

Health Professionals (ACT Psychologists Board Standards Statements) Approval 2008 (No 1)

Notifiable instrument NI2008–604

made under the

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

1. Name of instrument

This instrument is the *Health Professionals (ACT Psychologists Board) Standards Statements) Approval 2008 (No 1)*.

2. Revocation

The instrument revokes NI2007-196 effective from the day after notification.

3. Commencement

This instrument commences on the day after notification.

4. Standards Statements

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

Vanessa Hamilton
President
24 December 2008

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 Psychologist 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 PSYCHOLOGISTS 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 PSYCHOLOGISTS 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 PSYCHOLOGISTS 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, interns, 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, interns 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. Psychologists 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 psychologists frequently have responsibility to those persons who are more vulnerable, compromised or distressed. Psychologists shall not exploit clients 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 relationships that may exploit clients or other parties or impact on the psychologists 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 psychologist, 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, interns, students, employees or research participants, sexually or otherwise.
31. When terminating a 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 a 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 Standard Statement 5, on the maintenance of patient records. *The Privacy Act 1988* covers 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 Psychologists 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 PSYCHOLOGISTS BOARD

STANDARDS STATEMENT 5

Maintenance of Client 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 Board's policy on the maintenance of psychological records by psychologists.

Types of Records

- 4 For the purposes of this paper, health records consists of clinical notes and other supporting documents, including photographs or other pictorial representation, test results and reports relating to a client.
- 5 For the purpose of this paper, a record means a record in documentary or electronic form that consists of, or includes, personal health information in relation to a client. Client records, whether paper-based or electronic, should meet the Board's 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, have the force of Territory law in accordance with the Health Records Act. Psychologists are advised to consult the *Health Records (Privacy and Access) Act 1997* and the *Privacy Act 1988* (Cwlth), 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 to that information and to whom it might normally be disclosed;
 - information collected must be relevant to the psychological condition being treated, and must not intrude to an unreasonable extent upon the personal affairs of the client.

- information collected must be reasonably secured against each of the following: loss, unauthorised access, use, modification, disclosure or other misuse;
- record keepers must take reasonable steps subject to any law of the Territory or Commonwealth to advise clients that they have possession of client records, the nature and purpose of the records, the steps a person might take to obtain access to the records, the nature and purpose of the records, the steps a person might take to obtain access to the records, or how long records may be kept.
- members of the treating team may only have access to client records as far as is reasonably necessary for them to provide a psychological service to the client;
- information in a client record must be kept and must not be destroyed even it is later found or claimed to be inaccurate unless as part of an archival program of destruction;
- information in a client record must not be deleted even it is later found or claimed to be inaccurate unless as part of an archival program of destruction. However, additions or appropriate corrections as are reasonable in the circumstances may be made to ensure the record is accurate, up to date and meets the purpose for which it was collected or to be used;
- 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 closure 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 or a copy of the record and may also provide a written summary to another psychologist;
- the written consent of the client is required before his or her mental health status report is given to another person unless the client is reasonably likely to have been aware that particular information may be disclosed to another entity, or it is being shared between members of a treating team to the extent necessary to manage the client's health or disability.

Note : The privacy principles have been paraphrased in this paper and psychologists are advised to refer to the *Health Records Act* and the *Privacy Act (Cwlth) 1988* for more detailed information on the individual principles.

Maintenance of Records

7 Good psychological practice demands that adequate client records that cover the 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.

8 In relation to the content of client records, the following 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, each clearly identified as being one or the other, 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 consultations require a record to be kept. The entry should be dated, and the author of that new entry clearly identified.
- Any changes to paper records should be initialled, and made in such a way as to ensure that the previous entry remains 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, when changes were made, and what those changes involved.
- The record should contain subjective information obtained on history, inference and professional judgement, as well as objective information based on assessment (usually with a diagnosis or problem), results of testing, 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.

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

The Need for Records

10 A psychologist's duty of care requires the 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.

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

Confidentiality/Privacy

12 Records should remain confidential to those directly involved with the care of the client, or other people or organisations/entities with a legitimate need-to-know. 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.

13 Psychologists should not, without the consent of their client, disclose to any third party information acquired by reason of their professional relationship, unless authorised by law or a court of competent jurisdiction. The obligation of confidentiality is an implied term of the contract of service between the two parties.

14 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.

15 If the client is a young person and is not able to exercise powers on his or her own behalf then the power can be exercised on their behalf by a guardian or parent.

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 any requested release of information, by mail, telephone, electronically or otherwise.

17 No psychologist or others 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 must be protected by reasonable security safeguards, against each of the following: loss, damage, unauthorised access, use, modification or disclosure and other misuse.

Retention of Records

19 A psychologist must retain records for at least seven years after the last treatment of a client or, if the client is a person under 18 years old when the information was collected, until the person is 25 years of age.

Destruction of Psychological Records

20 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

- 21 A psychologist in private practice owns the records created by him or her unless a contractual agreement vests ownership of the records in another person or entity.
22. Records created by psychologists employed by a Government agency or by psychologists who are independent contractors and not employees of an organisation belong to the Government agency or the organisation.
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, locum or contractor remain 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:

- 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, the client's record or a copy of the clients record maintained by the first psychologist must be transferred to the second psychologist. The first psychologist may include a summary of the record.

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. Psychologists employed by the Commonwealth (and State/Territory) Governments, where records are ‘owned’ by the government and not the individual psychologist, are to make very effort to have policy put in place to enable this to occur, and so ensure that ongoing professional duty of care is maintained.

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 the consent of the party that requested it.

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.

Disclaimer

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

ACT PSYCHOLOGISTS 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 three (3) members appointed by the Psychologists Board, at least two (2) of who are psychologists registered in the ACT. In addition, 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 Professions 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 written notice to the psychologist, the Psychologist 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 practise 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 practise 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 psychologist's 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 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 practise requirements – which suitability to practise 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

- 1 The ACT Psychologists Board (the 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 psychology profession in the ACT. The Board's primary duty is to ensure the protection of the public and assist in the rehabilitation and retraining for health professionals who are not meeting the required standards of practice.
- 2 The Act provides for the Board to be notified if a psychologist's ability to practise is or may be affected by any of the following:
 - (a) inappropriate use of alcohol;
 - (b) abuse of prescription drugs and use of illegal drugs;
 - (c) a mental or physical state that impairs competence as a psychologist.
- 3 The main functions, which govern the Board's management of notifications concerning impaired psychologists, are the protection of public safety and the rehabilitation of the psychologist. The Board has the power to suspend a psychologist's registration, and authorisation to practise or impose conditions upon registration, if it considers it to be in the public interest.
- 4 Definition**
 - 4.1 For the purpose of this standard and for assessment and rehabilitation, impairment means any or all of the following, which is of such severity that it is deemed by the Board to constitute a risk to the public or the psychologist:
 - (a) an alcohol problem;
 - (b) a drug problem (whether or not a prescription or illegal drug) or other substance if the drug or substance affects the health or competence of the psychologist;
 - (c) a mental health problem;
 - (d) a physical problem;
 - (e) a general decline in competence brought about by age or illness.
- 5 Notification and how it is managed**
 - 5.1 A person may notify the Board if he or she believes, in good faith that a psychologist may be suffering from a condition, which may render him or her unsafe, to practice. The Board may on its own motion investigate a psychologist if it is of the opinion, in good faith, that the psychologist is or may be suffering from a condition which may render him or her unsafe to practice.
 - 5.2 An educational institution or person employed in that institution may notify the Board if they consider, in good faith, that a person undertaking an accredited course at an institution accredited to conduct courses under the Act may have a condition which renders them unsafe to practice.

- 5.3 The notification must be in writing, contain particulars of the alleged impairment and be accompanied by a statutory declaration. The person lodging the Notice must consent to a copy or particulars of the matter being given to the psychologist to whom the Notice relates. Upon receiving the Notice the Board will, without undue delay, determine to accept or not accept the Notice.
- 5.4 The Board will not take action on matters it considers are frivolous, vexatious or insubstantial.
- 5.5 If the Board accepts the notice, it must undertake a preliminary review to ascertain the suitability or otherwise of the psychologist in a rehabilitation program.
- 5.6 The Board may in consultation with the psychologist require that the psychologist undergo a medical examination by a Board approved clinician. The examination may be of a psychiatric, psychological or physical nature. The Board approved clinician will provide a report to the Board and the psychologist of his or her findings.
- 5.7 The psychologist will be afforded an opportunity to make a verbal or written submission to the Board at this stage. It should be noted that the Board's philosophy is to investigate matters as efficiently and informally as possible, and therefore the psychologist is not entitled to legal representation at this stage. However the psychologist is entitled to be supported and the Board will suggest that the psychologist be assisted by a spouse, friend or colleague.
- 5.8 If the psychologist appears before the Board to provide an oral submission, this meeting will be considered closed to the public, and the Board may delegate the responsibility of the hearing the matter to a personal assessment panel established under section 91 of the Act, rather than hold a meeting of the full Board. The Board may appoint a lawyer to assist the personal assessment panel and the psychologist may be represented by a legal representative. The psychologist must meet the costs of his or her legal representation.
- 5.9 The personal assessment panel must present a report with a recommendation to the Board. The personal assessment panel's report may indicate any objection by the psychologist of any of its recommendations.
- 5.10 After considering the report of the personal assessment panel and any further submission from the psychologist, the Board may determine that:
- (a) an impairment does not exist and take no further action into the matter; or
 - (b) an impairment does not exist and require that the psychologist participate in a rehabilitation program, which may include accepting an undertaking from the psychologist to undertake or refrain from taking specified actions, or imposing relevant conditions on the psychologist's right of practise or authorisation to practise, or counsel the psychologist.

6 Rehabilitation program

6.1 A rehabilitation program may be offered, which will usually involve some or all of the following items, but may not be limited to those listed:

- Written undertaking not to practise, except as agreed;
- Undertake a period of supervised practise;
- Regular treatment by a Board approved psychiatrist and/or psychologist and/or physician;
- Independent assessments by psychiatrist nominated by the Board;
- Random urinalysis in the case of a drug or alcohol problem with frequency to be determined by the Board (specimen must be produced in the presence of a third party);
- Cessation of the drug or alcohol use/abuse;
- Surrender of registration, enrolment or authorisation to practise certificate to the Board;
- Notification of employer of rehabilitation program;
- Written and oral reports from the psychologist's rehabilitation team (frequency and content to be determined by the Board);
- Undertake educational programs as determined by the Board;
- Immediate notification to the Board by the psychologist if any aspects of the rehabilitation program changes.

6.2 The Board's forms used for the above are at Attachment 1-4.

6.3 If a rehabilitation program is recommended by the Board, then after a period of time (determined by the Board on case by case basis, but usually no less than 2 years for a person with a drug or alcohol problem) of continuous negative urinalyses and satisfactory reports from the psychologist's psychiatrist, psychologist and/or physician, the program may be reviewed with the undertakings eased off gradually, for example; less frequent urinalyses; revised supervised practice arrangements; less frequent follow up reports.

6.4 At any time the psychologist may request that the Board review the rehabilitation program. Any submission to review the program should be accompanied by supporting material from the treating psychiatrist, psychologists or physician. If the program was recommended by the personal assessment panel, the Board may refer the review request to the personal assessment panel.

6.5 After a period of consistent compliance the Board may consider it appropriate for the psychologist to exit a rehabilitation program if the program appears to offer no further benefits for the psychologist.

7. Urinalysis protocol

7.1 an impaired psychologist may be subject to random urinalysis. The Board's protocol for urinalysis is at Attachment 5

8. Cost of the program

8.1 The Board undertakes to pay for the initial medical examination and if the Board requests periodic assessment, the Board will pay for these provided the service is

provided by the professional nominated by the Board. The Board will also pay the reasonable cost of all reports prepared by the treating general practitioner or physician. All other costs including costs for review are the responsibility of the psychologist.

9. Summary of important points

1. The protection of the community must always have first priority
2. Impairment programs focus on negotiated conditions, treatment rehabilitation and support.
3. Regular urine testing is a keystone to success in supporting drug independence.
4. Dealing with impairment issues will always be difficult but there are opportunities for the psychologist Board to do more in relation to early detection and better treatments options.

10. Conflict

If a conflict exists between any provisions in this document and the Act, the Act prevails to the extent of the conflict.

**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 PSYCHOLOGISTS BOARD

STANDARDS STATEMENT 9

Professional Indemnity Insurance

A psychologist must maintain a policy of professional indemnity insurance and provide evidence of this policy when required by the Board.

However this does not apply to the 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 PSYCHOLOGISTS 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).

1. General

The Board has introduced a code of Continuing Professional Development (CPD). For the purposes of this policy, CPD will be defined as study, training, courses, seminars, reading and various other activities that could reasonably be expected to advance professional development as a psychologist. It is the means by which members of the profession can maintain, improve and broaden their knowledge and skills and develop the personal qualities required in their professional lives.

It is in the public's interest that the profession's members maintain and develop their professional knowledge and skills throughout the life of their practise.

It is not the intention of the Board to be completely prescriptive as to which activities registrants may attend. It is hoped that registrants will exercise their professional judgement as to which activities are appropriate, however, any activities that are attended as part of this program are expected to be relevant to the psychologist with the aim of providing competent and safe care.

2. Scope

This code applies to all psychologists who are registered to practise in the ACT. Exceptions and conditions to this code may be granted to registrants who are in training or who have temporarily ceased practice. In the case of the latter group, evidence of recency of practice and of CPD will be required for re-instatement to the register. New registrants, who have not been subject to CPD requirement previously will be required to undertake activities on a pro-rata basis to the nearest half-year. CPD activities undertaken by registrants in different jurisdictions will be recognized if acceptable to that jurisdiction.

3. Requirements

All registrants covered by the Health Professionals Act and its regulations will be required to participate in a CPD program. Each registrant will be required to maintain a log of activities in which they have participated. Each year, the registrant will be required to sign a statutory declaration to the effect that they are satisfying the requirements of the program. The Board may request a statement of CPD activities for the year at any time. The Board may request the full CPD records of the registrant (including documentary proof for verifiable activities). Failure to provide adequate or requested proof of CPD may incur suspension or an inquiry by the Board. In the case of a formal inquiry by the Board into a registrant's practice, the CPD history will be examined and taken into account.

The CPD program expects that 25 hours of CPD be undertaken each year. The Board has determined that psychologists must satisfy the requirements of one of the main professional associations e.g. The Australian Psychological Society (APS).

Membership of one of these associations IS NOT required to fulfill that requirement.

4. Acceptable CPD Activities

Activities that would count towards CPD would include:

- Courses and lectures;
- Vocational training on general professional training study days;
- Educational parts of professional and specialist society meetings;
- Peer-review and clinical audits;
- Attendance at study group meetings (requires verification);
- Staff training;
- Educational workshops at conferences;

Not more than five hours

- Reading journals;
- Preparation and delivering of a lecture to psychologists; and
- Private study including reading psychology texts, multimedia learning (for example, web-based learning, CD-ROM) and documentaries.

Courses and lectures will be acceptable when given by:

- Accredited tertiary institutions;
- Professional associations;
- Societies officially affiliated with professional associations;
- Recognised study groups;
- APS
- Other bodies acceptable to the Board.

5. Logbooks – not required if member of an association/or being recorded by one – but recommended anyway

Each registrant will be required to maintain a logbook of CPD activities, which must be maintained for each year, and produced on request. The Board will audit a percentage each year and a signed declaration may be required. A record should be kept of:

- Date of activity;
- Title or subject matter;
- Venue (if applicable);
- Body organising the activity (if applicable);
- Whether or not the activity is verifiable; and
- The number of hours spent at the activity.

6. Interruption to Practice

Where a registrant takes time off from practice, they will still be expected to maintain CPD activities. To re-register, it will be necessary for the registrant to satisfy the Board that they have maintained their professional knowledge and competence through CPD attendance.

The Australian Capital Territory Psychologists Board

Standard Statement 11

Guidelines for Conditionally Registered Psychologists

August 2008

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Policy papers issued by the Psychologists Board reflect the minimum acceptable requirements of the ACT Psychologists Board. The information contained in the policy papers is to be used as a guideline for psychologists to follow and reflects the Boards interpretation of the *Health Professionals Act 2004*. Non-adherence or breach of the guidelines may be grounds for a finding of improper or unethical professional conduct for the purposes of the Act.

General

1 The ACT Psychologists Board (the Board) is established under Part 5, Section 24 of the *Health Professionals Act 2004* (the Act). The Board is empowered under the Act to register psychologists and regulate the practice of psychology in the ACT. The primary responsibility of the Board is to protect the public.

Aim

2 This policy paper details the Psychologists Board's Guidelines for Supervised Practice pursuant to section 26 (2) (a) of the *Health Professionals Act 2004*.

Registration Requirements

3 Under schedule 7 of the Act, an applicant seeking registration as a Psychologist must have completed an approved qualification of psychology of four (4) years duration. In addition applicants must have gained two (2) years experience in the practice of psychology; this latter requirement is referred to as 'supervised practice'. There are two pathways to completion of 'supervised practice'; a two-year ***industry-based internship*** or a two-year approved ***postgraduate program***. In both cases, the registrant must apply to the Board for conditional registration.

4 An application for conditional registration and a supervision plan must be submitted to the Board within five calendar years from the date of graduation from a Board approved fourth year program in psychology. Applications for a variation to this rule must be submitted to the Board.

5 Any person practising as a Psychologist or Intern Psychologist or holding himself or herself out as such before gaining appropriate registration will be committing an offence under the Act.

Definitions: Supervision and Supervisors

Supervision

6 The Board takes the common view of supervision as being the process that occurs between a supervisor and an intern in regard to clinical material. The definition used by the Board does not include joint clinical practice or joint attendance at meetings and is as follows:

Supervision is ... “*an intensive, interpersonally focused one-to-one relationship in which one person is designated to facilitate the development of therapeutic competence in the other person*” (Loganbill, Hardy & Delworth, 1982)

Individual Supervision

7 The Board holds that individual supervision is the process that occurs between the supervisor and one intern, involving the discussion of material from the psychological practice of the intern. The focus is on the development of knowledge, skills and competence in the intern.

Group Supervision

8 Group supervision is the process that occurs between a supervisor and a small (maximum 5) group of interns in regard to relevant psychological practice. Discussions should focus on issues pertaining to the practice and development of knowledge, skills and competence within the interns. This definition does not include didactic training, which is better accounted for as professional development.

Principal Supervisors

9 It is a requirement of the Board that a principal supervisor has been an unconditionally registered psychologist of at least four years (in any state or territory of Australia). Under exceptional circumstances the Board may consider a principal supervisor who has been unconditionally registered for a shorter period of time.

10 A principal supervisor must hold unconditional registration as a psychologist in the ACT for the duration of the supervision relationship. The Board recommends that interns ensure supervisors have indemnity insurance with a policy clause covering the provision of supervision to conditionally registered psychologists within a recognised (by the relevant state/territory registration board) supervision program, keeping in mind that supervisors can be held accountable for the conduct of interns while under their supervision.

11 Aside from the principal supervisor of a higher degree course, no supervisor may have more than five interns under supervision at any one time.

Secondary Supervisors

12 A secondary supervisor or supervisors can provide supplementary supervision, in addition to that provided by the principal supervisor. In the majority of cases the secondary supervisor will also be an unconditionally registered psychologist. However in some circumstances another health professional, such as a psychiatrist or social worker, may be approved. Secondary supervision arrangements must be notified to the Board for its approval and must be entered into with the knowledge and approval of the principal supervisor.

Category A

13 If the secondary supervisor meets the requirements as outlined in paragraph 9 (that is, the person is eligible to be considered a principal supervisor), they can, with the approval of the principal supervisor, provide joint supervision of the intern. One supervisor must still be nominated as the *principal* and take primary responsibility for the development of the intern. In such cases, the principal and secondary supervisors can share supervision hours (that is, there is no restriction on hours of secondary supervision).

Category B

14 If the secondary supervisor is an unconditionally registered psychologist but does not meet the requirements under paragraph 9 (that is, they are not eligible to be a

principal supervisor), that person can, with the approval of the principal supervisor, undertake secondary supervision of the intern. In such circumstances, the secondary supervisor can provide not more than 20% of the intern's total individual supervision hours.

Category C

15 If the secondary supervisor is not an unconditionally registered psychologist, they can undertake not more than 10% of the intern's total individual supervision hours.

Group Supervisors

16 Group supervisors must be listed as either the principal or secondary supervisor of an intern participating in the group.

17 Group supervisors must be unconditionally registered psychologists of at least six years standing (in any state or territory) and be registered for the duration of the supervision relationship. This requirement recognises the complexity of supervising groups as oppose to individuals.

Appointment of a Supervisor

18 Applicants may nominate as the principal supervisor any unconditionally registered psychologist in the ACT who satisfies paragraph 9 and 10. Applicants are advised to contact the Registrar of the Board to ensure that their supervisor meets these requirements.

19 Where payment is required for supervision by a supervisor it should not be more than two thirds of the current consulting fee recommended by professional bodies. Group supervision fees should be prorated so that the maximum total obtained is not more than current consulting fee recommendations. Other arrangements for alternatives to supervision payment must clearly meet all ethical and professional standards of conduct.

20 It makes no difference to the responsibilities of the supervisor or intern whether the applicant provides psychological services in salaried employment or works voluntarily.

Supervision Requirements

21 The requirements differ depending on whether the conditionally registered psychologist is undertaking an industry-based internship or an approved postgraduate program.

Industry-Based Internship

Psychological Practice

22 This pathway requires the intern to undertake two years full-time or four years part-time psychological practice. Full-time practice should involve the provision of psychological services (client or patient contact, test scoring, case report writing) for not less than an average of 20 hours per week.

23 During the two years psychological practice, the intern is required to engage in a combination of supervision, professional development and organisational visits. In addition, the intern is required to maintain a logbook. Over the course of the internship, one major placement (that is, placement of psychological practice) must be undertaken; this placement typically occurs within the intern's primary workplace.

24 Psychological practice must include exposure to and training in the following areas of Competence: Ethical, Legal and Professional Matters (Certificate Number 1), Psychological Testing (Certificate Number 2), Interviewing & History Taking (Certificate Number 3), Counselling, Therapy & Intervention (Certificate Number 4), Record Keeping (Certificate Number 5), Report Writing (Certificate Number 6), Development and Maintenance of Psychological Skills (Certificate Number 7), and Data Collection and Evaluation (Certificate Number 8).

25 Intern psychologists should endeavour to seek some experience with a range of pathological behaviours in a clinical setting over the course of their internship.

Supervision

26 A minimum of 100 hours of face-to-face supervision must be undertaken, in line with the definition provided in paragraph 6.

27 Supervision is to be undertaken whilst working in a capacity that provides the intern with appropriate experience in the designated competency areas referred to in paragraphs 24 and 74.

28 Supervision should occur on a regular basis with the principal supervisor or where approved, the secondary supervisor. Duration should be one hour per week or two hours per fortnight for full-time supervision, or one hour per fortnight for part-time supervision.

29 Of the 100 hours face-to-face supervision, a minimum of 60 hours is to be undertaken as individual supervision, in line with paragraphs 6 & 8. The remaining 40 hours can be undertaken as either individual or group supervision (see paragraphs 8 & 17 for further details on group supervision).

Professional Development

30 Those undertaking the industry-based internship must complete a minimum of 30 hours per year, of approved professional development. These hours can comprise of a combination of attendance at workshops, seminars and courses approved by the principal supervisor, in addition to other approved self-initiated activities. Topics covered should include, but are not limited to, those specified in the competency certificates. Wherever possible the activity should have an examinable component.

31 Professional development courses do not need to be conducted by an unconditionally registered psychologist but must be psychological in nature and approved by the principal supervisor.

32 A detailed record of PD activities is to be kept with the logbook and provided to the Board at the completion of the internship period.

Organisational Visits

33 To ensure the Intern receives systematic exposure to the practice of psychology in a variety of settings, every intern in this pathway must complete at least one major placement and at least three organisational visits.

34 An organisational visit involves a minimum of one half-day experience in an organisation outside that which is the intern's major placement.

35 During an organisational visit, the intern is expected to gain familiarisation with the nature of the organisation, including staff and clients/patients characteristics, mechanism of referral, fees, relationships with other agencies, and the kinds of services provided (including types of assessment and treatment or other intervention). Interns should inspect at least part of the work space in which psychological services are delivered. Presentation of case studies or vignettes, research findings on service delivery, video taped or direct observation of delivery of psychological services etc may form part of such a visit.

36 Attendance at any organisation for a specific purpose such as a case conference or professional meeting without a systematic introduction to the organisation and its work should be not regarded as an organisation visit.

37 For the purposes of this document, *organisation* includes any setting where psychological services are delivered.

Logbooks

38 All conditionally registered psychologists undertaking an industry-based internship must keep an appropriately structured logbook (e.g. separated into sections as outlined in Attachment E) that clearly lays out the intern's record of supervision (individual and group), professional development, organisational visits, competency certificates, progress reports and other documents as necessary. See Attachment E for further details of logbook requirements.

39 The supervision log comprises a detailed account of the content of each supervision meeting. There should be a separate entry for each supervision meeting and each entry needs to include such details as: who is present, location, duration, type of supervision (individual with primary/secondary supervisor, group), content covered, any issues arising or matters for follow up and provide a cumulative total of hours of supervision (see Attachment F). Content should provide sufficient detail to allow the Board to understand the nature of the supervision undertaken. Please ensure all clinical material is de-identified and meets all other privacy and confidentiality requirements.

40 The supervision log should be reviewed and approved (signed) by the principal supervisor regularly, at least once a month.

41 Completed six-monthly supervision progress reports (Attachment D) should be included in the logbook, as well as being forwarded to the Board for their attention.

42 The logbook itself is not submitted to the Board until completion of the entire internship period.

Duration

43 The period of supervised practice must not normally exceed two years for those practising full-time, and must not normally exceed four years for those practising part-time. Extensions of the internship period require the Board's permission. The Board has set the maximum period of conditional registration as five calendar years. Applications for an extension to this period should be made to the Board.

44 Supervision time will accrue from the date the Supervision Plan is approved by the Board.

Postgraduate Program

45 Enrolment in a higher degree in psychology (deemed acceptable by the Board) may be considered satisfactory for the purposes of paragraph 3.

46 Approved postgraduate degree programs are those that cover the content of the Board's competency certificates and incorporate coursework, practical and research components.

47 The Board can require the intern to undergo supplementary training if the higher degree is deemed not to fulfil all the supervision requirements set out in this document.

48 It is not necessary to inform the Board or lodge a supervision plan in respect to a bona fide student placement (such as might arise in an accredited masters program). Placement supervisors are accepted by the Board as having a status delegated by the course principal supervisor to accomplish specific training and supervision tasks. The course principal supervisor, however, must meet the criteria and obligations set out in paragraphs 9 and 10 of this document. If the approved course does not have an appropriate principal supervisor, then all placement supervisors (including secondary supervisors) must individually meet the criteria of paragraphs 9 and 10.

49 Students in an approved higher degree course cannot undertake work as a psychologist external to and independent of their course of study unless they submit a supervision plan (Attachment A), including the identification of an eligible principal supervisor, to the Board, in line with requirements for industry-based internships.

Completion of Conditional Registration (Internship)

Master of Psychology Students

50 Interns completing an accredited coursework Masters of Psychology program, are considered by the Board to have completed their internship when they have completed all degree units, including; coursework, practicums and research components. Whilst all degree units must be completed and marked, graduation is not a requirement for completion of the internship.

51 An academic transcript with evidence of completion of all units is considered sufficient in this case. Should this not be available, a letter from the intern's university confirming their status must be provided with the application.

PhD and Doctoral Students

52 The Board will accept some PhD and doctoral students who are deemed to be at least of equivalent standing to someone with an accredited Master of Psychology degree. Such students are required to have completed all coursework and practicum units of the Masters level program in the same specialty and, as part of their Doctoral research, completed the equivalent of the research component of the corresponding Masters level program.

53 A letter from the intern's university confirming their status must be provided with the application.

Responsibilities of the Supervisor

54 A supervisor is accountable to the Board for ensuring that supervision is provided in accordance with these guidelines. Supervisors who fail to meet their obligations under these guidelines may have their approval as a supervisor rescinded. This will not take place without prior consultation between the supervisor and the Board.

55 The principal supervisor has primary responsibility for the intern psychologist. The principal supervisor may delegate training topics to a secondary supervisor and must be kept informed (by the intern) of any issues arising out of secondary supervision.

56 A supervisor must be prepared to certify the details provided by the intern in the supervision plan and be prepared to certify that the intern has completed supervision in accordance with the supervision plan by the time the intern applies for full registration.

57 If a supervisor feels unable to certify the details in the supervision plan then the supervisor must send a written explanation to the Board and to the intern within two weeks of the intern submitting the logbook for supervisor certification. The Board will decide on any actions arising, depending on the circumstances of each individual case.

58 Where a supervisor is taking extended leave (e.g. sickness, holidays) of more than five weeks they are responsible for ensuring a replacement supervisor is found and must communicate this to the Board for approval.

59 All supervisors must abide by the Code of Professional Conduct of the Psychologists Board of the ACT.

Responsibilities of the Intern

60 It is the responsibility of the intern to inform the Board of any change in supervisors and/or any change/s to the supervision plan. Where a supervisor, for

some reason, is unable to complete the terms of the supervision contract (e.g. acute illness or accident) the intern should alert the Board in writing within 30 days and attempt to find a replacement supervisor. Where this is not immediately possible the Board will temporarily adopt the role of the principal supervisor until new arrangements can be made.

61 If the supervision contract is at any stage terminated, for whatever reason, it is the responsibility of the intern to advise the Board in writing within 30 days that they have ceased supervision with their supervisor.

62 Notice in writing may be made in the form of Attachment C *Notification of the Completion of Supervision*. Where the applicant has secured a new supervisor a revised supervision plan must be submitted to the Board for approval.

63 It is the responsibility of the intern to inform the Board of any secondary supervision arrangements.

64 All secondary supervision arrangements must be entered into with the knowledge and approval of the principal supervisor.

65 All intern psychologists must abide by the Code of Professional Conduct of the Psychologists Board of the ACT.

66 The Board recommends that the intern or organisation in which the intern is employed hold Professional Indemnity Insurance.

67 Where an intern wishes to file a complaint against a supervisor:
(i) if the supervisor has breached any regulations of the *Health Professionals Act* then the complaint is to be sent to the Board's Professional Standards Committee.
(ii) if the dispute is an issue concerning supervision proceedings then the matter is to be communicated to the Board in the first instance for attempts at informal resolution; if attempts at informal resolution fail, the matter will be reconsidered by the Board for further action.

Lodgement of a Supervision Plan

68 Applicants are required to complete a Supervision Plan (Attachment A) and submit it to the Board for approval, together with an application for conditional registration.

69 All sections of the supervision plan must be completed. Applicants may contact the Registrar for advice.

70 The Board will not give credit to the applicant for supervision undertaken prior to lodging a Supervision Plan to the Board for approval. Supervision can only be accrued from the date the plan is approved by the Board.

Completion of Supervision

71 Upon completion of supervision an applicant must apply to the Board for unconditional/full registration (see Attachment C). Both the principal supervisor and intern must complete and sign the Competency Certificates 1 to 8 and forward them to the Board along with the *Notice of Completion* (Attachment C).

Use of Titles While Conditionally Registered

72 Conditionally registered psychologists can use the title *Intern Psychologist*, but cannot use the title *Psychologist* until they have obtained unconditional registration.

73 Failure to comply with the mandatory sections of these guidelines may result in the cancellation of the supervision plan and further disciplinary action as the Board deems appropriate.

Inquiries

74 Should you require clarification or additional information please direct all inquiries to:

The Registrar
ACT Psychologists Board
Scala House
11 Torrens Street
BRADDON ACT 2612
Ph: (02) 6205 1634
Fax: (02) 6205 1602

Competency Certificates

75 The Board requires interns to gain experience, skills and knowledge in core areas of practice as outlined in the following *Competency Certificates*. These certificates are guidelines for the acquisition of the required knowledge, skills and experiences. Both the intern and the supervisor should ensure that all content and practical components covered by the certificates are covered in the supervision plan.

76 *Competency* is defined by the Board as being the state where the supervisor is satisfied that the intern has reached a level of understanding and/or proficiency in a particular professional area to such a degree that the intern is qualified to independently practice or offer opinion in that area.

77 There are eight competency certificates each intern must complete by the end of their two-year period.

Ethical, Legal and Professional Matters (Certificate Number 1).

Understanding the Ethical Basis of Psychological Practice, including:

- (a) the legal requirements of psychologists in this Territory (i.e. Health Professionals Act, 2004), relevant regulations, policy guidelines and the Code of Conduct.
- (b) exposure to ethical dilemmas and the philosophical basis of professional responsibility;
- (c) the propriety of relationships amongst psychologists and between psychologists and other professions, employers, clients or patients;
- (d) experience in working with members of other professions in relation to particular cases or problem situations;
- (e) record keeping, confidentiality and administration;
- (f) the Government Acts and Regulations which apply to the work and the workplace of the Psychologist, including patient record access.

Psychological Testing (Certificate Number 2)

Psychological testing is a unique component of psychological practice. Training is to include the use and limitations of major standard techniques of assessment, including the theoretical basis for the techniques used, their psychometric properties, observation of experienced practitioners and observed practice of the intern in an assessment situation. The intern is also to gain a sound awareness of the appropriate use and limitations of computerised protocols.

The intern must achieve competence in:

- (a) The administration and interpretation of a range of individually administered intelligence tests relevant to the intern's intended field of practice. The Board has nominated that the WAIS-III or its most contemporary revision be included as one of these tests.
- (b) Administration and interpretation of at least two standardised group tests of intelligence and/or ability (eg ACER AL & AQ, Raven's Progressive Matrices or their contemporary revisions).
- (c) Administration and interpretation of at least two major standardised personality tests.
- (d) Administration and interpretation of at least two tests of specific functioning other than intelligence or personality, such as the WMS-III (or its contemporary revision), and other tests of a specific cognitive function, vocational skill or ability, or vocational preference (child or adult).

Interviewing & History Taking (Certificate Number 3).

Training in interviewing and history taking including observation of experienced psychologists interviewing patients and clients. To satisfy this competency requirement, the supervisor must have observed the Intern interviewing clients or patients either directly or by way of audio or video recordings.

Part of the history taking experience should include familiarity with DSM IV and ICD 10 or their current revisions. Familiarity with structured interview instruments where appropriate is also encouraged.

The intern should be familiar with the relevant points to be covered in a variety of situations such as patients & clients who present with psychiatric difficulties, marital complaints, family of origin difficulties, child development issues, vocational and organisational issues and so forth. The range of history taking specifics will be left to the supervisor and intern dependent upon the case material to hand but should include some familiarity with both paediatric and adult cases.

Therapy, Counselling & Intervention (Certificate Number 4)

The intern must be familiar with a range of current therapeutic approaches, intervention strategies and techniques. The supervisor must have observed the intern either directly or by video recordings delivering therapeutic and intervention strategies. In addition, case material will be discussed which is specifically oriented towards therapeutic and intervention problems.

The intern must be familiar with current acceptable therapeutic and intervention techniques for individuals and groups including but not limited to: psychodynamically oriented formulations, cognitive and behavioural techniques, family systems approaches, counselling and organisational interventions.

The intern, in consultation with their supervisor, should select at least one counselling, therapeutic or intervention approach in which they will gain specialised experience and demonstrate skill throughout the period of their supervision.

Record Keeping (Certificate Number 5)

The intern must receive training in note taking, record keeping and other administrative procedures, including the legal and ethical basis of record keeping.

Report Writing (Certificate Number 6)

There is also a requirement for the intern to receive specific training in report writing for a variety of contexts. These include, but are not limited to, GP referrals, specialist referrals, referrals in a forensic context including court and pre-sentence reports, referrals in a medico-legal context, and referrals in a work related or organisational context. The supervisor must be satisfied that the intern is capable of independently writing reports to an acceptable standard.

Development and Maintenance of Psychological Skills (Certificate Number 7)

Over the course of the supervision period, the intern is expected to develop a sound appreciation of the range of resources available that can assist in the development and maintenance of psychological skills. Common resources that are currently available include; test libraries, professional bodies and other post professional training facilities. This will include Internet and World Wide Web facilities.

Data Collection and Evaluation (Certificate Number 8)

Training in the use of literature surveys and either the techniques of action research or the use of program evaluation methods to review effectiveness.

Attainment of a minimal level of competence in each of the above is to be separately certified by the Intern and their Principal Supervisor.

ACT PSYCHOLOGISTS BOARD

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11 Torrens Street
BRADDON ACT 2612
Email: Kathleen.Taylor@act.gov.au

Telephone: (02) 6205 1634
Facsimile: (02) 6205 1602

Certificate Number 1

Ethical, Legal and Professional Matters

Understanding the Ethical Basis of Psychological Practice, including:

- (a) the legal requirements of psychologists in this Territory (i.e. Health Professionals Act, 2004), relevant regulations, policy guidelines and the Code of Conduct.
- (b) exposure to ethical dilemmas and the philosophical basis of professional responsibility;
- (c) the propriety of relationships amongst psychologists and between psychologists and other professions, employers, clients or patients;
- (d) experience in working with members of other professions in relation to particular cases or problem situations;
- (e) record keeping, confidentiality and administration;
- (f) the Government Acts and Regulations which apply to the work and the workplace of the Psychologist, including patient record access.

Date Completed: _____

Signed: _____ Supervisor

_____ Intern

If formally examined, please indicate by what method (multiple choice, written, other), by whom and grading:

Note: Examination is not a requirement of the Board.

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Certificate Number 2

Psychological testing is a unique component of psychological practice. Training is to include the use and limitations of major standard techniques of assessment, including the theoretical basis for the techniques used, their psychometric properties, observation of experienced practitioners and observed practice of the intern in an assessment situation. The intern is also to gain a sound awareness of the appropriate use and limitations of computerised protocols.

The intern must achieve competence in:

- (a) The administration and interpretation of a range of individually administered intelligence tests relevant to the intern's intended field of practice. The Board has nominated that the WAIS-III or its most contemporary revision be included as one of these tests.
- (b) Administration and interpretation of at least two standardised group tests of intelligence and/or ability (eg ACER AL & AQ, Raven's Progressive Matrices or their contemporary revisions).
- (c) Administration and interpretation of at least two major standardised personality tests.
- (d) Administration and interpretation of at least two tests of specific functioning other than intelligence or personality, such as the WMS-III (or its contemporary revision), and other tests of a specific cognitive function, vocational skill or ability, or vocational preference (child or adult).

Date Completed: _____

Signed: _____ Supervisor

Intern

If formally examined, please indicate by what method (multiple choice, written, other), by whom and grading:

Note: Examination is not a requirement of the Board.

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Certificate Number 3

Interviewing & History Taking

Training in interviewing and history taking including observation of experienced psychologists interviewing patients and clients. The Supervisor must have observed the Intern interviewing clients or patients either directly or by way of audio or video recordings.

Part of the history taking experience should include familiarity with DSM IV and ICD 10 or their current revisions. Familiarity with structured interview instruments where appropriate is also encouraged.

The Intern should be familiar with the relevant points to be covered in a variety of situations such as patients & clients who present with psychiatric difficulties, marital complaints, family of origin difficulties, child development issues, vocational and organisational issues and so forth. The range of history taking specifics will be left to the Supervisor and Intern dependent upon the case material to hand but should include some familiarity with both paediatric and adult cases.

Date Completed: _____

Signed: _____ Supervisor

_____ Intern

If formally examined, please indicate by what method (multiple choice, written, other), by whom and grading:

Note: Examination is not a requirement of the Board.

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Certificate Number 4

Counselling, Therapy & Intervention

The Intern must be familiar with a range of current therapeutic and intervention strategies and techniques. The Supervisor will have observed the Intern either directly or by audio or video recordings delivering therapeutic and intervention strategies. In addition, case material will be discussed which is specifically oriented towards therapeutic and intervention problems.

The Intern must be familiar with current acceptable therapeutic and intervention techniques for individuals and groups including but not limited to: psychodynamically oriented formulations, cognitive procedures, hypnosis, behaviour modification in its modern applications, family systems approaches, counselling and organisational interventions.

The Intern, in consultation with their Supervisor, should select at least one counselling, therapeutic or intervention techniques in which they will gain specialised experience and demonstrate skill throughout the period of their supervision.

Date Completed: _____

Signed: _____ Supervisor

_____ Intern

If formally examined, please indicate by what method (multiple choice, written, other), by whom and grading:

Note: Examination is not a requirement of the Board

January 2008

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Certificate Number 5

Record Keeping

Training in note taking, record keeping, administrative procedures, including the legal and ethical basis of record keeping.

Date Completed: _____

Signed: _____ Supervisor

_____ Intern

If formally examined, please indicate by what method (multiple choice, written, other), by whom and grading:

Note: Examination is not a requirement of the Board.

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Certificate Number 6

Report Writing

There will also be specific training in report writing for a variety of contexts: GP referrals, specialist referrals, forensic context including court and pre-sentence reports, medico-legal context, work related or organisational context. The Supervisor must be satisfied that the Intern is capable of independently writing reports to an acceptable standard.

Date Completed: _____

Signed: _____ Supervisor

_____ Intern

If formally examined, please indicate by what method (multiple choice, written, other), by whom and grading:

Note: Examination is not a requirement of the Board.

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Certificate Number 7

Development and Maintenance of Psychological Skills

Introduction to resources for the development and maintenance of psychological skills that are currently available including introduction to test libraries, professional bodies and other post professional training facilities. This will include Internet and World Wide Web facilities.

Date Completed: _____

Signed: _____ Supervisor

_____ Intern

If formally examined, please indicate by what method (multiple choice, written, other), by whom and grading:

Note: Examination is not a requirement of the Board.

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Facsimile: (02) 6205 1602

Certificate Number 8

Data Collection and Evaluation

Training in the use of literature surveys and either the techniques of action research or the use of program evaluation methods to review effectiveness.

Attainment of a minimal level of competence in each of the above is to be separately certified.

Date Completed: _____

Signed: _____ Supervisor

_____ Intern

If formally examined, please indicate by what method (multiple choice, written, other), by whom and grading:

Note: Examination is not a requirement of the Board.

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ATTACHMENT A SUPERVISION PLAN

When completing this form please refer to the Guidelines for Supervised Practice

THE APPLICANT

Full Name: _____

Address: _____

_____ P/C _____

Telephone: (W) _____ (H) _____ Mobile: _____

Email: _____

Employer (1): _____

Address: _____

_____ P/C _____

Telephone: _____

Position held: _____ (attach copy of duty statement)

Full Time, hours per week: _____ Part Time, hours per week: _____

Employer (2): _____

Address: _____

_____ P/C _____

Telephone: _____

Position held: _____ (attach duty statement)

Full Time, hours per week: _____ Part Time, hours per week: _____

Please Note: If more than two employment positions are held, please attach details. The position may be paid or unpaid.

January 2008

Total hours per week employment: _____

Supervisor to sign: _____

Intern to sign: _____

THE PRINCIPAL SUPERVISOR

Full Name: _____

Address: _____
_____ P/C _____

Telephone: (W) _____ (H) _____ Mobile: _____

Employer: _____

Address: _____
_____ P/C _____

Telephone: _____

Position held: _____

Registration No. ACT: _____ Date of Registration in ACT: _____

Do you have a current registration in any other states (please circle): Yes No

Have you ever been registered with any other states (please circle): Yes No

If yes, please indicate which state/s, registration number/s and date/s of registration: _____

Membership of professional psychology association with a continuing education scheme:

Yes (please name): _____

No (please indicate if continuing education is being undertaken informally): Yes No

Professional Indemnity held (please circle): Yes No

Secondary Supervisor (where applicable)

Full Name: _____

Address: _____

_____ P/C _____

Telephone: (W) _____ (H) _____ Mobile: _____

Profession: _____

Secondary Supervisor Category: A / B / C (please circle one)

If category A or B (i.e. registered psychologist), please specify;

Registration No. ACT: _____ Date of Registration in ACT: _____

Do you have a current registration in any other states (please circle): Yes No

Have you ever been registered with any other states (please circle): Yes No

If yes, please indicate which state/s, registration number/s and date/s of registration: _____

Supervisor to sign: _____

Intern to sign: _____

SUPERVISION ARRANGEMENTS WITH PRINCIPAL SUPERVISOR

Commencement Date: ___/___/___

Expected Completion Date: ___/___/___

If this plan does not extend for the duration of the two year Internship a new plan must be submitted to the Board before the new plan is commenced and prior to the completion of this plan. The Intern is reminded that practising as a psychologist without Board approved supervision is an offence under the Act.

Supervision Obligations:

1. Supervision must amount to at least 100 hours over a two year period if working full-time, or 100 hours over a four year period if part-time.
2. Of the 100 hours face to face supervision, no more than 40 can be completed as a participant in group supervision sessions.
3. 30 hours per year of attendance at workshops, seminars and courses approved by the principal supervisor.
4. A Supervision Logbook is to be regularly maintained.
5. Competency Certificates 1 to 8 are to be completed.

Please tick, indicating that the supervision obligations have been read, understood and agreed to:

Planned Supervision hours:

No. of individual supervision hours with Principal Supervisor: _____

No. of group supervision hours with Principal Supervisor: _____

No. of individual supervision hours with Secondary Supervisor: _____

No. of group supervision hours with Secondary Supervisor: _____

Total number of individual supervision hours: _____

Total number of group supervision hours: _____

Total number of combined supervision (ind & grp) hours: _____

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ATTACHMENT C

NOTICE OF COMPLETION OF SUPERVISION

APPLICATION FOR CONSIDERATION FOR UNCONDITIONAL REGISTRATION

I hereby notify the ACT Psychologists Board that I have completed the required period of supervised practice in accordance with my supervision plan and the conditions of my registration as an intern psychologist. I request that the Board consider this application for unconditional registration.

INTERN PSYCHOLOGIST TO COMPLETE
--

Name of Intern Psychologist: _____

Registration No. in the ACT: PSY_____

Address: _____

_____ P/C_____

Telephone: (H)_____ (W)_____ Mobile:_____

Email: _____

Employer: _____

_____ P/C_____

Position Held: _____

Dates of Supervised Practice: ____/____/____ - ____/____/____

Total no. of hours of supervision: _____

Total no. of hours of attendance at workshops: _____

SUPERVISOR TO COMPLETE

I hereby certify that the details given above are correct, and the intern psychologist named above has completed all requirements as specified in the supervision plan, which nominates myself as supervisor.

I further certify that the intern psychologist named above has performed competently in all aspects of psychological practice with appropriate regard to professional conduct as specified in the Board's Guidelines for Professional Conduct.

Name of Supervisor: _____

Registration No: _____

Professional Title: _____

Organisation: _____

Signature: _____

Date: _____ / _____ / _____

Note: This form may be used to notify the Board that supervision has ceased with a nominated supervisor. Notification must be submitted to the Board in accordance with the Guidelines for Supervised Practice, within 30 days of termination of the supervision.

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11 Torrens Street
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ATTACHMENT D

LOG BOOK SUMMARY

Intern: _____ Registration No: _____

PSY _____

6 monthly Log Book Summary Number: 1 2 3 4 (Please circle)

Date: ___/___/___

1. Supervision hours	Period 1	Period 2	Period 3	Period 4
Individual - Principal	_____	_____	_____	_____
- Secondary	_____	_____	_____	_____
Group - Principal	_____	_____	_____	_____
- Secondary	_____	_____	_____	_____
2. PD	_____	_____	_____	_____

Please complete supervision periods to show the cumulative totals.
Please complete in hours and minutes only.

Name of Course	Date	No. of Hours	Conducted by	Sponsoring Body

3. Hours of psychological practice in this period _____

[This can be indicated in two forms eg. 20 weeks x 37.5 hpw OR as a total number of hours eg. 400hours.]

Signature of Principal Supervisor: _____

Name: _____
(Please print)

Signature of Intern: _____

Name: _____

ACT PSYCHOLOGISTS BOARD

January 2008

ATTACHMENT E

LOGBOOK GUIDELINES

Logbooks should be divided into the following sections A-E and are submitted at the completion of supervision, along with the *notice of completion of supervision* and *application for unconditional registration*.

All logbook entries *must* be in chronological order.

A. PROFESSIONAL SUPERVISION

Requirements:

Records of supervision must contain the date, place and duration of each meeting, along with persons present (including whether primary/secondary supervisor) and type of supervision (individual/group). The record of supervision must give a summary of the matters discussed (at least half a page), personal learnings arising from the session, and any research or follow up specified by the supervisor. When recording details of supervision in the logbook the Intern will omit the names of clients and use substitute identifiers to maintain confidentiality. The supervisor and intern *must* sign each session record. See Attachment F for example format.

It is important that the intern accurately records hours spent in supervision. Interns should be careful to record only supervision hours and attendance at workshops and the hours should not be confused with training or joint clinical work.

Summary of Supervision Hours - Example

	6 months	12 months	18 months	24 months	Total
Individual – Primary					
Individual – Secondary					
Individual Supervision (Total)					
Group - Primary					
Group - Secondary					
Group Supervision (Total)					
Total Supervision (Individual & Group)					

Supervision Progress Reports

Should be submitted to the Board on a six monthly basis, signed by the supervisor and intern. A summary of the hours of supervision, professional development and psychological practice should also be forwarded to the Board. Copies should be kept in the logbook.

B. PROFESSIONAL WORKSHOPS

Attendance at workshops

Name of Course	Date	No of hours	Conducted by	Sponsoring Body

C. ORGANISATIONAL VISITS

Attendance at organisational site visits

Name of Organisation	Date	Duration	Role of psychologist

D. CORE COMPETENCIES

Competency Certificates 1 – 8

Should be completed by the supervisor, signed and dated by both the supervisor and intern. These should be included in the logbook and forwarded to Board on completion of the supervision period.

E. OTHER DOCUMENTATION

This section should contain copies of the supervision plan, progress reports, changes in supervisors and other documents relevant to the internship period.

NOTE – logbooks are thoroughly checked by the Board’s Registration Committee. Any logbooks NOT meeting the required standard will not be reviewed and Unconditional Registration will not be granted.

ACT PSYCHOLOGISTS BOARD

Standard Statement 12

Guidelines For Registration

INTRODUCTION

The ACT Psychologists Board (the Board) is pleased to welcome you as a prospective registrant. Outlined in this policy paper are the procedures and requirements for registration as a psychologist in the ACT.

Any person wishing to practice as a psychologist or use the title 'Psychologist' is required to be registered, in accordance with the provisions of the *Health Professionals Act 2004* (the Act). The Act makes provisions for the establishment of the Psychologists Board to register psychologists and regulate the practice of psychology in the ACT.

METHODS OF APPLICATION

There are two ways in which you may apply for registration as a psychologist. The manner in which you apply depends on whether you hold a 'current' registration as a psychologist in another state or territory in Australia or hold a 'current' registration in New Zealand.

If you hold a current registration as a psychologist in another state or territory in Australia then you are eligible to apply for registration under **MUTUAL RECOGNITION**. If you hold a current registration as a psychologist in New Zealand then you are eligible to apply for registration under Trans Tasman Mutual Recognition. If you do not fall under either of these categories you will need to apply for **INITIAL REGISTRATION**.

The procedures and requirements for registration under both these categories follow.

MUTUAL RECOGNITION

General

The *Commonwealth Mutual Recognition Act 1992* entitles a person who is registered in an occupation in any state or territory to be registered and to practice in the equivalent occupation in any other state or territory. The *Trans Tasman Mutual Recognition Act 1997* entitles a person who is registered in an occupation in New Zealand to be registered and to practice in the equivalent occupation in Australia.

Requirements

To be eligible for registration as a psychologist under Mutual Recognition (MR) or Trans Tasman Mutual Recognition (TTMR) you must hold a 'current' registration as a psychologist in another state or territory in Australia or New Zealand.

How to Apply

In order to apply for registration under MR or TTMR you must first obtain an application form from the Psychologists Board. You will then be required to submit the completed form to the Board, together with the required documents listed on that form.

Registration takes effect from the date the Board receives the complete application. Upon receipt of your application you are 'deemed' registered and are able to work immediately.

All applications for registration are required to be passed before a meeting of the Board before registration is 'formally' recognised. After formal recognition you will receive a current practising certificate (CPC) by mail.

Conditions of Registration

If your registration is subject to conditions or restrictions in the first state or territory, then entitlement to registration in the ACT will be subject to the same conditions or restrictions.

INITIAL REGISTRATION

General

You should only make initial application with the Board if you do not hold a current registration as a psychologist in any other Australian jurisdiction or New Zealand.

As an initial applicant the Board may grant you **FULL REGISTRATION** or **CONDITIONAL REGISTRATION**, depending on your needs and whether you meet all the requirements for full registration.

If you do not meet the requirements for full registration, the Board may grant you conditional registration for a specified purpose. For example, to undertake supervised practice, or an approved postgraduate degree.

FULL REGISTRATION

Requirements

To be eligible for full registration as a psychologist you are required to have completed;

- four years of academic study in a psychology related field, being a course or courses of education that is/are approved by the Board; and
- a further two years of supervised practice in accordance with the Board's Guidelines for Conditionally Registered Psychologists. Please refer to the Board's Guidelines for further details about supervision.

Note that an application for registration must be submitted to the Board and a supervision plan approved by the Board prior to the commencement of supervision. The Board will not retrospectively accredit supervision undertaken prior to the approval of a supervision plan. To practice, even under the supervision of a registered psychologist, without registration is considered a breach of the Act.

OR

- a six-year sequence of academic study, approved by the Board. For example, a Masters Degree in Psychology. Postgraduate research degrees need to demonstrate that the thesis was in the field of psychology and that a registered psychologist provided supervision.

How to Apply

In order to apply for full registration you must first obtain an application form from the Psychologists Board. You will then be required to submit the completed form to the Board,

together with the required documents listed on that form, and if relevant, the required documents concerning supervision as detailed in the Board's Guidelines for Supervised Practice.

All applications for registration are considered at a meeting of the Board. Once registration has been granted by the Board applicants will receive a certificate of registration and a current practising certificate (CPC) by mail.

CONDITIONAL REGISTRATION

Requirements

To be eligible for conditional registration as a psychologist you are required to have completed;

- four years of academic study in a psychology related field, being a course or courses of education that is/are approved by the Board, and to submit to the Board for approval;
- a supervision plan in accordance with the Board's Guidelines for Supervised Practice; or
- documentary evidence attesting to your acceptance to an approved postgraduate course.

How to Apply

In order to apply for conditional registration as a psychologist you must first obtain an application form from the Psychologists Board. You will then be required to submit the completed form to the Board, together with the required documents listed on that form, depending on your needs.

All applications for registration are considered at a meeting of the Board. Once registration has been granted by the Board applicants will receive a current practising certificate (CPC) indicating that registration is 'with conditions'.

During the period of conditional registration you must not call yourself a 'psychologist'. You may only refer to yourself as an 'intern psychologist'.

Once you have completed the requirements of your supervision, or post-graduate training, and provided the necessary documentary evidence to the Board attesting to completion, your registration will be upgraded to full registration.

OVERSEAS TRAINED PSYCHOLOGISTS

If you have qualifications in psychology that were gained overseas you are required to have your qualifications assessed by the Australian Psychological Society (APS) before you apply for registration. The details are:

The Australian Psychological Society
National Office
PO Box 126
CARLTON VIC 3053

Ph: (03) 8662 3300
Freecall: 1800 333 497
Fax: (03) 9663 6177
Email: contactus@psychology.org.au
Website: www.psychology.org.au

Once your qualifications have been assessed by the APS you may apply directly to the Board for registration. Please note that the Board is guided by, but not bound by APS assessments.

An assessment indicating overseas qualifications, as equivalent to an Australian academic sequence of four or six years does not guarantee either conditional or full registration.

You must satisfy the Board that you have sufficient ability in the English language to meet the standard required of a psychologist in Australia. You must provide evidence with your application that you meet one of the following four criteria:

- (a) that you were born and completed your secondary education in Australia, Canada, Ireland, New Zealand, the United Kingdom or the United States of America. Education must have been conducted in the English language.

Note: Suitable evidence includes your birth certificate or passport and school leaving certificates, examination results or a letter from the school.

- (b) that you have successfully completed at least one year of full-time (or part-time equivalent) tertiary study in Australia, Canada, Ireland, New Zealand, the United Kingdom or the United States of America. Studies must have been conducted in the English language.

Note: Suitable evidence includes academic transcripts, mark sheets, student books or a letter from the institution. All evidence needs to show the length of the course and that the course was conducted in English.

- (c) that you have had two years of full-time employment (or part-time equivalent) as a psychologist in Australia, Canada, Ireland, New Zealand, the United Kingdom or the United States of America in the last five (5) years. Employment must have been conducted in the English language.

Suitable evidence includes letters, contract of employment or statement of service from employers stating the length and type (full-time or part-time) of your employment.

- (d) You must provide a certified copy of the certificate of the academic version of the International English Language Testing System (IELTS) showing you achieved a minimum score of 7 in all areas: reading, writing, speaking and listening. You must have obtained these minimum scores in one sitting of the IELTS test and the test must have been taken within the last 2 years of your application to register as a psychologist.

All applications are assessed on an individual basis and the Board may require applicants to undertake a period of supervised practice..

The Board does not provide statements for overseas trained psychologists indicating an 'eligibility for registration' or otherwise. Eligibility for registration must be determined through the formal application process.

ANNUAL RENEWAL OF REGISTRATION

To maintain registration as a psychologist in the ACT you are required under section 37 of the Act to pay an annual renewal fee on or before 1 August each year.

The Board distributes renewal notices to all registered psychologists one month prior to the due date. Renewal notices are not sent and in order to maintain your registration you must, sign the declaration and return the application form along with the payment to the Board.,

In accordance with the Health Professionals Regulation 2004 section 124(1)(a) registration ends if the registration has not been renewed at the end of 2 weeks after the registration end date. Under section 124(2) the Board will cancel the registration of a psychologist who has not paid the determined fee by the date.

STANDARDS STATEMENTS/LEGISLATION

The 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 recommends that all psychologists familiarise themselves with the Standards Statements, which are available from the Board's website at www.health.act.gov.au/healthregboards

Copies of the *Health Professionals Act 2004* may be downloaded from the ACT Legislation website www.legislation.gov.au

INQUIRIES

Should you require clarification or additional information please direct all inquiries to:

The Registrar
ACT Psychologists Board
Scala House
11 Torrens Street
BRADDON ACT 2612

Ph: (02) 6205 1634
Fax: (02) 6205 1602

ACT PSYCHOLOGISTS BOARD

STANDARDS STATEMENT 13

Complaints Against Psychologists

1 GENERAL

1.1 The ACT Psychologists Board (the **Board**) is responsible for the administration of the provisions of the *Health Professionals Act 2004* (the **Act**) and the maintenance of the standards of the psychology profession in the ACT. The Board's primary duty is to ensure the protection of the public and assist in the rehabilitation and retraining for health professionals who are not meeting the required standard of practice.

This is achieved by encouraging, and in some circumstances requiring, the reporting of:

- (a) behaviour by a registered psychologist that contravenes, or may contravene, the required standard of practice; and
- (b) a registered psychologist who does not, or may not, satisfy the suitability to practice requirements.

2 Who can make a report

(Note: In this document and under the Act report also means complaint)

2.1 A report about a psychologist can be made by any person concerning the professional conduct of a registered psychologist; or provision of a psychology service by a registered psychologist. The report may be made about any aspect of a psychology service provided by a registered psychologist working in any environment and may include, but is not limited to, any of the following:

- (a) issues concerning unsatisfactory professional conduct;
- (b) professional misconduct;
- (c) competence to practise psychology;
- (d) impairment matters;
- (e) issues of character.

Examples of the people who may make a report

- (a) a member of the public
- (b) a member of a health profession
- (c) the Minister
- (d) a coroner
- (e) a registrar of a court
- (f) a police officer
- (g) a member of the office of the Director of Public Prosecutions

2.2 A member of the health profession may make a report under subsection 2.1 despite any other territory law. If a health professional makes a report under subsection 2.1 the

making of the report is not:

- (a) confidence;
- (b) professional etiquette;
- (c) professional ethics;
- (d) rule of professional conduct.

No civil or criminal liability is incurred only because of the making of the report. However, if a health professional recklessly or intentionally makes a false or misleading report or is negligent in making the report then he or she cannot be protected from a civil liability action or a criminal action or both.

3 How a report is made

3.1 A person making a report may send the report to the Board under the *Health Professionals Act 2004* or to the Health Services Commissioner (HSC) under the *Human Rights Commission Act 2005*.

3.2 The report must:

- (a) be in writing; and
- (b) be signed by the person making the report; and
- (c) include the person's name and address; and
- (d) the nature of the complaint and details; and
- (d) name and address of the psychologist or details to enable the Psychologist to be identified.

Note: *A person must not make a false or misleading report. There are penalties for making false or misleading reports.*

3.3 A report must be in writing but in some cases, the Board may accept an oral report. If the Board accepts an oral report, the Board may ask the person making the report to put the report in writing and sign it, unless the Board is satisfied that there is a good reason for not doing so. If the person fails to comply with the requirements of the Board, the Board will not take any further action on the report.

4 Help in making a report

4.1 The Manager or Registrar of the Board may, but is not required to, help a person make a report.

5 Who the report is given to

5.1 Reports to the Board may be sent by post or hand delivered. The postal address and physical address of the Board are the same. The address is

The Registrar
ACT Psychologists Board
Scala House
11 Torrens Street
BRADDON ACT 2612

5.2 A report may also be made under the Human Rights Commission Act.

Note: The Human Rights Commission has been established under the Human Rights Commission Act 2005 to provide the public with an independent, fair and accessible process for resolving problems experienced with the provision of health services in the ACT.

5.3 A report under the Human Rights Commission Act must be sent to:
Health Services Commissioner
Human Rights Commission
12 Moore Street
CANBERRA ACT 2601

6 What happens when a report is received by the Board

6.1 The Board refers the report to the HSC with a copy of the report, and all documents in its possession that relate to the report.

6.2 Whether the report is sent to the Board or the HSC does not matter as the Board and the HSC are required to consult in determining how a report is to be dealt with. For this purpose the Psychologists Board has a Professional Standards Committee (PSC), which consists of at least two members of the Board. The PSC consults with the HSC in assessing or deciding how the complaint is to be handled.

6.3 Generally, the first step taken after the initial consultation is for a response to be sought from the psychologist in relation to the report. This involves providing the psychologist with a copy of the documents making up the report. However, the consent of the author of the report may be sought for the release of the document before the document is released to the psychologist. The name of the author of the report will normally be provided except in exceptional cases where the name will be suppressed. The Psychologist will be given not less than 1 calendar month to respond. This time may be extended depending on the nature of the report. The report and the response are then considered further by the Board before a decision on the appropriate course of action will be made.

7 Consultation with the Commission

7.1 The PSC of the Board must endeavour to agree with the commission about the action to be taken in relation to the report. If the Board and the commission cannot agree about what to do in relation to the report, the most serious action proposed by either must be taken.

8 Options available to the Board for dealing with a report

8.1 The range of options available to the Board for dealing with a report includes:

- decline to deal with the report and dismiss it especially if the Board considers that the report has no merit, is frivolous or vexatious and that it should not be pursued; or the complainant fails to provide the report in writing after being asked to.
- refer it to the HSC for consideration under the *Human Rights Commission Act 2005*;
- Deal with it by way of an inquiry at a meeting of the PSC;
- Refer it to a personal assessment panel. A personal assessment panel is established by the Board and consists of 3 appointed members, at least one who is a registered psychologist, at least one who is not a registered psychologist. The role of the panel is to assess whether the mental or physical health, or both, of the psychologist are affecting his or her ability to meet the required standard of practice or satisfy the suitability to practise requirements. If the personal assessment panel is satisfied that the mental or physical health, or both, are affecting the professional's ability to meet the required standard of practice or satisfy the suitability to practise requirements and forms the view that the professional may be rehabilitated it must decide how the rehabilitation will be done.

Note: The PSC must refer a psychologist to a personal assessment panel if the HSC requests it to do so.

8.2 The Board may also refer a report to the Health Professions Tribunal (**Tribunal**) or apply to the Tribunal for the suspension or cancellation of the registration of the psychologist or apply to the tribunal for an emergency order.

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8.3 Reports referred to the Tribunal are examined in a setting similar to a court. Where a report is substantiated, this body may order that a psychologist be suspended or deregistered or that conditions be placed on the psychologist's registration.

9 Health Professions Tribunal

- 9.1 The Tribunal set up by Government has the following functions:
- (a) to decide applications made to the tribunal about whether a registered health professional has met the required standard of practice or satisfies the suitability to practise requirements;
 - (b) to make emergency orders if required;
 - (c) to hear applications for review of decisions of health profession boards and professional standards panels;
 - (d) to hear applications from health profession boards to suspend or cancel the registration of health professionals.

10 Board's disciplinary powers

- 10.1 The Board also has the power to:
- discipline a psychologist; or
 - require the psychologist to undergo stated medical, psychiatric, or psychological assessment, counselling or both; or
 - seek and follow advice from stated entities in relation to the management of their practice; or
 - require the health professional to complete a stated educational or other stated professional development course.

ACT PSYCHOLOGISTS BOARD

STANDARDS STATEMENT 14

ENGLISH LANGUAGE REQUIREMENTS TO PRACTICE PSYCHOLOGY IN THE AUSTRALIAN CAPITAL TERRITORY (ACT)

Legislation

The *Health Professionals Act 2004 (the Act)* sets out the requirements to be met by a person seeking to be registered as a health professional in the ACT. Under paragraph 37 (1) (b) of the Act, a person seeking registration to practice psychology must have knowledge of written and spoken English that is adequate to allow the person to practise as a psychologist in the ACT. Under Section 115 of the *Health Professionals Regulation 2004* the Board must decide, among other things, whether the person has communication skills that allow the person to practise psychology effectively without endangering patients.

Board requirements

You must satisfy the Board that you have sufficient ability in the English language to meet the standard required of a psychologist in Australia. You must provide evidence with your application that you meet at least one (1) of the following four criteria:

- (a) that you were born and completed your secondary education in Australia, Canada, Ireland, New Zealand, the United Kingdom or the United States of America. Education must have been conducted in the English language.

Note: Suitable evidence includes your birth certificate or passport, and school leaving certificates, examination results or a letter from the school.

- (b) that you have *successfully* completed at least one (1) year of full-time (or part-time equivalent) tertiary study in Australia, Canada, Ireland, New Zealand, the United Kingdom or the United States of America. Studies must have been conducted in the English language.

Note: Suitable evidence includes academic transcripts, mark sheets, student books or a letter from the institution. All evidence needs to show the length of the course and that the course was conducted in English.

- (c) that you have had two (2) years of full-time employment (or part-time equivalent) as a psychologist in Australia, Canada, Ireland, New Zealand, the United Kingdom or the United States of America in the last five (5) years. Employment must have been conducted in the English language.

Note: Suitable evidence includes letters, contract of employment or statement of service from employers stating the length and type (full-time or part-time) of your employment.

- (d) that you provide a certified copy of the certificate of the academic version of the International English Language Testing System (IELTS) showing you achieved a minimum score of seven (7) in each part of the test, these being: reading, writing,

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speaking, and listening. You must have obtained these minimum scores in one sitting of the IELTS test, and the test must have been taken within the last two (2) years of your application to register as a psychologist.

Note: *Suitable evidence means a certified copy of the certificate of your IELTS results.*

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Are you a native English speaker who was:

(i) born in Australia, Canada, Ireland, New Zealand, the United Kingdom or the United States of America?

Yes No

If Yes, please specify the country:

AND

(ii) completed your secondary education in Australia, Canada, Ireland, New Zealand, the United Kingdom or the United States of America, taught in the English language?

Yes No

If Yes, please specify the country:

Note: Completion of secondary education in any country other than those specified above will not meet the Board's requirements even if it was undertaken in the English language. Please attach certified copies of evidence relating to your place of birth and secondary education.

2. Have you completed at least one (1) year of full-time tertiary study (or equivalent part-time study) in an education programme which was:

(i) in the English language in Australia, Canada, Ireland, New Zealand, the United Kingdom or the United States of America?

Yes No

AND

(ii) was undertaken within the last five (5) years?

Yes No

If **YES**, please specify the country: _____

Note: Please attach certified copies of evidence of successful completion of the claimed tertiary study.

3. Have you completed at least two (2) years of full-time employment (or equivalent part-time employment) as a psychologist:

(i) in Australia, Canada, Ireland, New Zealand, the United Kingdom or the United States of America? Employment must have been conducted in the English language in these listed countries.

Yes No

If **YES**, please specify the country: _____

AND

(ii) was this employment undertaken within the last five (5) years?

Yes No

Note: Completion of such employment in any country other than those specified above will not meet the Board's requirements even if it was undertaken in the English language. Please attach certified copies of evidence of your claimed employment. See **Applicant Information** for guidance.

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IF YOU HAVE ANSWERED 'NO' TO ALL OF THE ABOVE QUESTIONS, YOU WILL NEED TO SUPPLY EVIDENCE OF HAVING COMPLETED THE ACADEMIC VERSION OF THE INTERNATIONAL ENGLISH LANGUAGE TESTING SYSTEM (IELTS) WITH THE REQUIRED SCORE OF SEVEN (7) IN EACH AREA. IF THIS IS THE CASE, PLEASE COMPLETE QUESTION 4, BELOW.

4. Have you sat for the academic version of the International English Language Testing System (IELTS) test within the past 24 months?

Yes No

If **YES**, please provide the following information:

(i) What date did you sit the test
(dd/mm/yyyy) ?

(ii) Did you achieve a score of seven (7) or higher in each of the four areas of the IELTS test in one sitting?

Yes No

Note: Please attach a certified copy of your IELTS test to your supporting documents.

FURTHER INSTRUCTIONS

Please note that if the Board has any doubts regarding your English language ability, despite meeting the above criteria, the Board reserves the right to request that you pass the academic version of the IELTS test with a minimum score of seven (7) in each category. The Board will treat this IELTS test results as the conclusive evidence.

If you do not provide evidence that you meet at least one of the four (4) required criteria, your application will not be processed.

For information about IELTS and where to sit the test please visit www.ielts.org