



**Psychology Board
Ahpra**

Psychology Board of Australia

GUIDELINES ON AREA OF PRACTICE ENDORSEMENTS

1 December 2019

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Definitions

Accredited means a program of study that has been accredited by the profession's accreditation authority as meeting the requirements of the accreditation standards developed and approved under part 6 of the National Law. For the purpose of these guidelines, an accredited program must also have been subsequently approved by the Board as providing a qualification for registration or endorsement of registration and appear on the list of approved programs of study on the Board's website.

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 area of practice means that the Ministerial Council has, on the recommendation of the National Board, approved the area of practice in the profession as being an area of practice for which the registration of a practitioner in the profession may be endorsed.

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 of study on the Board's website.

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, established under section 31 of the National Law.

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

Ministerial Council means the COAG Health Council, or a successor of the Council by whatever name called, constituted by Ministers of the governments of the participating jurisdictions 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. The National Law is available on the Ahpra website under '[Legislation](#)'.

Registrar means a 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 Degree or post-Doctoral Degree supervised practice program which is undertaken for the purpose of gaining an area of practice endorsement.

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](#)).

They supplement the requirements for area of practice endorsements in sections 15, 98 and 99 of the National Law and in the Board's [Registration standard: Area of practice endorsements](#).

1.1 Who needs to use these guidelines?

These guidelines detail the qualification and supervised practice requirements to become eligible for area of practice endorsement. They provide guidance to:

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

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.¹

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. Area of practice endorsement is not a mechanism to extend or restrict scope of practice. 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.

Area of practice endorsement is not based on experience derived during the course of a professional career.

The Ministerial Council has approved nine areas of practice in the psychology profession for which psychologists with general registration may be endorsed:

- 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

An area of practice endorsement indicates that a psychologist has completed an approved postgraduate qualification and approved supervised training in an approved area of practice and is endorsed to use a title associated with the area of practice. The 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.

Only psychologists with general registration and an area of practice endorsement may use a title that indicates that they hold an endorsement. For example, a psychologist who has been endorsed in forensic psychology may refer to themselves as a 'forensic psychologist'. A person who does not have an endorsement for forensic psychology must not use the title 'forensic psychologist' or any other title that may

¹ Or equivalent for overseas-qualified psychologists, or psychologists granted endorsement under transition provisions at the commencement of the National Registration and Accreditation Scheme (1 July 2010–30 June 2013).

lead the public to believe that the person holds such an endorsement.

Psychologists undertaking a registrar program to gain an endorsement in an approved area of practice may use the title 'registrar'. These psychologists must not use a title that may lead a person to believe that they currently hold an endorsement. Examples of acceptable titles are 'registrar in clinical neuropsychology', 'registrar (clinical neuropsychology)' or 'clinical neuropsychology registrar'.

Those who hold general registration while undertaking an accredited postgraduate degree for their first endorsement may only refer to themselves as a 'psychologist' or 'registered 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 Board-endorsed [Code of Ethics](#).

There is no approved specialist register for psychology, meaning psychologists in Australia cannot use 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.

Further information about use of titles by psychologists is included in the [Guidelines for advertising regulated health services](#).

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 and sixth year of study in one of the approved areas of practice, followed by a minimum of 3,000 hours of approved supervised practice with a Board-approved supervisor in the registrar program, or
- (b) completed an approved postgraduate qualification accredited as a sixth year of study in one of the approved areas of practice, followed by a minimum of 3,000 hours of approved supervised 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 in one of the approved areas of practice which includes a Doctoral thesis, and a minimum 2,250 hours of approved supervised practice with a Board-approved supervisor in the registrar program, or
- (d) completed an approved postgraduate qualification accredited as a fifth to seventh year of study or higher in one of the approved areas of practice, and a minimum of 1,500 hours of approved supervised practice with a Board-approved supervisor in the registrar program, or
- (e) completed another postgraduate qualification and a period of supervised practice that, in the Board's opinion, is substantially equivalent to (a), (b), (c) or (d), or
- (f) previously held an area of practice endorsement in an approved area of practice under the National Law and, after taking a break from practice, now meet the requirements for general registration.

Postgraduate qualifications and supervised practice that have been completed overseas will be assessed under (e). For more details please refer to section 3.2 below and the '[Overseas applicants](#)' section of the Board's website.

'Bridging' or 'stand-alone' programs will be assessed under (b). These are one-year full-time equivalent postgraduate qualifications that enable psychologists with general registration to obtain endorsement upon completion of that qualification and a registrar program. Psychologists who undertook the 4+2 or 5+1 pathway to general registration may complete one of these programs to obtain their first endorsement.² Psychologists who already hold an endorsement may complete one of these programs to obtain a second endorsement.

A list of Board-approved qualifications for area of practice endorsement is available under '[Accreditation](#)' on the Board's website.

3.1 Multiple endorsements

A psychologist who already has an area of practice endorsement 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 3,000 hours of supervised practice must complete 2,250 hours of further supervised practice. An applicant who would normally require 1,500 hours of supervised practice must complete 1,125 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 3,000 hours of supervised practice following completion of a dual professional Doctoral Degree (1,500 hours for each area of practice), must undertake 1,125 hours in each area (that is, a total of 2,250 hours).

3.2 Equivalence guidelines

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

Qualifications that may be considered equivalent for the purpose of applying for an endorsement include psychology qualifications gained overseas, or psychology qualifications gained in Australia before 2003 (when the Australian Psychology Accreditation Council began accrediting postgraduate degrees), that have been assessed by the Board, or an authority authorised by the Board, as substantially equivalent to a postgraduate qualification accredited as a sixth year of study or higher in the approved area of practice. To be eligible for endorsement, the qualification must be followed by a period of supervised practice in the approved area of practice assessed by the Board as equivalent to the applicable registrar program referred to in (a), (b), (c) or (d) above.

Where an applicant's overseas postgraduate qualification is deficient in the satisfactory completion of a practical component or a constituent element, the Board may consider a relevant membership of a recognised overseas professional body or additional credentials held by individuals to practise in the profession to assess whether the two qualifications, together, satisfy the requirements of substantial equivalence. Overseas post-qualification professional membership or credentials must relate to the same area of practice as the postgraduate qualification and requires a formal assessment component. In assessing the quality of overseas memberships or credentials, the Board will seek evidence of independent quality review/accreditation process and/or independent peer recognition.

The Board will not assess work experience and professional development activities in the area of

² Stand-alone programs for psychologists who don't already hold a postgraduate qualification or area of practice endorsement can be accredited under the Accreditation Standards for Psychology Programs, effective 1 January 2019 (available on the Board's website under '[Accreditation](#)'). The Board will consider any accredited postgraduate stand-alone or bridging programs that may become available in the future on a case-by-case basis and may vary the registrar program supervised practice requirements in these guidelines where appropriate.

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 advanced standing are at the discretion of the individual educational institution.

3.3 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 four 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:

Scope of practice in New Zealand	Equivalence to endorsement in the following area of practice
Counselling Psychologist	Counselling psychology
Clinical Psychologist	Clinical psychology
Educational Psychologist	Educational and developmental psychology
Neuropsychologist	Clinical neuropsychology

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.

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.

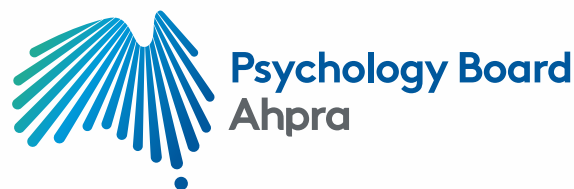
4.1 Entry into the registrar program

All applicants for entry into the registrar program must have completed an accredited postgraduate degree (or equivalent for overseas and Doctoral Degree applicants) in the area of practice and must have general registration as a psychologist in Australia. Information on requirements and process for obtaining general registration is available under '[Registration](#)' on the Board's website.

Applicants may apply for general registration (if they don't already hold 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 Degree candidates who have completed all the coursework and placements for their degree and have made substantial progress with their Doctoral thesis. For details on applying for early general registration refer to the Board's [Policy for higher degree students applying for general registration](#).

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Overseas-trained applicants for entry into the registrar program will have their postgraduate qualification assessed for equivalence. Overseas applicants who have also completed formal post-Masters Degree or post-Doctoral Degree 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. For further information refer to the 'Endorsement' section of the Board's website.

4.2 During the registrar program

Over the course of the registrar program registrars should develop the capacity for continuing self-appraisal and seeking appropriate supervision and peer consultation. The Board expects registrars to:

- identify the limit of their competence in any given situation
- consult with their supervisor regularly regarding their competence
- 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 continuing professional development

- 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.

4.2.1 Content of the registrar program

- The registrar program consists of three components:
- psychological practice – detailed in section 4.3 of these guidelines
- supervision with a Board approved supervisor – detailed in section 4.4, and
- continuing professional development (CPD) – detailed in section 4.5.

The area of practice qualification held by the applicant determines the requirements for each component in the registrar program, as displayed in the table below:

The total professional development requirement includes both supervision and CPD. For a registrar with a sixth-year qualification, this is a total of 160 hours of professional development (80 hours of supervision and 80 hours of active CPD) spread over the course of the registrar program, which encompasses the minimum of 30 hours per year (10 hours of supervision and 20 hours of active CPD) required to meet the Board's CPD registration standard.

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

¹ Total hours include CPD and supervision.

² The supervision and CPD hours in this table will satisfy CPD requirements for general registration. Registrars do not have to do extra CPD if they are already completing at least 10 hours of supervision (peer consultation) and 20 hours of other professional development activities during the registration year. See section 4.5 below.

4.2.2 Competencies

Registrars must be able to demonstrate that the 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 psychologist. The area of practice competencies are grouped under the following categories:

1. Knowledge of the discipline
2. Ethical, legal and professional matters
3. Psychological assessment and measurement
4. Intervention strategies
5. Research and evaluation
6. Communication and interpersonal relationships
7. Working with people from diverse groups, and
8. Practice across the lifespan.

The competencies for each area of practice are set out in the Appendix of these guidelines. During the registrar program, regular assessment of these competencies must be made by the supervisor/s and documented in progress reports. A progress report must be submitted to the Board for review when the registrar has completed half of the required supervised practice hours. At the end of the registrar program, a final progress report must be attached to the application for endorsement. All area of practice competencies must be achieved before the registrar is eligible to apply for endorsement.

4.3 Psychological practice

Psychological practice means any work, 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.

Psychological practice in the registrar program must be in the same approved area of practice as the approved postgraduate qualification. It must include a minimum of 176 hours per year of direct client contact (performing

specific tasks of psychological assessment, intervention, prevention, consultation and management planning). Variation to this minimum requirement may be approved by the Board in special circumstances.

4.4 Supervision

Supervision in the registrar program 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 fortnightly when practising, excluding annual leave, however the supervisor may vary the frequency over the course of the program as appropriate, provided the registrar is receiving adequate support and total supervision hours are met at the end of the program)
- predominantly 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 or web conference, or telephone as relevant to the application of the competencies listed in the Appendix.

Secondary supervisors who hold an endorsement in the same area of practice as the registrar program can provide up to 50 per cent of total supervision in the registrar program. Secondary supervisors who are endorsed to practice in a different area, or who do not hold an endorsement, can provide up to 33 per cent of total supervision in the registrar program.

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

4.4.1 Requirements for supervisors

A principal or secondary supervisor for a registrar program must be a registered psychologist and Board-approved supervisor. Requirements for Board-approved supervisors are detailed in the Board's [Guidelines for supervisors](#). Under these guidelines, principal supervisors of registrars in an area of practice must have held endorsement in that area of practice for at least two years.

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 evaluate applications of the area of practice 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 by video or audio recording), and
- view active client files of the registrar intermittently as part of the supervision process.

4.5 Continuing professional development

CPD for the purposes of the registrar program must be active CPD. This means written or oral activities that engage the psychologist in active training designed to enhance and test learning. If CPD activities are not inherently active the supervisor must set written work or another activity to meet the active requirement.

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 trialing the technique in the workplace, and a review and evaluation of the effectiveness and implementation of that technique.

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](#).

The annual CPD requirement for general registration is 30 hours, 10 hours of which must be peer consultation/supervision. To maintain general registration, most registrars will not need to do anything in addition to what they are doing in the registrar program (40 hours of supervision and 40 hours of CPD per full-time year). Registrars who work less than 2.5 days per week, take a long leave of absence, or commence the registrar program part-way through the registration year (1 December to 30 November), might need to complete additional CPD activities or supervision to maintain general registration. They may complete additional registrar CPD or separate CPD activities.

4.6 Procedural requirements

An application for approval of a registrar program must be submitted to, and approved by, the Board before the applicant begins the registrar program.

The registrar program must address all area of practice competencies (refer to the Appendix) and incorporate the supervision and CPD requirements set out above. A progress report must be submitted to the Board when the registrar has completed half of the required supervised practice hours.

Approval must be sought from the Board before any substantial change is made to an already approved registrar program, including changes to the primary work role or the supervisor.

Forms for applying to start the registrar program, reporting to the Board during the program, making substantial changes to the program, and for applying for endorsement on completion of the program, are available under '[Forms](#)' on the Board's website.

5. Application for endorsement

On completion of the registrar program, the registrar must submit a final progress report containing a final assessment of competence completed and signed by their principal supervisor and lodge this with an application for endorsement (refer to section 4.6 above for procedural requirements).

Applicants must have completed all components of the relevant postgraduate qualification (including having received the final mark for any thesis) prior to applying for endorsement.

6. Maintaining endorsement

To maintain endorsement in an approved area of practice, a psychologist must maintain general registration. If general registration lapses, 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 after being granted general registration again.

Psychologists with an endorsement should refer to requirements set out in the Board's continuing professional development [registration standard](#) and [supporting guidelines](#).

In accordance with the Board-endorsed [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 to 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, impose conditions on an endorsement of registration, or accept an undertaking from the psychologist regarding the endorsement of registration.

7. Review

These guidelines will be reviewed as required, generally every five years.

This version is effective from 1 December 2019 and replaces the previously published *Guidelines on area of practice endorsements* dated 29 July 2011.

Appendix: 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
- 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:** 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 peoples
- 8. practice across the lifespan:** 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.

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, and 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
 - 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:** 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 practise 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 peoples
- 8. practice across the lifespan:** 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.

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)

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

7. **working with people from diverse groups:** 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 peoples

8. **practice across the lifespan:** 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.

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

- 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:** 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:** 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.

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:

- a. a broad understanding of psychological theory as it pertains to how people learn and develop across the lifespan
- b. knowledge of relevant components of paediatrics, child psychiatry, neuropsychology, psychopharmacology, physiology, gerontology, and the behavioural and brain sciences
- c. understanding theories of social, emotional and cognitive development, including developmental delay and disability, giftedness and special needs
- d. understanding the theory and application of assessment and interventions for learning, development and lifespan psychopathology
- e. knowledge of theories of teaching, learning and education, and
- f. understanding of the psychology of family and social systems

2. ethical, legal and professional matters:

- 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
- 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

- 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:** 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 peoples

8. **practice across the lifespan:** 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.

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

- c. 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 client 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:

- 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

- 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:
- offenders, specifically, but not exclusively, sexual and violent offenders (including child maltreatment and intimate partner violence and other forms of family violence), and
 - 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:
- family law proceedings (including child protection)
 - criminal law proceedings

- civil law proceedings (for example, psychological injury), and/or
- administrative law proceedings (for example, guardianship proceedings)

4. intervention strategies:

competence in:

- a. psychological intervention

plus at least one of:

- b. alternative dispute resolution strategies, or
- c. psychological interventions with vulnerable populations (at least three of the following):
- children in the care of child protection agencies or who are, or have been, the subjects of care and protection investigations
 - parents who are being, or have been, investigated for child maltreatment
 - persons accused, or who have been convicted, of criminal offences, including those who have been detained in forensic mental health facilities
 - victims of crime
 - litigants in a family court and the affected children
 - 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
 - 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)

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:

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 peoples

8. practice across the lifespan:

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.

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:

- a. a broad understanding of the health system and the roles of psychologists within the health system
- b. understanding the role of psychological factors in the origin, course and outcome of physical illnesses, including psychosomatic and psychophysiological principles
- c. understanding the health of the community, including the domains of behavioural epidemiology and public health
- d. 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
- e. 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
- f. 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
- b. competence in the use of assessments relevant to determining psychosocial, behavioural and psychological health status within health settings, including in the following areas:
 - addiction
 - pain
 - functioning (for example, sleep, eating and diet)
 - exercise and physical mobility, and
 - 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:
 - hospitalised patients, including those with serious illnesses (for example, cancer)
 - chronically ill patients in the community, including those with long-term problems (for example, chronic pain)
 - community clients identified at high risk for disease or disability (for example, obesity, nicotine dependence), and
 - 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:
 - advocacy
 - policy development
 - social marketing, and/or
 - 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:
 - other health practitioners
 - health administrators
 - community groups, and
 - 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.



- 7. working with people from diverse groups:** 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 peoples
- 8. practice across the lifespan:** 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.

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
- 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:
 - job analysis
 - recruitment and selection
 - worker motivation
 - work performance
 - health and wellbeing, and
 - 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:
 - coaching to assist set personal goals, improve effectiveness and health and wellbeing, and career development, and
 - counselling to help manage transitions, deal with loss or personal difficulties, and assist with work attitudes
- b. competence in group interventions, including
 - group team facilitation
 - leadership
 - change management
 - strategic planning, and
 - conflict resolution
- c. competence in interventions related to whole systems, including:
 - employee incentive and motivation strategies
 - performance management systems, and
 - 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:
 - senior executives
 - leaders and managers
 - employees, and
 - 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
 - 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:** 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 peoples
- 8. practice across the lifespan:** 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.

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)

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:

- stress, including anxiety and depression
- pain and injury profiles
- eating and dietary issues
- drug abuse or dependence
- interpersonal conflict, and
- 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:

- cognitive and behavioural interventions, including mental skills training
- coaching psychology, including for motivation and goal setting, and
- counselling, including for stress, interpersonal and lifestyle issues

b. group approaches, including:

- team building techniques, including facilitating group cohesion, and
- coaching psychology, including for performance enhancement

c. community approaches, including:

- education about the psychology of exercise
- advocacy for health and wellbeing, and
- 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:

- athletes
- coaches
- administrators
- community groups, and
- 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

7. **working with people from diverse groups:** 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 peoples

8. **practice across the lifespan:** 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.