

Respondent

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Time to complete

1. Name *

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4. The National Boards and Ahpra publish submissions at their discretion. We generally publish submissions on our websites to encourage discussion and inform the community and stakeholders. Please advise us if you do not want your submission published. *

- Submission can be published
- Submission NOT to be published

5. Do the draft revised regulatory principles reflect the policy directions issued by CoAG Health Council? If not, how could the principles be improved?

Yes they do reflect the policy directions issued by the CoAG Health Council.

6. Do the draft revised regulatory principles support Ahpra and the National Boards regulatory decision-making? If not, how could they be improved?

Yes this draft revised regulatory principles does support regulatory decision making.

7. Is the content of the draft revised regulatory principles helpful, clear and relevant?

The draft revised principles are helpful, clear and relevant. We would like to see more education and training to health professionals regarding the principles, the role of Ahpra and the National boards and preventative education, training and support to reduce the risk of non-compliance. AAPi would like to work closely with Ahpra and the Psychology Board on this.

8. Is there any content that needs to be changed, added or deleted in the draft revised regulatory principles?

Detering others We disagree with the premise that the decisions made by Ahpra and the National Boards regarding the conduct of individuals should be decided by considering whether disciplinary action would make other practitioners less likely to engage in said conduct. Punishing individuals for potential future acts made by others may not be the best course of action. Few health professionals closely follow the decision-making processes/decisions of Ahpra, resulting in a high risk that the intention for deterrent influence would, in actuality, have little impact. Most psychologists are compliant and wish to be compliant. Deterrence tends to create a culture of fear which is counterproductive to a profession with very high rates of compliance. We believe education campaigns and programs, in partnership with peak bodies such as AAPi, would be a far better way to prevent inappropriate conduct. Focus on the public The focus on the public needs to be contextualised. Ignoring the impact on the professional has the potential to cause significant harm to practitioners and therefore to the public. While risk to the public is paramount, taking a measured approach that considers the risk to the public and a proportional response to support the practitioner to correct errors and reduce their risk would be more appropriate. There needs to be a differentiation between potential risk to the public and minor complaints that require slight modification of behaviour, such as administrative errors. The severity of the notifications process and the excess stress involved during the processing of notifications needs to be addressed. The process needs to be deeply based in natural justice. Current approaches of requiring written responses to incomplete or improperly articulated complaints requires the lens of natural justice to be passed over it. A more transformative and current fit for purpose approach taken in almost all legal jurisdictions as a first process is for mediation to be offered. If there are concerns for parties that mediation face to face is too confronting for a complainant, there are alternatives such as shuttle mediation processes that could occur. Definition of Peers Currently there is disproportionate representation of the diversity of psychology on the national and state Psychology Boards. There is not an accurate representation of peers. There is perceived bias

in those that are brought in as independent reviewers/assessors as well as the representativeness of the Psychology Board itself. The national board is heavily composed of clinical psychologists, which is only one 'type' of psychologist in a diverse and varied profession. Although 74.79% of the profession do not have clinical endorsement, the board has a representation of 62% with clinical endorsement. The number of non-endorsed psychologist members on the board is 0% despite making up 74.79% of the profession. We believe this is a result of a potential unconscious bias– presumption of psychologists without clinical endorsement as being less qualified or educated. Whether overt or subconscious, this skewing of board representation is highly disturbing. Considering the discontent and oppositional forces present in the psychology field, we recommend a more proportional representation of peers. While it is understood the process of selection occurs at the Department of Health level, it remains unclear what the qualifications are of those who make the selections from those Departments. It may assist the diversification if Departmental staff are educated about the need for diversity of types of psychologists on Boards. When applications are called for it may also assist all psychologists to consider applying if there is a statement made that diversity is something valued by the Boards.

9. Please add any other comments or suggestions for the draft revised regulatory principles.

Preventative actions We would like to work more closely with Ahpra and the Psychology Board of Australia to better understand trends in notification and complaints so that we can establish training and education programs to address these. Many issues that trigger complaints could be easily prevented by education and support. This will help to enhance compliance and reduce notifications and complaints.

Non-utilisation of alternate legal process We would like to see a considerable increase in the utilisation of alternative dispute processes and as discussed previously, enhanced education and training. Similar to other dispute resolution processes, AAPi believe the complaints process should include a mediation process, as a first step in dispute resolution. Almost all legal jurisdictions include mediation because it gives an opportunity for alternatives to 'punishment' and a possibility of repair. Mediation recognises that there are, in fact, two parties to a complaint with potentially valid versions of the facts. A conciliatory and dispute resolution approach would support both parties. Current processes are expensive, distressing and stigmatising. In continuing with current complaint handling processes, Ahpra risks unnecessary inflation of regulation fees by not considering cost effective approaches to complaint resolution, such as mediation. Further, within the current system there is a lack of due process, particularly when complaints come from other psychologists or other health professionals. Many health professionals ignore the need, as per the code of ethics, to talk to the fellow psychologist who is in breach before initiating a formal notification. In the case of vexatious complaints there should be possibility of civil claims for distress caused by the notifications process or defamation. A simple first step question such as "have you spoken with your colleague/health professional?" may reduce formal complaints by allowing the professional to address the issue before it escalates.