

# Public consultation on updating the code of conduct for Psychologists

## HoDSPA response

Thank you for the opportunity to respond to the proposal to update the code of conduct for Psychologists. We have engaged in consultation with staff across the country, and by-and-large there appears to be support to implement a regulatory code of conduct, to develop the draft code based on the shared code of conduct and to adopt the new code as the regulatory code for the profession of psychology. There are nevertheless some concerns as follows:

- The code remains very clinical/counselling focused and ignores that psychologists work in many other contexts – industrial and organisational, sport, defence, justice, etc. where they do not have a “client” as such. Indeed some of the more egregious acts of psychologists have been outside of clinical practice, e.g., if you consider the way that psychologists can behave in defence some have used their knowledge to support “enhanced interrogation techniques” such as waterboarding <https://www.theguardian.com/us-news/2020/jan/20/guantanamo-psychologists-cia-torture-program-testify>.
- Specific areas of practice should be better addressed, e.g.,
  - Professional values and qualities clause (h) should be broadened to include other areas of practice. E.g. ‘Psychologists should be committed to safety and quality in healthcare **and other areas of practice**’
- Some areas of language could be clarified, e.g.,
  - It would be preferable if in section 9, the code could use the same language as the WHS regulations on Psychosocial Hazards (as opposed to ‘work-related psychological risk factors’).
  - The use in some (but not all) clauses of the term ‘client and/or their family’ needs to be considered for organisational or workplace contexts (e.g., 3.1a where workers may not be ‘clients and/or their family’, by definition, but still should have the protection that that clause would otherwise afford them).
  - Similarly, language around ‘individual and community health’, ‘client care’ (e.g., 5.2), ‘care of a client’ (e.g., 3.3e) or ‘treating a client’ is not always applicable in organisational assessments and/or interventions where there are still public safety considerations (e.g., working with other professionals, workplace bullying investigations, conducting workplace assessments). Can ‘provision of services’ be used instead?
- There could be unintended consequences for Aboriginal and Torres Strait Peoples, e.g., the new additions addressing the cultural safety of Aboriginal and Torres Strait Islander people and all communities aligns with our effort to also build further teaching and assessment of Indigenous knowledges, studies, or perspectives into our programs. The unintended effects we are already seeing is the cultural load this is placing on our indigenous staff.
- Some aspects of the code have unrealistically high expectations (which at times are an over-reach). For example:
  - **6.2 Equity and opportunity** *There are significant inequities in health status and the educational and employment opportunities for various groups in the Australian community. These inequities result from social, cultural, historic, geographic, environmental, physiological, psychological and other factors. Some groups who*

*experience inequities include Aboriginal and Torres Strait Islander Peoples; people with disabilities; those who are gender or sexuality diverse; and those from socially, culturally and linguistically diverse backgrounds, including asylum seekers and refugees. Effective practice includes that you use your expertise and influence to promote good health and educational and employment opportunities for individuals, communities and populations.*

- **Feedback:** This is a very broad expectation that we all should be advocates in areas that go beyond the practice of psychology, like education and employment. This goes beyond a code for psychologists and almost dictating a broader ethical stance.
  
- **1.1.e. recognise and respect the rights of clients to make their own decisions about their current and future psychological services.**
  - **Feedback:** Fair enough but surely we can advise clients on indicated best-practice, and our evidence and formulation-based recommendations? We should not be expected to continue to offer a treatment that a client chooses but that goes against our professional judgment. This is probably balanced out by other aspects of the Code (e.g., 1.2), and if so then there is no great concern, but perhaps should be clarified.
  
- **1.4 Helping in emergencies. Helping clients in emergencies requires psychologists to consider a range of issues, in addition to providing best care. Effective practice means you should offer help in an emergency that takes account of your own safety, your skills, the availability of other options and the impact on any other clients under your care, and continue to help until your services are no longer needed.**
  - **Feedback:** This is mostly fine but the final part, “continue to help until your services are no longer needed” seems unrealistic. Who judges this and sets boundaries?
  
- **10.3 c. treat provisional psychologists and registrars with respect and patience**
  - **Feedback:** Although this is our aim, the expectation of ‘patience’ seems to be an overreach. Supervisors are also humans and there are instances where patience is an unreasonable expectation. We sometimes deal with and need to manage students who behave unethically, unprofessionally, and at times put clients and peers at risk. Although we would typically approach these students with patience, sometimes it is human to feel impatient and maybe behave a little impatiently.

Finally, the board needs to consider the implementation of a new code; HEPs will have to redesign training and assessment in all professional pathway programs to align with these changes. This will be no small task and there will be significant cost implications. However, we recognise the new code will align with the new general registration competencies and this alignment will be helpful in terms of teaching and assessment, especially competency assessments in the placement programs. We look forward to seeing the support and resources the Board and/or the APS may provide to assist with the transition.

Kind regards

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