



Psychology Board of Australia: Green paper

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Professional competencies for psychologists provide for safe practice and sustainable community access

Psychology Board of Australia
Australian Health Practitioner Regulation Agency
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Ahpra and the National Boards regulate these registered health professions: Aboriginal and Torres Strait Islander health practice, Chinese medicine, chiropractic, dental, medical, medical radiation practice, midwifery, nursing, occupational therapy, optometry, osteopathy, paramedicine, pharmacy, physiotherapy, podiatry and psychology.

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Foreword

This green paper has been developed by the Psychology Board of Australia (the Board) to commence the discussion with stakeholders on the competencies needed for general registration and area of practice endorsement.

We are engaging with stakeholders to understand the current challenges associated with establishing and implementing the competencies required for safe practice, to hear stakeholder views, and to create and test possible solutions to inform a future consultation process.

It is the Board's view, that any review of the competencies for general registration and area of practice endorsement must put consumers, carers and the community at the centre, by focusing on matching the supply of psychologist competencies with community need.

Under the [National Law](#)¹, the health professions exist to serve a public benefit. The objectives of the National Law include:

- providing for the protection of the public by ensuring that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered
- facilitating the provision of high-quality education and training of health practitioners
- facilitating access to services provided by psychologists in accordance with the public interest, and
- enabling the continuous development of a flexible, responsive and sustainable Australian psychology health workforce, including enabling innovation in the education of psychologists and in psychology services.

Regulation provides the mechanism to establish and enforce professional competencies to ensure safe, responsive and effective practice. We are committed to an ongoing quality assurance process to ensure that psychologists are properly prepared for general and advanced practice in our constantly changing regulatory and professional contexts.

We acknowledge that one strength of our profession is the diversity of where psychologists can apply their professional competencies. Our vision is to sustain a skilled and diverse psychology workforce for the ongoing benefit of the community.

The Board will hold a forum in Canberra in March 2020 to launch this green paper. This is an opportunity to bring together leaders from across the community, government, health, education, broader workforce, regulation and the profession to discuss the reform and next steps in the education training and reform program of work. The Board welcomes discussion about how best to achieve constructive reform as we progress through the consultation process.

Rachel Phillips
Chair, Psychology Board of Australia

¹ The Health and Practitioner Regulation National Law as in force in each state and territory.

Executive Summary

There have been significant changes influencing the regulation of psychologists since the beginning of the National Regulation and Accreditation Scheme (the National Scheme) in 2010. This includes changes in legislation, accreditation, psychology training, employment preferences and funding for mental health services.

Psychologists - as experts in human behaviour – apply their psychological knowledge and skills at an individual, group and systems level, and across every employment and service setting and human endeavour. Psychologists must continue to adapt their competence to the psychological requirements of those in their care and be responsive to community expectations and industry needs. The public have a right to expect and receive the same standard of service from any psychologist, regardless of the practice setting or the type of psychological service provided.

Despite the diverse context of psychological services, all psychologists are regulated under the same health law, the [National Law](#). Under the National Law, the Psychology Board of Australia is responsible for facilitating the provision of high-quality education and training of psychologists, and to facilitate a flexible, responsive and sustainable Australian psychology workforce.

The Board began a program of education and training reform in 2015 that included simplifying psychology training pathways by proposing to retire the 4+2 internship pathway to general registration. On 3 April 2019, the Ministerial Council approved changes to the [Provisional and General registration standards](#) removing the 4+2 internship pathway as a pathway to general registration. The last date to begin a 4+2 internship pathway program is 30 June 2022. The revised standards that include removing the 4+2 pathway, will take effect on 1 January 2029.

The Board is now ready to begin the second phase of education and training reform.

The Board is of the view that the next step is to harmonise the competencies required for general registration and area of practice endorsement. The aim of the reform is to promote stakeholder and community understanding of the different registration categories under the National Law. Clients need to be able to easily access psychologists who have expertise that match their needs, and psychologists need clear ways to explain to their clients the services they can provide.

This green paper outlines a case for two reforms:

- 1) improving the alignment of psychology training and competency development with registration categories, and
- 2) maximising the endorsement framework as a regulatory mechanism for the benefit of the public.

The first part of this green paper gives an overview of the role of the Board and accreditation under the National Law. It is important that stakeholders understand the purpose and the limits of the Board's role in order to effectively contribute to the discussion. This section outlines the Board's competency framework that underpins the registration standards, codes and guidelines. It also outlines the current psychology education and training models for both general registration and for area of practice endorsement, including how accreditation functions are defined in the National Law.

The second part of this green paper describes the contextual factors and complexities that impact on the regulation of general registration and area of practice endorsement. This section focuses on the importance of being responsive to changing demands for services and how this effects psychology regulation. A range of issues about the complexity of psychology training and confusion about the purpose of AoPE are discussed. A comparison between Australian competency frameworks and the requirements of international psychology regulators is briefly outlined. This section builds a case for the need to sharpen the competencies for general registration as a psychologist and to more clearly separate the training and competency requirements for general registration from advanced training for area of practice endorsement.

The third part of this green paper outlines a proposed new streamlined model of competency development. The purpose of this model is to improve the alignment of competency development to the current registration categories. The aim is to sustain a skilled psychology workforce for the future and to

maximise the use of endorsement under the National Law. This section also raises a range of questions and challenges that need to be understood and resolved.

Focus questions have been included throughout the green paper to stimulate discussion. The complete set of questions can also be found at the end of the paper.

The green paper concludes with a proposed engagement framework to support further collaboration and public consultation.

Further information on the education training and reform program of work can be found on the [Education training and reform](#) page of the Board's website.

Part 1: Overview of current model

Role of the Board and accreditation

To register as a psychologist in Australia practitioners must be able to show that their qualifications equip them with the knowledge and skills to practice the profession safely and effectively. Under the [National Law](#) the Board is tasked with:

- registering suitably qualified and competent people, and if necessary imposing conditions on the registration of psychologists
- deciding the requirements for registration or endorsement of registration, including the arrangements for supervised practice
- developing or approving standards, codes and guidelines for the psychology profession, and
- approving accredited programs of study as providing qualifications for registration or endorsement².

Accreditation functions are defined in the National Law³. A National Board must decide whether their accreditation function is to be exercised by an external accreditation entity or a committee established by the National Board. The Board has delegated responsibility for the accreditation of programs of study to an external entity - the [Australian Psychology Accreditation Council \(APAC\)](#). APAC's role is to develop accreditation standards and recommend them to the Board for approval; and to accredit and monitor education providers and programs of study to ensure that graduates are provided with the knowledge, skills and professional attributes to safely practice the profession in Australia⁴.

When a program of study has been accredited by APAC, the Board considers whether it will approve, or refuse to approve the accredited program of study. Only graduates of approved programs are eligible to apply for registration. There are currently 41 institutions in Australia offering over 340 approved programs of study which qualify graduates for either provisional or general registration as a psychologist as well as qualifications for area of practice endorsement. A searchable list of [approved programs of study](#) is available on the Australian Health Practitioner Regulation Agency (Ahpra) website.

Competency framework for registration standards, codes and guidelines

The Board has adopted a national competency-based standards framework to articulate the qualifications, skills, knowledge, behaviour and values required to allow an individual to practise safely and effectively as a psychologist in Australia. The competency framework is implemented across the Board's registration standards, codes and guidelines⁵. Competency standards:

- are the basis of nationally recognised qualifications and registration requirements for safe practice of the profession
- describe the knowledge, skills and attitudes needed to perform competently in the profession, and
- provide the public with assurance that psychologists are trained to a consistent and acceptable level.

The public have a right to expect and receive the same standard of service from any psychologist.

² Section 35 of the [National Law](#) outlines the functions of the National Board.

³ See Section 42-51 of the [National Law](#) for more information on accreditation.

⁴ See the APAC website for more information: www.psychologycouncil.org.au.

⁵ Registration standards, codes and guidelines are published on the [Board's website](#) at: www.psychologyboard.gov.au.

National competency-based standards are used across many health professions in the National Scheme to ensure that only suitably qualified and competent people in the health profession are registered.⁶

Internationally, competency-based assessment is the accepted standard for regulatory oversight with registration boards, accreditation agencies and professional associations in many countries producing competency-based guidelines or standards to support the safe and effective practice of psychology⁷.

As part of its commitment to developing an internationally recognised and endorsed set of core competencies for the psychology profession the Board has adopted the [International declaration of core competencies in professional psychology](#) (the Declaration). The aim of the Declaration is to serve as the foundation for a coherent global system for equating psychology registration, accreditation and training and conduct at the time of entry into the profession⁸.

General registration

The minimum number of years of training needed to become a psychologist in Australia is six years. The minimum requirements for general registration are detailed in the Board's [General registration standard](#) and include **multiple pathways to registration**, including the following:

- **4+2 internship pathway** (pathway being retired) – a four-year accredited sequence of study followed by a two-year Board-approved internship
- **5+1 internship pathway** - a five-year accredited sequence of study followed by a one-year Board-approved internship
- **Higher degree pathway** – a post-graduate qualification at the 5th and 6th year (or higher), and
- **Overseas pathway** – an overseas qualification assessed by the Board as substantially equivalent.

There are eight core competencies that must be shown before being eligible for general registration. Psychological knowledge and skill are gained via a combination of completing formal accredited qualification and supervised practice. The core competencies are listed in both the Board's [Provisional and General registration standard](#). The competencies are the same regardless of pathway choice and assessment of each competency is mandatory. The eight core competencies are:

- knowledge of the discipline
- ethical, legal and professional matters
- psychological assessment and measurement
- intervention strategies
- research and evaluation
- communication and interpersonal relationships
- working with people from diverse groups, and
- practice across the lifespan.

The competency requirements for a Board-approved qualification are detailed in the [APAC Accreditation Standards for Psychology Programs](#) (APAC Standards). The competency requirements for the Board-approved internship components (the +2 and +1) are detailed in the [Guidelines for the 4+2 internship program](#) and the [Guidelines for the 5+1 internship program](#).

A diagram of the training pathways to general registration as a psychologist is provided at [Attachment A](#).

⁶ For example, there are [Standards of practice for midwives, registered nurses and enrolled nurses](#), [Australian occupational therapy competency standards](#), [Capabilities for osteopathic practice](#), [Professional capabilities for registered paramedics](#), [Physiotherapy practice thresholds in Australia and Aotearoa New Zealand](#), [draft Professional capabilities for Aboriginal and Torres Strait Islander health practice](#), [draft revised professional capabilities for Chinese medicine](#), and the Medical Radiation Practice Board of Australia have recently updated the [Professional capabilities for medical radiation practitioners](#)

⁷ For examples see the table 4 in this document.

⁸ For more information on the Declaration see the International Project on Competence in Psychology (IPCP): www.psykologforeningen.no/foreningen/english/ipcp.

Area of practice endorsement

Definition of an area of practice endorsement

Area of practice endorsement (AoPE or endorsement) is a regulatory mechanism under the [National Law](#)⁹. It allows a notation to be included on the public register to identify to the public, employers and others, the practitioners who have completed an approved qualification and supervised experience in an advanced area of practice. The advanced training is in addition to the minimum level of training needed for general registration. The competencies for endorsement must be in a specific area that is in the public interest and that warrants additional regulation. There must also be an associated approved qualification in the area of practice that is both available for practitioners to undertake and feasible for higher education providers to deliver.

Psychology is one of five professions across the national scheme that use endorsement as a regulatory mechanism. The Dental Board of Australia uses endorsement for conscious sedation, the Nursing and Midwifery, Optometry, and Podiatry Boards of Australia all use endorsement for prescribing scheduled medicines; and the Nursing and Midwifery Board of Australia uses endorsement in relation to nurse practitioners. Psychology uses endorsement for areas of practice.

The requirements for endorsement for psychology are detailed in the Board's [Area of Practice Endorsement registration standard](#).

The Board does not have statutory power to grant endorsement unless State, Territory and Commonwealth Health Ministers have approved such a function. The nine areas of practice endorsement approved by Ministerial Council for the psychology profession (listed alphabetically) are:

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

These areas were identified at the start of the National Scheme and reflected historical developments such as the seven speciality areas regulated in Western Australia before the National Scheme, and the nine Australian Psychological Society (APS) Colleges representing specific areas in psychology. AoPE did not exist in Australia until the beginning of the National Scheme in 2010.

Endorsement demographics

The number of psychologists with an endorsement is reported on the [statistics page](#) of the Board's website. Around 36 per cent of psychologists hold one or more endorsements, and almost 70 per cent of the endorsements are in clinical psychology (September 2019).

The high proportion of psychologists with clinical endorsement can be explained by the number of higher education providers that offer qualifications in this area. The increased demand for clinical programs has also been driven by the [Better Access](#) initiative starting in 2006 and more psychologists working in private practice. Better access provides a higher rebate for clients receiving treatment from a clinical psychologist. Table 1 shows that the number of education providers offering a clinical degree across the country is far higher (41 programs) in comparison with other areas of practice combined (24 programs). The

⁹ See sections 15, 96-106.

jurisdictions with the highest number of programs (NSW, Qld, Vic) also have the highest number of registered psychologists¹⁰ and the highest estimated resident population¹¹.

Table 1: Number of Higher Education Providers (HEPs) offering qualifications in area of practice endorsements (AoPE) by state or territory (November 2019)¹²

Area of practice endorsement	ACT	NSW	NT	Qld	SA	Tas	Vic	WA	Total HEPs
Clinical neuropsychology		1		1			3	1	7
Clinical psychology	2	11	1	8	3	1	11	4	41
Community psychology							1		1
Counselling psychology				1					1
Educational and developmental psychology				1			3		4
Forensic psychology		1					1		2
Health psychology				1	1				2
Organisational psychology		1		2	1		1	1	6
Sport and exercise psychology				1					1

The growth in each of the nine AoPEs has been uneven with stronger growth occurring in areas of practice where there is more availability of approved programs of study and less growth in areas of practice where there are one or two programs available across the country. Table 2 shows the annual growth in endorsement numbers since 2014¹³.

The data appears to indicate that some psychologists are undertaking the endorsement qualification but not going on to complete the Board's registrar program to become endorsed. Most obviously this is the case for sport and exercise psychology, where despite the availability of a program in Queensland, there has been no increase in the overall growth of psychologists with sport and exercise endorsement since 2014. Community and health psychology both have programs but also have low annual growth in endorsement numbers.

¹⁰ For more information see the Board's statistics on registration type by principal place of practice at: www.psychologyboard.gov.au/About/Statistics.aspx.

¹¹ For information on the estimated resident population in Australia see the Australian Bureau of Statistics at: www.abs.gov.au/ausstats/abs@.nsf/mf/3101.0

¹² Data retrieved from the APAC website November 2019 (See: www.psychologycouncil.org.au/APAC_accredited_psychology_programs_australasia)

¹³ Note: There were transitioning and grandfathering provisions for endorsement from 2010-2013 creating unique irregularities in growth. For this reason, endorsement growth is calculated in this table from the end of the transition period to now.

Table 2: Annual growth in endorsement numbers (June 2019)

Area of practice endorsement	2019 numbers	Annual growth (2014-2019)	
		Number	Per cent
Clinical neuropsychology	689	24.0	4.22
Clinical	8932	439.2	6.25
Community	54	-0.4	-0.71
Counselling	972	5.8	.62
Educational and developmental	685	17.0	2.83
Forensic	602	14.2	2.67
Health	326	2.4	.76
Organisational	531	13.8	2.99
Sport and exercise	95	0.0	0.0

The pathway to area of practice endorsement

An endorsement is achieved by completing a Board-approved postgraduate qualification for endorsement followed by a Board-approved registrar program. The registrar program is a period of supervised practice that consolidates the learning in the higher degree program.

Board-approved qualifications for endorsement include completion of any of the following programs of study:

- a two-year coursework master's degree
- a professional doctorate
- a combined Masters/PhD degree
- a bridging course (for those who already have one AoPE), or
- a stand-alone AoPE program (for generally registered psychologists who are seeking an endorsement).

Except for the bridging course and standalone AoPE degrees, all other qualifications for endorsement follow a **blended-model approach to training**, where both general and advanced training are undertaken in the same qualification. This means that unlike the internship pathways (the 4+2 and 5+1), the higher degree pathway (e.g. Master Health Psychology) includes training in both general and advanced competencies at time of general registration.

Competency requirements for a Board-approved qualification for endorsement are outlined in the [APAC Accreditation Standards for Psychology Programs](#). These standards were published in January 2019 and include competencies for AoPE for the first time since the National Scheme began in 2010.

Registrar programs (supervised practice) in each of the nine endorsement areas take between one and two years to complete depending on the associated qualification and whether an endorsement in another area of practice is already held by the practitioner. The Board's [Guidelines on area of practice endorsements](#) detail the competencies a practitioner must show by the completion of the registrar program.

A diagram of the pathways to AoPE as a psychologist is provided at [Attachment B](#).

Part 2: Contextual factors and complexities: Why do we need reform?

One of the Board's statutory functions as a regulator of the psychology profession is to provide for the protection of the public by ensuring that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered. The focus of the Board's workplan from the beginning of the National Scheme has been to regulate the psychology profession to promote safe practice and foster community access to the services clients need¹⁴.

The Board believes that to more effectively provide safe essential services to the community, there is more work to be done to improve the alignment of psychology training and competency development with registration for general and endorsed. The contextual factors and complexities that impact on our regulation of general registration and endorsement are outlined below.

Consumer and industry need

The regulation of psychologists needs to be attentive to the community's need for mental health services, and responsive to changes in consumer and industry needs.

Since the beginning of the National Scheme in 2010, there have been significant changes to public health needs based on changing population demographics and an increasing focus on community wellbeing of the national mental health reform agenda. For example, there is:

- increasing demand for mental health services
- increasing consumer expectations for the availability and professionalism of mental health services
- ongoing inequities and variation in access to mental health services based on geographic location, cultural determinants, and income
- an ageing workforce and changing work practices
- increasing evidence and demand for early intervention and prevention
- increasing access to psychological services delivered by psychologists in private practice, and
- increasing fiscal constraints on our health and mental health system¹⁵.

Psychologists must continue to adapt to the psychological requirements of those in their care. The Board must work to ensure that psychologists are being trained in the competencies to provide best-practice psychological services, both now and in the future, that are flexible and responsive to the changing needs of the community and industry employers.

We need to ensure there are sufficient numbers of psychologists to meet community needs and that these psychologists are also trained in the competencies required by the defined areas of need identified by the community.

The Board is committed to continuous improvement of our standards, guidelines, and competency requirements to ensure we can continue to match the training and competencies we require of psychologists with the service needs of the community. The Board wants to train and regulate a psychology workforce that can help clients with professional services across:

- all levels of the stepped-care model – from lower intensity services (such as online self-help, telepsychology and group therapy), to moderate intensity services (e.g. Medicare services for anxiety and depression), to high and complex care (e.g. inpatient services)
- diverse service needs (e.g. children and adults; individuals and communities; work and home; assessment and therapy; evidenced-based research and practice)

¹⁴ For information on the Board's workplan see the [Health Professions Agreement](http://www.healthprofessionsagreement.gov.au/About/Health-Profession-Agreements.aspx) (HPA 2016-2020) at: www.psychologyboard.gov.au/About/Health-Profession-Agreements.aspx; or AHPRA's [Annual report](http://www.ahpra.gov.au/Publications/Annual-reports.aspx) at: www.ahpra.gov.au/Publications/Annual-reports.aspx.

¹⁵ For more information see the Productivity Commission Mental Health Draft Report www.pc.gov.au/inquiries/current/mental-health/draft.

- both private and public sector contexts of service delivery, and
- specific defined areas of need (e.g. suicidality, domestic violence, recovery from natural disasters).

It is hoped that the Board’s education training and reform program of work can create a reform agenda that puts the community (consumers, clients and carers) at the centre of how to think about the general competencies required by psychologists. This includes, for example, ensuring that the psychology workforce is well-prepared to provide interventions that are culturally sensitive, needed by clients living in both urban and regional areas and for clients seeking treatment in both the public and private sectors.

When thinking about the competencies needed by psychologists with an endorsement, one way that consumers can be at the centre of psychology regulation, is to align the endorsement with community needs and ensure that each area of practice is fit for purpose as a regulatory tool to benefit the public. As noted earlier, our current AoPE’s were developed from the speciality areas regulated in Western Australia before the National Scheme and the APS Colleges representing specific areas in psychology. Historically, these areas were based on professional interests, the interests of academics teaching into tertiary programs, the availability of programs for students to enrol and international scopes of practice. It is the Board’s position that any review of the competencies for general registration and advanced practice should be centred on community supply and need and focused on a public interest argument.

Focus questions:

- *What does the community want and expect from general psychologists?*
- *What does the community want and expect from endorsed psychologists?*
- *What kind of competencies does the community need psychologists to have?*

Changes in our regulatory context

Since the introduction of the National Scheme in 2010 there have been significant changes in the context of our regulatory work. Table 3 outlines some of these changes.

Table 3: Major changes effecting the regulatory context for the psychology profession

Area	Example of change
Accreditation	The Health Ministers commissioned an Independent Accreditation Systems Review (the Woods Review) in 2016. The final report published in October 2018 makes significant, far reaching recommendations to reform the accreditation systems for regulated health professions in Australia ¹⁶ . APAC published new standards for psychology programs in January 2019 ¹⁷ .
Psychology training and work preferences	There has been a shift of psychologists working in the public sector to working in the private sector. Over 45 per cent of psychologists now report that they work either full-time or part-time in private practice ¹⁸ . The Better Access initiative (started in 2006) has led to an increased demand for clinical psychologists.
Employment practices	Stakeholders have provided feedback to the Board that there are two different scenarios: <ul style="list-style-type: none"> • an increasing preference by employers, GP’s and others for psychological services and psychological reports to be provided by clinical psychologists at the moderate level of the stepped-care model (in addition to high care) , and

¹⁶ See: www.coaghealthcouncil.gov.au/Projects/Accreditation-Systems-Review.

¹⁷ See: www.psychologycouncil.org.au.

¹⁸ See: Australian Institute of Health and Welfare reports at: www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/data.

Area	Example of change
	<ul style="list-style-type: none"> • at the same time, there has been a generalisation of allied health roles, with many roles in the public sector being advertised for either a psychologist, occupational therapist, social worker or mental health nurse.
Funding of mental health services	There have been significant changes to the funding of psychological and mental health services. With the commissioning of Primary Health Networks (PHNs), the move to the National Disability Insurance Scheme (NDIS), and availability of more services through the Medicare Benefits Scheme (MBS) such as for eating disorder treatments ¹⁹ .
Legislation	There have been updates to legislation and the introduction of new legislation that affects the practice of psychologists both across the nation and in specific jurisdictions. For example, there have been updates to the National Law affecting all psychologists and legislation about mandatory reporting of child abuse, and voluntary assisted dying legislation in Victoria ²⁰ .

The regulation of psychologists needs to be responsive to changes in the context of our regulatory work. Any consideration about reforming the competencies required for general and endorsed psychologists must include careful consideration of the current context, and any possible impacts of reform on stakeholders, to ensure that psychology regulation helps facilitate a flexible, responsive and sustainable Australian psychology workforce. The regulation of psychology is primarily about ensuring the safety of the public and ensuring that clients have access to the psychological services they need. This includes ensuring that clients have access to the diversity of services they need, and that access to treatment opportunities are distributed across urban, regional, rural and remote communities.

Focus questions:

- *Given the contextual changes affecting our regulatory landscape, how can the Board facilitate a flexible, responsive and sustainable Australian psychology workforce for the future?*
- *How do we maintain diversity of the psychology profession in a changing employment environment?*

The complexity of our training pathways

Multiple pathway training model

Australia is the only country that has multiple training pathways for psychology registration.

All pathways²¹ consist of a six-year sequence of education and training but vary in the proportion of training undertaken outside the tertiary education sector. Each pathway is distinct. These pathways have developed organically over time in response to local training preferences, changes in workforce needs, the provision of healthcare, and the increasing knowledge base of how to treat mental illness.

¹⁹ For information on the PHN see: www1.health.gov.au/internet/main/publishing.nsf/Content/PHN-Home; for NDIS see: www.ndis.gov.au/; for MBS see: www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Home.

²⁰ For legislation see: www.Ahpra.gov.au/About-AHPRA/What-We-Do/Legislation.aspx; for information on mandatory reporting in Victoria see: <https://providers.dhhs.vic.gov.au/mandatory-reporting>; for voluntary assisted dying see: <https://www2.health.vic.gov.au/hospitals-and-health-services/patient-care/end-of-life-care/voluntary-assisted-dying>.

²¹ The 4+2 internship pathway, 5+1 internship pathway and higher degree pathway all take six years. A doctoral program or combined Masters/PhD program will take longer.

Before the National Scheme there were eight regulatory boards for the psychology profession - one in each state and territory as well as APAC setting the competency requirements for training and registration. The competencies required for practice and the requirements for registration were different in each state and territory. Regulators, educators, and practitioners often held (and continue to hold) strong preferences for the competency and training requirements mandated in their jurisdiction over those from other areas. The conversation about the competency expectations for general registration in the early years of national regulation primarily concentrated on settling this history.

In the last ten years the Board has worked to ensure that there is an agreed and comparable level of expertise and skill among those entering the psychology workforce regardless of their choice of training pathway. This has been achieved by:

- consulting widely on the competencies for each pathway, including registration standards and guidelines for the 4+2, 5+1 and overseas pathways
- introducing the national psychology exam for those who have overseas qualifications and those undertaking the internship pathways (4+2; 5+1) including consulting on the exam curriculum competencies
- retiring the 4+2 internship pathway, and
- approving the updated APAC Standards outlining competencies for area of practice programs.

In addition, the Board has worked towards ensuring that the competencies for entry into the profession are set at the right level. One way the Board has managed this challenge has been to use external competency benchmarking via the [International declaration of core competencies in professional psychology](#).

Most of the competency reviews of the Board's standards, codes and guidelines to date have been conducted one at a time – for example focusing independently on updating the internship guidelines or the exam curriculum. It is the Board's view that there is an opportunity to shift the focus from managing the transition of historical regulatory practices to the National Scheme, to carrying out a thorough competency mapping project across the entire psychology regulatory framework.

We believe that the competency standards for each pathway could be further improved for clarity and better synced with each other and international competencies to ensure that the competencies for both general registration and area of practice support sustainable access to evidenced-based psychological practice.

Blended model of training mixes general and advanced training

The model of training in psychology blends general training (for general registration) and advanced training (for AoPE) in two ways:

- 1) between the different training pathways, and
- 2) within the higher degree pathway.

The 5+1 and 4+2 internship pathways focus on general training in the six years (i.e. competencies for general registration), while the higher degree training pathway (e.g. Master of Clinical Psychology, Master of Counselling Psychology) includes training in both general and advanced competencies at time of general registration.

The Board believes there is an opportunity to do more work to sharpen the competencies for general registration as a psychologist (within the framework of the eight core competency domains), and to delineate more clearly the training and competency requirements for general registration from advanced training for AoPE. This would include better articulating the requirements for general registration competencies that are to be achieved *before* the AoPE competencies.

The publication of the new APAC Standards in January 2019 was the first step in clarifying competency requirements at specific training levels. The APAC Standards now, for the first time, divide competencies into *professional competencies* (relevant for general registration) and *competencies for specialised areas*

of practice (relevant for AoPE). In addition, there is the introduction of a one-year standalone AoPE degree. These developments give higher degree providers permission to choose to focus on general competencies in the fifth year of higher degree program, and on competencies for AoPE in the sixth year of training.

The competency framework in the new APAC standards allows the Board to carry out further re-alignment with the [Guidelines for the 5+1 internship](#) and the [Guidelines on area of practice endorsements](#). Improving competency alignment with registration categories will allow the Board to use the regulatory categories of general registration and AoPE more effectively.

Focus questions:

- *Do the competencies for general registration need to be revised?*
- *What competencies that currently exist for general psychologists should remain?*
- *What competencies are no longer current?*
- *What competencies should be added?*

The meaning of area of practice endorsement is widely misunderstood

The public and the profession do not fully understand the purpose of AoPE as a regulatory category. It is widely misunderstood, and endorsement titles are often confused with scope of practice, specialist title, vocational choice and practice setting. It is the Board's view that now is the time to clarify the meaning of area of practice and to maximise its use as a regulatory tool.

AoPE is only available for psychologists who have general registration and who meet the [Area of Practice Endorsement registration standard](#). An endorsement on general registration indicates that a psychologist has expertise in an advanced area of practice in addition to the minimum level of psychological training required for general registration. An endorsement is noted on the public register.

An AoPE function provides the public with assurance that psychologists who have advanced qualifications are trained to a consistent and acceptable level of competency. Endorsements in areas of practice promotes consumer choice and makes it simpler to match consumer need with the appropriate help. For example, it helps the public to match the qualifications of the practitioner (e.g. health psychologist) to their specific needs as a client (e.g. managing depression because of chronic pain).

Regulation of protected title – the [National Law](#) regulates health practitioners through the protection of titles; this means that only registered health practitioners can use certain titles. The Board and Ahpra enforce compliance with the title protection requirements in the public interest. This means the public can be assured that anyone calling themselves a psychologist has undertaken the training and supervised practice as outlined in the Board's standards and guidelines. It is an offence to use the title psychologist unless you are a registered psychologist. Only those psychologists who hold an endorsement can use the titles associated with the relevant practice endorsement, for example forensic psychologist.

Scope of practice - The [National Law](#) only restricts scope of practice in four defined areas where there has been an identified risk to public safety²². The 15 Boards in the National Scheme, including the Psychology Board, do not place restrictions on an individual's scope of practice outside of these four exceptions. This means that there are no techniques, no interventions and no psychological services that are restricted by general registration nor by any of the areas of practice endorsement.

Even though there are no services that are restricted to being provided by psychologists it is the Board's expectation that all psychologists will provide psychological services and evidenced-based interventions within the boundaries of their education and training and professional competence. An individual's scope of practice then is determined by their formal qualifications, vocational choices, career pathways and experience. This includes the continuing professional development (CPD) that they have undertaken.

²² The [National Law](#) provides practice protections for certain dental acts, prescription of optical appliances, and spinal manipulation (s. 121-123).

Board-approved training programs, including accredited qualifications, set the minimum threshold for entry into the profession and CPD maintains competence.

Specialist title - Endorsement should not be confused with specialist title. Only three health professions have specialist registration in Australia – medicine, dentistry and podiatry. Specialisation is considered to pose a higher level of risk to the public than endorsement. Unlike endorsement on general registration the specialist register extends the scope of practice beyond that of a general registrant and is noted on a separate specialist register. Specialist title does not allow for the same level of flexibility in work that AoPE does. For example, a medical practitioner on the specialist register might have a career as an anaesthetist or a neurosurgeon but not usually as both. In contrast, a psychologist may hold more than one endorsement, and psychologists with different endorsements might carry out the same work (e.g. a clinical psychologist and an education and developmental psychologist might conduct child assessments).

AoPE's should not be confused with a practitioner's *area of professional interest*, which does not meet the threshold for requiring additional regulation. An area of professional interest stems from personal work experiences and vocational choices and unlike AoPEs, are unlimited in number. Professional interest can be related to work focus (e.g. trauma), type of therapy (e.g. narrative), specific populations (e.g. refugees, couples), client presentation (e.g. eating disorder), practice setting or job tasks (e.g. policy).

AoPE's titles should not be confused with terms used by international regulators, international professional bodies or international educators who may use similar titles or terms, such as *specialisation* or *scope of practice*, in a different manner to that defined in the National Law and used in Australia.

Focus questions:

- *How can we improve stakeholder understanding of area of practice endorsement?*

Area of practice endorsement competencies are not well defined

There has been considerable debate over the last 15 years or more about the competency requirements for each of the areas of practice both here and internationally (where, confusingly, the AoPE equivalent is typically called *scope of practice* or *specialisation*)²³. Specifically, the debate has focused on whether the competencies are set at the right level for each level of training and type of registration, and whether the competencies for each area are sufficiently distinct from each other.

Stakeholders have provided feedback to the Board that the competencies outlined in the [Guidelines on area of practice endorsements](#) (AoPE guidelines) are not contemporary and need revision. The Board agrees with this assessment and during the scheduled review of AoPE held between 2016 - 2018, formally documented the need for targeted reform of endorsement competencies.

Significant overlap in competencies

Stakeholder feedback to public consultations on area of practice can be found in [past consultations](#) on the Boards' website. Stakeholders have given feedback that there is much overlap between the various endorsement areas, particularly the description of the nine AoPE competencies (in the appendix of the AoPE guidelines). In addition, many of the competencies also overlap with those required by general registration. The amount of overlap in competency standards varies across the nine AoPE. A general review of endorsement competency standards is needed.

²³ In Australia, this debate has been highlighted by the Medicare Benefit Schedule (MBS) two-tier payment system that offers a higher rebate to clients receiving treatment from clinical psychologists than to clients receiving treatment from other types of psychologists.

Improving the alignment of the Board's endorsement competencies with the new APAC Standards

During the recent consultation on AoPE (2018) the Board aligned the AoPE Standard with the new APAC Standards to allow for a standalone endorsement program to be considered an approved qualification for endorsement²⁴. This consultation, however, did not include a comprehensive review of the areas of practice and their associated competencies, as it was recognised this would require a targeted and separate program of work.

The AoPE guidelines, particularly the description of the nine areas of practice endorsement competencies (in the appendix of the AoPE guidelines), need to be more effectively aligned with the *professional competencies* (for general registration) and *professional competencies for specialised areas of practice* (relevant to area of practice endorsement) outlined in the new [APAC Standards](#).

The AoPE competencies developed during a qualification for endorsement and those developed during the subsequent supervised practice (i.e. the registrar program) need to be better defined and outlined in a scaffolded progression. The requirements for supervisors and for supervisees in the apprenticeship model of training in the registrar program need to be more clearly defined and articulated. The purpose of the registrar program for competency development needs to be clarified along with the utility of the requirements.

The Board believes that improving competency alignment with accreditation and registration categories would provide students, supervisors, and higher education providers clarity about requirements and allow the Board to use area of practice endorsement more effectively as a regulatory category.

Focus questions:

- *Should there be better delineation of AoPEs?*
- *Does the current length of training (qualification and registrar program) adequately prepare all AoPE graduates?*
- *Is the apprenticeship model of training still contemporary for the registrar program?*

Misalignment of competencies with international comparisons

In addition to ensuring that there is consistency in competency requirements for the multiple-pathways and the blended-model of training in Australia, there is an argument to be made for ensuring that Australian competency requirements are also externally benchmarked. Given the increasing globalisation of the health workforce, and the Board's commitment to developing internationally recognised and endorsed competencies for the psychology profession in Australia, it is important to regularly review and revise the competencies for general and advanced practice in Australia with international benchmarks.

Registration boards, accreditation agencies and professional associations in many countries have produced competency-based guidelines or standards to support the safe and effective practice of psychology. The table below outlines the relevant competency documents for the countries where there is the most inter-jurisdictional workforce mobility with Australia.

²⁴ This means that higher education providers can offer programs to psychologists who do not already hold a postgraduate qualification or endorsement in an approved area of practice, and who did not obtain general registration through a postgraduate qualification (e.g. those who completed the 4+2/5+1 internship pathway who have a minimum of 12 months' practice as a registered psychologists with no conditions on their registration). This is different to a 'bridging program' where entry is for only for psychologists who have already completed a postgraduate qualification in an area of practice.

Table 4: International competency-based standards for psychologists

	Standard or guideline
New Zealand	Core Competencies for the Practice of Psychology in New Zealand (NZPB) ²⁵
UK	Standards of Proficiency for Practitioner Psychologists (HCPC) ²⁶
Europe	Regulations on EuroPsy and Appendices (EFPA) ²⁷
USA	Competency Benchmarks for Professional Psychology (APA) ²⁸
Canada	Mutual Recognition Agreement ²⁹

While competency-based assessment is the accepted standard for regulatory oversight internationally there are variations in education, credentialing and the practice of psychology in different countries. For example, while the structure of the psychology profession in New Zealand is like the structure in Australia, the model in the USA typically requires a higher-level qualification (Doctorate) for registration, and in the UK, practitioner psychologists have an area of specialisation when first registered.

To overcome international variations in the competencies required for entry into practice (i.e. general registration) several countries are using the Declaration for establishing regulation requirements in professional psychology or for benchmarking current standards³⁰. Over 77 countries have participated in the development of the Declaration, and the declaration has already been translated from English into Spanish, Portuguese and Mandarin Chinese, to name a few³¹.

While adopting the Declaration is one step towards the foundation for a coherent global system for equating psychology registration, accreditation and training, the competencies outlined in the Declaration are focused on entry into the profession only (i.e. general registration) and not on advanced practice.

Investigation of the competency documents listed in Table 4 indicate that some competencies for endorsement in Australia appear to be encompassed by general competencies (for entry into the profession) in the UK, USA, and NZ. For example, there are several competencies for ethical, legal and professional matters that are required by international regulators for general registration (or the equivalent) that are required for endorsement in Australia. In addition, the UK and US competencies, tend to be more detailed in this area than the Australian competencies, which are described at a higher (macro) level. Some professional competencies, such as self-care and self-monitoring are more adequately described by international standards than they are in Australia, such as the USA (Competency 4C).

In addition, it is clear from stakeholder feedback, and the Board's own investigations, that some of the AoPE competencies required in Australia (e.g. for clinical and counselling psychology) are not well aligned with similar competencies required internationally.

²⁵ www.psychologistsboard.org.nz

²⁶ www.hcpc-uk.org

²⁷ www.europsy-efpa.eu

²⁸ www.apa.org

²⁹ www.cpa.ca

³⁰ Private correspondence to Rachel Phillips, Chair, Psychology Board of Australia from Sverre L. Nielsen, Norwegian Psychological Association, Senior Advisor, and Marianne Burnetti-Atwell, CEO, Association of State and Provincial Psychology Boards (ASPPB) from the International Project on Competence in Psychology; 14 October 2019.

³¹ These four language groups are in the top six most spoken languages in the world (English = 1,132 million speakers; Mandarin Chinese – 1,117 million speakers; Spanish- 534 million speakers; Portuguese – 234 million speakers). Translating the Declaration into these languages shows the potential reach of the Declaration. See www.ethnologue.com/guides/ethnologue200 for more information on world languages.

It is the Board's view that there are opportunities to better align competencies of the psychology workforce in Australia with international benchmarks and to maximise the endorsement framework as a regulatory mechanism for the benefit of the public and profession.

Focus questions:

- *Should the general competencies and AoPE competencies in Australia be better aligned with the relevant comparable international competencies?*

Resulting complexity

There is increased recognition that the competency standards for general registration and AoPE are not as well-bounded as they could be and would benefit from review, realignment and reform.

The lack of alignment is creating complexities for stakeholder groups, including: higher education providers, industry and funding bodies, clients and consumers of psychological services, and psychologists.

For higher education providers, the current model creates complexities in the structure and sequencing of training and can result in confusion about what competencies are needed for each level of training relative to registration categories across all pathways. The general misunderstanding of the regulatory category of endorsement creates confusion about differences between Australian competencies for endorsement and their international equivalents.

For industry and funding bodies, the lack of clarity about the competencies for general registration and AoPE makes it complicated for industry and funding bodies to match psychology training and registration categories to their client needs. A misunderstanding about the meaning of AoPE, and the multiple-pathway training model furthers this confusion.

For clients and consumers, the current model, including the overlap in competencies for different areas of practice and general registration and confusion over the difference between endorsement and scope of practice, makes it difficult to understand what kind of psychologist they need to access, and what kind of services differently trained psychologists can provide.

For psychologists, the overlapping competencies between the nine areas of practice endorsement confuse professional distinctions and make it difficult for practitioners to clearly articulate to clients their competencies and available services. The fact that psychologists holding the same area of practice have different qualifications based on both the date of graduation and whether they fell under the transition provisions further complicates professional distinctions. The preference from industry and funding bodies for clinical psychology area of practice has politicised and exacerbated discussions about professional identity and there are concerns that it has narrowed employment and training choices.

The Board's view is that increasing clarity and transparency around the required competencies for general registration and AoPE is the next step in the education, training and reform program of work. The public, higher education providers, industry, funding bodies and psychologists need to be clear about what knowledge and skills are expected of general and endorsed psychologists.

The pathway to AoPE needs to be simplified and reformed to ensure psychologists are adequately trained for general and advanced practice, and to ensure that the registration categories of general and area of practice endorsement are being used effectively to promote safe practice and community access to the services they need.

Part 3: Looking forward: Exploring a new harmonised model for competency development

The route towards reform

As noted earlier, the first step (phase one) in the education training and reform program of work was to focus on reducing the regulatory burden and complexity of psychology training by retiring the 4+2 internship pathway to general registration. The Board proposes that the next step in the education training and reform program of work (phase two) is to explore a new harmonised model for competency development.

The aim of the proposed reform (Phase two) is to address the complexities that impact on our current regulation of general and endorsed psychologists. The Board envisages that phase two of the reform process would aim to:

- improve the description of competency expectations for psychologists at the various levels of training and regulation
- improve the alignment of training and registration categories, and
- maximise the use of endorsement under the National Law by aligning competency expectations of training, accreditation, and regulation more effectively.

The first step in this process is to carry out a competency mapping project. This would involve mapping and comparing the competencies required for entry into the profession (for general registration) and advanced training (for endorsement), comparing these competencies to international equivalents and ensuring that the professional competencies can be set and regulated more effectively in the Australian context through revision of the general and AoPE standards.

The Board's view is that a new harmonised model for competency development would be expected to have the following benefits:

- A clearer and more discrete description of the competencies needed for general registration and AoPE to promote safe practice and optimal client access.
- Better alignment of competencies of the psychology workforce with consumer and employer needs.
- Better alignment of psychology competencies with registration categories, international benchmarks and the new APAC Standards.
- Clearer expectations and increased transparency about training pathways and registration categories for the public, higher education providers, industry, funding bodies and psychologists.
- Maximizing the endorsement framework as a regulatory mechanism for the benefit of the public, the profession and employers.
- Promoting diversity in the psychology workforce to ensure the Australian community has sustainable access to the range of mental health services and psychological interventions they require to enhance mental health now and into the future, regardless of where people live or the social determinants of health.

In addition, a new harmonised model for competency development would further streamline the psychology education and training pathways by producing a clearer definition of a registered psychologist in Australia and creating a clearer pathway to endorsement.

A stepped approach

The Board proposes a stepped approach to harmonising the competency requirements for the psychology profession, with the initial focus on reforming the competencies for general registration, and *then* focusing on the endorsement competencies. The pathway to reform is sequential, focusing on competencies first, *then* on refining and using the most appropriate regulatory tools that promote safe provision of services and ensures the community has access to the services they need.

The consultation process for phase one of the education training and reform program of work was specific and included two options (to retire or not to retire the 4+2 internship pathway). The Board envisages that

the consultation process for phase two will be more complex than for phase one, because there are many decisions to be made about the appropriate competencies, and these decisions will need to be reflected in several of the Board's registration standards and guidelines. The consultation process for phase two could be likened to a funnel – starting with broad concepts, ideas and discussions (e.g. this green paper; a conversation about which competencies are needed for general psychologists) and then moving towards specific regulatory requirements (e.g. a consultation on the 5+1 internship requirements and exam curriculum to ensure alignment with the new competencies).

The stepped approach to reform allows for wide-ranging consultation on targeted reform areas, clear boundaries around the scope and progress of the reform, and promotes careful planning leading to considered reform that prepares regulation of psychologists for the future. It also suggests that there will need to be a longer, more involved program of work.

The Board proposes that the first step would be to focus the reform on improving the description of competency expectations for general psychologists and improving the alignment of psychology training and competency development with registration categories. The aim would be to ensure that the registration categories are being used effectively to promote safe practice and optimal client access. Initial thinking is that this step would focus on:

- clearly defining the competencies for general registration as a psychologist, and promoting a clearer delineation of the training for general registration from advanced training for area of practice endorsement³²
- improving stakeholder understanding of what knowledge and skills are expected of a registered psychologist
- aligning psychology training and competency development more effectively with registration categories, and
- increasing clarity and transparency around expectations about training pathways and registration categories for the public, higher education providers, industry, funding bodies and psychologists.

This step would involve reviewing the competencies for both general registration and AoPE by undertaking the competency mapping task mentioned above. It would also involve aligning the agreed revised competencies with the new APAC Standards, as well as comparing and benchmarking the Australian competencies with international equivalents and the Declaration.

Any resulting changes to the competencies for general registration would require revision of the Boards [General Registration standard](#), revision of the competencies outlined in the [Guidelines for the 5+1 internship](#), review and alignment of the [national psychology exam curriculum](#) with the new competency framework, and approval of any revised standards by the Ministerial Council.

The Board envisages that the second step of the reform program of work would focus on improving the description of competency expectations for endorsed psychologists and ensuring areas of practice endorsement are aligned with community need to safeguard a sustainable and skilled psychology workforce for the future. Initial thinking is that this step would focus on:

- improving stakeholder understanding of how AoPE is used under the National Law and clarifying the meaning of endorsement
- aligning AoPE with community need and ensuring each AoPE is fit for purpose as a regulatory tool to benefit the public
- clarifying the competencies expected of the various areas of practice
- aligning the Board's AoPE competencies with the new APAC Standards and demonstrating that it is a pathway requiring an extra qualification
- reviewing the regulatory intent and outcomes of the Registrar program, and
- promoting diversity in the psychology workforce to ensure the Australian community has access to the range of mental health services that they need and psychological interventions to promote health now and into the future.

³² For more information see the [General registration standard](#) and the [Area of practice endorsement standard](#).

This step would require revision of the [Area of practice registration standard](#) and the [Guidelines on area of practice endorsement](#). Any changes to registration standards will need approval by the Ministerial Council, and any changes in competency standards for area of practice will need to be reflected in the APAC Standards. Therefore, the new harmonised model of competency development would not only include improvements to the Board's standards and guidelines but may also require changes to the APAC Standards, and the competencies required to be shown at various levels of psychology training.

Part 4: Challenges to discuss

The proposed reforms raise a range of questions and challenges that need to be understood, considered and resolved in order to effectively carry out the program of work.

Getting competencies and alignment right within the complexities of our training model

It is the Board's view that it is possible to carry out the above reforms within the current structure of training and regulation, without needing to make any major structural changes at this time.

The Board is proposing to keep the current number of *multiple pathways* to general registration (except for the 4+2 internship program which has previously been approved for retirement). The Board is also proposing to keep the *blended model* approach to training.

By carrying out a wholistic and thorough review of competencies across all training pathways, levels of training and registration categories, the Board is of the view that it is possible to review, align, and articulate the competencies more effectively within the current training structure.

It is important to note that any change to the multiple training pathways or the blended model would require consideration of modifications to the structure of qualifications, the way academics train psychologists (including research requirements), and the availability of commonwealth funding for training places. This would require wide-reaching reform, needing cooperation from various stakeholders outside of the National Scheme over many years.

The Board is of the view that the reforms outlined in this green paper can achieve regulatory improvements in a timelier and cost-effective manner without making major changes to the training model.

Setting boundaries about what is in scope for this reform and what is outside the scope of reform

The Board is dedicated to creating a clearer model for competency development for both general and endorsed psychologists.

As noted earlier, there are complexities associated with endorsement, including:

- the public and profession are confused about the regulatory intent of endorsement, and how this is different from scope of practice, area of professional interest, and specialist title
- there is significant overlap between the nine AoPEs and general registration for psychology resulting in confusion about the competencies expected of various AoPEs
- some organisations have chosen to tie their funding models or employment preferences to certain areas of practice, and
- there is passionate investment in various areas of practice endorsement by the psychology profession.

Due to these complexities (and others), for any reform work to be successful, it needs to be well-bounded, and clear about what is in and out of scope of the reform. The aim of any regulatory reform is to improve the regulation of psychologists and keep the public safe. The Board proposes that the following areas of reform would be in scope:

- improving the competency descriptions for general and endorsed psychologists
- ensuring AoPEs are aligned with community need
- reviewing and realigning the competencies required for general registration and AoPE
- reviewing and aligning the Australian competencies with international competency benchmarks

- reviewing and improving the Board's [General Registration standard](#), [Area of practice registration standard](#), [Guidelines for the 5+1 internship](#), and [Guidelines on area of practice endorsement](#)
- reviewing and aligning the national psychology exam curriculum with the new competency framework
- reviewing the regulatory intent and outcomes of the Registrar program, and
- reviewing and possibly recommending changes or improvements to the APAC Standards.

The following areas are outside the scope of this reform:

- **Specialist title** – The topic of specialist title periodically arises in consultation with stakeholders. It is the Boards view that the reform outlined in this green paper needs to be carried out first, before any consideration is given to specialist title. Until we have confidence in the definition of the competencies for general registration, and clearly separate these from endorsement, no realistic conversation about specialisation can happen.

It is important to note that any request for approval from Ministerial Council for extra regulation (i.e. adding specialist title) would need to be predicated on:

- what is not working with the current regulatory categories, and
- what has been done to improve their effectiveness (e.g. the reforms outlined in this green paper).

In addition, the request to Ministers would need to consider the regulatory intent of endorsement and specialisation under the National Law and provide details on how specialisation is a better fit than endorsement for the regulation of psychology. It would also need to be informed by the previous advice from Ministerial Council on specialisation³³.

- **Funding models or employment practices** – The Board does not have any powers under the [National Law](#) to determine models of funding for psychological services, nor to set the requirements for employment of psychologists. These are decisions for funding bodies, employers and industry themselves. The functions of a National Board are outlined in section 35 of the [National Law](#) and include setting the requirements for registration; developing standards, codes, and guidelines; approving accredited programs of study; and overseeing the management of notifications.

While funding of psychological services and employment are not within the purview of the Board, by improving the alignment of psychology training and competency development with registration categories, and maximising the endorsement framework as a regulatory benefit for the public and profession, the Board can provide clarity about the competencies expected of registered psychologists which in turn, may help employers and funding bodies to make their decisions.

The importance of an open and respectful conversation

Due to the high level of professional investment by psychologists and others in the regulation of area of practice, it is anticipated that there will be robust debate throughout the next phase of the education training and reform process.

In the past, some discussions about AoPE have become heated, focusing on factional or partisan views, rather than considering the whole and what can create the best outcome for the most people – both consumers and psychologists – now and into the future.

³³ See: [Guidance for National Board submissions to the Australian Health Workforce Ministerial Council for approval of specialties under Section 13 of the Health Practitioner Regulation National Law - 29 July 2014](#) or go to: www.Ahpra.gov.au/About-AHPRA/Ministerial-Directives-and-Communiqués.aspx.

The Board wants the best outcome for the community and the profession. Temperate viewpoints that are based on evidence and best-available information, and that are centred around the common good will help in the development of balanced reform that will take regulation of psychologists into the future for the benefit of our clients.

Workforce implications

As public health needs change in response to changing population demographics, including an increased prevalence of chronic disease and an increased focus on the mental health of the community, psychologists must continue to adapt to the psychological needs of those in their care across the lifespan, and in all sectors of society.

The ability of the profession to respond to these challenges remains an important consideration for the Board as part of its mandate to protect the public, facilitate the provision of high-quality education and training and support the development of a flexible, responsive and sustainable psychology workforce.

The implications of the proposed reform in this green paper are expected to result in several benefits, most notably in providing clearer expectations and increased transparency about the required competencies of general and endorsed psychologists for the public, higher education providers, industry, funding bodies, and psychologists.

The Board does not expect the reform to effect workforce numbers. Psychology is the third largest health profession in Australia and there has been steady workforce growth over several years. The psychology workforce is a predominantly young workforce and unlike other health professions in Australia, our workforce is home-grown with most psychologists being trained in Australia³⁴. While there are clear mental health workforce shortages in psychiatry and mental health nursing, the psychology profession has a healthy 36,346 practicing registrants (September 2019).

The Board will continue to be mindful of any system changes in response to the *Productivity commission mental health draft report* or the development of a new National Mental Health Workforce Strategy, to ensure any recommendations for regulatory reform support the continued workforce supply of psychologists³⁵.

The education training and reform agenda hopes to achieve a psychology workforce that better aligns the skills, competencies, cultural capabilities, and availability of psychologists with community need. The Board continues to be committed to promote diversity in the psychology workforce to ensure the Australian community has sustainable access to the range of mental health services and psychological interventions they need.

Focus questions:

- *Is the proposed reform likely to be effective in removing any barriers to sustained workforce growth?*
- *What role could psychologists play in redressing mental health workforce shortages (e.g. psychiatrists and mental health nurses)?*
- *Are there situations where we are not working to the full scope of our skillset?*

³⁴ Workforce details are reported on the [statistics](#) page of the Board's website.

³⁵ For more information on the Productivity Commission Mental Health draft report see: www.pc.gov.au/inquiries/current/mental-health/draft.

Part 5: Next steps: Leading reform with a clear vision

The Board considers that harmonising the training and regulatory frameworks for competency development is an important next step in the development of the regulatory environment for the psychology profession.

With a mandate under the National Law to protect the public, facilitate the provision of high-quality education and training, and support the development of a flexible, responsive, and sustainable psychology workforce, the Board believes it is well-placed to lead the reform.

The Board believes that a considered response to the issues that exist with the registration categories of general registration and AoPE are best placed within a stepped program of work. It would be impossible to carry out this work without working together with national education and training stakeholders including government, as well as the community and psychology profession.

In exploring possible policy options for reform, the Board must adhere to the objectives and guiding principles of the National Law, the COAG Principles for Best Practice Regulation, and follow any directions from the Australian Government Office of Best Practice Regulation (OBPR). These guiding principles for reform are outlined in [Attachment C](#).

Step one: Developing a clear vision for reform

This green paper represents the Board's initial contribution to the discussion to develop a clear vision for reform. It is expected that this vision will grow and be refined throughout the reform program of work in response to conversations and consultations with stakeholders. We welcome discussion on the proposed reform and wish to further understand the challenges and benefits that harmonising the training and regulatory frameworks for competency development might present to the profession, employers and educators. As part of this initiative, the Board plans to:

- host a National Forum to formally launch this green paper and start discussions on the next phase of the education training reform program of work for the psychology profession
- conduct specific stakeholder meetings to fully understand the issues and develop a clear path forward. In particular, the Board plans to seek meetings with relevant Government departments, consumer groups, the Australian Psychology Accreditation Council (APAC), Australian Psychology Society (APS), and Heads of Departments and Schools of Psychology Association in Australia (HODSPA), and
- conduct further research and scoping of a harmonised competency model. This would include commissioning a comprehensive competency mapping project across our training pathways of the competencies for general registration and area of practice in Australia and comparing these with international benchmarks. This would be conducted by independent experts in education training and accreditation processes.

This means that the specifics of the reform are not yet fully determined. The Board is committed to further work to help build a clear picture for the parameters of the reform, and how to frame and prioritise for consultation. The green paper is the first step in developing a clear vision for reform.

Step two: Consultation

The focus of this step is on articulating the clear vision for reform developed throughout the scoping and stakeholder initiatives (step one) and presenting viable options to stakeholders for the development of an enhanced regulatory framework.

In line with established procedure, the Board would conduct wide-ranging consultation on the proposals, including consultation with patient safety bodies and health care consumer bodies. The consultation process will include a patient health and safety impact assessment, an assessment of the regulatory impact of the proposal on workforce, and any implications for training, regulation, for the public and the

profession³⁶. If further regulatory action was identified as appropriate and supported by the evidence, this step would include any recommendations for revising registration standards, codes or guidelines.

The consultation process would include:

- conducting specific consultation on the options with targeted stakeholders (preliminary consultation)
- publishing a public consultation paper
- presenting a national webinar to explain the proposals, and
- holding a public forum.

Due to the proposed stepped approach to harmonising the competency model, the Board envisages the need to carry out more than one consultation process, making this a multi-year program of work.

Step three: Implementation, communication and transition

Once general agreement has been reached on the content of any enhanced regulatory framework, the Board would seek government approval for any changes to standards, codes and guidelines. In line with established procedure, details of any transition arrangements, including agreed timeframes and a plan for communicating changes with affected stakeholders, would be submitted to Ministerial Council for consideration. These transition arrangements would be determined early in the development process in consultation with stakeholders.

³⁶ For information on the Consultation process of the National Boards please see:
www.Ahpra.gov.au/Publications/Procedures.aspx

Focus questions for further work and consideration

The following focus questions have been included to promote discussion on the regulatory categories of general registration and area of practice endorsement:

Responding to consumer need

1. What does the community want and expect from general psychologists?
2. What does the community want and expect from endorsed psychologists?
3. What kind of competencies does the community need psychologists to have?

Changes in regulatory context

4. Given the contextual changes affecting our regulatory landscape, how can the Board facilitate a flexible, responsive and sustainable Australian psychology workforce for the future?
5. How do we maintain diversity of the psychology profession in a changing employment environment?

Complexity of our training pathways

6. Do the competencies for general registration need to be revised?
7. What competencies that currently exist for general psychologists should remain?
8. What competencies are no longer current?
9. What competencies should be added?

Meaning of area of practice endorsement

10. How can we improve stakeholder understanding of area of practice endorsement?

Area of practice endorsement competencies are not well defined

11. Should there be better delineation of AoPEs?
12. Does the current length of training (qualification and registrar program) adequately prepare all AoPE graduates?
13. Is the apprenticeship model of training still contemporary for the AoPE registrar program?

Misalignment of competencies with international comparisons

14. Should the general competencies and AoPE competencies in Australia be better aligned with the relevant comparable international competencies?

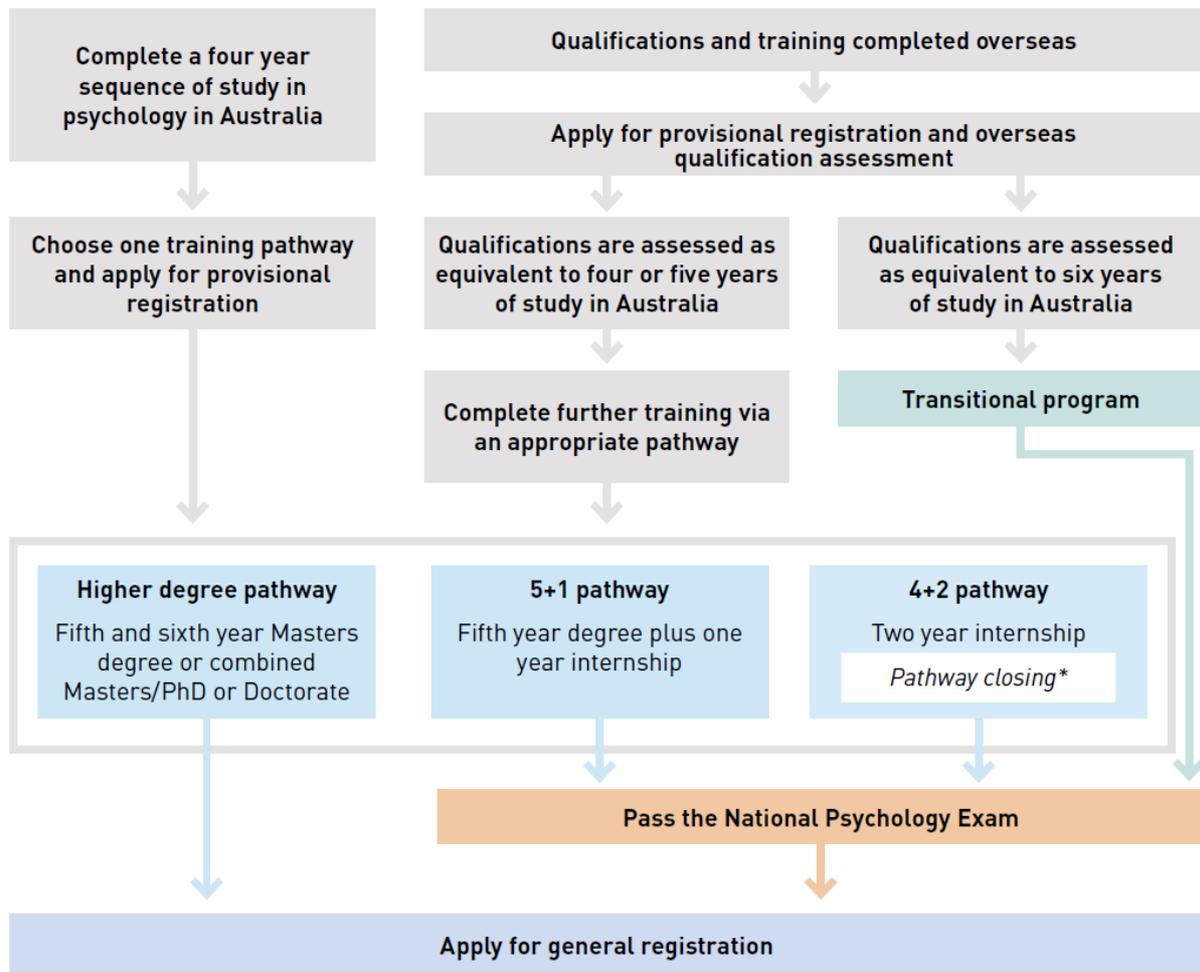
Workforce

15. Is the proposed reform likely to be effective in removing any barriers to sustained workforce growth?
16. What role could psychologists play in redressing mental health workforce shortages (e.g. psychiatrists and mental health nurses)?
17. Are there situations where we are not working to the full scope of our skillset?

Other questions

18. Do you agree with the stepped-approach to the proposed reform?
19. Are there any more ideas for reform that you think the Board should consider?
20. Do you have any comments about what the Board has delineated as in-scope and out-of-scope for this phase of the education training and reform program of work?
21. What are we doing well? What has worked?

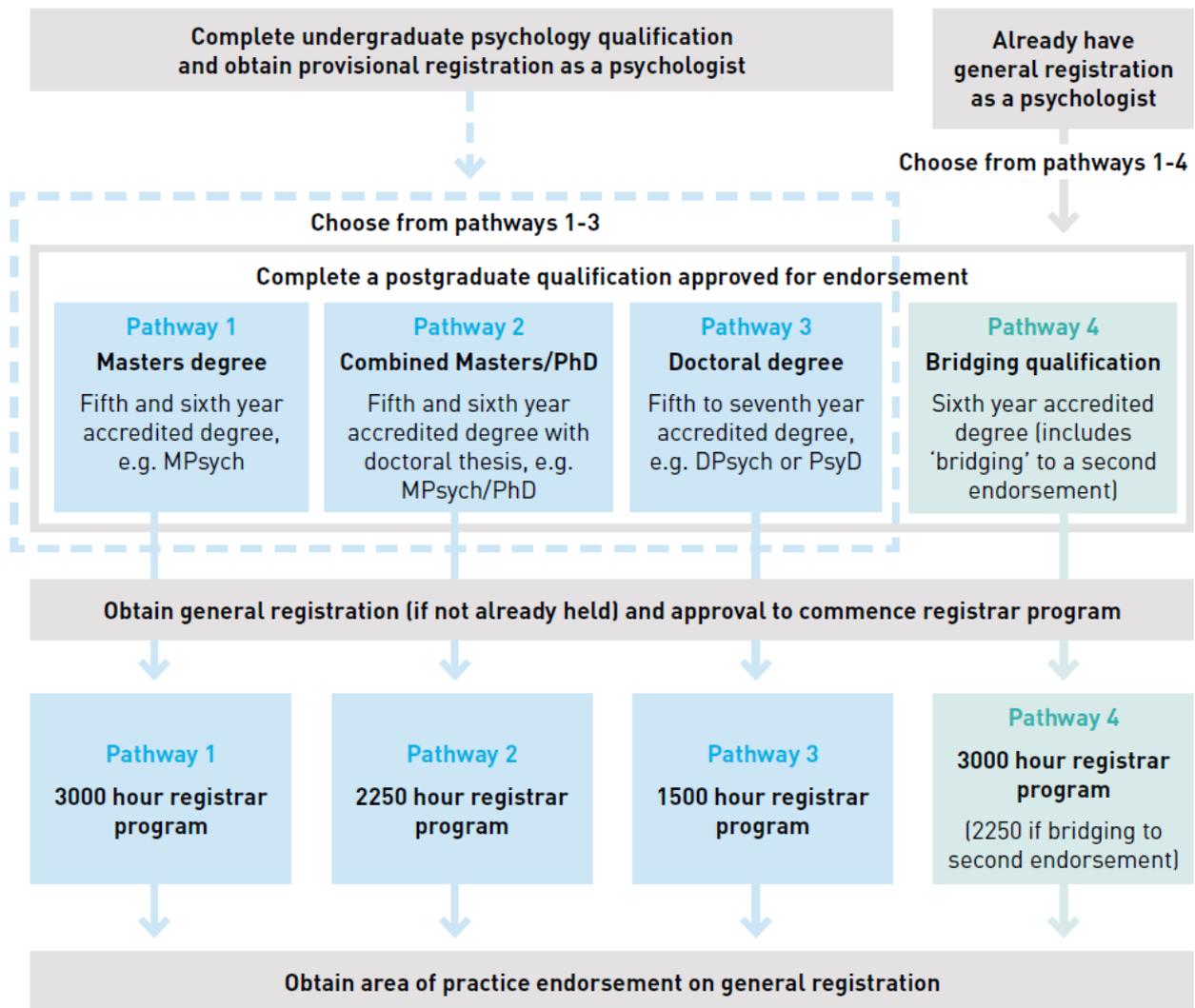
Attachment A: Training pathways to general registration



*The last day to apply for the internship is 30 June 2022. See the Board's [website](#) for further details.

Note: After gaining general registration, those completing the higher degree pathway may complete a registrar program leading to area of practice endorsement. Those who complete an internship pathway can later complete a bridging qualification and registrar program leading to endorsement.

Attachment B: Pathways to area of practice endorsement



Attachment C: Guiding principles for reform

In exploring possible policy options for reform, the Board must adhere to the objectives and guiding principles of the National Law, the COAG Principles for Best Practice Regulation, and follow any directions from the Australian Government Office of Best Practice Regulation (OBPR).

Objectives and guiding principles of the National Law

The Board is one of 15 National Boards in the National Scheme, and is governed by the [National Law](#). The National Law sets out the objectives and guiding principles of the National Scheme.³⁷

The education and training reform program of work must be undertaken consistent with the objectives and guiding principles of the National Law, including:

- providing for the protection of the public by ensuring that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered
- facilitating the provision of high-quality education and training of health practitioners
- facilitating access to services provided by psychologists in accordance with the public interest
- enabling the continuous development of a flexible, responsive and sustainable Australian psychology health workforce, and allow innovation in the education of psychologists and in psychology services
- demonstrating that the Board is operating in a transparent, accountable, efficient, effective, and fair way, and
- only placing restrictions on the practice of psychologists if it is necessary to ensure health services are provided safely and are of an appropriate quality.

The work of the Board is underpinned by the National Scheme's regulatory principles.³⁸ The regulatory principles encourage a responsive, risk-based approach to regulation across all regulated professions.

Council of Australian Government (COAG) regulatory guidelines

The Board must consider the COAG Principles for Best Practice Regulation throughout the education and training reform program of work by considering the following matters:

- whether the proposal is the best option to achieve its stated purpose and protect the public
- whether the proposal results in an unnecessary restriction of competition among health practitioners
- whether the proposal results in an unnecessary restriction of consumer choice
- whether the proposal's overall costs to the public and/or registrants and/or governments are reasonable in relation to the benefits to be achieved
- whether the proposal's requirements are clearly stated using 'plain language' to reduce uncertainty, enable the public to understand the requirements, and enable understanding and compliance by registrants, and
- whether the Board has procedures in place to ensure that the proposed standard remains relevant and effective over time.

Office of Best Practice Regulation (OBPR)

The Board must seek advice from OBPR about the regulatory impact of the Board's proposal/s throughout the reform program of work, and whether it is necessary to complete a Regulation Impact Statement (RIS)³⁹.

³⁷ [Health Practitioner Regulation National Law](#), Section 3.

³⁸ Australian Health Practitioner Regulation Agency, *Regulatory principles for the National Scheme, 2014* <http://www.ahpra.gov.au/About-AHPRA/Regulatory-principles.aspx>

³⁹ A RIS is a document that examines the proposed regulatory options under consideration in order to determine the relative costs and benefits of those options. Further information on the RIS process can be found at: www.dpmpc.gov.au/office-best-practice-regulation.

The OBPR ensures that all policymakers, such as the Board, comply with the Government's regulatory impact analysis requirements. Every policy proposal designed to introduce, change or abolish regulation must be submitted to OBPR.

If the OBPR determines that a RIS is required, the Board will need to propose several different options for reform - including 'no change' - and carry out a cost benefit analysis on those options as part of the RIS process. To proceed with a proposed policy, the Board would need to show that its preferred option is also the option that delivers the greatest net benefit to the public.

The RIS requires extensive consultation to canvass the regulatory options under consideration in order to determine their relative costs and benefits. Following consultation, the Board is required to submit a RIS for decision. The purpose of a final RIS for decision makers is to draw conclusions on whether regulation is necessary, and if so, on what the most efficient and effective regulatory approach might be, taking into account the outcomes of the consultation process. The OBPR must be satisfied that the proposed outcomes in the RIS for decision are compliant with its requirements before sign-off is achieved.

The Board was not required to complete a RIS for phase one of the education and training reform program of work (retirement of the 4+2 internship pathway). Phase two will need to meet the requirements set out by OBPR and may require a RIS to be submitted.