

## Psychology Board of Australia: Education training and reform

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March 2021

Stakeholder feedback on the Green paper

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## Overview

1. The Psychology Board of Australia (the Board) began phase two of the education training and reform program of work (ETR) in early 2020 with the publication of the [Green paper](#).
2. As outlined in the [Green paper](#) (p.20) the aim of ETR (phase two) is to address the complexities that impact on the regulation of psychologists in Australia and improve the description of competency expectations for psychologists through:
  - a. providing a clearer and more discrete description of the competencies needed for general registration and area of practice endorsement (AoPE) to promote safe practice and optimal client access to the services they need
  - b. better aligning the competencies of the psychology workforce with consumer and employer needs
  - c. better aligning psychology competencies with registration categories, international benchmarks and the new [APAC Accreditation Standards for Psychology Programs](#) (APAC Standards)<sup>1</sup>
  - d. providing clearer expectations and increased transparency about training pathways and registration categories for the public, higher education providers, industry, funding bodies and psychologists
  - e. maximising the endorsement framework as a regulatory mechanism for the benefit of the public, the profession and employers, and
  - f. 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.
3. In line with the [National Scheme Engagement Strategy 2020-2025](#), the Board has held several stakeholder meetings to elicit and understand stakeholder views about the proposed reform. In November 2020, the Board hosted six webinars to formally launch the ETR program of work. These two-hour webinars replaced the National forum (Canberra) that was originally scheduled for March 2020 and cancelled due to the COVID-19 pandemic. The aim of the webinar series was to:
  - a. present the Board's [Green paper](#)
  - b. introduce the need to develop revised new competencies for general registration and area of practice endorsement
  - c. engage with stakeholders to understand the current challenges associated with establishing and implementing the competencies required for safe practice
  - d. hear and understand stakeholder views
  - e. establish if there is a case for action, and
  - f. create and test possible solutions to inform the future consultation process and articulate a clear vision for reform.
4. A wide range of stakeholders have provided feedback to the Board on the ETR (phase two) reform proposals including:
  - a. State, Territory and Commonwealth health jurisdictions
  - b. Accreditation and training experts
  - c. Aboriginal and Torres Strait Islander representatives
  - d. Psychology professional bodies
  - e. Employers, and
  - f. National and international psychology regulators.
5. The Board has carefully considered this feedback and has incorporated it to inform the next steps in the ETR (phase two) program of work.

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<sup>1</sup> See the Australian Psychology Accreditation Council (APAC) website for more information: [www.psychologycouncil.org.au](http://www.psychologycouncil.org.au).

6. The purpose of this report is to:
  - a. outline the feedback provided by stakeholders and summarise the main themes that have arisen
  - b. demonstrate how the Board has considered this feedback, how the feedback has helped build the vision for the ETR (phase two) program of work, and
  - c. clearly articulate a plan for reform that outlines the Board's next steps, including:
    - i. the tasks the Board plans to focus on now (priority tasks)
    - ii. the feedback that will be considered later (after completion of ETR phase two), and
    - iii. the feedback that cannot be addressed as it is not in the Board's remit or power to address under the [National Law](#).

### Stakeholder feedback and themes

7. A summary of stakeholder views to the [Green paper](#) including feedback, themes, and comments is at [Attachment A](#).
8. A summary of the feedback specific to developing revised new competencies for general registration is at [Attachment B](#).
9. A summary of the Board's response and proposed actions as a result of stakeholder feedback is at [Attachment C](#).

### Feedback themes and the Board's response - Priority tasks

10. This section of the report outlines the Board's response to stakeholder feedback that will be considered as a priority and will be included as part of the ETR (phase two) program of work. For ease of presentation, the feedback has been categorised into broad themes.
11. The feedback for this section is presented at [Attachment A](#) (Table 1) and [Attachment B](#).

#### There is a need for ETR reform

12. Stakeholders overwhelmingly agreed with the Board's ETR program of work. There was clear support for the proposal to ensure that general registration and area of practice endorsement are being used effectively under the [National Law](#)<sup>2</sup> and to improve the description of competency expectations for psychologists at the various levels of training and regulation.
13. Feedback focused on the need to clarify the meaning and threshold for general registration as a priority and to better align area of practice endorsement with the updated APAC Standards and competency requirements of international regulators. Stakeholder's reasons for reform included the changing work context of psychologists and the increasing community need for mental health services. Reform was seen by stakeholders as timely.

<p><b>Board response 1 (Priority task):</b> The case for action to undertake the ETR (phase two) program of work is confirmed by stakeholders. The Board will incorporate the feedback from stakeholders and continue actioning the ETR project plan.</p>
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#### Competencies need revising and updating

14. Stakeholders provided many comments about the competencies required for general registration including how the current competencies can be improved. These are presented at [Attachment B](#).
15. Feedback focused on strengthening the mental health competencies of all psychologists and ensuring that competencies are relevant to the context psychologists work (including private practice). Stakeholders noted that there needs to be more emphasis on the development of professional identity (including self-reflection and self-care) and better articulation of competencies related to working with other professionals (understanding the broader work context, working in multi-disciplinary teams and making referrals).

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<sup>2</sup> The Health and Practitioner Regulation National Law as in force in each state and territory.

16. There was much discussion about defining the core research competency for general registration particularly from training and accreditation stakeholders. There was a view that the blended model of training<sup>3</sup> has blurred the research competencies that are core and those that are advanced. There was some agreement that students were required to satisfy some of the research competencies (e.g. conduct research) several times over the course of training, and that this is not necessary.
17. Feedback confirmed that work was needed to significantly improve the *working with diverse groups* competency to add more specificity and to update to contemporary understandings. Some stakeholders noted an overlap between general registration and area of practice in the *ethical, legal and professional matters* and *working with diverse groups* competencies and that these skills were core competencies for general psychologists. The key feedback from stakeholders about competencies was that the Board focus on separating what is a core competency from what is an advanced competency.
18. While there were recommendations for the Board to improve the competencies (better regulation, not more regulation), there were also suggestions to improve the depth, breadth and consistency of competency training prior to applying for general registration (and prior to applying for area of practice endorsement).

**Board response 2 (Priority task):** The Board will prioritise consolidating and confirming the competencies for general registration first (then area of practice endorsement). This will include a focus on strengthening the competencies to address the concerns raised by stakeholders. The Board has commissioned external independent consultants and appointed a Psychology Expert Reference Group (PERG)<sup>4</sup> to review stakeholder feedback and integrate specific recommendations for competencies into draft revised competencies for general registration for public consultation later in 2021.

#### **Minimum and clear threshold for safe practitioners**

19. All stakeholders agreed that the community expects to receive treatment from a psychologist who is competent and who can practice safely.
20. There needs to be a standard level of training (regardless of training pathway) and a requirement for Continuing Professional Development (CPD). This level of training needs to be clear to the public and others.

**Board response 3 (Priority task):** Continue to develop clear and effective registration standards, codes and guidelines. Revise the competencies for general registration and area of practice endorsement to ensure they are fit-for-purpose. Consider publishing all the competencies in one document for easy and transparent access. (The competencies are currently published in several documents e.g. the [Guidelines for the 5+1 internship](#), The [Guidelines on area of practice endorsement](#), the [Guidelines for the National Psychology Exam](#), and the [General registration standard](#)).

#### **High demand for mental health services**

21. All stakeholders agreed that there is a high demand for mental health services.

**Board response 4 (Priority task):** Continue developing a flexible, responsible and sustainable workforce through ensuring psychologists (including supervisors) have the right competencies for the mental health needs of the community, and by promoting high quality education and training.

<sup>3</sup> The blended model of training in psychology blends general training (for general registration) and advanced training (for AoPE). The 5+1 and 4+2 internship pathways focus on developing the competencies for general registration over six-years of training. In these pathways, the competencies for general registration are obtained first before undertaking a separate qualification for area of practice endorsement. The higher degree pathway however requires competency development for both general registration and area of practice endorsement to be achieved from the one qualification – a higher degree master’s qualification – over the same time period (six-years of training). This means that the higher degree pathway includes training in both general and advanced competencies at time of general registration (blended model) while all other pathways to general registration undertake the competencies sequentially.

<sup>4</sup> For information on the PERG, including [Communiqués](#) please see: [www.psychologyboard.gov.au/About/Education.aspx](http://www.psychologyboard.gov.au/About/Education.aspx).

## Workforce shift from the public to private sector

22. Stakeholders from jurisdictions, professional bodies and psychology regulation were particularly concerned about the shift from public sector to private practice employment and the effect of this shift on the access and supply of psychologists.
23. Generally, the concerns centred around insufficient workforce in the public sector (and resulting effects on clients at all levels of the stepped-care model) and inadequate training and experience for those going directly from graduation into private practice. This situation is expected to continue because current funding models support private sector employment and private practice provides the flexibility preferred by the predominantly female psychology workforce.
24. While the Board has no influence on funding models, industrial awards, employment opportunities or the employment choices of psychologists, there is room to improve the preparation of psychologists to better match changing psychologist work practices and industry expectations for psychologists. Since every registered psychologist holds general registration (including those who hold advanced training via obtaining an area of practice endorsement), it makes sense that to ensure that the preparation of all psychologists is improved, we focus on improving the preparation for general registration. The core competencies for general registration need to better support psychologists to be work-ready across all sectors.

**Board response 5 (Priority task):** Better align the core competencies for the psychology profession to benchmarks, industry expectations, and community need to facilitate improved access to quality services. Ensure that general psychologists have the competencies required for the broad context of psychology work wherever they are employed.

**Board response 6 (For later consideration):** After completion of the ETR (phase two) program of work, the Board may consider a future project to better understand the unique challenges and risks for psychologists working in private practice. This may include working with stakeholders, such as private practice industry employers, to better understand sector issues and set expectations. The Board will also review whether the current [code of ethics](#) provides enough guidance to mitigate the risks associated with working in private practice.

## Stepped approach to ETR reform

25. The [Green paper](#) (p.20) outlined a proposed stepped approach to the ETR program of work, with step one focusing on improving the description of competency expectations for general psychologists and improving the alignment of psychology training and competency development with registration categories. Step two focuses 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.
26. Most stakeholders agreed with the Board's two-stepped approach to the ETR (phase two) program of work suggesting that the competencies for general registration are foundational and should be clarified first. Any resulting changes to the competencies for general registration would require revision of the Board's [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. Stakeholders noted that these changes represent significant work and would be best completed before embarking on AoPE reform.
27. There was acknowledgment that unpacking and clarifying the overlap between the nine areas of practice endorsement is a complex task and because of the sensitivities in the profession around AoPE, the two-stepped approach is the only way to manage the size and intricacies of the task in a way that will deliver timely and effective outcomes. Stakeholders noted that the stepped approach provided boundaries around the scope of the work to be done and allowed for targeted consultation at each step in the process.
28. A minority of stakeholders suggested that the Board should review the competencies for general registration and area of practice endorsement at the same time due to the overlapping competencies between general competencies and AoPE and because of eagerness to address AoPE reform as early as possible.

29. The Board remains committed to the two-stepped approach to reform as we agree that it is the best approach to support wide-ranging consultation on each of the targeted reform.
30. It should be noted that the reform of the general registration competencies is not being done in isolation. The Board has commissioned independent experts in education, training and accreditation to undertake a comprehensive competency mapping project, where the competencies for general registration *and* area of practice in Australia have been reviewed across the training pathways and with the APAC Standards and then compared to international benchmarks. This mapping project has formed the starting point for the work the PERG is undertaking on developing new draft revised competencies for general registration.
31. Consistent with stakeholder feedback (see paragraph 17) the PERG have noted an overlap between general registration and area of practice in the *ethical, legal and professional matters* and *working with diverse groups* competencies. This information will be incorporated into step one of the program of work.

<p><u>Board response 7 (Priority task)</u>: Continue with the two-stepped approach to the ETR (phase two) program of reform and develop draft revised competencies for general registration for public consultation later in 2021.</p>
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## Feedback to be considered later and feedback that is outside of the Board's remit to address

32. The Board has carefully listened to all the feedback provided by stakeholders, however, not all feedback can be actioned or actioned with immediate priority.
33. Some of the feedback provided by stakeholders cannot be included in the ETR (phase two) program of work because it relates to work that is too large in scope (represents an entire project on its own) or is broader than the aims of the ETR reform program of work. While this feedback relates to important regulatory work, the Board needs to put this aside for a time and consider it more carefully after the completion of the ETR project.
34. Some feedback provided by stakeholders was outside of the Board's remit to address. The powers and functions of a National Board are outlined in the National Law<sup>5</sup> and this legislation limits the tasks that are within the Board's remit. Primarily the Board's task is to keep the public safe by registering suitably qualified and competent practitioners, approving accredited programs of study in psychology, and overseeing notifications of psychologists who have a health impairment or who engage in conduct or performance that is below standard.
35. This section of the report outlines the Board's response to stakeholder concerns that will be considered later as well as our responses to concerns that are outside of the Board's remit to address.
36. The feedback for this section is presented at [Attachment A](#) (Table 2 and Table 3).

### Timely and affordable access to client-focused mental health care

37. Several stakeholders remarked that clients expect receive timely and affordable access to mental health care and that it is important to ensure that clients are properly matched with a psychologist that meets their needs. In addition, stakeholders were concerned that the public (and other health professionals) do not understand what a psychologist is and does, the difference between a psychologist and other mental health professionals, or the difference between a psychologist and a psychologist with an endorsement. The public does not have enough mental health literacy. These issues affect whether clients can receive timely and affordable care that is matched to their specific needs.
38. While this situation is outside the Board's remit, timely and affordable access to matched care and health literacy are important considerations.

**Board response 8 (Outside of Board's remit):** Promoting psychological services is the role of professional bodies not of the Board. Consider approaching the professional associations for psychology and requesting they undertake an educational campaign about the role of psychology, how a client might find a psychologist to meet their needs, and the various options for psychological treatment at different price points.

### Regional and rural workforce

39. Stakeholders noted that while there is strong workforce growth, there is a mismatch between the need and supply of psychology skillsets and the location of psychology practice. Stakeholders noted several barriers to improving the regional and rural psychology workforce including lack of placements, poor remuneration, and limited professional support.

**Board response 9 (Outside of Board's remit):** The Board's regulatory functions do not extend to managing (increasing or employing) the regional and rural workforce, overseeing the availability or location of placements, remuneration of psychologists, or the adequacy of professional support being received by those who work in regional and rural areas.

**Board response 10 (For later consideration):** It is within the Board's functions to approve accreditation standards and programs of study. The Board can work with accreditation and training stakeholders to provide opportunities for the development of competencies (knowledge and skill) for working in regional and rural areas and to request that they prioritise the availability of regional and rural placements.

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<sup>5</sup> For more information please see section 32 (powers) and section 35-41 (functions) of the [National Law](#).

## Remuneration for psychologists

40. Psychology professional bodies were particularly concerned about the access and supply to psychological services being adversely affected by remuneration of psychologists. Funding models were seen to be inequitable for clients, divisive to the profession and affecting access to psychologists who have general training or training in a non-clinical area of practice endorsement. Public sector stakeholders were concerned that AoPE is being used as a driver for pay progression for industrial awards.

**Board response 11 (Outside of Board's remit):** The Board does not have influence on industrial awards, funding bodies, or remuneration for psychologists. The Board has no power under the National Law to change or advocate for changes in this area.

41. The Board can, however, ensure that both general registration and area of practice endorsement are fit-for-purpose.
42. Clarifying and strengthening the competencies may assist in removing any overlap in competencies between general registration and area of practice endorsement, and between the nine areas of practice endorsement themselves, and may have a positive effect towards uniting the psychology profession.
43. Improving the clarity of the competencies required for registration and the transparency of the registration categories may assist the public and other health professions to match with a professional who best meets their needs, and to assist those who use the registration categories for decision-making (e.g. for funding and remuneration) to better understand the skills and expertise of the psychology profession.

## Funding issues affecting the training of psychologists

44. The feedback for this section is presented at [Attachment A](#) (Table 3).
45. Stakeholders from professional bodies and the accreditation and training sector noted several structural issues with the training of psychologists that has adverse effects on the access and supply of psychologists. Generally, these concerns were about insufficient funding for the tertiary sector leading to a lack of programs training psychologists in various areas of practice, fear that recently-announced funding changes in the sector would lead to fewer psychology programs, and concern about the effects of closure or suspension of programs due to COVID-19 on the future workforce.
46. Stakeholders were also concerned about access to adequate placements for students. There were questions about whether universities (or government) should bear the cost of placements, if placements could be better targeted to prospective employment (e.g. public health sector, schools, NDIS) to ensure supply, and whether placements could be required earlier in training to encourage depth of training and more work-ready graduates.
47. Funding for the tertiary sector and structural issues concerning the number and type of programs offered by the sector and the delivery of placements are outside of the Board's remit.
48. Such comments, however, lead towards the possibility of needing further reform in the sector to ensure access and supply of the psychology workforce. Since facilitating access to services is within the remit of the Board, it may be worth considering what role the Board might perform in contributing to any broader sector reform that is led by government, funding bodies, the training sector and/or industry that will assist in facilitating a flexible, responsive, and sustainable psychology workforce.

**Board response 12 (For later consideration):** The Board will consider what role we might perform in contributing to any broader sector reforms that are led by government, funding bodies, the training sector and/or industry that aim to facilitate access and supply of psychologists in Australia.

## Problems with the blended model of training

49. The feedback for this section is presented at [Attachment A](#) (Table 3).
50. Stakeholders agreed that there are significant issues stemming from the blended model of training<sup>6</sup>, and that substantial reforms are required to ensure a clear separation of the development of competencies for

<sup>6</sup> The blended model of training in psychology blends general training (for general registration) and advanced training (for AoPE). The 5+1 and 4+2 internship pathways focus on developing the competencies for general registration over six-years of training. In



general registration (gained first) from competencies for area of practice endorsement (achieved afterwards). Reforming the blended model would support:

- a. being clear about what competencies are core competencies for general registration, and
  - b. developing a clear identity as a general practitioner before undertaking advanced training.
51. Considering the recent higher education reforms<sup>7</sup>, stakeholders also suggested major reforms to the way that we train psychologists, including changes to the structure and progression of training. There was significant agreement about developing a parallel professional psychology pathway, where professional training starts in first year, rather than during fourth-year (currently all students must complete a three-year arts or science degree before entering a psychology program in the fourth-year).
52. Stakeholders observed that developing a professional training pathway would ensure psychology training is in line with the training models used by other allied health professions (e.g. physiotherapy). It would require starting placements earlier (e.g. third-year client observations) with a focus on better integrating the scientist-practitioner model. It would also require developing clearer requirements for meeting core research competencies including focusing on research that is relevant to professional practice.
53. Some stakeholders suggested that placements could be more prescriptive (i.e. a requirement for a regional/rural placement) or targeted to specific work places (e.g. public health, school or NDIS placement). Such a model would assist psychologists to develop a professional identity earlier. Stakeholders suggested that this model would require:
- a. Integrating competency domains earlier with practice for more rigorous and cohesive training
  - b. Ensuring there is consistent sequence of competency development
  - c. Focusing more intentionally on development of a professional identity for professional practice
  - d. Improving the depth, breadth and consistency of competency training, and
  - e. Maximising the scientist-practitioner model of training and determining what is core to the research competency for general registration.
54. It is interesting to note that feedback from stakeholders about the structure of training is less about what competencies are required for the registration of safe and effective practice - the aim of the ETR (phase two) program of work - and more about how best to achieve the competencies during training. In general, stakeholders voiced that educating psychologists more effectively would result in better psychologists, ones who lived and breathed the competencies as their core professional identity.
55. While the ETR (phase two) program of work is aimed towards clarifying the competencies for general registration and AoPE, the goal of reforming (or even removing) the blended model of training is outside the scope of this work. Such reform could be considered primarily a reform of the education sector, albeit one that affects psychology regulation (e.g. it would require changes to the General registration standard). From a regulatory perspective, ensuring that competencies are set at the right threshold for safe practice and that they are met by those entering the profession is core business. How the competencies are taught and achieved during a training program are primarily matters for accreditation and training providers.
56. While accreditation sits under the National Law, educational funding, training reform, availability of psychology placements and industry do not. This means that if the Board were to action this feedback it could be part of, but not lead, such a program of work.

**Board response 13 (For later consideration):** The Board will consider what role we might perform in contributing to any broader sector reforms that are led by government, funding bodies, the training sector and/or industry that aim to facilitate a flexible, responsive and sustainable psychology workforce for the future needs of the Australian community through reforming the training pathways for psychology.

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these pathways, the competencies for general registration are obtained first before undertaking a separate qualification for area of practice endorsement. The higher degree pathway however requires competency development for both general registration and area of practice endorsement to be achieved from the one qualification – a higher degree master's qualification – over the same time period (six-years of training). This means that the higher degree pathway includes training in both general and advanced competencies at time of general registration (blended model) while all other pathways to general registration undertake the competencies sequentially.

<sup>7</sup> See the Australian Department of Education, Skills and Employment *Job-ready Graduates package* for more information at: [www.dese.gov.au/job-ready](http://www.dese.gov.au/job-ready).  
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### Next steps: Consultation on the competencies for general registration

57. The purpose of the targeted stakeholder meetings held during 2020 to launch the [Green paper](#) was to elicit and understand stakeholder views on the proposed education training and reform (phase two) program of work. The aim was to:
  - a. create and test possible solutions to inform the future ETR project consultation process
  - b. articulate a clear vision for reform, and
  - c. establish if there is a case for action.
58. As can be seen from this report, stakeholders have been forthcoming in outlining how the current competencies for both general registration and area of practice can be improved (the aim of the ETR program of work) and have also made broader comments that are outside of the scope of the ETR project. There was much discussion, for example, about the changing context of psychological work, remuneration and the effect of funding models on access and supply of psychologists, higher education reforms, and the structure of psychology training. It seems that there is a case for action for reviewing psychology competencies, as well as reform of many other areas that directly affect workforce.
59. The Board has carefully considered and incorporated this feedback and has articulated a plan for reform that outlines its tasks to focus on now (priority tasks) as part of the ETR (phase two) program of work and the tasks that will be considered after completion of the ETR (phase two) program of work. We have also commented on the feedback that is outside of the Board's remit or power to address, with the aim of helping stakeholders better understand the mechanisms and levers for these areas of reform and to address stakeholder expectations for what can realistically be achieved through the ETR (phase two) reform program of work. A summary of our responses to feedback (as outlined in this paper) and proposed actions have been collated at [Attachment C](#).
60. In response to the publication of the [Green paper](#) and to the stakeholder engagement activities conducted in 2020, our next step in the reform process will be to develop draft new revised competencies for general registration, and to consult publicly on these later in 2021.

## Attachment A: Summary of feedback: Themes, comment, and analysis

### Stakeholder feedback on the Green paper

Table 1: Feedback and the Board's response on priority tasks

Theme	Feedback	Is this in the Board's remit?	Board's response
<b>There is a need for education training and reform</b>	<p>General registration and area of practice endorsement need to be effective.</p> <p>Competency expectations need to be improved at every level.</p> <p>General registration should be the first focus.</p> <p>AoPE needs to be aligned with the new APAC Standards.</p> <p>The Board needs to better align competencies with international benchmarks.</p> <p>It is time to do this work as the demand for mental health has never been higher (especially due to COVID-19).</p>	Yes	The case for action to undertake the ETR (phase two) program of work is confirmed by stakeholders.

<b>There needs to be a minimum and clear threshold for safe practitioners</b>	The public need assurance that psychologists are well-trained professionals with a standard level of training and ongoing CPD.	Yes	<p>Continue to develop clear and effective registration standards, codes and guidelines.</p> <p>Revise the competencies for general registration and area of practice endorsement to ensure they are fit-for-purpose.</p> <p>Consider publishing all the competencies in one document for easy and transparent access</p>
<b>Competencies need revising and updating</b>	<p>Clients expect to receive treatment from a psychologist who is competent and can practice safely.</p> <p>Feedback on specific competencies required for general registration is at <u><a href="#">Attachment B</a></u>.</p>	Yes	Consolidate and confirm the competencies for general registration.

<p><b>There is a high demand for mental health services</b></p>	<p>There is strong workforce growth but there is increasing demand for psychologists due to floods/fire/COVID-19.</p>	<p>Yes (mostly)</p>	<p>Continue developing a flexible, responsible and sustainable workforce through ensuring psychologists (including supervisors) have the right competencies for the mental health needs of the community and by promoting high quality education and training.</p> <p>The Board has no influence on the demand for mental health services.</p>
<p><b>There is a workforce shift from the public to the private sector</b></p>	<p>The shift from public sector to private practice has altered access and supply.</p> <p>The problems associated with the exit of the workforce from the public sector include:</p> <ul style="list-style-type: none"> <li>• Insufficient jobs for psychologists in the public sector</li> <li>• Too many lone positions in public sector</li> <li>• Educational/training/support role in the public sector is under-funded and not seen as important</li> <li>• Post-graduate/new graduate graded exposure into the public sector no longer happens as it used to</li> <li>• Need a better award to support senior practitioners</li> <li>• There is an inability to keep staff in the sector. Most psychologists have been in positions for less than 3-5 years, with a high staff turnover.</li> </ul> <p>The problems associated with the move to private practice as the primary psychology workforce include:</p> <ul style="list-style-type: none"> <li>• Inadequate introduction into practice and the profession</li> <li>• Provides flexibility - especially for the predominantly female workforce. There is an unrecognised gender effect here.</li> <li>• Problems with business model (professional isolation, over-work, unsafe practice due to lack of support, insufficient work policies, and poor business know-how)</li> <li>• Need some additional/specific training to practice safely.</li> </ul>	<p>Yes (mostly)</p>	<p>The Board has no influence on the employment choices of psychologists.</p> <p>The Board may be able to assist to ensure that general psychologists have the competencies required for the broad context of psychology work.</p> <p>The Board could strengthen the competencies required for private practice (diagnosis, risk assessment), and public sector (managing acute and complex presentations).</p> <p>The Board could engage with private practice industry employers to set expectations.</p> <p>The Board could interrogate the notification data to uncover themes and issues.</p>

	<ul style="list-style-type: none"> <li>We need to engage with private practice industry to raise the problems – both solo practitioners and the larger business model employers – (we need notification data on private practices and age of practitioner).</li> </ul>		
<b>A stepped approach to ETR Reform</b>	<p>The Board should take a two-stepped approach to the review the competencies for general registration and area of practice endorsement because:</p> <ul style="list-style-type: none"> <li>All psychologists have general registration, and the core competencies for general registration are foundational and should be clarified first</li> <li>Clarifying the competencies for area of practice endorsement is a large task (there are nine of them) and needs to be a separate project</li> <li>There is too much overlap amongst the nine AoPE's and between AoPE and general competencies – the competencies for general registration are core and must be clarified first</li> <li>There is controversy/topical debate around AoPE and politics will interfere of clarifying the competencies if general registration competencies are not clearly defined first.</li> </ul> <p>The Board should review the competencies for general registration and area of practice endorsement at the same time because:</p> <ul style="list-style-type: none"> <li>The general and area of practice endorsement competencies are already confused due to competency overlap and the blended model of training. To unpack these properly they must be done together</li> <li>There are problems with endorsed psychologists working outside their scope of practice (e.g. Organisational psychologists working in clinical areas) and this needs to be addressed now</li> <li>It is likely that clinical AoPE is the new general psychologist – so addressing both sets of competencies together is best.</li> </ul>	Yes	<p>Assure stakeholders that the competency mapping project is comprehensive, and has reviewed general and AoPE competencies in Australia, the APAC Standards and international benchmarks. It is the starting point for work on new revised competencies for general registration.</p> <p>Continue with the two-stepped approach to the ETR (phase two) program of reform as this is the only way to manage the workload, the sensitivities of the project, and to allow for effective consultation.</p> <p>Develop draft revised competencies for general registration for public consultation later in 2021.</p>

**Table 2: Feedback for later consideration & feedback that is outside of the Board's remit to address**

Theme	Feedback	Is this in the	Board's response
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		Board's remit	
<b>Timely and affordable access to client-focused mental health care</b>	<p>Timelines for treatment – waiting periods, and time taken to access the right psychologist are too long.</p> <p>GP's can't find the right psychologist for their patients.</p> <p>How can clients pay gap payments?</p> <p>WA Sustainable health review – showed that we need to focus on developing mental health care workforce; address system deficits (e.g. community mental health) and work effectively in stepped-care model.</p>	No	<p>Recommendations for reform noted in the <a href="#">Productivity Commission Inquiry Report into Mental Health</a> may assist to improve system benefits and create a person-centred mental health system.</p>
<b>The public doesn't know what a psychologist does</b>	<p>The public doesn't understand:</p> <ul style="list-style-type: none"> <li>• what a psychologist is and does</li> <li>• the difference between a psychologist and other mental health professionals (OT, SW, MH Nurse)</li> <li>• the difference between a psychologist and a psychologist with an AoPE.</li> </ul> <p>The public does not have enough mental health literacy.</p> <p>GP's, health departments, and other professionals do not know when to refer to a psychologist, or to a psychologist with an AoPE. This affects access.</p>	No	<p>Consider requesting psychology professional bodies undertake educational campaign about the role of psychology, how a client might find a psychologist to meet their needs, and the various options for psychological treatment at different price points.</p>
<b>Matching a client to a psychologist</b>	<p>It is important for a client to be matched with a psychologist who has the skill set that meets the client's needs.</p>	Mostly no	<p>The Board has no influence over matching a client to a psychologist, however, including <i>making a referral</i> as a competency may assist.</p>
<b>Regional and rural workforce</b>	<p>There is insufficient workforce in regional and rural areas.</p>	Mostly no	<p>The Board's regulatory functions do not extend to overseeing the availability or location of placements, remuneration of psychologists, or the adequacy of</p>

	<p>It is important to improve access to rural placements to help move workforce to regional areas (provide accommodation, paid placements, go as teams with other allied health students).</p> <p>There is insufficient access to supervision in regional areas.</p> <p>Need higher salaries for working in regional areas.</p> <p>Regional and rural areas are not as attractive for women with children.</p> <p>Difficulty attracting psychologists to regional areas (Perhaps increase international graduates like medicine has done).</p>		<p>professional support for regional and rural workforce.</p> <p>The Board may be able to assist in developing a flexible, responsible and sustainable workforce through ensuring psychologists have the right competencies for community need, and by promoting high quality education and training.</p>
<b>Remuneration for psychologists</b>	<p>AoPE gets used as a driver for pay progression.</p> <p>Funding (e.g. Medicare) has led to skew and issues in the profession. The two-tiered system needs to be fixed.</p> <p>Not enough funding for neuropsychologists.</p> <p>Funding for psychologists across the psychology workforce (not just Medicare) is inequitable for psychologists (but based on perceived need from the Minsters perspective).</p> <p>More funding for psychologists is required.</p>	No	<p>The Board does not have influence on industrial awards, funding bodies, or remuneration for psychologists. The Board has no power under the National Law to change or advocate for changes in this area.</p> <p>However, the Board can ensure that both general registration and area of practice endorsement are fit-for-purpose.</p>
<b>Funding issues affecting the training of psychologists</b>	<p>There are funding and structural issues around psychology placements, including:</p> <ul style="list-style-type: none"> <li>• Universities bear the brunt of cost of placements. Is that the right place for costs to sit? Can we get Government funding for placements?</li> <li>• Do we need to be more prescriptive about where people should do placements (NDIS placements) to ensure workforce supply? Should industry pay for placements?</li> <li>• There is insufficient university funding leading to closure of programs, especially AoPE courses.</li> <li>• There needs to be more funding for universities (university courses are expensive; COVID-19 has led to suspending or closing courses).</li> </ul>	No	<p>Funding for the tertiary sector and structural issues concerning the number and type of programs offered by the sector and the delivery of placements are chiefly outside of the Board's remit.</p>



	<ul style="list-style-type: none"> <li>• There are not enough organisational psychologists due to lack of training options.</li> <li>• There is a problem that a lack of training programs across all AoPE (except clinical). This leads to lack of understanding of each of the AoPE skill-sets, leading to lack of jobs in the AoPE (vicious cycle).</li> </ul>		
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**Table 3: Feedback about how we train psychologists**

Topic	Feedback
<b>Remove blended training model</b>	<ul style="list-style-type: none"> <li>• The two-year higher degree pathway tries to achieve both general and AoPE competencies and this doesn't work</li> <li>• There should be a clear separation of general from AoPE training and competencies</li> <li>• Training needs to be sequential</li> <li>• Multiple pathways to general registration all take six years, however unlike the other pathways the higher degree pathway achieves general and AoPE in this same timeframe. How is this possible? Is there less emphasis on general competencies in favour of endorsement competencies or vice versa?</li> <li>• The training pathways need to be more streamlined – Completing a 3<sup>rd</sup> year +4<sup>th</sup> year + masters + AoPE is too complicated and disjointed - there is a burden of application</li> <li>• Removing the blended training model will require changes to the APAC Standards.</li> </ul>
<b>Change the way we train psychologists</b>	<ul style="list-style-type: none"> <li>• Change the structure of how we train a professional psychologist</li> <li>• Change how training is organised – both the order and the content of training</li> <li>• Change the content and depth of training</li> <li>• Change how we manage placements</li> <li>• Be careful with our nomenclature - separate education (tertiary sector) and training (on the job integration)</li> <li>• Change how we do internships – they have no accreditation and vary in quality</li> <li>• Need more psychologists at universities and less academics – most psychologists are practitioners and should be trained by registered psychologists</li> <li>• 4+2 pathway has been a good choice for indigenous students; we need to be thoughtful in how we train indigenous psychologists and need better funding for this group</li> <li>• Universities are under cost, structural, and political pressure. This leads to making compromises in training efficacy. University training is not getting any better or more effective over time. We are taking too long to train average or sub-optimal psychologists. We need stronger partnerships with training institutions and government for better training</li> </ul>

	<ul style="list-style-type: none"> <li>• Change the way we select students - more focus on assessment of prospective students for 'fit for the profession'.</li> </ul>
<b>Change the structure of how we train psychologists</b>	<ul style="list-style-type: none"> <li>• Separate professional training from research/academic training – perhaps streaming in 2<sup>nd</sup> year or exit at 4<sup>th</sup> year to PhD</li> <li>• Psychology training is an anomaly in health professions in Australia and needs to come back to the fold; We should go straight into psychology training and remove the requirement to do another degree first. We can look at physiotherapy and osteopathy as a training model for training for professional practice from first year.</li> <li>• Not enough of our training is focused on professional training - We need to develop a parallel professional psychology pathway.</li> </ul>
<b>Integrate competency domains earlier with practice to develop professional identity</b>	<ul style="list-style-type: none"> <li>• Traditionally the 4-year degree was not meant to prepare people for the profession</li> <li>• We don't really start developing an identity as a psychologist until 4<sup>th</sup> year. This is a problem as: <ul style="list-style-type: none"> <li>- Trainee psychologists are unclear what a psychologist is</li> <li>- When psychologists enter the workforce, they do not have a strong identity or understanding about what psychologists can do or how psychologists add value</li> <li>- Psychologists are not as clear about how we fit into the health system as other health professionals (e.g. OTs work with groups, SWs work with families)</li> </ul> </li> <li>• We need to start the professional element of training earlier– from year one – develop professional competencies alongside scientific basis of the profession from day 1 to achieve better integration of scientist-practitioner model</li> <li>• Include more practice in undergraduate program (sort out any concerns re costs; availability of practicums) to ensure: <ul style="list-style-type: none"> <li>- psychologists are more work-ready</li> <li>- improve student satisfaction through being a provisional psychologist earlier</li> <li>- less post-degree supervision for general registration would be required (can use post-degree supervision to upgrade skills rather than gain initial skills)</li> </ul> </li> <li>• Focus should be on graded practice; starting placements in 3<sup>rd</sup> year (e.g. skills, roleplays, simulations), then focus on case formulation, observation etc.</li> <li>• Consider starting research training after clinical training – to help promote applied research (more integrated training)</li> <li>• Consider organising placements more like medicine does – starting internships in public system for 1-3 years first for clinical exposure, gaining skills working with diverse client presentations and learning how to work well with other professionals</li> <li>• Consider being more prescriptive about where people do their placements e.g. require a placement in regional locations</li> <li>• Develop identity as a psychologist before beginning on AoPE training/advanced training. We are all general psychologists first.</li> </ul>
<b>Content of training</b>	<ul style="list-style-type: none"> <li>• AoPE competencies should be unique without overlapping with other AoPEs – focus on what is core vs what is advanced</li> <li>• Be clear about what is core – breadth and depth</li> <li>• Start with safe general registration – this level of depth of knowledge and skill – then map back to course structure and change accreditation</li> <li>• Need to have better consistency between new APAC Standards and Board competencies and registration standards</li> </ul>

	<ul style="list-style-type: none"> <li>• Focus on the breadth and depth of integration of theory and practice (e.g. practice MSEs over and over again)</li> <li>• There is confusion around AoPE. <ul style="list-style-type: none"> <li>- Mostly this is about billing/gap payments, but some confusion stems from too much overlap in competencies (e.g. the overlap between clinical and general competencies).</li> <li>- Clinical psychology has become the new counselling psychology, but we are losing the acute/public sector focus on mental health of clinical psychologists</li> <li>- Only some areas of practice have discrete competencies (e.g. clinical neuropsychology)</li> <li>- We need to separate what is an area of practice endorsement from what is an area of professional interest and consider introducing micro-credentialing for areas of professional interest (e.g. domestic violence, rural and remote work, tele-health).</li> </ul> </li> </ul>
<b>Depth of competency training</b>	<ul style="list-style-type: none"> <li>• It is hard to train a psychologist in just five years – we need to train better, not longer</li> <li>• Increase depth of training by developing a professional pathway and removing minor areas of study to focus on psychology. The higher education sector funding reforms make this a possibility</li> <li>• There needs to be more rigorous training - placements need to be stronger, and there needs to be more emphasis on the integration of science and practice for practitioner.</li> </ul>
<b>Breadth of competency training</b>	<ul style="list-style-type: none"> <li>• We need to train differently to ensure there is time to teach more about the following: cultural competence, disability, Childhood Sexual Abuse (CSA), systems training, domestic violence, disaster training (all issues facing our clients)</li> <li>• More training about what psychologists with various areas of practice do and when to refer on</li> <li>• More and improved training in psychological assessment in placements</li> <li>• Allow more online training to encourage students from regional, rural and inter-state to become a psychologist</li> <li>• There is a changing landscape of psychology roles - need to alter the competencies to prepare for job market.</li> </ul>
<b>Research</b>	<ul style="list-style-type: none"> <li>• Keep the scientist-practitioner model – it is essential to what psychologists do, and differentiates us from other health professionals working in mental health</li> <li>• Determine what is core research for general registration (e.g. evidence-base, scientific method, critical appraisal of research) and what is advanced research competencies for academics and researchers</li> <li>• We need to allow general psychologists to have broader options to satisfy the research requirement (e.g. quality improvement, more imbedded in practice, program evaluation)</li> <li>• Requiring two research projects is too much for general registration.</li> </ul>

## Attachment B: Competencies for general registration

### Stakeholder feedback on the Green paper

Competency	Stakeholder feedback
<b>Mental health competencies</b>	<p>The eight core competencies should include the following mental health competencies:</p> <ul style="list-style-type: none"> <li>• Case formulation, treatment planning and diagnosis</li> <li>• Assessment, outcome assessment and risk assessment</li> <li>• Providing evidenced based treatment</li> <li>• Managing acute and complex presentations</li> <li>• Coordination of care</li> <li>• How to refer</li> <li>• Geriatric evaluation and management</li> <li>• Working in a stepped care model</li> </ul>
<b>Competencies should be broader than mental health</b>	<p>Psychologists work across many sectors and should have the skills and knowledge to be work-ready to practice safely across sectors other than just mental health. Stakeholders suggested that non-mental health competencies should include:</p> <ul style="list-style-type: none"> <li>• Knowledge of policy</li> <li>• Knowledge of regulation</li> <li>• Understanding of the context in which you work</li> <li>• Understanding of health systems</li> <li>• Working in inter-disciplinary teams</li> <li>• Case management</li> <li>• Being able to work across different fields – a true generalist</li> </ul>

	<ul style="list-style-type: none"> <li>• Being able to explain 'what psychologists do' to clients and other professionals</li> <li>• More emphasis on the development of professional identity</li> </ul>
<b>Competencies for private practice</b>	<p>The move from psychologists working in the public sector to private practice is a risk, as there is inadequate training for psychologists in this area. Many women now work in the private sector due to this sector providing flexibility in hours and this needs to be acknowledged. Competencies relevant to working in private practice:</p> <ul style="list-style-type: none"> <li>• Focus on the mental health competencies (noted above) in a private practice context</li> <li>• Creating a safe and professional business model (developing work policies, business know-how)</li> <li>• Working safely in professional isolation</li> <li>• Connecting with other professionals for case management while working solo</li> <li>• Managing over-work, lack of support</li> </ul>
<b>Ethics</b>	<p>Stakeholders noted the importance of ethics to engaging in safe practice. This competency is core to all psychologists (general registration). In addition to the current competencies, stakeholders suggested:</p> <ul style="list-style-type: none"> <li>• Delivering interventions through various modes (e.g. telehealth)</li> <li>• A greater focus on self- reflection and self-awareness - essential for safe psychological practice</li> </ul>
<b>Working with diverse groups</b>	<p>Stakeholders agreed that this competency is core to all psychologists (general registration). It needs much work, and should be strengthened in the following areas:</p> <ul style="list-style-type: none"> <li>• Working with Aboriginal and Torres Strait Islander Peoples</li> <li>• Cultural competency</li> <li>• Cultural safety</li> <li>• Working with people with disabilities</li> <li>• Working with older clients</li> <li>• Working in rural and regional areas/clients</li> </ul>
<b>Research</b>	<p>Much of the discussion of this competency focused on the structure of psychology training, the challenges of the blended training model and trying to determine what constitutes a core research competency for general registration.</p> <p>Stakeholders noted that the research competency for general psychology should include:</p> <ul style="list-style-type: none"> <li>• Importance of scientist-practitioner model</li> <li>• How to apply science to practice (evidenced-based practice)</li> <li>• Applied research (e.g. addressing clinical questions)</li> </ul>

	<ul style="list-style-type: none"> <li>• Critical evaluation of research</li> </ul> <p>Regarding training of this competency, stakeholders noted the following:</p> <ul style="list-style-type: none"> <li>• Professional and academic training should be separated. There should be additional research requirements for researchers/academics, and one dissertation for general registration; we should be careful not to make students demonstrate the same competency (e.g. conduct research) several times</li> <li>• For practitioners, the research requirement should be broadened to allow the thesis to focus on research skills relevant to professional work contexts – e.g. quality improvement, program evaluation</li> </ul>
<p><b>Competencies currently listed for Area of practice endorsement (AoPE) that should be included as general competencies</b></p>	<p>Stakeholders noted that some competencies currently noted for advanced training in the AoPE of Health psychology, Organisational psychology and Community psychology, should be re-categorised as general psychology competencies, as they are core to practice. These competencies include:</p> <p><b>Health competencies</b> - Health prevention and health promotion (In UK the COVID-19 response has been led by health psychologists not clinical/mental health psychologists - around disease prevention, healthy behaviours (sleep/eat/exercise)</p> <p><b>Community competencies</b> - Community focus, community action focus; systems perspective; well-being and strengths focus; social determinants of health</p> <p><b>Organisational competencies</b> - Coaching psychology; health and wellbeing in the workplace context; interpersonal relationships with others (senior management, leaders, public)</p>
<p><b>General comments about principles and process</b></p>	<p>Stakeholders noted some general comments about improving the breadth and depth of competency development including:</p> <ul style="list-style-type: none"> <li>• Focusing on separating what is core from what is advanced (reorganise our competencies)</li> <li>• Focusing on better and responsive regulation, not more regulation, although there were different views on how to achieve this, for example: <ul style="list-style-type: none"> <li>- Consolidating and confirming the competencies for general registration, the program of work should not be about raising the bar or</li> <li>- Moving the profession from a cottage industry (the 4+2 internship pathway) to a profession with rigor by raising the bar</li> </ul> </li> <li>• Focusing more on changing the training structure than on changing the competencies required for general registration, including: <ul style="list-style-type: none"> <li>- Integration of practice earlier to develop professional identity (start working on the eight domains from training year one)</li> <li>- Being more prescriptive about where people do their placements</li> <li>- Removing the blended model of training to help clarify competency development at each level of training.</li> </ul> </li> </ul>

## Attachment C: Summary of the Board's tasks in response to feedback

### Stakeholder feedback on the Green paper

Theme	Task	Priority	For later consideration	Not in Board's remit
<b>There is a need for education training and reform</b>	<p>The case for action to undertake the ETR (phase two) program of work is confirmed by stakeholders.</p> <p>The Board will incorporate the feedback from stakeholders and continue actioning the ETR project plan.</p>	✓		
<b>The competencies for general registration need revising</b>	<p>The Board will prioritise consolidating and confirming the competencies for general registration. This includes a focus on strengthening the competencies to address the concerns raised by stakeholders.</p> <p>The Board has commissioned external independent consultants and appointed a Psychology Expert Reference Group (PERG)<sup>8</sup> to review stakeholder feedback and integrate specific recommendations for competencies into draft revised competencies for general registration for public consultation later in 2021.</p>	✓		
<b>There should be a minimum and clear</b>	<p>The Board will continue to develop clear and effective registration standards, codes and guidelines.</p>	✓		

<sup>8</sup> For information on the PERG, including [Communique](https://www.psychologyboard.gov.au/About/Education.aspx)s please see: [www.psychologyboard.gov.au/About/Education.aspx](https://www.psychologyboard.gov.au/About/Education.aspx).

<b>threshold for safe practitioners</b>	<p>The Board will revise the competencies for general registration and area of practice endorsement to ensure they are fit-for-purpose.</p> <p>The Board will consider publishing all the competencies in one document for easy and transparent access. (The competencies are currently published in several documents).</p>			
<b>There is a high demand for mental health services</b>	The Board will continue developing a flexible, responsible and sustainable workforce through ensuring psychologists (including supervisors) have the right competencies for the mental health needs of the community, and by promoting high quality education and training.	✓		
<b>There is a workforce shift from the public to the private sector</b>	The Board will focus on better aligning the core competencies for the psychology profession to benchmarks, industry expectations, and community need to facilitate improved access to quality services. We will ensure that general psychologists have the competencies required for the broad context of psychology work wherever they are employed.	✓		
	After completion of the ETR (phase two) program of work the Board may consider a future project to better understand the unique challenges and risks for psychologists working in private practice. This may include working with stakeholders, such as private practice industry employers, to better understand sector issues and set expectations. The Board will also review whether the current <a href="#">code of ethics</a> provides enough guidance to mitigate the risks associated with working in private practice.		✓	
<b>The stepped approach to ETR reform</b>	The Board will continue with the two-stepped approach to the ETR (phase two) program of reform and develop draft revised competencies for general registration for public consultation later in 2021.	✓		
<b>There must be timely and affordable access to client-focused mental health care</b>	Timely and affordable access to matched care and the health literacy to support this are important considerations but outside of the Board's remit. The Board will consider approaching the professional associations for psychology and requesting they undertake an educational campaign about the role of psychology, how a client might find a psychologist to meet their needs and the various options for treatment at different price points. Promoting psychological services is the role of professional bodies not of the Board.			✓
<b>Increasing the regional and rural workforce</b>	The Board's regulatory functions do not extend to managing (increasing or employing) the regional and rural workforce, overseeing the availability or location of regional placements, the remuneration of psychologists or the adequacy of professional support being received by those who work in regional and rural areas.			✓



	The Board's functions include approving accreditation standards and programs of study. The Board can work with accreditation and training stakeholders to provide opportunities for the development of competencies (knowledge and skill) for working in regional and rural areas and to request that they prioritise the availability of regional and rural placements.		✓	
<b>Remuneration for psychologists</b>	The Board does not have influence on industrial awards, funding bodies or remuneration for psychologists. The Board has no power under the National Law to change or advocate for changes in this area.			✓
	The Board can, however, ensure that both general registration and area of practice endorsement are fit-for-purpose. Improving the clarity of competencies for the profession may assist clients, the profession and decision-makers to better understand the skills and expertise of the psychology profession.	✓		
<b>Funding issues affecting the training of psychologists</b>	Funding for the tertiary sector and structural issues concerning the number and type of programs offered by the sector and the delivery of placements are outside of the Board's remit.			✓
	The Board will consider what role we might perform in contributing to any broader sector reforms that are led by government, funding bodies, the training sector and/or industry that aim to facilitate access and supply of psychologists in Australia.		✓	
<b>Problems with the blended model of training</b>	While ensuring that competencies are set at the right threshold for safe practice and that they are met by those entering the profession is core business for the Board, how the competencies are taught and achieved during a training program are primarily matters for accreditation and training providers.			✓
	The Board will consider what role we might perform in contributing to any broader sector reforms that are led by government, funding bodies, the training sector and/or industry that aim to facilitate a flexible, responsive and sustainable psychology workforce for the future needs of the Australian community through reforming the training pathways for psychology.		✓	