

Public consultation: A code of conduct for psychologists

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

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

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

General questions
1. Do you support the Board's preferred option to implement a regulatory code of conduct?
Your answer: Yes, this is overdue and necessary that the Code of Conduct for Psychologists is published by our regulatory board, and not by an associated professional body. There have also been issues for people who do not subscribe to the APS to have access to the associated guidelines, which is unsafe practice.
2. Do you agree with the Board's approach to develop the draft Psychology Board of Australia code of conduct based on the shared <i>Code of conduct</i>?
Your answer: Yes.
3. Do you support the Board's proposal to adopt the draft Psychology Board of Australia code of conduct as the regulatory code for the psychology profession?
Your answer: Yes (as long as some adjustments made to the language and clarity made to the draft PBA Code of Conduct).

Content of the draft Psychology Board code

4. Does the draft Psychology Board of Australia code of conduct set the minimum standards expected of psychologists by their professional peers and the public?

Your answer:

Yes and any deviations from this must occur under exceptional circumstances.

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:

Current code of conduct appears to be very comprehensive.

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:

Requests to maintain continuity of psychological services (4.7) within public Health setting may not be possible as sometimes there is no other psychologist available. Also as highlighted in many of the webinar, there may not generally be any available psychologists to take over care. Perhaps consider adding into this section that "to continue to provide appropriate/alternative/support to clients" to clarify that the follow-up service may not necessarily be psychological in nature e.g. that GP will be supporting or another health care professional.

Additionally at times, despite best efforts, the referring services can at times be very hard to get into contact with and refuse to get back to confirm they have accepted the referral or accept handover. Thus in best practice agree with this practice, but may not be feasible in reality for many services.

4.8a - It is also not always possible to consult with experienced colleague prior to every personal disclosure, particularly when used as part of education point that you didn't know was going to happen.

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

Your answer:

No. As there are so many different sections that relate to the same or similar actions and behaviours, it results in lack of clarity, and open to exploitation. For instance Section 4.8f "recognise that it is mostly inappropriate to share your personal information".

The language also appears inconsistent – at times very directive regarding e.g. the above where it requests consult before seeking experienced colleague for personal disclosure; need for written consent prior to physical contact. And then vague regarding sexual and other relationships with previous clients in which appears more important to ensure that a more experienced colleague is consulted prior to engaging in sexual relationship (as well as encouraging the former client also seek consultation and advice before such a relationship were to commence/continue).

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:

Only to the extent the guidelines may not apply to small close knit communities where co-relationships are much more likely. (We do not identify as Aboriginal).

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:

Yes, as noted above, there are some aspects of the code which may result in inconsistent practice given the language used at times vague and open to interpretation, resulting in exploration to more vulnerable populations who may have varying expectations of healthcare in Australia.

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, making the code more open to interpretation lessens the protections for practitioners. Practitioners want clarity regarding the minimum standard of care that is to be provided, and equally to ensure that they are able to advocate to any employer limitations of their role/scope of their role, ensuring new practitioners are properly educated regarding how to interpret the code/when advice needs to be sought/when to make reports. As research shows, many people are hesitant to report colleagues, often wanting to allow for those exceptional circumstances and whether someone has met the threshold requiring reporting or not. Without this clarity, we are leaving too many parties unprotected.

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:

12 months seems reasonable timing, though the sooner the code comes into effect the better.

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

Your answer:

Clarity regarding which code would take precedence and which one should be referred to during the transitional period would be helpful.

General feedback

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

Your answer:

As mentioned above, on the whole, we support the implementation of a PBA Code of Conduct and majority of the content within the code, but require further adjustments to ensure greater clarity regarding expected behaviour, the requirements for psychologists.

Adjustments made to:

- Informed and documented consent regarding physical contact (is that necessary if you are comforting someone who is grieving? Successful termination of therapy?)
- More explicit instructions regarding entering into sexual relationship with previous client
- Change to language for continuity of care especially as many times there may not be availability for psychological service to continue (e.g. if to be seen by GP). Extent to which no follow-up service is available at all, or not able to confirm that receiving service has accepted referral.