



# Guidelines on area of practice endorsements

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## Definitions

In these guidelines:

**Active continuing professional development** means professional learning activities that engage the participant in active training through written or oral activities designed to enhance and test learning.

**AHPRA** means the Australian Health Practitioner Regulation Agency.

**Approved qualification** for endorsement of registration means a qualification obtained by completing an approved program of study relevant to the endorsement which appears on the Board's list of approved programs.

**Area of practice endorsement** is a mechanism provided for by section 98 of the National Law through which additional qualifications and advanced supervised practice recognised by a Board can be identified to the public, employers and other users of the online Register of Practitioners. Practitioners with an area of practice endorsement have that area of practice notated on the public register, and can use the title associated with that area of practice.

**Board** means the Psychology Board of Australia.

**Client contact** means direct client contact performing specific tasks of psychological assessment, intervention, prevention, consultation and management planning.

**Ministerial Council** means the Australian Health Workforce Ministerial Council comprising ministers of the governments of the participating jurisdictions (states and territories) and the Commonwealth with portfolio responsibility for health.

**National Law** means the Health Practitioner Regulation National Law, as in force in each state and territory of Australia.

**Registrar** means a generally registered psychologist who is currently undertaking a Board-approved supervised registrar program for the purpose of gaining an endorsement in an approved area of practice.

**Registrar program** means a Board-approved post-masters or post-doctoral supervised practice program which is undertaken for the purpose of gaining an area of practice endorsement.

**Standard** means a registration standard approved by the Ministerial Council. In these guidelines, the standard is for area of practice endorsements.

## 1. Introduction

These guidelines have been developed by the Psychology Board of Australia (the Board) under section 39 of the Health Practitioner Regulation National Law as in force in each state and territory (the National Law). The guidelines supplement the requirements for area of practice endorsements:

- in the National Law as set out under sections 15, 98 and 99, and
- in the Board's *Area of practice endorsements registration standard*.

These guidelines supersede all previous guidelines issued from the date of effect.

The relevant sections of the National Law are set out in [Appendix A](#). The Board's *Area of practice endorsements registration standard* is published on the website at [www.psychologyboard.gov.au](http://www.psychologyboard.gov.au) under *Registration standards*.

### 1.1 Who needs to use these guidelines?

These guidelines provide guidance to psychologists, supervisors, and psychology students. In particular, they provide information to:

- applicants for general registration who have an accredited postgraduate degree (or overseas equivalent) and are considering undertaking the registrar program pathway
- psychologists undertaking a registrar program
- Board-approved supervisors of psychology registrars undertaking the registrar program, and
- registered general psychologists who hold an area of practice endorsement

These guidelines may also provide guidance to employers and clients of psychologists who have an endorsement or are seeking to obtain an endorsement in the future.

These guidelines address the qualification and supervision requirements to be completed to become eligible for area of practice endorsement.

### 1.2 Summary

Area of practice endorsement of a psychologist's general registration is a legal mechanism under section 98 of the National Law which enables a notation to be included on the public register. The notation identifies psychologists who have advanced training in a specific area of practice, having completed a postgraduate qualification and a registrar program in an approved area of practice.

In Australia, all psychologists are registered on a single register. The notation of an endorsement appears on the common public register; it is not a separate specialist register. Nor is area of practice endorsement based on experience derived during the course of a professional career. To be eligible for an area of practice endorsement a psychologist must have undertaken education and training over and above the minimum level of psychological training required for general registration.

The Australian Health Workforce Ministerial Council (the Ministerial Council) has approved nine areas of practice in the psychology profession for which psychologists with general registration may be endorsed. The nine approved areas of practice are:

- clinical neuropsychology
- clinical psychology
- community psychology
- counselling psychology
- educational and developmental psychology
- forensic psychology
- health psychology
- organisational psychology, and
- sport and exercise psychology.

## 2. Endorsement and use of title

Area of practice endorsement indicates that a psychologist has advanced qualifications and training in a particular area of practice, and enables the use of a protected title associated with the area of practice. Only psychologists with general registration and an approved area of practice endorsement may use a title that indicates that they hold an endorsement. For example, a psychologist who has been endorsed as qualified to practise in the area of clinical psychology may refer to themselves as a 'clinical psychologist'.

A person who does not have an endorsement for clinical psychology must not use the title 'clinical psychologist' or any other title that may lead the public to believe that the person holds such an endorsement. This applies to each of the nine areas of practice approved for endorsement.

The protected titles associated with the approved areas of practice are:

- clinical neuropsychologist
- clinical psychologist
- community psychologist
- counselling psychologist
- educational and developmental psychologist
- forensic psychologist
- health psychologist
- organisational psychologist, and
- sport and exercise psychologist.

Section 118 of the National Law prohibits the use of the title 'specialist' by any practitioner who is not included on an approved specialist register established under section 13 of the National Law. There is no approved specialist register for psychology, therefore section 118 of the National Law prohibits psychologists in Australia from using the title 'specialist' or any other title that could be reasonably understood to indicate that the person is a registered specialist under the National Law (maximum penalty for an individual — \$30,000).

When the breach is committed by a registered practitioner, it may also constitute behaviour for which health, conduct or performance action may be taken under part 8 of the National Law or under corresponding law of a co-regulatory jurisdiction (such as NSW).

The title 'registrar' is not a protected title under the National Law, but the Board states that the title may only be used in relation to the practice of psychology by candidates currently undertaking an approved supervised practice (registrar program) for the purpose of gaining an endorsement in an approved area of practice. Use of the title 'registrar' for any other purpose may be misleading.

Psychologists undertaking a registrar program must ensure they do not use the title in such a way that it may lead a person to believe that they currently hold an endorsement. Examples of acceptable titles are 'registrar in clinical psychology', 'registrar (clinical psychology)' or 'clinical psychology registrar'.

Candidates undertaking accredited postgraduate degrees who have general registration, but not an endorsement, may only refer to themselves as a 'psychologist' or 'registered psychologist'. Registered general psychologists have unrestricted rights to use the title 'psychologist' and may undertake any work using that title as long as they maintain general registration and practise within the limits of their competence.

A generally registered psychologist may use descriptors in combination with the title 'psychologist' provided that:

- the title does not knowingly or recklessly claim or induce a belief that the psychologist has an endorsement in an approved area of practice that the psychologist does not hold, and
- the title does not knowingly or recklessly claim that the psychologist is a specialist health practitioner; for example, 'specialist clinical psychologist', 'specialist psychologist'.

Titles not specifically associated with an approved area of practice such as 'school psychologist', 'consultant psychologist', 'occupational psychologist', consumer psychologist, cross-cultural psychologist, or other titles that meet the above requirements are acceptable provided that the psychologist does not over-represent their area of expertise and practises only within their scope of competence as required by the Code of Ethics.

In advertising a psychology service, a practitioner is required not to represent (claim/hold out), directly or indirectly that they hold endorsement for any area of practice recognised in Australia if they do not hold that endorsement.

The Board recognises that in some states and territories, public sector industrial awards enable the employment of a psychologist in a position that has a title approved under an industrial award (that is, clinical psychologist) although the psychologist may not meet the requirements of the Board's *Area of practice endorsement registration standard*.

In such cases the psychologist must not use the title in a way that may induce a belief that the psychologist holds an endorsement in that approved area of practice. It must be clear to the public that the title relates specifically to the position being held, and the psychologist must not use this title outside the context of their employment under the specific award (e.g. in private practice).

Psychologists are encouraged to apply for an area of practice endorsement to overcome this difficulty. The Board anticipates that industrial awards will in time align with the national endorsement standard.

Under section 119 of the National Law, claiming to hold an endorsement of registration for an approved area of practice when one does not hold that endorsement is an offence (maximum penalty for an individual — \$30,000) and may also constitute behaviour for which health, conduct or performance action may be taken.

Further information about use of titles by psychologists is included in the Board's *Guidelines for advertising regulated health services* published at [www.psychologyboard.gov.au](http://www.psychologyboard.gov.au)

### 3. Qualifications and supervised practice requirements for endorsement

To be eligible to apply for endorsement in one of the approved areas of practice, a psychologist must have:

- a) completed an approved postgraduate qualification accredited as a fifth to seventh year of study or higher in one of the approved areas of practice, followed by a minimum of 1500 hours of approved supervised practice with a Board-approved supervisor in the registrar program, or
- b) an approved postgraduate qualification accredited as a fifth and sixth year of study in one of the approved areas of practice which includes a doctoral thesis, followed by a minimum 2250 hours of approved, supervised equivalent practice with a Board-approved supervisor in the registrar program, or
- c) completed an approved postgraduate qualification accredited as a fifth and sixth year of study, or as a sixth year bridging program, in one of the approved areas of practice, followed by a minimum of 3000 hours of approved supervised practice with a Board-approved supervisor in the registrar program, or
- d) completed another postgraduate qualification followed by a period of supervised practice that, in the Board's opinion, is substantially equivalent to a), b) or c) or
- e) previously held an area of practice endorsement in an approved area of practice under the National Law, and met the requirements to maintain that area of practice endorsement while generally registered, and is not otherwise disqualified from holding that endorsement.

Postgraduate qualifications and supervised practice that have been completed overseas will be assessed under d). For more details please refer to the *Overseas applicants* section of the Board's website.

#### 3.1 Trans-Tasman Mutual Recognition

Psychologists who are registered and hold a current practising certificate for New Zealand can apply for registration under the Trans-Tasman Mutual Recognition (TTMR) Act for a registration type in Australia that is equivalent to their registration type in New Zealand. There are three professional scopes of practice in New Zealand that are equivalent to area of practice endorsements in Australia, therefore, applicants

under TTMR are qualified for general registration with an area of practice endorsement in Australia under the following equivalency rules:

The scope of practice for a:

- Counselling Psychologist in New Zealand is equivalent to general registration with a counselling psychology area of practice endorsement in Australia
- Clinical Psychologist in New Zealand is equivalent to general registration with a clinical psychology area of practice endorsement in Australia, and
- Educational Psychologist in New Zealand is equivalent to general registration with an educational and developmental psychology area of practice endorsement in Australia.

A psychologist who wishes to apply for an area of practice endorsement in Australia that does not have an equivalent vocational scope of practice registration in New Zealand can apply for general registration under TTMR and apply for the endorsement separately.

### 3.2 Multiple endorsements

A psychologist who already has one or more endorsements and is undertaking further training to obtain another endorsement must complete 75 per cent of the supervised practice hours required for that new endorsement after completing their postgraduate studies. For example, a psychologist who would normally require 3000 hours of supervised practice (following completion of a two-year masters-level qualification) must complete 2250 hours of further supervised practice. An applicant who would normally require 1500 hours of supervised practice (following completion of a doctoral qualification) must complete 1125 hours of supervised practice to gain the second endorsement.

A psychologist who is not endorsed, but is simultaneously seeking two endorsements (for example, following completion of a higher degree program associated with two areas of practice) is required to undertake 75 per cent of the supervision required for each endorsement. For example, a psychologist who would normally be required to undertake 3000 hours of supervised practice following completion of a dual professional doctorate (1500 hours for each area of practice), must undertake 1125 hours in each area (that is, a total of 2250 hours).

A complete list of accredited and Board-approved qualifications is available at [www.psychologyboard.gov.au](http://www.psychologyboard.gov.au) under *Accreditation*.

### 3.3 Equivalence guidelines

The Board will consider applications for endorsement where the applicant does not meet a), b) or c) but has completed a postgraduate qualification followed by a supervised practice program that, in the Board's opinion, is substantially equivalent to an accredited postgraduate qualification followed by the registrar program.

When considering these applications the Board will use the following as a guide:

Qualification and training pathways considered to be substantially equivalent to the standard accredited qualification and registrar program training pathway in an approved area of practice for the purpose of applying for an endorsement are:

- psychology qualifications gained overseas that have been assessed by the Board, or an authority authorised by the Board, as equivalent to a postgraduate qualification accredited as a fifth, sixth and seventh year of study, followed by a minimum of one year of supervised, full-time equivalent practice in the approved area of practice acceptable to the Board
- psychology qualifications gained overseas that have been assessed by the Board, or an authority authorised by the Board, as equivalent to a postgraduate qualification accredited as a fifth and sixth year of study followed by a minimum of two years of supervised, full-time equivalent practice in the approved area of practice acceptable to the Board, and

- postgraduate psychology qualifications gained in Australia before the Australian Psychology Accreditation Council (APAC) began accrediting postgraduate professional degrees in 2003. The qualification must have been assessed by the relevant state or territory board (or authorised body) at the time as equivalent to a postgraduate qualification accredited as a fifth and sixth year or fifth, sixth and seventh year of study. Completion of the qualification must be followed by a period of supervised, full-time equivalent practice in the approved area of practice acceptable to the Board.

For psychology qualifications gained overseas, the Board may consider a relevant membership of a recognised overseas professional body (additional credentials held by individuals to practise in the profession) where the overseas postgraduate qualification is deficient in the satisfactory completion of a practical component or a constituent element, to assess whether the two qualifications, together, satisfy the requirements of substantial equivalence.

The Board will not consider work experience and professional development activities in the area of practice as equivalent to an accredited postgraduate qualification. Psychologists who do not hold a postgraduate qualification in the area they wish to become endorsed in (including those seeking a second endorsement in another area) are advised to apply to educational institutions offering accredited programs. Applicants may wish to request advanced standing or credit for work already undertaken. Decisions to grant credit or advance standing are at the discretion of the individual educational institution.

### 3.4 Maintaining endorsement

To maintain endorsement in an approved area of practice, a psychologist must maintain general registration. If general registration lapses, or is cancelled or suspended, or is changed to non-practising for a period, the endorsement also lapses, however the psychologist is eligible for reinstatement of the endorsement when applying to be generally registered again.

In accordance with the [Code of Ethics](#) psychologists only provide services within the boundaries of their professional competence and all psychologists are responsible for bringing and maintaining appropriate skills and learning their areas of practice. This includes undertaking psychological practice and continuing professional development in the area of practice sufficient to maintain competence in the area of practice.

If a psychologist's skills and knowledge in an area of practice decline due to extended absence from psychology practice, or period working in another area of practice, or due to emotional, physical or mental impairment, or for any other reason, they must take steps to ensure their competence before returning to the area of practice. Additionally, psychologists who are permitted to use a title associated with the area of practice, must take care not to misrepresent their current levels of skills and expertise.

If necessary to ensure protection of the public the Board can refuse to renew an endorsement of registration, or impose conditions on an endorsement of registration, or accept an undertaking from the psychologist with regard to the endorsement of registration.

## 4. The registrar program

In addition to holding an approved qualification for general registration accredited at sixth year or higher, a candidate must complete a period of Board-approved supervised practice (the registrar program) to become eligible to apply for an endorsement.

The Board will grant endorsement when the candidate has graduated from their accredited higher degree, obtained general registration, and successfully completed the Board-approved registrar program.

### 4.1 Entry into the registrar program

All applicants for entry into the registrar program must have general registration as a psychologist in Australia, and must have completed an accredited postgraduate degree (or equivalent for overseas and doctoral applicants) in the area of practice. Concurrent applications for general registration and entry into the registrar program are accepted. However, if the application for general registration is refused, the application to commence the registrar program will be automatically refused because the applicant cannot meet the registration requirement.

Applicants for general registration are required to have passed the national psychology examination (unless an exemption applies<sup>1</sup>). For information about the exam and transition provisions please visit the [National psychology examination](#) section of the Board's website.

Applicants who complete an accredited fifth and sixth year qualification (such as a two-year masters) may apply for general registration and entry into the registrar program once all the requirements of the degree are completed, and their academic transcript verifies completion and eligibility to graduate. It is not necessary to wait for formal graduation (that is, attending the graduation ceremony).

Early general registration is available for doctoral candidates who have completed all the coursework and placements for their degree and have made substantial progress with their doctoral thesis to the point where it is equivalent in size and scope to a masters thesis. Applicants must arrange for their university to provide AHPRA with an official academic transcript showing completion of all coursework and placements, and a declaration form (PDEC-76) completed by the head of school regarding progress with the thesis. For details on applying for early general registration refer to the Board's *Policy for higher degree students applying for general registration*.

Overseas-trained applicants for entry into the registrar program will have their postgraduate qualification assessed for equivalence in accordance with the assessment framework that is published on the Board's website. Overseas applicants who have also completed formal post-masters or post-doctoral supervised practice in the area of practice that was recognised by the local registration or licensing authority, may also apply for recognition of prior supervised practice towards the requirements of the registrar program.

#### 4.1.1 General requirements of registrars during the registrar program

The Board expects registrars to develop the capacity for continuing self-appraisal and to seek appropriate supervision and peer consultation over the course of the registrar program. In particular the Board expects registrars to:

- identify the limit of their competence in any given situation
- consult with their supervisor regularly with regard to competence of the registrar
- in consultation with their supervisor, arrive at a mutually agreed course of action when competence is limited
- implement the agreed-upon course of action (which may include seeking other professional opinion)
- identify broader areas in which they require CPD
- formulate a plan to develop these areas, in consultation with their supervisor, and
- monitor their progress in these areas and readjust the plan as necessary, in consultation with their supervisor.

#### 4.1.2 Content of the registrar program

The registrar program consists of three components:

- psychological practice
- supervision with a Board approved supervisor, and
- CPD.

The area of practice qualification held by the applicant determines the level of each component required in the registrar program in order to qualify to apply for an area of practice endorsement.

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<sup>1</sup> The Board has applied an exemption from sitting the examination to graduates of accredited postgraduate degrees who apply for general registration before 30 June 2016. The exemption is currently being reviewed and any changes will be published in the Examination guidelines which are available on the website at [www.psychologyboard.gov.au/Registration/National-psychology-exam.aspx](http://www.psychologyboard.gov.au/Registration/National-psychology-exam.aspx).

#### 4.1.3 Table 1: registrar program requirements for area of practice endorsement

Qualification	Minimum duration of psychological practice	Total hours for the registrar program <sup>1</sup>	Supervision with a Board-approved supervisor <sup>2</sup>	Active professional development <sup>2</sup>
Approved to seventh year or above e.g. DPsych/PsyD degree	44 weeks	1,500 hours	40 hours	40 hours
Approved to sixth year with a doctoral thesis e.g. combined MPsych/PhD degree	66 weeks	2,250 hours	60 hours	60 hours
Approved to sixth year e.g. MPsych/post-masters bridging	88 weeks	3,000 hours	80 hours	80 hours

<sup>1</sup> Total hours are including CPD and supervision.

<sup>2</sup> The CPD and supervision hours in this table will satisfy the CPD requirements for general registration. You do not have to do extra CPD if you are already completing at least 10 hours of supervision (peer consultation) and 20 hours of other professional development activities during the registration year (1 December to 30 November) in a part-time or full-time registrar program.

- The forms for applying to commence the registrar program, reporting to the Board during the registrar program, and for applying for an area of practice endorsement on completion of the program, are available in the [Forms](#) section of the Board's website.
- Before beginning a registrar program, the psychologist must submit an application for approval of a registrar program to the Board. The application must include details of the proposed supervision arrangements. The Board must grant approval before the applicant begins the registrar program and the program must begin within 28 days of the date it is approved by the Board.
- Six-monthly progress reports must be submitted to the Board.
- Approval must be sought from the Board before any substantial change is made to the registrar program, including changes to the primary work role or the supervisor.
- The registrar program must be completed within five years of the date it is approved by the Board. On completion of the program, the psychologist is required to submit a final progress report, along with an application for endorsement to the Board.
- The registrar program must address all the core competencies for the area of practice (refer to [Appendix B](#)) and incorporate the supervision and CPD requirements set out in [Table 1](#) above.

#### 4.1.4 Core competencies

For a registrar seeking area of practice endorsement, the candidate must be able to demonstrate that the core competencies relevant to the area of practice have been met at a level consistent with the depth and expertise expected of an entry-level endorsed. The specific competencies for each of the areas of practice are detailed in [Appendix B](#) of these guidelines.

The core competencies are:

Core competency		Description
1.	Knowledge of the discipline	Includes: psychological theories and models the empirical evidence for the theories and models, and the major methods of inquiry.
2.	Ethical, legal and professional matters	Includes detailed knowledge and understanding of ethical, legal and professional issues relevant to the area of practice.
3.	Psychological assessment and measurement	As relevant to the area of practice.
4.	Intervention strategies	As relevant to the area of practice.
5.	Research and evaluation	Includes the systematic identification, critical appraisal and application of relevant research evidence.
6.	Communication and interpersonal relationships	Includes the ability to communicate in written and oral form from a psychological perspective in a style appropriate to a variety of different audiences, and interact professionally with a wide range of client groups and other professionals.
7.	Working with people from diverse groups	The ability to apply knowledge and understanding of how the practice of psychology is influenced by social, historical, professional and cultural contexts. This includes demonstrating the ability to competently and ethically practice with people who differ from the psychologist and as relevant to the area of practice.
8.	Practice across the lifespan	Includes demonstrating knowledge and understanding of practice across the lifespan issues and the core competencies required for work with clients in different lifespan stages as relevant to the area of practice in the context in which the psychologist works.

During the course of the registrar program, regular assessment of these competencies must be made and comments included on the six-monthly progress reports. At the conclusion of the registrar program a final assessment of competencies must be included in the final progress report. All competencies must be achieved before the registrar is eligible to apply for endorsement of registration.

## 4.2 Psychological practice

Practice means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a registered psychologist in the profession. Practice in this context is not restricted to the provision of direct clinical care. It also includes using professional knowledge in a direct, non-clinical relationship with clients, working in management, administration, education, research, advisory, regulatory or policy development roles, and any other roles that affect the safe, effective delivery of services in the profession.

To be approved by the Board for the purpose of the registrar program, the psychological practice must:

- be within an area of practice approved for endorsement, and
- include a minimum of 176 hours per annum of direct client contact (client contact means direct client contact performing specific tasks of psychological assessment, intervention, prevention, consultation and management planning).

Full-time psychological practice for the purpose of the registrar program is approximately 34 hours per week over a 44-week year (allowing eight weeks of annual and personal leave). Therefore, a two-year, full-time registrar program consists of 3,000 hours of practice including supervision and CPD, a one-year registrar program is 1,500 hours and an 18-month program is 2,250 hours). These total hours can be spread over a maximum of five years.

There must be a minimum of 176 direct client contact hours each year. When circumstances require the registrar to take extended leave or cut back to working only a few hours a week, the minimum requirement must still be met. It is strongly recommended that registrars complete more than the minimum direct client contact hours unless special circumstances apply.

The total professional development requirement is included in [Table 1](#). For a registrar with a sixth year qualification (such as a masters degree), this is a total of 160 hours professional development (80 hours' supervision and 80 hours' active CPD) spread over the course of the registrar program, with a minimum of 30 hours per year (10 hours' supervision and 20 hours' active CPD) to meet the Board's CPD registration standard.

It is important to note that registrars are not permitted to do only the minimum supervision required per annum of their supervision program as that would prevent them from completing the total supervision hours required within five years.

### 4.3 Supervision

To be approved by the Board for the purpose of the registrar program, the supervision must be provided:

- by the principal supervisor for at least 50 per cent and up to 100 percent of the total supervision in the registrar program
- frequently throughout the registrar program (as a guide this would usually be least fortnightly when practising, excluding annual leave, however the supervisor may vary the frequency over the course of the program as appropriate, provided the total supervision hours are met and the registrar is receiving adequate support)
- predominately in supervision sessions of at least one hour, however up to 25 per cent of the total supervision may be accrued in shorter supervision sessions
- on an individual (one-on-one) basis for at least 66 per cent of the total supervision. Up to 33 per cent of the supervision may be completed as small group supervision
- at a minimum rate of 40 hours per full-time equivalent year of psychological practice (and at least 10 hours a year for registrars taking a leave of absence for part of the year)
- as direct supervision, that is real-time verbal communication between the registrar and the supervisor, conducted either together in the same room, through videoconference (including Skype, facetime etc.), or telephone as relevant to the application of the core competencies (a) to (h) as listed in [Appendix B – Area of practice endorsements competencies](#).

Supervision can be provided by secondary supervisors for up to 50 per cent of the total supervision in the registrar program.

Secondary supervisors would usually be endorsed in the same area of practice as the registrar program. However, up to 33 per cent of the total supervision in the registrar program may be provided by Board-approved secondary supervisors who are endorsed to practice in a different area, or who do not hold an endorsement.

Variation on the above may be approved by the Board in appropriate circumstances.

### 4.4 Continuing professional development

Continuing professional development (CPD) for the purposes of the registrar program must meet the requirements of 'active continuing professional development'. This means written or oral activities that engage the psychologist in active training designed to enhance and test learning.

Examples of active CPD include:

- attending seminars where there is a written test
- reading a structured series of professional psychology articles followed by completion of an online assessment
- giving an oral presentation or tutorial to a group of peers on a new topic in psychology (that is, a topic the registrar has not previously researched and presented)
- attending a workshop that requires role play of skills, and
- studying a new technique, then trialling the technique in the workplace, and a review and evaluation of the effectiveness and implementation of that technique.

Where activities are not inherently active, the supervisor must be involved to ensure that the activities become active. For example, if CPD activities are not inherently active, the supervisor must set written work or another activity (for example, an oral report) to meet the active requirement.

In consultation with the supervisor, the registrar should:

- design a CPD program with clear learning aims and objectives that meet the registrar's practice requirements, as well as the requirements of these guidelines and the Board's CPD registration standard
- ensure any workshops are directly relevant to the area of practice related to the registrar program, and
- abide by the CPD recording requirements set out in the Board's guidelines for continuing professional development published at [www.psychologyboard.gov.au](http://www.psychologyboard.gov.au)

Registrars undertaking the registrar program at 0.5FTE or above and spreading the supervision and professional development fairly evenly over the course of the program will meet the CPD standard requirements easily, as the registrar program requires more CPD than the minimum standard for general registration. If a registrar takes a leave of absence or reduces work hours for a period during the registrar program, they need to make sure that they are still completing the minimum CPD for general registration through the registrar program or separate CPD activities.

## 5. Board-approved supervisors

The Board approves a psychologist as the principal supervisor for registrar programs if the psychologist has:

- held general registration for at least three years
- held an endorsement in the approved area of practice for at least two years (and must continue to be endorsed throughout the period of supervision), and
- successfully completed a Board-approved supervisor training program within the last five years (transition provisions apply for supervisors who were Board-approved before 30 June 2013).

When approving a supervisor for a specific registrar program the Board also requires that the supervisor:

- is not a member of the supervisee's immediate family or household, and
- has not previously been and is not currently engaged in a close personal relationship or therapeutic relationship with the supervisee.

If an application for approval of a registrar program proposes a secondary supervisor/s, the Board will approve them if they meet the same conditions as for the principal supervisor above, with the following variations that they:

- must have held general registration as a psychologist for at least two years (instead of three), and
- do not have to hold an endorsement in the approved area of practice of the registrar program, however, they should have advanced knowledge and experience that is relevant to the registrar program.

Board-approved supervisors are required to complete an approved supervisor training program or master class in supervision at least every five years in order to extend their approval as a supervisor.

For more information on supervisors and supervisor training programs please refer to the *Guidelines for supervisors and supervisor training providers* and the *Supervision* section of the Board's website under the *Registration* tab.

### 5.1 General requirements of supervisors during the registrar program

It is the supervisor's responsibility to:

- ensure the registrar has adequate knowledge of relevant research, theory and policy before intervention
- ensure the registrar has access to appropriate intervention models, so there is no undue intervention bias as a consequence of the supervisory relationship
- bring to the registrar's attention any limitations of competence, ethical difficulty, personal bias or aspect of personal development in the registrar that the supervisor perceives to be affecting the registrar's professional development and/or professional application
- offer sufficient supervision opportunities to enable evaluation of applications of the core competencies on a regular basis (supervisors are expected to keep monthly documentation)
- directly observe registrar's work as part of the supervision process (this may include observation via video or audio recording), and
- view active client files of the registrar intermittently as part of the supervision process.

### 6. Application for endorsement

On completion of the registrar program, the registrar must submit a final progress report and final assessment of competence (completed and signed by their principal supervisor) and lodge an application for endorsement with the Board.

The Board will only grant an endorsement to psychologists with general registration who have graduated with the relevant qualifications and have completed the registrar program.

<b>Date of issue:</b> <<DATE>>
<b>Date of review:</b> These guidelines will be reviewed as required, this will generally be at least every five years
<b>Last reviewed:</b> 29 July 2011

## Appendix A – Legislation

### General provisions

#### 39 Codes and guidelines

A National Board may develop and approve codes and guidelines —

- a) to provide guidance to the health practitioners it registers; and
- b) about other matters relevant to the exercise of its functions.

**Example.** A National Board may develop guidelines about the advertising of regulated health services by health practitioners registered by the Board or other persons for the purposes of section 133.

#### 40 Consultation about registration standards, codes and guidelines

- 1) If a National Board develops a registration standard or a code or guideline, it must ensure there is wide-ranging consultation about its content.
- 2) A contravention of subsection (1) does not invalidate a registration standard, code or guideline.
- 3) The following must be published on a National Board's website —
  - a) a registration standard developed by the Board and approved by the Ministerial Council;
  - b) a code or guideline approved by the National Board.
- 4) An approved registration standard or a code or guideline takes effect —
  - a) on the day it is published on the National Board's website; or
  - b) if a later day is stated in the registration standard, code or guideline, on that day.

#### 41 Use of registration standards, codes or guidelines in disciplinary proceedings

An approved registration standard for a health profession, or a code or guideline approved by a National Board, is admissible in proceedings under this Law or a law of a co-regulatory jurisdiction against a health practitioner registered by the Board as evidence of what constitutes appropriate professional conduct or practice for the health profession.

### Specific provisions

#### 15 Approval of areas of practice for purposes of endorsement

The Ministerial Council may, on the recommendation of a National Board, approve an area of practice in the health profession for which the Board is established as being an area of practice for which the registration of a health practitioner registered in the profession may be endorsed.

**Note:** See section 98 which provides for the endorsement of health practitioners' registration in relation to approved areas of practice.

#### 98 Endorsements in relation to approved areas of practice

- 1) A National Board established for a health profession may, in accordance with an approval given by the Ministerial Council under section 15, endorse the registration of a registered health practitioner registered by the Board as being qualified to practise in an approved area of practice for the health profession if the practitioner —
  - a) holds either of the following qualifications relevant to the endorsement —
    - i) an approved qualification;
    - ii) another qualification that, in the Board's opinion, is substantially equivalent to, or based on similar competencies to, an approved qualification; and

## Appendix A – Legislation

- b) complies with an approved registration standard relevant to the endorsement.
- 2) An endorsement under subsection (1) must state —
- a) the approved area of practice to which the endorsement relates; and
  - b) any conditions applicable to the practice by the registered health practitioner in an approved area of practice.

### 99 Application for endorsement

- 1) An individual may apply to a National Board for endorsement of the individual's registration.
- 2) The application must —
- a) be in the form approved by the National Board; and
  - b) be accompanied by the relevant fee; and
  - c) be accompanied by any other information reasonably required by the Board.
- 3) For the purposes of subsection (2)(c), the information a National Board may require an applicant to provide includes —
- a) evidence of the qualifications in the health profession the applicant believes qualifies the applicant for endorsement; and
  - b) evidence of successful completion of any period or supervised practice required by an approved registration standard; and
  - c) if the applicant is required to complete an examination or assessment set by or on behalf of the Board, evidence of the successful completion of the examination or assessment.

## Appendix B - Area of practice endorsement competencies

### Competencies required for clinical neuropsychology endorsement

Clinical neuropsychologists use their knowledge of psychology and the brain, to research and diagnostically assess brain dysfunction in individuals. They also consult and design clinical interventions to assist persons with neuropsychological disability and impairment. Clinical neuropsychologists generate psychological data that enable them to provide services to a variety of groups, including:

- members of the public and their families affected by brain dysfunction
- medical practitioners
- teachers, educators and counsellors involved in assisting with learning problems
- allied health professionals, disability and welfare workers, and
- practitioners in medico-legal, health insurance and compensation areas.

Problems for which neuropsychologists typically provide services include difficulties with learning, memory, attention, reading, language, problem-solving, decision-making, personality changes and impulse and behavioural control. Problems in these areas can arise from single or multiple factors, such as genetic defects, neurodevelopmental factors, infectious diseases, vascular injury, degenerative disorders, drug and alcohol neurotoxicity, psychiatric disorders, and physical trauma such as car accidents affecting the brain.

To assure consumers that a clinical neuropsychologist is capable of providing the services required, all endorsed clinical neuropsychologists must be competent in the eight core competency areas of clinical neuropsychology in this document. Additionally, all clinical neuropsychologists must be cognisant of the APS Code of Ethics, General Principle 'B.1. Competence' when considering whether they are able to provide a psychological service.

In addition to the generic competencies demonstrated by all registered psychologists, clinical neuropsychologists must have the following specialist skills and possess the following specialist capabilities:

1. knowledge of the discipline:
  - a. a broad understanding of all branches of neuroscience, neurodevelopment, the structure and functioning of the nervous system, neuroanatomy, and in particular cognitive neuroscience
  - b. knowledge of neurology, neuropathology, neurosurgery, neurobiology, psychopharmacology and neurogenetics, including diseases of the central, peripheral, and autonomic nervous systems
  - c. a detailed knowledge of clinical neuropsychology, including attention and information processing, perception and object recognition, learning and memory, language and communication, controlled and directed movement processes, reasoning and problem solving, executive functioning, and social and affective responses, and
  - d. knowledge of clinical psychology, including the etiology, assessment and treatment of psychopathology
2. ethical, legal and professional matters:
  - a. understanding of ethical issues in various clinical neuropsychology settings and how to appropriately manage them (for example, balancing medico-legal responsibilities with ethical responsibilities to patients), and
  - b. competence in communicating clinical neuropsychologists' ethical obligations to others (for example, family members, insurance investigators, medical specialists)
3. psychological assessment and measurement:
  - a. knowledge of assessment and measurement theory and research including considerations of reliability and validity
  - b. competence in using multiple methods of evaluating brain injury or dysfunction, including attention to severity, functional impairment, and the possible role of malingering and impression-management strategies
  - c. knowledge of test theory, including test construction and test interpretation
  - d. competence in a range of core tests covering all major areas of neuropsychological functioning, and
  - e. knowledge of the assessment of mental disorders using structured clinical approaches

## Appendix B - Area of practice endorsement competencies

4. intervention strategies:  
competence in:
  - a. interventions designed at cognitive and behavioural rehabilitation from brain dysfunction across multiple domains
  - b. broad-spectrum management planning across a range of areas, including neuropsychiatric and personality dysfunction, and knowledge of different strategies appropriate to age and type of disorder or impairment, and
  - c. counselling and psychotherapy for individuals and groups to promote coping, adjustment, symptom reduction and psychological wellbeing
  
5. research and evaluation:  
competence in:
  - a. identifying psychological questions that arise from clinical neuropsychology practice and the design of appropriate research strategies
  - b. communicating research methods and findings to non-psychologists in neuropsychological settings, and
  - c. transforming research and evaluation findings into policy, test development, and applied knowledge
  
6. communication and interpersonal relationships:  
competence in each of the following:
  - a. provision of expert oral and written reports to various stakeholders, including clients, families and carers, health and medical practitioners, teachers, and for medico-legal and forensic purposes
  - b. provision of consultancy advice about psychological matters relevant to neuropsychology and brain dysfunction
  - c. communicating the obligations of a clinical neuropsychologist in various roles and settings (for example, to courts, medical practitioners), and
  - d. the ability to distinguish between the sceptical and investigative mindset required when undertaking formal neuropsychological assessment, and the therapeutic mindset which is more suited to clinical interventions. Additionally, the ability to determine which approach to adopt in order to develop appropriate relationships with the persons to whom the psychological services are being provided
  
7. working with people from diverse groups
  - a. the ability to apply knowledge and understanding of how the practice of clinical neuropsychology is influenced by social, historical, professional and cultural contexts. This includes demonstrating the ability to competently and ethically practice with people who differ from the psychologist in ways including, but not limited to: differences in age, race, colour, culture, gender, geography, language, sexual orientation, educational attainment, and socio-economic status and religious-spiritual orientation. This includes sensitivity and knowledge of working with Aboriginal and Torres Strait Islander people.
  
8. practice across the lifespan:
  - a. competence with clients in childhood, adolescence, adulthood and late adulthood, as relevant to the work of a clinical neuropsychologist in the context in which the psychologist is employed.

## Appendix B - Area of practice endorsement competencies

### Competencies required for clinical psychology endorsement

Clinical psychologists use their knowledge of psychology and mental health for the assessment, diagnosis, formulation, treatment, and prevention of psychological problems and mental illness across the lifespan. They research psychological problems, and use their psychological knowledge to develop scientifically based approaches to improve mental health and wellbeing.

Consumers of the services of clinical psychologists are individuals, groups and organisations, including:

- members of the public, families and carers
- community groups
- medical and health practitioners and specialists
- health departments, hospitals and community practices
- national, state or local government or non-government organisations
- welfare agencies, educational institutions, defence, justice and community services, and
- tribunals, courts and medico-legal officers and bodies.

Specific services of clinical psychologists include the assessment and treatment of a range of mental health problems, such as anxiety, depression, substance dependence, pain and somatic symptoms, schizophrenia, bipolar disorder, bulimia, anorexia, binge eating, conduct disorder, separation anxiety, attention deficit and hyperactivity disorder, autism spectrum disorders, borderline, antisocial and other personality disorders. Clinical psychologists also consult more broadly with the community on mental health programs, policies, and practices related to children, adolescents, adults and older adults.

To assure consumers that a clinical psychologist is capable of providing the services required, all endorsed clinical psychologists must be competent in the eight core competence areas of clinical psychology in this document. Additionally, all clinical psychologists must be cognisant of the APS Code of Ethics, General Principle 'B.1. Competence' when considering whether they are able to provide a psychological service.

In addition to the generic competencies demonstrated by all registered psychologists, clinical psychologists must have the following specialist skills and possess the following specialist capabilities:

1. knowledge of the discipline:
  - a. a broad understanding of mental health and the role of clinical psychologists in providing evidence-based psychological services, including assessment, diagnosis, treatment, prevention, research and consultancy services within the community across diverse settings
  - b. knowledge of psychopathology, psychological medicine and psychopharmacology, neurotoxicity, neurobiology and neuropsychology relevant to mental health conditions, diagnostic systems and criteria for mental disorders, and health psychology and behavioural medicine
  - c. knowledge of theories of mental health and wellbeing, and the capacity to critically evaluate the strengths and limitations of those models
  - d. understanding of scientific approaches to studying mental health problems, including qualitative and quantitative statistics, self-report, interview and observational methods, and genetic, biological and neuroimaging technologies, and
  - e. understanding of the theory and application of evidence-based interventions for mental health problems, including psychotherapy, group and family therapy, counselling and behaviour therapy
2. ethical, legal and professional matters:
  - a. understanding of ethical issues in various clinical psychology settings and how to appropriately manage them (for example, managing patient confidentiality with the need to communicate to multi-disciplinary professionals), and
  - b. competence in communicating clinical psychologists' ethical obligations to others (for example, families, clinical managers, insurance and legal practitioners)
3. psychological assessment and measurement:
  - a. knowledge of assessment and measurement theory and research including considerations of reliability and validity, and the possible role of malingering and impression-management strategies

## Appendix B - Area of practice endorsement competencies

- b. competence in applying multiple methods for assessing the severity and types of mental health conditions
  - c. competence in the diagnosis of mental disorders using structured clinical approaches
  - d. competence in applying measures to assess progress with psychological and ancillary treatments, and
  - e. competence in the use of valid and reliable tests of psychological functioning, including learning, intelligence, emotion, cognition, memory and personality
4. intervention strategies:
- a. knowledge of theory and a critical approach to appraising the scientific evidence base for treatment of mental health disorders
  - b. competence in the delivery of evidence-based psychological therapies for mental health disorders
  - c. competence in psychotherapy and behaviour change methods, and
  - d. knowledge of methods for consulting, supervising, care planning, and designing interventions for mental health problems
5. research and evaluation:
- competence in each of the following:
- a. identification of psychological questions that arise from clinical psychology practice and the design of appropriate research strategies
  - b. communication of research methods and findings to non-psychologists in clinical and other settings, and
  - c. the transformation of research and evaluation findings into policy, applied knowledge, and improved treatments
6. communication and interpersonal relationships:
- competence in each of the following:
- a. provision of expert oral and written reports to various stakeholders, including clients, families and carers, health and medical practitioners, and for medico-legal and forensic purposes
  - b. provision of consultancy advice and psycho-education about mental health problems and issues
  - c. communicating the obligations of a clinical psychologist in various roles and settings (for example, to courts, medical practitioners)
  - d. the ability to distinguish between the sceptical and investigative mindset required when undertaking formal assessment, and the therapeutic mindset which is more suited to clinical interventions, and the ability to determine which approach to adopt in order to develop appropriate relationships with the persons to whom the psychological services are being provided, and
  - e. the capacity for reflective practice, including consideration of the personality and preferences of others and the self, and how these influence communication and interpersonal relationships
7. working with people from diverse groups
- a. the ability to apply knowledge and understanding of how the practice of clinical psychology is influenced by social, historical, professional and cultural contexts. This includes demonstrating the ability to competently and ethically practice with people who differ from the psychologist in ways including, but not limited to: differences in age, race, colour, culture, gender, geography, language, sexual orientation, educational attainment, and socio-economic status and religious-spiritual orientation. This includes sensitivity and knowledge of working with Aboriginal and Torres Strait Islander people.
8. practice across the lifespan:
- a. competence with clients in childhood, adolescence, adulthood and late adulthood, as relevant to the work of a clinical psychologist in the context in which the psychologist is employed.

## Appendix B - Area of practice endorsement competencies

### Competencies required for community psychology endorsement

Community psychologists use their knowledge of psychology to provide services to the community when it is faced with challenges. They work in partnership with the community to help solve problems and restore individual and collective wellbeing. Community psychologists specialise in understanding and supporting the needs of communities.

Consumers of the services of community psychologists include:

- overseas aid and development organisations
- federal, state and local governments
- urban, regional and remote communities
- non-government agencies
- health and education providers, and
- individuals and groups.

Specific services of community psychologists include:

- the assessment of community strengths, needs, and opportunities; the evaluation of social networks and resources
- interventions to address psychosocial needs and strengthen community health and resilience
- providing consultation skills to help communities develop policies and manage conflicts
- education on psychological factors
- advocacy on behalf of groups and individuals seeking inclusion, equity and self-determination, and
- to provide counselling to individuals and groups to help them define and meet their goals.

Community psychologists have been particularly active in areas such as bushfires, drought, climate change, unemployment, violence, disability, poverty, indigenous peoples' issues, refugee and immigration issues, oppression, and rural and remote community issues.

To assure these consumers that a community psychologist is capable of providing the services required, all endorsed community psychologists must be competent in the eight core competence areas of community psychology, including integrated multi-level (individual, group and organisational) approaches within dynamic systems linked to broad social, economic and political contexts. Additionally, all community psychologists must be cognisant of the APS Code of Ethics, General Principle 'B.1. Competence' when considering whether they are able to provide a psychological service.

In addition to the generic competencies demonstrated by all registered psychologists, community psychologists must have the following specialist skills and possess the following specialist capabilities:

1. knowledge of the discipline:
  - a. a broad understanding of psychological theory as it pertains to communities
  - b. understanding the social, political and economic context determining community health and wellbeing and the role of psychological factors:
    - ecological and systems perspectives
    - social and political theories of health and disability
    - constructivist and critical psychology theories
    - organisational and health psychology theories
    - social marketing and community action models
    - cognitive, motivational and attitudinal theories of communities and groups, and
  - c. evidence-based research on behaviour change within communities
2. ethical, legal and professional matters:
  - a. understanding ethical issues in various community settings and how to appropriately manage them (for example, balancing ethical responsibilities to government agencies and specific community groups, handling conflicts of interest), and
  - b. competence in communicating a community psychologist's ethical obligations to others (for example, governments, the media)

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3. psychological assessment and measurement:
  - a. competence in the use of multiple measures of community functioning, including:
    - social impact assessments
    - assets and strengths analyses and mapping
    - family and community functioning measures
    - group and climate scales
    - single case approaches, and
  - b. competence in the use of individual and group measures of health and wellbeing status, including:
    - validated health and disability assessment scales
    - self-rated scales of subjective distress
    - measures of coping, support and empowerment
    - qualitative measures and approaches
4. intervention strategies:

competence in community psychological interventions, including the following:

  - a. interventions at community level:
    - leadership and advocacy approaches
    - strategic planning and systems changes
    - consultation and policy development
  - b. interventions at individual and group level:
    - group facilitation
    - health and wellbeing counselling and coaching
    - mediation and conflict resolution
    - education and prevention
    - program development and
    - supportive interventions
5. research and evaluation:

competence in:

  - a. identification of psychological questions that arise from community needs analyses, and the formulation of appropriate research strategies
  - b. communication of research methods and findings to non-psychologists in community settings, and
  - c. the transformation of research and evaluation findings into strategic policies for communities and decision-makers
6. communication and interpersonal relationships:

competence in each of the following:

  - a. communicating psychological factors relevant to communities to
    - governments
    - communities
    - groups
    - the public
  - b. provision of consultancy advice about psychological matters relevant to communities
  - c. communicating the obligations of a community psychologist in various roles and settings (for example, to elders, to government departments), and
  - d. the ability to understand the role of psychologists within communities, and to be able to demonstrate effective interpersonal communication skills, both orally and in writing, to benefit the community

## Appendix B - Area of practice endorsement competencies

7. working with people from diverse groups
  - a. the ability to apply knowledge and understanding of how the practice of community psychology is influenced by social, historical, professional and cultural contexts. This includes demonstrating the ability to competently and ethically practice with people who differ from the psychologist in ways including, but not limited to: differences in age, race, colour, culture, gender, geography, language, sexual orientation, educational attainment, and socio-economic status and religious-spiritual orientation. This includes sensitivity and knowledge of working with Aboriginal and Torres Strait Islander people
8. practice across the lifespan:
  - a. competence with clients in childhood, adolescence, adulthood and late adulthood, as relevant to the work of a community psychologist in the context in which the psychologist provides services.

## Appendix B - Area of practice endorsement competencies

### Competencies required for counselling psychology endorsement

Counselling psychologists use their knowledge of psychology and therapy to help individuals and groups develop positive strengths and wellbeing, and to assist the resolution of problems and disorders. They research and evaluate processes of growth through psychotherapy and counselling, and use their psychological knowledge to improve methods for helping people live more fulfilling and productive lives. Counselling psychologists treat a wide range of psychological problems and mental health disorders. They also work with families, organisations and communities to promote empowerment and harmonious relationships, overcome problems and manage transitions.

Consumers of the services of counselling psychologists are persons, groups and organisations, including:

- members of the public, families and carers
- community groups
- medical and health practitioners
- health departments, hospitals and community practices
- national, state or local government or non-government organisations, and
- welfare agencies, educational institutions, justice services, victims of crime, and community services.

Specific services of counselling psychologists include therapy for a wide range of issues and disorders including anxiety and depression, the provision of psychotherapy for trauma and assault, domestic violence, grief and loss, relationship difficulties and interpersonal conflicts; and mediation, employee assistance, career development and assessment services.

To assure consumers that a counselling psychologist is capable of providing the services required all endorsed counselling psychologists must be competent in the eight core competence areas of counselling psychology in this document. Additionally, all counselling psychologists must be cognisant of the APS Code of Ethics, General Principle 'B.1. Competence' when considering whether they are able to provide a psychological service.

In addition to the generic competencies demonstrated by all registered psychologists, counselling psychologists must have the following specialist skills and possess the following specialist capabilities:

1. knowledge of the discipline:
  - a. a broad understanding of the role of counselling psychologists in providing psychological services, including assessment, treatment, prevention, research and consultancy services within the community across diverse settings
  - b. knowledge of personality, interpersonal processes, individual differences, gender and identity, emotions and experience, and the cognitions and contexts in which meaning and beliefs arise
  - c. knowledge of theories of mental health and wellbeing
  - d. understanding scientific approaches to studying psychotherapy and counselling, including the role of client and therapist factors, and therapeutic alliance, and specific and non-specific treatment processes, and
  - e. understanding of the theory and application of evidence based interventions for mental health problems, including psychotherapy, group and family therapy, counselling and behaviour therapy
2. ethical, legal and professional matters:
  - a. understanding of ethical issues in various counselling psychology settings and how to appropriately manage them (for example, confidentiality and record keeping, managing professional boundaries), and
  - b. competence in communicating counselling psychologists' ethical obligations to others (for example, to families, government departments)
3. psychological assessment and measurement:
  - a. knowledge of psychological assessment theory and research
  - b. knowledge of the assessment and diagnosis of mental disorders using structured clinical approaches
  - c. competence in applying measures to assess progress with psychological therapies, and

## Appendix B - Area of practice endorsement competencies

- d. competence in the use of valid and reliable tests of psychological functioning, including learning, intelligence, cognition, memory and personality
4. intervention strategies:
  - a. knowledge of theory and the scientific evidence base for psychotherapy and counselling
  - b. competence in the delivery of evidence-based psychological therapies for mental health disorders and problems
  - c. competence in group, family and community interventions, and
  - d. knowledge of methods for mediation, consulting, supervising, care planning, and designing interventions
5. research and evaluation:

competence in each of the following:

  - a. identification of psychological questions that arise from counselling psychology practice and the design of appropriate research strategies
  - b. communication of research methods and findings to non-psychologists in counselling settings, and
  - c. the transformation of research and evaluation findings into policy, applied knowledge, and improved treatments
6. communication and interpersonal relationships:

competence in each of the following:

  - a. provision of expert oral and written reports to various stakeholders, including clients, families and carers, health and medical practitioners, and for medico-legal purposes
  - b. provision of consultancy advice and psycho-education about mental health problems and issues
  - c. communicating the obligations of a counselling psychologist in various roles and settings (for example, to schools, medical practitioners), and
  - d. awareness of personal factors as they influence communications between individuals and groups, and the ability to reflect upon interpersonal processes through supervision and peer consultation
7. working with people from diverse groups
  - a. the ability to apply knowledge and understanding of how the practice of counselling psychology is influenced by social, historical, professional and cultural contexts. This includes demonstrating the ability to competently and ethically practice with people who differ from the psychologist in ways including, but not limited to: differences in age, race, colour, culture, gender, geography, language, sexual orientation, educational attainment, and socio-economic status and religious-spiritual orientation. This includes sensitivity and knowledge of working with Aboriginal and Torres Strait Islander people
8. practice across the lifespan:
  - a. competence with clients in childhood, adolescence, adulthood and late adulthood, as relevant to the work of a counselling psychologist in the context in which the psychologist is employed.

## Appendix B - Area of practice endorsement competencies

### Competencies required for educational and developmental psychology endorsement

Educational and developmental psychologists use their knowledge of psychology, learning and development, to assist children, young persons, adults and older adults regarding their learning, academic performance, behavioural, social and emotional development. They research and evaluate intellectual, social, and emotional strengths and problems, and use their psychological and scientific knowledge to improve methods for helping people live more fulfilling and productive lives.

Consumers of the services of educational and developmental psychologists are persons, groups and organisations, including:

- school students and their families
- teachers and principals of schools and educational institutions
- medical and health practitioners and specialists
- national, state or local government or non-government organisations, and
- welfare agencies, juvenile justice, community and aged care services.

Specific services of educational and developmental psychologists include working with learning or conduct problems in childhood, peer and family relationships during schooling, career guidance and adolescent transitions, parenting skills, relationships and career transitions in adults, and healthy aging, grief and loss for older adults.

To assure consumers that an educational and developmental psychologist is capable of providing the services required all endorsed educational and developmental psychologists must be competent in the eight core competence areas of educational and developmental psychologists in this document. Additionally, all educational and developmental psychologists must be cognisant of the APS Code of Ethics, General Principle 'B.1. Competence' when considering whether they are able to provide a psychological service.

In addition to the generic competencies demonstrated by all registered psychologists, educational and developmental psychologists must have the following specialist skills and possess the following specialist capabilities:

1. knowledge of the discipline:
  - b. a broad understanding of psychological theory as it pertains to how people learn and develop across the lifespan
  - c. knowledge of relevant components of paediatrics, child psychiatry, neuropsychology, psychopharmacology, physiology, gerontology, and the behavioural and brain sciences
  - d. understanding theories of social, emotional and cognitive development, including developmental delay and disability, giftedness and special needs
  - e. understanding the theory and application of assessment and interventions for learning, development and lifespan psychopathology
  - f. knowledge of theories of teaching, learning and education, and
  - g. understanding of the psychology of family and social systems
2. ethical, legal and professional matters:
  - a. understanding ethical issues in various educational and community settings and how to appropriately manage them (for example, balancing ethical responsibilities to families and schools, handling conflicts of interest), and
  - b. competence in communicating an educational and developmental psychologist's ethical obligations to others (for example, to families, welfare agencies)
3. psychological assessment and measurement:
  - a. knowledge of assessment and measurement theory and research including considerations of reliability and validity, and handling scale score outliers and non-typical profiles
  - b. competence in applying multiple methods for assessing learning and developmental problems across the lifespan, and
  - c. competence in specific types of assessment, including:
    - general development measures
    - tests of educational attainment

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- tests of specific learning difficulties including reading and communication disorders
  - neuropsychological assessments
  - verbal and non-verbal measures of intelligence
  - behavioural scales and ratings, and functional analysis measures
  - tests of personality, emotional and family functioning
  - tests of career and work preferences and abilities
  - psychopathology inventories and structured diagnostic instruments
4. intervention strategies:
- competence in delivering evidence-based psychological interventions for learning and developmental problems, including:
- a. interventions at individual level:
    - psychological learning and educational training programs
    - counselling and psychotherapy
    - life skills coaching and guidance services
    - supportive and behavioural interventions
  - b. interventions at group level:
    - family and group interventions
    - program development
    - school, welfare and community programs
    - consultation and policy development
    - education, prevention, and professional development
5. research and evaluation:
- competence in each of the following:
- a. identification of questions that arise from educational and developmental psychology practice, and the formulation of appropriate research strategies
  - b. communication of research methods and findings to non-psychologists in educational and developmental settings, and
  - c. the transformation of research and evaluation findings into policies and programs
6. communication and interpersonal relationships:
- competence in each of the following:
- a. provision of oral and written reports to various stakeholders, including clients, families and carers, schools and educational institutions, government departments, welfare agencies and for medico-legal purposes
  - b. provision of consultancy advice and education about learning and developmental problems and attainments
  - c. communicating the obligations of an educational and developmental psychologist in various roles and settings (for example, to schools, aged care administrators)
  - d. the ability to distinguish between the sceptical and investigative mindset required when undertaking formal assessment, and the therapeutic mindset which is more suited to clinical interventions, and the ability to determine which approach to adopt in order to develop appropriate relationships with the persons to whom the psychological services are being provided, and
  - e. the capacity for communicating with peers and associated professionals
7. working with people from diverse groups
- a. the ability to apply knowledge and understanding of how the practice of educational and developmental psychology is influenced by social, historical, professional and cultural contexts. This includes demonstrating the ability to competently and ethically practice with people who differ from the psychologist in ways including, but not limited to: differences in age, race, colour, culture, gender, geography, language, sexual orientation, educational attainment, and socio-economic status and religious-spiritual orientation. This includes sensitivity and knowledge of working with Aboriginal and Torres Strait Islander people

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8. practice across the lifespan:
  - a. competence with clients in childhood, adolescence, adulthood and late adulthood, as relevant to the work of an educational and developmental psychologist in the context in which the psychologist provides services.

## Appendix B - Area of practice endorsement competencies

### Competencies required for forensic psychology endorsement

Forensic psychologists use their knowledge of psychology and the law, and have the forensic skills, to understand legal and justice issues and to generate legally relevant and useful psychological data that enable them to provide services to those who:

- administer law and justice
- make legally relevant decision about people in other contexts, or
- are involved in situations that have legal and justice implications.

Consumers of the services of forensic psychologists are persons and organisations such as those:

- that adjudicate legal and quasi-legal disputes
- that provide child protection, compensation, corrective, guardianship, legal or police services, and/or
- who are engaged in, or vulnerable to be engaged in, the legal and justice system.

To assure these consumers that a forensic psychologist is capable of providing the services required, all endorsed forensic psychologists must be competent in the eight core competence areas of forensic psychology in this document and have knowledge of the intervention competencies detailed in section d *Intervention strategies*. Additionally, all forensic psychologists must be cognisant of the APS Code of Ethics, General Principle 'B.1. Competence' when considering whether they are able to provide a psychological service.

In addition to the generic competencies demonstrated by all registered psychologists, forensic psychologists must have the following specialist skills and possess the following specialist capabilities:

1. knowledge of the discipline:
  - a. a broad understanding of the legal and judicial system and the roles of psychologists within legal processes, tribunals (including courts) and other forensic contexts
  - b. understanding of relevant legislation about the law of procedure and evidence, specifically exclusionary rules and case law regarding the admissibility of evidence
  - c. understanding of the rules pertaining to the collection and reporting of evidence, including practice directions of various jurisdictions
  - d. a broad knowledge of psychological and legal theory relevant to other schools of thought in law and justice, such as alternative dispute resolution, restorative justice and therapeutic jurisprudence
  - e. knowledge of the psychological theories and research relevant to at least one of the following domains:
    - family law and child protection
    - criminal law
    - civil and administrative law, and
    - legal processes and procedures
  - f. knowledge of psychological theory and research relevant to evidence-based interventions with one or more of the following clients groups:
    - family members during and after the disintegration of a relationship
    - offenders in order to prevent or address criminal behaviour
    - people whose competency to make legally relevant decision may be compromised
    - severely dysfunctional families in order to prevent or address child maltreatment and/or family violence
    - substance users in order to prevent, or address, criminal and other antisocial behaviour, and/or
    - victims of trauma caused by civil or criminal wrongs
2. ethical, legal and professional matters, including:
  - a. understanding of ethical issues in various forensic settings and how to appropriately manage them (for example, balancing their legal-ethical responsibilities to tribunals with their legal-ethical responsibilities to examinees), and

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- b. competence in communicating forensic psychologists' ethical obligations to others (for example, judicial officers, lawyers, prison administrators, tribunal members, child-protection workers, police officers, community correction officers, mental health nurses in forensic mental health facilities, treating psychologists, insurance investigators)
3. psychological assessment and measurement:
    - a. knowledge of psychological theory and research relevant to risk-assessment in forensic practice, including the use of actuarial and structured-professional-judgement methods, and case conceptualisation informed by them, with respect to:
      - o offenders, specifically, but not exclusively, sexual and violent offenders (including child maltreatment and intimate partner violence and other forms of family violence), and
      - o risk of suicide and other self-harm in prisons and other institutions
    - b. competence in using multiple methods of evaluating malingering, dissimulation and impression-management strategies within forensic contexts
    - c. knowledge of psychological theory and research, legislation and case law relevant to investigative interviewing of adults, children and vulnerable populations in civil, criminal, and administrative law arenas
    - d. competence in the use of investigative interviewing methods, incorporating mental status examination and diagnosis, to produce probative rather than prejudicial evidence, ability to distinguish these from clinical interviewing methods and ability to articulate how clinical methods may lead to prejudicial evidence, and
    - e. competence in a variety of forensic assessment methods of mental illness, impairment and psychological functioning in at least one of the following areas:
      - o family law proceedings (including child protection)
      - o criminal law proceedings
      - o civil law proceedings (for example, psychological injury), and/or
      - o administrative law proceedings (for example, guardianship proceedings)
  4. intervention strategies:  
competence in:
    - a. psychological interventionplus at least one of:
    - b. alternative dispute resolution strategies, or
    - c. psychological interventions with vulnerable populations (at least three of the following):
      - o children in the care of child protection agencies or who are, or have been, the subjects of care and protection investigations
      - o parents who are being, or have been, investigated for child maltreatment
      - o persons accused, or who have been convicted, of criminal offences, including those who have been detained in forensic mental health facilities
      - o victims of crime
      - o litigants in a family court and the affected children
      - o parties in civil litigation or in administrative law proceedings involving substantiated or alleged psychological injuries from a wrongful act or other compensable event, and/or
      - o persons about whom civil or administrative applications are made (for example, applications for guardianship, persons for whom mental health supervision or civil commitment orders are being sought)
    - d. alternative dispute resolution strategies in a variety of legal contexts (family law, civil law, victim mediation and restorative justice), and
    - e. competence in developing, implementing and evaluating community-based psychological interventions with populations vulnerable to becoming involved in legal proceedings (crime prevention strategies targeting at-risk youth, public education programs on family and domestic violence, harm-minimisation programs for substance users, court-diversion programs)

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5. research and evaluation:  
competence in each of the following:
  - a. identification of psychological questions that arise from legislation, legal theory, public policy or forensic psychological practice and the design of appropriate research strategies
  - b. communication of research methods and findings to non-psychologists in forensic settings, and
  - c. the transformation of research and evaluation findings into policy
  
6. communication and interpersonal relationships:  
competence in each of the following:
  - a. provision of expert evidence both orally (testimony) and in writing (for example, court reports) to meet the needs of a tribunal
  - b. provision of consultancy advice about psychological matters relevant to the administration of law and justice
  - c. communicating the obligations of a forensic psychologist in various roles and settings (for example, their obligation as Servants of the Court, their overriding obligation to the security and good order of a prison), and
  - d. the ability to distinguish between the sceptical and investigative mindset required when undertaking forensic evaluations, and the therapeutic mindset which is more suited to forensic interventions, and the ability to determine which approach to adopt in order to develop appropriate relationships with the persons to whom the psychological services are being provided
  
7. working with people from diverse groups
  - a. the ability to apply knowledge and understanding of how the practice of forensic psychology is influenced by social, historical, professional and cultural contexts. This includes demonstrating the ability to competently and ethically practice with people who differ from the psychologist in ways including, but not limited to: differences in age, race, colour, culture, gender, geography, language, sexual orientation, educational attainment, and socio-economic status and religious-spiritual orientation. This includes sensitivity and knowledge of working with Aboriginal and Torres Strait Islander people
  
8. practice across the lifespan:
  - a. competence with clients in childhood, adolescence, adulthood and late adulthood, as relevant to the work of a forensic psychologist in the context in which the psychologist is employed.

## Appendix B - Area of practice endorsement competencies

### Competencies required for health psychology endorsement

Health psychologists use their knowledge of psychology and health, particularly across the spectrum from wellbeing to illness, to foster health promotion, public health, and clinical assessment and interventions relevant to health and illness.

Health psychologists provide psychological services that aim to prevent or treat acute and chronic illnesses. They use their psychological knowledge of disease prevention and health promotion methods to support communities and individuals, both in multidisciplinary teams and through individual consultations.

Consumers of the services of health psychologists include:

- populations
- specific community groups, and
- individuals

where psychological determinants play a role in health and wellbeing.

Specific areas relevant to health psychological work include lifestyle change such as stress management, promotion of exercise and healthy eating behaviours, managing diseases or death and dying; behavioural strategies relevant to disease prevention such as addiction treatments; and assessment and treatment of chronic or acute health problems such as pain or sleep disorders where there are relevant psychological factors.

To assure consumers that a health psychologist is capable of providing the services required, all endorsed health psychologists must be competent in the eight core competence areas of health psychology in this document. A health psychologist may specialise in either health promotion or clinical health psychology, but must have adequate knowledge and skills of both areas of the discipline. Additionally, all health psychologists must be cognisant of the APS Code of Ethics, General Principle 'B.1. Competence' when considering whether they are able to provide a psychological service.

In addition to the generic competencies demonstrated by all registered psychologists, health psychologists must have the following specialist skills and possess the following specialist capabilities:

1. knowledge of the discipline:
  - b. a broad understanding of the health system and the roles of psychologists within the health system
  - c. understanding the role of psychological factors in the origin, course and outcome of physical illnesses, including psychosomatic and psycho-physiological principles
  - d. understanding the health of the community, including the domains of behavioural epidemiology and public health
  - e. knowledge of psychological theories and research relevant to health promotion, including community assessments and needs analyses, and community intervention strategies including social marketing and behavioural change strategies
  - f. knowledge of psychological theories and research relevant to clinical health psychology, including assessments and interventions relevant to behavioural medicine including psychological counselling and psychotherapies, and
  - g. knowledge of psychological factors associated with the major disease groups, including cardiovascular disease, cancer, infectious diseases (for example, HIV), and metabolic disorders (for example, diabetes and obesity)
2. ethical, legal and professional matters:
  - a. understanding ethical issues in various health settings and how to appropriately manage them (for example, issues of informed consent, handling sensitive information within a multi-disciplinary team), and
  - b. competence in communicating a health psychologist's ethical obligations to others (for example, medical practitioners, health administrators)
3. psychological assessment and measurement:
  - a. competence in the use of interviewing and survey methods relevant to determining health attitudes and behaviours within populations and social networks

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- b. competence in the use of assessments relevant to determining psychosocial, behavioural and psychological health status within health settings, including in the following areas:
    - o addiction
    - o pain
    - o functioning (for example, sleep, eating and diet)
    - o exercise and physical mobility, and
    - o stress, including anxiety and depression
  - c. competence in using multiple methods of evaluating health status, including diagnostic classification systems, validated health and disability assessment scales, and self-rated scales of subjective distress
4. intervention strategies:
- a. competence in psychological intervention with at least two of the following populations:
    - o hospitalised patients, including those with serious illnesses (for example, cancer)
    - o chronically ill patients in the community, including those with long-term problems (for example, chronic pain)
    - o community clients identified at high risk for disease or disability (for example, obesity, nicotine dependence), and
    - o community clients identified as appropriate for positive wellbeing and empowerment strategies
  - b. knowledge of community and public health intervention strategies, including the application of at least two of the following:
    - o advocacy
    - o policy development
    - o social marketing, and/or
    - o disaster response

as applied to populations vulnerable to developing health conditions (for example, those exposed to asbestos, those with genetic vulnerability markers, those from disadvantaged backgrounds, those affected by natural disasters or infectious disease outbreaks)
5. research and evaluation:
- competence in each of the following:
- a. identification of psychological questions that arise from health disorders, public health statistics, health policies, or health psychology practice and the design of appropriate research strategies
  - b. communication of research methods and findings to non-psychologists in health and community settings, and
  - c. the transformation of research and evaluation findings into policy and program development
6. communication and interpersonal relationships:
- competence in each of the following:
- a. communicating psychological factors relevant to health conditions to:
    - o other health practitioners
    - o health administrators
    - o community groups, and
    - o the public
  - b. provision of consultancy advice about psychological matters relevant to health and illness
  - c. communicating the obligations of a health psychologist in various roles and settings (for example, to health insurers, to the legal and court systems), and
  - d. the ability to understand the role of psychologists within a multi-disciplinary health system, and to be able to demonstrate effective interpersonal communication skills, both orally and in writing, to benefit the clients of health services through the provision of effective multi-disciplinary care.

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7. working with people from diverse groups
  - a. the ability to apply knowledge and understanding of how the practice of health psychology is influenced by social, historical, professional and cultural contexts. This includes demonstrating the ability to competently and ethically practice with people who differ from the psychologist in ways including, but not limited to: differences in age, race, colour, culture, gender, geography, language, sexual orientation, educational attainment, and socio-economic status and religious-spiritual orientation. This includes sensitivity and knowledge of working with Aboriginal and Torres Strait Islander people
8. practice across the lifespan:
  - a. competence with clients in childhood, adolescence, adulthood and late adulthood, as relevant to the work of a health psychologist in the context in which the psychologist is employed.

## Appendix B - Area of practice endorsement competencies

### Competencies required for organisational psychology endorsement

Organisational psychologists use their knowledge of psychology and organisations to promote organisational effectiveness and employee wellbeing. They research how people think, feel and act at work, and use their psychological knowledge to develop scientifically-based approaches to improve an employee's effectiveness and productivity. They also provide services to organisations to recruit, motivate and grow an organisation's human resources, and to assist organisations to develop and change to be more effective.

Consumers of the services of organisational psychologists are persons and organisations including:

- large multi-national corporations
- publicly-listed companies
- owner-operated small to medium businesses
- not-for-profit organisations, and
- government departments and statutory authorities.

Specific areas relevant to organisational psychology work include:

- recruitment and selection of employees
- workforce analysis, leadership and succession planning
- coaching, career development and stress management interventions
- workplace advocacy including industrial relations and occupational health and safety
- development of change management programs for staff to improve business processes and systems, and
- using psychological principles to study consumer behaviours and preferences relevant to market development and organisational branding and communications.

To assure these consumers that an organisational psychologist is capable of providing the services required, all endorsed organisational psychologists must be competent in the eight core competence areas of organisational psychology in this document, including in integrated multi-level (individual, group and organisational) analysis of human behaviour and related action, and must demonstrate knowledge of how organisations function within dynamic systems linked to broad social, economic and political contexts. Additionally, all organisational psychologists must be cognisant of the APS Code of Ethics, General Principle 'B.1. Competence' when considering whether they are able to provide a psychological service.

In addition to the generic competencies demonstrated by all registered psychologists, organisational psychologists must have the following specialist skills and possess the following specialist capabilities:

1. knowledge of the discipline:
  - a. a broad understanding of psychological theory as it pertains to the successful functioning of organisations
  - b. understanding the role of behavioural factors in organisational effectiveness and employee satisfaction, productivity, safety and wellbeing
  - c. understanding the social, political and economic context determining organisational workplace design and the role of psychological factors, and
  - d. knowledge of the discipline, including:
    - industrial, organisational and occupational psychology
    - personnel and vocational psychology
    - human resource management and development
    - human factors including ergonomics
    - coaching psychology, and
    - consumer psychology
2. ethical, legal and professional matters:
  - a. understanding of ethical issues in various organisational settings and how to appropriately manage them (for example, balancing ethical responsibilities to employees with obligations to employers, handling conflicts of interest)
  - b. competence in communicating an organisational psychologist's ethical obligations to others (for example, senior executives, employees), and

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- c. ethical and professional use of psychological tests, with careful regard to reliability and validity, user qualifications, test security, and effectively managing such risks within on-line and multi-national testing environments
3. psychological assessment and measurement:
  - a. competence in the use of multi-source and multi-rater assessments (for 360 degree) relevant to determining organisational effectiveness
  - b. competence in the use of targeted validated measures, including in the following areas:
    - o job analysis
    - o recruitment and selection
    - o worker motivation
    - o work performance
    - o health and wellbeing, and
    - o career development
  - c. competence in using multiple methods of evaluating health status, including diagnostic classification systems, validated health and disability assessment scales, and self-rated scales of subjective distress
4. intervention strategies:
  - a. competence in individual psychological interventions, including the following:
    - o coaching to assist set personal goals, improve effectiveness and health and wellbeing, and career development, and
    - o counselling to help manage transitions, deal with loss or personal difficulties, and assist with work attitudes
  - b. competence in group interventions, including
    - o group team facilitation
    - o leadership
    - o change management
    - o strategic planning, and
    - o conflict resolution
  - c. competence in interventions related to whole systems, including:
    - o employee incentive and motivation strategies
    - o performance management systems, and
    - o organisational policy and training programs
5. research and evaluation:

competence in each of the following:

  - a. identification of psychological questions that arise from organisational design and needs analyses, and the formulation of appropriate research strategies
  - b. communication of research methods and findings to non-psychologists in organisational settings, and
  - c. the transformation of research and evaluation findings into strategic policies for managers and leaders
6. communication and interpersonal relationships:

competence in each of the following:

  - a. communicating psychological factors relevant to organisations to:
    - o senior executives
    - o leaders and managers
    - o employees, and
    - o the public
  - b. provision of consultancy advice about psychological matters relevant to organisations
  - c. communicating the obligations of an organisational psychologist in various roles and settings (for example, to senior executives, to trainees), and

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- d. the ability to understand the role of psychologists within business and organisational systems, and the ability to demonstrate effective interpersonal communication skills, both orally and in writing, to benefit the clients of organisations through the provision of effective testing and workplace programs
7. working with people from diverse groups
- a. the ability to apply knowledge and understanding of how the practice of organisational psychology is influenced by social, historical, professional and cultural contexts. This includes demonstrating the ability to competently and ethically practice with people who differ from the psychologist in ways including, but not limited to: differences in age, race, colour, culture, gender, geography, language, sexual orientation, educational attainment, and socio-economic status and religious-spiritual orientation. This includes sensitivity and knowledge of working with Aboriginal and Torres Strait Islander people
8. practice across the lifespan:
- a. competence in considering the needs of individuals and groups across different generations, including such issues as childcare, carer leave and designing family-friendly workplaces, the interaction styles of different generations, and the needs of people from different ages within the organisational context in which the psychologist is employed.

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### Competencies required for **sport and exercise psychology** endorsement

Sport and exercise psychologists use their knowledge of psychology to provide services to the community to enhance personal development and wellbeing from participation in sport and exercise.

Consumers of the services of sport and exercise psychologists include:

- elite and professional athletes
- sporting teams
- coaches and sports managers
- umpires and referees
- personal trainers and exercisers
- performance artists including dancers and musicians
- community groups, and
- individuals and organisations interested in optimal performance.

Specific services of sport and exercise psychologists include:

- the assessment of obstacles to optimal performance and design of individual mental skill and concentration strategies
- athlete counselling to overcome stress, anxiety and interpersonal conflict
- the implementation of team selection and enhancement programs
- and specific interventions to manage overtraining, injury rehabilitation and managing work-sport balance, transitions and retirement from elite levels.

To assure consumers that a sport and exercise psychologist is capable of providing the services required, all endorsed sport and exercise psychologists must be competent in the eight core competence areas of both sports psychology and exercise psychology in this document, although they may specialise in one or the other. Additionally, all sport and exercise psychologists must be cognisant of the APS Code of Ethics, General Principle 'B.1. Competence' when considering whether they are able to provide a psychological service.

In addition to the generic competencies demonstrated by all registered psychologists, sport and exercise psychologists must have the following specialist skills and possess the following specialist capabilities:

1. knowledge of the discipline:
  - a. a broad understanding of sports administration and the roles of psychologists, including in professional and amateur sports, organisations and committees administering sport, government-supported institutes, commercial sports bodies and clubs, state and local government sports and exercise facilities and initiatives, and the fitness industry
  - b. understanding the role of psychological factors in sport and exercise, including mental skill development, concentration and mental preparation, motivation, emotion and cognition science applied to exercise participation and sporting excellence
  - c. knowledge of sports medicine and science, including exercise physiology, biomechanics, human kinetics, motor learning and control, nutrition and eating behaviour, and sports injuries
  - d. knowledge of evidence-based psychological techniques for assessment including standardised measures, interview methods and video analysis, and
  - e. knowledge of evidence-based psychological interventions applied to sport and exercise, including coaching, counselling, and group and team interventions
2. ethical, legal and professional matters:
  - a. understanding ethical issues in various sport and exercise settings and how to appropriately manage them (for example, issues of working with minors, informed consent, managing confidentiality within teams), and
  - b. competence in communicating a sport and exercise psychologist's ethical obligations to others (for example, coaches, teams, families)

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3. psychological assessment and measurement:
  - a. competence in the use of survey, interviewing and structured questionnaire methods relevant to the psychology of sport and exercise
  - b. competence in the use of assessments relevant to determining factors sometimes associated with participation in sport and exercise, including:
    - o stress, including anxiety and depression
    - o pain and injury profiles
    - o eating and dietary issues
    - o drug abuse or dependence
    - o interpersonal conflict, and
    - o sexual harassment
  - c. competence in using multiple methods of evaluating sport and exercise psychology status, including video analysis, psycho-physiology, behavioural assessments, collateral reports, single case designs, group ratings, and measures of mental flow and mental control
4. intervention strategies:
  - a. individual approaches, including:
    - o cognitive and behavioural interventions, including mental skills training
    - o coaching psychology, including for motivation and goal setting, and
    - o counselling, including for stress, interpersonal and lifestyle issues
  - b. group approaches, including:
    - o team building techniques, including facilitating group cohesion, and
    - o coaching psychology, including for performance enhancement
  - c. community approaches, including:
    - o education about the psychology of exercise
    - o advocacy for health and wellbeing, and
    - o social marketing promoting health and wellbeing from exercise and sport
5. research and evaluation:

competence in each of the following:

  - a. identification of psychological questions that arise from sport and exercise psychology practice and the design of appropriate research strategies
  - b. communication of research methods and findings to non-psychologists in sports, health and community settings, and
  - c. the transformation of research and evaluation findings into policy and program development
6. communication and interpersonal relationships:

competence in each of the following:

  - a. communicating psychological factors relevant to sport and exercise to:
    - o athletes
    - o coaches
    - o administrators
    - o community groups, and
    - o the public
  - b. provision of consultancy advice about psychological matters relevant to sport and exercise participation
  - c. communicating the obligations of a sport and exercise psychologist in various roles and settings (for example, to umpires, the media and press), and
  - d. understanding the role of psychologists within the multi-disciplinary administration of sports and exercise, and to be able to demonstrate effective interpersonal communication skills, both orally and in writing, within multi-disciplinary teams of coaches, physiotherapists, dietitians, exercise scientists, sports physicians and other health and exercise professionals

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7. working with people from diverse groups
  - a. the ability to apply knowledge and understanding of how the practice of sport and exercise psychology is influenced by social, historical, professional and cultural contexts. This includes demonstrating the ability to competently and ethically practice with people who differ from the psychologist in ways including, but not limited to: differences in age, race, colour, culture, gender, geography, language, sexual orientation, educational attainment, and socio-economic status and religious-spiritual orientation. This includes sensitivity and knowledge of working with Aboriginal and Torres Strait Islander people
8. practice across the lifespan:
  - a. competence with clients in childhood, adolescence, adulthood and late adulthood, as relevant to the work of a sport and exercise psychologist in the context in which the psychologist is employed.