

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?
<p>Your answer:</p> <p>The APS conditionally supports the Board's preferred option to implement a regulatory code of conduct.</p> <ul style="list-style-type: none"> We are concerned that a regulatory code of conduct fails to account for the values underpinning professional and ethical behavior. Supplementary guidelines will be required to operationalise the concepts outlined in the Board's proposed code of conduct. In the absence of supplementary guidelines, we request ongoing support from the Board to assist us to navigate any ethical complexities arising from interpretation of the code of conduct, acknowledging the reliance on professional associations to advise our members on practical application of the code of conduct. While the code of conduct may be applicable with regard to regulatory matters, it is not as easily applied in practice. See Appendix A for examples.
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>?
<p>Your answer:</p> <p>No, the APS does not agree with the Board's approach to develop the draft Psychology Board of Australia code based on the shared <i>Code of conduct</i>.</p> <p>There are problems with the code of conduct as outlined above. In addition, it does not adequately account for:</p> <ul style="list-style-type: none"> the realities of psychology practice in rural and remote areas, the context of all psychology practice, e.g., organisational psychology, the more nuanced practice of psychology as opposed to other medical professions where error and/or non-compliance is more likely to have a measurable consequence,

- the difference between psychology and other health professions is also reflected in the tone of the code which is absolute and at times quite strident, or
- the application of legislation as it pertains to the different health professions under the shared *code*, e.g., the Privacy Act 1988 and how it interacts with regulatory matters.

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:

No, not in its current form.

While the code of conduct may have applicability as a regulatory code, it does not provide a framework for the psychology profession in practice. This leaves psychologists without a roadmap for ethical practice which has the potential to impact client safety, and the psychologists' confidence in their capacity to make compliant decisions. Further, this may act as a disincentive for people to enter the profession. Therefore, the code needs to be relevant to both regulatory and practice matters which requires further guidance than is currently provided by the code.

Some of the principles in the code of conduct contradict advice specified in the current code of ethics and associated guidelines so the latter cannot be used as supplementary material to the code of conduct as suggested by the Board.

Concerns regarding the application of the code of conduct for psychologists are further outlined in Appendix A.

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:

The draft Psychology Board of Australia code sets the minimum standards expected of psychologists by their professional peers and the public, however, it fails to define and operationalise how to comply with the minimum standards.

Without appropriate and relevant guidance, there is a risk that psychologists will not fully understand the necessary actions to ensure compliance, which means that the safety of the public (clients) cannot be assured.

For more specific information, please see Appendix A.

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:

Yes, there are specific areas of psychological practice that are not adequately addressed in the draft Psychology Board of Australia code. For example, specific contexts such as rural and remote practice, provisional/early career psychologists, and circumstantial variations of practice experienced by different Area of Practice Endorsements (AoPEs) such as organisational psychologists, sport and exercise psychologists and educational & developmental psychologists. The code of conduct has a bias towards clinical settings. For further information, please see Appendix A.

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:

Yes – The *current code of ethics* and associated guidelines are highly applicable to different practice settings and contexts. When consulting with our members about ethical decision making and practice dilemmas, the APS is currently in a position to comprehensively advise and support members with clear directions around how to maintain an ethical practice and remain compliant with regulatory requirements. However, as stated above, the draft code of conduct does not provide an instructive roadmap.

Relying on professional associations to remediate this gap may cause error based on subjective interpretations and conflicting information from the various associations. As stated above, this could lead to an erosion of confidence for psychologists and reduced capacity to sit with risk (e.g., working with children of separated parents or who have experienced child sexual abuse, clients with chronic suicidality, or clients from diverse backgrounds) – which is essential to ensuring quality services for the public, client safety and practitioner wellbeing.

It is essential for the profession to have one clear, common set of regulatory guidelines underpinning the code of conduct.

For further information, please see Appendix A.

7. Is the language and structure of the draft Psychology Board of Australia code of conduct helpful, clear and relevant?

Your answer:

Definitions and detailed clarification are required to ensure the language and structure of the draft Psychology Board of Australia code is helpful, clear, and relevant. There are differences between an explanatory statement pertaining to an ethical theme and prescribed behaviours.

For further information, please see Appendix A, where we have suggested feedback the on tone of voice and specific language being used in the code of conduct.

For example, the term ‘psychologist’ needs to be used not professional or practitioner - as this code is specifically for psychologists. Obviously, the exception to this is when referring to other health practitioners.

The APS urges the careful use of wording pertaining to accountability/responsibility, e.g., “ensure patient safety”/ “free from bias” in terms of how reasonable and realistic it is in practice to achieve such outcomes.

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:

Concrete concepts may lack the nuance required to provide appropriate psychological support to Aboriginal and Torres Strait Islander Peoples, especially where different culturally based boundaries potentially apply.

For this reason, the draft code could impact the way psychologists work with Aboriginal and Torres Strait Islander Peoples.

The requirement to define 'cultural safety' according to the client and/or their family needs to be further defined where there is a potential for conflict between the client and their family.

Supplementary guidelines are required to operationalise the relevant sections of the code of conduct pertaining to Aboriginal and Torres Strait Islander Peoples.

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:

There is a risk that the draft Psychology Board of Australia code is too broad in its approach and requires refinement and specificity to adequately account for diverse and vulnerable members of the community such as LGBTIQ+ and CALD groups. A clear example of this is the issue of cultural safety as it pertains to people from all diverse backgrounds and the need to include this in the glossary.

Concerns about potentially vulnerable communities extend to people living in rural and remote areas, for example:

- The code of conduct does not recognise that rural and remote settings present challenges to professional boundaries, confidentiality, and resources, and require psychologists to often work in isolation.
- Psychologists need to be aware that sharing the same community experiences as clients may impact judgement and objectivity which may contradict the requirement for 'free from bias' in the code of conduct.
- Psychologists in rural and remote areas may be held to a higher standard due to their visibility. In addition, they are often under resourced. The code of conduct does not allow for the context of rural and remote psychologist work and personal life or their increased visibility. How do these factors interact with our obligation to support our colleagues working in these areas?
- There needs to be greater recognition of the fact that some financial multiple relationships may be unavoidable, i.e., with local traders.

If the issues outlined above are not accounted for in the code of conduct, and appropriate guidance not afforded psychologists working in these locations, public safety may be compromised.

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:

Yes, there is a risk that the draft Psychology Board of Australia code will result in adverse cost implications for health practitioners, higher education providers, employers, client/consumers, governments or other stakeholders.

This is largely due to change management and administrative costs associated with:

- Education and training of psychologists – changing course requirements,
- Changes required for APAC competencies,
- Assessments for skilled migration, and
- Lack of clarity for employers regarding contracting arrangements and variance across professional practice contexts.

There is also a risk associated with:

- The lack of clarity and guidance for provisional and early career psychologists,
- Not clearly defining working parameters for psychologists across different contexts (including rural and remote psychologists), and those working with other psychologists as clients, and
- The need to ensure the psychology workforce is sustainable and accessible to meet the needs of clients. The practice of psychology is nuanced and requires a code of conduct that will address this either intrinsically or via supplementary guidelines. The operationalisation of core concepts related to the draft Psychology Board of Australia code is required for practicing psychologists to have guidance and consistency across the profession beyond the minimum acceptable standards contained in the code of conduct as it is currently. The APS is concerned that the code of conduct may act as a disincentive for current psychologists to continue in the profession and potential psychologists from joining the profession.

For further information, please see Appendix A.

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 APS agrees with the proposed transition time frame.

We propose regular meetings between the Psychology Board of Australia and the APS to mitigate the challenges associated with implementing the code of conduct and to provide an opportunity for the Board to assist us to navigate any ethical complexities arising from interpretation of the code of conduct, acknowledging the reliance on professional associations to advise our members on practical application of the 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:

Yes, the APS is responsible for the current code of ethics for psychologists and associated guidelines – which comprises 29 ethical guidelines and 12 ethical consideration documents. The transition to the draft Psychology Board of Australia code of conduct will require an adjustment on the part of our members along with associated communications, resources, and guidelines.

The APS encourages the Board to consider the very significant need for guidelines to supplement the code of conduct, if it is adopted, to enable a smooth transition from the current code of ethics and, further, that the Board defines in writing the considerations underlying how they determine regulatory compliance – please see Appendix A for further information.

Further, there will be a need to train and educate registered and practicing psychologists in the new code of conduct once it is adopted to ensure a broad understanding of its application, an appreciation of the differences between the code of conduct and the currently used APS code of ethics, and implications for practice.

General feedback

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

Your answer:

In summary, the APS offers the following feedback:

- Regulatory material further clarifying the interpretation of the code of conduct is required.
- The draft Psychology Board of Australia code fails to account for the various nuances that exist in the practice of psychology, including diverse job demands and different practice contexts, e.g., clinical versus organisational and other. Therefore, sections of the code vary in practicality and relevance given the above.
- The draft code provides a description of conduct (i.e., what is required) but fails to describe how to achieve it. Professional associations cannot define regulatory interpretation without subjectivity and potential error. Without further guidance, this could unintentionally mislead members, lead to unknowing instances of non-compliance, and put the public at risk.
- The APS is concerned about how the code of conduct will be adopted by the profession and the potential disengagement that could ensue due to:
 - unintended workforce impacts (e.g., reduced engagement of psychologists from specific areas of practice due to a lack of recognition of the diversity of their work)
 - the application of a more medical model to the practice of psychology
 - the lack of an appropriate roadmap and absence of ethical guardrails to guide practice and decision-making acting as a disincentive to current and future psychologists to remain in or join the profession.

A level of confidence is required for psychologists to ensure they are making ethical and regulatory compliant decisions in their day-to-day practice. Without this, the safety of the public and the safety of our profession is at risk.

The draft Psychology Board of Australia code contains less detail about how to ensure compliant practice and the complexities of psychological practice than the current APS code of ethics. The APS is concerned that the proposed code of conduct, which stipulates stringent requirements, lacks sufficient clarification on the Psychology Board of Australia's processes for reaching specific conclusions based on investigations of complaints against psychologists. This may have serious ramifications for the psychology workforce, which is already under pressure, under resourced and not meeting the demand of Australia's current mental healthcare needs.

APS response to the Psychology Board of Australia public consultation - Updating the code of conduct for psychologists

Appendix A – Practice considerations

Draft Code of Conduct	Practice considerations
<p>1.2 (b) ensure that, when moving into a new area of psychological practice, you have sufficient training and/or qualifications and/or support from a professional with relevant expertise to achieve competence in that new area.</p>	<ul style="list-style-type: none"> • Clarity about how psychologists can ‘ensure’ a principle/behaviour needs to be provided. • The term ‘new area’ - needs to be defined and clarity provided regarding whether it is referring to setting, or the type of practice - or both (i.e., does it refer to a different clientele, presenting issue, or area of psychological practice)?
<p>1.2 (n) seek advice from an experienced colleague when you identify any issues that interfere or may interfere with your ability to provide effective and culturally safe psychological services.</p>	<ul style="list-style-type: none"> • ‘Experienced colleague’ needs to specify ‘experienced psychologist’ to avoid any confusion.
<p>1.3 Decisions about access to psychological services Your decisions about access to psychological services must be free from bias and unlawful discrimination.</p>	<ul style="list-style-type: none"> • The feedback regarding the phrase ‘free from bias’ from the APS submission to the preliminary consultation does not seem to have been considered, i.e., <i>The draft Psychology Board code states psychologists "must be free from bias", since all psychologists have their own beliefs views and attitudes, it is not possible to make decisions "free from bias". It is helpful to know our own biases and be aware of our attitudes but being "free from bias" is not achievable.</i> <i>The APS code of ethics states that psychologists should avoid discriminating unfairly against people. This is preferable as it could mean that psychologists do not put themselves in situations where their inherent biases would result in unfair discrimination. In this sense psychologists do not need to be "free from bias".</i>
<p>1.3 (e) keep yourself and others safe when providing psychological services. If a client poses a risk to safety, they should not be denied access to services if reasonable steps can be taken to ensure safety, and</p>	<ul style="list-style-type: none"> • ‘reasonable steps’ needs to be defined along with further clarification provided by the Psychology Board of Australia regarding compliant practice when a client poses a risk to safety. • Consideration needs to be given to how this clause interacts with clause 4.1 and 4.1(d) regarding the differential of power between psychologist and client. The threshold for ‘reasonable steps to ensure safety’ needs to be operationalised with additional guidance specific to this regulatory requirement.
<p>2.2 (b) acknowledge and address individual racism, your own biases, assumptions, stereotypes and prejudices and provide care that is holistic, free of bias and racism</p>	<ul style="list-style-type: none"> • This clause contradicts clause 1.3 which states that practitioners need to be ‘free from bias’.

<p>3.1 (a) understand that only the client and/or their family can determine whether or not the psychological service is culturally safe and respectful</p>	<ul style="list-style-type: none"> • Guidance is required regarding <i>how</i> a psychologist can ensure culturally safe and respectful practice when they are defined by clients and their families and may vary between parties. • It is important to explain to psychologists how they can ensure compliance when their might be conflict between the client and their family.
<p>3.3 A (i) do not disclose, transmit, share, reproduce or post any person’s information or images, even if the person is not directly named or identified, without first getting written and informed consent (See also 4.8 Professional boundaries and 8.12 Conflicts of interest)</p>	<ul style="list-style-type: none"> • This clause needs to specify that seeking supervision on a client-related matter is exempt (i.e., otherwise issues will arise where a psychologist requires supervision, as per other directions in the code of conduct, but the client declines to provide consent to have their case discussed). • Most supervision involves de-identified case discussion, which would satisfy conditions of confidentiality.
<p>3.3 (j) recognise that clients generally have a right to access information contained in their records and help them access this information when they are entitled to do so under relevant legislation and/or local policy, and</p>	<ul style="list-style-type: none"> • Specify ‘clinical judgement’ exemptions or ‘unless exemptions apply’ - e.g., when access to their records may not be helpful to a client?
<p>4.1 (d) recognise that there is a power imbalance in the psychologist–client relationship, and do not exploit clients physically, emotionally, sexually, or financially.</p>	<ul style="list-style-type: none"> • Each area of ‘exploitation’ should be clearly delineated and operationalised. It cannot be assumed that psychologists understand thresholds for ‘exploitation’. Obviously, some areas are very clear - other less so and more nuanced.
<p>4.2 (g) inform your client of the period for which consent will be relied on in the absence of significant changes</p> <p>4.2 (h) re-visit consent when the period of time referred to above has passed or there has been a significant change to the psychological service or another aspect of the professional relationship</p>	<ul style="list-style-type: none"> • What is a ‘reasonable’ time period? This needs to be clearly defined. • What is a significant change? This needs to be clearly defined. • Clarification is needed regarding whether or not this requires psychologists to note ongoing period(s) of consent in their intake forms? • ‘Significant change to the psychological service or another aspect of the professional relationship’ requires further clarification.
<p>4.3 Children, young people and other clients who may have additional needs</p>	<ul style="list-style-type: none"> • This section is focussed on clients with ‘vulnerabilities’ and psychologist considerations/responsibilities. The APS suggests the title be changed to reflect this and remove the direct reference to children and young people (i.e., in the title). • Clarification is needed around the definition of ‘minor’ and associated confidentiality requirements, i.e., considering ‘Gillick competence’.
<p>4.3 (a) identify clients with additional needs and attend to their interests and wellbeing</p>	<ul style="list-style-type: none"> • While it is appropriate to ‘consider’, or ‘take into account’ additional needs, the requirement to attend to “interests and wellbeing” needs to be clarified and operationalised, i.e., how is this to be achieved in practice?
<p>4.3 (b) be aware that psychologists have a responsibility to help clients address inequities and that increased advocacy may be necessary to ensure just access to psychological services, and</p>	<ul style="list-style-type: none"> • This requirement needs to be operationalised. • The threshold for the psychologist’s responsibility needs to be defined. • ‘just access’ needs to be defined.

	<ul style="list-style-type: none"> • There is a risk that boundaries may become undefined when moving from the psychologist role to client ‘advocate’; this represents a substantial shift in practice for psychologists. While appreciating the role psychologists play in supporting their clients, if this is to be an aspect of regulatory compliance, it needs to be framed as a ‘consideration’, not as a ‘responsibility’.
<p>4.3 (c) 4 recognise the role of parents, carers or guardians and, when appropriate, encourage the client to involve their parents, carers or guardians in decisions about care, and</p>	<ul style="list-style-type: none"> • 4.3 (c)4 needs to reference child/ client consent, with consideration to age and confidentiality requirements. • This section appears more appropriately placed in 4.4 “relatives, carers, and partners”. Please see below.
<p>4.3 ensure when communicating that you:</p> <ol style="list-style-type: none"> treat the client with respect and listen to their views encourage questions and answer those questions to the best of your ability provide information in a way the client can understand recognise the role of parents, carers or guardians and, when appropriate, encourage the client to involve their parents, carers or guardians in decisions about care, and remain alert to clients who may be at risk, and notify appropriate authorities as required by law. 	<ul style="list-style-type: none"> • The tone of language in this section could be perceived as somewhat condescending to practicing psychologists. • See note above re: carers and 4.3(c)4 • Is this section necessary given it speaks to foundational psychology skills which are outlined in other sections of this code?
<p>4.4 (a) be considerate to relatives, carers, partners and others close to the client, and respectful of their role in the care of the client, and</p>	<ul style="list-style-type: none"> • ‘Be considerate’ needs to be defined. The APS suggests changing this to: “Consider relatives, carers, etc...” • While psychologists can consider the needs of relatives, issues regarding client confidentiality remain paramount. The APS suggests inclusion of this aspect within this clause, i.e., “within the limits of confidentiality...” • This clause may be better placed as a general communication principle.
<p>4.5 Adverse events and open disclosure (b) report the incident to the relevant authority, comply with relevant policies and procedures and seek advice if you are unsure about your obligations (c) communicate respectfully with clients and associated people as necessary, applying the principles and processes of open disclosure, and</p>	<ul style="list-style-type: none"> • ‘Adverse events’ needs to be defined within the context of psychology practice. As does the concept of ‘harm’. • The concept of ‘open disclosure’ needs to be clarified and particularly with reference to how it interacts with client confidentiality. • It is unclear whether this point refers to the need to report incidents to the Psychology Board of Australia. Clarification is required.
<p>4.6 (d) ensure the complaint (notification) does not adversely affect the client’s psychological services. In some cases, it may be advisable to refer them to another professional.</p>	<ul style="list-style-type: none"> • Clarification is required regarding the impact of a complaint and the expected continuation of psychology services. • Due to the high potential for conflict of interest, the APS suggests that referral to another psychologist will be necessary when a complaint is made due to the significant need for mutual trust between psychologist and client as an essential aspect of the therapeutic/treatment/intervention process. • Clarification regarding compliance thresholds is required.
<p>4.7 (a) make arrangements for other professionals to continue providing services to clients during emergencies or periods of your foreseeable absence</p>	<ul style="list-style-type: none"> • This point refers to ‘other professionals’. The APS suggests changing this to: “make arrangements for another psychologist (or alternative practitioner if a psychologist is not available)”. • The APS suggests specifying ‘make reasonable arrangements’ and add ‘if required’ at the end of the clause.

	<ul style="list-style-type: none"> • Clarity is required to enable psychologists to determine the evidence needed to justify arrangements made for clients in times of emergencies or periods of foreseeable absence, along with the requirements for referral and the transition of clients when a psychologist experiences an emergency.
<p>4.7 (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</p> <p>(c) make reasonable plans for the continuity of service to clients when the professional relationship must end, including helping identify alternative service providers and passing on relevant information with clients' consent</p> <p>(e) do not end the professional relationship prematurely or abruptly but, where possible, decide with clients when it will be appropriate to end the professional relationship</p>	<ul style="list-style-type: none"> • Further clarification of 'reasonable plans' in b and c is required. • "With clients' consent" (c) is an example of the greater nuance required throughout this code to recognise the complexities of psychological practice, i.e., passing on relevant information is conditional upon having the client's consent and not a given. • "Within reason" needs to be added to the start of this clause.
<p>4.8 Professional boundaries are integral to an effective psychologist–client relationship. They promote effective care for clients and protect both parties. Breaching professional boundaries may be viewed as unethical, and even unprofessional conduct or professional misconduct that can lead to cancellation of registration as a psychologist.</p>	<ul style="list-style-type: none"> • There are many terms within this section that require definition (see below for more information). These terms need to be clearly spelt out and defined for both compliance and educational purposes, e.g.: <ul style="list-style-type: none"> ○ What constitutes a breach? ○ How is unethical defined? ○ What is unprofessional conduct and how does it differ from professional misconduct? ○ How are they defined across different practice settings and areas of practice?
<p>4.8 (a) recognise the inherent power imbalance in the psychologist–client relationship. The client is always the vulnerable party in the psychologist–client relationship, and it is the psychologist's responsibility to maintain professional boundaries.</p>	<ul style="list-style-type: none"> • This section is biased toward clinical settings and does not account for other practice settings, e.g., organisational psychologists work with organisations as the client. The APS suggests adding a phrase to acknowledge that the power dynamic may change across settings and areas of practice. • It is inherently untrue that the client is always the vulnerable party. 'Always' needs to be changed to 'usually'. Otherwise, this statement is dismissive of the complexities of the therapeutic relationship/intervention process and different working contexts. • The APS Professional Advisory Services receives many enquiries from psychologists who are being stalked, or otherwise threatened by clients. The power balance in these cases is obviously not in favour of the psychologist, however, they must ensure that they continue to act in line with regulatory requirements while dealing with such situations. Recognition of these situations and guidance about how to manage them would be beneficial for the psychologist and presumably the client.
<p>4.8 (b) be clear about the professional boundaries that must exist in professional relationships for objectivity in care, and avoid conflicts of interest, as well as under-or over-involvement</p>	<ul style="list-style-type: none"> • It would be helpful to define or create a framework of Board considerations about the specifics of 'under- or over-involvement'. • The lack of definition creates a potential vulnerability for psychologists and may potentially put the public at risk, i.e., if a psychologist is over- or under-involved with a client and has no clear parameters to guide their practice.

<p>4.8 (e) obtain written consent for any assessment and/or intervention that involves physical contact with a client (See also 4.2 Informed consent)</p>	<ul style="list-style-type: none"> • While this is not a change from the current code of ethics, it is not always possible to obtain written consent, e.g., in an emergency situation, or due to the spontaneous actions of children. These different scenarios are not adequately accounted for. • The APS suggests the addition of ‘where possible’ or ‘always attempt’
<p>4.8 (f) recognise that it is mostly inappropriate to share your personal information with clients and/or associated parties, and before doing so, you should consult an experienced colleague to determine whether your purpose for such disclosure is appropriate</p>	<ul style="list-style-type: none"> • ‘experienced colleague’ needs to be defined. • Consulting an experienced colleague (and it should be stipulated that this is another psychologist with the same ethical and regulatory requirements) may not be realistic in a practice setting? • There is research to support the beneficial aspects of self-disclosure in terms of rapport-building and modelling effective behaviour, e.g., assertive communication. • This may be particularly relevant for vulnerable clients who are specifically seeking a psychologist with similar experiences to their own, e.g., being from a CALD background or the LGBTIQ+ community. • “personal information” needs to be defined. The Privacy Act (1988, Section 6), defines ‘personal information’ for health practitioners: Within this definition, name, gender, workplace all constitute personal information. Disclosure of some personal information is not only appropriate but necessary to perform our duties as a psychologist. The code of conduct must have definitions that are as clear as possible to provide effective regulatory parameters for the psychologists. Further clarity is required.
<p>4.8 (g) never establish or pursue a sexual, exploitative and other personal (including financial and commercial) or otherwise inappropriate relationship with a client or an associated party</p>	<ul style="list-style-type: none"> • The original definition/ parameters regarding professional judgement around the vulnerability of a client from Version 1. of the code of conduct is more realistic. • Including ‘associated party’ is unrealistic – especially within a rural and remote context. The APS suggests removing this as it could extend to a colleague or other treating health professional. If a reference to people beyond the client needs to be included, then this needs to be better defined, e.g., family, friends etc...
<p>4.8 (j) recognise that your professional obligations continue even after the professional relationship has ended, and</p>	<ul style="list-style-type: none"> • This clause needs further clarification including a definition of ‘obligations’ and a description of compliance considerations. • This clause presents potential challenges specific to rural and remote psychologists. This needs to be recognised and accounted for. • Clarity is needed regarding the evidentiary requirements for psychologists to be able to demonstrate that they have met this obligation.
<p>4.9 Multiple Relationships</p>	<ul style="list-style-type: none"> • Further clarification is needed with regard to psychologists who work in a rural or remote context in terms of multiple relationships.
<p>4.9 (a) make contemporaneous records of the factors that demonstrate your reasonable belief</p>	<ul style="list-style-type: none"> • In terms of contemporaneous records - what is sufficient? Further guidance is required to clearly establish what needs to be recorded in this regard.
<p>4.9 (d) Monitor and take reasonable steps to protect the interests of clients, former clients and other parties to the psychological service.</p>	<ul style="list-style-type: none"> • Refer to 4.8 (j) when does duty of care end? • Psychologists cannot reasonably be expected to consider the best interests of all previous clients, and other parties at all times. This needs to be reworded to consider ethical decision making and include the phrases ‘where practicable’ and by taking ‘reasonable steps’. • This regulatory requirement has the potential to be impractical and onerous for psychologists, particularly within rural and remote contexts or local communities where multiple relationships are highly common, and at times, unavoidable. Directions around how to manage multiple relationships would be more useful.
<p>4.10 Effective practice includes that you:</p>	<ul style="list-style-type: none"> • Psychologists cannot ‘ensure’ that there is undue influence. They can only take ‘all reasonable steps to ensure...’. The wording in this clause needs to be changes to reflect this.

<p>a. ensure all clients provide consent free from undue influence by other clients</p>	
<p>4.10 (b) ensure this method of providing the service will not compromise the safety and effectiveness of psychological services to any client</p>	<ul style="list-style-type: none"> • As above.
<p>5. Effective relationships with colleagues and other professionals strengthen the psychologist–client relationship, collaboration and enhance client service. Effective relationships must be free of discrimination, bullying and harassment.</p>	<ul style="list-style-type: none"> • This section would benefit from considering the concerns associated with multiple psychology services being delivered concurrently and issues around best practice when more than one psychologist is providing services to the same client.
<p>5.2 Wellbeing is improved when there is mutual respect and clear, culturally safe communication, as well as an understanding of the responsibilities, capacities, constraints and ethical codes of each other’s professions.</p>	<ul style="list-style-type: none"> • The reference to ethical codes seems misplaced here. Should this be ‘codes of conduct’?
<p>5.2 (b) advocate for a clear delineation of roles and responsibilities, even though services within the team may be provided by different professionals from different professions</p>	<ul style="list-style-type: none"> • Is it the role of psychologists to advocate for this, especially when it may not be possible within an organisational or health service context? To make this a regulatory requirement is too far-reaching.
<p>5.2 (d) inform clients about the roles of team members or other professionals, and be clear about who has ultimate responsibility for coordinating the client’s services</p>	<ul style="list-style-type: none"> • Psychologist may not be best placed to define other professionals’ roles for the client. • Again, this is too far-reaching as a regulatory requirement and seems based on the medical profession where this might be more appropriate.
<p>5.4 (b) understand that your responsibility for the service being provided continues until the referral or handover is accepted</p>	<ul style="list-style-type: none"> • This clause needs to specify that this is for a ‘current client’. • Clarity needs to be provided regarding whether responsibility refers to the service provided or a more general duty of care. • How does this clause interact with 4.8 (J) around ‘ensuring safety’. • The Board needs to clarify how this clause will work in the context of restricted number of Medicare sessions under the Better Access program where the options for referral may be very limited if the client is unable to continue to pay for their psychology service. Is a referral back to the client’s GP sufficient? • How does a psychologist release their duty of care where the client declines an onward referral or disengages from sessions? Again, is it enough to handover to the client’s GP?
<p>6 (d) understand that your use of resources can affect the access other clients have to psychological services.</p>	<ul style="list-style-type: none"> • The APS suggests removing this clause completely. It has potential negative implications for psychologists’ wellbeing and may discourage them from utilising appropriate referral options for clients and/or services to improve their own mental health. • In addition, this clause contradicts others within the code of conduct, i.e., sections 9.1 and 9.2
<p>6.3 (a) understand the principles of psychological wellbeing, including education and promotion, and use the best available evidence in making practice decisions, and</p>	<ul style="list-style-type: none"> • ‘best available evidence’ needs to be defined.

<p>7.1 (b) understand the importance of professional governance and your obligations, where relevant to your practice</p>	<ul style="list-style-type: none"> • 'professional governance and your obligations' need to be defined and further guidance provided from a psychology perspective.
<p>7.1 (e) participate in systems for surveillance and monitoring of adverse events and 'near misses', including reporting such events to the relevant authority as appropriate</p>	<ul style="list-style-type: none"> • The APS suggests removing this clause. It has a medical rather than psychological focus. • Adverse events are already covered in clause 4.5
<p>7.1 (h) support colleagues who raise objectively valid concerns about the safety of clients</p>	<ul style="list-style-type: none"> • This clause requires further clarity.
<p>8.3 Integrity of assessment methods and techniques Psychologists protect the integrity of assessment methods and techniques and do not disclose their contents to individuals unqualified to receive such information.</p>	<p>The current code of ethics provides Guidelines on Assessments which would also be a beneficial inclusion in the code of conduct, for example:</p> <ul style="list-style-type: none"> • The importance of multi-point assessment, i.e., behaviour observation, interviews, self-report etc. Not providing such direction creates a potential risk in terms of reducing assessment standards. • The code needs to include the following with regard to assessment: <ul style="list-style-type: none"> ○ The existence of previous assessment data and whether it needs to be included in the context of the current psychology service. ○ The requirement to accurately score and interpret data. ○ Appropriate communication of results. ○ Making sound recommendations and decisions based on the results. ○ The need to outline the limitations of the measures, method, and process. ○ The fact that unfamiliar tests require training and supervision. Psychologists need to comply with the test publisher's training and accreditation requirements. ○ The fact that the provision of online screening of psychological conditions constitutes the provision of a psychological service and an immediate clinical response might be needed. ○ Psychologists retain full responsibility for the interpretation, reporting of, and feedback regarding psychological test scores, but may delegate the administration and scoring of some tests to suitably trained persons. ○ Psychologists do not support the use of a single score on a psychological test by an organisation as a rationale for clients' access to or withdrawal of services. ○ Ethical considerations in the development of psychological tests. ○ Considerations regarding record-keeping of assessment data. ○ The need to reach agreement about the turnaround of reports in advance.
<p>8.5 (b) ensure that records are held securely and are not subject to unauthorised access. This includes protecting the privacy and integrity of electronic records (See also 3.3 Privacy and confidentiality)</p>	<ul style="list-style-type: none"> • This section should outline considerations under the guide of 'where reasonable' and 'practical'. There are circumstances which are out of a psychologist's control and this section would be strengthened through recognition of this e.g., data hacking etc.
<p>8.5 (f) recognise the right of clients to access information contained in their health records and facilitate that access, and</p>	<ul style="list-style-type: none"> • This section does not recognise the complexity in balancing a client's best interests, care and right to access information. This section would benefit from unpacking this ethical nuance further.

<p>8.5 (g) promptly facilitate the transfer or management (including disposal) of health information in accordance with legislation on privacy and health records when requested by clients, or when closing or relocating a practice.</p>	<ul style="list-style-type: none"> • This section should state at what point, and how to dispose information - unless otherwise indicated by state law. It is recommended national laws are further explained and particular attention is given to specific time periods in which information can be disposed.
<p>8.7 Advertising that offers a gift, discount or other inducement to attract someone to use the regulated health service or business must state the offer's terms and conditions in plain language.</p>	<ul style="list-style-type: none"> • The proposed code is somewhat contradictory regarding gifts and advertising: how does 8.7 work with section: b. do not influence clients to give, lend or bequeath money or gifts or to undertake services that will benefit you directly or indirectly?
<p>8.11 (a) cooperate with any legitimate inquiry into your practice and with any complaints procedures that apply to you</p>	<ul style="list-style-type: none"> • Clarity is required for psychologists to determine a threshold for compliance. Guidance around how the Psychology Board of Australia determines non-compliance with this section is required. Material defining legitimacy and how it is determined, is required.
<p>8.11 (b) disclose to anyone entitled to ask for it, information relevant to an investigation into your own, or a colleague's conduct, performance, or health (c). cooperate with any legitimate investigation into alleged offences under the National Law,</p>	<ul style="list-style-type: none"> • Clarity is required for psychologists to determine a threshold for compliance. Guidance around how the Psychology Board of Australia determines non-compliance with this section is required. A definition for how a psychologist can determine a 'legitimate investigation' is required. • As above re: further clarity is required.
<p>8.11 (e) do not offer inducements to colleagues or enter into arrangements that could be perceived to provide inducements</p>	<ul style="list-style-type: none"> • Clarity is required for psychologists to determine a threshold for compliance. Guidance around how the Psychology Board of Australia determines non-compliance with this directive is required. • The proposed code refers to gifts and advertising, in a manner which is unclear and at times, contradictory (See section 8.7, 8.11)
<p>8.11 (f) do not allow any financial or commercial interest to adversely affect the way in which clients are treated. When you, your immediate family or those you associate with have such an interest and that interest could be perceived to influence the service provided, you must inform your clients, and</p>	<ul style="list-style-type: none"> • A definition of 'financial or commercial interest' is required from the regulatory perspective. This section raises questions about its applicability in rural and remote contexts; for instance, if a psychologist's familial association with a local trader necessitates client notification. Clarification on how this aligns with Section 4.8 on strict requirements on self-disclosure is vital. This section would be enhanced by incorporating a phrase like 'as reasonably practicable' to address the practical challenges it may create.
<p>8.11 (g) avoid performance targets, quotas and business practices that are inconsistent with your obligations under this code. Where psychologists identify such a conflict, they should seek a constructive resolution that is consistent with this code.</p>	<ul style="list-style-type: none"> • This section should give consideration to areas whereby psychologists cannot change the metrics or targets under which they operate? The APS notes that this section does not accommodate various psychology practice contexts, e.g., metrics applied to an organisational psychologist working in a global consultancy firm.
<p>8.13 (d) do not accept gifts from clients other than tokens of minimal monetary and non-sentimental value and if you do accept a token gift, make a file note or inform a colleague if possible. (e) do not give gifts to clients</p>	<ul style="list-style-type: none"> • The definition of 'minimal monetary' value is required for psychologists to determine a threshold for compliance. Guidance around how the Psychology Board of Australia determines non-compliance with this section is required. • The proposed code refers to gifts and advertising, in a manner which is unclear, and at times, contradictory.

<p>8.13 (g) ii. declare to clients any professional and financial interest in any product or service you might endorse or sell from your practice, and do not make an unjustifiable profit from the sale or endorsement.</p>	<ul style="list-style-type: none"> The concept of ‘unjustifiable’ needs to be further clarified to include consideration of ‘within reason’. Further regulatory guidance is required to determine what is appropriate under this section. For example, is it ethical for a small private practice to also sell sensory toys or self-help books etc?
<p>8.14 Non-monetary compensation</p> <p>a. inform all relevant parties of potential conflicts of interest and explain the possible implications of the situation</p> <p>b. establish the fair value of the non-monetary compensation</p> <p>c. monitor and take reasonable steps to protect the interests of the client, and</p> <p>d. make contemporaneous records of your management of the situation.</p>	<ul style="list-style-type: none"> This section requires clarification specifically around section 8.14 (a) where further attention needs to be provided to the complexity of reasonable professional judgement regarding why a psychologist may accept non-monetary compensation. This section does not pay adequate attention to the complexity of potential relational ruptures as ‘adverse events’ - under section 4.5 of the proposed code. This may particularly apply to ensuring the cultural appropriateness of a service and the cultural safety experienced by the client – individual or organisational. The APS suggests rewording section 8.14 to recognise ‘professional judgement, where reasonable’ and ‘without damaging the client/psychologist relationship’.
<p>9.1 Your Health and Wellbeing</p>	<ul style="list-style-type: none"> The broadening of the consideration for health and wellbeing and the addition of ‘psychosocial risk’ is beneficial, as per feedback provided in the APS submission to the preliminary consultation. The APS notes that the feedback provided in our submission to the preliminary consultation, has not been changed as per the excerpt below: <ul style="list-style-type: none"> <i>Regulatory guidelines are required to support this section and need to include directions for when concerns about another psychologist’s wellbeing meet the threshold for mandatory reporting.</i> The APS encourages consideration to be provided to the practical implications of this section on the potential for increased reporting and notifications made to the Psychology Board of Australia. This could have significant implications for the cost of Professional Indemnity Insurance for psychologists.
<p>9.2 Psychologists have a responsibility to help their colleagues maintain health and wellbeing.</p>	<ul style="list-style-type: none"> The APS urges consideration of Section 9.2 in line with the current workforce pressures on psychologists. Notably, the requirement for psychologists to aid their colleagues in maintaining health and wellbeing. It is important to define the practical implications of this regulation and the criteria for the Psychology Board of Australia’s assessment concerning the addition of ‘wellbeing’ as well as ‘good health’. <ul style="list-style-type: none"> <i>e.g., noting the Medical code specifies ‘Health practitioners have a responsibility to help their colleagues maintain good health’.</i> Moreover, there is a need for explicit clarity regarding any potential repercussions or sanctions in cases where psychologists neglect this duty, ideally substantiated with tangible instances illustrating such scenarios.
<p>10.1 Teaching and Supervision</p>	<ul style="list-style-type: none"> The rewording of 10.1 (B) from ‘responsible’ to ‘oversee’ professional behaviour is a welcomed change.

	<ul style="list-style-type: none"> • This section would greatly benefit from clearly articulating the considerations which need to be identified and managed around ‘pre-existing professional relationships’. The APS urges further definition and clarity around complexities of hiring, supervising, and managing provisional psychologists (and the associated complexities and conflicts of interest which may arise as a result of this). • The APS requests further clarity and consideration, as outlined in the feedback provided in the APS submission to the preliminary consultation, specifically concerning: <i>The APS is concerned that such stringent requirements will deter psychologists from becoming supervisors. This has serious ramifications for the psychology workforce which is already under pressure and not meeting demand.</i> <i>Additionally, there is no mention of peer supervision in the draft Psychology Board code or the different circumstances that may arise for registered versus provisional psychologists. There seems to be an absence of responsibility placed on the supervisee.</i>
10.2 Assessing colleagues	<ul style="list-style-type: none"> • This section should be qualified by ‘when required to provide assessment’, as there is a potential for increased scrutiny and/or risk of ‘over assessment’ of colleagues. It should be considered that this may have workforce implications through increased notifications and pressure on registrars and/ or provisional psychologists who are early career and still developing their skills.
10.2 (a) are honest, objective, constructive and culturally safe when assessing the performance of colleagues, including provisional psychologists and registrars, and do not put clients at risk by inaccurate or inadequate assessment, and	<ul style="list-style-type: none"> • This section is a useful inclusion but requires further definition of ‘inaccurate or inadequate’ assessment from the perspective of a psychologist. It would be useful to refer psychologists to further supporting information. For example, links to the relevant documentation or competencies utilised in these performance assessments.
10.3 Provisional psychologists and registrars	<ul style="list-style-type: none"> • This section should recognise the complexity of having employers, colleagues and managers providing supervision in provisional contexts. It would be beneficial to acknowledge and provide clear definitions concerning various conflicts of interest and appropriate management of these dilemmas within provisional psychologist and early career contexts.
11.1 Research Ethics	<ul style="list-style-type: none"> • The feedback regarding research and data sharing, from the APS submission to the preliminary consultation does not seem to have been considered, i.e., <i>The draft Psychology Board code does not address the need for data to be made available once published if requested, or the need to accurately report on data. Provide additional information around making data available and accurately reporting on data.</i> <i>It may be also be important to address the need for data sharing.</i> • This section needs to further define the important research considerations of publication & authorship, and non-university research processes.

<p>DEFINITIONS</p>	
<p>Associated parties are people or bodies psychologists interact with whilst providing a psychological service, who are not a client or third party.</p>	<ul style="list-style-type: none"> • This definition is potentially highly prohibitive of psychologists in their personal lives. For example, when taken into consideration with professional boundaries [please see 4.8(g)] a psychologist could not start a relationship with a schoolteacher or physiotherapist who was involved in the care team of a child the psychologist has previously treated (knowingly or unknowingly). • This may be even more unnecessarily restrictive for psychologists working in other settings, e.g., organisations or sporting clubs.
<p>Cultural safety</p>	<ul style="list-style-type: none"> • Inclusion of all diverse cultures would be beneficial under this definition.
<p><u>Electronic</u> means any digital form of communication, including email, online meeting technologies, internet, social media, etc.</p>	<ul style="list-style-type: none"> • This definition should consider Artificial Intelligence (AI obligations).
<p>Handover is the process of transferring all responsibility for a service to another professional.</p>	<ul style="list-style-type: none"> • This should be further defined in terms of the definition of referral (see below).
<p>Practice means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a practitioner in their regulated health profession. For the purposes of this code, practice is not restricted to the provision of direct clinical care. It also includes using professional knowledge in a direct non-clinical relationship with patients, working in management, administration, education, research, advisory, regulatory or policy development roles and any other roles that have an impact on safe, effective delivery of health services in the health profession.</p>	<ul style="list-style-type: none"> • This is a useful addition. It would benefit from the inclusion of organisations.
<p>Referral involves one professional sending a client to obtain an opinion or treatment from another professional. Referral usually involves the transfer (in part) of responsibility for the service, usually for a defined time and a particular purpose, such as a service that is outside the referring professional’s expertise or scope of practice.</p>	<ul style="list-style-type: none"> • Why is a referral a partial transfer of the responsibility? Further clarity around the issue of responsibility and the transfer of responsibility of care is required throughout the code of conduct. Please see the definition of handover above.
<p>Third parties are people or bodies towards whom psychologists have professional responsibilities because they have a direct interest in the psychological service provided.</p>	<ul style="list-style-type: none"> • The professional responsibilities toward third parties needs to be defined.