

Public consultation: A code of conduct for psychologists

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

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

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

General questions
<p>1. Do you support the Board's preferred option to implement a regulatory code of conduct?</p>
<p>Your answer:</p> <p>The APS conditionally supports the Board's preferred option to implement a regulatory code of conduct.</p> <ul style="list-style-type: none"> We are concerned that a regulatory code of conduct fails to account for the values underpinning professional and ethical behavior. Supplementary guidelines will be required to operationalise the concepts outlined in the Board's proposed code of conduct. In the absence of supplementary guidelines, we request ongoing support from the Board to assist us to navigate any ethical complexities arising from interpretation of the code of conduct, acknowledging the reliance on professional associations to advise our members on practical application of the code of conduct. While the code of conduct may be applicable with regard to regulatory matters, it is not as easily applied in practice. See Appendix A for examples.
<p>2. Do you agree with the Board's approach to develop the draft Psychology Board of Australia code of conduct based on the shared <i>Code of conduct</i>?</p>
<p>Your answer:</p> <p>No, the APS does not agree with the Board's approach to develop the draft Psychology Board of Australia code based on the shared <i>Code of conduct</i>.</p> <p>There are problems with the code of conduct as outlined above. In addition, it does not adequately account for:</p> <ul style="list-style-type: none"> the realities of psychology practice in rural and remote areas, the context of all psychology practice, e.g., organisational psychology, the more nuanced practice of psychology as opposed to other medical professions where error and/or non-compliance is more likely to have a measurable consequence,

- the difference between psychology and other health professions is also reflected in the tone of the code which is absolute and at times quite strident, or
- the application of legislation as it pertains to the different health professions under the shared *code*, e.g., the Privacy Act 1988 and how it interacts with regulatory matters.

3. Do you support the Board's proposal to adopt the draft Psychology Board of Australia code of conduct as the regulatory code for the psychology profession?

Your answer:

No, not in its current form.

While the code of conduct may have applicability as a regulatory code, it does not provide a framework for the psychology profession in practice. This leaves psychologists without a roadmap for ethical practice which has the potential to impact client safety, and the psychologists' confidence in their capacity to make compliant decisions. Further, this may act as a disincentive for people to enter the profession. Therefore, the code needs to be relevant to both regulatory and practice matters which requires further guidance than is currently provided by the code.

Some of the principles in the code of conduct contradict advice specified in the current code of ethics and associated guidelines so the latter cannot be used as supplementary material to the code of conduct as suggested by the Board.

Concerns regarding the application of the code of conduct for psychologists are further outlined in Appendix A.

Content of the draft Psychology Board code

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

Your answer:

The draft Psychology Board of Australia code sets the minimum standards expected of psychologists by their professional peers and the public, however, it fails to define and operationalise how to comply with the minimum standards.

Without appropriate and relevant guidance, there is a risk that psychologists will not fully understand the necessary actions to ensure compliance, which means that the safety of the public (clients) cannot be assured.

For more specific information, please see Appendix A.

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

Your answer:

Yes, there are specific areas of psychological practice that are not adequately addressed in the draft Psychology Board of Australia code. For example, specific contexts such as rural and remote practice, provisional/early career psychologists, and circumstantial variations of practice experienced by different Area of Practice Endorsements (AoPEs) such as organisational psychologists, sport and exercise psychologists and educational &

developmental psychologists. The code of conduct has a bias towards clinical settings. For further information, please see Appendix A.

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

Your answer:

Yes – The *current code of ethics* and associated guidelines are highly applicable to different practice settings and contexts. When consulting with our members about ethical decision making and practice dilemmas, the APS is currently in a position to comprehensively advise and support members with clear directions around how to maintain an ethical practice and remain compliant with regulatory requirements. However, as stated above, the draft code of conduct does not provide an instructive roadmap.

Relying on professional associations to remediate this gap may cause error based on subjective interpretations and conflicting information from the various associations. As stated above, this could lead to an erosion of confidence for psychologists and reduced capacity to sit with risk (e.g., working with children of separated parents or who have experienced child sexual abuse, clients with chronic suicidality, or clients from diverse backgrounds) – which is essential to ensuring quality services for the public, client safety and practitioner wellbeing.

It is essential for the profession to have one clear, common set of regulatory guidelines underpinning the code of conduct.

For further information, please see Appendix A.

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

Your answer:

Definitions and detailed clarification are required to ensure the language and structure of the draft Psychology Board of Australia code is helpful, clear, and relevant. There are differences between an explanatory statement pertaining to an ethical theme and prescribed behaviours.

For further information, please see Appendix A, where we have suggested feedback the on tone of voice and specific language being used in the code of conduct.

For example, the term 'psychologist' needs to be used not professional or practitioner - as this code is specifically for psychologists. Obviously, the exception to this is when referring to other health practitioners.

The APS urges the careful use of wording pertaining to accountability/responsibility, e.g., "ensure patient safety"/ "free from bias" in terms of how reasonable and realistic it is in practice to achieve such outcomes.

Community impact

8. Would implementation of the draft Psychology Board of Australia code of conduct result in negative or unintended effects for Aboriginal and Torres Strait Islander Peoples? If so, please describe them.

Your answer:

Concrete concepts may lack the nuance required to provide appropriate psychological support to Aboriginal and Torres Strait Islander Peoples, especially where different culturally based boundaries potentially apply. For this reason, the draft code could impact the way psychologists work with Aboriginal and Torres Strait Islander Peoples.

The requirement to define 'cultural safety' according to the client and/or their family needs to be further defined where there is a potential for conflict between the client and their family.

Supplementary guidelines are required to operationalise the relevant sections of the code of conduct pertaining to Aboriginal and Torres Strait Islander Peoples.

9. Would endorsement of the draft Psychology Board of Australia code of conduct result in negative or unintended effects for other diverse groups or vulnerable members of the community? If so, please describe them.

Your answer:

There is a risk that the draft Psychology Board of Australia code is too broad in its approach and requires refinement and specificity to adequately account for diverse and vulnerable members of the community such as LGBTIQ+ and CALD groups. A clear example of this is the issue of cultural safety as it pertains to people from all diverse backgrounds and the need to include this in the glossary.

Concerns about potentially vulnerable communities extend to people living in rural and remote areas, for example:

- The code of conduct does not recognise that rural and remote settings present challenges to professional boundaries, confidentiality, and resources, and require psychologists to often work in isolation.
- Psychologists need to be aware that sharing the same community experiences as clients may impact judgement and objectivity which may contradict the requirement for 'free from bias' in the code of conduct.
- Psychologists in rural and remote areas may be held to a higher standard due to their visibility. In addition, they are often under resourced. The code of conduct does not allow for the context of rural and remote psychologist work and personal life or their increased visibility. How do these factors interact with our obligation to support our colleagues working in these areas?
- There needs to be greater recognition of the fact that some financial multiple relationships may be unavoidable, i.e., with local traders.

If the issues outlined above are not accounted for in the code of conduct, and appropriate guidance not afforded psychologists working in these locations, public safety may be compromised.

10. Would endorsement of the draft Psychology Board of Australia code of conduct result in any adverse cost implications for health practitioners, higher education providers, employers, clients/consumers, governments or other stakeholders? If so, please describe them.

Your answer:

Yes, there is a risk that the draft Psychology Board of Australia code will result in adverse cost implications for health practitioners, higher education providers, employers, client/consumers, governments or other stakeholders.

This is largely due to change management and administrative costs associated with:

- Education and training of psychologists – changing course requirements,
- Changes required for APAC competencies,
- Assessments for skilled migration, and
- Lack of clarity for employers regarding contracting arrangements and variance across professional practice contexts.

There is also a risk associated with:

- The lack of clarity and guidance for provisional and early career psychologists,
- Not clearly defining working parameters for psychologists across different contexts (including rural and remote psychologists), and those working with other psychologists as clients, and
- The need to ensure the psychology workforce is sustainable and accessible to meet the needs of clients. The practice of psychology is nuanced and requires a code of conduct that will address this either intrinsically or via supplementary guidelines. The operationalisation of core concepts related to the draft Psychology Board of Australia code is required for practicing psychologists to have guidance and consistency across the profession beyond the minimum acceptable standards contained in the code of conduct as it is currently. The APS is concerned that the code of conduct may act as a disincentive for current psychologists to continue in the profession and potential psychologists from joining the profession.

For further information, please see Appendix A.

Transition and implementation

The Board is proposing to publish an advance copy of the draft Psychology Board of Australia code of conduct **12 months** before it would come into effect.

11. Do you agree with the proposed transition timeframe?

Your answer:

The APS agrees with the proposed transition time frame.

We propose regular meetings between the Psychology Board of Australia and the APS to mitigate the challenges associated with implementing the code of conduct and to provide an opportunity for the Board to assist us to navigate any ethical complexities arising from interpretation of the code of conduct, acknowledging the reliance on professional associations to advise our members on practical application of the code of conduct.

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

Your answer:

Yes, the APS is responsible for the current code of ethics for psychologists and associated guidelines – which comprises 29 ethical guidelines and 12 ethical consideration documents. The transition to the draft Psychology Board of Australia code of conduct will require an

adjustment on the part of our members along with associated communications, resources, and guidelines.

The APS encourages the Board to consider the very significant need for guidelines to supplement the code of conduct, if it is adopted, to enable a smooth transition from the current code of ethics and, further, that the Board defines in writing the considerations underlying how they determine regulatory compliance – please see Appendix A for further information.

Further, there will be a need to train and educate registered and practicing psychologists in the new code of conduct once it is adopted to ensure a broad understanding of its application, an appreciation of the differences between the code of conduct and the currently used APS code of ethics, and implications for practice.

General feedback

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

Your answer:

In summary, the APS offers the following feedback:

- Regulatory material further clarifying the interpretation of the code of conduct is required.
- The draft Psychology Board of Australia code fails to account for the various nuances that exist in the practice of psychology, including diverse job demands and different practice contexts, e.g., clinical versus organisational and other. Therefore, sections of the code vary in practicality and relevance given the above.
- The draft code provides a description of conduct (i.e., what is required) but fails to describe how to achieve it. Professional associations cannot define regulatory interpretation without subjectivity and potential error. Without further guidance, this could unintentionally mislead members, lead to unknowing instances of non-compliance, and put the public at risk.
- The APS is concerned about how the code of conduct will be adopted by the profession and the potential disengagement that could ensue due to:
 - unintended workforce impacts (e.g., reduced engagement of psychologists from specific areas of practice due to a lack of recognition of the diversity of their work)
 - the application of a more medical model to the practice of psychology
 - the lack of an appropriate roadmap and absence of ethical guardrails to guide practice and decision-making acting as a disincentive to current and future psychologists to remain in or join the profession.

A level of confidence is required for psychologists to ensure they are making ethical and regulatory compliant decisions in their day-to-day practice. Without this, the safety of the public and the safety of our profession is at risk.

The draft Psychology Board of Australia code contains less detail about how to ensure compliant practice and the complexities of psychological practice than the current APS code of ethics. The APS is concerned that the proposed code of conduct, which stipulates stringent requirements, lacks sufficient clarification on the Psychology Board of Australia's

processes for reaching specific conclusions based on investigations of complaints against psychologists. This may have serious ramifications for the psychology workforce, which is already under pressure, under resourced and not meeting the demand of Australia's current mental healthcare needs.

Attachment A. – Australian Psychological Society (APS) Response to the Preliminary consultation: draft Psychology Board of Australia code of conduct

Draft Psychology Board Code of Conduct	Comments	Recommendations
<p>1. Safe, effective and collaborative practice</p> <p>2.2 Cultural safety for Aboriginal and Torres Strait Islander Peoples</p> <p>3.1 Cultural safety for all communities</p> <p>3.2 Effective communication</p> <p>3.3 Privacy and confidentiality</p> <p>4.1 Professional relationships</p> <p>5.1 Respect for colleagues and other professionals</p> <p>5.2 Team work and collaboration</p> <p>5.3 Discrimination, bullying and harassment</p> <p>8.4 Public behaviour and statements</p>	<p>The draft <i>Psychology Board code</i> states psychologists "must be free from bias", since all psychologists have their own beliefs views and attitudes, it is not possible to make decisions "free from bias". It is helpful to know our own biases and be aware of our attitudes but being "free from bias" is not achievable.</p> <p>The APS code of ethics states that psychologists should avoid discriminating unfairly against people. This is preferable as it could mean that psychologists do not put themselves in situations where their inherent biases would result in unfair discrimination. In this sense psychologists do not need to be "free from bias".</p> <p>The draft <i>Psychology Board code</i> requirement that the care of the client not be prejudiced "because you believe the behaviour, mental health status or other attributes of the client have contributed to their situation" is not appropriate for psychologists.</p> <p>Psychologists need to acknowledge how their clients' behaviour, mental health status or other attributes have contributed to their situation. A thorough understanding of this does not "prejudice" treatment but enables psychologists to skillfully address their client's concerns.</p>	<p>1.3 Consider changing the directive that psychologists should be "free from bias" to wording that indicates that clients should be treated fairly and with respect irrespective of the causal factors associated with their presenting problem.</p> <p>2.2 Cultural safety- what happens when there is disagreement around what constitutes cultural safety or when the person determining cultural safety changes (i.e., Elders).</p> <p>The inclusion of the term 'reasonable' may assist.</p> <p>3.2 d. Mentions "where necessary"- however its often not 'reasonably possible' for psychologists to work with interpreters in private practice. Consider changing the wording to: 'where reasonably possible'. In addition, include a statement about consent to use interpreters.</p> <p>3.2 i. Consider changing the wording to behaviour 'reasonably interpreted' as there are many behaviours that may be interpreted as bullying.</p> <p>The draft code of conduct repeats the need to be respectful in multiple locations. This could be altered to reduce repetition, and the need</p>

	<p>The inclusion of bullying and harassment or comments in social media in the draft code of conduct is helpful.</p>	<p>to treat others with respect and communicate respectfully could be stated in a more concise way.</p> <p>Consider changes/additions to the code of conduct to address these circumstances.</p>
<p>1.1 Providing safe and effective psychological services</p> <p>1.2 Safe and effective psychological services</p>	<p>Points 1.1 and 1.2 are broad, ambiguous and undefined, and could lead to confusion and misinterpretation.</p> <p>1.2 k. (See also 6.1 Use psychological services wisely) The term “wisely” is open to interpretation and requires defining. Point 6.1 completely ignores that there are limited resources within mental health, especially as compared to other health services and industries. Further, there is no direction given in terms of how to prioritise or allocate resources.</p>	<p>1.1 and 1.2 Require guidelines to further define concepts and provide clarity in terms of achieving stated outcomes, e.g., “regularly reflect on your practice...”. How frequently is “regularly” and what actions are considered “culturally safe”.</p> <p>1.2 k (and 6.1) Require guidelines to provide definitions, clarity and direction around how to prioritise and allocate resources in order to “Use psychological services wisely”).</p>
<p>3.3 Privacy and confidentiality</p>	<p>There is no separate point about the importance of privacy in the draft <i>Psychology Board code</i>. A separate point about privacy is essential for psychologists as it explains the importance of not providing unnecessary information when communicating with others</p> <p>The draft <i>Psychology Board code</i> does not mention the possibility of breaking confidentiality to avert risk of harm. This is a challenging area for psychologists about which they often need guidance and supervision.</p> <p>Does not include schools or employers privacy versus child/employee. Additionally, does not cover when relationships might change, e.g., working with</p>	<p>Suggest drawing a clear distinction between information being confidential, anonymous or private.</p> <p>Concepts must be clearly defined for psychologists to work within the parameters set by the code of conduct.</p> <p>A clear statement about the need to break confidentiality and communicate with others in situations of high risk is essential. This includes communicating with others with or without client consent.</p>

	<p>children and parents and meeting jointly and separately.</p> <p>3.3 d. The requirement for psychologists to provide surroundings for private and confidential consultations may be extremely difficult in some settings, e.g. hospital wards when working with physically unwell or challenged clients. Environmental considerations cannot always be controlled by the psychologist:</p> <ul style="list-style-type: none"> ○ Clinical relevance is a factor, e.g., a client who requesting interventions for panic attacks occur outside and forms of exposure therapy. ○ Emergency room settings/ hospital wards ○ Telehealth ○ Sports settings <p>3.3 e. Does not refer to clinical supervision. 3.3 f. Does not refer to the protection of client information from third parties other than staff. 3.3 j. Does not refer to when it may be judged clinically unsafe or inadvisable for a client to access their records.</p>	<p>3.3 d. Suggest clarification around this point and supplementary guidelines.</p> <p>A description and outline of the circumstances by which a client's file may be withheld would be a helpful addition to the code.</p>
<p>4.2 Informed consent</p>	<p>4.2 e. Requires psychologists to "get informed consent from the client or where the client does not have the capacity, from their substitute decision-maker and taking into account any advance care directive (or similar) before carrying out any assessment, intervention (this may not be possible in an emergency), or involving clients in teaching or research, including providing information on material risks and expected outcomes"</p> <p>Clients are regularly discussed in supervision and in training, though these discussions are conducted without gaining specific consent and clients are de-identified in this process. The APS code of ethics</p>	<p>We question the circumstances where a psychologist may be at risk due to a client's behaviour but does not have consent to disclose information about them to a third party, e.g. supervisor. The complexities of disclosure may need to be spelled out in this section, or it needs to be reverted to abiding by established conventions around confidentiality.</p>

	<p>does not require client consent for de-identified discussion in supervision or for training.</p> <p>4.2 g. and 4.2 h.</p>	<p>4.2 g. and 4.2 h. Require clarification. Instead of a time-frame consider having 'unless actively withdrawn'.</p>
<p>4.7 Concluding a professional relationship</p> <p>1.1 c.</p>	<p>The APS code of ethics requires psychologists to provide an explanation regarding the need for termination. The draft <i>Psychology Board code</i> is not prescriptive in this regard.</p> <p>In point 1.1 c. the draft <i>Psychology Board code</i> references the need to refer a client on when in their best interest due to limited skills and competence. However, this is not referred to under the <i>concluding a professional relationship</i>.</p> <p>4.7 a. Use of the term "deal" in this sentence is potentially insensitive with regard to clients' needs.</p> <p>4.7 a. This point may not be best placed in this section, i.e., <i>Concluding a professional relationship</i>, as it is referring to a temporary absence.</p> <p>4.7 e. It will not always be possible to end a professional relationship in a planned way.</p>	<p>Consider adding a point regarding providing clients with an explanation regarding the need for termination or a period of absence.</p> <p>Consider including the point made in 1.1 c. in the section regarding <i>concluding a professional relationship</i>.</p> <p>4.7 a. Consider substituting the word 'deal' with 'meet the needs' or 'manage the needs'.</p> <p>Consider moving this point or making it more explicit.</p> <p>It would be helpful to rephrase point 4.7 e. to acknowledge the realities facing psychologists in practice in a clearer way.</p>
<p>4.8 Professional Boundaries</p> <p>4.9 Multiple Clients</p> <p>4.10 Simultaneous psychological services</p>	<p>4.8 Is too general and ambiguous, particularly regarding other kinds of relationships with previous clients or people close to previous clients. "Normally inappropriate" is open to interpretation.</p> <p>4.9 Is too general</p>	<p>4.8 Requires greater specificity regarding other kinds of relationships with previous clients or people close to previous clients. Guidelines are also required for this section.</p> <p>4.9 Guidelines are required for this section and need to include directions around managing psychological services involving multiple clients, as this is the reality of practice in various settings – both professional settings (e.g., schools, sporting teams, organisations)</p>

		and environmental (e.g., regional, rural and remote locations).
5.4 Delegation, referral and handover	The draft <i>Psychology Board code</i> highlights the handing over of responsibility and distinguishes this from delegating tasks.	This is a useful addition.
5.1 Respect for colleagues and other professionals 5.2 Teamwork and collaboration 1.2 i. support the right of the client to seek a second opinion	<p>The draft <i>Psychology Board code</i> provides broad direction regarding collaboration with colleagues and teams focused on mutual respect and clear communication.</p> <p>The strong focus on basic professional skills appears largely unnecessary for a group of trained practitioners. The focus is broad in these sections and generally appears inconsistent with the task to create a concise document which provides minimum standards. This is particularly so given that this is already a core competency for the profession.</p> <p>5.1 b. The draft <i>Psychology Board code</i> is brief regarding the provision of services by a similar practitioner and specifically another psychologist. By implication, this statement normalises concurrent psychological care from another psychologist.</p>	<p>The APS code of ethics provides succinct examples of interactions with colleagues and appropriate conduct. It may be helpful to include similar detail in the draft <i>Psychology Board code</i>.</p> <p>Clarification is required in this section including clear delineation of treatment plans and objectives associated with concurrent psychological care from another psychologist. Ordinarily, this would not be recommended.</p>
8.3 Integrity of assessment methods and techniques 1.2 Safe and effective psychological services (f) 4.2 Informed consent (e) 3.2 Effective communication	<p>The draft <i>Psychology Board code</i> does not appear to address the entire process of psychometric assessment, i.e., communication and considerations around consent.</p> <p>Neither does the code of conduct address the development of tests and techniques.</p>	Provide guidelines with more detail to accompany point 8.3.
8.5 Client records	<p>Section 8.5 e This point is ambiguous and open to interpretation.</p> <p>8.5 g. Requires clarification – the sentence is confusing and does not provide sufficient detail regarding disposal of records.</p>	<p>Suggest providing a timeline to direct when notes should be written, e.g., ideally as soon as possible after contact with the client and within 48 hours.</p> <p>Suggest rewriting point 8.5 g. and providing guidance about the appropriate disposal of</p>

		<p>records, i.e., in terms of a timeline and method of disposal.</p> <p>Suggest the development of guidelines for client records and supervision.</p>
<p>8 Professional Behaviour</p> <p>8.7 Advertising</p>	<p>The draft Psychology Board code does not explicitly require psychologists to correct any misrepresentations, or utilise current post nominals. However, we acknowledge that it does reference the overall need for honesty throughout.</p> <p>8.7 The term 'clinical aspects' is ambiguous and this point does not cover payment for referral.</p>	<p>Consider adding explicit information about misrepresentation.</p> <p>Clarify the term 'clinical aspects' and make reference to payment for referral.</p>
<p>8.12 Conflicts of interest</p> <p>4.9 Multiple relationships</p>	<p>The draft Psychology Board code does not encourage consideration of supervision when entering a multiple relationship.</p>	<p>Consider including a point to encourage consultation with a senior psychological colleague and/or supervisor before entering into a multiple relationship and/or needing to manage conflicts of interest.</p>
<p>9.1 Your health and wellbeing</p> <p>9.2 Other practitioners' health and wellbeing</p>	<p>9.1 c. Long hours are not necessarily the most significant risk factor for burnout. This point needs expanding...</p>	<p>Guidelines are required to support this section and need to include directions for when concerns about another psychologist's wellbeing meet the threshold for mandatory reporting.</p>
<p>10.1 Teaching and supervising</p>	<p>10.1 b. The statement that supervisors are responsible for the professional behaviour of supervisees is too broad and general. The APS is concerned that supervisors should not be responsible for the behaviour of supervisees if their actions are not foreseeable and the supervisee has not consulted with the supervisor about a decision.</p> <p>The APS is concerned that such stringent requirements will deter psychologists from becoming supervisors. This has serious ramifications for the</p>	<p>10.1 b. This statement needs to be adjusted. The APS suggests using wording aligned with the current code of ethics, i.e., <i>Responsibility for monitoring and evaluating the performance of the supervisee lies with the supervisor who raises any issues of competence as they become apparent, and does not wait until the end of the supervision contract or arrangement to raise them. Any issues of impairment, whether temporary or enduring, are addressed by the supervisor subject to the</i></p>

	<p>psychology workforce which is already under pressure and not meeting demand.</p> <p>Additionally, there is no mention of peer supervision in the draft Psychology Board code or the different circumstances that may arise for registered versus provisional psychologists. There seems to be an absence of responsibility placed on the supervisee.</p>	<p><i>Australian Health Practitioner Regulation Agency's mandatory reporting requirements.</i></p> <p>This clearly indicates that the supervisor is responsible for managing any concerns around the competence of the supervisee, but is not directly responsible for their behaviour, which in some cases may be completely out of the control of the supervisor.</p>
<p>11.1 Research Ethics</p>	<p>The draft Psychology Board code does not address the need for data to be made available once published if requested, or the need to accurately report on data.</p>	<p>Provide additional information around making data available and accurately reporting on data.</p> <p>It may be also be important to address the need for data sharing.</p>

APS response to the Psychology Board of Australia public consultation - Updating the code of conduct for psychologists

Appendix B – APS member questions for consideration by the Psychology Board of Australia

1. **Section 1.3 (E)** of the draft code specifies “**keep yourself and others safe when providing psychological services. If a client poses a risk to safety, they should not be denied access to services if reasonable steps can be taken to ensure safety**”. As a psychologist, adverse outcomes often occur by the very nature and high levels of risk of our work. Though I have taken all reasonable steps as a psychologist in private practice and completed relevant supervision and CPD, I can never “ensure” my clients safety. The current iteration of the code suggests that I should be “ensuring” and responsible for their/ others safety. We can do all the safety planning, risk mitigation and gold standard “perfect” interventions but still cannot ensure safety. What does “ensuring” look like to the Psychology Board of Australia when in writing it appears it is a psychologist’s responsibility? How will the Psychology Board of Australia consider this across various practice contexts?
2. I work in private practice and am currently pregnant. I have planned maternity leave, however, have had to cease my clinical work for medical reasons. Under the draft **code Section 4.7 (E)** states “**do not end the professional relationship prematurely or abruptly but, where possible, decide with clients when it will be appropriate to end the professional relationship**” it appears I am not being compliant, however, I physically and psychologically am unable to continue work. How should I ethically manage this situation?
3. There is some evidence that self-disclosure is appropriate and can be beneficial in the client – psychologist relationship. According to the draft code **Section 4.8(f)**, states that I must “**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.**” In practice I am often asked by clients’ parents if I have children. I also frequently have young people ask me if I have ever felt the way they do or experienced something similar and at times would (within reason) self-disclose and have found this to be effective in developing the client-psychologist relationship and building rapport. Clients are usually quite insistent, and it would be inappropriate and not realistic for me to consult with a third party before using my own professional judgment around answering the client’s query. Could I be reprimanded for taking this action under the draft code?
4. I am a psychologist who works in a rural/remote context. The draft codes’ section on multiple relationships under **Section(s) 4.9 (a)** specifies that psychologists must “**make contemporaneous records of the factors that demonstrate your reasonable belief**” and **4.9 (b)** “**make contemporaneous records of how you intend to protect the interests of clients, former clients and other parties to the psychological service**”. The code, under **Section 4.9** defines multiple relationships and the need to formulate and document ethical decision-making processes, stating that psychologists should not enter multiple relationships unless “**ethically, legally or organisationally obliged**”. I have a private practice and also work for a company. The other company I work for has employed my client (it is a small rural/ remote town, so this often happens). I plan to terminate the therapeutic relationship but am concerned that it remains unethical for me to work with this person. I was not aware that the client had applied at my other place of work, or that my managers intended to hire her. How do I navigate this scenario ethically under the new code considering professional boundaries (specifically **Section 4.8 (j)** specifying that I must “**recognise that your professional obligations continue even after the professional relationship has ended**”) and multiple relationships - and the limits to what I can disclose about myself to my client? (See section 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.

5. The draft code states **Section(s) 4.8(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”** and **4.8(i) “recognise that sexual and other personal (including financial and**
6. **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 am an organisational psychologist who has previously completed an organisational review, report, and recommendations for a company. Technically speaking, my definition of client is the company who has contracted my psychological services. I recently went to a dinner party with friends and met someone who I have started dating. We have dated for 1.5 months, and I have only just found out that this man is the procurement manager for the company I was contracted to provide consultancy services for. I never interacted with him in the context of my work directly, or even knew of him. He assures me he also cannot recall working with me or even knew who I was before the dinner party. However, he manages the person who recruited me for this work. I recognise that 4.8 (i) has some nuances around consideration of client vulnerability and factors related to appropriateness, but how is this fully defined given my situation. I am concerned for my registration considering section 4.8 but want to keep seeing this man. How does the Psychology Board of Australia define vulnerability in this regard? Please advise.
7. I am working with a client whose family do not regard my practice as ‘culturally safe’, although the client themselves has reported no concern. The family want to make a complaint to the Psychology Board of Australia, under **Section 3.1(a)** I must **“understand that only the client and/or their family can determine whether or not the psychological service is culturally safe and respectful”**. What will the Psychology Board of Australia consider in this situation? How will vexatious complaints be handled when/if they arise under section 3.1(a)?