions would serve as a central point of liaison with universities and students and would make the placement process more efficient and effective for both the students and the psychologists. Currently, SLHD offers between 40 and 45 clinical placements per year, however, more placements could be offered with additional support.

d. designated research positions. I am aware that there are dedicated research positions in medical and nursing disciplines, but this is not as readily provided for in allied health. I conduct research and supervise others conducting research in my own time. As research is necessary in the public health system to drive improvement and best practice, in my view provision for those research positions would support improvements in efficient and effective patient care.

e. risk allowances, particularly as psychologists in public health are at risk of assault from patients and exposure to diseases.

13. The Psychology Award also does not provide for overtime. Under the Psychology Award, I am required to work, and am remunerated on the basis that I work, 40 hours per week. However, I usually work approximately 60 hours per week and I am aware through conversations that I have had with my colleagues that other psychologists work at least similar hours to what I do.

14. There are structural factors that impact psychologists' working hours. For example, it is often the case that due to the nature of psychologists' work, consultations are longer than provisioned for compared to other allied health disciplines. Under the current billing arrangements, we are required to complete 50-minute sessions which the Australian Psychological Society refers to as a "therapeutic hour". However, often clinical psychologists in my department require longer to appropriately complete a consultation or assessment, particularly for forensic risk assessments, particularly if something important or problematic arises during the consultation. We also need to take time to collect collateral information from family, police and teachers to inform our assessment. As such, one consultation may take the same time as four consultations take in other disciplines such as, by way of example, physiotherapy; a reality which is not adequately reflected in the Medicare Benefits Schedule (**MBS**) and the National Weighted Activity Unit (**NWAU**) billing systems.

15. At the end of our consultations, we are provided 10 to 15 minutes to enter our Electronic Medical Record (**EMR**) entries. However, due to the longer consultations, I am aware that some psychologists elect to do so at the end of a shift. It is important to complete these entries on the day of the consultation to ensure they are contemporaneous and that we have discharged our duty of care to the patient.

16. Psychologists are not remunerated for this overtime. Psychologists can accrue and take time-in-lieu; however, I am aware that staff do not usually make use of this. Psychologists need to apply in advance to work overtime so that they can claim time-in-lieu. The approval needs to be signed by their manager and then a log is kept of the time-in-lieu that the psychologist has accrued and taken. As director, I am aware that very few psychologists in my department log this activity or apply for time-in-lieu. Clinical psychologists in my department work the overtime in order to discharge their duties thoroughly without claiming the time-in-lieu.

17. I have not raised the issue of working hours formally, nor am I aware of my colleagues raising this issue. Given the drive that I have experienced many psychologists have to perform their work to the highest standard possible, I have observed that most people are willing to perform whatever work is necessary to deliver care to their patients.

18. In some cases, psychologists are employed under various other awards to ensure they receive appropriate allowances. For example, psychologists in sexual assault teams and mental health teams are required to work after hours and on call so they need to be remunerated for that which the psychology award does not provide for. These psychologists are adopted under the Allied Health Award to be paid overtime, on-call rates and call backs. Psychologists working on Employee Assistance Program teams also have on-call and call-out rates.

19. I understand that the Health Services Union (**HSU**) is currently in negotiations regarding the psychology award and is looking at whether further allowances can be provided by the award.

D. Workforce Challenges

20. Across SLHD, there are 140 psychologists that fill 110 full-time equivalent (**FTE**) positions. Despite this large number of psychologists, we are pressed for time and our workload is increasing due to: an increased demand for psychology services; an increase in the complexity of patients; and factors arising from the current psychology governance structure as described below. As a result of these issues, we have faced challenges in attracting and retaining psychologists in the SLHD.

21. A particular challenge faced by SLHD is attracting clinical mid-level psychologists (5 years or more experience) as well as graduates. It is important to attract mid-level psychologists as if there are not enough mid-level psychologists to act as supervisors, it is challenging to appropriately train and supervise graduates and students during clinical placement. These challenges include employment offers in my department (and under the Psychology Award) being competitive in the labour market as there are more financially lucrative roles available in private practice and other areas of the public service, such as with the Department of Education.

22. Another key challenge within the SLHD is retaining psychologists. Psychologists often decide to leave the employment of SLHD because remuneration is higher working in private practice, other community organisations or in other States. Mid-career psychologists may get stuck at year 5 of the clinical psychology grading as there are no further pay grades under the Psychology Award to further progress their clinical career. From conversations I have had with colleagues, including Principal Psychologists/Directors of Psychology of other LHDs and through our Statewide Psychology Advisors Network, I understand that these factors may contribute to psychologists looking for employment elsewhere.

23. I have also observed and understood through conversations with colleagues that psychologists may opt to work in private practice as they have greater autonomy over their work, they have more administrative support, and they are not required to conduct research and other duties outside of their clinical duties in their own time.

24. When staff leave SLHD (or the public health system generally) to work in private practice, we also lose the capacity to retain a skilled workforce in NSW Health to be able to effectively address the increasing amount of complex mental health issues and to appropriately train and supervise junior psychologists.

25. There are also challenges in the timely recruitment of staff. For example, in the recruitment process, there are multiple steps before a psychologist can be hired, including compiling a brief regarding a vacant or new position, presenting this brief at a meeting between the Chief Executive and senior managers and the approval of the brief. I have experienced this process to be clunky and it can often take 4 to 5 months to fill a position.

26. While awaiting recruitment, to ensure that the workforce continues to function somewhat effectively, existing staff may have to fill the shortfall, which extra work, as set out above, is often not remunerated. There is no casual pool to assist in filling roles. Whilst there is scope to hire casual employees, my experience over many years is that they are difficult to fill. Given this reality, when staff leave the LHD, or where new roles are needed to support the demand for services, there is often delay in responding to these needs. In the meantime, the additional burden falls on existing psychologists.

27. In my view, greater support for students undertaking placements would assist in recruiting psychologists into a career in the public health system as high-quality training and being well remunerated would attract graduates. Currently, clinical psychology placements are unpaid which can cause financial difficulties for students.

28. Some of those workforce challenges could be eased by psychologists working at the top of their scope of practice. I have conducted research into whether psychologists are currently working at their scope of practice, and I found that psychologists working on inpatient units in mental health work more towards the top of their scope of practice than psychologists in community health. This is because in community health, there are multi-classified positions and psychologists are using core skills which are common across disciplines, such as nursing, rather than using their specialist skills. This can lead to a feeling of being de-valued. In comparison, psychologists in hospitals are working at the top of their scope of practice, for example, by trialling new therapies through artificial intelligence or virtual reality and being able to deliver targeted psychological therapies and interventions. In my view, if psychologists work at the top of their scope of practice as well as receive greater remuneration, it will assist in attracting and retaining psychologists in public health.

E. Governance pf psychology services

29. SLHD does not have a centralised governance structure for psychologists. Rather, each individual facility within the SLHD has either a physical or virtual department of psychology and psychologists are employed in different cost centres.

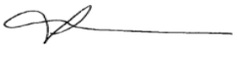
30. For example, Concord Repatriation General Hospital has a physical psychology department whereby the psychologists are all co-located and they have designated administration staff, a head of department and a deputy head of department. In contrast, Royal Prince Alfred Hospital (**RPA**) has a virtual department which results in psychologists being employed under different medical teams such as cardiology and oncology among others. Canterbury Hospital also does not have a physical psychology department; however, they have one psychologist who works 20 hours per week at that facility.

31. Due to the absence of a centralised governance structure for psychologists in SLHD, there are challenges with various processes including the recruitment process. For example, as psychologists are currently employed under various medical teams, such as cardiology, if a team wants to obtain another psychologist for their team, they will contact me as part of my role as Director of Psychology and ask how they should recruit a psychologist for their team. I will then have to look at the budget and create a business case for the position.

32. If there was a centralised structure in the SLHD, these types of requests could be directed to that central department, and they could then determine how the budget is allocated LHD-wide and whether a new position should be created.

33. Another challenge due to the absence of a centralised structure is the difficulty in managing the workload and ensuring psychology services are available at the facilities. For example, if there were 1.8 FTE psychologists at RPA in the pain clinic and one psychologist was on sick leave, due to the absence of a centralised structure, we could not move a psychologist from another clinical stream or team to work at another to cover that psychologist's patient list. Consequently, the remaining psychology workforce at that clinical stream or service would have to increase their workload to cover the psychologist on sick leave/annual leave and any other unexpected leave.

34. In my view, each LHD should have a centralised governance structure for psychology as it would enable a more efficient organisation of supervision of students and CPD events, it would allow for psychologists to raise any complexities in their consultations more readily, it would ensure APRHA requirements are met, and it would also assist in providing cover when a psychologist is on leave. Ultimately this would result in better cover for patients and consumers. Currently in the SLHD, all other allied health disciplines have a centralised structure with physical departments where members of that discipline are co-located. Psychology is the one discipline where this does not occur. By way of comparison, there is a Social Work department at RPA, Concord Repatriation General Hospital, Canterbury Hospital and Balmain Hospital. All social workers across these facilities are paid under by the same Social Work cost centre and from speaking with colleagues, this structure also offers some career progression for these disciplines as well. To enable the establishment of this structure, we will need support from general managers.

Signature: 

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