

Australian Capital Territory

# Health Professionals (ACT Psychologists Board Standards Statements) Approval 2007 (No 1)\*

Notifiable instrument NI2007–3

made under the

**Health Professionals Regulation 2004, Section 134 (Standard's Statement)**

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**1. Name of instrument**

This instrument is the *Health Professionals (ACT Psychologists Board Standards Statements) Approval 2007 (No 1)*.

**2. Commencement**

This instrument commences on the day after notification.

**3. Standards Statements**

In accordance with Regulation 134 (3) of the *Health Professionals Regulation 2004* the *ACT Psychologists Board* has approved the following Standards Statements.

President  
Carolyn Rolls

21 December 2006

\*Name amended under Legislation Act, s 60

# ACT PSYCHOLOGISTS BOARD

## STANDARDS STATEMENTS

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**Standards Statements issued by the ACT Psychologists Board are designed to raise awareness of the standard of practice required from a registered Psychologist to be competent to practise, or to help the practitioner improve his or her suitability to practise. The information contained in these statements are to be used as a guideline for Psychologists to follow and reflects the interpretation of the *Health Professionals Act 2004* by the Board. Non-adherence or breach of the statements may be grounds for a finding of a breach of the Act.**

**Disclaimer**

**In the case of any conflict or discrepancy between this document and legislation, the legislation prevails.**

## PREFACE

The ACT Psychology Board has developed a number of standards statements to guide practitioners on professional, legal and ethical issues. The Board believes that these standards reflect the high standards of care expected of practitioners in the ACT. The legislation governing practice in the Territory is the *Health Professionals Act 2004*. In the case of any conflict or discrepancy between the standards statements and Act, the Act prevails.

The Board intends to review the standards statements regularly and add new policy statements as they are developed.

Comments about the policies would be welcomed and should be directed to the Board's Executive Officer.

Members of the Board hope you will find these statements useful.

# ACT PSYCHOLOGY BOARD

## STANDARDS STATEMENT

### 1. Standards of Practice for ACT Allied Health Professionals

The Board endorses the Standards of Practice for Allied Health Professionals ACT Health September 2004 published in May 2005 – Publication No 05/0471 (2000). Psychologists are required to comply with the standards of practice included in that publication.

# ACT PSYCHOLOGY BOARD

## STANDARDS STATEMENT

### 2. Competency Standards for Psychologists in Australia

The Board endorses the Competency Standards for Psychologists in Australia published by the Australian Psychological Society (current edition together with any supplements, addenda or amendments).

Psychologists must be competent to provide the services that they offer. A psychologist must not practise psychology in an area in which he or she is not competent to practise unless under the supervision of a psychologist who is competent to practise in the area until competency is established.

A psychologist must provide evidence that he or she is competent to provide the services that he or she offers when applying for registration or for renewal of registration. A person may declare that he or she is competent if the person has appropriate qualifications, has recency of practice and has complied with the Board's standards statement on continuing professional development.

The Board may require applicants to complete, to the satisfaction of the Board, training courses and/or supervised practice determined by the Board before approving applications for renewal of registration or re-registration.

Registrants who have not practised for a period of two years must demonstrate to the satisfaction of the Board that they have maintained competencies to the satisfaction of the Board during the period in order to be registered.

# ACT PSYCHOLOGY BOARD

## STANDARDS STATEMENT

### 3 Professional Conduct

#### **General**

1. The ACT Psychologists Board (the Board) is established under Section 24 of the Health Professionals Act 2004 (the Act). The Board is empowered under the act to register psychologists and to regulate the practice of psychology in the ACT. The primary responsibility of the board is to protect the public.

#### **Aim**

2. This Code of Professional Conduct sets general principles of professional conduct to protect the best interests of clients and the integrity of the profession. It must be observed by registered psychologists.

The Health Professionals Act (2004) empowers the Board to cancel the registration of a psychologist if the psychologist has contravened a condition of his or her registration.

3. By seeking registration for practice in the ACT, psychologists agree to abide by these principles of professional conduct.
4. This code applies not only to individual psychologists but also to companies involving psychologists.

#### **General principles**

5. Psychologists accept as fundamental the following principles:
  - respect for the dignity of persons;
  - integrity and competence in all professional relationships and activities;
  - responsibility to the profession; and
  - responsibility to society
6. Psychologists shall display respect, integrity and responsibility with clients, colleagues, supervisees, students, research participants, community members, employers and all other parties with whom they have professional dealings.
7. Psychologists shall seek to enhance the well-being of, and to protect the best interests of, clients and shall refrain from actions and behaviours that might cause harm to clients.
8. Psychologists shall place the welfare and best interests of clients and the profession above the interests of themselves, their employers and their colleagues. Psychologists have a responsibility to ensure that their clients understand in whose interest they are operating and where their primary responsibility lies.

## **Competence**

9. A registered psychologist must ensure that he or she remains suitable to practise the profession of psychologist.
10. Psychologists shall bring to the practice of psychology appropriate skills and learning in the discipline of psychology. They shall also maintain skills and learning in line with contemporary practice and evidence, and be able to demonstrate that they are doing so.
11. Psychologists shall provide psychological services to the best of their ability and operate only in their areas of professional competence, training and qualifications.
12. Psychologists shall not misrepresent their competence, qualifications, training or experience and shall not assume titles, which misrepresent their academic qualifications.
13. Psychologists shall perform all tests, assessments and procedures in accordance with accepted contemporary standards of the profession, using test materials, which are current at the time.
14. Where services required are beyond the realm of their professional competence or training, psychologists shall refer clients to an appropriate professional or assist the client in identifying alternative services.

## **Informed Consent**

Nothing of a psychological nature should be done with, for or to clients, students, supervisees or research participants without obtaining proper informed voluntary consent from them preferably in writing, as required by other legislation or Guidelines. If the client does not have this capacity (e.g. is a child, developmentally disabled, or incapacitated by dementia) informed consent should be obtained from the person legally responsible for him or her.

In relation to situations involving a third party, there is an obligation to explain to the client on whose behalf the service is being provided (who requested it, who paid for it etc), as well as to explain the purpose of the consultation, when the client themselves did not seek the consultation on their own behalf.

15. Psychologists shall ensure that the methods, techniques and rationale for the proposed treatment are explained to clients in clear and simple language as the basis for discussion and agreement.
16. Where clients are not voluntary participants in assessment or treatment, psychologists shall make every effort to inform them of the methods, techniques and rationale for the proposed treatment, so that they have an appropriate basis for choice.
17. Psychologists shall not make excessive, unrealistic or groundless claims for the effectiveness and outcomes of their methods generally, or by way of eliciting consent.



18. Psychologists shall allow clients to withdraw consent at any time during the professional relationship without any negative consequence.
19. Research may be carried out only with the informed consent of the research participants and approval of the properly constituted Ethics Committee.
20. Psychologists should ensure that clients are fully appraised of the fees to be charged for a particular service and have a clear understanding of the cost of treatment to which they are agreeing.

### **Respect For Clients**

21. Psychologists shall treat all clients with respect, not as an object or a means to an end. In so doing psychologists acknowledge that all persons have a right to their dignity and innate worth as human beings and shall not exploit clients for any reason, whether emotional, financial, sexual or otherwise.
22. The professional relationship between psychologists and client shall be built upon mutual trust and integrity. Psychologist shall place the welfare and best interests of client and the profession above the interests of themselves, insurance companies, their employers and their colleagues.
23. By the nature of their work psychologist frequently have responsibility to those persons who are more vulnerable, compromised or distressed. Psychologists shall not exploit client for any reason and shall refrain from sexual relationships with clients whether present or past. (“Sexual relationships” includes, but is not limited to, suggestive comment or innuendo, inappropriate physical contact and sexual intercourse).
24. Psychologists have a responsibility to ensure that their clients understand in whose interest the psychologist is operating and where the psychologist's primary responsibility lies.
25. Psychologists shall avoid and your relationships that may exploit client or other parties, or impact on the psychologist professional judgement. Where a psychologist identifies the potential for a non-professional involvement the psychologist should immediately refer the client to another professional.
26. Psychologists shall respect the cultural, political and religious persuasions of clients and shall not deny services to a client on the basis of race, personal characteristics, religion, politics, gender, sexual preference, socio-economic status or illness. Where a conflict of beliefs will interfere with the provision of psychological services, it is the responsibility of the psychologist to refer the client to another professional.
27. Psychologists shall respect the right of clients to choose their psychologists, to accept or reject advice and to make their own informed decisions about treatment and procedures. Where an irreconcilable difference of opinion occurs, the psychologist should refer clients to another appropriate professional.

## **Integrity and Competence in Professional Relationships and Activities**

28. Psychologists shall terminate professional relationships with clients when it is clear that clients are not benefiting from the treatment provided or when the treatment is causing harm to clients.
29. Psychologists shall avoid conflicting responsibilities that may impair their professional judgement, increase the risk of exploitation or that are otherwise improper and potentially harmful.
30. Psychologists shall not exploit their professional relationships with clients, supervisees, students, employees or research participants, sexually or otherwise.
31. When terminating the professional relationship, psychologists shall explain the reason for the termination to the client and shall endeavour to assist clients to identify appropriate alternative services.
32. If any issue seems likely to adversely affect the professional relationship, psychologists shall refer clients to more suitable psychologists but shall endeavour to safeguard the welfare of clients until alternative services are obtained.
33. When a psychologist agrees to provide services to a client at the request of a third party, the psychologist shall clarify the nature of the relationship with all parties concerned.

## **Privacy and Confidentiality**

34. Psychologists should have cognisance of the Boards policy paper 6, on the maintenance of patient records. *The Privacy Amendment (Private Sector) Act 2000* extends the operation of the *Privacy Act 1988* to cover the private health sector throughout Australia. Psychologists must make themselves aware of, and comply with, the provisions of this Act.
35. Psychologists shall establish and maintain adequate records at all times and shall make adequate provisions for maintaining confidentiality in the storage, access and disposal of records under their control.
36. Psychologists shall respect the confidentiality of information obtained in the course of providing psychological services and shall not divulge information about a client; unless the release of the information is required to protect the client or others from harm, or the release of the information is required by law; unless the client specifically authorises in writing the release of such information. Psychologists must determine whether the duties to protect or to warn take precedence over the autonomy of the client with reference to appropriate professional Guidelines.
37. Psychologists may withhold specific information from an agency that refers a client to a Psychologist if, in their judgement, it has no relevance to the purpose of the referral and provided always that the withholding of the

information does not cause the report to become misleading.

38. When providing services to minors or other persons who are legally unable to give voluntary, informed consent, psychologists shall protect the person's best interests and shall seek to obtain informed consent from the person's parents, next of kin, guardians or another appropriate party in accordance with legal requirements.

### **Remuneration**

39. Psychologists shall be responsible for setting an appropriate fee for their services and, shall take all due care to ensure that the client is aware of such fees prior to the provision of services.
40. Psychologists shall not receive any form of remuneration for professional work from clients who are entitled to the psychologist's services through an agency or institution. Unless the client chooses to consult the psychologist privately, in full knowledge of the alternative service available.
41. Psychologists shall not solicit private consultations from clients who receive, or are entitled to receive, the psychologists' services through an agency or institution.
42. Psychologists shall neither give nor receive any remuneration for referring clients to other professionals for professional services.
43. Psychologists should refrain from referring clients to other professionals or organisations in which the psychologist has a financial interest. However, if such a referral is in the best interest of the client the psychologist shall declare the financial interest beforehand.

### **Advertising**

44. Psychologists shall ensure that any announcement or advertisement is demonstrably true in all respects, does not contain any endorsements or testimonials concerning the psychologist, does not contain any claim of superiority of services, methods or techniques employed, does not create any false or unjustified expectations of favourable results and is not likely to bring the profession into disrepute.

### **Responsibility To The Profession**

45. Psychologists shall refrain at all times from any actions, statements and behaviours that are likely to bring the profession into disrepute.
1. A registered psychologist must inform the Psychologist's Board if the psychologist—
  - (a) is charged with an offence; or
  - (b) pays, or agrees to pay, an amount to a person in relation to an injury suffered by the person because of an incident arising out of the provision of any service by the psychologist.

# ACT PSYCHOLOGY BOARD

## STANDARDS STATEMENT

### 4 Advertising By Psychologists

#### **General**

1 Advertising of services by the various health professions has in the past been undertaken in accordance with 'professional ethics', which have been developed by each profession. In some instances legislative requirements have been strongly influenced by those 'ethics'. Recently, this influence has changed as a result of government initiatives in the area of micro-economic reform.

#### **Aim**

2 The prime objective of this standards paper is to provide guidance to psychologists in the advertising of the services they provide, and to prevent the placing of advertisements which mislead the public and lower professional standards.

3 Advertising should be done in a manner, which will serve the interests of the community, not denigrate the services provided by other psychologists and be in accordance with professional standards.

#### **Psychologists Board Policy on Advertising**

4 The Psychologists Board supports the fundamental principle that the best advertisement for a psychologist is the psychologist's reputation gained through proficiency in their work.

5 The Board recognises, however, that there are occasions where psychologists might legitimately wish to inform the public about the services they provide. It also recognises that psychologists in their contacts with the general public will find it difficult at times to avoid publicity. The Board considers that it is essential that psychologists in the Territory should be fully aware of the regulations and the ethical issues involved in advertising their services, and that psychologists be clear as to the manner of advertising deemed both appropriate and inappropriate by the Board.

#### **Advertising**

6 A registered psychologist may advertise psychological services. Advertising, however, should not :

- be false;
- be misleading or likely to mislead;
- be deceptive, or likely to deceive;
- be harmful;
- claim or imply that any particular psychologist is superior to any other psychologist;

- be likely to bring the profession into disrepute.

7 For the purposes of paragraph 6, an advertisement shall be taken by the Board to be false, misleading or deceptive, or be likely to mislead or deceive if:

- a it contains a material misrepresentation of fact, or
- b is likely to create an unjustified expectation of beneficial treatment.

#### **Use of Titles**

8 Any unconditionally, or fully registered, psychologist may use the title 'psychologist', as follows:

**Name**  
***Psychologist***

*OR*

**Name**  
***Registered Psychologist***

9 A conditionally registered psychologist cannot use the title 'psychologist' but may use the title 'intern psychologist', as follows:

**Name**  
***Intern Psychologist***

*OR*

**Name**  
***Registered Intern Psychologist***

10 The Board recommends that both conditionally and unconditionally registered psychologists state their ACT registration number when advertising their services. This should appear in the following format:

**Name**  
***Psychologist OR Intern Psychologist***

***ACT Reg.No: PSY000***

11 A registered psychologist may not advertise a specialist title. The Psychologists Board of the ACT does not have a specialist register, therefore use of specialist titles may be misleading. A registered psychologist may indicate areas of special interest. For example, registered psychologists may state;

**Name**  
***Registered Psychologist***

Specialising in the practice of (area of interest)

12 In addition, an advertisement for psychological services shall not indicate that a particular psychologist practices at a premises unless the psychologist regularly attends that premises in the course of his or her practice.

### **Records of Advertising**

13 A registered psychologist shall keep a record of the details of each advertisement for psychological services they have authorised, for a period of 12 months after the publication of the advertisement. Advertising which appears on an invoice, statement, order, letterhead, business card, cheque or similar document and used in the course of the business of providing psychological services, is not included in such records.

### **Disclaimer**

14 In the case of any conflict or discrepancy between this document and the Act, the Act prevails.

# ACT PSYCHOLOGY BOARD

## STANDARDS STATEMENT

### 5. Maintenance of Patient Records

#### General

- 1 Under the *Health Professionals Act 2004* (the Act), the Psychologists Board is responsible for the maintenance of professional standards of psychology profession in the Territory. Given the importance of psychological records in the ongoing treatment of clients, the Board is concerned that practitioners are provided guidance on the maintenance of such records.
- 2 This paper takes into consideration the provisions of the *Health Records (Privacy and Access) Act 1997* (Health Records Act).

#### Aim

- 3 This paper details the Boards policy on the maintenance of psychological records by psychologists.

#### Types of Records

- 4 For the purposes of this paper, records are those clinical notes and supporting documentation maintained by psychologists on their clients.
- 5 Any reference in this paper to client records encompasses both written and electronically stored information. Client records whether paper based or on computer should meet the Boards policy requirements. In addition, electronic records should be capable of being printed on paper when required.

#### Privacy Principles

- 6 Privacy principles as they relate to the collection and maintenance of client records now have force of law in accordance with the Health Records Act. Dental care providers are advised to consult the Health Records Act in relation to privacy matters, in particular in relation to the following matters:
  - the manner and purpose of collection of client information is to be lawful and relate to the mental health of a client;
  - the purpose of the collection of client health information is to be made known to the client before the collection is made including the identity of any persons who have access and to whom it might be disclosed;
  - information collected must be relevant to the psychological condition being treated and must not intrude on the personal affairs of the client unless they have been provided by the client.
  - information collected must be reasonably secured against loss, unauthorised access, modification, disclosure or other misuse;

- record keepers are to, on request, advise consumers that they have possession of client records as well as the nature and purpose of the records and the steps a person might take to obtain access to the records, and how long records may be kept.
- members of the treating team may have access to client records as far as reasonably necessary for them to provide a psychological service;
- information in a client record shall not be deleted unless as part of an archival program of destruction;
- records are to be kept up to date and accurate and be relevant to the purpose of collection;
- client records are not to be used for any purpose other than the reason for which they are collected, unless the patient consents to their use, their use is required to lessen a significant risk to life or mental health, or their use is authorised by a law of the Territory, Commonwealth or an order of a court of competent jurisdiction;
- on transfer or disclosure of a practice, psychologists are to take reasonable steps to inform clients of the arrangements for dealing with the client records, and ensure that all records are transferred to another psychologist, a competent record keeper, or the client/patient;
- where requested by the client in writing, practitioners are to transfer client records (a copy or written summary) to another psychologist;
- the written consent of the client is required prior to the provision of a mental health status report to another person;

7 The privacy principles have been paraphrased in this paper and psychologists are advised to refer to the Health Records Act for more detailed information on individual principles.

### **Maintenance of Records**

8 Good psychological practice demands that adequate client records that cover history, diagnosis and treatment of the client by the treating psychologist be created and maintained. This obligation is not based on law but on the ethical and practical necessities of psychological practice.

9 In relation to the content of client records, the following should apply:

- The record should be legible.
- The record should contain sufficient information to allow another psychologist to carry on the management of the client.
- The record should contain accurate statements of fact or statements of clinical judgement and should be contemporaneous with the client consultation.



- The psychologist should record information on every psychologist/client consultation with significant clinical content, particularly when treatment is changed. All face-to-face office consultations will require a record. The entry should be dated and it should be possible to identify who made the entry.
- Any changes to paper records should be initialled and changes should be made in such a way as to make the previous entry visible. Computerised records must be established in such a way that, for every entry to the record, there is a record of when the entry was made, by whom and when changes were made.
- The record should contain subjective information obtained on history, objective information based on assessment (usually with a diagnosis or problem), results of test, and a treatment plan.
- The client record should not contain terms or abbreviations that are derogatory or emotive.
- Abbreviations or ‘short hand’ expressions should be recognisable and comprehensible within the context of the client’s care.

10 In addition, client records should not include thoughtless or unnecessary remarks about colleagues or their form of treatment.

### **The Need for Records**

11 A psychologist duty of care requires a psychologist to maintain records associated with the treatment of a client. Adequate records are essential to enable proper management of a client by the psychologist and possibly his/her successors. In addition, the psychologist might be called upon to produce appropriate client records during legal proceedings.

12 It is the view of the Board, that in both sets of circumstances, the failure to maintain adequate records could constitute unsatisfactory professional conduct.

### **Confidentiality/Privacy**

13 Records should remain confidential to those directly involved with the care of the client. In the case of computerised records, use of the record should be controlled by a password or other security system to protect against unauthorised access.

14 Psychologists should not, without the consent of their client, disclose to any third party information acquired by reason of their professional relationship. The obligation of confidentiality is an implied term of the contract of service between them.

15 This confidentiality extends to family relationships. Psychologists should not (within reason) disclose the psychological condition of one member of a family to another family member without the consent of the first person.

16 The need for confidentiality extends to clerical staff employed by the psychologist, who might have access to client records. Appropriate instructions should be given to staff regarding the release of information over the telephone.

17 No psychologist or those directly involved with the care of the client should disclose information to anyone other than the client without the client's permission, unless compelled by court order or other legal obligation.

### **Storage of Records**

18 Records should be stored securely and safely and should be accessible when necessary.

### **Retention of Records**

19 Current legislation does not specify how long client records are to be maintained. Ethically, psychologists should retain information sufficiently long in order for adequate treatment of clients to occur. In essence this could mean the maintenance of at least a summary of any significant treatment, as long as a person remains a client of a psychologist or until a child reaches 18 years of age.

20 From a practical perspective, the psychologist should retain records for at least seven years after the last treatment of a client or unless the client is a child when it is necessary to maintain the records until the child is 18 years of age.

### **Destruction of Psychological Records**

21 A person shall not destroy, deface or damage a client record with intent to evade or frustrate the operation of the Health Records Act.

### **Ownership of Records**

22 A psychologist in private practice or Public Service owns the records created in that practice.

23 In a group practice, the right of ownership of records will depend on the terms and conditions of the form of partnership or association. Records created by an employee psychologist or a locum remains the property of the employing psychologist or group.

### **Right of Access to Records**

24 The Health Records Act provides a client with a right of access to a client record held by a psychologist. The client may gain right of access by:

- inspecting the record (if held in electronic form, by way of a print out);
- by receiving a copy of the record; or
- by viewing the record and having its content explained by the psychologist holding the record or by another suitably qualified psychologist;

25 Under the Health Records Act, it is a term of contract (oral or written) for the provision of a health service for a client to have access to his or her client record, providing that one of the following circumstances apply:

- the contract is made in the Territory;
- the contract is performed wholly or partly in the Territory, or;
- the client/patient is present or resides in the Territory.

### **Grounds for Non-Production**

26 The Health Records Act allows the following grounds for non-production of the whole or any part of a client record: ref Health Records Act

- that the record is not in the possession, custody or control of the psychologist;
- that the record or part of it does not relate to the person requesting access; or
- that production of the record would contravene a law of the Territory, the Commonwealth or an order of a court or competent jurisdiction.

### **Transfer of records**

27 When a client changes psychologists, the Health Records Act requires that on the written request of the client, at least a detailed summary of the client record maintained by the first psychologist be transferred to the second psychologist.

28 Psychologists must ensure therefore, that a sufficient psychological history is made available on request to any subsequent treating psychologist thus ensuring the continued good management of the client. Whilst the Board accepts that such transfers can at times be stressful due to professional or commercial relationships, it is firmly of the belief that the primary duty of care to a client must override other factors.

29 The failure of a psychologist to provide the client record is a breach of the Health Records Act and may be considered by the Board as being unsatisfactory conduct.

### **Medico-legal Reports**

30 Reports prepared for third parties, such as those prepared for medico-legal or insurance purposes, are the property of the party for whom they were prepared. Psychologists who hold copies of such reports have no right to release them to clients without consent of the author.

### **Costs of Reports**

31 The Board accepts that reasonable charges sufficient to meet the costs of researching and documenting information sought on client records may be charged to clients or their legally authorised agents for the provision of such information.

### **Death or Retirement of a Practitioner**

32 In a partnership, the records will be taken over by the remaining partners. In a solo practice, the personal representatives of the deceased psychologist should attempt to transfer client record detail to the new treating psychologist, and an attempt to contact clients made to request how they would prefer their records to be dealt with.

### **Disclaimer**

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# ACT PSYCHOLOGY BOARD

## STANDARDS STATEMENT

### 6. Tele-Psychology

#### **General**

1. The Psychologists Board of the Australian Capital Territory is responsible for the administration of the provisions of the *Health Professionals Act 2004* (the Act) and the general supervision of the psychology profession. The Board has noted that traditional psychological practice is rapidly being transformed especially in the technological area. The Board is of the opinion that the generally accepted standard for the practice of psychology remains of prime importance.
2. As a result of these technological changes, psychological services can now be conducted over wide geographic areas and cross boundaries between jurisdictions. While the Board is supportive of the positive aspects of these developments, it is concerned that the high standard of protection currently afforded to the public as provided under the Act is not eroded by these changes.

#### **Definition**

3. For the purposes of this policy paper, any psychologist/client contact or consultation by any electronic means, that results in a written or documented psychological opinion and that affects the treatment or diagnosis or treatment of a client constitutes the practice of psychology. This includes services that are connected through telecommunications as well as the transfer of client data or diagnostic findings transmitted to another health professional by electronic or other means.
4. The rendering of a psychological service to a client within the Territory by a psychologist outside of the Territory, as a result of transmission of individual client data by electronic or other means is also covered by this policy.

#### **Board Policy**

5. Where a consultation occurs as described in paragraph 3, and the client is physically situated in the Australian Capital Territory, the Psychologists Board is of the opinion that the psychological service will be deemed to have occurred in the Territory. As such the psychologist providing the service would need to be registered in the Territory thus providing the client with an avenue of complaint should concerns about the consultation and subsequent treatment arise.
6. In such a way, the same standard of care that presently occurs in the Territory will thus be made available to the client and become the norm for the psychologist even though he or she may not be located in the Territory.

7. An ACT psychologist would probably not be in breach of the *Health Professionals Act 2004*, if he/she provided a service interstate, but may be in breach of interstate legislation. The Board recommends that the psychologist become aware of the ACT for any State in which they are providing a service.

### **Health Records**

8. Any health records maintained by the psychologist as a result of a consultation, remains subject to the maintenance requirements in the Territory, as detailed in the Board's Standards paper on the Maintenance of Health Records. The psychologist receiving client data from another jurisdiction for the purposes of providing a psychological service through electronic means could also be bound by the same privacy legislation that applies in the jurisdiction in which the patient is located.

### **Professional Consultations**

9. Traditional 'psychologist to psychologist' consultations that occur in regular practice, that is the seeking of advice on particular aspects of treatment of clients, are not covered by this policy paper.

### **Emergency Treatment**

10. Nothing in this policy paper shall prejudice or affect the giving or performing of a psychological service in case of emergency.

### **Obtaining and Placing Information on the Internet**

11. The Internet is host to a range of high quality psychological resource sites. At the same times, however, there is a large quantity of information of dubious quality available to users. Psychologists are therefore encouraged to discuss with clients the source and quality of this information.

12. To assist in assessing this information, the Board is of the opinion that such information should be evaluated against a range of standards including:

- the credentials and standing of authors,
- relevant attribution of references and sources;
- the ownership or sponsorship of web sites should be provided; and
- currency of information should be known including when the information was last updated.

### **Communication with Other Health Professionals and Clients**

13. The Internet is an excellent facility for communicating with other health professionals especially where psychologists wish to widen their own knowledge.

14. There are, however, issues of security and confidentiality in such communication and psychologists are advised to take the necessary security precautions in their transmission of information on the Internet. Psychologists should also be aware of privacy requirements in such communications.

**Disclaimer**

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# ACT PSYCHOLOGY BOARD

## STANDARDS STATEMENT

### 7. Professional Standards Panel

#### GENERAL

1. From time to time, the Psychologists Board receives reports from members of the public concerning the professional activities of registered psychologists. The Psychologists Board Standards Paper on Complaints outlines the range of actions available to the Board when faced with complaints. Enquiries are also received as to the procedure for lodging such complaints, as well as to the scope of the Board's powers in considering and determining the complaints.

#### AIM

2. This Standards paper details the Boards policy and guidelines on the establishment and activities of a professional standards panel.

#### LEGISLATION

3. The establishment and composition of professional standards panels, and the procedural requirements of inquiries held by professional standards panels are specified in the *Health Professionals Act 2004* Sections 106 through 124.

#### ROLE AND COMPOSITION

4. A professional standards panel decides if a psychologist is contravening or has contravened the required standard of practice or does not satisfy the suitability to practice requirements. In making their assessment, the panel *may* consider any information available to it such as:

- a) The report or complaint
- b) Any information provided by the Human Rights Commission or person who made the report or complaint
- c) Any other relevant information given to the panel but *must* consider any information provided by the psychologist.

5. A professional standards panel is made up of at least three (3) members appointed by the Psychologists Board, at least two (2) of who are psychologists registered in the ACT. In addition, at least one member of the panel must not be a registered psychologist. The Board will appoint one member of the panel as the chairperson.

6. Section 109 of *The Health Professionals Act 2004* requires that the Board must refer an application, or part of an application to a professional standards panel if required to do so by the Health Professions Tribunal, and that the panel must conduct



an inquiry into the application as if it were a report. Following its inquiry, the panel must give a *referral report* to the health professions tribunal about the application.

## **MAKING A COMPLAINT**

### **Lodging a Complaint**

- 9 There is no prescribed form of complaint, however, the Board requires that:
- a a complaint be made in writing, providing all relevant details, and be signed by the complainant;
  - b all involved parties including the author of the complaint, must be properly identified and named; and
  - c written permission must be given by the complainant for the Board to release part or all of the complaint to any person it deems necessary in the investigation of the complaint, including the person about whom the complaint is made.

## **THE CONDUCT OF INQUIRIES**

10. If a report or inquiry is referred to a professional standards panel and the psychologist makes an admission about something mentioned in the report, and the panel is satisfied that it is appropriate to make a decision about the report or complaint without an inquiry, the panel may choose not to inquire.

11. Where the panel chooses to hold an inquiry, the panel must set a time and place for the *standards inquiry*, and give at least one month's written notice to the psychologist, the Psychology Board, the Human Rights Commission and the complainant.

12. Whilst observing natural justice, the panel may conduct a standards inquiry in any way the panel considers appropriate. The inquiry should be conducted with as little formality and technicality and as much expedition as permits proper consideration of the matters before the panel. Informality, however, is not to be construed as foregoing safeguards. As a consequence, a standards inquiry is conducted in such a way as to give assurance that the panel is not motivated by any desire to deal with the matter in any way other than in a manner which requires an objective appraisal of the facts and compliance with public duty and responsibility.

13. Whilst not bound by rules of evidence, this does not mean that the panel will not, where possible, apply those rules. The professional standards panel will always be guided by the rules of evidence in its admission of evidence at an inquiry, particularly where the principle underlying the rules of evidence offers clear guidance as to how the panel should inform itself of the facts.

14. In relation to the rules of evidence, the following should be noted:

- Whilst generally following the rules of evidence, the panel may not always accept into evidence all materials which a party attempts to put before it. The overriding principles in assessing the admission of evidence are, its value to the panel, its relevance to the issue before the panel and whether it is the best evidence available on the issue.
- The panel may act on evidence not disclosed to the parties. The panel may inform itself, however, of its own motion on matters relevant to the issue(s) to be decided, subject to allowing the parties the opportunity of questioning and putting submissions to the panel.
- Any matter on which a party proposes to contradict a witness's evidence, should be put to that witness in order to permit the witness to explain any contradiction.
- Failure of a party to call evidence in support of its case from a witness who is presumably available or whose absence is not explained may permit the panel to draw the inference that such evidence would not have advanced the party's case.
- There is no reason why the panel cannot admit relevant evidence that is hearsay in nature. The weight the panel would give to such evidence, however, must not be as great as the weight given to first hand evidence.
- The panel may take into account proper documentary evidence (eg. conviction for a criminal offence) but should permit the party affected by the evidence to test it by cross examination. They may do this by calling their own evidence on the issue or the tender of other relevant documentary or oral evidence of the circumstances surrounding the criminal conviction.
- As a general proposition, the panel cannot take into account in reaching its decision, any fact that has not been brought to the attention of the parties to the Inquiry. The panel may rely, however, on its own expert knowledge in relation to deciding an issue within its area of expertise where this reliance would not deprive a party of the opportunity to lead evidence or make submissions on that issue.

15. In conducting a standards inquiry, the professional standards panel may make inquiries and obtain information from any source the panel considers appropriate to decide whether a psychologist is contravening or has contravened the required standard of practice or does satisfy the suitability to practice requirements. The panel may arrange for a performance review of the psychologist and consider patterns of practice.

16. The Human Rights Commission may give evidence about an assessment or investigation by the Commissioner, but may also be present even if not giving evidence.

17. Standards Inquiries are usually closed but the professional standards panel may hold the inquiry in public if satisfied that the public benefit of an open inquiry outweighs the disadvantage to the psychologist..

18. The psychologist, the Commissioner and witnesses attending a standards inquiry may be accompanied by a legal advisor or other support person.

19. The professional standards panel must keep an electronic or written record of a standards inquiry.

20. Following a standards inquiry the professional standards panel must decide whether the psychologist is contravening, or has contravened, the required standard of practice or does not satisfy the required suitability to practice requirements or is putting, or has put, public safety at risk. The decision of the professional standards panel is a decision of the majority of panel members. If, for any reason, a panel cannot reach a majority decision, the decision of the chairperson is the decision of the panel.

21. If the professional standards panel finds against a psychologist, the panel may do one (1) or more of the following:

- Counsel, caution or reprimand the psychologist;
- Require the psychologist to undergo stated medical, psychiatric or psychological assessment, counseling or both;
- Impose on the psychologists registration a condition that the panel considers appropriate to protect the public;
- Require the psychologist to take part in a review of his or her professional practice;
- Require the psychologist to complete a stated educational or other stated professional development course;
- Require the psychologist to report on their professional practice at stated times, in the way stated and to a named person;
- Require the psychologist to seek and take advice from stated entities in relation to the management of their practice;
- Require the supervision, monitoring or reporting about the effect of something the psychologist is required to do by the panel;
- Refer the report, complaint or application for condition review, along with the standards inquiry report to the health professions tribunal;
- Accept a stated voluntary undertaking by the psychologist.

22. Prior to completion of a standards inquiry, the professional standards panel may take interim actions in relation to a psychologist, if satisfied that it is necessary to take action to protect the public. The panel may take any of the actions outlined above in other than to counsel, caution or reprimand the psychologist. Such interim actions have effect only until a decision is made by the panel at the end of the inquiry.

23. As soon as practical following the completion of a standards inquiry, the professional standards panel must prepare a written report that includes:

- a) If the standards inquiry found that the psychologist is contravening, or has contravened the required standard of practice – how the standard is being, or was contravened;
- b) If the standards inquiry found that the psychologist does not satisfy the suitability to practice requirements – which suitability to practice requirement is not satisfied;
- c) Whether there is, or was, a risk to the public from the psychologist and,

if there is or was, what the risk is or was;

d) The action taken by the panel and the reasons for the action.

24. Within 28 days of the completion of a standards inquiry, the standards inquiry report must be given to the psychologist, the Psychologists Board and the Human Rights Commission. The professional standards panel may give the report to anyone else but may omit material if the panel considers it appropriate to do so to protect someone's confidentiality.

25. A standards inquiry report must be published. If, however, the professional standards panel is satisfied that the public interest is not served by including all material, the panel may omit some material, including the name of the psychologists, from the published report. The panel may also publish a summary of the report in a more easily read form.

26. A psychologist may apply for a review of a decision by the professional standards panel to the Health professions tribunal

### **DISCLAIMER**

27 In the case of any conflict or discrepancy between this document and the Act, the Act prevails.

# ACT PSYCHOLOGY BOARD

## STANDARDS STATEMENT

### 8. Impaired Practitioners

#### **General**

1 The Psychology Board is responsible for the administration of the provisions of the *Health Professionals Act 2004* (the Act) and the maintenance of the standard of the profession in the ACT. The Board's duties include administering to the rehabilitation needs of the ill Psychologist (practitioner) and in so doing protecting the public.

2 The Board prefers to assist the impaired Psychologist to overcome any health problem or impairment well before any need for disciplinary action arises.

#### **Aim**

3 The aim of this standards statement is to detail the Board policy on the identification and rehabilitation of the impaired Psychologist.

4 Protection of the public can often be achieved by allowing the Psychologist, to continue to practise, subject to appropriate conditions being placed on practice whilst undergoing treatment. In this way, rehabilitation of the practitioner can occur and the public interest be served.

#### **The Impaired Practitioner**

5 Like the rest of the community, Psychologists from time to time suffer physical and mental illnesses. Such illnesses or impairment can affect clinical management of patients and possibly endanger the public.

6 Impairments that particularly concern the Board are psychiatric conditions, dependence on alcohol or drugs, stress and a general decline in competence brought about by age or illness or both. Some of these impairments allow the Psychologist to practise without detection and thereby possibly endanger the public. Continued practice without professional assistance means that it is probably only a matter of time before serious problems occur.

7 Experience has shown that early intervention often enables Psychologists to continue practice whilst receiving treatment.

## **Legislation**

8 The *Health Professionals Act 2004* and the *Health Professionals Regulation 2004* established a health professions tribunal and authorised the Board to establish a personal assessment panel to consider the conditions of registration of a registered Psychologist whose ability to practise may be affected by his or her mental or physical health.

## **Notification to the Board**

9 The Board relies upon being notified of an impaired Psychologist by complaints, by the police/courts, by the Psychology section of the ACT Health Protection Service and by notification by family, the practitioner or treating Psychologist or by hospitals/facilities where the practitioner is being treated.

10 Members of the profession have a professional responsibility to notify the Board of any ill colleagues who come to their attention or whom they might be treating where the illness impairs the ability to practise Psychology.

11 Once the Board becomes aware of the impaired Psychologist, an initial review is undertaken to ascertain the suitability or otherwise of the Psychologist for inclusion on the rehabilitation program.

12 The initial review is undertaken by a general practitioner appointed by the Board, who subsequently coordinates of the Psychologist's rehabilitation.

13 It is at this stage that it is ascertained whether the Psychologist is a danger to the public or not. If there is a potential danger to the public, the Psychologist will become subject to formal personal assessment panel consideration. If there does not appear to be any danger to the public, consideration will be given to including the Psychologist on the rehabilitation program.

## **Psychiatric Assessment**

16 Where necessary the treating general practitioner will arrange for a psychiatric assessment. This is normally conducted by a psychiatrist of the choosing of the Board but will not limit the practitioner from attending a psychiatrist of his or her choice for any necessary psychiatric treatment whilst on the program. Following that assessment the treating general practitioner provides recommendations to the personal assessment panel of the Board, which will resolve which conditions (if any) are to be placed on the ongoing registration of the Psychologist.

## **Discussion with the Psychologist**

17 Once the personal assessment panel recommends conditions to be placed on the ongoing practice of the Psychologist, the treating practitioner, on behalf of the Board discusses them with the Psychologist. A Psychologist who does not discuss the matter with the treating general practitioner, will then become subject to a formal personal assessment panel hearing and will not be permitted to enter the program.

18 If at any time during this early stage of the process the treating general practitioner believes the Psychologist might be a danger to himself or herself, then

discussions with the Psychologist cease and the Board is advised of the circumstances. Formal Board action would then commence.

19 As a result of the initial interview with the Psychologist, an initial report is prepared for the personal assessments panel of the Board stating the background of the matter, the attitude of the Psychologist and a recommendation regarding the suitability or otherwise of the Psychologist for placement on the program.

### **Form of Undertaking**

20 The Psychologist needs to agree in writing to the voluntary placement of conditions on his or her registration (see Attachments 1 to 4 for precedent conditions.). Should the Psychologist not do so, formal proceedings will commence.

### **Management of the Program**

21 The program is closely managed to ensure its objectives are achieved, but this is undertaken at arms length from the full Board.

22 The personal assessment panel acts as the conduit for information to and from the Board on the program.

23 To assist in the process of management of the program by the treating general practitioner the following documents, are attached to this policy paper:

- Brief Summary of the Procedure (Attachment 6)
- Conduct of an Impairment Interview (Attachment 7), and
- Evaluation of Review Interview (Attachment 8)

### **Reports to the Board**

24 The treating general practitioner is to receive regular reports from every treating physician and/or psychiatrist. The treating general practitioner will advise the Board every two months of the progress of rehabilitation. These reports (see Attachment 8) summarise the progress of the patient and reports from treating specialists.

25 Board appointed psychiatrists will be requested to provide reports direct to the Board (through the personal assessment panel) at intervals determined by the Board, normally at the commencement of the rehabilitation program, then at three or six monthly intervals.

26 All reports provided to the Board on practitioners on the program will remain confidential to the personal assessment panel. The panel will provide only a precis of any report to the Board, not including any reference that can identify the Psychologist.

27 In any statistical information collected, the identity of individual Psychologists on the program is not used. Information that can identify Psychologists will not be

made available to the public or other members of the profession unless the Board decides that this should occur in the interests of protecting the public.

### **Urinalysis Protocols**

28 Some impaired practitioners will need to undertake random urinalysis. The Board's protocol (see Attachment 5) addresses how the urinalysis samples are to be taken and assessed.

29 The conduct of the urinalysis program is the responsibility of the treating general practitioner. Reports are to be passed to the Board through the personal assessment panel on a monthly basis indicating the success or otherwise of the urinalysis schedule.

### **Reviews**

31 Conditions placed upon the practice of the Psychologist will be regularly reviewed as the Psychologist progresses through the program.

32 At least three reports from the treating general practitioner (who is to consolidate reports any reports received from the treating physician/psychiatrist) as well as two quarterly reports from the Board nominated psychiatrist need to be provided before the Board will consider any amendments to the conditions of registration. In general, the personal assessment panel will recommend variation of conditions in terms of less restriction but will not make them tighter without agreement of the Psychologist or the holding of a hearing.

### **Costs of the Program**

33 The costs associated with the program are those direct costs associated with medical examinations and the indirect costs associated with the administration of the program. The Board will pay for the initial medical examinations as well as for the periodic psychiatric examinations by the Board nominated psychiatrists. The Board will also meet the agreed costs of the reports prepared by the treating general practitioner. All other treatment costs remain the responsibility of the impaired Psychologist.

### **Disclaimer**

34 In the case of any conflict or discrepancy between this document and the Act, the Act prevails.



**Attachment 1  
to Standard Statement 8**

**PRECEDENT CONDITIONS**

**Practitioners with infectious diseases and related health problems**

1. To adhere to the Psychology Board's standards statement regarding infected Psychologists.
2. To attend for treatment with Drs \_\_\_\_\_, at a frequency to be determined by the treating practitioners. To authorise Dr \_\_\_\_\_ to inform the Board of termination of treatment if there is a significant change in health status.
3. To attend for review by Dr \_\_\_\_\_, the Board nominated psychiatrist/physician, initially on a six monthly basis, at the expense of the Board.
4. To attend for review by Dr \_\_\_\_\_, the Board nominated immunologist, initially on six month basis at the expense of the Board.
5. The extent of duties to be guided by my health status and the advice of my medical attendants.
6. These conditions may be eased at the discretion of the Board at such time it considers variance is appropriate.

**Optional Conditions**

- To refrain from the practice of Psychology until reviewed by the Psychology Board in three months (delete conditions 6 & 7 and reduce time period in 3 & 4).
- To continue taking medication as prescribed by the treating Psychologists.
- To advise his/her employer (and supervisor) of the conditions imposed on his/her registration.
- To seek Board approval prior to commencing practice/changes in the nature or place of practice.
- To work only in a supervised position approved by the Board.
- To undergo a neurological assessment by a Board-appointed neurologist as soon as possible with regular reviews at intervals to be determined by the neurologists.
- To undergo regular neurological assessments at times to be determined by the treating or Board nominated specialist.
- To advise the Board of any exacerbation of my infectious condition.

**Attachment 2  
to Standard Statement 8**

**PRECEDENT CONDITIONS**

**Practitioners with Psychiatric Problems**

1. To attend for treatment by a psychiatrist of choice, at a frequency to be determined by the treating doctor. To authorise the treating psychiatrist to inform the Board of termination of treatment or if there is a significant change in health status.
2. To attend for review by Dr \_\_\_\_\_, the Board nominated psychiatrist/physician, initially on a six monthly basis, at the expense of the Board.
3. Attend a review interview at the Board in twelve months unless reports from the Board nominated psychiatrist recommends an earlier review.
4. These conditions may be eased at the discretion of the Board at such time it considers variance is appropriate.

**Optional Conditions**

- To refrain from the practice of Psychology until reviewed by the Psychology Board in three months (delete conditions 3 & 4 and reduce time period in 2).
- To continue taking medication as prescribed by the treating psychiatrist.
- To advise his/her employer (and supervisor) of the conditions imposed on his/her registration.
- To seek Board approval prior to commencing practice/changes in the nature or place of practice.
- To work only in a supervised position approved by the Board.

**Attachment 3  
to Standard Statement 8**

**PRECEDENT CONDITIONS**

**Practitioners with an Alcohol Problem**

1. To totally abstain from alcohol.
2. That blood be taken for measurement of carbohydrate deficient transferring levels at monthly intervals and for liver function tests every three months. The results of all tests to be forwarded to the treating and Board nominated Psychologists.
3. To contact the AA group and attend their meetings.
4. To attend for treatment by a psychiatrist/physician of choice, experienced in treatment of alcohol abuse, at a frequency to be determined by the treating doctor. To authorise the treating psychiatrist/physician to inform the Board of termination of treatment or if there is a significant change in health status.
5. To attend for review by Dr \_\_\_\_\_, the Board nominated psychiatrist/physician, initially on a six monthly basis, at the expense of the Board.
6. Attend a review interview at the Board in twelve months unless reports from the Board nominated psychiatrist recommends an earlier review.
7. These conditions may be eased at the discretion of the Board at such time it considers variance is appropriate.

**Optional Conditions**

- To refrain from the practice of Psychology until reviewed by the Psychology Board in three months (delete conditions 6 & 7 and reduce time period in 5).
- To continue taking medication as prescribed by the treating psychiatrist.
- To advise his/her employer (and supervisor) of the conditions imposed on his/her registration.
- To seek Board approval prior to commencing practice/changes in the nature or place of practice.
- To work only in a supervised position approved by the Board.

**Attachment 4  
to Standard Statement 8**

**PRECEDENT CONDITIONS**

**Practitioners with a Drug Problem**

1. S8 drug authority to remain withdrawn.
2. Not self administer any Schedule 4 drugs or narcotic derivatives (this includes non-prescription compound analgesics and cold Psychology) unless ordered by his/her treating Psychologist. Notify the Board nominated psychiatrist/physician of any instances of illness requiring the administration of medications described above.
3. Not prescribe for self-medication.
4. To attend for random urinalysis in accordance with the Board's protocol.
5. To attend for treatment by a psychiatrist of choice, experienced in treatment of drug abuse, at a frequency to be determined by the treating doctor. To authorise the treating psychiatrist to inform the Board of termination of treatment or if there is a significant change in health status
6. To attend for review by Dr \_\_\_\_\_, the Board nominated psychiatrist/physician, initially on a six monthly basis, at the expense of the Board. At six months, if appropriate, the Board nominated psychiatrist may recommend a change to random urinalysis for consideration by the Board.
7. Attend a review interview at the Board in twelve months unless reports from the Board nominated psychiatrist recommends an earlier review.
8. These conditions may be eased at the discretion of the Board at such time it considers variance is appropriate.

**Optional Conditions**

- To refrain from the practice of Psychology until reviewed by the Psychology Board in three months (delete conditions 7 & 8 and reduce time period in 6).
- To advise his/her employer (and supervisor) of the conditions imposed on his/her registration.
- To continue taking medication as prescribed by the treating psychiatrist.
- To seek Board approval prior to commencing practice/changes in the nature or place of practice.
- To work only in a supervised position approved by the Board.

## **ACT PSYCHOLOGY BOARD PROTOCOL FOR URINALYSIS**

### **General**

The Following is the protocol for the collection of urine samples from Psychologists participating in the Psychology Board's rehabilitation program as a result of self-administration of drugs.

### **Requirements**

- 1 At commencement of urinalysis, the subject Psychologist is to advise the Board of the name and location of the laboratory conducting the analysis and the type of supervision of the collection of specimens.
- 2 Urine specimens are to be collected under direct supervision or equivalent method of accurately verifying the origin of the specimen.
- 3 Drug screens are taken to include tests for Benzodiazepines, Barbiturates, Narcotics and Amphetamines. The request from completed by the referring practitioner must identify the matter as 'medico-legal' to ensure a repeat analysis is conducted when a positive result is detected.
- 4 Urinalysis results must be forwarded to the treating medical general practitioner or, if so ordered, the Psychology Board.
- 5 The Board nominated treating general practitioner is responsible for notifying the Board of any drugs detected in urine screens or any failure to attend for urinalysis.
- 6 Practitioners undertaking urinalysis are prohibited from self administering any Schedule 4 drugs or narcotic derivatives (this includes non-prescription compound analgesics and cold Psychology) unless ordered by the treating practitioner. The impaired practitioner is to notify the Board nominated psychiatrist of any instance of illness requiring the administration of medications described above.

### **Random Urinalysis**

Random urinalysis means a minimum of fifteen screens in each consecutive period of six months. The time of random collection will be determined by either the treating practitioner, or in some cases the Psychology Board Secretariat.

The subject practitioner is required to attend for urinalysis on the day that he or she is notified by either the treating practitioner or the Psychology Board Secretariat, within eight hours of being so ordered.

The decision to cease random urinalysis can only be made by the Psychology Board.

### **Changes in Routine**

The impaired practitioner is required to notify the treating and the Board nominated psychiatrist (or the Psychology Board where the practitioner is subject to random urinalysis) in advance of any proposed holidays. This information should indicate the date and duration of the proposed leave.

### **Breaches in Providing Urinalysis**

Both a positive urine or a fail to attend and provide urine as required without a reasonable excuse are regarded by the Board as breaches.

A practitioner in breach of the urinalysis protocol will be required to attend his/her Board nominated psychiatrist for an assessment. The impaired practitioner will be responsible to pay for the cost of this assessment.

The Board nominated psychiatrist's assessment will be considered by the personal assessment panel of the Board. If the panel is of the opinion that sanctions should be imposed, then it is to refer the matter to the board for decision.

## **Attachment 5 to Standard Statement 8**

### **BRIEF SUMMARY OF THE PROCEDURE**

#### **The Program**

1 The Impaired Practitioner Rehabilitation Program is a non-disciplinary process. The program is designed to assist registered Psychologists to deal with impairment while remaining in practice.

#### **Initial Consultation**

2 The Board requires that any consultation or interview with the impaired practitioner be conducted in an informal manner.

3 You will be required to meet with a general practitioner representing the Board. The board strongly suggests that you be accompanied by an adviser from your medical defence union experienced in such matters. Attendance by supporting family members is also encouraged.

4 You will receive copies of all documentation considered by the Board in this matter.

#### **Treating General Practitioner**

5 Whilst the treating general practitioner is undertaking a coordinating role on behalf of the Board in the management of the Program, he or she is more concerned with developing a regime in a consensual fashion that will assist in the treatment of your disability while allowing you to continue in practice. This is achieved by a process of discussion concerning the circumstances surrounding the practitioner and the negotiation of an appropriate outcome.

6 Such possible outcomes could be the institution of counselling measures or the agreed placement of conditions upon registration (or if necessary voluntary suspension for a period). The treating practitioner may also recommend other action by the Board as appropriate. In circumstances where no agreement is reached between yourself and the treating practitioner on an appropriate outcome, the matter will be referred to the Board for further consideration.

#### **Report to the Board**

7 At the conclusion of the consultation, the treating practitioner is to prepare a report for the personal assessment panel of the Board, which will consider the report. Any agreed conditions will be in force from that time. There are strict protocols in place concerning the confidentiality of proceedings and reports are only forwarded to those persons directly involved in your treatment and monitoring.

## **Attachment 6 to Standard Statement 8**

### **NOTES FOR TREATING GENERAL PRACTITIONER**

#### **Introduction**

1. Introduce yourself and any other participants present.
2. Advise that the process is non-disciplinary and is designed to assist impaired practitioners to deal with impairment and remain in practice.
3. Possible outcomes of this consultation are counselling or agreement reached on the placement of conditions on registration or voluntary suspension for a specific period. The treating practitioner may also recommend other action to the board as appropriate.
4. We would envisage that counselling or agreed conditions as being the usual outcome.
5. The treating practitioner is required to report to the Board on the results of the consultation and agreed action.
6. There are strict protocols regarding the confidentiality of this consultation.
7. I have copies of a number of reports. I understand that you have received copies of these reports.
8. Commence the consultation.

#### **General Discussion**

#### **Outcome**

1. I am supposed to reach an agreement with you as to an approach to rehabilitation involving agreed conditions upon registration.
2. Do you have any thoughts about appropriate conditions?
3. Our experience has been that the following conditions have assisted practitioners with similar problems in the past. Would you like a few minutes to consider these?

#### **Agreement on Recommendation**

1. I am asking you to sign a copy of these agreed voluntary conditions.
2. I will now report to the Board that the recommended conditions agreed upon today be placed on your registration.



**Attachment 7  
to Standard Statement 8**

**ACT PSYCHOLOGY BOARD**

**EVALUATION REPORT**

Registrant: \_\_\_\_\_

Date: \_\_\_\_\_

Treating Practitioner: \_\_\_\_\_

## PRACTITIONER'S EVALUATION

### Attitude of Registrant

1	How did the registrant appear to you?	Inappropriate	Appropriate	
		<input type="checkbox"/>	<input type="checkbox"/>	
2	Does the registrant recognise the seriousness of his/her problem?	No	Ambivalent	Yes
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Does the registrant accept the role of the Psychology Board in this matter?	No	Ambivalent	Yes
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Since the last Board review has there been a breach of conditions?	No	Yes	
		<input type="checkbox"/>	<input type="checkbox"/>	
5	If yes, has the registrant acknowledged the breach?	No	Yes	N/A
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Do you think the registrant has the <u>support</u> of :	No	Some	Yes
	Colleagues:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Friends:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Family:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Outcome**

7 Do you think the registrant has progressed since the last review? Worse Better Stable

8 Identify the source of information that has been significant in determining the outcome of this review.

**Please rate according to scale**

**Helpful**

**Unhelpful**

Psych report

1 \_\_\_\_ 2 \_\_\_\_ 3 \_\_\_\_ 4 \_\_\_\_ 5

Presentation at this review

1 \_\_\_\_ 2 \_\_\_\_ 3 \_\_\_\_ 4 \_\_\_\_ 5

Improvements since last review based on the last report

1 \_\_\_\_ 2 \_\_\_\_ 3 \_\_\_\_ 4 \_\_\_\_ 5

Board briefing paper

1 \_\_\_\_ 2 \_\_\_\_ 3 \_\_\_\_ 4 \_\_\_\_ 5

Direct correspondence from the registrant

1 \_\_\_\_ 2 \_\_\_\_ 3 \_\_\_\_ 4 \_\_\_\_ 5

Other (please specify) \_\_\_\_\_

1 \_\_\_\_ 2 \_\_\_\_ 3 \_\_\_\_ 4 \_\_\_\_ 5

9 Have you recommended that conditions be altered as a result of this review?

No Some Yes

10 The next Board review will be held in \_\_\_\_ months.

11 Please provide any additional comments you believe might be relevant.

# ACT PSYCHOLOGY BOARD

## STANDARDS STATEMENT

### 9. Professional Indemnity Insurance

A Psychologist must maintain a policy of professional indemnity insurance and provide evidence of the policy when required by the board.

However, this does not apply to a Psychologist if the Psychologist—

- (a) is covered by professional indemnity insurance other than insurance maintained by the Psychologist; and
- (b) only practises Psychology that is covered by that professional indemnity insurance.

# ACT PSYCHOLOGY BOARD

## STANDARDS STATEMENT

### 10. Continuing Professional Development

The Board endorses the Continuing Professional Development information for Health Profession Boards published by ACT Health in May 2005 – Publication No 05/0471 (2000).

The Board will accept a program that meets the requirements of a professional association that is relevant to the health professional's practice as meeting the Board's requirements.

For Psychologists who do not undertake a program that meets a professional association's requirements the following guidelines are offered:

The Board recommends all Psychologists registered in the ACT undertake a minimum of 25 hours of continuing professional development (CPD) each year, of which at least 10 hours should be 'face-to-face' or contact CPD such as lectures, workshops, seminars etc.

#### **Lifelong Learning Commitment**

Given the rapidly changing nature of Psychology it is essential that all registered Psychologists remain competent to practice. It is difficult for this competence to be maintained unless there is a continued commitment to continuing Psychology education, and this commitment should continue throughout their professional life.