

Code of conduct for psychologists

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Preamble

Introduction

This code of conduct (the code) sets out the standards of conduct the Psychology Board of Australia (the Board) expects from psychologists. The standards set by this code represent the core requirements of safe and effective professional practice in Australia.

While individual psychologists have their own personal beliefs and values, there are certain professional standards that are common to the practice of psychology.

The Board acknowledges the breadth of contributions psychologists make in a range of work settings including direct and indirect services to clients, management, administration, accreditation, policy, regulation, research and teaching. It recognises that these contributions take place across many contexts in public and private sectors. The values and professionalism that underpin the delivery of all psychological services are reflected in each of the code's principles, and these are followed by practical guidance on professional behaviour and effective practice.

Purpose of the code

The Board's primary consideration for administering the *National Law* is public protection and public confidence in the safety of the services psychologists provide in Australia. This code gives important guidance to all psychologists about the Board's expectations of the standard of their conduct and therefore what the public can expect from a psychologist. The standards set by the code represent the core requirements of safe and effective professional practice.

Scope of the code

This code:

- provides a framework for professional practice and helps psychologists practise safely and effectively,
- helps the Board in its regulatory role by setting and maintaining principles and standards of professional practice. If their practice varies significantly from this code, psychologists should be prepared to explain and justify their decisions and actions. Serious or repeated failure to meet the standards set by this code may lead to regulatory action to protect the public from harm, including consequences for registration as a psychologist,
- is a resource that contributes to the culture of professionalism by setting consistent and evidence-based standards in psychology: for example, in education for orientation, induction and supervision of developing psychologists and students; in continuing professional development and peer consultation to guide discussions about ethics and making professional judgements; and by administrators and policy makers in health services and other institutions, and
- is a guide for members of the public to help them understand what behaviours they can expect from a psychologist and identify when they are not receiving safe and effective services according to the Board's standards.

The code is also a reference for co-regulatory authorities about the standards of conduct expected of psychologists in Australia.

What the code does not do

All psychologists must understand their legal obligations and always act in accordance with the law in their personal lives and when they provide services. The code is not a substitute for legislation and case law such as privacy, child protection, mandatory reporting and workplace health and safety laws. If there is any conflict between the code and the law, the law takes precedence. Psychologists must also be aware of and meet the other standards, guidelines and policies of the Board, which this code complements.

This code does not replace the rules of organisations such as employers and funding organisations that psychologists might be subject to, and must be interpreted with reference to such organisational rules. However, as the code represents the standards of conduct the Board expects from psychologists, psychologists should inform the relevant organisations of significant differences between organisational rules and the code and aim to bring about optimal conformity.

This code is not intended to be an exhaustive guide to the profession's ethics. Underpinning the code is the expectation that psychologists will aim to achieve the best possible outcomes in service provision. Additional standards and requirements are also found in other documents issued by the Board and/or regulatory bodies.

While effective practice respects the rights of clients, this code is not a charter of rights.¹ The focus of this code is on professional practice, it is not intended as a mechanism to address:

- a. disputes between practitioners or with colleagues, e.g., in relation to termination of business relationships and disputes over clients, or
- b. employment issues, e.g., workplace or industrial disputes, which do not raise broader public safety concerns.

Professional values and qualities

When providing services, psychologists have a duty to act in the best interests of their clients. Professionalism embodies all the qualities described below, including self-awareness and self-reflection. These qualities underpin and are further explained in the guidance provided throughout the code.

- a. Psychologists need to understand the individual needs of each client so that they can work in partnership and adapt the delivery of services appropriately. This includes cultural awareness, i.e., being aware of their own culture and beliefs, being respectful of the beliefs and cultures of others and recognising that these cultural differences might affect the service relationship and the provision of services. As well as avoiding unlawful discrimination, professional practice also includes being aware that differences such as gender, sexuality, age, belief systems and other attributes might influence client needs.
- b. Effective communication in all forms underpins every aspect of professional practice.
- c. Psychologists must be ethical and trustworthy. The public trusts psychologists because they believe that, in addition to being competent, psychologists will not take advantage of them and will display qualities such as integrity, truthfulness, dependability and compassion. Clients rely on psychologists to protect their confidentiality when they access their services. Psychologists must maintain proper boundaries to preserve trust and confidence in the profession.
- d. Psychologists have a responsibility to protect and promote the mental health of individuals and the community.
- e. Psychologists are expected to engage in regular self-reflection and peer consultation on their own health and wellbeing, and on whether they are practising safely and effectively in their relationships with clients, practitioners and colleagues.
- f. Psychologists have a duty to keep their skills and knowledge up to date, refine and develop their ability to make sound service-related judgements as they gain experience, and contribute to maintaining public confidence in the profession.
- g. Psychologists have a responsibility to recognise and work within the limits of their skills and competence.
- h. Psychologists working in healthcare should be committed to safety and quality in healthcare.²

1. Safe, effective and collaborative services

Principle 1: Psychologists should practise safely, effectively and in partnership with clients, associated parties (where relevant), other practitioners and colleagues, and be informed by the best available evidence to achieve the best possible client outcomes.

1.1 Providing safe and effective services

Providing safe and effective services includes that you:

- a. select assessments and interventions based on evidence, formulation, the purpose of the service and the principles of culturally reflective practice (see also section 3.1 Cultural safety and culturally reflective practice for all communities),
- b. facilitate the coordination and continuity of service provision in so far as it is reasonably required by the circumstances,
- c. recognise, and work within, the boundaries of your competence, and refer clients to another practitioner when this is in clients' best interests,
- d. recognise that decisions regarding services are shared decisions made by you and the clients who may wish to involve their associated parties, and
- e. recognise and respect the rights of clients to make their own decisions about their current and future services.

¹ An example of a charter of rights is the [Australian charter of healthcare rights](#) issued by the Australian Commission on Safety and Quality in Health Care (ACSQHC).

² See the ACSQHC's National Safety and Quality Health Service Standards.

1.2 Safe and effective services

Maintaining a high level of competence and conduct is essential for safe and effective services.

Effective practice includes that you:

- a. ensure you maintain adequate knowledge and skills,
- b. ensure that, when moving into a new role, you have sufficient training and/or qualifications and/or support from a practitioner with relevant expertise to achieve competence in that new area,
- c. maintain adequate records (see also section 8.5 Client records),
- d. consider the balance of benefit and risk of harm in all decisions,
- e. communicate effectively with clients to ensure they have enough information to make informed decisions about current and future services (see also section 3.2 Effective communication),
- f. provide assessment and intervention options that are based on the best available information and are not unduly influenced by financial gain and/or incentives,
- g. practise within a contemporary, evidence-based framework. Where there is an absence of evidence you should be guided by accepted best practice,
- h. practise in a way that is consistent with the purpose of the service agreed upon,
- i. support the right of the client to seek a second opinion from an appropriate practitioner,
- j. consult and take advice from another practitioner when appropriate,
- k. make responsible and effective use of the resources available to psychologists (see also section 6.1 Optimal services for all members of society),
- l. ensure that your personal views do not adversely affect your provision of services,
- m. regularly reflect on your service provision, decisions and actions to provide the most effective and culturally safe and reflective services, and
- n. seek advice from an experienced practitioner when you identify any issues that interfere or might interfere with your ability to provide effective and culturally safe services.

1.3 Decisions about access to psychologists' services

Your decisions about providing access to psychologists' services must be free from unlawful discrimination.

Effective practice includes that you:

- a. treat clients with respect at all times,
- b. do not prejudice the services provided to clients because you believe that their behaviour, mental health status or other attributes contributed to their situation,
- c. do not engage in, or encourage, any form of unlawful discrimination,
- d. provide services to clients based on their identified needs and the effectiveness of the proposed services, and do not provide, or encourage, the unnecessary use of services,
- e. keep yourself and others safe when providing services. Clients who pose a risk to safety should not be denied access to services if reasonable steps can be taken to ensure safety, and
- f. do not allow your moral or religious views or conscientious objection to deny clients access to services, recognising that you are free to decline to provide or participate in those services yourself. In such a situation, it is important to respectfully inform the client (where relevant), your employer and other relevant practitioners of your objection and ensure the client has alternative options for services.

1.4 Conduct during an emergency

When psychologists intervene in emergencies they should consider a range of issues, in addition to providing appropriate services. Effective practice means that when you offer help in an emergency you take account of your own safety, your skills, the availability of other options and the impact on any other clients, and continue to help until your assistance is no longer objectively needed.

2. Aboriginal and Torres Strait Islander health and cultural safety

Principle 2: Psychologists should consider the specific needs of Aboriginal and Torres Strait Islander Peoples and their health and cultural safety, including the need to foster open, honest and culturally safe relationships.

2.1 Aboriginal and Torres Strait Islander Peoples' health

Aboriginal and Torres Strait Islander Peoples have inhabited and cared for the land as the First Peoples of Australia for millennia, and their diverse histories and cultures have uniquely shaped our nation. Aboriginal and Torres Strait Islander health means not just the physical wellbeing of an individual but refers to the social, emotional and cultural wellbeing of the whole community in which each individual is able to achieve their full potential as a human being, thereby bringing about the total wellbeing of their community. It is a whole-of-life view and includes the cyclical concept of life-death-life.³

Understanding and acknowledging factors such as colonisation and its impact on Aboriginal and Torres Strait Islander Peoples' health helps inform service delivery. In particular, Aboriginal and Torres Strait Islander Peoples bear the burden of gross social and health inequity. It is for these reasons that cultural safety in the context of Aboriginal and Torres Strait Islander health needs to be specifically considered.

2.2 Cultural safety for Aboriginal and Torres Strait Islander Peoples

Professional practice and supporting the health of Aboriginal and Torres Strait Islander Peoples requires you to practise in a culturally safe way as determined by Aboriginal and Torres Strait Islander individuals, families and communities.

To ensure culturally safe practice, you must:

- a. recognise colonisation and systemic racism, and social, cultural, behavioural and economic factors which impact individual and community health,
- b. acknowledge and address individual racism, your own biases, assumptions, stereotypes and prejudices and provide services that are holistic, free of bias and racism,
- c. recognise the importance of self-determined decision-making, partnership and collaboration in service delivery which is driven by the individual, family and community, and
- d. foster a safe working environment through leadership to support the rights and dignity of Aboriginal and/or Torres Strait Islander people and colleagues and practitioners.⁴

3. Respectful and culturally reflective practice for all

Principle 3: Respectful, culturally reflective practice requires psychologists to have knowledge of how their own culture, values, attitudes, assumptions and beliefs influence their interactions with people and families, the community, other practitioners and colleagues. Psychologists should contribute to a respectful and safe culture for all, communicate with all clients in a respectful way and meet their privacy and confidentiality obligations including when communicating online.

3.1 Cultural safety and culturally reflective practice for all communities

Australia is a culturally and linguistically diverse nation. Principle 2 (above) explains cultural safety with specific reference to Aboriginal and Torres Strait Islander Peoples and their status as First Nations Peoples; however, culturally reflective practice, as determined by the members of the relevant culture, is important for all communities.

To ensure culturally reflective practice, professional practice includes that you:

- a. respect diverse cultures, beliefs, gender identities, sexualities and experiences of all people,
- b. acknowledge the social, economic, cultural, historic and behavioural factors influencing health and functioning at the individual, community and population levels,
- c. respect diversity, avoid bias, unlawful discrimination and racism, and challenge beliefs based upon assumption (for example, based on gender, disability, race, ethnicity, religion, sexuality, age or political beliefs),

³ Taken from the National Aboriginal Health Strategy Working Party 1989, National Aboriginal Health Strategy, Canberra.

⁴ For background information see the [National Aboriginal and Torres Strait Islander Health Plan 2021-2031](#) and the [National Safety and Quality Health Services Standards User guide for Aboriginal and Torres Strait Islander health](#).

- d. support an inclusive environment for the safety and security of the individual client and associated parties, and
- e. create a positive, culturally reflective work environment through role modelling, and support the rights, dignity and safety of others including clients, practitioners and colleagues.

3.2 Effective communication

Positive relationships are built on effective communication between psychologists and clients.

Effective practice includes that you:

- a. communicate respectfully, compassionately and honestly with clients and associated parties,
- b. consider the age, maturity and intellectual capacity of people and other groups that might have additional needs, and provide information in a way that they can understand,
- c. are aware of psychological literacy issues, and take this into account when communicating with people,
- d. take all practical steps to meet the specific language, cultural, and communication needs of clients and associated parties, including by using translators and interpreters where necessary, and being aware of how these needs affect understanding,
- e. use interpreters, where reasonably possible, who abide by the Australian Institute of Interpreters and Translators' Code of Ethics and Code of Conduct,
- f. confirm clients understand information communicated to them,
- g. encourage and support clients to be well informed about their health and wellbeing, and respect the right of clients to choose whether to participate in a service or accept advice,
- h. clearly and accurately communicate relevant and timely information about the client to *practitioners* and colleagues, within the bounds of relevant privacy requirements,
- i. do not refer to people in a disrespectful manner and refrain from behaviour that might be interpreted as bullying⁵ or harassment⁶ and/or culturally unsafe, and
- j. explain to all parties involved in the service:
 - i. your role,
 - ii. the nature of the relationship with each party,
 - iii. the likely uses of information obtained through the service,
 - iv. the limits to confidentiality, and
 - v. the financial arrangements relating to the service.

(See also sections 3.3 Privacy and confidentiality, 4.2 Informed consent, 8.12 Conflicts of interest and 8.13 Financial and commercial dealings)

3.3 Privacy and confidentiality

Psychologists have ethical and legal obligations to protect the privacy of clients. Clients have a right to expect that you will hold information about them securely and in confidence, unless the release of information is required or authorised by law or is required to facilitate emergency service provision.⁷

To protect privacy and confidentiality, you should:

- a. seek informed consent in relation to information handling. Effective practice includes the following:
 - i. At the beginning of a service and thereafter as necessary, clients and, where relevant, associated parties should be adequately informed about the limits of confidentiality and likely uses of the information generated whilst providing the service.
 - ii. Before collecting information from clients, they should be adequately informed about how their personal information will be recorded, stored and used.
 - iii. Before disclosing information from clients, they should be adequately informed about the nature and purpose of the disclosure.
 - iv. Obtain consent from clients before disclosing information that was gained about them through one role or relationship in any other role or relationship.

5 As defined in the Definitions section, and following the Australian Human Rights Commission (AHRC), bullying is when people repeatedly and intentionally use words or actions against someone or a group of people to cause distress and risk to their wellbeing. For additional guidance see this AHRC Fact sheet.

6 As defined in the Definitions section, and following the [AHRC](#), harassment is treating a person less favourably on the basis of certain personal characteristics, such as race, sex, pregnancy, marital status, breastfeeding, age, disability, sexual orientation, gender identity or intersex status.

7 For guidance on practical implementation of this standard, apply the appropriate Australian Privacy Principles.

- v. Before collecting information from associated parties, clients should be adequately informed about the nature and purpose of the information to be collected and how the information will be recorded, stored and used.
 - vi. Before collecting information from associated parties, consent should be obtained from them by explaining the nature and purpose of the information to be collected and how it will be recorded, stored and used.
- b. formally document the outcome of the consent and/or agreement process when possible,
 - c. provide surroundings to enable private and confidential consultations and discussions, particularly when working with multiple people at the same time, or in a shared space. If private surroundings are not available, psychologists should consider their obligations under 1.2 Safe and effective services and 4.2 Informed consent,
 - d. only collect personal information that is reasonably necessary for you to provide the requested service and only access records when you provide a service to the client and/or are authorised to do so.
 - e. ensure that all staff and colleagues are aware of the need to respect the privacy and confidentiality of clients, and refrain from discussing clients in situations not related to the provision of a service.
 - f. be aware of the requirements of legislation that might operate in the relevant state or territory in respect of privacy and health and/or other records that are relevant to you and apply such legislation to information held in all formats, including electronic information.
 - g. be aware that you might have legislated obligations if there is unauthorised access to or disclosure of personal information that you have responsibility for⁸.
 - h. 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 consent⁹ (see also sections 4.8 Boundaries and 8.12 Conflicts of interest).
 - i. recognise that clients have a right to access information contained in their records, with some exceptions, and help them access this information when they are entitled to do so under relevant legislation and/or local policy.
 - j. when closing or relocating a work setting, facilitate arrangements for the transfer or management of all your records in accordance with relevant legislation, including those governing privacy, health and/or other records.

(See also sections 4.2 Informed consent and 8.5 Client records)

4. Working with clients

Principle 4: Basing relationships on respect, trust and effective communication enables psychologists to work in partnership with clients. Psychologists should maintain effective and proper relationships with their clients, provide explanations that enable clients to understand and participate in the services being provided, recognise that some clients have specific needs, and be open and honest when services lead to harmful outcomes.

4.1 Working relationships with clients

Effective relationships between psychologists and clients require high standards of personal conduct.

Effective practice includes that you:

- a. be respectful, empathic and honest,
- b. treat clients according to their specific needs and circumstances,
- c. support clients to be engaged and informed about their wellbeing, and to use this information in their decisions about services (see also section 4.2 Informed consent), and
- d. recognise that there is a power imbalance in the psychologist–client relationship, and do not exploit clients in any way, including physically, emotionally, sexually or financially.

(See also sections 4.8 Boundaries and 8.13 Financial and commercial dealings)

4.2 Informed consent

Informed consent is a person's voluntary decision about accessing services that is made with knowledge and understanding of the benefits and risks involved.

Effective practice includes that you:

- a. provide information to clients in a way they can understand before asking for their consent (see also section 3.2 Effective communication),

⁸ Consult the Office of the Australian Information Commissioner to determine when you will have such a responsibility.

⁹ For guidance regarding practical implementation of this standard, consult the Board's [Social media guidance](#).

- b. check to confirm clients understand information communicated to them,
- c. give clients enough time to ask questions and make informed decisions,
- d. act according to the client's capacity for decision-making and consent, including when providing services to children and young people, based on their maturity and capacity to understand, and the nature of the proposed service, and consider the need for the consent of a parent, carer, guardian or other substitute decision-maker or legal representative,
- e. get informed consent from clients – or where they do not have the capacity, from their substitute decision-maker – before providing a service (this might not be possible in an emergency) or involving clients in teaching or research, which includes providing information on material risks and expected outcomes,
- f. attempt to engage with, and obtain agreement from, clients who are unable to provide informed consent, following the process for informed consent as far as reasonably possible,
- g. inform clients of the period for which consent will be relied on in the absence of significant changes,
- h. revisit consent when the period of time referred to above has passed, or there has been a significant change to the service or another aspect of the service-related relationship,
- i. inform your clients that they may withdraw their consent at any time and discuss any potential implications of them withdrawing their consent,
- j. obtain financial consent from clients, associated parties and/or third parties by discussing fees in an open and transparent manner and addressing the costs of all required services, and get general agreement about the nature of the service to be provided, preferably before the service starts,
- k. inform your clients of the benefits, as well as associated costs or risks, when referring them for further investigation, treatment or services, which they might wish to clarify before proceeding, and
- l. document consent appropriately, including obtaining written consent for assessments and/or procedures that involve physical contact with clients (see also section 4.8 Boundaries).

4.3 Children, young people and other clients who might have additional needs

Some clients have additional needs. These clients could include children and young people, older people, those living with physical and/or cognitive disability, those with impaired decision-making capacity and those who are at higher risk, for example from family violence.

Effective practice includes that you:

- a. identify clients with additional needs, attend to their interests and wellbeing, and meet the relevant mandatory reporting legislation imposed to protect groups particularly at risk, including the aged, and children at risk of abuse and neglect,
- b. be aware of your responsibility to help clients address inequities, and understand that support could be necessary to ensure equitable access to available resources, and
- c. ensure when communicating that you:
 - i. treat clients with respect and listen to their views,
 - ii. encourage questions and answer those questions to the best of your ability,
 - iii. provide optimal information in a way clients can understand,
 - iv. recognise the role of associated parties and, when appropriate, encourage clients to involve their parents, carers or guardians in decisions about service provision, and
 - v. remain alert to clients who could be at risk of harm, and notify appropriate authorities as required by law.

4.4 Associated parties

Effective practice includes that you, where it is relevant:

- a. be considerate to a client's associated parties, and respectful of their role in the services provided to the client, and
- b. with appropriate consent, or where otherwise permitted, be responsive in providing information to associated parties (see also section 3.2 Effective communication).

4.5 Your response when your service harmed clients

Psychologists who face allegations or conclude that their services harmed their clients have a responsibility to openly and honestly communicate with them and, where appropriate, their associated parties, to review what happened and make reports to appropriate authorities if required.

When a client is objectively harmed, effective practice includes that you:

- a. act immediately to rectify the problem if possible, including seeking help and advice and referring the client if needed,

- b. report the incident to relevant authorities if required, comply with relevant policies and procedures, and seek advice if you are unsure about your obligations,
- c. communicate respectfully with clients and associated parties as necessary, and
- d. respond to clients and associated parties' reasonable request for information about the processes for making a notification to the Board or complaints to other appropriate bodies (see also sections 4.6 Concerns about psychologists' conduct, health or performance and 7.1 Risk management).

4.6 Concerns about psychologists' conduct, health or performance

Clients have a right to raise concerns about their psychologists' conduct, health and performance with the Board or other authorised bodies (see also section 7.1 Risk management).

When a concern is raised, effective practice includes that you:

- a. acknowledge the client's right to raise the concern,
- b. provide information about complaints systems that are available,
- c. where possible, work with the client to resolve the issue locally,
- d. consider whether the raising of the concern might adversely affect delivery of services to the client. In some cases, it might be advisable to refer the client to another appropriate practitioner,
- e. work cooperatively with the Board, Australian Health Practitioner Regulation Agency (Ahpra), or other body that has legal authority to examine concerns by providing a prompt, open and constructive response including an explanation when requested to do so, and
- f. comply with the relevant legislation, policies and procedures.¹⁰

4.7 Maintaining continuity of services

Psychologists should only provide services that clients are likely to benefit from and should, subject to legal or organisational constraints, stop providing services to clients who do not benefit from their services.

When concluding services, psychologists should minimise the negative effects on clients and safeguard the continuity of services from other practitioners.

Effective practice includes that you:

- a. make arrangements for other *practitioners* to continue providing services to clients during emergencies or periods of your foreseeable absence,
- 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,
- c. make reasonable plans for the continuity of service to clients when your relationship must end, including helping clients identify alternative appropriate practitioners and passing on relevant information with clients' consent when it is practical,
- d. where practical, inform clients as early as possible if you need to end the service,
- e. take reasonable steps to reduce the likelihood of ending the service relationship prematurely or abruptly and, where possible, decide with clients when it will be appropriate to end the service,
- f. give advance notice, if possible, to clients and associated and third parties as early as possible, of plans to close or relocate your work setting, or when you move between work settings, and
- g. facilitate arrangements for the continuing service provision of all current clients, including the transfer or appropriate management of all client records in accordance with the law governing privacy and health and/or other records in the jurisdiction where you practise.

4.8 Boundaries

Boundaries allow psychologists and clients to engage safely and effectively. Boundaries refer to the clear separation that should exist between conduct aimed at meeting the psychological needs of clients and the psychologists' own personal views, feelings and relationships that are not relevant to the service.

Boundaries are integral to an effective psychologist–client relationship. They help psychologists provide effective services to clients and protect both parties. Violation of boundaries may be viewed as unethical, and even unprofessional conduct or professional misconduct that can lead to regulatory action being taken, including cancellation of registration as a psychologist.

¹⁰ For additional guidance see [Concerns about practitioners](#) on Ahpra's website.

Effective practice includes that you:

- a. recognise the inherent power imbalance in the psychologist–client relationship. In law and ethics, the client is always considered to be the vulnerable party in the psychologist–client relationship, and it is the psychologist's responsibility to maintain boundaries,
- b. be clear about the boundaries that must exist to ensure objectivity in service provision, and avoid conflicts of interest, as well as under- or over-involvement,
- c. recognise that there are risks associated with assessments and interventions that involve physical contact with clients, and that such contact with clients is unacceptable unless it is in the best interest of clients and forms part of your standard and well documented method of providing services that you:
 - i. can justify for ethical, legal or organisational reasons, and
 - ii. have discussed with an experienced practitioner
- d. ensure any assessment and/or intervention that involves physical contact with a client has a clear, evidence-based indication. The reasons for, process of, and outcomes of the physical contact must be documented in the relevant records,
- e. obtain written consent for any assessment and/or intervention that involves physical contact with a client (see also section 4.2 Informed consent),
- f. recognise that it can be inappropriate to share your personal information with clients and/or associated parties, and if possible, you should only do this if it is in the best interests of clients, and it forms part of your standard and well documented method of providing services that you:
 - iii. can justify for ethical, legal or organisational reasons, and
 - iv. have discussed with an experienced practitioner
- g. never establish or pursue a sexual, social or otherwise inappropriate relationship with a client or an associated party,
- h. recognise that sexual and other close personal (including financial and commercial) relationships with people who have previously been your clients are mostly inappropriate and abstain from such relationships until you have consulted an experienced practitioner to determine that the nature of the service and vulnerability of the client do not make the proposed relationship exploitative and followed the relevant effective practice steps set out in section 4.9 below,
- i. recognise that sexual and other close personal (including financial and commercial) relationships with associated parties of previous clients are mostly inappropriate and abstain from such relationships until you have consulted an experienced practitioner to determine that the nature of the service and vulnerability of the associated party do not make the proposed relationship exploitative and followed the relevant effective practice steps set out in section 4.9 below,
- j. recognise that your ethical and legal obligations continue even after the service has ended, and
- k. do not express personal beliefs to clients in ways that exploit their vulnerability, and/or that are likely to cause them distress.

4.9 Multiple relationships

Psychologists frequently find themselves in situations where they enter, or risk entering, into multiple relationships that might compromise, or be perceived to compromise, their objectivity and/or the safety and effectiveness of their services. Multiple relationships could also expose clients, former clients, or associated parties to the risk of exploitation.

Psychologists must discontinue, or avoid, multiple relationships unless they hold a reasonable belief that they are ethically, legally or organisationally obliged to continue or enter into such relationships. Consider consulting an experienced practitioner if reasonable, and if you decide to continue or enter into multiple relationships, effective practice includes that you:

- a. make contemporaneous records of the factors that demonstrate your reasonable belief,
- b. make contemporaneous records of how you intend to protect the interests of clients, former clients, or associated and third parties to the service,
- c. where it will not violate the privacy of any party, inform parties to the multiple relationships that there is potential for conflicts of interest and explain the possible implications of this situation, and
- d. monitor and take reasonable steps to protect the interests of clients, former clients, and associated and third parties to the service.

4.10 Simultaneous services

When psychologists provide the same service to two or more clients together (such as to a group, couple, family or other system) they must consider, and record, why this mode of intervention is appropriate to all the clients involved.

Effective practice includes that you:

- take reasonable steps to ensure all clients provide consent free from undue influence by other clients,
- take reasonable steps to ensure this method of providing the service will not compromise the safety and effectiveness of services to any client,
- provide safe and effective services to all clients, and
- respect and maintain the privacy and confidentiality of all clients as required under other provisions of this code.

(See also sections 3.3 Privacy and confidentiality, 4.2 Informed consent, 4.9 Multiple relationships and 8.12 Conflicts of interest)

5. Working with other practitioners and colleagues

Principle 5: Effective relationships and collaboration with practitioners and colleagues strengthen the psychologist–client relationship and improve outcomes for clients. Effective relationships must be free of unlawful discrimination, bullying and harassment.

5.1 Respect for other practitioners and colleagues

Mutual respect and clear communication between all those involved in assisting clients improve client outcomes.

Effective practice includes that you:

- communicate clearly, effectively, respectfully and promptly with colleagues and other practitioners who assist the client,
- acknowledge and respect the contribution of all involved in assisting the client,
- behave professionally and courteously to colleagues and other practitioners at all times, including when using electronic communication such as social media, and
- refrain from exploiting your relationships with your colleagues and other practitioners, for example, through your commercial arrangements.

5.2 Teamwork and collaboration

Many psychologists work closely with a wide range of other practitioners and colleagues.

Effective collaboration is a fundamental aspect of professional practice and teamwork. Professional practice requires coordination between all practitioners and colleagues involved. Wellbeing is improved when there is mutual respect and clear, culturally safe and reflective communication, as well as an understanding of the responsibilities, capacities, constraints and ethics of each other's professions. Working in a team or collaboratively does not alter your personal accountability for your conduct and the services you provide.

When working in a team or collaboratively, effective practice includes that you:

- understand your role and the role of other team members, and attend to the responsibilities associated with your role,
- support a clear delineation of roles and responsibilities, even though different practitioners from different professions might be attending to clients,
- communicate effectively with other team members, colleagues or practitioners, including to support continuity of assistance to clients,
- inform clients about the roles of team members or other practitioners, and be clear about who has ultimate responsibility for coordinating the team,
- model professional and ethical behaviour, and
- support students and practitioners receiving supervision, as well as others within the team.

5.3 Disrespectful behaviour

There is no place for disrespectful behaviour, such as unlawful discrimination, bullying and harassment when providing services. Psychologists are expected to contribute to a culture of respect and safety for all. Disrespectful behaviour adversely affects individual psychologists, increases risk to clients, and compromises effective teamwork. Respect for all people is an essential feature of constructive relationships between psychologists, practitioners, colleagues and with clients.

Effective practice includes that you:

- a. never engage in, ignore or excuse disrespectful behaviour,
- b. recognise that unlawful discrimination, bullying and harassment takes many forms including behaviours such as sexual harassment¹¹, physical and verbal abuse, racism, violence, aggression, humiliation, pressure in decision-making, exclusion and intimidation directed towards colleagues, practitioners and other people,
- c. understand social media and other types of electronic communication are sometimes used as a mechanism to bully or harass, and you should not engage in, ignore or excuse such behaviour,
- d. do or say something, when appropriate, about disrespectful behaviour by others when you see it and report it if necessary,
- e. take appropriate action regarding disrespectful behaviour if you are in a leadership or management role,
- f. escalate your concerns if an appropriate response to address the disrespectful behaviour does not occur,
- g. refer concerns about unlawful discrimination, bullying or sexual harassment to the Board or Ahpra when there is ongoing and/or serious risk to clients, students, trainees, colleagues, practitioners or teams, and
- h. support colleagues or practitioners who report disrespectful behaviour.

5.4 Delegation, referral and handover

Psychologists who refer or hand over are transferring responsibility for the service to another practitioner. This is distinct from delegating, which is when a psychologist directs another person to perform tasks related to the service, under the responsibility of the psychologist.

Effective practice includes that you:

- a. take reasonable steps to ensure that any person to whom you delegate, refer or hand over to has the qualifications and/or experience and/or knowledge and/or skills to provide the delegated tasks or service,
- b. understand that your legal responsibility for the tasks or service being provided could continue until the referral or handover is accepted,
- c. understand that when you delegate, although you will not necessarily be accountable for the decisions and actions of those to whom you delegate, you remain responsible for the overall management of the client and for your decision to delegate, and
- d. always communicate sufficient information about the client to enable safe continuation of the service.

6. Working within systems

Principle 6: Psychologists have a responsibility to contribute to the effectiveness and efficiency of the systems in which they work.

6.1 Optimal services for all members of society

It is important that psychologists deliver their services for the optimum benefit of all members of society.

Effective practice includes that you:

- a. ensure the services you provide are appropriate and necessary,
- b. uphold the right of clients to gain access to the necessary level of services, and whenever possible, help them to do so,
- c. support the transparent and equitable allocation of services, and
- d. understand that your use of resources can affect the access other clients have to the services provided by psychologists.

6.2 Promotion of psychological wellbeing

Psychologists have a responsibility to promote the psychological wellbeing of the community.

Effective practice includes that you:

- a. understand the principles of psychological wellbeing, including education and promotion, and use the best available evidence in making service-related decisions, and
- b. participate in efforts to promote the psychological wellbeing of the community.

¹¹ As defined in the Definition section, and following the [AHRC](#), sexual harassment is unwelcome sexual conduct that a reasonable person would anticipate would offend, humiliate or intimidate the person harassed.

7. Minimising risk to and by clients

Principle 7: Client safety, which includes cultural safety and culturally reflective practice, as well as managing the risk clients pose to themselves and others, is very important. Psychologists should minimise risk by maintaining their capability through ongoing professional development and self-reflection, and understanding and applying the principles of governance, risk minimisation and management when they practise.

7.1 Risk management

Effective practice in relation to risk management includes that you:

- a. practise cultural safety and culturally reflective practice as detailed under Principles 2 and 3,
- b. understand the importance of governance and your obligations within your work setting¹²,
- c. participate in quality assurance and improvement systems where available,
- d. develop and implement risk management processes that identify and minimise risk to reduce harm to clients and/or to respond to harmful events, if you practise in a setting where local systems are not in place,
- e. participate in systems for surveillance and monitoring of harmful events where required, including reporting such events to the relevant authority as appropriate,
- f. ensure systems are in place for raising concerns about risks to clients and others, if you have leadership or management responsibilities,
- g. in your work setting and within systems, strive to reduce error and improve the safety of clients and others,
- h. support practitioners and colleagues who raise objectively valid concerns about the safety of clients and others,
- i. take reasonable steps to address the risk if there is reason to think that the safety of clients might be compromised, and
- j. consider whether a client poses a serious threat to others, and if you reasonably believe so, take reasonable steps to address the risk, acting in accordance with the *Privacy Act* or other relevant legislation.

7.2 Psychologists' performance and health

The welfare of clients could be put at risk if psychologists perform below the standard expected of them.

If there is a risk, effective practice includes that you:

- a. recognise and take steps to minimise the risk, including complying with relevant state and territory occupational health and safety legislation,
- b. follow the guidance in section 9.1 Your health and wellbeing if you know or suspect that you have a health condition that could adversely affect your judgement or performance,
- c. take steps to protect clients from being placed at risk of harm by a practitioner's conduct, performance or ill health (see also section 9.2 Other practitioners' health and wellbeing),
- d. comply with legislative obligations, including mandatory reporting requirements under the *National Law*,
- e. take appropriate steps to support practitioners to get help if you have concerns about their performance or health, and
- f. seek advice from an experienced practitioner, your employer, professional indemnity insurer or a professional body if you are not sure what to do.

7.3 Maintaining and developing psychological knowledge and skills

Maintaining and developing appropriate and current psychological knowledge, skills and professional behaviour are core aspects of effective and culturally reflective practice. This requires self-reflection and participation in relevant development, service improvement, and performance-appraisal processes to continually develop capabilities. These activities must continue through a psychologist's working life as science and technology develop and society changes.

¹² Psychologists who work in accredited organisations can consult the [Australian Commission on Safety and Quality in Health Care's Australian Open Disclosure Framework](#).

7.4 Continuing professional development (CPD)

Development of knowledge, skills and professional behaviour must continue throughout a psychologist's working life. The Board requires you to keep your knowledge and skills up to date to ensure that you continue to work within the boundaries of your competence. The *National Law* requires psychologists to complete CPD, and psychologists must be familiar with the Board's [registration standard](#) and [guidelines](#) on CPD.

8. Psychologists' behaviour

Principle 8: Psychologists must demonstrate a standard of practice and personal behaviour that warrants the trust and respect of the community and their peers. This includes complying with the standards of the Board and practising ethically and honestly.

8.1 Reporting obligations

Psychologists have a statutory obligation under the *National Law* to report certain matters to the Board or Ahpra.¹³ For instance, psychologists have a legal obligation to report to the Board or Ahpra any restrictions that are placed by their employers on the services they can provide.

Practising ethically and honestly includes that you:

- a. are aware of these reporting obligations,
- b. comply with any reporting obligations that apply to you, and
- c. seek advice from the Board, your professional indemnity insurer, or other relevant bodies if you are unsure about your obligations.¹⁴

8.2 Vexatious notifications or malicious claims

Avoid vexatious notifications¹⁵ and malicious claims that are without substance. Only make legitimate notifications and claims that are motivated by genuine concerns about public safety.

Effective practice includes that you:

- a. raise genuine concerns about risks to public safety to the appropriate authority (locally and/or the Board) and comply with mandatory reporting requirements, and
- b. do not raise concerns that are malicious or make vexatious notifications about other practitioners. Malicious claims and vexatious notifications may be viewed as unprofessional conduct or professional misconduct and the Board may take regulatory action.

8.3 Integrity of assessment methods and techniques

Psychologists should protect the integrity of assessment methods and techniques in a manner that is consistent with their organisational and legal obligations.

8.4 Public behaviour and statements

Psychologists recognise that they have an obligation to enhance and protect the profession's reputation by refraining from practice and personal behaviour that might bring the profession into disrepute and/or reflect on their ability to practise as psychologists.

Psychologists should be aware that statements intended to be private could become public and can affect the public standing of the profession.¹⁶

When making public statements of any kind, including on social media, professional behaviour includes that you:

- a. use respectful language, respect the privacy of others and maintain proper boundaries, and
- b. make informed comments using contemporary, peer-reviewed research findings and/or your demonstrated experience and expertise.

¹³ These can be found in sections 130 and 141 of the *National Law*.

¹⁴ For guidance, see the [Mandatory notifications](#) section on Ahpra's [Concerns about practitioners](#) webpage.

¹⁵ For guidance on how to identify and manage vexatious notifications, you can consult the [Vexatious notifications](#) page.

¹⁶ The Board's [Social media guidance](#) page provide practical information in this regard.

8.5 Client records

Maintaining clear and accurate client records is essential for continuing quality service provision and good governance. The form and content of your records will depend on the nature of the services you provide, your work setting and other factors such as legal and organisational requirements.

Effective practice nevertheless includes that you:

- a. keep accurate, up to date, factual, objective, legible and accessible records that report relevant details of the service provided in a form that can be understood by other practitioners and colleagues,
- 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 section 3.3 Privacy and confidentiality),
- c. ensure that your records show respect for clients and associated parties, and do not include demeaning or derogatory remarks,
- d. ensure that records are sufficient to facilitate continuity of the service provided,
- e. make records at the time of events or as soon as possible afterwards,
- f. promptly facilitate the transfer or management (including disposal) of client information in accordance with relevant legislation when requested by clients, or when closing or relocating a work setting, and
- g. retain client information consistent with relevant legislative or organisational requirements, but at least:
 - i. seven years since the last entry was made in adult clients' records; and
 - ii. after the 25th birthday of clients who were younger than 18 years when the last entry was made in their records.

8.6 Insurance

Psychologists have a statutory requirement to ensure that they have appropriate professional indemnity insurance arrangements in place. You must adhere to the Board's [Professional indemnity insurance arrangements registration standard](#).

8.7 Advertising

Advertisements for services can provide useful information to clients; however, advertising should not be false, misleading or deceptive. The use of testimonials about clinical aspects of services in particular can create an unreasonable expectation of benefit or encourage the unnecessary use of services.

Effective practice involves complying with the *National Law*¹⁷ and relevant Commonwealth, state and territory legislation on consumer protection, fair trading and, where relevant, therapeutic goods advertising, and ensuring that any promotion of a service is ethical.

8.8 Legal, insurance and other assessments

When third parties contract with psychologists to conduct an assessment of a person who is not their client for legal, insurance or other reasons, the usual psychologist–client relationship does not exist. In this situation, effective practice includes that you:

- a. clarify your role and the nature of the relationship with the third party,
- b. apply the standards of behaviour described in this code to the assessment; in particular, be respectful and alert to the concerns of the person,
- c. explain to the person your role and the purpose, nature and extent of the assessment to be conducted and your reporting obligations,
- d. anticipate and seek to correct any misunderstandings the person might have about the nature and purpose of your assessment and report,
- e. explain to the person what the implications could be if consent to do the assessment is refused and specifically indicate that such refusal will be reported to the third party,
- f. obtain the person's explicit consent to proceed with the assessment and provide a report, or record the reasons provided if such consent is not given,

¹⁷ They are explained in greater detail in the National Boards' [Guidelines for advertising regulated health services](#).

- g. provide an impartial report (see also section 8.9 Reports, certificates and giving evidence), and
- h. recognise that if you discover an unrecognised serious health issue during the assessment, you have a duty of care to inform the person or their treating practitioner.

8.9 Reports, certificates and giving evidence

The community places a great deal of trust in psychologists and consequently psychologists should only make verbal or written statements that they know, or reasonably believe, are true and objective.

Effective practice includes that you:

- a. warn clients or other recipients of information of the reasonably foreseeable risks that the information contained in your reports, certificates or evidence might hold for them,
- b. if agreed, prepare or sign documents and reports within a reasonable and justifiable timeframe,
- c. be honest about your qualifications, experience and the limitations of your competence when you provide information in person or in a document,
- d. make clear the limits of your knowledge and do not give opinions beyond those limits when giving evidence, whether in person or in a document,
- e. take reasonable steps to verify the content before you sign a report or certificate, and do not omit relevant information deliberately,
- f. be honest, unbiased and truthful when writing reports and certificates, and only sign documents you believe are accurate,
- g. give honest and unbiased reports and evidence when legally obliged to provide information,
- h. recognise and attempt to resolve any conflict between your legal obligations and your obligations to your client. You should inform your client what your legal obligations are and take reasonable steps to resolve such conflict in a responsible manner,
- i. recognise that your conduct as a witness in court is determined by legal rules and it is your responsibility to behave in accordance with those rules, and
- j. recognise how your previous relationship with a client might affect your objectivity or opinion as a witness and disclose the potential conflict.

8.10 Your work history

When providing information about your work history, professional behaviour includes that you:

- a. provide accurate, truthful and verifiable information about your work history, experience and qualifications, and
- b. do not misrepresent by misstatement or omission your work history, experience, qualifications or position (see also section 10.2 Assessing other practitioners).

8.11 Investigations

Psychologists have responsibilities and rights relating to any legitimate investigation of their, or another practitioner's, conduct. In meeting these responsibilities, it is advisable to seek legal advice and/or advice from your professional indemnity insurer.

Professional behaviour includes that you:

- a. cooperate with any legitimate inquiry into your conduct and cooperate with any complaints procedures that apply to you,
- b. disclose, to anyone legally entitled to ask for it, information relevant to an investigation into your own or another practitioner's conduct, performance or health,
- c. cooperate with any legitimate investigation into alleged offences under the *National Law*, and
- d. with reference to the relevant law, help the coroner when an inquest or inquiry is held into the death of a client by responding to the coroner's enquiries and by offering all relevant information.

8.12 Conflicts of interest

Clients rely on the independence and trustworthiness of psychologists for any advice or service offered. A conflict of interest arises when a psychologist, entrusted with acting in the interests of a client, also has financial, personal or other interests, or relationships with others, that could affect the service or could reasonably be perceived to do so.

Multiple interests are common. They require identification, careful consideration, appropriate disclosure and accountability. When these interests compromise or might reasonably be perceived by an independent observer to compromise the psychologist's primary duty to the client, psychologists must recognise and resolve this conflict in the best interests of the client.

Effective practice includes that you:

- a. recognise potential conflicts of interest that could arise while delivering services to clients,
- b. act in the interests of your clients when making referrals and when providing or arranging services,
- c. inform your clients, those you report to, and associated parties to the service what your obligations are so that there is mutual understanding by all parties involved in the service,
- d. do not ask for or accept any inducement, gift or hospitality that could affect or be seen to affect the way you provide services for clients,
- e. do not offer inducements to other practitioners, colleagues or enter into arrangements that could be perceived to provide inducements,
- f. do not allow any financial or commercial interest to adversely affect the service you provide or 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
- g. avoid performance targets, quotas and business expectations that are inconsistent with your obligations under this code. Where psychologists identify such a conflict, they should in consultation with an experienced practitioner seek a constructive resolution that is consistent with this code.

(See also sections 4.9 Multiple relationships and 4.10 Simultaneous services).

8.13 Financial and commercial dealings

Psychologists must be honest and transparent in financial arrangements with clients.

Professional behaviour includes that you:

- a. do not exploit the vulnerability or lack of knowledge of clients when providing or recommending services,
- b. do not influence clients to give, lend or bequeath money or gifts or to undertake services that will benefit you directly or indirectly, other than fair remuneration for actual services provided,
- c. do not influence clients to provide benefits such as making donations or benefits to other people or bodies,
- 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 or another practitioner if possible,
- e. do not give gifts to clients unless it is in the client's best interest and forms part of your standard and well documented method of providing services that you:
 - i. can justify for ethical, legal or organisational reasons, and
 - ii. have discussed with an experienced practitioner,
- f. do not become involved financially with clients, for example, through loans and investment schemes, and
- g. be transparent in financial and commercial matters relating to work, including dealings with employers, insurers and other organisations or individuals, and in particular:
 - i. declare any relevant and material financial or commercial interest that you or your family might have in any aspect of service provision, and
 - ii. declare to clients any interest in any product or service you might endorse or sell as part of your work setting, and do not make an unjustifiable profit from the sale or endorsement.

8.14 Non-monetary compensation

Psychologists should avoid accepting goods, benefits or other non-monetary compensation from clients in return for services. If you reasonably believe that you are culturally or ethically obliged to accept non-monetary compensation, professional behaviour includes that you:

- a. inform all relevant parties of potential conflicts of interest and explain the possible implications of the situation,
- b. establish the fair value of the non-monetary compensation,
- c. monitor and take reasonable steps to protect the interests of clients, and
- d. make contemporaneous records of your management of the situation.

9. Proactive management of health, wellbeing and work-related psychological risk factors

Principle 9: It is important for psychologists to maintain their own health and wellbeing and to support other practitioners' health and wellbeing. Psychologists recognise that to maintain public trust in themselves and other psychologists, they have an obligation to take reasonable steps to prevent and manage psychological and physical factors that can impair their ability to provide trustworthy services.

9.1 Your health and wellbeing

Professional behaviour includes that you:

- a. seek expert, independent, objective advice when you need healthcare, and be aware of the risks of self-diagnosis and self-treatment,
- b. understand the importance of immunisation against communicable diseases and take reasonable and effective steps to prevent the transmission of communicable diseases,
- c. recognise the impact of personal and work-related psychological risk factors on your health and ability to provide services to clients, and
- d. do not rely on your own assessment of the risk you pose to clients if you know or suspect that you have a health condition or impairment that could adversely affect your judgement, performance or the wellbeing of clients. In this case:
 - i. consult a medical or other practitioner as appropriate about whether, and in what ways, you might need to modify your service provision, and follow your treating practitioner's advice, and
 - ii. be aware of your responsibility under the *National Law* to notify the Board or Ahpra in relation to certain impairments.

9.2 Other practitioners' health and wellbeing

Psychologists have a responsibility to help other practitioners maintain health and wellbeing. Psychologists recognise that to maintain public trust in the profession, they have an obligation to take reasonable steps when they become aware of practitioners who experience psychological and physical factors that lead to impairment that could place the public at risk of harm.

Professional behaviour includes that you:

- a. give practitioners who are clients the same quality of service provided to other clients,
- b. take action, including a mandatory or voluntary notification under the *National Law*, if you know or reasonably believe that a practitioner is putting the public at risk of harm by practising with an impairment, and
- c. recognise the effect of stress on the health of other practitioners, including those under supervision, and encourage those who are adversely affected by stress to seek support from a practitioner.¹⁸

10. Teaching, supervising and assessing

Principle 10: Psychologists should support the important role of teaching, supervising and mentoring psychologists, registrars and provisional psychologists to develop the psychology workforce.

10.1 Teaching and supervising

In teaching and supervision roles, effective practice includes that you:

- a. seek to develop the knowledge, skills and attitudes of an effective and culturally safe and reflective teacher and/or supervisor,
- b. oversee the supervisees' service-related behaviour and give appropriate feedback and guidance to them as required,
- c. avoid any potential for conflict of interest in teaching or supervision relationships that might impair your objectivity and/or interfere with the supervised person's learning outcomes or experience. For example, do not supervise someone with whom you have a pre-existing service or non-service relationship,

¹⁸ The [Ahpra website](#) has information on raising concerns about a practitioner via a [voluntary notification](#), and the thresholds for making a mandatory notification, in the [Guidelines: Mandatory notifications about registered health practitioners](#).

- d. recognise that there is a power imbalance in teaching and/or supervision relationships,
- e. model professional and ethical behaviour and maintain appropriate boundaries in teaching and/or supervision relationships. The responsibility to maintain appropriate boundaries rests with teachers and supervisors, and
- f. recognise that you must provide supervision at the standard reasonably expected of supervisors and that you might be held responsible for the conduct of the supervisee should you fail to meet this standard.

10.2 Assessing other practitioners

Assessing other practitioners is an important part of making sure that the highest standard of conduct is achieved.

Effective practice includes that you:

- a. are honest, objective, constructive and culturally safe and reflective when assessing the performance of other practitioners, including provisional psychologists and registrars, and do not put clients at risk by inaccurate or inadequate assessment, and
- b. provide accurate and justifiable information promptly and include all relevant information when giving references or writing reports about other practitioners.

10.3 Provisional psychologists and registrars

Provisional psychologists and registrars are learning how best to work with clients. Creating opportunities for learning improves their psychological knowledge and skills and nurtures the future workforce.

Effective practice includes that you:

- a. recognise that there is an inherent power imbalance in the relationship between psychologists and provisional psychologists and registrars that might make them vulnerable,
- b. model professional and ethical behaviour and maintain appropriate boundaries with provisional psychologists and registrars, as the responsibility to maintain appropriate boundaries rests with you,
- c. treat provisional psychologists and registrars with respect,
- d. when appropriate, make it clear to provisional psychologists and registrars what the scope is of their role in providing services to clients, document this, and explain the situation to clients and associated parties, and
- e. when appropriate, inform clients that provisional psychologists and registrars work under supervision and share information with supervisors.

11. Ethical research

Principle 11: Psychologists should recognise the vital role of ethical and evidence-based research, conduct research ethically and support the decision-making of research participants.

11.1 Research ethics

Research in Australia is governed by guidelines issued in accordance with the *National Health and Medical Research Council Act 1992*. If carrying out research, psychologists should familiarise themselves with, and follow, these guidelines.

Research involving animals is governed by legislation in states and territories and by guidelines issued by the National Health and Medical Research Council (NHMRC).

Being involved in the design, organisation, conduct or reporting of research, or activities that others might consider research, brings responsibilities for psychologists.

Effective practice includes that:

- a. you ensure the research does not compromise the psychologist–client relationship or the services provided to clients,
- b. if your research comes under the governance of the NHMRC, you should comply with guidance issued by the NHMRC, and
- c. if your research does not come under the governance of the NHMRC, you should comply with guidance issued by the NHMRC (as far as relevant) and the provisions of this code such as those regarding informed consent and the prevention of harm.

Definitions

For the purpose of this code any reference to the singular shall include the plural and the plural the singular, and unless the context indicates otherwise:

Associated party/parties are people or bodies psychologists interact with whilst providing a service, who are not a client or third party. They include but are not limited to:

- a. clients' carers, employers, employees, friends, guardians, partners, relatives and spouses,
- b. other practitioners, and
- c. spokespeople representing bodies or communities.

Australian Health Practitioner Regulation Agency or Ahpra is the body corporate established under section 23 of the *National Law* to oversee and administer the *National Law*.

Bullying is when people repeatedly and intentionally use words or actions against someone or a group of people to cause distress and risk to their wellbeing.

Clients are people, bodies or systems who are the recipients of services that psychologists provide.

Colleague means a person who is not a practitioner whom a psychologist works with whilst providing a service.

Complaint is a concern raised about the conduct, performance, or health of a psychologist to a health department or another statutory body other than the Board or Ahpra that has authority to examine the conduct, performance, or health of a psychologist.

Cultural safety

This definition of cultural safety was developed for use in the National Scheme by the Aboriginal and Torres Strait Islander Health Strategy Group in partnership with the National Health Leadership Forum.

Principles:

The following principles inform the definition of cultural safety:

- Prioritising the Council of Australian Government's goal to deliver healthcare free of racism supported by the National Aboriginal and Torres Strait Islander Health Plan 2021–2031.
- Improved health service provision supported by the Safety and Quality Health Service Standards User guide for Aboriginal and Torres Strait Islander health.
- Provision of a rights-based approach to healthcare supported by the United Nations Declaration on the Rights of Indigenous Peoples.
- Ongoing commitment to learning, education and training.

Definition:

Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities.

Culturally safe practice is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism.

Culturally reflective practice means that psychologists' interaction and communication with clients and associated parties from a cultural background different from their own reflect awareness, knowledge and understanding of, and respect for, the relevant culture and the ability to provide effective and sensitive services to such clients and their associated parties.

Electronic means any digital form of communication, including email, online meeting technologies, internet and social media.

Experienced practitioner means a senior psychologist, or if objectively impractical to consult one, another practitioner who objectively has experience, knowledge and skills about the issue, or a licenced legal practitioner in case of a legal issue.

Handover or hand over is the process of transferring all responsibility for a service to another practitioner.

Harassment is treating a person less favourably on the basis of certain personal characteristics, such as race, sex, pregnancy, marital status, breastfeeding, age, disability, sexual orientation, gender identity or intersex status.

Multiple relationships include situations where psychologists provide, or intend to provide, a service to a client:

- a. with whom they have, or previously had, a non-service association,
- b. to whom they are providing a different service (for example, the psychologist acts as both a treating psychologist and a forensic assessor),
- c. where they have, or previously had, a non-service association with associated parties,
- d. where they currently provide, or previously provided, a service to associated parties,
- e. together with associated parties,
- f. together with one or more other clients, and
- g. who currently provides or had previously treated the psychologist.

National Law refers to the Health Practitioner Regulation *National Law* as in force in each state and territory.

Notification refers to the procedure a person can use to raise a concern about a practitioner's conduct, performance, or health under the *National Law*.

Practice means the way in which psychologists act when they use their psychological knowledge and skills in any role, whether remunerated or not. Practice in this code includes using psychological knowledge in providing services to clients, working in management, administration, education, research, advisory, regulatory or policy development roles, and any other roles that impact on the safe, effective delivery of services in the profession.

Professional or **professionally** refers to attitudes and characteristics that the Board deems desirable in psychologists and sets out in this code and its other regulatory documents.

Psychologist means an individual who is registered under the *National Law* to practise as a psychologist; or who holds non-practising registration as a psychologist under the *National Law*.

Psychology Board of Australia or **Board** means the Registration Board that has been established for the psychology profession by section 31 of the *National Law*.

Racism means prejudice, discrimination or hatred directed at someone because of their colour, ethnicity or national origin.

Referral or **referring** involves one practitioner sending a client to obtain an opinion, service, or treatment from another practitioner. 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 beyond the boundaries of the referring practitioner's competence.

Registered health practitioner or **practitioner** means an individual who is registered under the *National Law* to practise a health profession, other than as a student, or who holds non-practising registration in a health profession under the *National Law*.

Service means any psychological service provided by a psychologist including, but not limited to, advice, assessment, coaching, consultation, counselling, research, supervision, teaching, therapy and treatment, or goods provided in respect to the physical or mental health of a person, whether remunerated or pro bono.

Sexual harassment is unwelcome sexual conduct that a reasonable person would anticipate would offend, humiliate or intimidate the person harassed.

Social media describes the online and mobile tools that people use to share opinions, information, experiences, images, and video or audio clips, and includes websites and applications used for social networking. Common sources of social media include, but are not limited to, social networking sites such as Facebook and LinkedIn, blogs (personal, work-related and those published anonymously), business search and review sites such as Word of Mouth and True Local, microblogs such as X (previously Twitter), content-sharing websites such as YouTube and Instagram, and discussion forums and message boards.

Third parties are people or bodies towards whom psychologists have responsibilities because they have a direct interest in the service provided.

Unlawful discrimination in the provision of services occurs when a person, or a group of people, is treated less favourably than another person or group because of characteristics including, but not limited to, age, culture, disability, race, sex, gender identity, sexual orientation and/or any other factor proscribed by law.

Vexatious notification is a notification without substance, made with an intent to cause distress, detriment or harassment to a practitioner named in the notification. Vexatious notifications can come from anyone including clients, members of the public, and other practitioners.