

## **Submission to AHPRA on background checks for overseas applicants.**

**1.** Reliance on criminal checks is I believe necessary but not suffice for registration applicants. The absence of a criminal history does not capture those applicants without a criminal history who may possess basic technical expertise but nevertheless have significant psychological and/or ethical problems, which altogether render their clinical practice behaviour unacceptable. There exist known instances of such behaviour already in Australia, sufficient to trigger formal disciplinary action, including de-registration.

Although the percentages of such cases across different Boards is most likely small, the negative impact for patients, both in immediate as well as longer term trauma both physical and psychological can be quite large, and likewise the numbers of patients affected. Compounding the resultant problems is an additional ripple effect of negative impacts for others within the patient's social network. When the additive negative effects are considered altogether, and especially sufficient recognition given to emotional impacts for families and other relationships that has often been either ignored or under-recognised in the past, it becomes clear that even one or two practitioners with unacceptable behaviour is a significant event.

There have been some index cases in the public domain in recent years, each with devastating if not lethal consequences for the patients concerned. Hence, a low base rate of cases generally does not automatically mean character assessment is an unnecessary exercise or waste of resources. In fact, provided the method is reasonably accurate, this area of enquiry is clearly warranted for the health professions as a critical part of reducing future risk for patients.

**2.** A traditional practice in employment application is to ask for personal referees who can attest to the applicant's suitability, usually both personal and technical, for the position in question. This practice, although important, is obviously open to subjective bias of the referee. As a clinical psychologist, I am aware that far more accurate means by which to establish normal versus abnormal characteristics and functioning are available. The preferred instruments have a wide evidence-research base, and probably the best known and most widely used in this sense is MMPI-2. The latter is already utilised successfully with applicants for positions of public trust such as police or religious organisations. Well-developed instruments such as MMPI-2 are also very difficult to fake without detection, an obvious advantage to relying solely on interviews or referees report. Cost of completing and funding scoring for such assessment would be borne by the applicant, but is not prohibitive.

**3.** From a cost-effective point of view, a two-step process that initially uses a standard briefer screening inventory, which requires only a small amount of assessor time, could be considered. Such screening instruments are available, but given the critical nature of the data being sought there is a clear preference for the more detailed self-report information from the lengthier instrument. It is also very difficult to fake and does not rely on any one or other person's judgement but is objectively research-based.

**4.** I urge AHPRA to refine its international applicants' checks by supplementing criminal history with applicant-funded and critical, objectively-based information regarding applicant character. The current system is inadequate. We already possess national data confirming that some practitioners who have been seriously disciplined or deregistered showed no prior criminal history, yet still wreaked significant and in many cases ongoing trauma for not one but numbers of patients (and vicariously, related others) with whom they had professional registrant contact.

Thank you for your consideration

R Rudd