

SUBMISSION

Response to: *Options for the Protection of the Public posed by the Inappropriate Use of Psychological Testing*

Submitted to: Psychology Board of Australia

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In this submission we are commenting on a few of the questions raised in this consultation paper.

Potential Harm

We do not have quantitative evidence of harm to the public. In our clinical experience, however, we are aware of health professionals (i.e. non-psychologists) using and interpreting unrestricted cognitive tests without a sophisticated understanding of psychometrics (e.g. reliability and sensitivity) and without taking into account premorbid ability and normative data. Psychologists, such as clinical neuropsychologists, train for years in appropriate test administration and interpretation under clinical supervision. Training of clinical neuropsychologists involves teaching an in-depth understanding of neurological conditions and their associated cognitive presentations.

We believe that without adequate training there is potential for harm to the public resulting from misinformation. We have been aware of cases where patients and their family have been provided with inaccurate information about cognitive deficits and diagnosis resulting from misinterpretation of tests. Potential harms include inappropriate treatment (e.g. medication for dementia) and psychological distress.

While it may be possible to quickly learn how to do a procedure (i.e. give a test), we believe that appropriate interpretation takes specialised training. To use other examples, we would not expect to be able to interpret medical investigations such as CT scans or physiotherapy assessments even though we can observe the results.

Regulating the Use of Psychological Tests

We believe that it is important to regulate the use of psychological tests. Currently, unrestricted tests are used by a wide variety of health professionals. It would seem logical to assume that if psychological tests were not restricted that these would also be widely used by professionals not trained in their use. We work in the public health system where there is often limited access to psychologists and significant pressure regarding patient throughput and discharge. Therefore there is an incentive for professionals other than psychologists to undertake assessments to achieve discharges when this may not be in the patient's best interests.

Policy Options

The current practice of relying on the good will of publishers to regulate distribution of tests has downfalls. It relies on a company that has a commercial interest in selling their product. Moreover, it often relies on foreign companies that may have different standards and operate in a different legal context. In addition, while publishers may restrict the supply of tests, they are less able to restrict test use.

We have doubts about the effectiveness of a non-legislative approach based on education. Government departments and publicly funded organisations need to minimise the expense to the public and may have a conflict of interest (i.e. in restricting assessments that are costly). It would be hard to target and educate private operators who have an economic interest in running a business and who operate outside of the type of policy and procedure regulation that exists in public organisations such as hospitals.

With the development of national boards, there has been a recent emphasis on legislating aspects of practice (e.g. professional development, indemnity insurance) for the protection of the public. We do not see why regulating use of psychological tests cannot be part of this drive.

We believe that having a legislative approach would be the most systematic way of ensuring regulation of psychological test use. We also believe that it is feasible and practical to identify the range of specific tests to be restricted because 1) they are already identified by the publishers, and 2) they comprise the core tools used by psychologists who undertake testing (e.g. clinical neuropsychologists, educational psychologists, and clinical psychologists).

As an analogy, the Pharmaceutical Benefits Scheme has a list of medications covered that changes under the governance of the Pharmaceutical Benefits Advisory Committee. We believe that it should be possible to restrict use of a (much smaller) number of psychological tests through legislation guided by psychologists' professional bodies.

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