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Dear Associate Professor Grenyer

**RE: SA HEALTH SUBMISSION IN RESPONSE TO THE PSYCHOLOGY BOARD
OF AUSTRALIA'S CONSULTATION PAPER ON THE INAPPROPRIATE
USE OF PSYCHOLOGICAL TESTING**

Thank you for the opportunity to respond to the consultation paper released by the Psychology Board of Australia on "Options for the protection of the public posed by the inappropriate use of psychological testing".

I enclose for the Board's consideration, SA Health's response to this consultation paper.

I agree to this submission being placed on the Board's website.

Yours sincerely

A handwritten signature in black ink, appearing to read 'T. Sherbon', with a horizontal line extending to the right.

DR TONY SHERBON
Chief Executive

2018/10

SA HEALTH RESPONSE TO THE PSYCHOLOGY BOARD OF AUSTRALIA'S CONSULTATION PAPER "OPTIONS FOR THE PROTECTION OF THE PUBLIC POSED BY THE INAPPROPRIATE USE OF PSYCHOLOGICAL TESTING" ISSUED 17 MAY 2010

Introduction

Thank you for providing an opportunity to comment on the consultation paper: "*Options for the protection of the public posed by the inappropriate use of psychological testing*" issued by the Psychology Board of Australia.

As stated in this paper, South Australia examined this matter in some detail as part of the drafting of the South Australian *Psychological Practice Bill 2006*. (The Bill lapsed due to the passage of the *Health Practitioner Regulation National Law (South Australia) Act 2010*). South Australia concluded at the time that for a range of reasons, psychological testing should not be regulated through legislation.

The most telling argument for reaching this conclusion was that the now repealed SA *Psychology Practices Act 1973* enabled psychological tests to be prescribed and prohibited their administration or interpretation by persons other than those the then Psychology Board of SA deemed to be qualified. However, over the 37 year period in which the then Act was in force, no psychological tests were ever prescribed, no concrete evidence of harm to the public has been presented and the then Board did not seek to bring this legislative power into effect.

General comments on consultation paper

SA Health offers the following general comment on the issues discussed in the paper and responses to the questions.

Overall the consultation paper appears to have already formed a view that the regulation of psychological testing in some form is necessary to protect the public from harm.

The consultation paper is unclear as to whether it is seeking evidence about the occurrence of harm that is an outcome of psychological tests administered by persons not qualified to do so, or putting the case that demonstrable harm does exist and should be regulated in some way.

It does not define the tests or classes of tests that the Board considers should be regulated.

It does not distinguish clearly where harm, or potential harm, has arisen as a result of a test being administered or interpreted by a psychologist or non-psychologist. In fact, most case studies appear to relate to the improper conduct of the test by a psychologist or other professional who may well be subject to an inquiry by their own professional body.

The case studies about use of psychological tests in courts may be misleading because it would be reasonable to presume that the credibility of the test results and the person administering or interpreting them would also be tested in the court.

The paper makes assumptions and general assertions about harm and practices without any evidence to support them. As noted in the paper the case studies are US based. There is no argument or evidence presented to show they are relevant to Australia.

The paper only provides some anecdotal statements of misuse and harm and does not present a view or evidence that there is a wider systemic issue surrounding misuse and harm that needs to be addressed.

There is no attempt in the paper to scope the prevalence of the problem or the prevalence and/or significance of any harm. For example, the paper asserts that *a non psychologist may demonstrate lower accuracy and reliability in their administration and interpretation of psychological tests, they may still “do more harm than good”*. No evidence is provided that this is the case, or that there are not also significant variations in accuracy and reliability amongst psychologist who may also “do more harm than good”.

There is no attempt to put the use of a psychological test in the context of a range of other processes that are often used by an organisation or clinician to acquire further information about an individual. It would be very poor clinical and organisational practice if the test was the sole means by which a decision was reached. This lack of contextualising tests and decisions risks overstating the impact of the tests in practice.

It is stated that the wider public availability of tests or very similar tests through the internet may impact on the accuracy of a test when administered in a clinical setting. However, there is little evidence presented that this availability has significantly affected the clinical value of the tests used.

Costs of regulating

The section of the paper on the cost of regulating does not discuss the potential cost to the registration board, and therefore to practitioners, resulting from inquiries into persons who administer or interpret tests that the Board considers may not be qualified to do so.

There is also a cost to the Board in establishing and maintaining the necessary administrative systems required to implement a scheme which will accredit persons who are not psychologists. (It is not feasible to limit testing only to psychologists.)

The paper recognises that the restriction on who may administer a test will create a scarcity of supply of persons able to administer a test and therefore raises public policy and cost issues.

The requirement for accreditation, possibly by a single body, has the potential to create a monopoly over the supply of accredited persons. This is not the case currently where purchasers of tests must demonstrate to the supplier that they are competent to administer the test they are seeking to purchase. The potential for a restricted supply of accredited persons may also drive up costs.

Against this the benefits of accreditation must be considered.

Past policy responses

The paper seems to undervalue the argument and reasoning of the jurisdictions and the ACCC for not supporting the regulation of psychological testing and/or the accreditation of those who may administer or interpret tests. The main reasons are that:

- ▶ determining which tests to regulate is difficult.
- ▶ some tests are basic and simple and well used by a wide range of professionals to support decision making. For example the mini mental status exam - a quick test of cognitive status used widely in assessment of mental health consumers; the Edinburgh rating scale for post natal depression used widely in ante and post natal clinics, etc (and also in some women's magazines).
- ▶ there already exists a range of tests freely available through the internet (an unregulated environment) that are similar to those that may be regulated. The potential diminution of the value of a test administered by a psychologist is therefore already present and cannot be addressed by regulation or accreditation.
- ▶ there is a cost to the Board in establishing and maintaining a list of tests 'reserved' for psychologists or other qualified persons.
- ▶ it is difficult to find evidence of harm and to define the harm.
- ▶ the regulation of psychometric testing cannot be justified from a public benefit perspective.

As stated in the introduction to this submission, it is SA Health's view that a regulatory scheme for psychological testing is not justifiable.

Professional implications

It is clear, as stated in the consultation paper, that regulating psychological testing in some form would enhance the status of psychologists.

Conversely, it may make it more difficult for others to administer tests which they have been doing successfully for many years.

Much of the impact would however depend on the tests or class of tests that the Board may seek to regulate. Before going down this path, the Board should undertake a very thorough consultation with the other professions and

with public and private organisations (including the publishing industry) that have an interest in this area.

Practice restrictions on psychological tests generally require the Board to identify and list those psychological tests that only psychologists are permitted to administer or interpret or where they are required to directly supervise others in the administration and interpretation of the tests. Such restrictions may also add to the work of psychologists.

As stated in the consultation paper, access to significant psychological tests used by the profession is already regulated by the industry that produces or distributes these tests. The publishers make the tests available only to those persons who can present evidence of appropriate qualifications to administer tests generally or, where applicable, of acceptable training in a particular test.

Some health practitioners, such as medical practitioners, psychiatrists, occupational therapists, speech therapists and a limited number of other specific professionals such as human resource personnel, may be appropriately qualified to administer one or more specific psychological test by having undertaken a relevant course of training. The impact on these professions and their organisations needs to be considered.

A practice restriction on psychological tests could therefore obstruct legitimate access by appropriately qualified persons to these tests in ways that have not been applied or seen to be necessary in the past. The cost of meeting this responsibility and administering a particular provision would be significant.

In South Australia, in 2009 when this matter was being examined, the then Registrar of the SA Psychological Board estimated the cost to be approximately \$200,000 to establish the administrative system and \$125,000 per annum to maintain it in South Australia alone. This cost, expanded at a national level, would have to be born by the professions.

The British Psychological Society (BPS) has established a Psychological Testing Centre which assesses tests and prescribes their use. This body is not established under any legislative authority. The BPS and the Chartered Institute of Personnel Development (CIPD) have a national certification scheme which sets professional standards and competence. To purchase reputable tests (from publishers), users must be certificated by the BPS and/or by the test publisher. Whether such a mechanism could be established in Australia and the cost to the professions could be examined.

Impact on suppliers

The regulation of suppliers and distributors of psychological tests is a possible alternative approach in a national context, but it should be noted that international suppliers and distributors i.e. those operating via the Internet may not fall within the scope of national legislation.

Some national and international suppliers also provide additional services such as online testing. Again, international providers of online services would not come under any jurisdictional provisions.

The consultation paper suggests that there is a breakdown in the effectiveness of self-regulation by the industry restricting access to tests. To what extent there is a breakdown in publisher-based restrictions is not known and the Board could enter into dialogue with the industry to develop industry guidelines or standards for the use of psychological tests.

Conclusions

South Australia does not support a regulatory approach to determining who may access, administer or interpret psychological tests.

Given the complexity of this matter, it is considered that better alternatives to legislation exist that may be more effective, and that these alternatives should be investigated before considering a legislative approach.

Without establishing a regulating mechanism or accreditation process/body, the most feasible alternative presented in the consultation paper is an education based approach.

This approach could extend to the health professionals and consumers who may use internet or magazine sourced tests and to employers who engage others to administer tests. Risks and liabilities to employers associated with improperly administered or interpreted tests should also be highlighted.

Further consultation should also be undertaken with publishers of tests in an attempt to establish nationally consistent standards as to who may purchase certain tests.

If the Board is concerned to inquire into the harms that have occurred as a result of the administration and interpretation of tests by persons not qualified to do so, it could consider the responses to this paper as a beginning point and undertake a more rigorous research study on this issue.