

14th April 2010

**For Attention: Chair,
Psychology Board of Australia
At natboards@dhs.vic.gov.au**

Health Practitioner Regulation National Law Bill 2009

Psychology Registration Board Consultation:

Consultation paper on codes and guidelines

As a practitioner and researcher working in the (mainly non-health) domain of Organisational Psychology, I wish to respond to the Consultation paper on codes and guidelines. While I welcome this opportunity may I also say that given the complexity, scope and detail of what is here presented insufficient time has been given to allow a more thorough and adequate assessment of these proposed codes and guidelines. “Getting such important things right” usually would require several months or more.

However, given all the constraints of the new NRAS legislation – a number of which are inappropriate to properly and adequately regulate the diverse profession of psychology – I aim to be constructive in my comments. This is perhaps the last opportunity for some time to try to ameliorate a number of the unhelpful assumptions of the new system which tries fit the broad and large foot of the established psychology profession into a rather small shoe. I trust that the collective responses of my colleagues in this now endorsed area of practice will complement my own here since this is certainly not an exhaustive review given the demands of my practice businesses and clients.

Hopefully to assist your evaluation processes I now offer as follows:

IN GENERAL – CODE OF ETHICS & FORM

1. I strongly endorse the retention for five years of the APS Code of Ethics. In particular I commend it elegant simplification of principles related to advertising under its provisions concerning Integrity (p27, C.2.3).
 - o Specifically I would like to see many more of the prescriptions concerning advertising related to these kinds of excellent (and memorable) principles: this is a more educative approach which engenders responsibility in professionals.
 - o The current consultation guidelines constrain for too many prescriptive rules around “thou shalt not” – and many of these reflect very particular contexts (medical – health one-with one care) which are plainly not either necessary and are in fact injurious of good or sound practice in other contexts, such as organisational, group, leadership and management development evidence-based diagnoses and interventions.
2. The status of the related APS Ethical Guidelines is in my reading unclear. Considerable excellent work has been done on these over the years (not months) and as an active contributor to them over the last fifteen years I commend them to the Board, especially the –
 - o Guidelines for psychological services involving multiple clients and associated parties (December 2006);
 - o Guidelines for managing professional boundaries and multiple relationships;
 - o Guidelines on financial dealings and fair trading (July 2002);

- o Guidelines for the use of psychological tests (July, 1998);
- o Guidelines for supervision (July 2003).
- o Guidelines for providing psychological services on the internet (October 2000).

I realise that some of these provisions have been incorporated in this present Consultation paper on codes and guidelines – but not exhaustively so ... and again all done in such a short time! (We are dealing with *people* here (clients and professionals) and trying to *prevent* the untoward effects of poor, marginal or bad practice standards through educative guidance, hopefully principle-based with a range of clear examples ... rather than merely compliance rule driven prescriptions which in the end undercuts professional responsibility and further evolution of excellent practice.

3. While the APS Code of Ethics is endorsed on the one hand many other injunctions are advanced – often negatively – in a way where the connection between the two is not at all clear. I suspect that this will lead to many points of conflict and confusion. How will the Board adjudicate these tensions? This is evidence of the fact that these guidelines – while they contain many sensible things – have not yet matured to form a reliable and sound basis for professional discipline. Yet unfortunately psychologists will be held accountable “to them” from the 1st July 20210 it seems.

REASONABLE TIME FOR COMPLIANCE TO BE ACHIEVED ONCE CODES AND GUIDELINES ARE PRONOUNCED ‘FINAL’.

4. Given the complexity involved in these changes as a business owner and professional practitioner I am quite concerned at the shortness of time we will have to “comply” once these codes and guidelines have been adopted as ‘final’. We need more than just two months to make these adjustments – websites, marketing materials, business plans and formulas etc. Accordingly I strongly urge that a grace period be allowed for professionals, institutions and organisations (including private companies) to comply: three or four months at a minimum is required ... not a small number of weeks! The implementation program and timeframe is simply quite unreasonable. By when will the Board complete its consultation evaluation? How it will do so in a responsible manner within four weeks or so is beyond my imagination.

CONSULTATION ADVERTISING GUIDELINES:

Titles:

5. I take it the title ‘specialist’ is not to be used except for the very small number of such designations prescribed in Law and approved by the Health Ministerial Council on the recommendation of the Board. In the case of the psychology profession I make the point that this represents an insult to many areas of specialisation within this profession. (Ref: page 6 left hand column).
6. It is not clear to me how endorsements under the new Act and its regulations maybe referred to in advertising or whether the words ‘health psychologist’ in fact have to be used ... and in what relation to other descriptors as Organisational Psychologist. I suggest that the combinations of such titles will become quite confusing: where is guidance on this to be found? And is it to be mandated that essentially *non-health psychologists* like myself have to accept the description and advertise as ‘health psychologists’? (Advertising 4.k)
7. As Founding National Convener and sometime later Conational Convener of the sizeable APS Interest Group on Coaching Psychology (1998-2002 – APS Units publication; and 2007 – 2008) I am also concerned at how the almost 900 psychologists practicing as coaches in organisations and as life coaches will be treated as to descriptions of their professional activity by this Board. How will the Board decide what is an appropriate accredited institution or course for approved teaching positions in this vibrant emerging domain of practice which is re-shaping the assumptions by which psychologists engage with the community? (Advertising 4.l).

Multiple disciplines and psychology practice - innovation and new knowledge and skill attainment:

8. Some of us working in organisational contexts draw on a variety of skills and disciplines (in my case philosophy, ethics, physics and education for example) in addition to my training in psychology. Such multi-disciplinary capabilities add important competencies in the delivery of some services for organisational change and people development. I am therefore most concerned that we will be constrained from referring to diverse experiences, skills and backgrounds even when all are orchestrated by professional ethics informed by the field of psychology – just because the Board will not approve them (for example, research fellow in a Faculty of Business and Law, lecturing in education, state-wide curriculum design and development, substantial service on Human Research Ethics Committee such as the Department of Human Services. (Advertising 4.l & 4.m). Also will Advertising Guideline 5.b be misapplied in these situations? (Other qualifications and memberships, para one: will the board approve relevant multidisciplinary experience and expertise and if so how will it do so competently?)

Restriction to blind peer review journals challenged: knowledge and skill creation.

9. As a practitioner I strongly object to the narrow prescription concerning publications being acceptable only in peer reviewed journals. I specifically *reject* the assumption or proposition that blind peer reviewed symposiums or posters (for example ICAP – July 2010; ANZAM; and APS State and National Conferences) may not be cited as appropriate evidence for establishment and generation of knowledge and skills. It is my firmly held view (argued for in many professional conferences including Elliott at ANZAM 2007; and APS IGCP National Symposia in 2006, 2008) that true innovation, knowledge and skill advancement often occurs through disciplined and critical collective reflection on actual practice with peer review and that this does not have to necessarily be subjected to the constraints of academic blind peer review journals and the myriad politics and prejudices against practitioners as is often the case. Moreover, constraints like Advertising 4.n (which exclude the above) effectively ask professional practitioners to be full academics as well when in fact the *business paradigms of each systemic area* (academic and practitioner) do not allow time or provide rewards for this in the case of practitioners.

Testimonials:

10. While I support the prohibition of testimonials and purported testimonials in advertising for medical and direct health services (5.d) such practices are common place in business, organisational and institutional consulting by management consultants and other unregulated professionals. The Leader of the Opposition in the Legislative Council of Victoria (Hansard, Volume 16, page 5739 – and especially 5744 to 5746 with special reference to 5746 column 1: 26th November 2009) powerfully expressed the concerns of my College about this matter and how it will lead to competitive disadvantage for evidence-based psychologists working in these areas with the result that it will make it more difficult for them to compete against such unregulated service providers. (In similar vein I also note the recent ABC documentary about unregulated psychotherapy services: is the PBA going to find and use powers in the NRAS legislation to shut down non-compliant or unregulated service providers in its broadly defined ‘Health Practitioner sector’?)

Superior services and competition:

11. Advertising guideline 5.e is quite unclear as to what it means. Is it about not claiming superior services? More generally, will it be proscribed for regulated psychologists specifically not to be able to claim that their services (and assessments) are superior, more reliable, and sometimes more effective than non-evidence-based suppliers of services who are, for instance, just strong on marketing and impression-management? (Advertising guideline 5.f; 5.o point 3: ‘other practitioners – meaning only health practitioners or in fact any practitioner?’)

Inappropriate prescription for organisational psychology and other endorsed domains:

12. I consider Advertising guideline 6.1 (2nd para) is un-necessary in non-health areas of practice in organisational contexts where male / female paid models and photo libraries are commonly used.

Again I can understand the reasoning for such a prescription as regards medical treatments (the word mentioned) but this is entirely un-necessary and in fact inappropriate in organisational and institutional contexts.

13. Again while the provisions of Advertising guideline 6.6 are appropriate and necessary for the practice of health psychology in medical settings (for instance) they are not necessary or appropriate in the many courses and services provided by organisational psychologists. Again this is a matter of competitive disadvantage and while I agree it can cheapen the services (and so be undesirable) in organisations who often pay for these services we are not dealing with powerless people who are in dependent relationships! In particular, some of us commonly discount our services when provided to our colleagues or to persons who would not otherwise be able to afford our fees (range say \$200 to \$700 per hour with recent research indicating the executive coaches (who maybe psychologists) commonly charge \$550 per hour (Dagley, 2010). Apply the proscription to patients (well defined) not to all clients I suggest maybe a way forward.

Recognition of quality course providers: private and other

14. The APS currently has processes in place for the accreditation of university and also private course providers of psychological services. My reading of column two on page 6 does not seem to support the private sector provision of such services per se. To this I object as the Director of a company who has long provided such courses of the highest calibre in the area of leadership assessment. I especially object to the criterion question for such evaluations as 'relevant to my area of health practice? How will this be interpreted in the contexts in which organisational psychologists work – and without prejudice to their domains of expertise?

INTERNSHIP AND SUPERVISED TRAINING IN PRIVATE COMPANIES

15. Without a detailed commentary here it is virtually impossible for competent supervising psychologists in private practice to supervise persons to registration: one has to effectively employ them. This severe restriction needs further investigation. Universities and not necessarily the best providers of supervised field placements.

ELECTIVE TESTS

16. Again the example tests nominated are quite inadequate as being representative of the practice of organisational psychology. With good reason I would nominate sound and well validated (yes at the top peer reviewed journal level) assessments of leadership like the Multifactor Leadership Questionnaire (MLQ), routinely used as a reference measurement in many top journals as the measure of transactional and transformational leadership (Bass, 1997¹).²

¹ Bass, B.M. (1997). Does the Transactional-Transformational leadership paradigm transcend organizational and national boundaries? *American Psychologist* 52(2), 130-139.

² I make this point not because I have a commercial interest as a promoter of this assessment but because it is true. I do not own the IP of the MLQ but use it under international license. An extensive reference list can be provided to back this statement if required (for example, www.mlq.com.au/position_reference.asp)

FOOTNOTE:

My specific domains of expertise are in the application of evidence-based knowledge and sound professional ethics to individual, group and organisational development, leadership assessment and development, ethics in organisational contexts, business, entrepreneurship, business management, group development and coaching services in diverse contexts including community organisations, defence, not-for-profits, listed companies, national and international corporations. In many of these practice domains and contexts I have been actively engaged in contributing to the evolution of the APS Code of Ethics to be more inclusive of the diversity of practice of the psychology profession – especially as this relates to those of us working on organisational, leadership and management contexts. Accordingly, I have a record as a published and referenced author, and presenter at local branch, national and some international professional conferences in such topics. I have therefore especially confined my remarks to these areas.

Thank you for your attention to these my concerns. I would be pleased to discuss these further with your representatives.

Yours sincerely,

[Electronic signature can be supplied on request]

Ray H Elliott, MAPS,FAHRI, AIMM
B.Sc., Dip.Ed., Grad.Dip.Arts(Psych), M.Ed. (Mon.), B.D.(MCD), Grad.Dip.AppliedPsych (VU), STM(Yale).

Member of the APS College of Organisational Psychologists.

Registered Supervising Psychologist (Vic.)

External Associate, International Centre for Corporate Governance Research,
Faculty of Business and Law, Victoria University.

Director, O E Consultancy & Director, MLQ International, Melbourne.