30 May 2018

‘Consultation – Proposal to retire the 4+2 internship pathway’

Email: psychconsultation@ahpra.gov.au.

To the Psychology Board of Australia

Equality in Psychology is an advocacy group of registered and provisional psychologists. We welcome the opportunity to respond to the Psychology Board of Australia’s public consultation paper on the proposal to retire the 4+2 internship pathway to registration. We wish to support option one and are writing to highlight a number of concerns we have about the proposal to retire this pathway to registration. Those of us who have undertaken this pathway would also like to provide our experiences of being 4+2 interns and supervisors.

The assertion that our current psychology training does not meet global standards.

The 4+2 internship pathway provides a practical route to psychology registration in Australia and is notably the same as that previously used in the United Kingdom (Helmes & Pachana, 2006). While it is acknowledged that the Doctor of Philosophy (Ph.D.) or Doctor of Psychology (D.Psych.) is currently required to practice as a psychologist in the U.S.¹ and Canada, there is also considerable debate about the merits of further training in psychology. Some research indicates further training does little to improve therapeutic outcomes for clients, while other evidence suggests therapists improve with practical experience over time (Erekson, Janis, Bailey, Cattani, & Pedersen, 2017; Goldberg et al., 2016). There is also some concern in the U.S. at the considerable debt accrued by psychology students in completing advanced degree programs (Olson-Garriott, Garriott, Rigali-Oiler, & Chao, 2014).

In trying to adopt a training program that is fully compatible with other countries it is likely that we will move further away from the registration requirements of our allied health colleagues. This is also likely to have flow on effects to the health profession more generally. The average salary of a psychologist in the countries requiring a doctorate is much higher than Australia’s average wage for psychologists. The average psychologist salary in the USA is US$83,455 (equivalent AUD$109,985) compared to Australia AUD$85,171 (Indeed., 2008).

¹ The doctorate in the U.S. is an additional degree that is not typically equivalent to APAC accredited programs (Helmes & Pachana, 2006).
There are also additional barriers besides qualifications that psychologists face in working overseas. Not only do training and licensing requirements differ considerably around the world but working in another culture or language can raise complex ethical challenges. Aspiring psychologists that desire to work abroad are freely able to choose an alternative pathway to registration, but we believe that it is not the responsibility of the Australian education system to ensure that all psychologists are eligible to work overseas.

The assertion that the 4+2 internship pathway differs markedly from the training model of all other regulated health professions in Australia.

Table 1 shows the study requirements for several allied health professionals in Australia.

Table 1. Comparison of Health Professional Study Requirements in Australia

<table>
<thead>
<tr>
<th>Profession</th>
<th>Degree</th>
<th>Duration (Years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dentistry</td>
<td>Bachelor of Dental Science*</td>
<td>5</td>
</tr>
<tr>
<td>Physiotherapy</td>
<td>Bachelor of Physiotherapy</td>
<td>4</td>
</tr>
<tr>
<td>Occupational Therapy</td>
<td>Bachelor of Occupational Therapy</td>
<td>4</td>
</tr>
<tr>
<td>Speech Pathology</td>
<td>Bachelor of Speech Pathology</td>
<td>4</td>
</tr>
<tr>
<td>Social Work</td>
<td>Bachelor of Social Work</td>
<td>4</td>
</tr>
</tbody>
</table>

*The Bachelor of Dental Science and equivalent programs typically require students to undertake clinical placements in their 5th year of training.

As shown in Table 1, the majority of these allied health professionals have 4 years of university education and training. In comparison, psychology graduates that undertake the 4+2 internship pathway have already completed 4 years of university education as part of an Australian Psychology Accreditation Council (APAC) accredited psychology degree. The internship pathway requires an additional 2 years of training and supervised practice and the successful completion of the National Psychology Exam. In total, psychologists that complete the 4+2 pathway have completed 6 years of education and training, substantially more than many other allied health professionals in Australia. These other professionals can place the public at much greater risk than psychologists, if not sufficiently qualified (e.g. dentistry or physiotherapy). They also don’t require registrants to pass a Board exam to gain general registration. Psychologists are also paid the same salary as many of their allied health colleagues and often compete for generic positions with social workers, occupational therapists and speech pathologists. For example, clinician positions in the Department of Communities in Queensland are open to allied health clinicians who are paid at the same pay level whether the clinician is a registered psychologist or otherwise. Therefore, by mandating a 5-year minimum university program as part of the 5+1, many aspiring psychologists will be deterred from entering psychology in preference for other allied health disciplines.
The Board’s registration data suggests that the preferred pathway favoured by ‘psychologists in training’ is the standard higher degree (masters) pathway.

The registration data that the Board relies on are skewed by a variety of factors impacting the psychology profession. The two-tiered Medicare rebate system which allows clinical psychologists to provide Medicare rebateable psychological therapy services at the higher MBS schedule fee level has been a strong incentive for students to undertake the postgraduate clinical psychology pathway, particularly if a career in private practice is desired (Di Mattia & Grant, 2016). For example, under the Medicare Better Access initiative, clinical psychologists are rebated $124.50 per 50-minute session compared to all other psychologists, even those endorsed in other areas, who receive $84.80 for the same length session. Clinical psychologists also receive a significantly higher rebate for seeing Department of Veterans Affairs’ clients.

Psychology postgraduate programs also receive Commonwealth Grant Scheme funding for a proportion of postgraduate places, which can reduce the debt burden on students and has acted as an additional incentive for aspiring psychologists to choose the postgraduate pathway over the 4+2 internship (Voudouris & Mrowinski, 2010).

The 4+2 pathway is frequently the only option available to students living in rural and remote communities.

The 4+2 pathway is typically the only option for many students living in rural and remote communities. Psychology interns can complete their training in close proximity to where they live and work, and once registered can continue to provide high quality psychological services to their local communities. We cannot yet confidently abolish the 4+2 pathway if we are to manage the exponential demands on our health system. Psychology positions in regional and remote areas of Tasmania, Queensland, the Northern Territory and Western Australia often sit vacant for years due to a lack of applicants. If the 4+2 pathway is retired these positions will be even harder to fill on a permanent basis.

To expect students to complete an additional one year (5+1 program) or two years of full-time study after already completing a four-year undergraduate degree, means that they need to be in a solid financial position or be supported by family or partners to complete their training. At the moment because there is such high demand for Masters programs, prospective students require an exceedingly high GPA and need to distinguish themselves at selection interviews based on volunteer experience. Often mature-age students and those from diverse cultural or disadvantaged backgrounds are expected to balance family obligations and working part-time jobs with university study, making it difficult for them to obtain the marks required for entry into postgraduate programs.

We therefore argue that the removal of the 4+2 pathway unfairly discriminates against those from lower socioeconomic backgrounds, those in areas not offering 5+1 or advanced degree programs, and those with family obligations. If people with lived experience who have
experienced disadvantage (socioeconomic, geographical) or diversity are pushed out of psychology, we will lose many future psychologists whose lived experience enriches their capacity for understanding and empathy for clients. This last point particularly applies to rural and remote practicing psychologists who have families and professional reasons for being unable to access city-based postgraduate programs and thus our rural and remote regions are unable to access the profession and the services of urban areas.

The reduction of regulatory burden would be better achieved by streamlining the requirements and expectations of the 4+2 and 5+1 programs.

The requirements of the 4+2 and 5+1 are very similar. The competency levels were increased several years ago when additional requirements were added to the 4+2 program which has increased the regulatory burden referred to in the PBA submission. These changes have created this burden as opposed to the original 4+2 program. “The establishment of the PsyBA in July 2010 saw revisions to the requirements for the 4+2 pathway applied to a national model producing higher standards and tighter requirements for the two-year internship to enforce consistency of content, supervision and assessment requirements across the States and Territories and to raise the standards to be equivalent to those in other pathways to registration. The PsyBA also implemented a national psychology examination in order to address the identified variability in the quality of internships as they occur outside the accredited tertiary education system.” (Littlefield, 2016).

The Psychology Board of Australia (PsyBA) regulates the National Psychology Exam and the marking of case studies associated with the 4+2 pathway. However, psychologists pay substantial fees each year to the PsyBA to maintain registration ($462). Provisional psychologists pay $462 per annum, plus $450 to sit the National Psychology Exam and a further $485 when applying for general registration.

Table 2 indicates the registration fees for a number of allied health professionals.

Table 2.

**AHPRA Registration Fees for 2017-2018**

| The Psychology Board of Australia | registration fee for 2017/2018 has been set at $462, limiting the increase to indexation of 3.0%. |
| The Occupational Therapy Board of Australia | registration fee for 2017/2018 has been frozen at $110. |
| The Physiotherapy Board of Australia | registration fee for 2017/2018 has been frozen at $110. |

2 All provisional psychologists, including those that complete the higher degree pathway (Masters/DPsyc/PhD), will be required to pass the National Psychology Exam from 1 July 2019 to obtain general registration (Psychology Board of Australia., 2013).
As shown in Table 2 other allied health professionals pay a greatly reduced amount for annual registration. The high fees psychologists pay cover the costs of the compliance burden. If the 4+2 pathway is retired psychologists will naturally expect to pay lower fees to obtain and maintain registration from the PsyBA.

The 4+2 pathway continues to be a popular option among students despite alternative postgraduate pathways to registration.

The 4+2 pathway is a popular option for aspiring psychologists in Australia. Recent research suggests approximately 50% of all Australian psychologists have undertaken this pathway to registration (Kavanagh, 2015). This is particularly true for regional areas where master’s programs are inaccessible despite universities possessing the technology to deliver them.

Table 3 indicates the current numbers of provisional psychologists by pathway to registration.

<table>
<thead>
<tr>
<th>Pathway</th>
<th>ACT</th>
<th>NSW</th>
<th>NT</th>
<th>QLD</th>
<th>SA</th>
<th>TAS</th>
<th>VIC</th>
<th>WA</th>
<th>No PPP*</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>4+2</td>
<td>34</td>
<td>662</td>
<td>17</td>
<td>290</td>
<td>40</td>
<td>21</td>
<td>121</td>
<td>203</td>
<td>2</td>
<td>1390</td>
</tr>
<tr>
<td>5+1</td>
<td>6</td>
<td>220</td>
<td>4</td>
<td>137</td>
<td>6</td>
<td>13</td>
<td>273</td>
<td>114</td>
<td>2</td>
<td>775</td>
</tr>
<tr>
<td>Higher degree</td>
<td>73</td>
<td>547</td>
<td>5</td>
<td>531</td>
<td>137</td>
<td>38</td>
<td>896</td>
<td>273</td>
<td>7</td>
<td>2507</td>
</tr>
<tr>
<td>Overseas</td>
<td>0</td>
<td>12</td>
<td>2</td>
<td>7</td>
<td>6</td>
<td>0</td>
<td>18</td>
<td>3</td>
<td>3</td>
<td>51</td>
</tr>
<tr>
<td>Total</td>
<td>113</td>
<td>1441</td>
<td>28</td>
<td>965</td>
<td>189</td>
<td>72</td>
<td>1308</td>
<td>593</td>
<td>14</td>
<td>4723</td>
</tr>
</tbody>
</table>

* The No PPP column represents psychologists who do not have an Australian Principal Place of Practice recorded on the register.

As shown in Table 3, with the exception of Victoria, all other States and Territories have more psychology interns currently enrolled in the 4+2 pathway than the 5+1 program. The 4+2 pathway may be a more attractive option to students for a variety of reasons including that it provides more choice and variety in the placements available outside of university clinics and urban centres, proximity to where students live and work, and the limited number of available psychology postgraduate programs and places available (Littlefield, 2016). It is likely that if the 4+2 pathway is removed there will not be enough 5+1 program places to cater for the broad number of aspiring psychologists wanting an alternative to the expensive and competitive masters pathway.
There are not enough 5+1 places, and those that are available are not accessible to those in rural and remote areas of Australia.

Table 4 shows the number of 5+1 programs currently available in Australia.

Table 4

*Master of Professional Psychology (5+1) Programs in Australia*

<table>
<thead>
<tr>
<th>Program</th>
<th>Year Level</th>
<th>State/Territory</th>
<th>Higher Education Provider</th>
<th>Delivery Mode</th>
</tr>
</thead>
<tbody>
<tr>
<td>Master of Professional Psychology</td>
<td>5</td>
<td>NSW</td>
<td>University of New England</td>
<td>Online</td>
</tr>
<tr>
<td>Master of Professional Psychology</td>
<td>5</td>
<td>NSW</td>
<td>Charles Sturt University</td>
<td>Online</td>
</tr>
<tr>
<td>Master of Professional Psychology</td>
<td>5</td>
<td>NSW</td>
<td>Macquarie University</td>
<td>On-Campus</td>
</tr>
<tr>
<td>Master of Professional Psychology</td>
<td>5</td>
<td>NSW</td>
<td>University of New England</td>
<td>On-Campus</td>
</tr>
<tr>
<td>Graduate Diploma of Professional Psychology</td>
<td>5</td>
<td>NSW</td>
<td>Australian College of Applied Psychology</td>
<td>On-Campus</td>
</tr>
<tr>
<td>Master of Professional Psychology</td>
<td>5</td>
<td>NSW</td>
<td>University of Wollongong</td>
<td>On-Campus</td>
</tr>
<tr>
<td>Master of Professional Psychology</td>
<td>5</td>
<td>NSW</td>
<td>Western Sydney University</td>
<td>On-Campus</td>
</tr>
<tr>
<td>Master of Professional Psychology</td>
<td>5</td>
<td>QLD</td>
<td>Australian Catholic University</td>
<td>On-Campus</td>
</tr>
<tr>
<td>Master of Professional Psychology</td>
<td>5</td>
<td>QLD</td>
<td>University of Southern Queensland</td>
<td>On-Campus</td>
</tr>
<tr>
<td>Master of Professional Psychology</td>
<td>5</td>
<td>QLD</td>
<td>University of the Sunshine Coast</td>
<td>On-Campus</td>
</tr>
<tr>
<td>Master of Professional Psychology</td>
<td>5</td>
<td>TAS</td>
<td>University of Tasmania</td>
<td>On-Campus</td>
</tr>
<tr>
<td>Master of Professional Psychology</td>
<td>5</td>
<td>VIC</td>
<td>Australian Catholic University</td>
<td>On-Campus</td>
</tr>
<tr>
<td>Master of Professional Psychology</td>
<td>5</td>
<td>VIC</td>
<td>Cairnmillar Institute</td>
<td>On-Campus</td>
</tr>
<tr>
<td>Master of Professional Psychology</td>
<td>5</td>
<td>VIC</td>
<td>Deakin University</td>
<td>On-Campus</td>
</tr>
<tr>
<td>Master of Professional Psychology</td>
<td>5</td>
<td>VIC</td>
<td>Deakin University</td>
<td>On-Campus</td>
</tr>
</tbody>
</table>
As shown in Table 4, there are only two distance learning options to complete the 5+1 program at Charles Sturt University (CSU) and the University of New England. Both these programs require students to attend a number of residential schools and the CSU course requires students to engage in practicums near the campus in Bathurst. Student living in the ACT, Northern Territory, South Australia or outside of a capital city would be required to travel and attend campus several times during the program. In Tasmania, students are required to attend campus weekly, which may not be possible for rural or regional students. The 5+1 program requirements to attend campus make it difficult if not impossible for students with young families, those with caring responsibilities, and casual or inflexible employment to gain registration through this pathway. There is also the documented risk that if psychology students have to travel to large towns and cities they will establish themselves and not return to their rural and remote communities. Many psychology agencies are finding it difficult to attract provisional psychologists to areas outside of the big towns and cities, leaving these populations with limited access to psychological services. Employers may find it difficult to attract psychologists to rural, regional and remote areas, even with incentives like relocation packages, and most rural areas have 4+2 trained and experienced psychologists working in their teams.

*There is no research to suggest that the 4+2 internship program produces less skilled and effective psychologists than other pathways to registration.*

Dr Clive Jones (Psychologist) has extensively researched the Australian system for training psychologists. In response to the argument that we are raising our Australian training standards by retiring the 4+2 in favour of further postgraduate training, he asserts that practice needs to focus on qualitative measures (i.e. what is covered and how it is taught) rather than simplistic quantitative measures (i.e. years spent at university and the associated costs). Dr Jones highlights that the research continues to demonstrate that it’s not about the raw quantitative measure of time spent in training (and nothing to do with money spent on training) that improves our skilled performance as practitioners. It is far more about what we do in our training and the training methodology applied that will either help or hinder our future performance as practitioners. Ultimately, debate needs to shift away from arguments over ‘how long’ we spend at university to ‘what should we spend our time be on’ when in training. This is where the role of situated learning comes in and the arguments in favour of the +2 of the 4+2 training model.
The history of psychology practice in Australia validates clearly that expertise in any area of the profession, whether in lecturing, clinical practice or any other area of expertise, develops legitimately through a range of paths. To isolate the 4+2 pathway as problematic without any supporting evidence is unethical and unscientific and as stated earlier, makes a mockery of the scientist-practitioner model that we aim to uphold. Before any formal decisions are made about the effectiveness and quality of graduates of the 4+2 program, thorough independent research should be conducted.

Psychology students need more of what the +2 internship pathway offers; more opportunity to practice in the situated learning environment. Situated learning is shown to be a critical component of education and training for improving practice skills across all areas of health and allied health training. Unfortunately, while situated learning has become embedded across all undergraduate and postgraduate training programs in health and allied health, our psychology training continues to neglect this form of educational practice until after the 4th year of training. Other allied health professionals including social workers, mental health nurses, occupational therapists and counsellors, have students immersed in situated learning throughout the whole length of their training. The intentional goal is to build their psychotherapeutic practice skills through experiential learning. Psychology training does not currently do this, with 66% of our training prior to full registration and practice not having a priority situated learning methodology for the development of practice expertise. The +2 of the 4+2 pathway offers a very intense situated learning environment for students that is so desperately needed in the context of current shortfalls in the first four years of psychology training.

**Experiences of 4+2 (5 +1) interns and supervisors:**

Karen Donnelly, Psychologist, 4+2 Graduate, Registered STAP Supervisor since 2008, Queensland:

I have been supervising mainly 4+2 interns since 2008 and during this time, I have directly supervised 5 interns to completion of their program. These interns worked alongside me in the Department of Communities (QLD) as provisional psychologists providing services to people with intellectual disability. They were paid a starting salary of PO2 (approximately $40000 - $50000 per year) and all supervision was provided by the agency (by myself and other supervisors employed by the Department). Many government departments (Communities, Disability, Corrections, Youth Justice, Child Safety/Protection) employ provisional psychologists completing the 4+2 program and rely on these interns to fill their vacancies, particularly in rural and remote areas. I also provide supervision to external interns in my private practice and I charge an affordable $90 per hour. I keep my supervision fees low as I understand how difficult it was when I was an intern on a very limited income. I am also concerned about psychologists who want to work in fields such as disability and palliative care, as these are not generally taught in university courses, and most psychologists working in this area have been industry-trained via work shadowing and
4+2 supervision with experienced psychologists. The practical skills required by many aspects of psychological practice can’t be effectively taught in a university setting/clinic. I completed my 4+2 internship in 2004 and several years later I completed a Masters in Applied Science (Research) in the field of intellectual disability and dementia. My on-the-job training rather than university study, led me to an area of psychology that I was passionate about.

**Amanda Curran, Psychologist, 4+2 Graduate, Registered STAP Supervisor since 2010, Queensland:**

I registered as a supervisor in 2010 and to date I have worked with 14 Provisional Psychologists to get their registration (some are still working towards this). These have been both 4+2 and 5+1 pathways. I have found no difference in the quality of the work that either pathway produces. Both seem to need the same amount of training and coaching at the beginning of their internship with their learning curve being very steep with a rapid uptake of information and skills initially followed by consolidation and confidence building. There was however a significant difference in the type of provisional psychologists coming through each pathway with the 5+1 being younger, with no dependents and still being supported somewhat by their families. The 4+2 interns tended to be older, with young families or mature age students coming through Psychology after spending decades working in an associated field such as nursing. My fear is that in removing the opportunity for 4+2 that we are discriminating against those that have financial constraints such as families from being able to pursue psychology as a career. These individuals bring with them a wealth of life experience that enhances their practice and a perspective that is very different to people just starting out in a career. Both pathways have developed excellent Psychologists that I would be proud to work with as colleagues. My supervisees have come from very diverse backgrounds and work in a wide variety of settings. They are a credit to the profession and ensure that they are doing what is best for their clients at every juncture.

I have also had the opportunity to supervise Masters and PhD students and have found them to be very similar in skill and knowledge of the discipline as the Provisional Psychologists through the 4+2 and 5+1 pathways.

I completed a 4+2 internship 18 years ago. The process was rigorous, and I had a large amount of work to do on my internship in addition to working full-time in the field. For me this was stimulating and invigorating as I am very much a person that learns through seeing and doing rather than through reading and lectures.

**Helen Billows, Provisional Psychologist (presently undertaking 4+2 pathway), South Australia:**

Following completion of my honours degree in psychology at The University of Adelaide (for which I obtained a GPA of 6.0 [H2A]), after applying for a Master of Clinical Psychology at all three Adelaide universities, I did not receive any offers for interview.
During my honours degree, I was ineligible for student allowances and working two jobs to support myself – if I had had access to more financial support, I am certain I would have earned a higher GPA, which may have enabled me entry into a clinical masters program. In South Australia, the 5+1 option is not available. At this stage, I began to search for employment in the mental health field in attempt to increase my level of experience, thus improving my application for clinical masters. Despite completion of a 4-year degree, honours graduates generally have very few practical skills (these programs rarely contain training in therapeutic skills or placements, they tend to be more geared towards research) – perhaps because it is assumed that these students will continue on to masters programs within psychology, despite the fact that, in proportion to the size of honours cohorts, masters places are negligible. Consequently, this creates great difficulty for honours graduates in securing paid employment within mental health, and, after hundreds of applications, I was unsuccessful. As moving interstate where more masters/5+1 programs are available was not a financially viable option, I instead applied for a Master of Counselling and Psychotherapy at The University of Adelaide where I was immediately offered an interview, and shortly after, accepted for admission. Completing this program enabled me to gain employment as a counsellor, a position which then allowed me to engage in the 4+2 internship. In my personal experience, of the ten or so people I knew during honours, one has continued training in psychology (utilising the 4+2 pathway). The others, despite desires to pursue clinical practice, reported feelings of frustration, helplessness and disillusion prompted by the incredible difficulty involved in gaining registration. Many have changed careers, while others have diverted towards research. If the 4+2 pathway is retired, many bright, determined and passionate students like myself will be left without options.

Tracey Martin-Cole, Psychologist, Director of a multidisciplinary mental health team in regional and remote area, 4+2 graduate, MHS intern, PBA approved supervisor, Tasmania:

On our team of 14 clinicians, 8 of those are psychologists, they range from one PhD clinical psychologist, two clinical masters graduates, and 5 psychologists who are or have completed the 4+2 pathway. Of the psychologists on our team all five of the 4+2 have had at least one other degree, several have masters degrees, just not clinical, and all have niche specialities as a result of working in a very high needs area, with access to training in our MHS settings. The clients that attend our practice are unusually complex and we service clients that are not seen in private practice in urban settings, due to a shortage of service providers in our rural/regional areas. All have children and partners that own businesses and would not be able to access the only clinical masters training that is 4hrs drive away, and requires attendance on site 3 days per week. All the clinicians in our team have access to high quality supervision and training, and are well supported both operationally and clinically to develop the competencies required in such a high demand area. We typically have a wait list of 100 plus people at our practice, and our waiting times vary from 2-16 weeks, this has been consistent for the past 7 years. The demand for MH services in our region is well beyond capacity of our region and we would not have a service at all without the 4+2 model of
practice for psychologists.

The 4+2 pathway to supervision was rigorous and included access to a multidisciplinary team, across both adult and child and family work, and in multiple settings, I had access to psychiatrists, and understood the value of a stepped care model early in my career. All of the training that I had prepared me well for a client centered approach to MH care, and to work with and connect to all services available for clients to be well and reduce the burden on our health care system.

Currently our region has the highest suicide rates in the country behind the NT, and the highest hospitalisation rates in the country for MH, this is not due to poor training pathways, it is due to a shortage of psychologists generally, the two suicides at our practice last year occurred on our waitlist, not on our watch, but due to underfunding and lack of access to psychological services, it is NOT accurate that we have enough pathways for psychology training to abolish the 4+2 training, NOT in rural/regional areas, and not whilst people are dying or being hospitalised due to a shortage of psychologists in regional areas.

I find that the 4+2 trained psychologists are sought out by higher degree psychologists for clinical areas of specialty due to having experience in those areas, that higher degree training doesn’t necessarily provide. All the registered MH professionals on our team work together and support one another to manage clients, and we all find that our different pathways do not separate our clinical outcomes, rather it is about the individual clinicians and the match for the skill sets and the clients. I don’t think enough research has been done on clinical client outcomes in terms of differential pathways of training for psychologists to justify abolishing a pathway that is currently required to address a shortage in rural/regional areas.

**Linda Davis, Provisional Psychologist, currently undertaking the 4+2 pathway**

I believe that it is important to keep and improve the 4+2 pathway. In particular I feel that it is an invaluable approach for people such as myself who have had a rich and varied life experience, work history, and other prior experiences who can contribute to the field of psychology. I am 62 years old, I have other relevant undergrad and postgrad studies and I cannot justify the cost of further studies. Additionally, the 4+2 in many ways adds a richness of experiential learning lacking in universities. To suggest that it has less intellectual rigour (as muted in the recent webinar) is simply rubbish; without foundation.

**Justine Knott, Psychologist in Private Practice, 4 +2 qualified psychologist**

In the 1990’s, after completing a Post Graduate Diploma (accredited 4th year), I chose to complete my psychologist registration via the 4+2 training pathway. One reason for doing this was financial. My parents were unable to continue supporting me financially after 6 years of university (I completed a four-year Bachelor of Education with a major in psychology and a two year part time Post Graduate Diploma). It would not have been financially viable for me to continue doing a further two years of a Masters Degree without full time employment. The other reason for seeking this pathway was wanting to start
working with clients and applying the knowledge of psychology I had learned in my undergraduate and post graduate studies. Having completed my undergraduate psychology studies within a teaching degree, I had learned the value of intensive on the job placements during teaching rounds. I wanted to start working with people in the community and using the knowledge I had gained. I searched for appropriate work opportunities and was interested in working for the Department of Human Services, in Child Protection. I secured work and located an excellent supervisor, a clinical psychologist, who shared with me his vast amount of knowledge and the practice wisdom he had developed through his own years of practice as a psychologist. I was able to learn on the job through the clients I was working with and through the support of my supervisor. I found this learning more meaningful and applied than my Post Graduate Diploma which was theory based.

When I meet psychologists now, I am struck by the richness and uniqueness of their experiences that they have been exposed to through their different pathways of training. I fear in 30 years time that we will have lost diversity in experience and diversity in our profession. I believe we will also lose a lot of young people from the profession who would have made wonderful psychologists. I have met many young people who are moving into other occupations which require less years of training, such as social work. If the 4 + 2 pathway is retired, I believe we will be restricting the range, backgrounds and numbers of people who are able to afford the training to become a psychologist. If this pathway is retired, this will impact most on people such as myself, who do not have family support, people with dependents who need to work, and people of lower socio-economic status who cannot afford the training.

Andrea Harper, Psychologist, 4+2 Graduate, PBA Approved Supervisor

I am a privately practising psychologist since 2012 after managing (as a provisional psychologist) four Mental Health Services funded by GPSA and DOHA (ATAPS Tier 1 & 2; Suicide Prevention Service; Child Mental Health; Youth Mental Health; Aged Care Mental Health; Perinatal Mental Health; Shared care) with clinical supervision for a team of 14 multidisciplinary health professionals including psychologists, a clinical psychologist, mental health nurses, social workers (mental health) and an Occupational Therapist. My brief was also to arrange and train GP’s in accredited mental health programs and chair the mental health committee for the local area that included GP’s, allied health professionals and stakeholder representatives. In this role I was responsible for leading a team of allied health professionals to develop and roll out the ATAPS Suicide Prevention Service and did this successfully two months ahead of schedule. My team included a provisional psychologist who was a health masters student completing their program requirements within the scope of their clinical counselling role under my leadership. I also had a number of 4+2 psychologists who were provided access to high quality accredited training that met the requirements of the program (pathway to registration and the DoHA requirements for the above mentioned programs). These employment pathways were critical in supporting provisional psychologists in meeting their registration requirements while providing them with an
adequate income – something a university Master’s program is unable to provide.

I have since held senior roles in both management and clinical positions as a registered psychologist with teams consisting of provisional psychologists who are completing their 4+2 as well as their supervision for endorsement in clinical psychology. These have been paid roles for provisional psychologists, who have repeatedly stated that they would have never been able to complete their registration if they had not been able to earn an income while pursuing their pathway to registration. I am also supervising 4+2’s and 5+1’s in private practice and providing internship (paid) and placements as I realise these opportunities are critical for a robust, diverse, highly trained and work ready cohort of psychologists if our profession is to survive and meet the demands of the public.

On a personal level the 4+2 gave me the opportunity to pursue registration while working fulltime, raising 2 children as a sole parent with no support in conjunction with significant health challenges. I have no desire to pursue endorsement in clinical psychology nor a masters degree unless it can add to a comprehensive skill set that can be attributed to on the job, real life training. I have been in private practice since becoming registered in 2012 after 13 years of counselling and am not reliant upon Medicare for my income, instead I provide clinical services across the board that include counselling and groups for veterans with PTSD, NDIS, EAP and Workcover to name a few. I could not continue to maintain an income in private practice if my skills were sub-standard. Until there became a division in the profession I was also writing medico-legal reports regularly. I still continue to assess and diagnose as this is a basic tenet and core skill of psychologists as a whole, as professionals, as equals; not the domain of only clinically endorsed psychologists.

We also consider it important that the panel and Ministers be aware of the current political issues and conflicts in the psychology profession. There has been a push to retire and eliminate the 4+2 internship model for a number of years - this has been driven mainly by clinical psychologists. There are also significant concerns held by general and non-clinically endorsed psychologists about the representativeness of the Australian Psychological Society (APS). The APS Board consists of a significant majority of clinical psychologists, while only 25-30% (this is approximate as exact figures are not publicly available) of their membership base are clinical psychologists. The representativeness and motivations of the APS Board have been rightfully questioned due to these figures.

We appreciate the time taken to consider these issues from the perspectives of psychologists working in the field, particularly those who have themselves completed the 4+2 pathway.

Sincerely,
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