

Q14. Consultation on a code of conduct for psychologists

The Psychology Board of Australia is consulting on its proposal to update the code of conduct that applies to psychologists in Australia. The purpose of this consultation is to gather feedback about the changes we are proposing and the draft code of conduct.

Tips for completing this online consultation survey

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☐ An organisation

☒ Myself

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Your name	<div></div>
Your job title	<div></div>
Email address	<div></div>

Q1. General questions

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

Yes

Q2. 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*?

Yes

Q3. 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?

Yes

Q4. Content of the draft Psychology Board code

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

yes

Q5. Are there any specific areas of psychological practice that are not adequately addressed in the draft Psychology Board of Australia code of conduct?

no

Q6. Are there any sections of the draft Psychology Board of Australia code of conduct that would be unworkable for your organisation and/or stakeholders?

no

Q7. Is the language and structure of the draft Psychology Board of Australia code of conduct helpful, clear and relevant?

yes

Q8. Community impact

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.

Don't Know

Q9. 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.

I don't think so

Q10. 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.

No

Q11. 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.

Do you agree with the proposed transition timeframe?

Yes

Q12. Would there be any implementation issues for your organisation and/or stakeholders that the Board should be aware of?

No

Q13. General feedback

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

No

Q14. Consultation on a code of conduct for psychologists

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Q1. General questions

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Yes

Q2. 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*?

Yes

Q3. 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?

No - I believe some amendments are required.

Q4. Content of the draft Psychology Board code

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

It will with some amendments.

Q5. Are there any specific areas of psychological practice that are not adequately addressed in the draft Psychology Board of Australia code of conduct?

Yes. Organisational psychologists are not considered. Rural and regional psychologists have some community considerations that need to be further explored.

Q6. Are there any sections of the draft Psychology Board of Australia code of conduct that would be unworkable for your organisation and/or stakeholders?

Yes. 4.8 Professional Boundaries in a rural context. I fully endorse g. never establish or pursue a sexual, exploitative and other personal (including financial and commercial) or otherwise inappropriate relationship with a client or an associated party However it would be very difficult for me to fully comply with: h. recognise that sexual and other personal (including financial and commercial) relationships with people who have previously been your clients are mostly inappropriate, depending on factors including the extent of the professional relationship and the vulnerability of the client i. recognise that sexual and other personal (including financial and commercial) relationships with associated parties of previous clients, are mostly inappropriate, depending on factors including the extent of the professional relationship and the vulnerability of such people I recognise that the words 'mostly inappropriate' have been included to provide some flexibility for regional areas. However my concerns remain. Working in a rural area where I have lived for 25 years and which I have had connections to the wider community for more than 50 years, it is impossible for me to avoid relationship with associated parties of clients/previous clients. My ethical obligation to not disclose client information, to maintain confidentiality is the factor that is most important in a regional setting. My desire and obligation to protect vulnerable people is my focus. However I believe wording which allows for commercial relationships in regional areas is also an important aspect to protect the commercial interests of these vulnerable people. If I am to only use services from many hours away for locally available services, that will reflect negatively on the vulnerable client and their associated parties and perhaps alert others to a professional relationship which otherwise would remain confidential.

Q7. Is the language and structure of the draft Psychology Board of Australia code of conduct helpful, clear and relevant?

Mostly

Q8. Community impact

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.

Q9. 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.

Q10. 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.

Yes. For regional/rural psychologists.

Q11. **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.

Do you agree with the proposed transition timeframe?

Yes.

Q12. Would there be any implementation issues for your organisation and/or stakeholders that the Board should be aware of?

No.

Q13. **General feedback**

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

Q14. Consultation on a code of conduct for psychologists

The Psychology Board of Australia is consulting on its proposal to update the code of conduct that applies to psychologists in Australia. The purpose of this consultation is to gather feedback about the changes we are proposing and the draft code of conduct.

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Q1. General questions

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

There is more elaboration and examples needed on the amendments proposed. So as it stands, not currently.

Q2. 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*?

There are practical reasons behind that - however it would be imperative to offer psychologists the evidence of this being surveyed amongst registered practitioners in order to determine any aspects they deem also need revision or work.

Q3. 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?

If the aforementioned areas are reviewed with peer collaboration - possibly online meeting with voting and nominating of changes or areas of importance would be importance to have before agree on changes. This allows for us in the field to identified areas of consideration of practical first hand feedback for changes.

Q4. Content of the draft Psychology Board code

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

The draft needs to consider rural and isolated practitioners. There is more to consider.

Q5. Are there any specific areas of psychological practice that are not adequately addressed in the draft Psychology Board of Australia code of conduct?

Rural practitioners need greater support and considerations

Q6. Are there any sections of the draft Psychology Board of Australia code of conduct that would be unworkable for your organisation and/or stakeholders?

It would imperative that rural practitioners are surveyed and the code considers their context of practice as the code does not navigate and address rural services specifically and the implications of 'financial and commercial'

Q7. Is the language and structure of the draft Psychology Board of Australia code of conduct helpful, clear and relevant?

Mostly - could be more concise

Q8. Community impact

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.

This is a question that only indigenous people need to answer.

Q9. 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.

There needs to be further investigation and support structures outlines for isolated and rural practitioners.

Q10. 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.

All changes will result in upset somewhere - it is only after the fact these would become evident. Making any changes needs examples and schooling. There needs to be an understanding of the importance of the mental health and wellbeing of psychologists as well. Rural and isolated practitioners have more to navigate and consider. Where is this addressed and how is this going to be considered.

Q11. 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.

Do you agree with the proposed transition timeframe?

It would be hasty to publish anything without it being offered to those it is made for > practitioners> to trial and test and provide first hand experience of it.

Q12. Would there be any implementation issues for your organisation and/or stakeholders that the Board should be aware of?

It is impossible to predict anything without it being applied in a testing environment. There needs to be a sub-section of the code to address rural practitioners and the complexity of their context.

Q13. General feedback

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

Already mentioned previously - rural practitioners

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Q1. General questions

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

Yes - a code of conduct is in order.

Q2. 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*?

The consultation is welcome to the draft.

Q3. 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?

No - I believe the draft needs more changes. The need to include statement about cultural safety was impressed on this draft code of conduct. The whole idea for a code of conduct is to protect the client from the power that psychologists may use. There seems to be the idea that psychologists come from such privileged power that in the first place, it is written as if we were not trained to be good upstanding citizens who understand "duty of care" and the importance of the therapeutic relationship between client and therapist. It states, "recognise that sexual and other personal (including financial and commercial) relationships with associated parties are mostly inappropriate." The sexual relationships are of course understandable and need to be explicit. But the problem here is the addition of "financial and commercial relationships" that are deemed to be mostly inappropriate? Think about it - what if a psychologist were: - from a rural / remote region where there is only one accountant, or another business that the psychologist needs to deal with; - from a CALD background, even in an urban setting, and that their service is in-demand because the professional speaks the language, where they buy food or other services that this psychologist also shares with her clients; - in a city situation, but due to COVID or some situation that hinders other services to be accessed, uses local services for their professional as well as personal needs. The above are examples of what a "small community" may mean for a psychologist. Yes, the psychologist is human too and though has earned the privilege and the power, is in need of social interaction where business will be performed and dealt with within the small community for needed services too. In this situation, a statement like: "recognise that sexual and other personal (including financial and commercial) relationships with associated parties are mostly inappropriate" is unreasonable, an overreach, and impeding on our rights. By adding financial/commercial restrictions, isn't this denying psychologists of the community we live in and serve? The relations are "mostly inappropriate"? I disagree with this phrase. Is it really? Why as practicing therapists, should our world get smaller? In the same way that we become respectful of cultural safety for the client, so should psychologists be made to feel safe in their practice and in their community relationships. The bottom line is: We know we should not abuse the therapeutic relationship. When you want to pass a draft that seems to impinge on our rights as members of a community that we do live in, then we need to let you know so changes should be made.

Q4. Content of the draft Psychology Board code

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

Q5. Are there any specific areas of psychological practice that are not adequately addressed in the draft Psychology Board of Australia code of conduct?

Q6. Are there any sections of the draft Psychology Board of Australia code of conduct that would be unworkable for your organisation and/or stakeholders?

unworkable for psychologists of remote/rural areas unworkable for psychologists who service clients of CALD backgrounds

Q7. Is the language and structure of the draft Psychology Board of Australia code of conduct helpful, clear and relevant?

Q8. Community impact

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.

For psychologists who are Aboriginal and Torres Strait Islander background themselves: they move and have social interaction, businesses within their own community. If you continue including "financial and commercial" relationships that you deem as "mostly inappropriate" - this will result in negative or unintended negative effects.

Q9. 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.

For psychologists who are of CALD backgrounds: they move and have social interaction, businesses within their own community. If you continue including "financial and commercial" relationships that you deem as "mostly inappropriate" - this will result in negative or unintended negative effects.

Q10. 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.

Q11. 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.

Do you agree with the proposed transition timeframe?

Q12. Would there be any implementation issues for your organisation and/or stakeholders that the Board should be aware of?

Q13. General feedback

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

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Q1. General questions

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

Yes in theory. I think it is important to have a regulatory code that provides clear guidelines of what is expected by the Board as the regulating body. It will help me to understand what the Board is looking for in terms of my professional conduct.

Q2. 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*?

Again, in theory, because there should be a lot of overlap between health providers of what is considered professional conduct. I do think the APS code of ethics and associated guidelines have been well developed and should weigh into our code of conduct.

Q3. 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?

Not as it currently stands. There are sections that are confusing to me, and need clarification.

Q4. Content of the draft Psychology Board code

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

Yes.

Q5. Are there any specific areas of psychological practice that are not adequately addressed in the draft Psychology Board of Australia code of conduct?

The code doesn't consider the contextual differences of psychologists working in rural communities. We move to rural areas for lifestyle and community engagement, but the code as it stands indicates that we can't participate in the community due to needing to avoid multiple relationships and conflicts of interest. I moved from Perth to a town 2.5hrs away a few years back, and found it impossible to avoid multiple relationships with clients. Not that we are "friends" but that we are involved in community sports, community events and volunteering. I think the code needs to more clearly acknowledge that and how these can be managed. E.G. I explicitly talk to clients about the likelihood of us seeing each other in other contexts, and that I will be led by them whether they want to say hi, and that we wouldn't be discussing therapy etc. I have had no issues with this in the 4.5 yrs I have been living here.

Q6. Are there any sections of the draft Psychology Board of Australia code of conduct that would be unworkable for your organisation and/or stakeholders?

The code doesn't consider the contextual differences of psychologists working in rural communities. We move to rural areas for lifestyle and community engagement, but the code as it stands indicates that we can't participate in the community due to needing to avoid multiple relationships and conflicts of interest. I moved from Perth to a town 2.5hrs away a few years back, and found it impossible to avoid multiple relationships with clients. Not that we are "friends" but that we are involved in community sports, community events and volunteering. I think the code needs to more clearly acknowledge that and how these can be managed. E.G. I explicitly talk to clients about the likelihood of us seeing each other in other contexts, and that I will be led by them whether they want to say hi, and that we wouldn't be discussing therapy etc. I have had no issues with this in the 4.5 yrs I have been living here.

Q7. Is the language and structure of the draft Psychology Board of Australia code of conduct helpful, clear and relevant?

Not in the following sections - 1.4; What is meant by needing to continue to help until your services are no longer needed? Does this mean ongoing therapy? What if the client can't afford to continue therapy? 4.7 g); what is meant by facilitating arrangements for continuing care? Is it enough to refer the client back to their GP / provide names of alternative providers that could try? Again, what if clients can't afford to pay for our services in private practice? Are we expecting to continue contacting them to manage their wellbeing? 4.8 f) I am not comfortable with the current wording about it being "mostly inappropriate to share personal info with clients / associated parties". As a perinatal Psychologists and autistic/adhd'er, I have spoken publicly about my life experiences to both normalise / validate and provide examples of how strategies can support clients. Minority members (eg mothers, neurodivergent women) feel more safe in the context of health professionals who have lived experience. The current wording implies that I shouldn't disclose anything without getting an "experienced" colleague to agree to it. I am arguing that it depends who the colleague is whether they would agree to it - other minority members understand the value of such disclosure. 4.9 Doesn't take into account the experience of rural psychs who are often exposed to multiple relationships through life in a community. 8.4 I see this as having the joint issue of 4.8 and 4.9 regarding minority members and rural psychs. 9.1 a) I don't really understand the purpose of this statement. b) what is considered reasonable and effective steps for preventing transmission of communicable diseases? This isn't clear what is expected of us.

Q8. Community impact

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.

I don't feel I can comment on this as I am not a First Nations person.

Q9. 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.

Yes. As previously mentioned, rural psychs are not considered, and the draft code as it stands indicates that we would not be able to participate in our community due to multiple relationships and conflicts of interest as well as releasing personal information. This will be detrimental to our wellbeing, as well as that of our families. Similarly, I believe that participation in minority groups is important for psychologists - as a neurodivergent woman, there is a sense of belonging that comes with connecting with other ND people, and this might be in my local community or in online forums. I also think lived experience has a place in the public forum, and that as psychologists we can delicately balance this with our clinical knowledge. It creates a sense of safety for clients to find psychs that they can relate to BECAUSE of lived experience. This doesn't mean sessions become all about the psychologists' experience, there is just a felt sense of being understood that is different for the client.

Q10. 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.

Possibly - I'm concerned what is meant by the continuity of care in emergencies (1.4) and in 4.7 (g). I am a solo practitioner in private practice and also primary carer to my young children. It is simply not viable for me to continue seeing clients pro bono if they are unable to pay for my service.

Q11. 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.

Do you agree with the proposed transition timeframe?

Yes.

Q12. Would there be any implementation issues for your organisation and/or stakeholders that the Board should be aware of?

No.

Q13. General feedback

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



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☐ An organisation

☒ Myself

Q17. Please provide details on who you are.

This question was not displayed to the respondent.

Q18. Please provide details on who you are.

Your name	<div></div>
Your job title	<div></div>
Email address	<div></div>

Q1. General questions

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

As long as it is practical and useful for both clients and providers. I am a sole provider and cannot provide ongoing crisis care and have struggled to have health engage with clients who are actively psychotic. It was fortunate that the client had 24/7 support through their living arrangement but not everyone has access to this level of assistance. I am often told that issues are behavioural not mental health even when it is clear that the client needs extensive support.

Q2. 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*?

As long as it receives input from the people who will be using it.

Q3. 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?

As long as everyone who will be using it in their everyday practice can provide advice on the practicalities of implementation.

Q4. Content of the draft Psychology Board code

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

Q5. Are there any specific areas of psychological practice that are not adequately addressed in the draft Psychology Board of Australia code of conduct?

Q6. Are there any sections of the draft Psychology Board of Australia code of conduct that would be unworkable for your organisation and/or stakeholders?

Expectations that while waiting for a client to be accepted by mental health services I would need to be responsible for ensuring the safety of the client. I really wish that I could help everyone for months while waiting for health to engage but that system is overwhelmed and it is almost impossible to get the assistance when it is required. Despite repeated requests for help for clients and the clients asking themselves they are repeatedly released without appropriate support.

Q7. Is the language and structure of the draft Psychology Board of Australia code of conduct helpful, clear and relevant?

Q8. **Community impact**

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.

I am not of Aboriginal or Torres Strait Islander heritage so cannot comment.

Q9. 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.

Q10. 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.

Q11. 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.

Do you agree with the proposed transition timeframe?

No

Q12. Would there be any implementation issues for your organisation and/or stakeholders that the Board should be aware of?

As previously outlined waiting to get mental health support through health can take months and often is not provided at all. It is a huge gap that I am sure that everyone is aware of.

Q13. General feedback

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

I understand the purpose of a code of conduct which is a good idea, however, it needs to be something that can be implemented in the real world. There are so many odd changes happening in psychology at the moment that can lead to people just leaving the industry, it would be terrible if this is just another thing that makes people quit. I found out about this issue on a Facebook page for psychologists and to say that they are deeply concerned is an understatement. We are all trying to do our very best to help our clients and we work hard to support them to live fulfilling lives.

Q14. Consultation on a code of conduct for psychologists

The Psychology Board of Australia is consulting on its proposal to update the code of conduct that applies to psychologists in Australia. The purpose of this consultation is to gather feedback about the changes we are proposing and the draft code of conduct.

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Your name	<input type="text"/>
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Q1. General questions

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

No

Q2. 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*?

No. Diversity was not part of, or considered in the process.

Q3. 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?

No

Q4. Content of the draft Psychology Board code

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

No. The code is unambiguous in parts without appropriate definition, and too descriptive in parts. Not helpful in practice.

Q5. Are there any specific areas of psychological practice that are not adequately addressed in the draft Psychology Board of Australia code of conduct?

The code is unambiguous in parts without appropriate definition, such as protecting individual and community health - how is this defined? Individual and community do not always match. The code is also too descriptive in parts, such as personal disclosure is mostly inappropriate, has lived-experience been considered, client's who want a certain type of psychologist (e.g. LGBTIQ+, autistic). Personal information is also not defined adequately and can be taken as a psychologist cannot disclose their name or gender to a client, as this IS 'personal information'.

Q6. Are there any sections of the draft Psychology Board of Australia code of conduct that would be unworkable for your organisation and/or stakeholders?

Personal disclosure when roles require lived-experience.

Q7. Is the language and structure of the draft Psychology Board of Australia code of conduct helpful, clear and relevant?

The language is ableist; culturally, sexually, gender, and disability insensitive; selective with evidence, e.g. does not consider all evidenced-based treatments like disclosure in DBT; dismissive of psychologists; and aspects are discriminatory.

Q8. Community impact

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.

Yes, personal disclosure IS culturally appropriate. Requiring a psychologist to speak with an experienced psychologist' prior and not use clinical judgment is not helpful for clients. It also dismisses psychologists clinical judgment and reasoning, and the profession as a whole. The code also fails to consider other cultures, which there are many. Rapport with the psychologist, clients wanting to seek a particular psychologist based on them personally (e.g. gender, sexuality, disability) has not been considered or reflected in the code.

Q9. 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.

Yes, see above

Q10. 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.

Yes. AHPRA can penalise or unregister a psychologist for their identity. The code is not ethnically sound for psychologists who are also identify as part of a minority group. The code creates an unsafe environment for psychologists.

Q11. 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.

Do you agree with the proposed transition timeframe?

I do not agree with the draft code in its current form

Q12. Would there be any implementation issues for your organisation and/or stakeholders that the Board should be aware of?

I will need to consider whether I keep my registration if the current draft code is finalised. The Board must do better to engage and consult with psychologists who identify as part of a minority group, instead of just the majority.

Q13. General feedback

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

The code, and consultation experience is very disappointing and disheartening for the future of psychology in Australia.

Q14. Consultation on a code of conduct for psychologists

The Psychology Board of Australia is consulting on its proposal to update the code of conduct that applies to psychologists in Australia. The purpose of this consultation is to gather feedback about the changes we are proposing and the draft code of conduct.

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Q1. General questions

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

No

Q2. 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*?

No

Q3. 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?

No

Q4. Content of the draft Psychology Board code

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

No, self disclosure is a very important part of psychological therapy especially among minority communities. It should not be described as “mostly inappropriate”. Psychologists should be able to continue to use their professional judgement about self disclosure.

Q5. Are there any specific areas of psychological practice that are not adequately addressed in the draft Psychology Board of Australia code of conduct?

Yes, self disclosure is a very important part of psychological therapy especially among minority communities. It should not be described as “mostly inappropriate”. Psychologists should be able to continue to use their professional judgement about self disclosure.

Q6. Are there any sections of the draft Psychology Board of Australia code of conduct that would be unworkable for your organisation and/or stakeholders?

Yes, self disclosure is a very important part of psychological therapy especially among minority communities. It should not be described as “mostly inappropriate”. Psychologists should be able to continue to use their professional judgement about self disclosure.

Q7. Is the language and structure of the draft Psychology Board of Australia code of conduct helpful, clear and relevant?

Somewhat

Q8. Community impact

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.

Yes, self disclosure is a very important part of building rapport and engaging with Aboriginal and Torres Strait Islander Peoples. It should not be described as “mostly inappropriate”. Psychologists should be able to continue to use their professional judgement about self disclosure.

Q9. 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.

Yes, self disclosure is a very important part of psychological therapy especially among minority communities. It should not be described as “mostly inappropriate”. Psychologists should be able to continue to use their professional judgement about self disclosure.

Q10. 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.

Yes, self disclosure is a very important part of psychological therapy especially among minority communities. It should not be described as “mostly inappropriate”. Psychologists should be able to continue to use their professional judgement about self disclosure.

Q11. 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.

Do you agree with the proposed transition timeframe?

Unsure

Q12. Would there be any implementation issues for your organisation and/or stakeholders that the Board should be aware of?

Unsure

Q13. General feedback

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

Yes, self disclosure is a very important part of psychological therapy especially among minority communities. It should not be described as “mostly inappropriate”. Psychologists should be able to continue to use their professional judgement about self disclosure.

Q14. Consultation on a code of conduct for psychologists

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Your name	<div></div>
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Q1. General questions

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

No

Q2. 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*?

No

Q3. 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?

No

Q4. Content of the draft Psychology Board code

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

No

Q5. Are there any specific areas of psychological practice that are not adequately addressed in the draft Psychology Board of Australia code of conduct?

No

Q6. Are there any sections of the draft Psychology Board of Australia code of conduct that would be unworkable for your organisation and/or stakeholders?

Yes

Q7. Is the language and structure of the draft Psychology Board of Australia code of conduct helpful, clear and relevant?

No

Q8. Community impact

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.

Yes. Your code of conduct presupposes all Indigenous peoples will be comfortable seeing vaccinated health professionals. This is not the case. Cultural safety section while good I theory appears rushed and poorly written; we ALL are going to have unconscious racial biases. Indigenous clients will be safer with psychologists who reflect honestly on theirs, rather than ones who do as your unrealistic code demands and try to pretend they've trained themselves out of it.

Q9. 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.

Yes. Indigenous groups are less likely to trust a group bound by this framework and rightly so. All clients are at increased risk of sexual misconduct without the clear black and white 2 year rule that is good enough for literally every other profession. Unvaccinated clients will never trust psychologists under this code.

Q10. 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.

Yes. Significant workplace attrition due to perceptions around continued pressure to vaccinate The word "ensure" is poorly thought out, highly inappropriate and should never be present in this code as this is an unrealistic and frankly silly standard. A more acceptable term would be "takes reasonable steps". CPD and supervision hours will be wasted training on this code which will yield little benefit since it doesn't aim to change current thresholds of practice anyway. This is less time spent accruing expertise in actually helping clients in the service of what appears to be little more than a vanity driven bureaucratic exercise.

Q11. 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.

Do you agree with the proposed transition timeframe?

No

Q12. Would there be any implementation issues for your organisation and/or stakeholders that the Board should be aware of?

Yes. What is the process for staff who will not agree, as the wording of this code (intentional or not) does imply significant changes to practice. Who will pay for the inevitable attrition from the workforce?

Q13. General feedback

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

This is unnecessary. And although it had the capacity to add value to the profession, it appears to do more harm than good in it's current state.

Q14. Consultation on a code of conduct for psychologists

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Q1. General questions

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

No, it is authoritarian, dismissive and patronising towards the already extensive education and training pathways to become a registered psychologist in Australia.

Q2. 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*?

No, the psychology profession in Australia is already highly regulated and governed by sound ethical and professional guidelines which apply to all psychologists. This document is redundant, in addition to the significant issues related the content.

Q3. 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?

No, for reasons which I have previously indicated and like will provide further detail regarding on further pages of this feedback survey.
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Q4. Content of the draft Psychology Board code

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

No, it includes several aspects which are significantly concerning as a practising psychologist. It is very obvious that this draft did not consult practicing psychologists to any meaningful extent because the realities for which patrician aspects of the draft cause concern are wide-spread within the profession.

Q5. Are there any specific areas of psychological practice that are not adequately addressed in the draft Psychology Board of Australia code of conduct?

It already goes beyond the scope of what a code of conduct should include.

Q6. Are there any sections of the draft Psychology Board of Australia code of conduct that would be unworkable for your organisation and/or stakeholders?

Yes, Several. 1.3.e and 1.3.f = all psychologists should have the right to refuse services to clients if the client presents a risk to the psychologist (or anyone else who work at the psychologist's practice) and should have the right to conclude services if the client becomes an imminent risk to themselves by referring to a crisis support service. Most private practices are clear in that they do not offer crisis support services, and it should be regulated that psychologist are obliged to do so. 1.4 = "and continue to help until your services are no longer needed." This is entirely unworkable. Most psychologists are not crisis support services and should not be expected to do so. Government mental health services should have expanded service offerings to meet the demand instead. 3.3.a.iv and v = it is not reasonable for consent to always be obtained prior to collecting/receiving information from associated parties. Information is often received unsolicited. 3.3.i = the clause poses problems for provisional psychologists in preparation of anonymised case reports, and discussions in clinical supervision. 4.3.b = "responsibility to help clients address inequities..." this is a systemic issue, part of which is associated with the low medicare rebate available for clients compared to the recommended fee for psychological services. It should not be the 'responsibility' of psychologists to, as an example of inequities, be obliged to offer bulk-billed services if the client cannot afford. 4.7 = "psychologists should only provide psychological services clients benefit from and should end professional relationships with clients who do not benefit from their services". This is vague and unquantifiable, in addition to it being entirely the client's choice to engage with a psychologist after they have achieved their initial mental health goals, in addition to psychologists working in many different fields of psychology which are not captured within this statement, in addition to it being unethical to conclude offering services to a client who requires support but does not seem to "benefiting" although they would like to continue. Psychologist should have the right to conclude services if they choose, and clients have the same right. 4.7.b = psychologists should not have the obligation of ensuring continuity of care beyond death. They should have a responsibility of arranging some plan for clients to be notified, however this should be the extent of this responsibility. 4.8.f = Psychologists are extensively trained in ethical and professional boundaries. They do not need to consult with an experienced colleague prior to sharing personal information within the scope of existing ethical and professional, guidelines related to self-disclosure. 4.8.h = psychologists who work and live in small cities/towns/rurally/ etc, or even those who work and live in the same neighbourhood or region may establish personal relationships with former clients through many entirely normal avenues after the conclusion of therapy. For example, if children attend the same school and later become friends, etc. Psychologists are already an isolated profession, it should not be further regulated that psychologists are unable to form new relationships with former clients provided boundaries and professional ethics are considered. 4.10 = "you must consider and record why this mode of intervention is appropriate"... for example in couples therapy both clients request to be involved, this should not need to be documented to justify the medium. 4.10.a = "free from undue influence by other clients", again in couples therapy one party is often attending under influence from the other party who may, for example, threaten separation if couples therapy is not willing be attended. 5.3.a,c,d,f = all of these clauses should specify 'within the context of your psychological services'. Psychologists should not be regulated and obliged to actively engage in confrontation and conflict with others in any area of their personal life, is social interactions, or when out in the public. 5.4.b = "understand that your responsibility for the service being provided continues until the referral or handover is accepted". This is totally unworkable. This is unrealistic. Psychologists already carry enough risk in our profession, waitlists are often extensive, government/hospital crisis services often do not accept the referral or accept the referral and this discharge almost immediately. Psychologists will leave the profession due to the risks involved with including this clause, from a profession that is already under-resourced. 6.1.c and d = psychologists use resources in line with their practice, and should not be regulated into providing services of a particular quantity or frequency. 8.5.c = sometimes demeaning or derogatory remarks are included as quotes from clients. The need for this clause should be considered in the context of other clauses and professional guidelines. 9.1.b = attempting to regulate this is beyond the scope of a code of conduct. 10.3 = this entire section is problematic in its references to registrars. Registrars are fully registered psychologist undertaking further professional training.

Q7. Is the language and structure of the draft Psychology Board of Australia code of conduct helpful, clear and relevant?

It is authoritarian and does not allow for psychologists to use their extensive understanding of ethical and professional matters to make decisions that are in the best interests of clients.

Q8. Community impact

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.

It is likely to cause indirect effects through a further reduction in the psychology workforce.

Q9. 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.

It is likely to cause indirect effects through a further reduction in the psychology workforce.

Q10. 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.

It would likely result in a significantly increased cost for psychologists to obtain insurances as a result of the regulated increase in risk-holding which is unreasonable. Some psychologists are likely to leave the profession due to these concerns and increased regulation, therefore client waitlists would likely become far longer than they already are and employers would find difficult sourcing suitably qualified psychologists to fill vacant positions. Government health services would then be at a greater burden.

Q11. 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.

Do you agree with the proposed transition timeframe?

If a code of conduct is required at all for psychologists (which I do not believe there is, given the extent of ethical and professional guidelines already existing), then 12 months transition would be sufficient.

Q12. Would there be any implementation issues for your organisation and/or stakeholders that the Board should be aware of?

As outlined previously in this submission.

Q13. General feedback

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

Please do not implement a code of conduct in this format. Further consultation with the psychology profession is required before a second draft is released.

Q14. Consultation on a code of conduct for psychologists

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☐ An organisation

☒ Myself

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Q1. General questions

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

I do not support this decision. While a behaviour based approach makes sense in theory, it quickly becomes highly prescriptive, which, given the complexities of human behaviour and relationships which are uniquely important in psychological assessment and intervention, limits psychologists' ability to practice effectively. Particularly as new graduates enter the profession, an approach based broadly on a guiding code of ethics promotes understanding and engagement in a way that a prescriptive list of behaviours does not. As the APS Code of Ethics will still be considered a guiding document, it makes little sense to then enforce a second document (the proposed Code of Conduct). In a profession where the burden of responsibility already weighs heavily, this Code of Conduct represents a description of psychologists' obligations that is inflexible and is likely to lead to burnout and overwhelm, particularly amongst new professionals.

Q2. 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*?

Q3. 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?

I do not support this decision. While a behaviour based approach makes sense in theory, it quickly becomes highly prescriptive, which, given the complexities of human behaviour and relationships which are uniquely important in psychological assessment and intervention, limits psychologists' ability to practice effectively. Particularly as new graduates enter the profession, an approach based broadly on a guiding code of ethics promotes understanding and engagement in a way that a prescriptive list of behaviours does not. As the APS Code of Ethics will still be considered a guiding document, it makes little sense to then enforce a second document (the proposed Code of Conduct). In a profession where the burden of responsibility already weighs heavily, this Code of Conduct represents a description of psychologists' obligations that is inflexible and is likely to lead to burnout and overwhelm, particularly amongst new professionals.

Q4. Content of the draft Psychology Board code

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

Q5. Are there any specific areas of psychological practice that are not adequately addressed in the draft Psychology Board of Australia code of conduct?

This code of conduct does not take into account any of the factors in play in rural and remote psychology.

Q6. Are there any sections of the draft Psychology Board of Australia code of conduct that would be unworkable for your organisation and/or stakeholders?

Taken together, the draft code of conduct places a burden on psychologists to act in a case management role which is absolutely unworkable in private practice. This includes the requirements to have continuity of services in the case of death, the burden to ensure full knowledge of the skillset of onward referrals, and particularly section 5.4.b which details that psychologists have responsibility until a referral is accepted. These requirements would constitute additional time and resources which would be significant enough to limit other clients' access to psychological services. In many contexts, appropriate services which are overburdened will not accept a referral and/or clients with an existing relationship will not engage with a more appropriate service while a private psychologist is engaged. In these cases the ability to discharge care to a general practitioner is key in enabling clients to access more appropriate services, and the GPs ability to take on case management and identify appropriate services and onward referrals frees psychologists to make effective use of resources and provide services to other clients' in need. Section 4.9 - The requirement to avoid multiple relationships is unworkable in rural and remote settings. The existing APS code of ethics supports psychologists to consider a large range of factors when making decisions around such relationships, whereas the proposed code of conduct is limiting and does not provide meaningful guidance. Section 4.8.f states that personal disclosure is inappropriate, which neglects that appropriate self-disclosure is a key feature of many evidence based therapies. This section would therefore limit the effectiveness of therapies which is unworkable. Again, this is where a code of ethics which provides guiding principles in considering decisions to use self-disclosure is more helpful than a prescriptive behaviour guide that cannot possibly cover the full range of disclosures.

Q7. Is the language and structure of the draft Psychology Board of Australia code of conduct helpful, clear and relevant?

In many places, the language and structure is unclear and contradictory. It is both vague and also overly prescriptive in other ways. Section 1.4 regarding emergencies provides no information on what constitutes an emergency and it is quite confusing what purposes/scenarios this section is written for. There are many sections which (importantly) uphold the client's right to decide whether/how to access a psychological service, which are then directly contradicted by multiple sections stating that a psychologist can only end a professional relationship by ensuring another service with requisite skills accepts a referral when this may not be the client's preferred option. It is a contradiction to state both that psychologists are responsible for a client's care until a referral to an appropriate service is accepted and also that psychologists have a responsibility not to provide services that are outside of skills or not of benefit to the client, when appropriate services may have extensive waitlists. Again, the complexities of psychology mean that it is extremely difficult to provide behaviourally based conduct expectations that are not vague and conflicting, whereas the Code of Ethics allow for these complexities. For example, many sections of the code of conduct use the term "reasonable" - the code of ethics is then needed to interpret what could be considered reasonable anyway.

Q8. Community impact

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.

Q9. 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.

Q10. 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.

The psychological burden the proposed code of conduct places on health practitioners is likely to lead to burnout which has costs for the healthcare system both in terms of those practitioners requiring healthcare but also potentially providing a less effective (therefore more costly) service to clients. This may extend to requiring more turnover in the workforce, and a higher cost to education providers and government to maintain a workforce which is already strained by demand.

Q11. 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.

Do you agree with the proposed transition timeframe?

Yes.

Q12. Would there be any implementation issues for your organisation and/or stakeholders that the Board should be aware of?

Q13. General feedback

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

Q14. Consultation on a code of conduct for psychologists

The Psychology Board of Australia is consulting on its proposal to update the code of conduct that applies to psychologists in Australia. The purpose of this consultation is to gather feedback about the changes we are proposing and the draft code of conduct.

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Q1. General questions

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

Not as currently drafted - it requires further development to reflect the broad range of occupational settings in which the broad range of psychologists work - not all work in a private practice/medical settings with maximum control of client referrals.

Q2. 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*?

No

Q3. 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?

No - other professional body codes of conduct and current best practice evidence should also inform best psychology practice.

Q4. Content of the draft Psychology Board code

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

No - don't think they are fit for purpose as currently drafted.

Q5. Are there any specific areas of psychological practice that are not adequately addressed in the draft Psychology Board of Australia code of conduct?

Question - was this draft sent to all AHPRA registered psychologists for feedback?

Q6. Are there any sections of the draft Psychology Board of Australia code of conduct that would be unworkable for your organisation and/or stakeholders?

Again - was the draft circulated to all AHPRA psychologists for consideration?

Q7. Is the language and structure of the draft Psychology Board of Australia code of conduct helpful, clear and relevant?

Content is the concern

Q8. Community impact

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.

Best to consult with Aboriginal and Torres Strait Islander people and peak bodies to ensure no unintended harm results.

Q9. 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.

Best to consult with vulnerable groups and community members.

Q10. 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.

Best to consult with all potentially impacted stakeholders.

Q11. 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.

Do you agree with the proposed transition timeframe?

Believe there is more consultation needed to inform the draft.

Q12. Would there be any implementation issues for your organisation and/or stakeholders that the Board should be aware of?

It would depend on the content of the Code of Conduct.

Q13. General feedback

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

Feel disappointed all AHPRA psychologists were not well informed about this important piece of work.

Q14. Consultation on a code of conduct for psychologists

The Psychology Board of Australia is consulting on its proposal to update the code of conduct that applies to psychologists in Australia. The purpose of this consultation is to gather feedback about the changes we are proposing and the draft code of conduct.

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Q1. General questions

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

Yes

Q2. 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*?

I think the PBA should consult with psychologists to revise the code, in line with regulatory, legal and social changes since the current code was published in 2007. I have two main concerns: I think the removal of the 'two-year' ban on sexual relationships should be maintained. Firstly, there needs to be some form of prohibition on this behaviour - Removing the timeframe opens up the possibility of a psychologist exploiting a recent client's vulnerable position and pursuing one or more clients (or associated parties) in ways that meet Sub-section 4.8 of the new code. I am concerned that this will bring the profession into disrepute at a time when the public needs to rely on and trust mental health workers more than ever. AHPRA has been brought into disrepute by other exploitative practices (i.e. cosmetic surgeons' unethical behaviour), and I do not want a similar public scandal to happen with a psychologist exploiting many clients. I think it's a mistake to lower this restriction on both ethical and professional grounds, and there is really no need to. I would like AHPRA to justify removal of the ban through the use of evidence - from user studies, and through further consultation with practising psychologists. At the very least, a registered supervisor should have oversight of the psychologist's behaviour, but I still don't think this provides enough protection to the public. My second objection is that more generally, I view the Code of Conduct as a set of minimum regulatory standards to meet. This contrasts with the Code of Ethics, which I understand to be a 'higher standard' because it is often broader in the scope of its clauses (e.g. APS Code Ethical Standards - C.1.1. Reputable behaviour, Psychologists avoid engaging in disreputable conduct that reflects on their ability to practise as a psychologist. C.2.1. Psychologists communicate honestly in the context of their psychological work.) My aim here is to argue for the Code to ask psychologists to meet the highest standards of integrity and professionalism. I think we don't need to be brought in line with the standards of other professions, where in certain instances, those standards require less of us as professionals. In areas where the APS code places broader or more rigorous professional responsibility on the psychologist, I think those clauses should be retained. If conversely, there are areas where other professions meet a higher standard, then this should be adopted. That's my general view. I would expect a regulatory framework to support psychologists to meet at least the same standards they were meeting before, if not higher. Surely that is possible, and I think it is necessary.

Q3. 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?

Not as it currently stands, see my objections above.

Q4. Content of the draft Psychology Board code

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

See my objects above

Q5. Are there any specific areas of psychological practice that are not adequately addressed in the draft Psychology Board of Australia code of conduct?

Integrity, honesty

Q6. Are there any sections of the draft Psychology Board of Australia code of conduct that would be unworkable for your organisation and/or stakeholders?

No

Q7. Is the language and structure of the draft Psychology Board of Australia code of conduct helpful, clear and relevant?

It is helpful, but sometimes it is too specific and too focused on what psychologists should not do, rather than phrasing it about how they should behave. E.g. honesty across all areas of communication, reputable behaviour both in public and private, safeguarding the wellbeing of clients through their financial dealings etc. I'm not sure what benefit there is of focusing on what should not be done, if this can leave open other specific practises that are allowed. A positive phrasing can cover whole areas of practise and this raises the expected standard.

Q8. Community impact

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.

I don't know

Q9. 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.

I'm not sure - possibly people who are vulnerable or insecure in their relationships - socially isolated or unsupported people for whom an unethical psychologist could act as a 'saviour'

Q10. 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.

My concern is that this code does not protect consumers sufficiently, in the ways I have described above. If there were more costly breaches of this code than the previous code, then the field could be brought into disrepute and this would be costly to any of those groups.

Q11. 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.

Do you agree with the proposed transition timeframe?

Sure, when the draft is ready to be published, 12 months would be alright. I think clients should be made aware of these changes - AHPRA should publicise the change widely and anyone who is seeing a psychologist should be given sufficient time to understand the code.

Q12. Would there be any implementation issues for your organisation and/or stakeholders that the Board should be aware of?

No

Q13. General feedback

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

I think AHPRA should be cautious when switching from an ethical framework to a regulatory framework. The standards we have been asked to meet make us a trustworthy profession and I do not want to see these standards drop. The public's trust in AHPRA should be front of mind here.

Q14. Consultation on a code of conduct for psychologists

The Psychology Board of Australia is consulting on its proposal to update the code of conduct that applies to psychologists in Australia. The purpose of this consultation is to gather feedback about the changes we are proposing and the draft code of conduct.

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Q1. General questions

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

Yes

Q2. 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*?

Yes

Q3. 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?

The Draft Code of Conduct is comprehensive. Before the Code; or revisions of it; are adopted, it would be good if psychologists were encouraged to attend a webinar about it. Psychologists could be shown links to available webinar recordings when they submit their annual registration renewal.

Q4. Content of the draft Psychology Board code

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

At this early stage in my career, I do not think it is appropriate for me to make judgement on that.

Q5. Are there any specific areas of psychological practice that are not adequately addressed in the draft Psychology Board of Australia code of conduct?

As mentioned, it is very thorough. The components on cultural safety are also welcomed.

Q6. Are there any sections of the draft Psychology Board of Australia code of conduct that would be unworkable for your organisation and/or stakeholders?

Practitioners with more years of experience could probably answer this question more effectively.

Q7. Is the language and structure of the draft Psychology Board of Australia code of conduct helpful, clear and relevant?

Extremely. The layout, structure, and itemised topics improve comprehension.

Q8. Community impact

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.

I am not of Aboriginal or Torres Strait Islander descent, so it would not be appropriate for me to make any judgements on that.

Q9. 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.

Not that I am aware of.

Q10. 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.

I felt somewhat intimidated reading the Code, because there are so many categories through which psychologists can 'slip up', and find themselves momentarily acting below accepted professional standards (i.e, making mistakes with paperwork, miscommunications with clients or other health professionals etc). I just hope that in the future if I am the subject of any complaints, AHPRA can deal with the complaint swiftly, while supporting me to stay at work wherever possible. A complaint can sometimes result in job loss, and subsequent financial burden.

Q11. 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.

Do you agree with the proposed transition timeframe?

Yes, plenty of time and advance notice.

Q12. Would there be any implementation issues for your organisation and/or stakeholders that the Board should be aware of?

Currently unemployed.

Q13. General feedback

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

I appreciate the open approach of AHPRA in seeking feedback from psychologists over a period of several months. The transition timeline for rolling out the eventual Code also seems reasonable. Whoever wrote the Code did a good job in laying out a clear structure that aids in comprehension.

Q14. Consultation on a code of conduct for psychologists

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Q1. General questions

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

Yes

Q2. 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*?

Yea

Q3. 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?

Yes

Q4. Content of the draft Psychology Board code

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

No, the standards are too high and rigid in many areas.

Q5. Are there any specific areas of psychological practice that are not adequately addressed in the draft Psychology Board of Australia code of conduct?

Yes, not addressed properly.

Q6. Are there any sections of the draft Psychology Board of Australia code of conduct that would be unworkable for your organisation and/or stakeholders?

Yes. In particular personal disclosure and the responsibility to keep working with clients until handover. Lived experience can form a vital part of working with certain groups. For example those with neurodivergence or chronic health conditions. They experience so much medical trauma and misunderstanding that they seek out practitioners with their own lived experience. If we aren't able to appropriately disclose our own lived experience then those clients would feel totally neglected and alone. Additionally in private practice working with clients that need to be referred on is not feasible for various reasons.

Q7. Is the language and structure of the draft Psychology Board of Australia code of conduct helpful, clear and relevant?

No. It is too black and white and rigid.

Q8. Community impact

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.

Yes. Same as my comments around lived experience of illness.

Q9. 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.

Yes, as aforementioned.

Q10. 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.

Yes. I am a disabled practitioner and the wording around disclosure suggests I couldn't disclose my health status. That is ridiculous given at times I need to disclose this or it is visibly obvious (eg I am unwell due to my chronic health condition, or I may need to be using a mobility aid, etc). If I had to "hide" these things, I will not be able to practice I would therefore lose my job.

Q11. Transition and implementation

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Do you agree with the proposed transition timeframe?

Needs a much longer timeframe for consultation. And longer time frame for implementation and feedback.

Q12. Would there be any implementation issues for your organisation and/or stakeholders that the Board should be aware of?

Q13. General feedback

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Your name	<div></div>
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Q1. General questions

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

Yes

Q2. 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*?

Yes

Q3. 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?

Yes

Q4. Content of the draft Psychology Board code

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

Yes

Q5. Are there any specific areas of psychological practice that are not adequately addressed in the draft Psychology Board of Australia code of conduct?

The value and importance of Area of endorsement, referring to self by AoE title and not practicing outside of your AoE

Q6. Are there any sections of the draft Psychology Board of Australia code of conduct that would be unworkable for your organisation and/or stakeholders?

no

Q7. Is the language and structure of the draft Psychology Board of Australia code of conduct helpful, clear and relevant?

yes

Q8. Community impact

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.

no

Q9. 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.

no

Q10. 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.

no

Q11. 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.

Do you agree with the proposed transition timeframe?

yes

Q12. Would there be any implementation issues for your organisation and/or stakeholders that the Board should be aware of?

no

Q13. General feedback

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

I agree with establishing a CoC separate from APS. I would encourage greater acknowledgement of the different Area of Endorsement which the acknowledges the great variability of practice with the profession of psychology, which then leads to more specific and relevant guidelines for different clinicians.

Q14. Consultation on a code of conduct for psychologists

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Q4. Content of the draft Psychology Board code

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

Q5. Are there any specific areas of psychological practice that are not adequately addressed in the draft Psychology Board of Australia code of conduct?

Q6. Are there any sections of the draft Psychology Board of Australia code of conduct that would be unworkable for your organisation and/or stakeholders?

Yes - the changes to self-disclosure

Q7. Is the language and structure of the draft Psychology Board of Australia code of conduct helpful, clear and relevant?

Q8. **Community impact**

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.

Q9. 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.

Yes - the lack of flexibility around self-disclosure may harm vulnerable members of the community as it often used in a professional way to connect to clients who have often been marginalised. These clients require a humanistic approach which is when self disclosure can be used appropriately

Q10. 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.

Q11. Transition and implementation

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Do you agree with the proposed transition timeframe?

Q12. Would there be any implementation issues for your organisation and/or stakeholders that the Board should be aware of?

Q13. General feedback

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

Yes - please dont do the self disclosure bit! It doesnt align with schema therapy or any humanistic approach to therapy!

Q14. Consultation on a code of conduct for psychologists

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Yes.

Q3. 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?

Yes.

Q4. Content of the draft Psychology Board code

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

I feel that they do not set an adequate minimum standard. There is no reference to psychologists obtaining their own psychotherapy as part of their training, if they intend to work as psychotherapists. It is understood that not all psychologists go on to work in psychotherapy practice, but it is an internationally recognised standard of professional development that anyone who trains as a psychotherapist should obtain their own therapy as part of their training. There is a tendency in Australia for psychological qualification to be taken as sufficient training to then work as a therapist. However no university program includes therapy for trainees. This should be addressed in the code.

Q5. Are there any specific areas of psychological practice that are not adequately addressed in the draft Psychology Board of Australia code of conduct?

When psychologists practice as psychotherapists, they must undergo further training to specialise in this area of work. Being registered as a psychologist alone is not sufficient training. specific reference should be made to situations where psychologists wish to work in the specialist area of psychotherapy, and the requirement for suitable training and experience to be obtained beforehand.

Q6. Are there any sections of the draft Psychology Board of Australia code of conduct that would be unworkable for your organisation and/or stakeholders?

No.

Q7. Is the language and structure of the draft Psychology Board of Australia code of conduct helpful, clear and relevant?

no comment

Q8. Community impact

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.

I do not have a view on this aspect; I do not routinely work in this area.

Q9. 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.

I do not believe so. I feel it is an important step in the right direction.

Q10. 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.

I do not believe so.

Q11. 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.

Do you agree with the proposed transition timeframe?

Yes

Q12. Would there be any implementation issues for your organisation and/or stakeholders that the Board should be aware of?

No

Q13. General feedback

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

No, thank you

Q14. Consultation on a code of conduct for psychologists

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Q1. General questions

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

No

Q2. 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*?

No

Q3. 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?

No

Q4. Content of the draft Psychology Board code

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

No

Q5. Are there any specific areas of psychological practice that are not adequately addressed in the draft Psychology Board of Australia code of conduct?

Yes

Q6. Are there any sections of the draft Psychology Board of Australia code of conduct that would be unworkable for your organisation and/or stakeholders?

Yes

Q7. Is the language and structure of the draft Psychology Board of Australia code of conduct helpful, clear and relevant?

Yes

Q8. Community impact

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.

I have no experience working with Aboriginal and Torres Strait Islander Peoples so cannot comment.

Q9. 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.

Yes - the language is draconian and does account for individuality within diverse groups.

Q10. 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.

I don't know as I have only been practising as a provisional psychologist for 2 years.

Q11. 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.

Do you agree with the proposed transition timeframe?

Yes

Q12. Would there be any implementation issues for your organisation and/or stakeholders that the Board should be aware of?

Not that I can think of

Q13. General feedback

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

Yes because it is a radical change to the nature of psychological practice, is politically directed and an intrusion on the civil rights of psychologists.

Q14. Consultation on a code of conduct for psychologists

The Psychology Board of Australia is consulting on its proposal to update the code of conduct that applies to psychologists in Australia. The purpose of this consultation is to gather feedback about the changes we are proposing and the draft code of conduct.

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Q1. General questions

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

Yes, with changes

Q2. 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*?

Yes

Q3. 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?

No

Q4. Content of the draft Psychology Board code

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

Somewhat, however some parts are too restrictive and unworkable

Q5. Are there any specific areas of psychological practice that are not adequately addressed in the draft Psychology Board of Australia code of conduct?

Q6. Are there any sections of the draft Psychology Board of Australia code of conduct that would be unworkable for your organisation and/or stakeholders?

Section 5.4 point b) requires rewording. It is not uncommon for Psychologists to discover that a clients presenting problem at assessment is outside of their area of expertise or is not suitable for the service (e.g. requires a higher level of care than private practice can provide). Clients are typically referred back to the GP and a recommendation is made for a referral to a higher tier service. The wording of 5.4 b) appears to suggest that we continue to be responsible for the client until the higher tier service accepts the referral. This would be unworkable in reality. Government services engage in strict gate keeping and tend not to accept referrals when a private psych is involved. It would also be inappropriate for a psychologist to continue working with a client when they are unable to offer an effective intervention. This point needs to be broadened to allow for clients to be referred back to their GP/psychiatrist etc while waiting for alternative Psychological services.

Q7. Is the language and structure of the draft Psychology Board of Australia code of conduct helpful, clear and relevant?

Yes

Q8. Community impact

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.

Q9. 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.

Q10. 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.

Q11. **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.

Do you agree with the proposed transition timeframe?

Yes

Q12. Would there be any implementation issues for your organisation and/or stakeholders that the Board should be aware of?

No

Q13. **General feedback**

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

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Q1. General questions

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

No. A code based on behavioural statements, without adequate consideration of context, is less useful to practitioners in resolving complex issues in practice.

Q2. 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*?

It is unclear to what extent non-health focussed psychologists have been consulted in developing this code.

Q3. 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?

No.

Q4. Content of the draft Psychology Board code

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

This document presents some key departures from current accepted standards of practice without adequately identifying the need for such changes. In places, it encompasses desired future state behaviours but presents them as statements of current accepted standards of practice,

Q5. Are there any specific areas of psychological practice that are not adequately addressed in the draft Psychology Board of Australia code of conduct?

Non-health focussed e.g. organisational,community, forensic and rural/remote (whether health focussed or otherwise).

Q6. Are there any sections of the draft Psychology Board of Australia code of conduct that would be unworkable for your organisation and/or stakeholders?

Many.

Q7. Is the language and structure of the draft Psychology Board of Australia code of conduct helpful, clear and relevant?

Behavioural statements which do consider context are problematic e.g. assumptions about client vulnerability do not consider powerful organisations as clients, particularly where they may also be the employer.

Q8. Community impact

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.

Q9. 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.

Changed expectations around 'multiple relationships' will be difficult to manage in many areas of practice and potentially serve to limit healthy functioning of clients and psychologists within systems and the broader community.

Q10. 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.

As above. In addition, the lack of fit for non-health focused psychologists, may drive psychologists out of the profession, resulting in less regulation of practice and a contraction of the available psychological workforce.

Q11. Transition and implementation

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Do you agree with the proposed transition timeframe?

No

Q12. Would there be any implementation issues for your organisation and/or stakeholders that the Board should be aware of?

Several constructs, including 'client' and 'psychological service' are not adequately defined. Without clear definition, scoping of implementation cannot commence,

Q13. General feedback

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

The draft Code of Conduct should not be adopted.

Q14. Consultation on a code of conduct for psychologists

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Q1. General questions

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

Yes I do broadly speaking, however I have some concerns about particular parts or aspects of the proposed document, which I expect I will have the opportunity to document later in this online form.

Q2. 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*?

At this point in time I have no significant difficulties with the process.

Q3. 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?

As noted above, at this point in time I have no significant difficulties with the process. Notwithstanding some concerns which I expect to document later in this online form.

Q4. Content of the draft Psychology Board code

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

Q5. Are there any specific areas of psychological practice that are not adequately addressed in the draft Psychology Board of Australia code of conduct?

Q6. Are there any sections of the draft Psychology Board of Australia code of conduct that would be unworkable for your organisation and/or stakeholders?

Q7. Is the language and structure of the draft Psychology Board of Australia code of conduct helpful, clear and relevant?

Q8. Community impact

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Q9. 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.

Q10. 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.

Q11. **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.

Do you agree with the proposed transition timeframe?

At this point in time this seems like a reasonable timeframe.

Q12. Would there be any implementation issues for your organisation and/or stakeholders that the Board should be aware of?

Not that I am aware of, beyond those related to boundaries, physical touch and multiple relationships as detailed by me later in this document.

Q13. **General feedback**

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

I am concerned that in section 4.8 c, in relation to Physical Contact, that it fails to take into account that the prohibition on physical contact, does not allow for example for (client initiated) hugs, which could well be culturally appropriate and or a means of strengthening the therapeutic relationship, particularly following (traumatic or difficult, for the client) discussions. A failure to accept a hug, could (to my eyes) otherwise be seen as the practitioner being psychologically "cold" or unfeeling, and potentially harm the therapeutic relationship. In relation to point 4.9 (p. 14) multiple relationships, as I see it, the draft fails to take into account that Psychologists may because of the physical/geographical or cultural or community setting in which they work potentially engage in multiple relationships that it is difficult to avoid. Furthermore, to avoid those multiple relationships may well involve potential or actual psychological distress to those who may well benefit from this otherwise "prohibited" assistance, apart from anything potentially related to the psychologist's employment, e.g. in a small cultural or geographic community. I am also concerned, that the draft fails (in part 8.2) to provide any guidelines as to what a practitioner should do if they suspect or are advised of the potential or actual lodgment of a vexatious complaint by a client or former client, with the Board and or AHPRA, which at first look may appear to those receiving the complaint seem legitimate.

Q14. Consultation on a code of conduct for psychologists

The Psychology Board of Australia is consulting on its proposal to update the code of conduct that applies to psychologists in Australia. The purpose of this consultation is to gather feedback about the changes we are proposing and the draft code of conduct.

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☒ An organisation

☐ Myself

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Organisation name	<div></div>
Your name	<div></div>
Your job title	<div></div>
Email address	<div></div>

Q18. Please provide details on who you are.

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Q1. General questions

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

Yes

Q2. 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*?

No

Q3. 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?

No

Q4. Content of the draft Psychology Board code

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

No

Q5. Are there any specific areas of psychological practice that are not adequately addressed in the draft Psychology Board of Australia code of conduct?

Yes

Q6. Are there any sections of the draft Psychology Board of Australia code of conduct that would be unworkable for your organisation and/or stakeholders?

Yes. There's a serious problem in the new draft Psychology Board code where it states, "recognise that sexual and other personal (including financial and commercial) relationships with associated parties are mostly inappropriate." This fails to take into consideration the realities of practising in rural or regional communities where commercial relationships occasionally overlap by necessity with previous or current professional relationships, and it fails to invoke the role of professional discretion in managing these occasional occurrences.

Q7. Is the language and structure of the draft Psychology Board of Australia code of conduct helpful, clear and relevant?

Yes

Q8. Community impact

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.

Yes. Indigenous clients and indigenous practitioners would be negatively impacted in ways similar to non indigenous clients and practitioners.

Q9. 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.

Trees as above.

Q10. 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.

Possibly, by way of unnecessary costs incurred in compliance with unreasonable elements such as the one outlined previously.

Q11. 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.

Do you agree with the proposed transition timeframe?

Yes

Q12. Would there be any implementation issues for your organisation and/or stakeholders that the Board should be aware of?

No

Q13. General feedback

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

I stand with and speak on behalf of many peers in voicing my concerns with the draft code of conduct. The proposal is an unwarranted intrusion in to the civil rights of practising psychologists. I feel obliged to alert the Board that the proposal looks to breach existing legislation, both in letter and and in spirit.

Q14. Consultation on a code of conduct for psychologists

The Psychology Board of Australia is consulting on its proposal to update the code of conduct that applies to psychologists in Australia. The purpose of this consultation is to gather feedback about the changes we are proposing and the draft code of conduct.

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Your name

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Q1. General questions

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

Yes, I support the idea of a regulatory code of conduct to ensure consistency and professionalism in the practice of psychology.

Q2. 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*?

Yes, I appreciate the Board's approach, as it implies inclusivity and consensus across related disciplines.

Q3. 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?

In principle, yes. However, I have specific concerns about certain aspects of the draft which I believe need reconsideration.

Q4. Content of the draft Psychology Board code

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

For the most part, yes. But there are areas, as mentioned in my general detailed feedback, that might benefit from refinement.

Q5. Are there any specific areas of psychological practice that are not adequately addressed in the draft Psychology Board of Australia code of conduct?

The areas of self-disclosure, physical contact with clients, and relationships in smaller communities are examples where the current guidelines might be too restrictive and not wholly representative of the nuanced nature of the profession.

Q6. Are there any sections of the draft Psychology Board of Australia code of conduct that would be unworkable for your organisation and/or stakeholders?

Sections concerning immediate emergency assistance and ensuring the continuity of psychological services might pose challenges for practitioners, especially in private practice due to practical limitations.

Q7. Is the language and structure of the draft Psychology Board of Australia code of conduct helpful, clear and relevant?

The structure is clear, but the language in certain sections is ambiguous and might lead to misinterpretation, especially concerning acting as a "positive role model" and restrictions on physical contact.

Q8. Community impact

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.

I did not identify specific adverse effects for Aboriginal and Torres Strait Islander Peoples, but a more comprehensive consultation with representatives from these communities would be beneficial to ensure cultural sensitivity and relevance.

Q9. 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.

The strict interpretation around relationships with clients or associated individuals could disadvantage smaller or rural communities, where personal and professional relationships often overlap, and there are fewer degrees of separation.

Q10. 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.

There may be financial burdens on private practitioners concerning availing interpretive services. Additionally, the potential contradiction with the Medicare model may have implications for rebates and financial planning

Q11. 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.

Do you agree with the proposed transition timeframe?

12 months seems reasonable, but it would be crucial to ensure that all practitioners are adequately informed and trained on the new code within this timeframe.

Q12. Would there be any implementation issues for your organisation and/or stakeholders that the Board should be aware of?

Given the diverse contexts in which psychologists operate, a one-size-fits-all approach may pose challenges. More flexibility and guidance would be beneficial.

Q13. General feedback

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

I do. While I recognise the intent to uphold the highest standards of psychological services, certain aspects of the draft may be problematic in practice. Below, I've detailed my concerns: 1. Providing Safe and Effective Psychological Services (1.1d) I concur with the principle of shared decision-making involving the client and their support network. However, I highlight the potential contradiction with the Medicare model and other funding avenues which may impose restrictions on rebates for joint sessions. This could render the principle impractical without systemic adjustments. 2. Helping in Emergencies (1.4) The directive on assisting in emergencies is somewhat ambiguous. In private practice, an immediate response to emergencies can be challenging due to other client commitments, personal responsibilities, or lack of remuneration for out-of-hours assistance. The wording of this point needs refinement to properly account for the practical limitations of psychologists in certain positions when providing emergency assistance. 3. Effective Communication (3.2d) While acknowledging the importance of addressing linguistic and cultural needs, the financial responsibility of availing interpretive services might be burdensome for private practitioners. 4. Maintaining Continuity of Psychological Services (4.7) The expectation for psychologists to ensure continuity of services seems excessive for those in private practice. Given the intricacies of client consent, practitioner availability, and high demand, this mandate may be challenging to fulfil systematically for every client. 5. Physical Contact with Clients (4.7c) The guidelines on physical contact appear excessively restrictive. Many practitioners, male and female alike, engage in benign gestures like handshakes or comforting touches. Trust in a psychologist's clinical judgement should be paramount. 6. Personal Information Disclosure (4.7f) Self-disclosure in therapy varies in its utility based on context and the specific therapeutic approach. The esteemed existential psychotherapist and Emeritus Professor at Stanford, Dr. Irvin D. Yalom, has emphasised the importance of authenticity in the therapeutic relationship, suggesting that appropriate self-disclosure can serve to normalise client feelings, model coping strategies, and bolster the therapeutic alliance (Yalom, 2002). Hill and Knox (2001) found that therapists' self-disclosure can promote client self-disclosure, strengthen the therapeutic relationship, model new behaviors, and validate clients' experiences. Further, Zur (2007) notes that appropriate therapist self-disclosure can increase trust, enhance the therapeutic alliance, and offer clients a positive and real experience. In many therapeutic paradigms, particularly humanistic and relational approaches, the genuine presence of the therapist – which might involve spontaneous self-disclosures – is seen as crucial for therapeutic progress (Rogers, 1957). Moreover, a study by Audet and Everall (2003) discovered that when therapists used self-disclosure judiciously, it helped in promoting client autonomy, enhancing therapeutic rapport, and demystifying the counseling process. A strict approach that curtails the spontaneity and genuineness of therapist-client interactions might suppress the therapeutic richness these interactions can offer. While it is undeniable that inappropriate disclosures can be detrimental, a nuanced stance that accounts for the complexity of therapeutic contexts and individual client needs would be more in line with evidence-based practice. 7. Relationships with Clients and Associated Parties (4.7g) A strict interpretation could inadvertently penalise psychologists in smaller communities where relationships overlap, which may ultimately further disadvantage these communities. The guideline should acknowledge the nuances of small community dynamics. 8. Teamwork and Collaboration (5.2e) The directive to act as a "positive role model" is ambiguous. The potential interpretation of endorsing 'toxic positivity' is concerning, especially when therapeutic principles often emphasise emotional authenticity and equanimity. 9. Use of Psychological Services Wisely (6.1) Suggesting that psychologists' personal use of psychological services might be detrimental to community access appears discriminatory. This might inadvertently discourage psychologists from seeking necessary personal therapeutic support. 10. Financial and Commercial Dealings (8.13e) A strict prohibition against giving gifts to clients may lack sensitivity in certain therapeutic contexts, such as responding to a terminally ill client's gesture or providing resources, such as client workbooks, to underprivileged clients. In conclusion, while the intention of the draft is commendable, its practical implications may inadvertently compromise the delivery of person-centred, flexible, and empathetic psychological care. I recommend a more consultative approach, taking into consideration the diverse contexts in which psychologists operate. References: Yalom, I. D. (2002). *The Gift of Therapy: An Open Letter to a New Generation of Therapists and Their Patients*. HarperCollins. Hill, C. E., & Knox, S. (2001). Self-disclosure. *Psychotherapy: Theory, Research, Practice, Training*, 38(4), 413-417. Zur, O. (2007). *Boundaries in psychotherapy: Ethical and clinical explorations*. American Psychological Association. Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of consulting psychology*, 21(2), 95-103. Audet, C. T., & Everall, R. D. (2003). Therapist self-disclosure and the therapeutic relationship: A phenomenological study from the client perspective. *British Journal of Guidance & Counselling*, 31(3), 257-270.

Q14. Consultation on a code of conduct for psychologists

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Q18. Please provide details on who you are.

Your name	<div></div>
Your job title	<div></div>
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Q1. General questions

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

I feel the APS Code of Ethics and associated Guidelines that currently exist are helpful and sufficient as they are. They currently take into account a psychologist's level of training and competence. Adopting this Code of Conduct feels authoritarian and does not seem necessary given the APS Code of Ethics are already utilised by our profession.

Q2. 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*?

If the Board is to go ahead with the newly developed code of conduct for psychologists then it makes sense to base this broadly around the existing share Code of conduct.

Q3. 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?

I would prefer our exisiting APS Code of Ethics and associated Guidelines.

Q4. Content of the draft Psychology Board code

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

Q5. Are there any specific areas of psychological practice that are not adequately addressed in the draft Psychology Board of Australia code of conduct?

Q6. Are there any sections of the draft Psychology Board of Australia code of conduct that would be unworkable for your organisation and/or stakeholders?

Under Section 5.4 (b) it states: "understand that, your responsibility for the service being provided continues until the referral or handover is accepted" This feels very challenging and unworkable in private practice particularly if a client has been referred who is not suitable for private practice and/or is beyond our scope of competence, and/or is unable to pay their fees and/or has exhausted their MHCP sessions. This places a significant amount of responsibility back onto the practice and psychologists particularly if the public system is overloaded and unable to accept referrals within a timely manner.

Q7. Is the language and structure of the draft Psychology Board of Australia code of conduct helpful, clear and relevant?

There are sections of the proposed Code of Conduct that need to be further clarified particularly around our responsibility to continue providing service to clients until a referral is 'accepted' by another organisation. Section 4.8(f) also discussed professional boundaries and states; "recognise that it is mostly inappropriate to share your personal information with clients and/or associated parties, and before doing so, you should consult an experienced colleague to determine whether your purpose for such disclosure is appropriate". I feel this is impractical and needs further clarification as there may be instances where self-disclosure is evidence-based and therapeutic or simply unavoidable (e.g., being visibly pregnant).

Q8. Community impact

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.

Q9. 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.

Q10. 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.

Q11. **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.

Do you agree with the proposed transition timeframe?

The timeframe seems reasonable if it were to come into effect

Q12. Would there be any implementation issues for your organisation and/or stakeholders that the Board should be aware of?

Q13. **General feedback**

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

Q14. Consultation on a code of conduct for psychologists

The Psychology Board of Australia is consulting on its proposal to update the code of conduct that applies to psychologists in Australia. The purpose of this consultation is to gather feedback about the changes we are proposing and the draft code of conduct.

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Q1. General questions

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

Yes

Q2. 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*?

Yes

Q3. 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?

Yes

Q4. Content of the draft Psychology Board code

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

Yes

Q5. Are there any specific areas of psychological practice that are not adequately addressed in the draft Psychology Board of Australia code of conduct?

Yes, two. Consent: the draft code does not include detail that is provided in the APS code of ethics, regarding the Marion test to assess competence of a young person to make decisions that impact on their own welfare. The draft code does not recognize that NSW legislation about adoption identifies the age of 12 years as the minimum age for a young person to make decisions. Assessment instruments: the draft code includes no comment about use of validated assessment instruments, and what to do when no validated instrument is available. This topic affects all psychologists, and is especially relevant in court related work.

Q6. Are there any sections of the draft Psychology Board of Australia code of conduct that would be unworkable for your organisation and/or stakeholders?

No

Q7. Is the language and structure of the draft Psychology Board of Australia code of conduct helpful, clear and relevant?

Often the language is very general and open to interpretation. It will help if Practice Standards are issued to guide psychologists in specific areas of work, especially emerging areas such as providing treatment reports for clients who have court appearances regarding child protection issues and separated parents.

Q8. Community impact

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.

The draft code of conduct will enhance working with ATSI people.

Q9. 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.

The draft code of conduct omits other groups of people who experience a high level of stigma and discrimination in Australia, especially parents who have an episodic mental illness. Continuing to overlook parents who appear before Australia's Family Courts and Child Protection Courts will add to the ongoing discriminatory practices currently shown towards these people. Competent psychologists will continue to avoid working with families where a parent has a mental illness due to the lack of guidelines about good practice.

Q10. 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.

Insurers currently demand higher premiums from psychologists who provide treatment reports to courts, in part due to the number of notifications, which occur because of the lack of practice guidelines for this important consumer group.

Q11. 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.

Do you agree with the proposed transition timeframe?

Yes

Q12. Would there be any implementation issues for your organisation and/or stakeholders that the Board should be aware of?

No

Q13. General feedback

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

I draw attention to the Commonwealth Government in 2021 issuing a National Children's Mental Health & Wellbeing Strategy that calls for increased therapy for children who live in vulnerable families, where parents appear in Family Courts and Child Protection Courts. Without clear Practice Standards for working with vulnerable families, many skilled mental health professionals will continue to avoid the risks of working with vulnerable families, and this work will continue to be left to poorly trained staff of NGOs.

Q14. Consultation on a code of conduct for psychologists

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Q1. General questions

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

Yes

Q2. 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*?

Yes

Q3. 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?

No

Q4. Content of the draft Psychology Board code

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

Yes

Q5. Are there any specific areas of psychological practice that are not adequately addressed in the draft Psychology Board of Australia code of conduct?

Yes (see answer to next question)

Q6. Are there any sections of the draft Psychology Board of Australia code of conduct that would be unworkable for your organisation and/or stakeholders?

Yes. Two sections particularly: 1. The definition and limitations of appropriate self disclosure in the draft would pose significant difficulty for my private practice as: A. I work from a home office that inadvertently leads to self disclosure. As a result, clients have access to viewing my living circumstances, exterior of residence, garden and even to my pets. I would not continue to practice if I was not able to do so from home as I practice in a small rural town with limited options for clinic space. B. The evidence-based framework I am trained in, being ACT, utilises self-disclosure appropriately (and when in the interests of client treatment), to normalise the psychological process of cognitions, emotions and behaviour in all humans. Doing so has significant benefit therapeutically, including building rapport through shared humanity rather than placing the Psychologist in the position of 'expert'. 2. The requirement to continue treatment until a handover is achieved. I have recently had to reduce my caseload for health reasons. As I work in a small rural region where the few psychologists in town have open books and where our adult mental health team doesn't actually have a psychologist in the team, I was NOT able to refer on. The best I could do was refer back to GP and provide contacts for APS Find a Psychologist/PHN webpage. Despite encouraging teletherapy and online self paced therapy, most clients continue to prefer a local face to face clinician. Additionally, I have a 'niche' within which I practice. Local GPs will refer under that 'niche' to gain access for that client and, following assessment, it often becomes apparent that the presentation is outside my scope/niche. Technically I have accepted the referral (under an inaccurate referral diagnosis by a well-meaning GP). I am not willing to continue to operate as a private clinical psychologist if I'm to be forced outside my niche/scope because there are no referral options. Subsequently the region loses another scarce resource.

Q7. Is the language and structure of the draft Psychology Board of Australia code of conduct helpful, clear and relevant?

No. Duplicitous and limiting to private practitioners, particularly rural, regional and remote.

Q8. Community impact

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.

Yes. As per previous response, I am one of extremely few clinicians in a rural area and if regulated to continue with clients outside my niche or scope, the region, including our Aboriginal and Torres Strait Islander community, would lose potential access to a service.

Q9. 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.

Yes, as per above through loss of private practitioners not being able to safely practice within their framework, scope or niche.

Q10. 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.

Yes, as per above through loss of private practitioners not being able to safely practice within their framework, scope or niche.

Q11. 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.

Do you agree with the proposed transition timeframe?

Yes, once concerns addressed.

Q12. Would there be any implementation issues for your organisation and/or stakeholders that the Board should be aware of?

Yes, if limitations previously outlined are regulated, I would cease offering services and move to government consultancy roles.

Q13. General feedback

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

Q14. Consultation on a code of conduct for psychologists

The Psychology Board of Australia is consulting on its proposal to update the code of conduct that applies to psychologists in Australia. The purpose of this consultation is to gather feedback about the changes we are proposing and the draft code of conduct.

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☒ Myself

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Q18. Please provide details on who you are.

Your name	<div></div>
Your job title	<div></div>
Email address	<div></div>

Q1. General questions

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

Yes, I support it but don't support what it has included

Q2. 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*?

I think it has incorporated too much from medical professionals codes that is irrelevant to Psychologists

Q3. 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?

Yes

Q4. Content of the draft Psychology Board code

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

Yes

Q5. Are there any specific areas of psychological practice that are not adequately addressed in the draft Psychology Board of Australia code of conduct?

No

Q6. Are there any sections of the draft Psychology Board of Australia code of conduct that would be unworkable for your organisation and/or stakeholders?

Yes - It is unworkable to include another psychologist in our will. They could be inundated with referrals, have moved state, be unwell themselves - there are too many circumstances that make this practice unworkable. In addition, to not be able to leave a job until all clients have been referred is unrealistic at this time when psychologist waitlists are overrun - it is unfair to stay in a job due to societal issues of lack of psychologists. In addition, Advertisement would be awful for Psychology. Part of what makes psychology professional is the lack of the lack of advertisement, and the strong relationships with GPS. To include advertisement would be to take away from the legitimacy of psychology as a profession.

Q7. Is the language and structure of the draft Psychology Board of Australia code of conduct helpful, clear and relevant?

Yes

Q8. Community impact

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.

Q9. 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.

Q10. 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.

Yes - sole traders in psychology would not benefit from the advertisement rule as bigger psychological organisations would have more resources for marketing. This sets up an unfair market for Psychology.

Q11. 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.

Do you agree with the proposed transition timeframe?

Yes

Q12. Would there be any implementation issues for your organisation and/or stakeholders that the Board should be aware of?

No

Q13. General feedback

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

It is too similar to Medical professionals code of conducts and includes irrelevant medical language

Q14. Consultation on a code of conduct for psychologists

The Psychology Board of Australia is consulting on its proposal to update the code of conduct that applies to psychologists in Australia. The purpose of this consultation is to gather feedback about the changes we are proposing and the draft code of conduct.

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Your name

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Q1. General questions

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

Yes. I believe it is important that the professional code is available to both psychologists and the public.

Q2. 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*?

Yes.

Q3. 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?

Yes - with some modifications to the proposed code.

Q4. Content of the draft Psychology Board code

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

Yes, I believe it is thorough and maintains the ethics of the current code.

Q5. Are there any specific areas of psychological practice that are not adequately addressed in the draft Psychology Board of Australia code of conduct?

None observed.

Q6. Are there any sections of the draft Psychology Board of Australia code of conduct that would be unworkable for your organisation and/or stakeholders?

I believe there are issues with some areas of the proposed code. In particular - 4.8 "f. recognise that it is mostly inappropriate to share your personal information with clients and/or associated parties, and before doing so, you should consult an experienced colleague to determine whether your purpose for such disclosure is appropriate". Rapport is one of the most important factors in establishing and maintaining the therapeutic relationship, with positive outcomes reliant on rapport. Some self-disclosure may be necessary during the provision of effective services, provided the psychologist gives thought to the relevancy and impact of such information. By stating any form of self-disclosure is inappropriate, this will harm the therapeutic relationship and make psychologists overly cautious about sharing any information that would imply they are an individual with personal experiences or beliefs. Disclosure can sometimes be appropriate and even necessary to the needs of the therapeutic relationship. I strongly believe that self-disclosure can be appropriate provided due consideration is given to the purpose and impact of the information, with consultation from an experienced colleague if uncertain. Professional judgement is required and I believe the code should acknowledge the role appropriate self-disclosure can play in the relationship, particularly around rapport. 7.2 "c. take steps to protect clients from being placed at risk of harm by a colleague's conduct, practice or ill health (See also 9.2 Other practitioners' health and wellbeing)" I do not believe the onus of a colleague's conduct (etc.) should be placed on a psychologist, given it is outside their control. This expectation should be reserved for those in a management position, who do have the ability to oversee and act in such a position. 8.3 "Psychologists protect the integrity of assessment methods and techniques and do not disclose their contents to individuals unqualified to receive such information" I understand and support the general intention behind this, however, have concerns around what would this look like in practice. For provisional psychologists, assessments are often practiced on friends and family as part of simulated practice, in order to familiarise with assessments before using them with real clients (thereby protecting clients via this approach). Would this disallow the practice of assessments on non-psychologists, in a context such as above (where the simulated client is informed of limitations and purpose)?

Q7. Is the language and structure of the draft Psychology Board of Australia code of conduct helpful, clear and relevant?

I am unclear about the phrasing of the following: 5.4 "understand that, as delegating psychologist you remain responsible for the service being provided and for the decision to delegate, and" I am unclear whether the above suggests that the psychologist is responsible until handover OR if they are responsible once delegation has occurred and handover has taken place. The point above this (b) states they are responsible until handover has occurred. They should not still be held responsible after handover has occurred and they are no longer providing services. 8.4 I believe it is important to allow a distinction between professional and personal life, in the interest of healthy work-life balance. I believe this point should be specified to when the psychologist is doing so under their own name/when representing themselves - I do not support such specific oversight applying to all aspects of their life, such as if using an anonymous account or an account not under their full name. This expectation is likely to cause undue stress if psychologists are held to such a high standard when they are not representing the profession via attempts to withhold their name or identity. I have concerns with 2.2 b. "acknowledge and address individual racism". I believe 2.2 b. would be better worded without the implication that the practitioner experiences (as defined by the code) "prejudice, discrimination or hatred" towards the individual. I would suggest modification by omitting this word would capture this point without negative inferences about the psychologist: "acknowledge and address your own biases, assumptions, stereotypes and prejudices and provide care that is holistic, free of bias and racism". I would also like to note doing so to be compliant with the code is in potential contradiction to 4.8 f., if it were expected this to be acknowledged with the client. Likewise, I feel that 2.2 a. "Colonisation" is overly specific and a loaded term, and this point would benefit from omission of this word to instead be: "acknowledge systemic racism, social, cultural, behavioural and economic factors which impact individual and community health". I believe that the remainder of the code is clear and helpful.

Q8. Community impact

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.

The overly specific language may impact psychologist conduct in negative ways, which could have negative consequences for clients (see suggested changes to language). On the whole, I would perceive as positive however.

Q9. 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.

None observed.

Q10. 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.

Yes, I believe that 8.4 places psychologists at risk as it does not distinguish between public and private life. It does not distinguish between psychologists openly representing the profession/under their own name versus anonymised accounts. This places psychologists at risk of vexatious litigation, or negative implications when they are engaging in public life as an individual, not as a representative of the profession. Psychologists should not be held to such high standards in their private life as this will result in undue stress and does not acknowledge psychologists as individuals who should be free to engage in non-professional settings without such high standards. Work-life balance and compartmentalisation is required in order to sustainably engage in this profession.

Q11. 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.

Do you agree with the proposed transition timeframe?

Yes, I believe this is sufficient.

Q12. Would there be any implementation issues for your organisation and/or stakeholders that the Board should be aware of?

7.2 c. It is appropriate for senior psychologists to interfere in such situations, not colleagues.

Q13. General feedback

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

Q14. Consultation on a code of conduct for psychologists

The Psychology Board of Australia is consulting on its proposal to update the code of conduct that applies to psychologists in Australia. The purpose of this consultation is to gather feedback about the changes we are proposing and the draft code of conduct.

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Q18. Please provide details on who you are.

Your name	<div></div>
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Q1. General questions

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

Yes

Q2. 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*?

No

Q3. 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?

No

Q4. Content of the draft Psychology Board code

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

No, it goes beyond minimum to impactful depending on how it is read

Q5. Are there any specific areas of psychological practice that are not adequately addressed in the draft Psychology Board of Australia code of conduct?

-

Q6. Are there any sections of the draft Psychology Board of Australia code of conduct that would be unworkable for your organisation and/or stakeholders?

Yes, especially around self disclosure. As a neurodivergent targeted clinic self disclosure (to an appropriate point) is a vital communication tool

Q7. Is the language and structure of the draft Psychology Board of Australia code of conduct helpful, clear and relevant?

No, I've already seen psychologists argue over how different points should be interpreted. I imagine this will lead to some psychologists not following the code as intended or a lot of investigations into complaints with no concerns found

Q8. Community impact

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.

Unsure specially

Q9. 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.

Neurodivergent clients as previously described

Q10. 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.

I assume there will be more erroneous complaints made to the board that will require investigation and therefore cost.

Q11. 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.

Do you agree with the proposed transition timeframe?

Yes

Q12. Would there be any implementation issues for your organisation and/or stakeholders that the Board should be aware of?

No

Q13. General feedback

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

Q14. Consultation on a code of conduct for psychologists

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Your name	<div></div>
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Q1. General questions

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

Yes

Q2. 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*?

Yes

Q3. 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?

Yes

Q4. Content of the draft Psychology Board code

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

Q5. Are there any specific areas of psychological practice that are not adequately addressed in the draft Psychology Board of Australia code of conduct?

Q6. Are there any sections of the draft Psychology Board of Australia code of conduct that would be unworkable for your organisation and/or stakeholders?

Yes - 4.8 Working as an 'out' ADHD psychologist, appropriate disclosure is an essential part of a lot of my work with other neurodivergent clients. This includes information that neurotypical psychologists may shy away from sharing, such as what is normal for me in my life with cleaning, children, habits, self care etc. This humanises and normalises disability experiences for my clients and universally feedback is positive. Research in this area also shows that client experiences are positive of therapist disclosure. Claiming that "A provision that sharing of personal information with clients and/or associate parties is mostly inappropriate" is factually incorrect and is far from the nuanced position required.

Q7. Is the language and structure of the draft Psychology Board of Australia code of conduct helpful, clear and relevant?

Q8. **Community impact**

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.

Q9. 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.

Q10. 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.

Q11. **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.

Do you agree with the proposed transition timeframe?

Q12. Would there be any implementation issues for your organisation and/or stakeholders that the Board should be aware of?

Q13. **General feedback**

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

Q14. Consultation on a code of conduct for psychologists

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Your name	<div></div>
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Q1. General questions

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

Yes, I support this option

Q2. 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*?

Yes, I agree with the Board's approach.

Q3. 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?

Yes, I support the Board's proposal.

Q4. Content of the draft Psychology Board code

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

Having reviewed all the documentation I consider that it sets appropriate minimum standards.

Q5. Are there any specific areas of psychological practice that are not adequately addressed in the draft Psychology Board of Australia code of conduct?

None that I can see on review.

Q6. Are there any sections of the draft Psychology Board of Australia code of conduct that would be unworkable for your organisation and/or stakeholders?

Not that I can see.

Q7. Is the language and structure of the draft Psychology Board of Australia code of conduct helpful, clear and relevant?

Yes.

Q8. Community impact

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.

Not that I can see.

Q9. 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.

Not that I can see

Q10. 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.

Well, I guess the APS may lose some gravitas as it's CoE no longer are situated at the Board level, but other than that nope.

Q11. 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.

Do you agree with the proposed transition timeframe?

That time frame works well in allowing a transition/adjustment period

Q12. Would there be any implementation issues for your organisation and/or stakeholders that the Board should be aware of?

None as far as I can see.

Q13. General feedback

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

I support the establishment of this code of conduct.

Q14. Consultation on a code of conduct for psychologists

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☐ An organisation

☒ Myself

Q17. Please provide details on who you are.

This question was not displayed to the respondent.

Q18. Please provide details on who you are.

Your name

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Q1. General questions

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

In principle I have no objections to the option of implementing a code of conduct, but I do not support the current proposal.

Q2. 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*?

There are a lot of issues with this, chief of which is that it looks like replacing a relatively effective ethical code (which has issues) with a much more flawed and problematic one.

Q3. 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?

No. It has too many deep flaws in it's approach, is highly proscriptive, self-contradictory, unclear, and will lead to confusion. It will in it's current form open psychologists to frivolous complaints, while reducing the safety of clients. It also is clearly assuming a political stance in some sections, and looks like it is trying to force psychologists towards short-form symptom management medicalised approaches that are known to be ineffective.

Q4. Content of the draft Psychology Board code

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

Clearly not. Look at the discussion on sexual relationships with clients. It is wide open to interpretation. That does not set a good minimum standard.

Q5. Are there any specific areas of psychological practice that are not adequately addressed in the draft Psychology Board of Australia code of conduct?

I can't speak to all areas of practice.

Q6. Are there any sections of the draft Psychology Board of Australia code of conduct that would be unworkable for your organisation and/or stakeholders?

The section on working with Aboriginal people is problematic in that it makes sweeping generalisations that do not account for the lived experiences of many Aboriginal people I have worked with. That section would make aspects of practice difficult. Regarding access to care, the document indicated that we would have to find a practitioner for clients we do not want to see. That is unworkable in WA, as there is a huge shortage and often months-long waits to get in to a psych. It would be an ethical problem to see someone knowing that we can't work effectively with them, while also being unable to move them to another practitioner due to availability.

Q7. Is the language and structure of the draft Psychology Board of Australia code of conduct helpful, clear and relevant?

I think that this is a strength of the proposal. It is certainly easier to find information in, and there is clarity on some things. I can see the benefit in the future, if the document were better developed and thought through.

Q8. Community impact

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.

In my view, statements in 2.2 a,b,c and d impress as well-intended but over-generalised and not always reflective of different Aboriginal people in WA. There is an inherent problem with describing a stereotype (2.2 a) and then asking psychologists to be aware of our biases, and then to tell us to somehow be free of them (an impossibility). This will not cause issues for experienced psychologists, but new psychologists may find this difficult to work with and likely to lead to accidental systemic biases.

Q9. 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.

A push towards short-term treatments (as is the impression given anyway) would have a detrimental effect on working with adult people with Autism. They often need long, slow therapy to develop functionality and end harmful behaviours, but this can't be accomplished if focused on using a CBT or short-form model. Psychologists should be trusted to understand the individual needs of clients and be able to provide for them.

Q10. 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.

I can't determine this based on the brief document. It would depend on implementation.

Q11. 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.

Do you agree with the proposed transition timeframe?

If the draft was complete, endorsed by peak bodies, and education was provided on interpretation, meaning and changes, then a 12 month transition seems reasonable.

Q12. Would there be any implementation issues for your organisation and/or stakeholders that the Board should be aware of?

Difficult to ascertain at this stage of the process.

Q13. General feedback

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

This seems like a poorly thought through process in it's early stages, and releasing it too soon may be detrimental.

Q14. Consultation on a code of conduct for psychologists

The Psychology Board of Australia is consulting on its proposal to update the code of conduct that applies to psychologists in Australia. The purpose of this consultation is to gather feedback about the changes we are proposing and the draft code of conduct.

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Q2. 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*?

Q3. 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?

Q4. Content of the draft Psychology Board code

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

Q5. Are there any specific areas of psychological practice that are not adequately addressed in the draft Psychology Board of Australia code of conduct?

Q6. Are there any sections of the draft Psychology Board of Australia code of conduct that would be unworkable for your organisation and/or stakeholders?

"1.4 Helping in emergencies - Effective practice means you should offer help in an emergency that takes account of your own safety, your skills, the availability of other options and the impact on any other clients under your care, and continue to help until your services are no longer needed." This point conveys a default expectation that psychologists will be available to offer emergency services to clients whenever this is required, for as long as this assistance is required. I am concerned that this would not be feasible for many sole private practitioners, and in an effort to reduce the risk of breaching this code practitioners may refuse to work with new clients, or refer on or discharge existing clients, who disclose suicidal ideation or present with any other mental health issues the practitioner believes is likely to result in an emergency.

Q7. Is the language and structure of the draft Psychology Board of Australia code of conduct helpful, clear and relevant?

Q8. Community impact

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.

"4.8 Professional boundaries, f) recognise that it is mostly inappropriate to share your personal information with clients and/or associated parties, and before doing so, you should consult an experienced colleague to determine whether your purpose for such disclosure is appropriate" - this point does not consider 'Clinical Yarning' with Aboriginal clients (<https://pubmed.ncbi.nlm.nih.gov/28442021/>) which is a practice where clinicians and clients first establish common ground, and requires some self-disclosure by the clinician. I am concerned that clinicians may feel unable to engage in this practice and therefore not provide culturally safe assessment and intervention with Aboriginal clients, or seek not to work with Aboriginal clients for fear of breaching this code.

Q9. 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.

Yes, I believe so. "4.8 Professional boundaries, f) recognise that it is mostly inappropriate to share your personal information with clients and/or associated parties, and before doing so, you should consult an experienced colleague to determine whether your purpose for such disclosure is appropriate" It is important for many diverse groups and vulnerable members of the community to feel that their practitioner has an understanding of their circumstances and experiences, and to establish this sometimes requires limited self-disclosure. For example, it may be important for a member of the LGBTQIA+ community, someone of a specific religious or cultural background, or with a particular disability, to see a practitioner with similar lived experience and insight. Limiting self-disclosure in these circumstances could hinder the development of rapport and psychological safety, or damage trust in the therapist if the client discovers this information some other way when it was not initially disclosed.

Q10. 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.

"1.4 Helping in emergencies - Effective practice means you should offer help in an emergency that takes account of your own safety, your skills, the availability of other options and the impact on any other clients under your care, and continue to help until your services are no longer needed." Private practitioners providing emergency services for clients for an unlimited period of time would not be paid for these services, which is an adverse impact for the practitioner, and may motivate practitioners not to work with clients where they can foresee that providing emergency services might be required.

Q11. 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.

Do you agree with the proposed transition timeframe?

Q12. Would there be any implementation issues for your organisation and/or stakeholders that the Board should be aware of?

Q13. General feedback

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

Yes. "4.8 Professional boundaries, f) recognise that it is mostly inappropriate to share your personal information with clients and/or associated parties, and before doing so, you should consult an experienced colleague to determine whether your purpose for such disclosure is appropriate". Firstly, it is not possible to anticipate every question or circumstance where self-disclosure might be appropriate with a client in session, so consulting a more experienced colleague about what is appropriate to disclose or not disclose in advance is impractical and unlikely to occur. Secondly, this principle may result in practitioners no longer using engagement activities with children and young people which require reciprocal disclosure (eg. favourite foods, movies, colours etc.), which could impact the development of rapport and the therapeutic alliance. Thirdly, there is a body of literature which indicates that in some circumstances, limited and selective self-disclosure can enhance therapeutic outcomes (eg. providing feedback on the interpersonal impact made by the client, <https://onlinelibrary-wiley-com.ezproxy.uow.edu.au/doi/abs/10.1002/jclp.10159>). Fourthly, this point implies that practitioners would be at risk of violating the code of conduct by sharing with clients that the practitioner is 'unwell' or has experienced a 'family emergency' when rescheduling appointments if the practitioner has not first discussed this with a more experienced colleague. This principle does not adequately address these considerations.

Q14. Consultation on a code of conduct for psychologists

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Your name

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Q1. General questions

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

Yes, with caution as I am greatly concerned by the potential unintended consequence of the draft as it currently stands. If these concerns are addressed, then yes, I support the Board's preferred option.

Q2. 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*?

Q3. 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?

No, not in its current version. I believe the current draft opens the door to unintended consequences that will harm both psychologists from diverse groups, and the public.

Q4. Content of the draft Psychology Board code

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

Q5. Are there any specific areas of psychological practice that are not adequately addressed in the draft Psychology Board of Australia code of conduct?

Q6. Are there any sections of the draft Psychology Board of Australia code of conduct that would be unworkable for your organisation and/or stakeholders?

Multiple relationships - working in regional Australia, when there are only maximum 4 or 5 other psychologists in the area you will inevitably have some form of relationship with your colleagues. I personally have a partner that moved from a major city that is also a psychologist. Unlike the APS, there is not a provision for regional areas to refer on *where possible*. Sometimes, it is not possible to refer on and you are the most appropriate professional to be working with the client, despite having friendships or relationships with other professionals. You do not discuss the case, and manage the relationship with respect to the clients' confidentiality and privacy. The COC appears a blanket rule that multiple relationships is inappropriate with colleagues too. I am concerned this will directly affect clients' capacity to access help in rural and regional areas, because of fear of breaking the code of conduct there will be clients turned away. This will inevitably worsen the availability of services in regional areas.

Q7. Is the language and structure of the draft Psychology Board of Australia code of conduct helpful, clear and relevant?

No, it could be more clear and specific, for instance in the section of multiple relationships.

Q8. Community impact

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.

As previous, regional areas - and thus also the aboriginal and torres strait islanders who live regionally.

Q9. 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.

Q10. 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.

Q11. **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.

Do you agree with the proposed transition timeframe?

No

Q12. Would there be any implementation issues for your organisation and/or stakeholders that the Board should be aware of?

Yes

Q13. **General feedback**

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

Q14. Consultation on a code of conduct for psychologists

The Psychology Board of Australia is consulting on its proposal to update the code of conduct that applies to psychologists in Australia. The purpose of this consultation is to gather feedback about the changes we are proposing and the draft code of conduct.

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Q1. General questions

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

Yes

Q2. 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*?

Yes

Q3. 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?

Yes

Q4. Content of the draft Psychology Board code

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

It would.

Q5. Are there any specific areas of psychological practice that are not adequately addressed in the draft Psychology Board of Australia code of conduct?

4.7b What are "reasonable plans" for relocation, illness or death? Is it enough for a clinic to have other available psychologists to take over care if a long period of unexpected illness or sudden unexpected death were to occur? 4.7g - What is the facilitation for continuing care for current clients? If a client can no longer be seen due to either escalation of risk or development of difficulties outside our scope of practice (e.g. Eating Disorders) or ability for private practice support, it wouldn't be always reasonable or ethical or safe to continue to see the client while awaiting acceptance by another clinician or the public system. 4.8f - What is counted as "personal information" that is shared with a client? As an openly neurodivergent clinician working primarily with neurodivergent teens and adults, clients and their parents often ask about my own experience. I am open in disclosing that some aspects of being neurodivergent can create additional challenges, but also allows my personal experience to inform and model the strengths, positive outcomes and strong healthy self-esteem and self-image that my clients often struggle with, particularly early in their diagnostic journey. - I strive to be open and honest with clients when I disclose, and any disclosures are beneficial in assisting the service of the client meeting their mental health goals. - Additionally, working with teenagers I have found that building rapport is often quicker when I share small select details about myself to assist the client to feel they are able to be themselves, and I may have some shared understanding of their experience, in addition to being part of presenting with integrity.

Q6. Are there any sections of the draft Psychology Board of Australia code of conduct that would be unworkable for your organisation and/or stakeholders?

4.8f - As above, clients are often curious about my own experience of being neurodiverse, and it is not feasible to have pre-empted all possible conversations regarding self-disclosure. - I am an already publicly identified neurodiverse psychologist in the public and social media space, and as such would potentially be considered "self-disclosure" in the process of treatment. Furthermore, I am often referred to and sought out by other neurodivergent clients who wish to see a clinician that may share a part of their experience, or demonstrate better understanding of the parts of their experience which are difficult to put into words. - I am additionally concerned about the lack of inclusion regarding authenticity, congruence and only one mention of integrity in the pursuit of professional integrity. In order for me to be truthful and hold integrity, I believe this requires some flexibility and ability to disclose some personal information such as shared experience to support openness and compassion. I cannot in good conscience claim to be truthful in my sessions if I am concerned that disclosing or discussing also being neurodivergent may result in a notification to AHPRA. - Additionally, certain physical aspects of life could also be considered self-disclosure that are not outlined in the code. This includes wedding rings, religious or cultural clothing/symbols, pregnancy etc., and the resulting conversations of questions from clients. This is not specifically outlined in the code that these aspects are accepted.

Q7. Is the language and structure of the draft Psychology Board of Australia code of conduct helpful, clear and relevant?

There are times where room for interpretation is both helpful and unhelpful in ensuring we adhere to requirements. Psychology is an inherently flexible space, in which it is difficult to react in the moment to disclosures from clients in an appropriate way and still have spoken to peers or supervisors about in advance.

Q8. Community impact

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.

I can't comment, as I do not identify with ATSI background. I believe this is best asked through a survey to indigenous identifying psychologist, or the indigenous and TSI community. Through the self-disclosure roles in 4.8f, could a clinician even disclose that they identify as ATSI practitioner?

Q9. 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.

Yes, as the code currently stands. It is a common experience for diverse and vulnerable groups to seek psychological therapy from someone they feel may share or understand their experience due to the psychologist's own diversity or lived experience. The current wording would either prevent or reduce the likelihood of clinicians identifying themselves as diverse in any way (as that would be considered self-disclosure), therefore impacting the quality of the service clients can receive. Diversity within the profession and the ability to disclose this to clients in the service of supporting them in their challenges and promoting positive self-esteem and self-image is an important aspect, which I feel the current wording of the code would suppress, and therefore negatively impact the vulnerable and diverse people in the community. In addition, a large part of the crucial rapport building with counselling psychologists is the client feeling comfortable with their clinician, and this is facilitated by sharing appropriate information to the client to build rapport, so that the client feels they have a connection. This is particularly salient for those working with adolescents, who often demonstrate a mistrust of their psychologist, until they feel safe and comfortable. This solid positive rapport is best facilitated by some appropriate personal disclosure.

Q10. 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.

Yes - with the current wording I have already experienced, and observed in other psychologists, a significant increase in stress and anxiety about what this new wording means and the increased likelihood for them to be reported as being in breach of the self-disclosure information. Additionally, the requirements about ongoing support for clientele who are onward referred allow for there to be increased risk of burnout and compassion fatigue, particularly for counselling psychologists. While it is important that clients are supported, I do not believe that this should come with the increased risk of clinician burnout, therefore increasing the mental and emotional load, and potentially impacting a wider range of clients. There is little specific and explicit information regarding which requirements take precedence over others, i.e. Working within competence or maintaining support for clients awaiting acceptance of onward referral? Additionally, the concerns raised by students have included increased concern about incorrectly interpreting the code due to the unclear wording, and the tendency to be unprepared for client questions about personal experience, which could result in disclosure of personal information. Common questions from clients in counselling spaces include "are you a parent/do you have kids?", "are you neurodivergent?" (I work with primarily neurodivergent clients), difficulty in relating to clients, without disclosing personal information. This may look like being able to be excited with a client who has tickets to a music concert that both clinician and client enjoy, which could negatively impact rapport due to fear of disclosing personal information. My employer has raised concerns about the flow on effect to the business if there are an increase in clinician burnout, stress and the potential for increased reporting to AHPRA based on inconsistent expectations and unclear wording. For my concerns about clients and consumers, please see my above response regarding the impact on vulnerable community members.

Q11. 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.

Do you agree with the proposed transition timeframe?

Yes, I think 12 months is a reasonable timeframe to read, learn and adopt the PSYBA Code of Conduct.

Q12. Would there be any implementation issues for your organisation and/or stakeholders that the Board should be aware of?

In its current state, there would be great confusion and concern about the wording of the code and the conflicting expectations. There would be requirements for regular clinician meetings to discuss possible interpretations, and explore "appropriate" responses to common client questions, which would either take away client-facing time, or eat into our personal time, impacting our ability to engage in self-care and healthy work-life balance.

Q13. General feedback

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

There has been general concerns and feedback from several clinicians I work with summarized here: 1. What qualifications do the people have who are making these proposed changes? The proposed changes do not seem congruent with knowledge about psychology in practice, particularly for ongoing therapy clients with whom building rapport is crucial. 2. Why were these proposed changes not circulated as much as they should have been, to as many psychologists as possible? All psychologists I am aware of, heard about the change to the code through another colleague or online discussion with other clinicians. There did not appear to be any communication around the changes to the code, or what they mean in practice. 3. Why is there such a limited timeframe for providing feedback? We are all very busy practitioners, and 1 month to read and provide in depth feedback is a very tight timeframe. We are all heavily booked, with supervision and professional development requirements already in our free time, balanced with life demands and attempts to include self-care to avoid burnout. This timeframe meant that several clinicians in our practice alone were unable to read and provide their own thought-out feedback.

Q14. Consultation on a code of conduct for psychologists

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Q3. 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?

Yes, provided ongoing consultation with the psychology community is undertaken.

Q4. Content of the draft Psychology Board code

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

Q5. Are there any specific areas of psychological practice that are not adequately addressed in the draft Psychology Board of Australia code of conduct?

Q6. Are there any sections of the draft Psychology Board of Australia code of conduct that would be unworkable for your organisation and/or stakeholders?

3.3 subsection i It would be helpful to consider expanding this to include informed verbal consent as obtaining written consent can be time consuming and that is not always in the client's best interests when consultation with other practitioners etc. is needed. 5.4 Particularly in private practice settings and school psychology work, it is not always practicable or possible to continue services and wait until a referral/handover is accepted. In fact, it could be detrimental to clients as well as taxing on limited psychologist resources to enforce this as it might require clients (as just one example) to continue seeing a psychologist who is not a good fit until a referral is accepted elsewhere. Given the limits of the Medicare and school counselling systems etc., and that GP's are ostensibly care coordinators, there are foreseeable difficulties with implementing some of the clauses in this section. Without clearly (and narrowly) defining what constitutes official acceptance of a referral/handover, this section might also have the unintended impact of making psychologists more reluctant to take direct referrals from colleagues.

Q7. Is the language and structure of the draft Psychology Board of Australia code of conduct helpful, clear and relevant?

The draft code as it currently stands is somewhat repetitious.

Q8. Community impact

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.

Q9. 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.

Q10. 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.

Q11. **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.

Do you agree with the proposed transition timeframe?

I think a longer timeframe would be helpful if there are to be substantive changes required by organisations, individuals etc. in policies and procedures to give all stakeholders sufficient time for data collection about current practices, change, and review and training processes around the new code to ensure compliance.

Q12. Would there be any implementation issues for your organisation and/or stakeholders that the Board should be aware of?

Q13. **General feedback**

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

Q14. Consultation on a code of conduct for psychologists

The Psychology Board of Australia is consulting on its proposal to update the code of conduct that applies to psychologists in Australia. The purpose of this consultation is to gather feedback about the changes we are proposing and the draft code of conduct.

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☒ Myself

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Your job title	<div></div>
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Q1. General questions

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

Yes

Q2. 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*?

Yes

Q3. 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?

Yes

Q4. Content of the draft Psychology Board code

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

Yes

Q5. Are there any specific areas of psychological practice that are not adequately addressed in the draft Psychology Board of Australia code of conduct?

Q6. Are there any sections of the draft Psychology Board of Australia code of conduct that would be unworkable for your organisation and/or stakeholders?

Q7. Is the language and structure of the draft Psychology Board of Australia code of conduct helpful, clear and relevant?

Reasonable

Q8. Community impact

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.

Don't think so, except that it is a Western concept. Perhaps ask Aboriginal people, but not just the usual suspects - e.g., well know activists.

Q9. 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.

Don't know. Perhaps surveys for them, but, again, not just those who are used to putting themselves forward as "experts".

Q10. 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.

Don't see how, so no

Q11. 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.

Do you agree with the proposed transition timeframe?

Prefer 6 months - don't see why another year is necessary.

Q12. Would there be any implementation issues for your organisation and/or stakeholders that the Board should be aware of?

No

Q13. General feedback

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

Q14. Consultation on a code of conduct for psychologists

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Q1. General questions

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

Yes

Q2. 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*?

Yes

Q3. 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?

Yes

Q4. Content of the draft Psychology Board code

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

No, the terms are unobtainable.

Q5. Are there any specific areas of psychological practice that are not adequately addressed in the draft Psychology Board of Australia code of conduct?

"recognise that sexual and other personal (including financial and commercial) relationships with associated parties are mostly inappropriate." This is impossible given the population density in most cities in Australia. We operate out of our practice in [REDACTED] QLD and we sometimes run seminars and workshops with other colleagues in a multi-disciplinary fashion. As we network, it is impossible to completely remove the possibility of commercial relationships and/or financial relationships with associated parties. This needs to be much better defined given the current climate and geographic restraints.

Q6. Are there any sections of the draft Psychology Board of Australia code of conduct that would be unworkable for your organisation and/or stakeholders?

As above.

Q7. Is the language and structure of the draft Psychology Board of Australia code of conduct helpful, clear and relevant?

Not all of it but my biggest contention is as listed above.

Q8. Community impact

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.

Yes, we have a sub section of people with Aboriginal and Torres Strait Islander background. Word of mouth and personal relationship is extremely important to them. The implementation of my previously raised point would prevent them from accessing services.

Q9. 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.

Yes, [REDACTED] boast over 100+ culture diversity in the area and various minority members only want to access support once they know the practitioner/psychologist through others who deem them trustworthy and professional. To practice what is listed in the code of conduct would completely remove the practicality of these members accessing psychological services.

Q10. 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.

Yes, we run the workshops/seminars for free for our local health practitioners. To stop this, would significantly slow down the education and normalisation of clients accessing psychological support. This has a trickle down effects on all levels of society.

Q11. 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.

Do you agree with the proposed transition timeframe?

No, I believe this should be at least 18 - 24 months after the draft is amended.

Q12. Would there be any implementation issues for your organisation and/or stakeholders that the Board should be aware of?

Nil

Q13. General feedback

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

Please re-consider the current draft. We find this draft to be quite limiting and unsustainable. It also slows down the psycho-education that we can provide to our fellow allied health practitioners. Thank you for your time.

Q14. Consultation on a code of conduct for psychologists

The Psychology Board of Australia is consulting on its proposal to update the code of conduct that applies to psychologists in Australia. The purpose of this consultation is to gather feedback about the changes we are proposing and the draft code of conduct.

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Q1. General questions

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

No. I don't believe the regulatory code of conduct adds to the profession.

Q2. 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*?

No. If it has been established that psychologists require their own, individual code there is little argument to support the code being modelled off the shared code. If creates a convoluted code that in many respects is not differentiated enough to be meaningful for psychologists.

Q3. 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?

No. I have concerns about the draft being implemented.

Q4. Content of the draft Psychology Board code

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

No. I do not think the code sets a clear minimum standard of practice. It is far reaching in some aspects (e.g. responsibility to colleagues wellbeing (9.2), personal behaviours (8) etc), and not clearly providing directions to important aspects of psychological work including assessment processes, and considerations for working in rural and regional areas (e.g. regarding multiple relationships, assessment procedures outside of forensic contexts etc)

Q5. Are there any specific areas of psychological practice that are not adequately addressed in the draft Psychology Board of Australia code of conduct?

Rural and remote practice, organisational practice, assessment processes, extent of duty of care.

Q6. Are there any sections of the draft Psychology Board of Australia code of conduct that would be unworkable for your organisation and/or stakeholders?

4.8 g. This does not provide considerations to regional and remote workforce where options for community relationships are limited. 5.4 b. If the client is not referred elsewhere then the psychologist remains responsible? A self referred client who disengages and care is not handed over ? How does someone discharge care? If the client refuses the referral but you can not provide ongoing treatment, you remain responsible? 4.8 f. It is impossible in practice to never self disclose and to seek supervision first. It does not work. 4.8g. This does not work in rural and regional locations. The definition of associated party is too broad and unnecessarily impacts the personal lives of psychologists in these areas and close communities. Principle 8: Personal choices and behaviours are not a reflection of professional capacity. Rural and regional working psychologists or those in small communities are at a great risk in regard to this principle due to their higher visibility. It does not feel supportive of the profession to reach this far into personal lives, it creates stress and burden that other professionals are not faced with.

Q7. Is the language and structure of the draft Psychology Board of Australia code of conduct helpful, clear and relevant?

No. The language is not clear and succinct.

Q8. Community impact

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.

I'm unsure.

Q9. 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.

I'm concerned about the impact on children and families, and victims of family violence.

Q10. 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.

Yes. Has this been tested in regards to clinical application? It is unrealistic to expect that psychologists are to change to this new code without any cost impact. The code is extremely lengthy and not easy to follow, it took me considerable time to read through and to follow the concepts which do not clearly flow in the way they are presented. While I have heard it has been tested for regulatory purposes, I have concerns it has not been tested clinically and will have impact on psychologists in practice.

Q11. 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.

Do you agree with the proposed transition timeframe?

Q12. Would there be any implementation issues for your organisation and/or stakeholders that the Board should be aware of?

Q13. General feedback

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

Q14. Consultation on a code of conduct for psychologists

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Q1. General questions

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

Yes

Q2. 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*?

Yes

Q3. 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?

No. It needs revision. Previous APS code may be more usable than the proposed draft

Q4. Content of the draft Psychology Board code

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

Generally but it is an over reach

Q5. Are there any specific areas of psychological practice that are not adequately addressed in the draft Psychology Board of Australia code of conduct?

Organisational psychology. It is too medical model based

Q6. Are there any sections of the draft Psychology Board of Australia code of conduct that would be unworkable for your organisation and/or stakeholders?

Too limiting with regard to any type of social connections relationship with clients and ex clients Probably unworkable in regional and remote areas of Australia. Needs revision.

Q7. Is the language and structure of the draft Psychology Board of Australia code of conduct helpful, clear and relevant?

Generally but needs explanatory examples.

Q8. Community impact

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.

Yes a above.unrealistic re any social relations

Q9. 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.

Yes as noted above.

Q10. 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.

Yes as noted above. Needs to take account of some normal social relations. Exposes Psychologists to risks for being part of a community The code needs to describe the responsibility of the Board to support Practitioners when a complaint is made inc psychology support offered.Needs to outline process with vexatious notifications and support offered to practitioners,

Q11. 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.

Do you agree with the proposed transition timeframe?

12 months after a further revision.

Q12. Would there be any implementation issues for your organisation and/or stakeholders that the Board should be aware of?

As noted before.Code needs further review.

Q13. General feedback

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

Query if it is a major improvement over the APS code ?

Q14. Consultation on a code of conduct for psychologists

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Q1. General questions

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

As this is a code of conduct (behavioural based) and not a code of ethics (reasoning and clinical judgement based) I feel this leaves less scope for the grey, ethics and nuance. It gives less scope to consider clinical judgement or consider the intention behind the psychologist's choices. It runs the risk of being black and white, and quite punitive.

Q2. 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*?

Q3. 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?

Q4. Content of the draft Psychology Board code

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

Q5. Are there any specific areas of psychological practice that are not adequately addressed in the draft Psychology Board of Australia code of conduct?

Q6. Are there any sections of the draft Psychology Board of Australia code of conduct that would be unworkable for your organisation and/or stakeholders?

There seems to be sections of the code that are rigid, lack nuance and lack definitions (e.g. what is defined self-disclosure?). The use of the word 'conduct' is focused on behaviour and leaves little space for grey, exceptions, clinical judgement, ethics, reasoning and consideration of intent behind actions. 5.4 Delegation, referral and handover Psychologists who refer or hand over are transferring responsibility for the service to another professional. 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. b) understand that, your responsibility for the service being provided continues until the referral or handover is accepted Psychologists go above and beyond other professions when we provide several referral options to a client who we feel we cannot see (e.g. outside our scope of practice). In no other industry does this happen. For instance, we do not expect our dentists, lawyers, hairdressers or physios to give us names of other professionals. The suggestion that we should go one step further and overfunction for clients by ensuring that that we 'hold their hand' until they see someone else puts so much unpaid labour on a psychologist. It also runs the risk of infantilising our clients and reducing their own role and responsibility for their treatment. Some potential issues I have identified: - As this is a code of conduct (behavioural based) and not a code of ethics (reasoning and clinical judgement based) then psychologists would have to be more involved (and potentially be experienced as more intrusive) in a client's future treatment - What about clients that don't want you to be involved in who they see next? Who don't want you to do a handover? Who don't respond to your enquires around their future treatment? - What about when there is a dual relationship and it's inappropriate to continue to maintain contact? - What about if the client cannot afford to continue to see you? Are you meant to not be paid? Are you meant to use their medicare session rebates despite knowing you're operating outside your scope? - Psychologists may get more selective with who they take on for fear of having to find a 'replacement' psychologist if it's not a good fit for whatever reason and so may be more conservative with who they see initially - What about client's where they don't want to be discharged despite you having extensive supervision that you should discharge them? Where is the incentive for them to see someone else if they can see you indefinitely under the guise of 'I'm still looking for another psychologist'? At times you can take on a referral and a client may not disclose their deeper issues until several sessions in (e.g. disclose an eating disorder when you aren't trained in that area). These adjustments place the burden of highly risky clients back on psychologists in private practice. This puts the psychologist between a rock and a hard place – we are told it's unethical to operate outside our scope, but now it's unethical to refer on without continuing to see them until a client finds someone. This enables the public health system to stay underfunded and puts the onus back on psychologists to operate potentially outside their competency (with high risk clients who may misunderstand and think they are still engaged in active treatment) to prop up the public system. You cannot control people fully and that goes for unethical psychologists as well. There will always be people who do the wrong thing. The psychologists who are being reported for serious crimes (e.g. sexual relationships with clients or taking money from clients) know they are doing the wrong thing. The psychologists who will abide by these adjustments to the code are the ones doing the right thing already. This section of the code takes away our abilities to set effective boundaries when needed (practice in scope, dual relationships, manage risk, manager acutely suicide clients, manage our own needs).

Q7. Is the language and structure of the draft Psychology Board of Australia code of conduct helpful, clear and relevant?

4.2 A provision that sharing of personal information with clients and/or associate parties is mostly inappropriate Disclosure of personal information from a psychologist to a client and/or associated parties may affect the integrity of proper professional boundaries. To help practitioners to objectively determine whether the purpose for the disclosure is appropriate, effective practice includes consulting with an experienced colleague before the intended disclosure. Could you please define 'personal information'? This seems to undermine a psychologist's judgement as to what is deemed appropriate to disclose, despite many years of training in human behaviour and ethics. Of course, big things like how to navigate a cancer diagnosis are appropriate to bring to supervision. But this section of the code seems unnecessarily punitive and broad. We also know from research the therapeutic relationships is very important for treatment effectiveness. Why do we consistently focus on psychologists having zero self-disclosure this is not based on evidence for what is effective? A statement that a psychologist's professional responsibilities continue even after the professional relationship ends The power-imbalance from a professional relationship doesn't necessarily end when the professional relationship does. This inclusion reinforces the requirement to manage professional boundaries even after the professional relationship has ended. What does this mean? How do you define this?

Q8. Community impact

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.

Q9. 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.

Yes - if neurodiverse, queer or individuals with chronic health conditions cannot disclose their diagnoses, experience or needs, this may impact the therapeutic relationship they have with clients who may have sort them out specifically because they feel seen and understood by these people. It once again ignores the research that shows the therapeutic relationship is the most important factor in recovery and that we are all human first, psychologist second.

Q10. 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.

Q11. 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.

Do you agree with the proposed transition timeframe?

Q12. Would there be any implementation issues for your organisation and/or stakeholders that the Board should be aware of?

Q13. General feedback

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

Thank you for the opportunity to provide feedback; I appreciate it.

Q14. Consultation on a code of conduct for psychologists

The Psychology Board of Australia is consulting on its proposal to update the code of conduct that applies to psychologists in Australia. The purpose of this consultation is to gather feedback about the changes we are proposing and the draft code of conduct.

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Q1. General questions

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

Yes

Q2. 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*?

No, the current draft is a strong shift away from the APS code of ethics to which we have been upheld. This draft attempts to be specific in areas that are not clear ethically, such as “do not give gifts” which is not practical when you work with children and use stickers or cheap toys as incentives. This draft was clearly written to protect the most vulnerable clients, but will cause unintended harm to the majority.

Q3. 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?

No. This draft scares me as a clinician, I would consider a career change if this draft is adopted as is. I do not believe the impact of disgruntled clients using this code against their treating psychologists has been considered. According to this code I should not work with a client where I cannot be unbiased and should refer on, however, I am also responsible for this client until they are accepted by another professional, thereby coercing me into working with a client outside best practice. I also seem to be responsible to screen all potential clients for multiple relationships, while maintaining confidentiality, and holding responsibility for the referral, to ensure an existing client hasn’t recommended me to them. This is common in the health field where people want to send friends and family to someone they know and trust, we may find out at some point, we may not.

Q4. Content of the draft Psychology Board code

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

It has exceeded the minimum.

Q5. Are there any specific areas of psychological practice that are not adequately addressed in the draft Psychology Board of Australia code of conduct?

No

Q6. Are there any sections of the draft Psychology Board of Australia code of conduct that would be unworkable for your organisation and/or stakeholders?

Effective communication - lack of specificity around confirming a clients understands ANY information presented. Maintaining continuity of psychological services - I do not have capacity to treat all referrals that come to me and holding responsibility for them until accepted elsewhere is not feasible. Multiple relationships - this is unavoidable in any setting. Financial and commercial dealings - lack of specificity with giving gifts to clients E.g. stickers.

Q7. Is the language and structure of the draft Psychology Board of Australia code of conduct helpful, clear and relevant?

Not at all. It is punitive, unclear, unspecific yet rigid, definitely not relevant.

Q8. Community impact

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.

Specifically, I cannot see more harm.

Q9. 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.

This code appears written to protect the most vulnerable, so no.

Q10. 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.

Absolutely. Endorsement of this code is likely to result in increase complaints made and investigations due to the ambiguity of items, it will allow disgruntled clients more ammunition against their treating practitioner. It will result in psychologists retiring from the profession and thus a shortfall of services. We felt protected by the ethical code, this code of conduct strips any protection. I will consider a career change if this is endorsed as is.

Q11. 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.

Do you agree with the proposed transition timeframe?

Yes

Q12. Would there be any implementation issues for your organisation and/or stakeholders that the Board should be aware of?

If a draft submitted is in line with the code of ethics we have all been practicing under, there will not be any issues implementing a new code. If the current draft is endorsed then practice policies will have to change, screening of clients increased and my clinic would need to stop taking any referrals for clients with moderate or severe conditions.

Q13. General feedback

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

Please reconsider this and draft a copy more in line with the code of ethics as fits our profession

Q14. Consultation on a code of conduct for psychologists

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Q1. General questions

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

There should be a code of conduct.

Q2. 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*?

Further exploration of how the Code of Conduct would work in practice needs to occur. This should include involvement of psychologist working across the broad areas in which psychologists work. This should also involve 'testing' of how this would be implemented in practice.

Q3. 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?

There needs to be further consultation on the draft.

Q4. Content of the draft Psychology Board code

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

In some areas it appears to be too inclusive or intrusive.

Q5. Are there any specific areas of psychological practice that are not adequately addressed in the draft Psychology Board of Australia code of conduct?

Q6. Are there any sections of the draft Psychology Board of Australia code of conduct that would be unworkable for your organisation and/or stakeholders?

Areas of dual relationships in regional, rural, and remote areas are impractical and highly restrictive. This has appeared in the draft "other personal (including financial and commercial) or otherwise inappropriate relationship with a client or an associated party." with no discussion of what this means in practice. This is likely to impact regional, rural, and remote areas to a greater extent.

Q7. Is the language and structure of the draft Psychology Board of Australia code of conduct helpful, clear and relevant?

In some areas it is too broad, and it is difficult to see how this would be implemented in practice.

Q8. Community impact

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.

Unsure in its entirety. In regard to the impact on regional and remote areas this is likely to have a greater impact on Aboriginal and Torres Strait Islander Peoples.

Q9. 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.

Uncertain.

Q10. 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.

Uncertain.

Q11. 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.

Do you agree with the proposed transition timeframe?

Seems reasonable but further work required before reaching this point.

Q12. Would there be any implementation issues for your organisation and/or stakeholders that the Board should be aware of?

No.

Q13. General feedback

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

Q14. Consultation on a code of conduct for psychologists

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Q1. General questions

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

Yes

Q2. 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*?

Yes

Q3. 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?

Yes

Q4. Content of the draft Psychology Board code

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

Yes

Q5. Are there any specific areas of psychological practice that are not adequately addressed in the draft Psychology Board of Australia code of conduct?

Managing the psychologist's wellbeing financially if a client in private practice refuses to pay, but we have to continue providing service until hand over is completed?

Q6. Are there any sections of the draft Psychology Board of Australia code of conduct that would be unworkable for your organisation and/or stakeholders?

Not those that are relevant

Q7. Is the language and structure of the draft Psychology Board of Australia code of conduct helpful, clear and relevant?

Generally, though some of the language is not clear, and has some subtext that i cannot understand.

Q8. Community impact

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.

Not directly.

Q9. 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.

Yes, for disabled clients or other minority groups that have not been explicitly discussed like ATSI clients.

Q10. 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.

Yes, updated training, potentially records updates/review of policies.

Q11. 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.

Do you agree with the proposed transition timeframe?

Yes

Q12. Would there be any implementation issues for your organisation and/or stakeholders that the Board should be aware of?

No

Q13. General feedback

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

Yes here



Here are my thoughts or questions relating to the code in chronological order:

1.1.b – *I'm unclear on how to measure the effectiveness of this or what the role of the psychologist is*

1.4 *This short paragraph is confusing to me. What is the Board's definition of an emergency? I am unsure if you are referring to a society or group's experience (e.g. natural disaster), or a client individual experience? If an individual client, is this only for current clients with informed consent, or previous ones too?*

3.2.b *adding communication preferences of the client (e.g. AAC)*

3.3.a.iii *this wording is unclear to me*

3.3.j *considering offering alternatives such as a treatment report if this is indicated as best serving the client using clinical judgement*

4.2.f *what is the agreement here?*

4.7. *the second line is confusing – not enough information provided.*

4.7.a *who's emergency is this referring to? Ourselves or the client?*

4.7.b *make reasonable plans.... **Extended** illness... add practical guidance here such as 'by*

use of a professional will'

4.8.a discussion about the client being vulnerable – I disagree depending on who the client is. E.g. in a therapy environment absolutely. However what would this look like if the client is an organisation, how does the power difference look now?

4.8.b and seek the client's preferences

4.8.f this part feels very uncomfortable and almost unsafe to me in the way that it is worded. The use of the word "mostly inappropriate" negates the experiences of clients who may seek cultural safety (within the psychologists competence) through this, particularly minority clients (ATSI, other cultural minority, disability, neurodivergent). And adding context here about another appropriate action to determine this that is relevant to the psychologist and client context.

4.8.g and I (to your knowledge)

4.9.c ... without breaching confidentiality

4.10. b ... as reasonably foreseen

5.2 "Wellbeing is improved"... for who? Unsure who this is referring to.

Indicating that a-f "when necessary/possible"

5.3 Add more examples of types of discrimination, e.g. sexism, ableism, ageism

5.4.b how would this look if there were safety concerns towards the psychologist, such as if the client cannot financially pay, if there is no active service or previously active/discharged; and its impacting on the psychologist's wellbeing

8.3 add information here for complex settings, such as courts, schools or hospitals.

8.4 this is a little unclear, is this for public social media accounts as a professional?

9.1.a I'm unclear of the purpose of this sentence in the code

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Q1. General questions

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

Not in its current form

Q2. 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*?

Yes generally speaking but only if its relevant for psychologist work. We are not medical practitioners

Q3. 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?

Not in its current form. It's too prescriptive

Q4. Content of the draft Psychology Board code

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

It's too much. Too prescriptive.

Q5. Are there any specific areas of psychological practice that are not adequately addressed in the draft Psychology Board of Australia code of conduct?

Psychologists appropriately self disclose and self disclosure shouldn't be seen as an inherently negative thing. This is an ongoing area for supervision and discussion but good psychs self disclose in small amounts all the time. Remove this from the code. The section about being responsible for the client until a new referral is accepted should be removed. We cannot be held responsible for the client when we have communicated they need to seek services elsewhere or they need to continue therapy elsewhere. There has been a dire shortage of appropriate services for moderate to severe mental health and that is not our fault nor responsibility to hold these clients or be responsible until a service (which are non existent or overrun with long waiting lists) accepts the client. Psychologists are great at referring on, the problem is lack of adequate services.

Q6. Are there any sections of the draft Psychology Board of Australia code of conduct that would be unworkable for your organisation and/or stakeholders?

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Q7. Is the language and structure of the draft Psychology Board of Australia code of conduct helpful, clear and relevant?

Why is the medical code more streamlined and seems to have faith in the medical practitioners but the psychologist code is incredibly prescriptive? We have monthly inbuilt supervision throughout our entire career and we regularly discuss ethics.

Q8. Community impact

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.

No idea. No comment. The problem won't be caused by wording in a code. We need meaningful training and services for psychologists to work in and more Aboriginal psychologists trained.

Q9. 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.

No idea.

Q10. 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.

I know psychologists have mentioned being very frustrated by this code. We can't hold responsibility for clients if they get referred on. The high stress of the job is enough and it's hard enough to provide good consistent care in this Medicare/Health structure without additional responsibilities that we can't adequately address placed by this code.

Q11. Transition and implementation

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Do you agree with the proposed transition timeframe?

2 years

Q12. Would there be any implementation issues for your organisation and/or stakeholders that the Board should be aware of?

Q13. General feedback

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

Q14. Consultation on a code of conduct for psychologists

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Q1. General questions

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

No

Q2. 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*?

No

Q3. 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?

No

Q4. Content of the draft Psychology Board code

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

I think it exceeds minimum standards and borders on paternalism

Q5. Are there any specific areas of psychological practice that are not adequately addressed in the draft Psychology Board of Australia code of conduct?

Q6. Are there any sections of the draft Psychology Board of Australia code of conduct that would be unworkable for your organisation and/or stakeholders?

Yes, section 5.4 relating to handing over and referring clients on. As set out in the proposed draft it would be unworkable for a psychologist to essentially be prevented from discharging a client unless the psychologist specifically sourced another clinician, verified their professional competence and waited for confirmation of acceptance of the referral. This is incredibly onerous and would be prohibitive to most psychologists but small private practices and sole practitioners specifically. Additionally, it undermines client autonomy and agency is managing their own health care.

Q7. Is the language and structure of the draft Psychology Board of Australia code of conduct helpful, clear and relevant?

Q8. Community impact

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.

Q9. 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.

Q10. 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.

Yes, it would involve a lot more administration and stress, specifically section 5.4, and potentially deter psychologists from the profession.

Q11. Transition and implementation

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Do you agree with the proposed transition timeframe?

Q12. Would there be any implementation issues for your organisation and/or stakeholders that the Board should be aware of?

Q13. General feedback

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

It needs to be more balanced. This is an over-reach. Clinicians need to be able to use clinical judgement about who to work with and for how long.

Q14. Consultation on a code of conduct for psychologists

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Q15. To help us better understand your work situation and the context of your feedback please provide us some details about you. Your details will not be published in any summary of the collated feedback from this questionnaire.

Q16. Who are you completing this public consultation submission on behalf of?

☐ An organisation

☒ Myself

Q17. Please provide details on who you are.

This question was not displayed to the respondent.

Q18. Please provide details on who you are.

Your name	<div></div>
Your job title	<div></div>
Email address	<div></div>

Q1. General questions

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

Maybe- in theory but I have some concerns about some of the segments in the code and believe there needs to be a wider consultation with psychologists in the field and more time to respond. I only became cognisant of this a week ago so clearly there was not enough clear consultation warning or time.

Q2. 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*?

as above. There needs to be broader consultation with psychologists in all aspects of the industry and more time to respond.

Q3. 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?

only after more consultation and clarification of some of the points that seem inappropriate, too rigid and onerous to psychologists

Q4. Content of the draft Psychology Board code

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

I think some aspects are very positive but some expect too much of individual psychologists and appear to not be considerate of psychologists as human beings too.

Q5. Are there any specific areas of psychological practice that are not adequately addressed in the draft Psychology Board of Australia code of conduct?

Q6. Are there any sections of the draft Psychology Board of Australia code of conduct that would be unworkable for your organisation and/or stakeholders?

Yes 5.4b is unworkable for many in private practice. Private practitioners are filling the gaps for poorly funded govt mental health services. I have been in private practice for 30 years and the last 10 to 15 have been increasingly concerning. Cases seeking help in the private sector have become increasingly complex and we are expected to manage these on a measly 10 sessions per year. Totally inadequate. The rebate is also an inadequate amount for clients and many with almost no resources are needing to seek care privately. as there aren't enough govt services provided. in private practice we do not receive remuneration for phone calls, case management time etc and when they run out of sessions and need to be supported elsewhere because they cannot afford to be seen the code of conduct is wanted to turn me into a charity that has to continue to fill the responsibility of care with the client when I am under considerable strain to financially survive as well. I do my best to continue to support client but sometimes it is beyond our ability and resources and I believe that the way this is written places unreasonable responsibility on me. many of the psychologist in private practice are still recovering from the unrelenting pressure and stress that COVID 19 placed on them and it's been too long that we are expected to carry the responsibilities with little support from the govt, poor remuneration and unrelenting expectations. It's enough to make some of us to consider retiring early.

Q7. Is the language and structure of the draft Psychology Board of Australia code of conduct helpful, clear and relevant?

It's too rigid at time.

Q8. Community impact

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.

Q9. 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.

Q10. 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.

Q11. 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.

Do you agree with the proposed transition timeframe?

I think there needs to be a longer time for consultation before it is finalised. Then there needs to be adequate training, education about what the clauses/sections of the finalised version mean in practice.

Q12. Would there be any implementation issues for your organisation and/or stakeholders that the Board should be aware of?

as above

Q13. General feedback

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

I have concerns about way the self disclosure section is written. there are many instances where self disclosure is helpful, part of therapeutic practice and appropriate. Many clients seek out therapists with lived experience and the self disclosure section makes this less likely that practitioners would feel they could disclose this despite this being one of the most helpful for clients.

Q14. Consultation on a code of conduct for psychologists

The Psychology Board of Australia is consulting on its proposal to update the code of conduct that applies to psychologists in Australia. The purpose of this consultation is to gather feedback about the changes we are proposing and the draft code of conduct.

Tips for completing this online consultation survey

This online survey is for stakeholders who wish to provide brief feedback about their views. All questions are optional and you are welcome to respond to any that you find relevant, or that you have a view on. The format follows the questions for consideration that are listed on page 10 of the consultation paper.

If you wish to provide detailed feedback, we suggest you complete the feedback submission template (Consultation paper Attachment F).

Thank you for taking the time to provide us your feedback.

How do we use the information you provide?

Completing this online submission form is voluntary, and feedback collected will only be used for the purposes described above.

We will publish a summary of the collated feedback from this questionnaire on our website. Your name will not be included in this summary.

Your Privacy

Where Ahpra uses third parties, we require the third parties to comply with the *Privacy Act 1988* (Cth) and impose, as far as possible, confidentiality and privacy obligations at least as demanding as those that apply to us.

The Board and Ahpra are committed to protecting your personal information in accordance with the *Privacy Act 1988* (Cth). Ahpra's Privacy Policy explains how you may: access and seek correction of your personal information held by Ahpra and the Board; complain to Ahpra about a breach of your privacy; and how your complaint will be dealt with. The policy can be accessed on the Privacy page.

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Q1. General questions

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

Yes I am in support of the implementation of a regulatory code of conduct

Q2. 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*?

Yes

Q3. 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?

In principle yes but I believe that there are some areas that need to be addressed/changed prior to adopting.

Q4. Content of the draft Psychology Board code

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

Minimum standards are set and generally set well, however there are some areas that lack clarity which poses an issue when used for regulation of practice and there are other areas that I believe are unworkable or will have a potentially negative impact on clients by making psychologists more risk adverse and hence unwilling to take on some cases.

Q5. Are there any specific areas of psychological practice that are not adequately addressed in the draft Psychology Board of Australia code of conduct?

Q6. Are there any sections of the draft Psychology Board of Australia code of conduct that would be unworkable for your organisation and/or stakeholders?

I have significant concerns about 5.4 delegation, referral and handover in particular in regards to the degree of responsibility placed on the referring psychologist until handover is accepted. This is problematic in private practice and in a climate where services are overburdened. It will be especially difficult where low fee or cost neutral transfers are required. The risk is that referral screening becomes more stringent to avoid this and that clients are more underserved as a result. Other aspects of concern relate to therapy and the more relational aspects of therapy specifically and the role they have in achieving therapeutic outcome. There appears to be a move away from this understanding in the code of conduct in some areas. This includes proposed constraints relating to self disclosure and touch. Self disclosure can be a powerful therapeutic tool in some circumstances and modalities (in terms of process conversations, normalising and humanising experiences, reducing shame etc) and it is not feasible to always pre-plan and seek consultation on the use of this. Similarly, I believe that client directed appropriate touch can at times be therapeutically sound depending on the situation. For example some young people may seek a high five at the end of a session and where these young people have not experienced safety in relationships and touch, this can assist in their healing when done carefully and in an appropriate manner. To some degree the restrictions around gift giving with reference to gifts not being able to have sentimental value fits with this too- I would anticipate that most clients giving a card or something small they have made have attached a degree of value to it- otherwise it would not be given. To refuse these gifts seems likely to be experienced by many clients as a rejection of self. Whilst I completely agree with safeguarding, I do feel the the risk is that therapy moves towards the therapist as object and impersonal deliverer of skills versus valuing the relational aspects of therapy.

Q7. Is the language and structure of the draft Psychology Board of Australia code of conduct helpful, clear and relevant?

The structure is great- nice and clear and easy to follow. The language is also clear. There are some aspects of the code that are a harder to decipher than others- like what exactly helping in an emergency means (point 1.4)

Q8. Community impact

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.

Q9. 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.

As previously mentioned I feel there is a risk that referral screening will become more stringent with the implementation of increased responsibility around transition and that this will have an unintended detrimental impact of peoples ability to access any service. This will, in private practice at least, be most likely to affect people with presenting risk and where financial constraints are evident.

Q10. 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.

Q11. 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.

Do you agree with the proposed transition timeframe?

Yes

Q12. Would there be any implementation issues for your organisation and/or stakeholders that the Board should be aware of?

No

Q13. General feedback

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

Overall I think this is a sound document and one that is needed. I believe it just needs a few changes in order to be workable.