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From the Chair

Mental pain and the role of the psychologist

Psychology as a discipline can be traced back to the early Greeks. The group of thinkers surrounding Hippocrates, who investigated psychological concepts such as personality and temperament, developed the fundamental ethical principle 'do no harm'. In the Board-endorsed Code of Ethics this is captured by principle B non-maleficence: that psychologists 'provide psychological services to benefit, not to harm.' As well as using practises that are based on evidence, psychologists need to ensure they are fit to practise. This means that they are both competent and aware of the possible effect of their own physical or mental health on their capacity to practice safely.

The early Greeks were the first to apply scientific observations to psychology. They developed the important contention that psychological disorders and other medical matters were due to causes that could be studied. Epictetus (c. 55 – c. 135 AD) stated 'Men are disturbed, not by things, but by the principles and notions which they form concerning things'. In this statement we have the ancient teaching that mental pain can be caused by unhealthy attachments to ideas and things, and the contemporary notion that negative cognitive schemas can profoundly determine mood and behaviour. Psychologically changing the relationship between our thoughts, feelings and behaviours underscores an important principle in use in modern psychotherapy treatment.

Recent work in the scientific literature shows how communication deficits due to a serious mental health disorder also occur in brain regions. Using two linked MRI scanners in a functional imaging paradigm, the brain activity of two individuals communicating with each other were simultaneously recorded. People with active borderline personality disorder (BPD) revealed reduced right temporal-parietal junction functioning compared to healthy

controls during the communication task. Here we begin to understand the brain neural circuit deficits which underlie problems in social communication – issues that not only affect personality disorders but also multiple other disorders including schizophrenia, major depressive disorder and autism. Significantly, people with BPD in remission did not show these deficits, suggesting that psychological treatments which repair social communication may also improve the functioning of brain regions associated with goal-oriented social behaviours. These sensitive communication patterns between individuals at the level of the mind and brain are now being revealed through such developments in science.

The findings also show how important it is for psychologists to ensure their sensitive equipment is well calibrated - that they are of sound mind and brain - when performing psychological treatments and communicating with clients. Self-awareness and exposing our work to others through peer consultation and supervision are protective ways to ensuring we do no harm and are fit to practise.

Professor Brin Grenyer

Chair, Psychology Board of Australia

Mature minor – recommendations from the Coroner

Coroners sometimes ask the Psychology Board of Australia (the Board) to provide advice to psychologists about areas of practice. One such area is working with young people who are approaching legal adult status, 18 years of age, and who are at risk of suicide.

Sometimes young people believe that suicide is the only option left to solve their problems and they may not actively seek help despite the concerns of their friends and family.

Psychologists have an important role in helping young people understand that they are not alone and their problems can be solved. But early intervention means reaching out to the young person, which raises issues of consent and trust. In Australia,



'Gillick competence' or 'mature minor status' recognises that a person under 18 years of age is capable of giving informed consent when he or she 'achieves a sufficient understanding and intelligence to enable him or her to fully understand what is fully proposed' (Marion 1992).

Parents undeniably play a critical role in a young person's development, and are often interested to know how therapy is proceeding and what they can do to help; but it is a risk that, when 'brought to therapy', the young person will perceive that the psychologist has developed an alliance with parents. Other times, significant conflict in the family can affect therapeutic progress. However, in all cases, the young person's welfare is paramount.

You can develop a strong and enduring therapeutic alliance with the young person by taking care to gain informed consent. Carefully explain and check that the young person understands the process of engaging in therapy, and in particular, the parameters of confidentiality. This is often not a once off conversation because the ability to provide informed consent can change over time.

To maintain therapeutic engagement, clarify the therapeutic boundaries between you, the young person, and their parents and guardians. Establishing a shared expectation of the young person's right to confidentiality – balanced with the role information sharing can play in protecting his or her welfare – recognises that the young person exists within a broader support network that can be harnessed when appropriate.

Just as a client exists within a support network, you are part of a larger health profession community. A single practitioner does not have to bear the responsibility for managing suicide risk alone. We encourage you to seek the support and advice of other practitioners to mitigate and manage risk and ethical dilemmas, proactively share information with the young person's existing mental health supports, or refer the young person for acute assessment or second opinions.

The Board's endorsed Code of Ethics (Australian Psychological Society {APS} Code of Ethics), as well as APS ethical guidelines on working with young people and APS guidelines on confidentiality are important resources to help psychologists in these situations.

References

Australian Psychological Society (2017). Ethical guidelines on working with young people. Melbourne: Author.

Australian Psychological Society (2007). Ethical guidelines on confidentiality. Melbourne: Author.

Australian Psychological Society (2007). Code of Ethics. Melbourne: Author.

Department of Health and Community Services v JWB and SMB [Re: Marion]. HCA 15, FLC 92-293, 175 CLR 218. (1992).

Consultation paper released: Reviewing the National psychology examination curriculum

The Board has published Consultation paper 28: National psychology examination curriculum review.

The curriculum was published in 2012, with the national psychology examination coming into effect on 1 July 2013.

The Board has determined to review the curriculum every three to five years in keeping with good regulatory practice. The aim of the review is to ensure that the examination:

- assesses the right competencies for general registration as a psychologist in Australia
- remains fit-for-purpose
- is aligned with the newly published *International declaration of core competencies in professional psychology* (2016), and
- curriculum is up-to-date with advances in the field of psychology.

This is a review of the examination curriculum and the documents that support the curriculum only. The following documents to be reviewed are:

- the National psychology examination recommended reading list
- the National psychology examination curriculum
- the Assessment domain additional resources document
- A brief orientation to the national psychology examination, and
- the section of the guidelines (p. 4-5) that relates to the examination curriculum.

The Board is seeking feedback on the proposed updates to the national psychology examination curriculum from all stakeholders.

The consultation paper is available under [Current consultations](#) and the Board is accepting submissions until close of business (AEST) **Friday 1 September 2017**.

Please provide written submissions in Word format by email, marked '[Consultation – National psychology examination curriculum review](#)' to psychconsultation@ahpra.gov.au.

Registration

The Board will launch the 2017 renewal of registration campaign for psychologists soon. You can get ready for renewal of your registration now.

AHPRA will email you about your renewal so make sure your [contact details](#) are up-to-date. You will need your user ID and password to update your details. If you have forgotten your user ID complete a [web enquiry form](#).

You can also prepare by making sure you have all your documents and records ready. The Board may ask to see information that supports the declarations you make in your application.

For more information on renewing your registration, read the Board's [registration standards](#), and the Board's [renewal FAQ for psychologists](#).

Is your supervisor status expiring soon?

The Board urges supervisors who obtained Board-approved supervisor (BAS) status prior to July 2013 to enrol in Board-approved refresher training now. Allow enough time to complete the training, obtain a certificate of completion and submit an [application to maintain BAS status](#) before your BAS expiry date of 30 June 2018.

If you allow your BAS status to lapse, you will need to complete a Board-approved full training program before applying to have your status reinstated.

The number of supervisors completing refresher training in the first half of 2017 has been lower than expected. According to the Board's records, there remain over 6000 supervisors with a 30 June 2018 BAS expiry date. While the Board recently approved six additional master class providers, making a total of 17 approved providers, there is no guarantee they will be able to offer sufficient training places, particularly if they receive a large number of late enrolments.

By enrolling in training now, you maximise your choice of training providers, locations, dates, and master class topics. You are encouraged to review the master classes on offer across the country. Website links and contact details for all Board-approved training providers are available on the [supervisor training page](#) of the Board's website.

Completing the full training program (at least the two-day skills workshop) also meets the Board's refresher training requirements. You should consider this option if you have not yet completed introductory-level supervision training, or if it has been a long time since you supervised. Master classes are for experienced supervisors and will assume you have developed the knowledge and skills taught in the full training program.

When you have completed your training, you should notify AHPRA by applying to maintain your approval. The application form to maintain BAS status, MBAS-76, is available on the [forms page](#) of the Board's website. There is no fee for this application, and approval will be for five years from the date that you completed your training.

You can check your BAS expiry date on the [supervisor online services portal](#).

For more information on how to maintain BAS status, and other questions relating to supervision, see the Board's [supervision FAQ](#).

National Scheme news

COAG Health Council meeting communique: progressing amendments to the National Law

The federal and state and territory health ministers met in Brisbane on 4 August 2017 at the COAG Health Council to discuss a range of national health issues. The meeting was chaired by the Victorian Minister for Health, the Hon. Jill Hennessy. AHPRA CEO Martin Fletcher attended the Australian Health Workforce Ministerial Council (the Ministerial Council) meeting which brings together all health ministers throughout Australia to provide oversight for the work of the National Registration and Accreditation Scheme. AHPRA and the National Boards provide a regular update to the Ministerial Council on our work.

The meeting included an agreement by health ministers to proceed with amendments to the Health Practitioner Regulation National Law (the National Law) to strengthen penalties for offences committed by people who hold themselves out to be a registered health practitioner, including those who use reserved professional titles or carry out restricted practices when not registered. Ministers also agreed to proceed with an amendment to introduce a custodial sentence with a maximum term of up to three years for these offences. These important reforms will be fast tracked to strengthen public protection under the National Law. Preparation will now begin on a draft amendment bill, with a view to being introduced to the Queensland Parliament in 2018.

Ministers also discussed mandatory reporting provisions for treating health practitioners, agreeing that protecting the public from harm is of paramount importance as is supporting practitioners to seek help and treatment for their health concerns, including for their mental health and well-being. They agreed doctors should be able to confidentially seek treatment for health issues while preserving the requirement for patient safety. It was agreed that the Australian Health Ministers' Advisory Council will recommend a nationally consistent approach to mandatory reporting following a consultation process with consumer and practitioner groups. A proposal on mandatory reporting is expected to be considered at the November 2017 meeting of the COAG Health Council.

The Council produces a communiqué from its meeting which can be accessed on [AHPRA's website](#).

Scheduled Medicines Expert Committee appointed

Late last year the Ministerial Council endorsed the AHMAC *Guidance for National Boards: Applications to the Ministerial Council for approval of endorsements in relation to scheduled medicines under section 14 of the National Law* (the Guidance).

The Guidance is published on the AHPRA website under [Ministerial directives and communiques](#). It provides information for National Boards about the process for, and content of, an application to the Ministerial Council for approval of endorsement for scheduled medicines for a health profession under section 14 of the National Law.

Consistent with the Guidance, AHPRA has established a Scheduled Medicines Expert Committee (Expert Committee) whose role is to advise National Boards on the use of scheduled medicines generally, and on matters relevant to a National Board's proposal for a new scheduled medicines endorsement or an amendment to an existing scheduled medicines endorsement.

Following a call for applications, AHPRA is pleased to announce the following appointments to the Expert Committee:

- Professor Anne Tonkin, Chair
- Ms Vanessa Brotto, core member
- Dr Susan Hunt, core member
- Professor Lisa Nissen, core member
- Ms Sarah Spagnardi, core member

Information about the Expert Committee, including the terms of reference, is available on the AHPRA website.

Keep in touch with the Board

- Visit our website at www.psychologyboard.gov.au for information on the National Scheme and for the mandatory registration standards, codes, guidelines, policies and fact sheets.
- Lodge an enquiry form via the website by following the [Enquiries](#) link on the bottom of every page.
- For registration enquiries call 1300 419 495 (from within Australia) or +61 3 8708 9001 (for overseas callers).
- Address mail correspondence to: Prof. Brin Grenyer, Chair, Psychology Board of Australia, GPO Box 9958 Melbourne VIC 3001.

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Australian Health Practitioner Regulation Agency
ABN: 78 685 433 429

