

Public consultation: A code of conduct for psychologists

The Psychology Board of Australia (the Board) is seeking your feedback about our proposal to update the code of conduct that applies to all psychologists registered in Australia. There are 13 specific questions we would like you to address below. All questions are optional and you are welcome to respond to any that you find relevant, or that you have a view on.

Please email your submission to: psychconsultation@ahpra.gov.au

The submission deadline is close of business, **Monday 14 August 2023**

General questions
1. Do you support the Board's preferred option to implement a regulatory code of conduct?
Your answer: Yes
2. Do you agree with the Board's approach to develop the draft Psychology Board of Australia code of conduct based on the shared <i>Code of conduct</i>?
Your answer: Yes
3. Do you support the Board's proposal to adopt the draft Psychology Board of Australia code of conduct as the regulatory code for the psychology profession?
Your answer: Yes

Content of the draft Psychology Board code
4. Does the draft Psychology Board of Australia code of conduct set the minimum standards expected of psychologists by their professional peers and the public?
Your answer: Yes
5. Are there any specific areas of psychological practice that are not adequately addressed in the draft Psychology Board of Australia code of conduct?
Your answer: No
6. Are there any sections of the draft Psychology Board of Australia code of conduct that would be unworkable for your organisation and/or stakeholders?
Your answer: No
7. Is the language and structure of the draft Psychology Board of Australia code of conduct helpful, clear and relevant?
Your answer: "mostly inappropriate" (Section 4.8) is open for interpretation and guidance should be given for a clear understanding about what is, and is not, appropriate.
On Page 17 6.2 <i>Equity and opportunity</i>

The terminology should be “*people with disability*” not “*people with disabilities.*”

Community impact

8. Would implementation of the draft Psychology Board of Australia code of conduct result in negative or unintended effects for Aboriginal and Torres Strait Islander Peoples? If so, please describe them.

Your answer: The Commission encourages prioritising the views of Aboriginal and Torres Strait Islander peoples in determining the impacts. The Commission supports the adoption of cultural safety that is determined by Aboriginal and Torres Strait Islander individuals, families and communities through the [Aboriginal and Torres Strait Islander Health Strategy Group](#).

9. Would endorsement of the draft Psychology Board of Australia code of conduct result in negative or unintended effects for other diverse groups or vulnerable members of the community? If so, please describe them.

Your answer: No

10. Would endorsement of the draft Psychology Board of Australia code of conduct result in any adverse cost implications for health practitioners, higher education providers, employers, clients/consumers, governments or other stakeholders? If so, please describe them.

Your answer: For the psychology workforce, on **Page 13 4.8 Professional boundaries**

The Commission notes the APS code <https://www.psychologycouncil.nsw.gov.au/avoiding-boundary-violations>:

"The most serious boundary violation is sexual activity with a client. This doesn't just occur suddenly but is usually the end of the slippery slope starting with blurring of boundaries.

Psychologists should be aware that they are prohibited from engaging in sexual activity with current clients and former clients or anybody who is closely related to one of their clients within a two-year period after the professional relationship has ended. This boundary violation could lead to an NCAT Tribunal hearing and could result in suspension or removal of your registration."

The Commission is concerned that removing a minimum temporal limit ('two-year rule') to a sexual relationship may inadvertently increase the safety and quality risks for patients. It may also increase the risk of exploitation and may create confusion given the existing APS code.

The Commission is also concerned the term “mostly inappropriate” could be interpreted as being “are appropriate 49% of the time”. “Almost always inappropriate” would send a stronger message, particularly with additional clear guidance as noted above in Q7.

Transition and implementation

The Board is proposing to publish an advance copy of the draft Psychology Board of Australia code of conduct **12 months** before it would come into effect.

11. Do you agree with the proposed transition timeframe?

Your answer: The Commission supports an appropriate transition timeframe that ensures psychologists and their practices have sufficient time to implement required changes. The Commission encourages the development and promotion of audience-appropriate resources to help with adoption of the new code of conduct.

12. Would there be any implementation issues for your organisation and/or stakeholders that the Board should be aware of?

Your answer: No

General feedback

13. Do you have any other feedback or comments about the draft Psychology Board of Australia code of conduct?

Your answer:

On **Page 6 1.1 Providing safe and effective psychological services**

b. facilitate coordination and continuity of care

Text that outlines each element of what this means should be retained, given the importance for maintaining patient safety: *"formulate, record and implement a suitable management plan (including providing treatment and advice and, where relevant, arranging investigations and liaising with other treating practitioners"*.

d. recognise that decisions regarding psychological services are the shared responsibility of the psychologist and the client who may wish to involve their family, carers and/or others, and

The Commission suggests using the wording "recognise that decisions regarding psychological services are shared decisions made by the psychologist and the client who may wish to involve..."

On **Page 6 1.2 Safe and effective psychological services**

g: practise within a contemporary, evidence-based and client-centred framework. Where there is an absence of evidence you should be guided by accepted best practice and/or opinion.

"Accepted best practice" and "opinion" are not synonymous – this most likely addresses new modalities or therapies but should be more tightly worded to ensure practices that cause harm are not allowed. The Commission suggests that this statement is either concluded after "...accepted best practice.", without the "and/or" alternative of falling back on unqualified "opinion".

Alternatively, if the word "opinion" must be retained, qualify this as "accepted best practice and/or **consensus expert** opinion"

Certain unsafe practices do not seem to be restricted. For example, conversion therapy is being made illegal in certain jurisdictions. These kinds of therapies risk patient/client safety and should be more explicitly restricted in the code of conduct.

On **Page 8 2.2 Cultural safety for Aboriginal and Torres Strait Islander peoples**

The Commission appreciates that the draft wording in this section is largely copied from the broader Code of Conduct June 2022.

The Commission recommends that the statement: *"To ensure culturally safe and respectful practice, you **must**: (a) acknowledge colonisation... (b) acknowledgement and addressing individual racism... (c) recognition the importance of... (d) fostering a safe..."* be reworded to

*"To ensure culturally safe and respectful practice, **your practice must reflect**: (a) an acknowledgement of... (b) an acknowledgement and addressing of... (c) a recognition of... (d) the fostering of a safe..."*

The draft statement speaks to a process internal to the clinician that cannot be measured or regulated. The rewording speaks to behaviours that can be measured and regulated.

On **Page 9** 3.2 *Effective communication*

e. use interpreters, where reasonably possible, from an accredited service provider who abides by the Australian Institute of Interpreters and Translators (AUSIT) Code of ethics and Code of conduct

The Commission recommends including an additional statement such as: When using another primary language in consultation with patients, this should only be conducted if the practitioner has professional fluency with the language.

On **Page 9** 3.3 *Privacy and confidentiality*

The Commission recommends adding a point on how to manage confidentiality when discussing clinical cases with a colleague or supervisor.

On **Page 12** 4.5 *Adverse events and open disclosure*

The Commission suggests that “Documentation” and “review/risk minimisation” are important steps that could be restored in this section.

On **Page 13** 4.7 *Maintaining continuity of psychological services*

Psychologists should only provide psychological services clients benefit from and should end professional relationships with clients who do not benefit from their services.

The Commission recommends providing guidance here about how to determine whether the patient is not benefiting from the services.

b. make reasonable plans for the continuity of service to clients in the event you become unavailable, for example due to your relocation, illness or death

The Commission recommends adding retirement to this point as this is a planned event and queries the inclusion of death as this can often be unplanned.

On **Page 16** 5.4 *Delegation, referral and handover*

The Commission’s guidance on transitions of care could be relevant here:

<https://www.safetyandquality.gov.au/our-work/transitions-care>