

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
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

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

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:

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:

The proposed Code of Conduct changes include:

1. Obtain written consent for assessments and/or procedures involving physical contact with clients.
2. Physical contact with clients is only indicated in exceptional circumstances and carries significant risks. This is different to most other regulated health professions where physical contact is likely and often expected.

We feel that this is inappropriate for Clinical Neuropsychologists and should therefore not be included in the proposed Code of Conduct, which should be pertinent for all disciplines of psychology.

Specifically, a range of neurobehavioural tasks require clinical neuropsychologists to have physical contact with their patients on a regular basis. For example, examining for finger gnosis involves touching the fingers of the patient, assessing for cerebellar function can involve having the patient touch their own nose and then the clinician's finger, testing for cogwheel rigidity in someone who has possible Parkinson's disease involves touching the wrist and/or inner elbow of a patient while manipulating their upper limb. All of these tests and others, which involve neurobehavioural examination that requires physical contact with the patient, are commonly indicated for many clinical neuropsychologists – i.e. in contrast to the suggested changes, they are not “exceptional circumstances” for clinical neuropsychologists.

Asking clinical neuropsychologists to obtain written permission to undertake these normal clinical assessments is both an inappropriate waste of time for both the clinician and patients, it also has the potential to make the patient think there is something unusual or abnormal in the examination – as no such written permission is required when they see neurological or other medical colleagues who may also be doing neurological examinations. This has the potential to impact on rapport, trust and confidence in the clinician, all of which are problematic.

Obtaining written permission in these circumstances is also at times not feasible, as clinical neuropsychologists may be seeing patients who are not competent to sign documentation on their behalf due to significant cognitive dysfunction – e.g. in an acute inpatient setting.

For all of these reasons, these proposed changes should be removed from the proposed Code of Conduct.

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

Your answer:

Yes

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:

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:

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:

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

Your answer:

General feedback

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

Your answer: