



15 August 2023

Australian Health Practitioner Regulation Agency  
National Boards  
GPO Box 9958  
Melbourne, VIC 3001

## **RE: Public Consultation – Draft Psychology Code of Conduct**

The Australian Indigenous Psychology Education Project (AIPEP) is pleased to present this submission on the Ahpra review of the draft psychology Code of Conduct. AIPEP strongly supports the concerted steps towards supporting a stronger, competent, and progressive psychological workforce that benefits all Australians.

AIPEP would like to acknowledge the significant work that has been done by the Australian Health Practitioner Regulation Agency (Ahpra) and Psychology Board Australia (the Board). AIPEP agrees with the rationales raised by Ahpra and the Board for the Draft Psychology Code of Conduct. AIPEP supports the inclusion of cultural safety, as defined in the drafted Code of Conduct, as a fundamental principle of ethical psychological practice. This reform can support and improve wellbeing for Aboriginal and Torres Strait Islander peoples and psychologists, and rightfully shifts the responsibility of cultural safety to the psychology workforce rather than burdening Aboriginal and Torres Strait Islander peoples and communities.

Continuous engagement with organisations such as the Australian Indigenous Psychologists Association (AIPA) and AIPEP are required in the further development, implementation, and evaluation of Principle 2 cultural safety with Aboriginal and Torres Strait Islander peoples. We assert that the suggested reform **will not be** sustainable without significant involvement and financial resourcing of Indigenous Psychology bodies (AIPA, AIPEP) and Aboriginal and Torres Strait Islander community groups.

Please see AIPEP's recommendations, with comprehensive answers to the public consultation questions noted in [Appendix 1](#) and [2](#).

## **Recommendations**

**Recommendation 1:** AIPEP accepts option two, with the recommendation for further improvements to the drafted Code of Conduct as outlined in Appendix 1 and 2.

**Recommendation 2:** That the Board explicitly states that all psychologists, psychology workplaces/services, and psychology professional bodies need to invest in significant capacity building in cultural safety as a matter of public safety and ethical practice under National Law.



**Recommendation 3:** That the Board outlines a clear plan and commitment to action of increasing cultural safety in psychological practice with Aboriginal and Torres Strait Islander peoples that exceeds “minimum standards of expected behaviour” and clearly aligns with the National Scheme 2020-2025 aiming for healthcare service free from racism. This would include a psychology specific cultural safety strategy to appropriately address the lack of cultural safety with Aboriginal and Torres Strait Islander peoples within the profession of psychology.

**Recommendation 4:** *Principle 2: Aboriginal and Torres Strait Islander Health and Cultural Safety* requires further detail and guidance to increase usability of psychologists. The threshold for “minimum standards expected of psychologists” regarding Principle 2 should be increased AND that the guidance in the Code of Conduct includes greater detail and clarity.

**Recommendation 5:** Ongoing collaboration and partnership with Indigenous psychology groups (AIPA, AIPEP) and the Aboriginal and Torres Strait Islander community regarding further development of Principle 2, the implementation strategy and review process of the Code of Conduct, and a psychology specific cultural strategy.

**Recommendation 6:** That the Board continues to provide financial investment in the ongoing cultural safety strategy and capacity building in the psychology workforce, which includes financial support to Indigenous Psychology bodies (AIPA, AIPEP) and Aboriginal and Torres Strait Islander community groups integral to this process.

**Recommendation 7:** Through this consultation, the Board should seek direct consultative feedback from a variety of diverse groups and make note of which parts of the psychology workforce will require significant/unique support in the implementation of the Code of Conduct and necessary capacity building. It is recommended that the Board meet with community stakeholders (beyond this consultation) to discuss the strategy and support that is required for their unique needs and contexts. In the instance where the Board has not received feedback from certain diverse groups, it would be pertinent for the Board to actively reach out to those groups for consultation.

**Recommendation 8:** Appendix 2 provides recommendations for how the content of the Psychology Code of Conduct can be strengthened and made clearer for psychologists and the public. We request that the Board review Appendix 2 and integrate the recommended changes.

#### **AIPEP background:**

The [Australian Indigenous Psychology Education Project \(AIPEP\)](#) is an innovative Aboriginal-led project pioneering the way in transforming and decolonising higher education psychology across Australia. AIPEP falls under Stream 2: Empowering the Workforce arm of the [Transforming Indigenous Mental Health and Wellbeing](#) project. Stream 2 aims to empower



**AIPEP**  
Australian Indigenous  
Psychology Education Project  
[Redacted]

Australian Indigenous  
Psychology Education Project (AIPEP),  
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The University of Western Australia  
[Redacted]

the psychology and mental health workforce to deliver culturally safe care for Aboriginal and Torres Strait Islander Australians.

AIPEP aims to transform psychology higher education by decolonising and Indigenising psychology curricula and increasing Aboriginal and Torres Strait Islander student participation in psychology education and graduation into the psychology workforce. AIPEP works in close partnership with the Australian Indigenous Psychologists Association (AIPA). AIPEP has established a national Community of Practice to support and empower Higher Education Providers (HEPs) transform psychology education and better meet the needs of Aboriginal and Torres Strait Islander students. Currently, 34 higher education providers (HEPs) have joined the Community of Practice, which is 80% of HEPs that offer APAC-accredited psychology courses.

We will be more than pleased to discuss this submission further. Reach us by emailing the AIPEP team on [Redacted].

Yours sincerely,

Belle Selkirk, Joanna Alexi, Tanja Hirvonen, and Pat Dudgeon AM,

on behalf of the AIPEP governance and team.





## Appendix 1

### Answers to the questions posed in the public consultation.

#### General questions

*This section is about the Board's approach and preferred option to introduce a regulatory code of conduct. This will mean that the APS code, which has been in effect since the start of the National Scheme, would no longer be the document that sets professional standards of conduct for psychologists. Our decision to author the regulatory code for the psychologists was carefully considered. It is linked with our duty to ensure that we fulfil our obligations to consult widely and regularly review regulations. For further information before providing feedback, you can read about our process in the consultation paper and attend one of our webinars with the Board Chair.*

#### 1. Do you support the Board's preferred option to implement a regulatory code of conduct?

##### Your answer:

**Yes - AIPEP agrees with Option Two: updating the Board's Code of Conduct.**

There have been significant changes in the profession of psychology since the National Board adopted the APS code of ethics. The APS code of ethics was established in 2007 and does not adequately address cultural safety and a human rights approach in working with Aboriginal and Torres Strait Islander peoples.

In 2022, the Health Practitioner Regulation National Law Amendment and Other Legislation Amendment Act 2022 enshrined cultural safety for Aboriginal and Torres Strait Islander peoples by introducing a new objective and guiding principle to the National Law. The development of the Psychology Board Australia (the Board) Code of Conduct that emphasises cultural safety is a critical step in improving patient safety for Aboriginal and Torres Strait Islander peoples.

We oppose Option One - Status Quo. As it stands, the APS Code (2007) is no longer fit-for-purpose. Further, it is appropriate and necessary for the Board to author its own Code of Conduct to align with National Law, the 2023 proposed competencies in general registration, and best practices in cultural safety in working with Aboriginal and Torres Strait Islander peoples. Continuing the status quo will not only be a missed opportunity, but will create a misalignment with National Law, and likely will become a barrier in implementing the necessary cultural safety capacity building the Australian psychology workforce requires.



**2. Do you agree with the Board's approach to develop the draft Psychology Board of Australia code of conduct based on the shared *Code of conduct*?**

**Your answer:**

**Yes**

The Shared Code is an appropriate starting point for the development of a psychology Code of Conduct. The psychology Code of Conduct should align with the Shared Code that informs professional practice across *all* disciplines under Ahpra. However, the drafted Psychology Code of Conduct needs to be detailed and specific to the practice of psychology whilst acknowledging the diversity of psychological practice and psychology workforce in Australia.

**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 – however improvement is required.**

When implemented effectively, Codes of Conduct have great benefit to the profession and the public. A psychology Code of Conduct has the potential to provide clear and structured explanation standards of behaviour expected of registered psychologists and practical guidance on how to engage in safe and effective psychological practice. This is beneficial for everyone including psychologists in training, psychology educators, registered psychologists, psychology supervisors, and the general public who wish to read the Code of Conduct for their own benefit.

In our opinion the proposed Code of Conduct has great potential to provide clearer explanations to inform decision making in psychological practice, including whether an action by a psychologist meets threshold for regulatory action. This will be particularly important in the demonstration and regulation of culturally safe practice (under National Law) with Aboriginal and Torres Strait Islander peoples.

It is understood that a Code of Conduct differs from a Code of Ethics, in that codes generally focus on "minimum standards of expected behaviour" including thresholds for acceptable behaviour for regulatory action. However, we are concerned that this term is problematic and potentially undermining the necessary actions required in relation to cultural safety under National Law, and that the threshold for regulatory action regarding breaches in cultural safety is too low. If Ahpra and the Board are aspiring to a "healthcare free from racism" as outlined in the National Scheme 2020-2025, then promoting minimum standards of expected behaviour is unlikely to meet that target.

Commentary regarding the Public Consultation paper in relation to Principle 2:



The draft Code of Conduct includes new content and behavioural descriptors relating to cultural safety. This does not exist in the APS code. Cultural safety in National Law was established to directly address racism and lack of cultural safety in health care. Therefore, we caution the Board making general statements that the draft Code of Conduct is not asking psychologists to change their practice (see examples: Guide to the Review, p.7; Consultation paper, p. 5) as this is sending the misleading message that the current psychology workforce is culturally safe and does not require further upskilling and capacity building. On the contrary, the Board is stating that psychologists need to increase their competencies (as exemplified through the proposed new competencies for general registration) and ethical practice in cultural safety. The Board is stating that the current APS Code and Competencies for general registration (the status quo) are not meeting the needs of Aboriginal and Torres Strait Islander peoples, therefore the reforms in general registration and draft Code of Conduct are ethically necessary and required under National Law.

The Code of Conduct consultation paper states: "The Board believes that the preferred option outlined in this consultation paper will promote health and cultural safety for Aboriginal and Torres Strait Islander Peoples without creating disproportionate burden on registered practitioners" (Consultation Paper, p. 17). Registered psychologists should hold considerable responsibility (i.e., the burden is theirs to hold, not the Aboriginal and Torres Strait Islander community) for culturally safe practice and the required capacity building. It is each psychologist's responsibility to build their capacity to provide culturally safe care. To date this has not been reinforced by psychology regulatory bodies in Australia, therefore there will be a significant degree of workforce capacity building and the expectation of psychologists to "do more". We encourage this.

#### **Recommendations:**

- The Board outlines a clear plan and commitment to action of increasing cultural safety with Aboriginal and Torres Strait Islander peoples that exceeds "minimum standards of expected behaviour" and clearly aligns with the National Scheme 2020-2025 aiming for healthcare service free from racism.
- The Board strongly asserts that all psychologists, psychology workplaces/services, and psychology professional bodies need to invest in significant capacity building in cultural safety as a matter of public safety and ethical practice under National Law.
- The Board engages in further collaboration with Indigenous psychology groups (AIPA, AIPEP) and the Aboriginal and Torres Strait Islander community regarding the implementation.
- The Board continues to provide significant financial investment in the ongoing cultural safety capacity building, which includes financial support to Indigenous Psychology bodies (AIPA, AIPEP) and Aboriginal and Torres Strait Islander community groups integral to this process.





### Content of the draft Psychology Board code

*This series of questions relate to what we have written into our proposed regulatory code of conduct.*

*You will find our draft code at Attachment E of the public consultation paper, which we encourage you to read and think about how you would apply the sections to personal and professional experiences. The code should be read as a whole and you will find that the sections interact and support one another.*

*Parts of our draft code will have similar content with the shared code, so you can also find relevant resources for health practitioners and the public on the shared code webpage.*

#### **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 - with recommendations for areas of improvement.**

Overall, the draft Code of Conduct has articulated clear statements on minimum expected behaviour of psychologists. We support the inclusion of Principle 2 Aboriginal and Torres Strait Islander Health and Cultural Safety and Principle 3 Respectful and Culturally Safe Practice for All. The inclusions of these principles align with National Law and are a vital step in increasing patient safety for Aboriginal and Torres Strait Islander peoples. However further improvement to the articulation and level of details in Principle 2 is recommended.

Principle 2 directly cites the Ahpra definitions and overarching guidelines of culturally safe and respectful practice (Principles 2.2 a-d). While it is essential that this is included in the draft Code of Conduct, and is consistent with the Shared Code, we believe it falls short of providing clear and detailed guidance of how to implement these principles in psychological practice. This is a new learning area for many registered psychologists and a greater level of detail is recommended.

Cultural safety is a complex, multi-layered, and multifactorial process. Without greater detail including behavioural descriptors, the risk is that the "minimum standards expected of psychologists" will (continue to) not be met, let alone the National Scheme's 2020-2025 aim of creating a health care system that is "free from racism".

We believe that the threshold for "minimum standards expected of psychologists" regarding Principle 2 should be increased AND that the guidance in the draft Code of Conduct includes greater detail and clarity.

Please see the **Appendix 2** for further details on how principles can be strengthened.



### Recommendations

- Principle 2: Aboriginal and Torres Strait Islander Health and Cultural Safety requires further detail and guidance to increase usability of psychologists. The threshold for “minimum standards expected of psychologists” regarding Principle 2 should be increased AND that the guidance in the Code of Conduct includes greater detail and clarity.
- It is recommended that the Board engage in further collaboration with Indigenous psychology groups (AIPA, AIPEP) and the Aboriginal and Torres Strait Islander community to further develop this principle to make it more robust in its guidance for psychologists.

### 5. Are there any specific areas of psychological practice that are not adequately addressed in the draft Psychology Board of Australia code of conduct?

#### Your answer:

**Yes – there are areas for improvement.**

Overall, the draft Code of Conduct provides clear and useful guidance that captures the diversity of psychological practice. However, as outlined in the above question 4, Principle 2 requires further clarity and guidance to adequately address this important principle in psychological practice.

Principle 2 would be strengthened by the specific acknowledgment that Western derived psychological approaches have been harmful to Aboriginal and Torres Strait Islander peoples. This is a specific acknowledgment in the Code of Conduct that differs from the Shared Code. The acknowledgement in the draft Code of Conduct will then lead into clear guidance regarding the importance of privileging Indigenous knowledges in psychological practice as a matter of patient safety – this includes the use of Indigenous-derived frameworks and methodologies in psychology; and clear statement about the need for critical reflection and supervision when utilising Western derived diagnostic systems, assessment methods, and interventions.

Further to the above, we recognise that cultural safety is inherent throughout all the principles of the draft Code of Conduct. There are aspects of other principles where cultural safety could be strengthened through added language and/or explanation. For instance, there is provision in the draft Code of Conduct to strongly emphasise cultural safety as fundamental in risk management (Principle 7), minimise cultural loading on Indigenous Psychologists (Principles 4 and 5), protections regarding culturally privileged and sacred information (Principle 8), and adherence to the guidelines of ethical conduct in research with Aboriginal and Torres Strait Islander peoples and communities (Principle 11).





### Recommendation

**Appendix 2** provides recommendations for how the content of the Psychology Code of Conduct can be strengthened and made clearer for psychologists and the public. We request that the Board review Appendix 2 and integrate the recommended changes.

### 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:

**No – however there are areas for improvement.**

Overall, we have not identified any areas of the draft Code of Conduct that are considered unworkable. As detailed in the above questions further detail and expansion is required in Principle 2 to make it more robust/ workable. Without these necessary changes it is likely that Principle 2 will not be adequately implemented. There are some principles where the language used is restrictive or urban-centric (for instance Principle 4), and a revision of language is recommended to improve the workability.

### Recommendation

**Appendix 2** provides recommendations for how the content of the draft Code of Conduct can be strengthened and made more workable. We request that the Board review appendix 2 and integrate the recommended changes.

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

#### Your answer:

**Yes – however improvements are required.**

Overall, we believe the language and structure is clear and relevant. There are good behavioural descriptors under most principles. However, improvements are required to strengthen the language and description to improve the guidance for psychologists in adhering to the Code of Conduct.

### Recommendation



Appendix 2 provides recommendations for the improvement in language of the content of the draft Code of Conduct. We request that the Board review Appendix 2 and integrate the recommended changes.

### Community impact

*We have already benefited from the valuable insights collated by National Scheme stakeholders on our provisions about cultural safety for Aboriginal and Torres Strait Islander Peoples and priority groups in the community.*

*We acknowledge that there may be changes in community views and further dialogue that will inform our work on the code of conduct.*

*In particular, we would be interested in any information and feedback relevant to the delivery and access to psychological services if the draft code is approved.*

**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:**

**No – unlikely.**

In our opinion the draft Code of Conduct is unlikely to negatively impact on Aboriginal and Torres Strait Islander peoples. There is currently a lack of cultural safety in the psychology workforce overall which is to the detriment to Aboriginal and Torres Strait Islander peoples. The Code of Conduct aspires to address this lack of cultural safety (through upholding National Law). However, Principle 2 requires improvement in providing clear and detailed guidance within the Code of how to implement fundamental principles under National Law. Without this improvement the Code of Conduct will fall short of the necessary guidance psychologists require.

Even with improvements to Principle 2, it is highly likely that many psychologists will continue to struggle in this domain (and continue to practice in culturally unsafe ways) without significant capacity building in culturally safe practice. Therefore, it is vital that a suite of resources are developed to support the psychology workforce to build their capacity in cultural safety with Aboriginal and Torres Strait Islander peoples.

**Recommendations**



Negative impacts on Aboriginal and Torres Strait Islander peoples could be mitigated through:

- The Board outlines a clear plan and committed to action to increasing cultural safety within the psychology workforce.
- Further improvement can be made in expanding Principle 2 within the Code of Conduct
- The Board invest in the development of complimentary resources and capacity building of psychology workforce in cultural safety with Aboriginal and Torres Strait Islander peoples.
- Resources are co-developed with Indigenous psychology groups (AIPA, AIPEP) and Aboriginal and Torres Strait islander community groups.

**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:**

**Commentary deferred.**

We have some concerns that the drafted Code is urban-centric, therefore potentially limiting and impractical for those working in rural and remote areas. The language in Principle 4 is an example of privileging urban communities.

With regards to impacts on specific diverse and vulnerable communities, we will defer commentary to leaders, experts, and those with lived-experience of those communities to voice their opinions.

**Recommendation**

- That the Board seeks direct consultative feedback from a variety of diverse groups. In the instance where the Board has not received feedback from certain groups, it would be pertinent for the Board to actively reach out to those groups for this consultation.

**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 – these cost implications are necessary.**

The psychology workforce is extremely diverse. It is expected that there will be a period of adjustment that all parts of the psychology workforce (individuals, educators, organisations, government departments) will need to tolerate during the implementation of the drafted Code of Conduct. It is likely that some sectors of the psychology workforce are likely to experience greater impact than other areas, or have unique needs with regards to capacity building. Therefore, it is likely that this process is viewed strategically with consideration of implementation plans and capacity building for the drafted Code of Conduct being tailored for different parts of the psychology workforce. This should be expected and planned for.

An example of this difference is degree of cultural safety capacity building in psychology education versus psychology workforce broadly. Significant work is already underway with respect to the teaching of cultural safety in higher education spaces through initiatives led by, AIPEP, AIPA, APAC and HODSPA. The draft Code of Conduct will take some adjustment and resourcing by higher education providers, however it is our belief that the inclusion of Principle 2 (specifically) will be well received by higher education providers and align with the system changes already in effect in psychology education, particularly if this is articulated with appropriate guidance (see recommendations above). The benefits in enhancing cultural safety in psychology education are worthy of the investment and likely to outweigh the costs.

Public health and Government Departments/Organisations (including hospitals, community clinics, child protection, schools, justice) will need to strategically review their policies, programs, and systems they are engaging in to ensure they services align with the drafted Code of Conduct and they are providing the support and environments for their psychology staff to engage in ethical practice. It is our strong opinion that many organisations and services will not be meeting adequate standards in cultural safety as per National Law and Principle 2 of the drafted Code of Conduct. We are hopeful that the drafted Code of Conduct will be the system driver that will propel significant change in these settler-colonial spaces that have been harmful to the self-determination, wellness, and cultural safety of Aboriginal and Torres Strait Islander peoples. Ensuring Public Health and Government Departments/Organisations that employ psychologists are meeting per National Law and Principle 2 of the drafted Code of Conduct will be vital. This cannot be done without significant resourcing and financial investment from both Public Health and Government Departments/Organisations AND the Board.

AIPEP is an example of an Indigenous-led initiative that is increasing cultural safety in psychology education. Since the introduction of the APAC standard 3.8 cultural responsiveness, AIPEP has played a significant role over a number of years in supporting higher education providers implement and exceed the APAC standards in cultural responsiveness with Aboriginal and Torres Strait Islander peoples. Now in its third year, AIPEP has a community practice of over 30 higher education providers working towards increasing cultural responsiveness and decolonising psychology education, and increasing the number of Aboriginal and Torres Strait Islander psychology students through increased support,



retention and graduation. AIPEP is successfully supporting higher education providers to meet, and exceed, their accreditation requirements in cultural responsiveness.

The proposed reforms in competencies for general registration and the drafted Code of Conduct, will likely need similar system wide support over a number of years. This will require ongoing sufficient financial resourcing, and will need to be in partnerships with Indigenous Psychology bodies (AIPA, AIPEP) and Aboriginal and Torres Strait Islander community groups. We agree that individuals, organisations, professional bodies all play a role in the investment and resourcing required to build capacity in cultural safety. Indigenous led bodies such as AIPA and AIPEP that are instrumental and essential stakeholders in the capacity building - yet receive no, or time limited funding.

We recommend the establishment and ongoing financial resourcing of an Indigenous-led initiative aimed to increase cultural safety in the psychology workforce.

### Recommendations

- Through this consultation, the Board should make note of which parts of the psychology workforce will require significant/unique support in the implementation of the Code of Conduct and necessary capacity building. It is recommended that the Board meet with community stakeholders (beyond this consultation) to discuss the strategy and support that is required for their unique needs and contexts.
- Ongoing partnerships between the Board, Indigenous Psychology bodies (AIPA, AIPEP), and Aboriginal and Torres Strait Islander community groups.
- The establishment and ongoing financial resourcing of an Indigenous-led initiative aimed to increase cultural safety in the psychology workforce.

### 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.*

*If approved, the Board will review and refine its transition and implementation plan to support those affected by the changes. We will develop supplementary resources and plan for further implementation activities to help with this period of change.*

*Your feedback on how we can best manage operational changes and how the code may affect your situation will inform our plan.*

**11. Do you agree with the proposed transition timeframe?**



**Your answer:**

**Yes – although different stakeholders will have different needs.**

As discussed in question 10, the psychology workforce is extremely diverse and has unique needs. Broadly, a minimum of 12 months is likely to be needed to allow the workforce and educational institutions to become familiar with the Code of Conduct and terminology, make appropriate adjustments (emotional, potential, financial), and the appropriate investments for longer term adherence to the Code of Conduct. Some stakeholders may need longer than the 12 months transition period and this should be identified through this consultation.

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

**Your answer:**

**Yes – AIPEP should be involved in the implementation strategy.**

AIPEP is in support of the draft Code of Conduct and welcomes the inclusion of cultural safety as a fundamental principle in psychological practice. There are several important considerations in the implementation: 1) Indigenous governance and partnership, 2) coordinated strategy for capacity building with regards to cultural safety with Aboriginal and Torres Strait Islander peoples, and 3) managing cultural load on Indigenous Psychologists.

It must be recognised that the implementation of the draft Code of Conduct will involve capacity building of the psychology workforce, and that implementation and capacity building cannot be separated. This is particularly pertinent for the introduction of Principle 2 cultural safety with Aboriginal and Torres Strait Islander peoples. As a major Indigenous stakeholder in the psychology workforce we strongly recommend close partnerships with AIPA and AIPEP in the implementation strategy of the drafted Code of Conduct, and the necessary psychology workforce capacity building with regards to Principle 2. There is acknowledgement that this may already be in the pipeline, however, we believe a coordinated and well thought out cultural safety strategy is required specifically for the unique needs of the psychology workforce. This psychology-specific cultural safety strategy would align with the National Scheme 2020-2025 and National Law. A coordinated strategy (including the development of a suite of Indigenous co-designed resources) in partnership with AIPA and AIPEP would help to ease the cultural load of individual Indigenous Psychologists. Appropriate resourcing of a psychology-specific cultural safety strategy would help ease the cultural load on Indigenous organisations.

Finally, it will be pertinent for the Board and Indigenous Psychology bodies (AIPA, AIPEP) to work together to monitor the psychology workforce's adjustment to the drafted Code of





Conduct and evolving needs with regards to cultural safety in psychological care with Aboriginal and Torres Strait Islander peoples.

**Recommendations:**

- Partnership and ongoing collaboration with Indigenous Psychology bodies (AIPA, AIPEP) and Aboriginal and Torres Strait Islander community groups in the implementation of the draft Code of Conduct. This includes involvement in the proposed review process every 5 years (as indicated in the consultation paper, p. 14).
- A coordinated strategy specifically for the capacity building of the psychology workforce in the provision of culturally safe psychological care.
- That any strategies that are implemented are also evaluated on their effectiveness.
- Indigenous co-designed and co-authored resources for the draft Code of Conduct, including supporting materials, education, CPD, and other workforce capacity building activities in cultural safety.
- A plain language guide of the drafted Code of Conduct specifically for Aboriginal and Torres Strait Islander public stakeholders and community groups who use psychological services.
- Ongoing feedback with stakeholders (beyond this consultation) regarding workforce adjustments and any unanticipated issues to the drafted Code of Conduct and provide increased education, CPD and resources in response to these evolving needs.
- Clear communication about transition and impact on those currently undertaking psychology training and pathway programs to registration.

**General feedback**

*This is your opportunity to provide your views on any aspect of our review and proposal that you would like us to know when we are making our decision on the regulatory code of conduct that will apply to psychologists in Australia.*

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



**Your answer:**

An area of concern that we would like to advocate for change is embedding cultural safety into the process of notifications of Indigenous Psychologists to Ahpra and the Board. Indigenous Psychologists have a right to cultural safety within their places of work, with their colleagues, their professional bodies, and their regulatory systems. We would like to see the Board apply the same principles of cultural safety as detailed in the draft Code of Conduct to the complaints and notification processes.

## **Appendix 2**

### **AIPEP's recommendations for specific changes to each principle.**

#### **Principle 1:**

- 1.1 Further clarity and detailed explanation are required for the statement "principles of culturally safe practice". Or provide a link and/or reference to where readers can get further information (e.g., See Principle 2 & 3).
- 1.2 Recommend including:
  - (g) "practice-based evidence" alongside terms 'accepted best practice and/or opinion'.
  - (i & j) "For Aboriginal and Torres Strait Islander peoples this may include Elders, Healers and cultural advisors".
  - (l) "Through engaging in reflective-practice" to sentence "ensure that your personal views do not adversely affect the provision of psychological services."

#### **Principle 2:**

Section 2 would be strengthened overall by the acknowledgment that Western derived psychological approaches have been harmful to Aboriginal and Torres Strait Islander peoples. Therefore, the Code of Conduct's emphasis on cultural safety is to directly address racism in psychological practice as a matter of patient safety for Aboriginal and Torres Strait Islander peoples. This acknowledgement will then lead into clear guidance regarding the importance of privileging Indigenous knowledge, frameworks, and methodologies in psychology; and clear statement about the need for critical reflection and supervision when utilising Western derived diagnostic systems, assessment methods and interventions.

- 2.1 Recommend adding Torres Strait Islander after Aboriginal in sentence two.
- 2.2 Given definition "Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities", we recommend adding a fifth point (e) Seek feedback from Aboriginal and Torres Strait Islander individuals, families, and communities on their experiences of cultural safety (with you, your team, organisation) and take immediate and long-term proactive steps in the to address any concerns raised." This is referred to in section 3.1a, however it could be strengthened in 2.2 also.



### **Principle 3:**

#### **3.1 Recommend adding:**

(c) 'political' to the list of determinants of health.

(e) 'community' after family. It is noted that section 4.4 uses terminology "others close to the client".

#### **3.2 Recommend adding:**

(a & d) 'community member/s' after family. It is noted that section 4.4 uses terminology "others close to the client".

(i) 'or language' after behaviour

### **Principle 4:**

4.7 The wording of this principle requires refinement to take into account factors that are not within psychologist's control. For instance, in rural and remote regions there are limited resources and few options for referral on, or a limited number of culturally safe psychological services that Aboriginal and Torres Strait Islander peoples feel comfortable being referred to. There is already significant cultural loading on Indigenous Psychologists who work directly with Aboriginal and Torres Strait Islander peoples and communities. This principle may unwittingly add to this cultural loading. It is recommended that the language of this principle finds a balance of reinforcing the importance of continuity of care with the resourcing available to psychologists and community members.

4.8 (f) The wording of this principle could be refined so it is not contradictory with principles and best-practices in cultural safety. For Aboriginal and/or Torres Strait Islander peoples, psychologists' self-disclosure of cultural background is known to be a culturally appropriate way of introducing oneself (i.e., cultural introductions) and can help to address power differentials. Cultural introductions can also support Aboriginal and/or Torres Strait Islander peoples in making a decision about conflicts of interest and mutual relationships.

4.9 Recommendation to include a statement acknowledging that multiple relationships may occur when working in rural and remote communities, and when working with groups similar to a practitioner's own cultural background (e.g., Indigenous Psychologists working with Aboriginal and Torres Strait Islander peoples, families and communities). This also applies to 8.12 Conflicts of Interest.

#### **4.7 Recommend adding/edits:**

(a-c, g) "Where practical..." to start of the sentence.

(e) "Take reasonable steps to reduce the likelihood of ending a professional relationship prematurely..."

### **Principle 5:**

5.1 Recommend editing first sentence to: "mutual and clear, and culturally safe communication".

(c) This includes using culturally appropriate language and asking consent to discuss sensitive topics.





(d) An example of collegial exploitation is cultural loading on Indigenous Psychologists to provide cultural advice and/or take on additional responsibilities outside their role because they are an Aboriginal and/or Torres Strait Islander person.

5.3 Recommend editing the first sentence to: "There is no place for discrimination and racism, bullying and assessment,..."

(a, d, g) Recommend editing to: "...discrimination and racism, bullying or harassment"

(h) Recommended editing to: "...who report discrimination and racism, bullying or harassment"

#### **Principle 6:**

6.3 Recommend strengthen this statement to include a third point:

(c) promoting culturally appropriate conceptualisations and understanding of health and wellbeing. An example of this would be promoting Social and Emotional Wellbeing (SEWB) with Aboriginal and Torres Strait Islander peoples, families, and communities.

#### **Principle 7:**

7.1 Given cultural safety is directly related to patient safety, this section should be strengthened by adding cultural safety alongside risk management. It is insufficient to state (a) *practice cultural safety* in a single point. Greater clarity and emphasis on cultural safety is required. Recommended adding an explicit statement that risk also includes breaches in cultural safety, and editing each proceeding point to explicitly include cultural safety.

Recommend adding:

- (c) participate in quality assurance, cultural safety audits, and improvement systems
- (d) risk management and cultural safety processes
- (e) adverse events, breaches in cultural safety, and 'near misses'

#### **Principle 8:**

8.3 This principle similarly applies to Indigenous knowledges that are culturally privileged and sacred, and should not be wilfully disseminated through verbal or written communication (including assessments, reports, contemporaneous notes). Psychologists should be cautious when discussing or documenting or interpreting Indigenous knowledges (e.g., details of ceremony, men's business, women's business), and it is best practice to have sought and engaged with ongoing cultural supervision from an Aboriginal and/or Torres Strait Islander Elder or cultural advisor on such matters. This principle also applies to 8.5 Client records.

8.4 (b) recommend adding "best practice" after peer-reviewed research findings.

8.5 Please see comments in 8.3 above. Recommend adding (c) culturally privileged and sacred Indigenous knowledges.

#### **Principle 9:**

This principle could be strengthened by a statement acknowledging psychologists' experiences of cultural safety are important for health and wellbeing. Specifically, culturally unsafe work environments and/or cultural loading are a common risk to health and wellbeing for Indigenous Psychologists.



**Principle 10:**

10.1 (e) Recommend adding: “model professional, culturally safe, and ethical behaviour...”

10.3 (b) Recommend adding: “model professional, culturally safe, and ethical behaviour...”

**Principle 11:**

It is strongly recommended that a statement is added: Research with Aboriginal and Torres Strait Islander peoples should adhere to the NHMRC guidelines Ethical conduct in research with Aboriginal and Torres Strait Islander peoples and communities: Guidelines for researchers and stakeholders 2018” See: <https://www.nhmrc.gov.au/research-policy/ethics/ethical-guidelines-research-aboriginal-and-torres-strait-islander-peoples>