

# PSYCHOLOGISTS REGISTRATION BOARD OF VICTORIA

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This submission is made by the Psychologists Registration Board of Victoria ('PRBV') in relation to the Consultation paper on Proposed arrangements for sharing and privacy under the National Registration and Accreditation Scheme for the Health Professions.

If you have any queries on these responses please contact the Chief Executive Officer: Ms Melanie Saba, 03 9629 8722 or [melanie.saba@psychreg.vic.gov.au](mailto:melanie.saba@psychreg.vic.gov.au)

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The PRBV concurs in general with the submission of the Council of Psychologists Registration Boards of Australasia Inc ('CPRB') but in addition offers these comments and some differences of opinion.

## **PRBV comments on key issues**

### PRBV comments on 2 Overview of information required to operate the scheme – Point 5:

PBRV believes that this information sharing should on be related to regulatory functions and for no other purpose.

### PRBV comments on Proposal 3.1.1 and 3.1.2:

PRBV suggest that the types of documents to support the information requirements listed in this section should not be enshrined in legislation. The requirements can be listed however, what type of evidence is needed to support the requirement should be left to the relevant Boards. In addition the Boards should have the ability to request additional information in support of an application. This flexibility will also allow for the different types of documents received from overseas applicants.

A) & B) Name and Date of Birth - collecting a name or a date of birth is not evidence of identity; this should be replaced by a requirement for Evidence of Identity which would always include a date of birth.

D) Overseas registration details - Not all countries have registration authorities. For example in India registration is not a requirement for psychologists,

## **PSYCHOLOGISTS REGISTRATION BOARD OF VICTORIA**

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therefore a registration authority does not exist. The ability to request additional information that would satisfy the Board would be a required discretionary power. If a "Certificate of Good Standing" is to be enshrined in legislation then its name needs to change. A certificate or letter of Registration Status should be the requirement as applicants may have expired registration, registration subject to conditions or may be under investigation, therefore the relevant authority could not provide what is commonly referred to and does not exist a "Certificate of Good Standing".

F) Not all countries may provide criminal history checks, see previous submission for Registration Arrangements, therefore this should be a discretionary power in the legislation with the ability to request alternative information.

### PRBV comments on Proposal 3.3.2:

PRBV question whether National E-Health Transition Authority ('NEHTA') and Medicare need to be advised if registration is expired, cancelled or suspended? PRBV suggest that this needs more research - who will take on the costs of these changeovers? Will it make the implementation of this scheme even more complex?

### PRBV comments on Proposal 3.4.1:

PRBV recommends that Evidence of Identity should be a requirement for initial registration and in some or all cases re-registration. For example, if an applicant has allowed their registration to lapse for 2 years or more many Boards does not request proof of identity only change of name - if applicable. Re-registrants are given a streamlined path back to registration which is appropriate however how can Boards be sure that the person applying for re-registration is the person who initially applied for registration? Perhaps an updated photo is appropriate and/or submission of identity documents. The types of documents required for Evidence of Identity should be left to the discretion of the Board, in some cases a birth certificate or passport is sufficient in other cases a 100 point check may be required where several documents such as bank statements, utility bills, membership cards etc make up 100 points.

## **PSYCHOLOGISTS REGISTRATION BOARD OF VICTORIA**

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### PRBV comments on 3.5 Document checking on initial registration:

PRBV suggests that this should be a requirement for all registration applications wherever the submission of documents is a requirement not just initial registration. In addition, a review needs to take place as to the persons which may verify documents. At present it is at the discretion of the Boards. In Victoria some Boards require documents to be verified by persons listed to authorise Statutory Declarations under the Evidence Act. Many of these persons are not appropriate persons to verify documents in overseas countries. For example would the verification of documents from a Vet from another country be suitable? The verification should be in accordance with the laws of the country from which the document is coming from and in accordance with the laws in the State/Territory it is to be used.

### PRBV comments on Proposal 3.8.3:

The Board/Agency supplies this information as per proposal 3.8.1 and therefore will maintain this information. Whilst workforce planning is not within the jurisdiction of the Board/Agency, the data collected may be useful for the purposes of identifying trends and issues within the health professions. PRBV does not support that the Boards should not have access to the information it collects- if not we could end up with a replication of our current problems where practitioners could be asked to provide the same information to both the Board and national bodies.

### PRBV comments on Proposal 4.1.1:

PRBV support Proposal 4.1.1, with one exception. The contact address and postcode should be a professional address and if one not available the registrant should not be required to provide an address to the public register. For example, non-practising registrants may not have a professional address. Personal addresses should not be accessible to the public.

### PRBV comments on 4.2 De-registered practitioners:

PRBV support Option 4. All those currently suspended or cancelled (de-registered other than for non-renewal) must appear on the register not just those from 1 July 2010. Clarification is needed for difference of active de-registration versus non renewal.

## **PSYCHOLOGISTS REGISTRATION BOARD OF VICTORIA**

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### PRBV comments on Proposal 4.6.2:

PRBV support Option 2 with the addition that patient and/or notifier details are de-identified.

### PRBV comments on Proposal 7.2.1:

PRBV support Proposal 7.2.1 with the addition that Board's may charge a fee for information provided as there will be administrative costs and resources involved.

### PRBV comments on Proposal 7.8.1:

PRBV notes that there are some issues with the width of the wording proposed-privacy laws etc determine that there must be a link with the provision of the information and that the registrant would expect that information to be shared.

### PRBV comments on Proposal 8.1:

PRBV does not support this being a function of the national registration boards. It is not the role of a registration authority to be responsible for a patient's Health Records. This could be seen as a breach of privacy. The records should be held by the relevant State or Territory Health Department. This would be unworkable and very costly, and which Board where there may have been multiple health professions involved in the care of a patient.