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Psychology Supply and Demand Compendium Report

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Psychologists in Australia

While the number of psychologists continues to grow, there remains a workforce shortage across Australia.

Psychologists are a key component of the mental health workforce, playing a key role in meeting Australia's mental health needs. They work across a variety of roles and settings, including clinical, health and counselling services, as well as in specialised areas such as forensic psychology and sports and exercise psychology. Psychologists also contribute to non-clinical roles including government, administration, teaching and research.

Mental health is an integral part of the overall health and wellbeing. In any given year, an estimated one in five Australians aged 16–85 will experience a mental disorder (ABS 2023). Mental and physical health are closely interconnected, with individuals living with mental illness more likely to develop physical health conditions and experience poorer health outcomes compared to the general population.[1]

The 2020–2022 National Study of Mental Health and Wellbeing collected data on access to mental health services in the preceding 12 months. Among individuals with a lifetime mental disorder who experienced symptoms within the last 12 months, 36% consulted a general practitioner (GP) for mental health support, 21% consulted a psychologist, 10% consulted a psychiatrist and 13% consulted another health professional.[2] In 2022–23, psychologists including clinical psychologists provided 49% of Medicare Benefits Schedule (MBS) mental health specific services, GPs provided by 27% and psychiatrists provided 20% (AIHW 2024).[3] These figures highlight that while psychologists deliver the largest share of mental health services under the MBS, psychiatrists, GPs and other health professionals continue to play a significant role in meeting Australia's mental health care needs.

In 2023, the federal government released the *National Mental Health Workforce Strategy 2022-2032,* which highlighted the growing shortage of mental health professionals, with a significant shortfall expected for psychologists over the next 5 years.[4] Gaining a better understanding of the current and projected demand for psychological services, as well as the future supply of psychologists over the next 15 years, will be critical to inform policies and strategies aimed at ensuring an adequate workforce. This will help support a mental health system that can effectively meet the needs of the community.

[1] BMJ, 2013, The gap in life expectancy from preventable physical illness in psychiatric patients in Western Australia: retrospective analysis of population based registers | The BMJ, accessed 13 April 2025.
[2] Australian Bureau of Statistics, 2020-2022, National Study of Mental Health and Wellbeing, accessed 10 April 2025.
[3] Australian Institute of Health and Welfare, 2024, Medicare mental health services - Mental health, accessed 10 April 2025.
[4] Department of Health, Disability and Ageing, 2022-2023, National Mental Health Workforce Strategy, accessed 10 April 2025.

This study examines the supply of psychologists in Australia working in health and other settings, such as educational facilities and defence forces. The health settings were determined as the combination of job areas and job settings that aligned to psychologists who would be providing Medicare claimable services, Community Mental Health Care services and Non-Admitted Patient services. For further details, refer to the Appendix which outlines the specific job settings and areas associated with health and other settings.

Due to data constraints, demand modelling is limited to psychology services delivered in health settings. As a result, supply projections for psychologists in other settings and trainee provisional psychologists are presented without corresponding demand estimates.

Summary of results

Psychologists contribute across a wide range of roles and settings, including clinical, health, and counselling services, as well as in non-clinical areas such as government, policy and administration. The national psychology workforce is projected to grow by 34.0% over the next 15 years. However, demand projections for psychologists within health settings indicate a persistent workforce shortage throughout this period.[5]

National supply projections

- The national psychology workforce projections suggest that the supply of psychologists is expected to increase from 34,219.8 full-time-equivalent (FTE) in 2025 to 45,764.9 FTE by 2038. In headcount terms, this represents an increase from 43,738 psychologists in 2025 to 58,835 by 2038.
- The total entry rate, including re-entries, is expected to decline throughout the projection period, dropping from 9.2% of total supply (headcount) in 2025 to 7.8% in 2038.[6]
- The total exit rate, including temporary exits, is projected to increase slightly from 6.1% of total supply (headcount) in 2025 to 6.4% by 2038.
- The projections also indicate a trend towards an ageing workforce. By 2038, psychologists aged 40-49 are expected to become the largest segment of the workforce (27.1%), overtaking those aged 30-39 (see Table 6). At the same time, the proportion of psychologists aged 55-59 and 60 and over also expected to grow.

National supply projections by psychologist type (Figure 1)

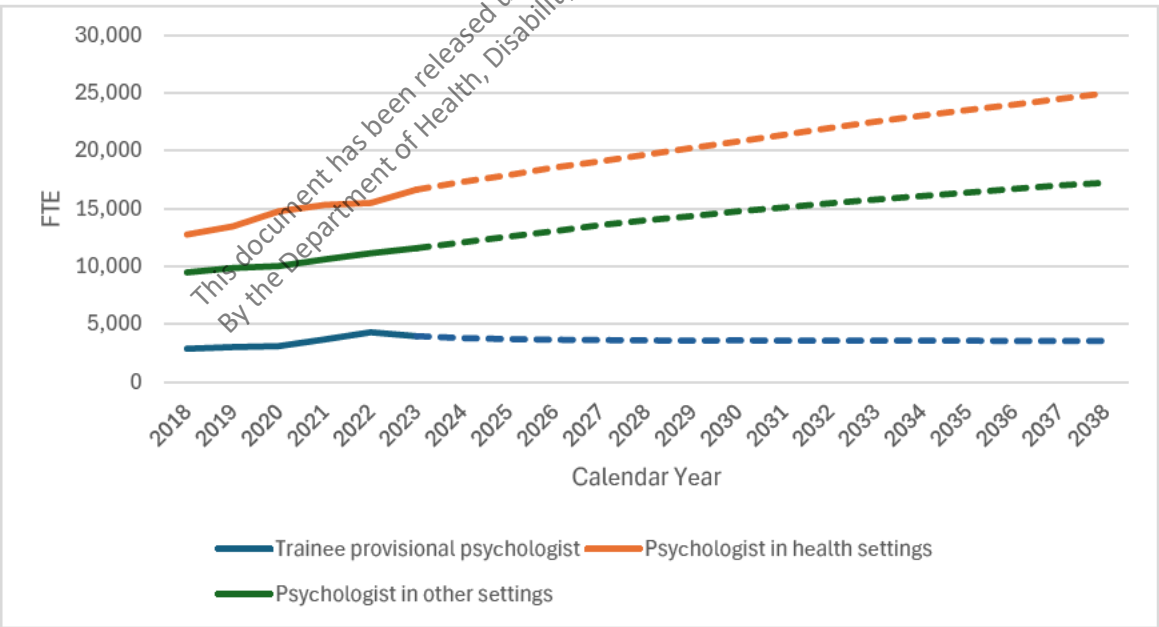
For the purposes of the modelling, psychologists are classified into three groups: Trainee provisional psychologists, psychologists working in heath settings and psychologists working in other settings. Refer to the Appendix for definitions.

[5] The Appendix outlines combination of the specific job settings and areas that are classified as ‘health settings’ and ‘other settings.

[6] Entry/exit rates are estimated as a proportion of total supply in terms of headcount. For example, *Total entry rate = Number of total entries (headcount) in year t / Total supply (headcount) in year t.*

- The supply of **trainee provisional psychologists** is projected to decline slightly, from 3,722.9 FTE in 2025 to 3,570.6 FTE by 2038.
    - As a proportion of total supply, FTE trainee provisional psychologists are expected to decrease from 10.9% in 2025 to 7.8% by 2038.
    - The national average FTE per trainee provisional psychologist is projected to remain steady at 0.59 throughout the projection period[7].
- Within **health settings** (Figure 1), the psychology workforce is estimated to increase from 17,907.5 FTE in 2025 to 24,964.7 FTE by 2038.
    - As a proportion of total supply, FTE psychologists in health settings are expected to increase from 52.3% in 2025 to 54.5% by 2038.
    - The national average FTE per psychologist in health settings is projected to decline from 0.78 in 2025 to 0.76 by 2038.
- In **other settings**, the psychology workforce is forecast to grow from 12,589.4 FTE in 2025 to 17,229.5 FTE by 2038.
    - As a proportion of total supply, FTE psychologists in other settings are expected to increase slightly from 36.8% in 2025 to 37.6% by 2038.
    - The national average FTE per psychologist in other settings is projected to remain steady at 0.86 throughout the projection period.

Figure 1: FTE psychologists: National supply projections, 2018–38

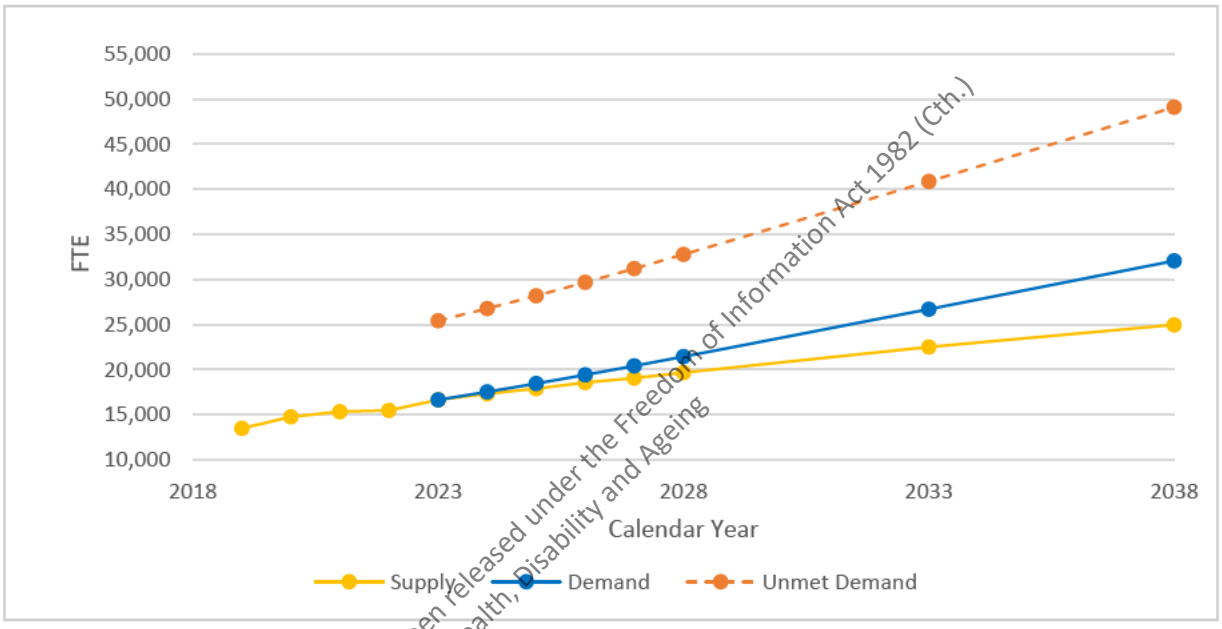


[7] Average FTE per psychologist is calculated by dividing the total FTE by the total headcount of psychologist in a given year (i.e. Average FTE = Total FTE ÷ Total headcount).

National supply vs demand for psychologists in health settings (Figure 2)

- Despite the projected growth in supply of psychologists in health settings, **baseline demand estimates** indicate a shortfall of 534.1 FTE (3.0%) in 2025, with the gap expected to widen substantially to 7,092.5 FTE (28.4%) by 2038.
- When considering **unmet demand,** the shortage becomes significantly larger for **psychologists in health settings,** rising from 10,269.9 FTE (57.3%) in 2025 to 24,115.5 FTE (96.6%) by 2038.

Figure 2: FTE National Projections for psychologists in health settings: Supply vs demand, 2018–38



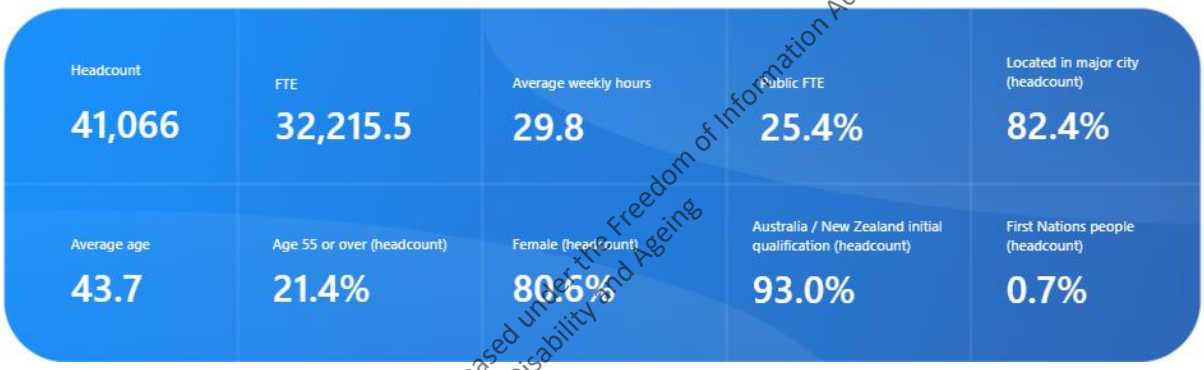
Workforce Profile

The following section presents a snapshot of the current workforce using the latest available supply data, 2023. It also summarises historical trends observed from 2019–23.

Quick Facts

- In 2023, there were 41,066 psychologists with average weekly hours of 29.8 that equates to 32.215.5 FTE psychologists. This total FTE consists of 29,946.6 FTE Australian/New Zealand graduates (those with initial qualification from Australia or New Zealand) and 2,268.9 FTE overseas trained psychologists (those with initial qualification from overseas).
- The workforce remains predominately female, with 33,098 female psychologists compared to 7,968 male psychologists.

Figure 3: Quick facts on psychology workforce, 2023



Practitioner type

Table 1 provides a summary of the psychology workforce by type. In 2023:

- There were 20,996 psychologists (headcount) working in health settings, representing 51.1% of the total psychology workforce.
- An additional 13,299 (32.4%) psychologists were employed in other settings, where they recorded the highest average weekly hours at 33.1.
- Overall, 62.2% of the FTE psychologists worked in the private sector, with most psychologists working in health settings (84.5%) also employed in the private sector.

Table 1: Summary statistics by psychologist type, 2023

Type	Headcount	Average weekly hours	FTE	Public FTE %	Private FTE %
Trainee provisional psychologists[8]	6,771	22.4	3,988.1	-	-
Psychologists in health setting	20,996	30.1	16,642.5	15.5	84.5
Psychologists in other settings	13,299	33.1	11,584.9	48.5	51.5
Total	**41,066**	**29.8**	**32,215.5**	**25.4**	**62.2**

Area of practice endorsement

- Table 2 summaries the areas of practice endorsement among psychologists. In 2023, 35.5% of psychologists (headcount) held at least one area of practice endorsement. Of these, the majority (77.1% were endorsed in clinical psychology, while the next most common area, counselling psychology, accounted for only 6.7%.
- Most psychologists with an area of practice endorsement worked in the private sector (72.6%).

Table 2: Areas of practice endorsement, 2023

Type	Headcount	Average weekly hours	FTE	Public FTE %	Private FTE %
Clinical neuropsychology	838	33.3	733.4	47.9	52.1
Clinical psychology	11,258	31.6	9351.1	26.2	73.8
Community psychology	42	30.5	33.7	16.1	83.9
Counselling psychology	973	28.6	733.0	15.9	84.1
Educational and developmental psychology	860	31.3	708.6	22.8	77.2
Forensic psychology	582	34.4	526.5	41.1	58.9
Health psychology	289	30.6	232.6	30.9	69.1
Organisational psychology	582	34.1	521.6	29.5	70.5
Sport and exercise psychology	96	34.0	86.0	19.7	80.3
Total having at least one endorsement	**14,595**	**31.6**	**12,146.6**	**27.4**	**72.6**
Overall total	**41,066**	**29.8**	**32,215.5**	**25.4**	**62.2**

[8] The Australian Health Practitioner Regulation Agency (Ahpra) registration data does not provide information on the hours worked in the public and private sector for provisional registrants.

Workforce Trends and Distribution

Table 3 provides the psychology workforce trends, with key highlights as follows:

- The number of psychologists increased from 33,006 in 2019 to 41,066 in 2023 reflecting a Compounded Annual Growth Rate (CAGR) of 5.6%. However, FTE workforce grew at CAGR of 5.1% during the same period, driven by a slight decrease in the average hours worked.
- Overall, the average weekly hours worked decreased from 30.4 in 2019 to 29.8 in 2023, reflecting a negative CAGR of 0.5%.
- The proportion of FTE psychologists employed in the public sector declined from 30.6% in 2019 to 25.4% in 2023, reflecting a negative CAGR of 4.5%.[9]

Table 3: Workforce trends, 2019–23

Year	2019	2020	2021	2022	2023	CAGR %
Headcount	33,006	34,622	37,144	39,502	41,066	5.6
Average weekly hours	30.4	30.6	30.3	29.8	29.8	-0.5
FTE	26,373.1	27,918.0	29,641.1	30,938.7	32,215.5	5.1
Public FTE %	30.6	29.3	26.3	25.0	25.4	-4.5
Private FTE %	57.9	59.6	61.2	61.0	62.2	1.8

Demographics

Key highlights from Table 4 shows the following:

- Overall, the proportion of female FTE psychologists increased marginally from 78.3% in 2019 to 78.9% in 2023.
- Between 2019 and 2023, the age distribution of psychologists remained relatively stable, with a 1.5% increase in the FTE share for the under 30 age group and 1.4% decline for those aged 60 and over.

[9] The public FTE % and private FTE % are estimated as a percentage of total workforce including Trainee provisional psychologists for which information on public and private hours are unavailable. This means that sum of public FTE % and private FTE % is not equal to 100%.

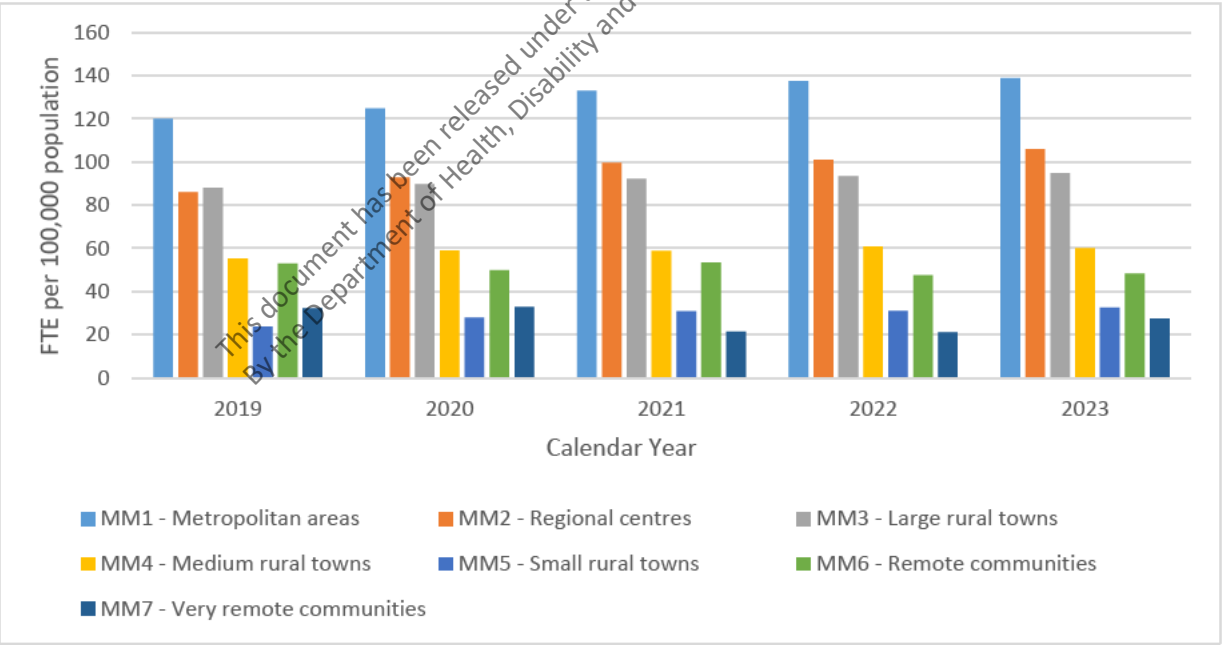
Table 4: FTE by sex and age-groups, 2019 and 2023

	2019			2023		
Age group	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Under 30	533.8	2,937.0	3,470.8 (13.2%)	822.1	3,901.3	4,723.4 (14.7%)
30-39	1,397.7	6,023.5	7,421.2 (28.1%)	1,806.0	7,119.3	8,925.3 (27.7%)
40-49	1,357.2	5,451.8	6,808.9 (25.8%)	1,583.8	6,792.0	8,375.8 (26.0%)
50-59	1,178.5	3,769.4	4,947.9 (18.8%)	1,312.8	4,801.2	6,114.0 (19.0%)
60 and over	1,249.5	2,474.7	3,724.2 (14.1%)	1,268.1	2,808.8	4,076.9 (12.7%)
Total	5,716.7	20,656.4	**26,373.1 (100%)**	6,792.9	25,422.6	**32,215.5 (100%)**

Full-Time Equivalent (FTE) psychologists by Modified Monash Model (MMM) 2023[10]

There is maldistribution of psychologists between rural and remote areas compared with metropolitan areas. In 2023, the FTE psychologists per 100,000 population in metropolitan areas (Monash Modified – Category 1 (MM1)) was 138.8, compared to 60.0 in medium rural towns (MM4) and only 32.6 in small rural towns (MM5), see Figure 4.

Figure 4: FTE Psychologists per 100,000 population by Modified Monash Model (2023), 2019–23

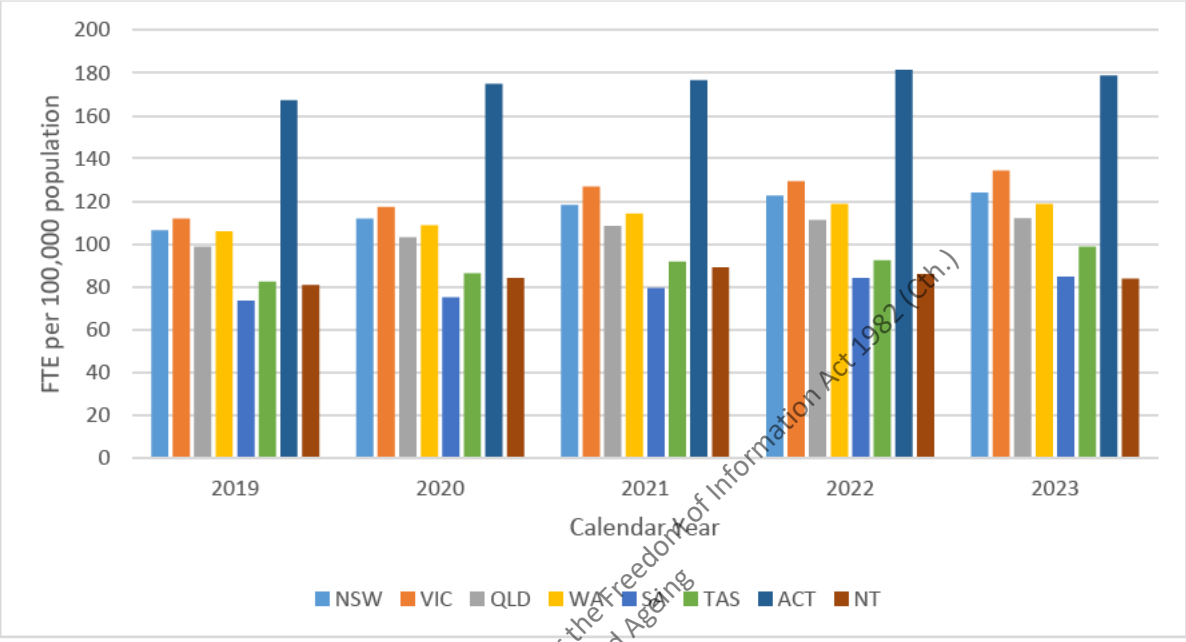


[10] For description of Monash Modified Model please refer to Modified Monash Model.

Full-Time Equivalent (FTE) psychologists by state and territories

In 2023, across jurisdictions, the Australian Capital Territory (ACT) had the highest FTE psychologists per 100,000 population at 178.7, while the Northern Territory (NT) had the lowest at 83.9, see Figure 5.

Figure 5: FTE psychologists per 100,000 population by states and territories, 2019–23



For detailed psychology supply workforce profile, please refer to the Psychology Supply Profile Dashboard.

What is supply and demand modelling?

Supply and demand modelling is a tool used to understand how much of something is available (supply) and how much is needed (demand).

Effective health workforce planning is a key instrument for a resilient and sustainable health system. Health workforce modelling provides insights into the current and projected health workforce, playing an integral role in workforce planning to ensure we have the workforce we need and where they are most needed.

This psychology supply and demand study provides valuable insights into the psychology workforce, helping to identify potential workforce gaps. By quantifying the projected supply and demand for psychologists from 2024 to 2038, using data collected from several sources between 2014 and 2023, the study provides important evidence to guide workforce reform and inform policy decisions on regulation, education and psychology training pipeline.

Methodology for the psychology supply and demand model

To enable detailed scenario modelling of the psychology workforce, a combination of microsimulation and time series regression modelling approaches for supply and demand is used. Microsimulation is a technique for modelling the behaviour of individuals according to predetermined probabilistic rules. Time series regression is a statistical method for predicting future values based on the response history and the influence of relevant predictors.

The Microsimulation approach provides maximum flexibility for adapting the model to different populations and unique supply and demand scenarios. This enhances our understanding of the effects of existing policies and helps identify ways to improve them.

For detailed information on the methodology, refer to the Psychology Supply and Demand Model - Methodology Paper.

Overview

This study focuses on modelling the supply of and demand for psychologists who are currently working clinical hours. For the purposes of the modelling, psychologists are classified into three groups:

1. Trainee provisional psychologists
2. Psychologists working in heath settings and
3. Psychologists working in other settings.

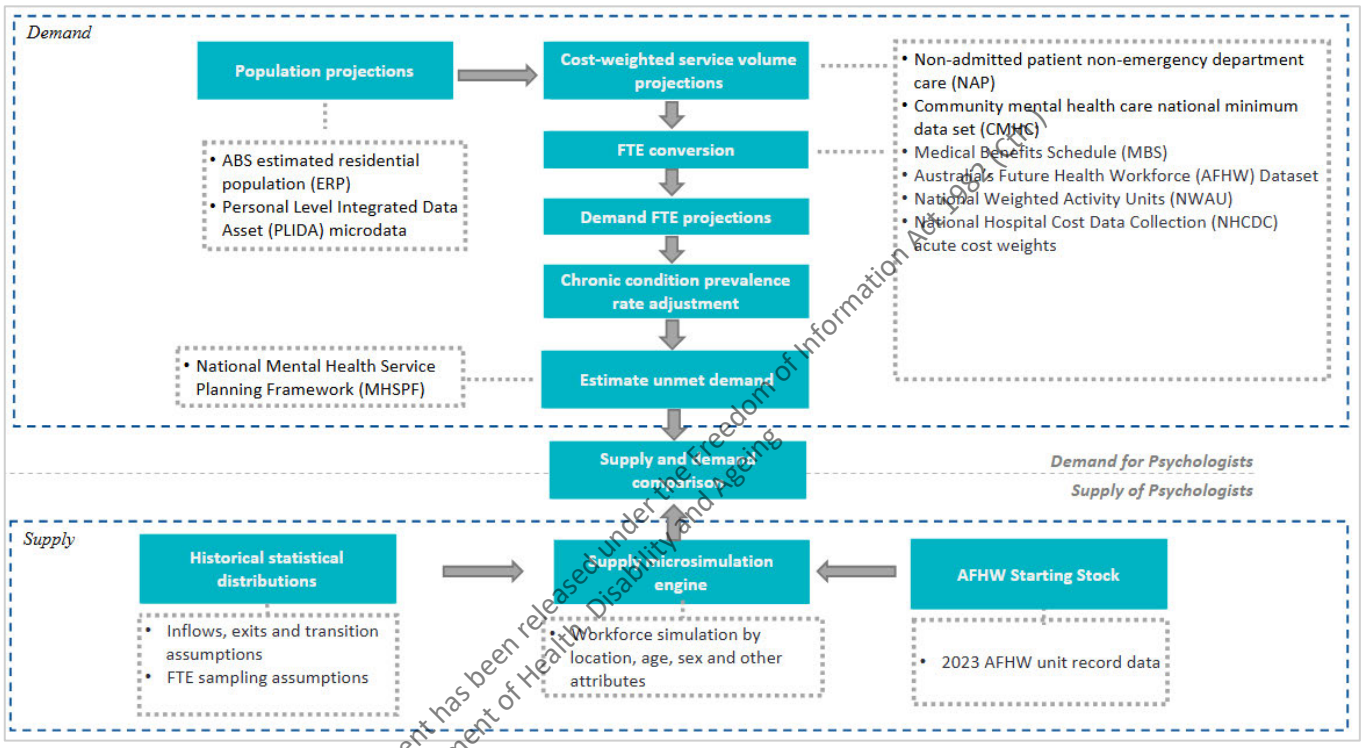
The Appendix outlines the specific job settings and areas associated with categories 2 and 3.

Due to data constraints, demand modelling is limited to psychology services delivered in health settings. As a result, supply projections for psychologists in other settings are presented without corresponding demand estimates.

Modelling has been undertaken at the Statistical Area 4 (SA4) geography (where data availability permitted). However, results will be published at State and Territory level, with their aggregation forming the national results.

Figure 6 presents a summary of the process used in modelling the whole of medical workforce.

Figure 6: Overview of the modelling process



Supply

The supply model uses the Australia's Future Health Workforce (AFHW)[11] data on psychologists from 2018 to 2023. To be in scope, psychologists must be:

1. registered as a psychologist with Ahpra with general or provisional registration
2. working in psychology in Australia, including those on extended leave
3. working clinical hours in psychology.

[11] The Australia's Future Health Workforce (AFHW) datasets are created from the National Health Workforce Datasets (NHWDS) for modelling purposes. A sequence of rules (supply criteria) is applied to each NHWDS to determine which practitioners meet the definition of supply for each profession (and sub-groups where applicable). The headcount and workload of these practitioners, along with other variables required for modelling, are included, derived or imputed in the AFHW datasets.

The supply model uses the microsimulation approach where attributes such as entries and exits to the workforce and psychologist FTE are modelled distinctly. The supply methodology begins by identifying the current stock of psychologists, analysing their demographic profile and historically observed work patterns. Statistically significant predictors of future psychology workforce supply (such as age, sex, etc.) are selected, and their historical distributions are measured to allow the development of a microsimulation model.

Baseline Demand

The baseline demand is measured in terms of observed utilisation of psychology services which captures expressed (observed) service demand for psychology services within health settings. Historical patterns of usage are examined and used to estimate the future demand for psychologists in health settings, accounting for differences in service demand across various age groups and geographies. Estimation of future demand for psychology services also considers the Australian Bureau of Statistics (ABS) population projections.

As mentioned previously, demand modelling is limited to psychology services delivered in health settings.

The demand is projected assuming the supply of psychologists is equal to the demand in the base year, 2023. The following key data sources are used to capture service utilisation:

1. Medical Benefits Schedule (MBS) data
2. National Non-Admitted Patient Database (NNAPD)
3. Community Mental Health Care Database (CMHC)
4. National Hospital Cost Data Collection (NHCDC)

Different services require varying workforce effort based on severity of conditions, complexity of procedures, or degree of professional input required. Therefore, services are cost-weighted to adjust for these differences, enabling accurate comparison of resource use by converting them into units of demand activity.

To compare demand to supply and identify the workforce gap, demand activity projections are converted to FTE psychologists by comparing the demand values against the supply FTE from AFHW dataset for a specified reference year (2023). Specifically, the base year supply FTE is divided by the base year demand activity to yield an FTE-to-activity ratio, which is then multiplied by the demand projections for each forecast year. To incorporate mental health prevalence rate to the model, the projected FTE is multiplied with the projected change in mental health prevalence rate.

Unmet demand

The model projects a level of unmet demand. Unmet demand for psychology services occurs when there are not enough psychology services to meet the needs of people who require

them. This study uses the National Mental Health Service Planning Framework (NMHSPF) to estimate the level of unmet demand.[12]

The NMHSPF provides estimates of prevalence of mental health conditions by severity (mild, moderate or severe) and age-group, which are then used to define smaller populations – referred to as “need groups”.

For each need group, a care profile is assigned where the number of mental health services the group will need is estimated, including:

- the proportion of individuals within the needs group requiring a specific service
- number of services needed
- the length of time each service takes (in minutes or days)
- the workforce type delivering the service (e.g. individual psychiatrist or team/bed-based care).

This information together with the formulas outlined in the Technical Appendices for the NMHSPF is used to estimate unmet demand.[13]

To estimate the unmet demand for psychologists in health settings not covered by the NMHSPF, such as community drug and alcohol services and correctional services, the study uses similar unmet demand proportions as those included in the framework.

Additionally, within the NMHSPF, the demand for psychologists in certain settings is categorised under ‘Tertiary Qualified unspecified’ (TQ unspecified) along with other allied health professions. Of the TQ unspecified service activities, 92.5% of those funded by the Commonwealth government or jointly by the Commonwealth and state governments are allocated to psychologists. This allocation is based on the analysis of the proportion of Better Access services claimed by psychologists in the MBS data.[14]

For services funded solely by state governments, 9.3% is allocated to psychologists, as recommended by the University of Queensland. This recommendation is based on the level of services attributed to psychologists reported in the Mental Health Establishment data.

[12] Australian Institute of Health and Welfare, 2024, NMHSPF model - National Mental Health Service Planning Framework, accessed 5 March 2025.
[13] Diminic, S., Page, I., Gossip, K., Comben, C., Wright, E., Pagliaro, C., John, J. & Wailan, M., 2023, Technical Appendices for the Introduction to the National Mental Health Service Planning Framework – Commissioned by the Australian Government Department of Health, Version AUS V4.3, The University of Queensland, Brisbane, accessed 5 March 2025.
[14] Department of Health, Disability and Ageing, 2025, Better Access initiative, accessed 11 April 2025.

Limitations

- The model forecasts are based on modelling conducted on historical trends in the AFHW dataset. The modelling is therefore limited to only being able to carry forward existing trends in the workforce data. Any changes to models of care and technological improvements in the projection period that may affect workforce FTE in providing psychology services is not considered.
- The primary source of supply modelling data, the AFHW, is a longitudinal survey of health practitioners. The survey has three notable limitations:
    1. all supply FTE/Hours is self-reported and therefore subject to measurement errors, response bias, and potential inaccuracies due to memory recall and misinterpretation of questions
    2. the survey only captures the primary work location of practitioners, and
    3. practitioners without general registration, such as provisional registrants, do not complete the survey and therefore most of their data must be imputed.
- The model does not account for services commissioned by Primary Health Networks (PHNs), the National Disability Insurance Agency and the Department of Veteran Affairs funded health services.
- For estimation of unmet demand for psychologists in health settings not in-scope of NMHSPF, the study uses similar unmet demand proportions as those included in the framework.

Key findings and insights

The main outputs of the psychology model are projections of the number (headcount) and FTE psychologists. The model produces supply projections for trainee provisional psychologists, psychologists in health settings and psychologists in other settings. For psychologists in health settings, the model also produces two demand estimates, a baseline demand and an unmet demand.

What is baseline demand?

Baseline demand for health settings is the number of psychologists that are needed to meet the current and future demand for psychology services based on observed utilisation and assuming the supply of psychologists is equal to demand in the base year (2023). In the psychology model, the baseline demand incorporates the projected change in the mental health prevalence rate in Australia over the projection years based on the National Study of Mental Health and Wellbeing.[15]

What is unmet demand?

Unmet demand for psychology services occurs when there are not enough psychology services to meet the needs of people who require them. This study uses the National Mental Health Service Planning Framework to estimate the level of unmet demand.[16]

National supply projections

The psychology supply model projections at national level (Table 5 and Figure 7) indicate that:

- The total supply of psychologists is expected to grow from 34,219.8 FTE in 2025 to 45,764.9 FTE by 2038. In terms of headcount, this equates to an increase of 43,738 psychologists in 2025 and 58,835 in 2038.
- The total entry rate, including re-entries, is expected to decline throughout the projection period, dropping from 9.2% of total supply (headcount) in 2025 to 7.8% in 2038.[17] Specifically, the proportion of new entries into the trainee provisional psychologist workforce is projected to decrease from 55.7% of total entries in 2025 to 48.7% by 2038. Similarly, new entries into psychologists working in health settings are projected to decrease slightly from 4.0% of total entries in 2025 to 3.5% by 2038 while those entering other settings are projected to decrease from 3.3% of total entries in 2025 to 2.9% by 2038.

[15] Australian Bureau of Statistics, 2020-2022, National Study of Mental Health and Wellbeing, ABS Website, accessed 15 April 2025.
[16] National Mental Health Service Planning Framework (NMHSPF), 2023, Technical Appendices for the NMHSPF, accessed 15 April 2025.
[17] Entry/exit rates are estimated as a proportion of total supply in terms of headcount. For example, *Total entry rate = Number of total entries (headcount) in year t / Total supply (headcount) in year t.*

- The total exit rate, including temporary exits, is projected to increase slightly from 6.1% of total supply (headcount) in 2025 to 6.4% by 2038. Exit rates are expected to remain lower than entry rates, consistent with historical trends. The permanent exit rate for trainee provisional psychologists is expected to remain around 2.9% over the projection period. In contrast, the permanent exit rate for psychologists working in health and other settings are expected to increase from 2.0% to 2.2% and 3.1% to 3.4% respectively, over the projection period.

Table 5: National supply projections, selected years 2025–38

	2025	2026	2027	2028	2033	2038
Full-time equivalent (FTE)						
Supply	34,219.8	35,280.6	36,311.0	37,295.4	41,862.9	45,764.9
Entries	2,619.1	2,669.8	2,686.5	2,735.0	2,896.8	3,020.6
New Entries	1,543.1	1,545.0	1,542.2	1,545.6	1,545.6	1,539.6
Re-entries	1,076.0	1,124.7	1,144.2	1,189.5	1,351.2	1,481.0
Exits	1,898.8	1,954.7	2,025.0	2,086.1	2,325.6	2,594.4
Permanent Exits	671.4	688.4	714.1	737.2	835.8	946.8
Temporary Exits	1,227.4	1,266.4	1,310.8	1,348.9	1,489.8	1,647.7
Headcount						
Supply	43,738	45,143	46,488	47,807	53,778	58,835
Entries	4,017	4,089	4,125	4,180	4,405	4,591
New Entries	2,529	2,529	2,529	2,529	2,529	2,529
Re-entries	1,488	1,560	1,596	1,651	1,876	2,062
Exits	2,684	2,780	2,861	2,975	3,325	3,743
Permanent Exits	1,082	1,109	1,145	1,200	1,370	1,579
Temporary Exits	1,603	1,671	1,716	1,776	1,955	2,164

Age profile of psychologists

- Psychologists aged 40-49 are projected to become the largest segment of the workforce, overtaking those aged 30-39. At the same time, the proportion of psychologists aged 55-59 and 60 and over is also expected to grow.
- Throughout the projection period, psychologists aged 50-59 will continue contributing the highest average FTE (around 0.85).

Table 6: Age profile of psychologists, 2025 and 2038

Age groups	2025		2038	
	Headcount	Average FTE	Headcount	Average FTE
under 30	6,210 (14.2%)	0.76	5,685 (9.7%)	0.75
30-39	12,339 (28.2%)	0.78	14,029 (23.8%)	0.78
40-49	10,942 (25.0%)	0.81	15,944 (27.1%)	0.81
50-59	7,768 (17.8%)	0.85	12,097 (20.6%)	0.85
60 and over	6,480 (14.8%)	0.68	11,081 (18.8%)	0.66
Total	**43,738 (100%)**	**0.78**	**58,835 (100%)**	**0.78**

National supply projections by psychologist type (Figure 7)

Trainee provisional psychologists

- The supply of trainee provisional psychologists is estimated to decrease from 3,722.9 FTE in 2025 to 3,570.6 FTE by 2038.
- The national average FTE per trainee provisional psychologist is projected to remain steady at 0.59 throughout the projection period.
- The number of new entries (headcount) is assumed to remain stable at 2,239 throughout the projection period, based on the number of new entries recorded in the 2023 AFHW dataset.
- As a proportion of total supply, FTE trainee provisional psychologists are expected to decrease from 10.9% in 2025 to 7.8% by 2038.

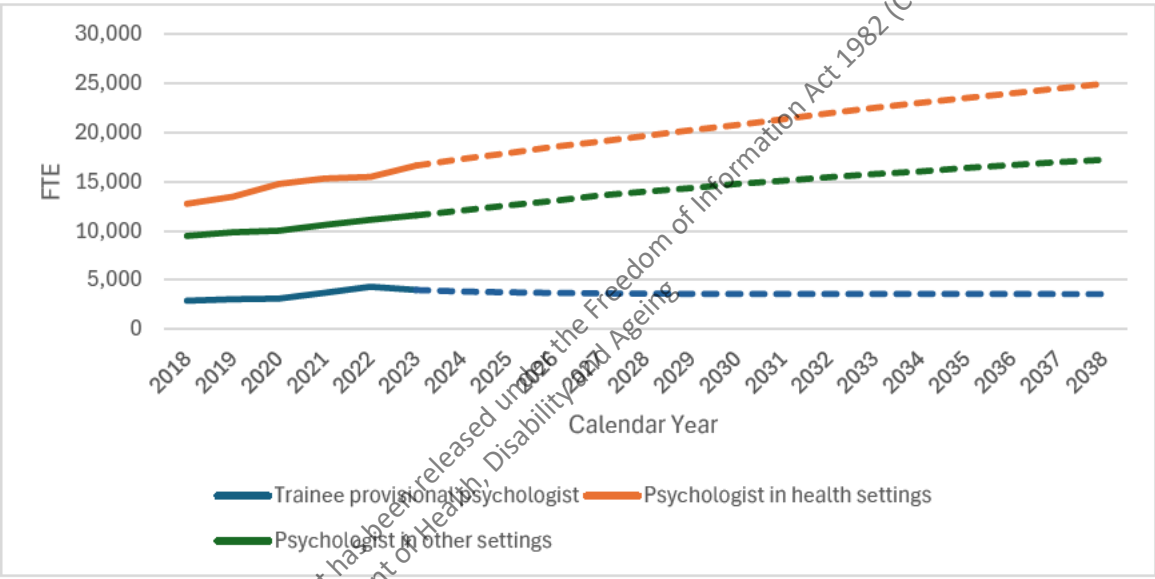
Psychologists in health settings

- The supply of psychologist in health settings is estimated to increase from 17,907.5 FTE in 2025 to 24,964.7 FTE by 2038.
- The national average FTE per psychologist in health settings is projected to decline from 0.78 in 2025 to 0.76 by 2038.
- The number of new entries (headcount) is assumed to remain stable at 159 throughout the projection period, based on the average number of new entries recorded between 2019 and 2023 in the AFHW dataset.
- As a proportion of total supply, FTE psychologists in health settings are expected to increase from 52.3% in 2025 to 54.5% by 2038.

Psychologists in other settings

- The supply of psychologist in other settings is estimated to increase from 12,589.4 FTE in 2025 to 17,229.5 FTE by 2038.
- The national average FTE per psychologist in other settings is projected to remain steady at 0.86 throughout the projection period.
- The number of new entries (headcount) is assumed to remain stable at 131 throughout the projection period, based on the average number of new entries recorded between 2019 and 2023 in the AFHW dataset.
- As a proportion of total supply, FTE psychologists in other settings are expected to increase slightly from 36.8% in 2025 to 37.6% by 2038.

Figure 7: FTE psychologists: National supply projections, 2018–38



National supply vs demand for psychologists in health settings (Table 7 and Figure 8)

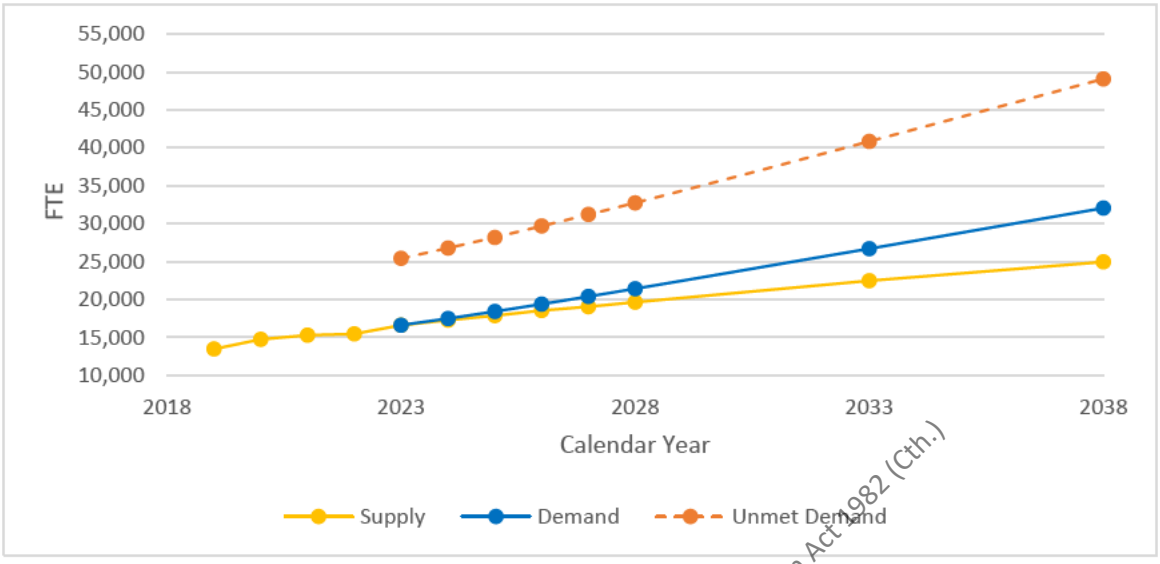
- The total entry rate, including re-entries, is expected to decline throughout the projection period, dropping from 22.8% of total supply (headcount) in 2025 to 20.2% in 2038.
- The total exit rate, including temporary exits, is projected to decline marginally from 18.3% of total supply (headcount) in 2025 to 18.0% by 2038. Exit rates are expected to remain lower than entry rates throughout the projection period.
- Baseline demand for psychologists in health settings is projected to increase from 18,441.7 FTE in 2025 to 32,057.2 FTE by 2038.
    - The baseline demand estimates indicate a current shortfall of 534.1 FTE (3.0%) in 2025, with the shortage expected to grow significantly to 7,092.5 FTE (28.4%) by 2038.

- Unmet demand for psychologists in health settings is projected to increase from 28,177.4 FTE in 2025 to 49,080.2 FTE in 2038.
    - The unmet demand estimates indicate a current shortfall of 10,269.9 FTE (57.3%) in 2025, with the shortage expected to increase to 24,115.5 FTE (96.6%) by 2038.

Table 7: National Projections for psychologists in health settings, selected years 2025–38

	2025	2026	2027	2028	2033	2038
Full-time equivalent (FTE)						
Supply	17,907.5	18,559.2	19,075.2	19,672.7	22,500.2	24,964.7
Entries	4,058.3	4,159.2	4,146.8	4,283.6	4,701.7	5,040.5
New Entries (including the transition from other practitioner types)	3,629.4	3,702.2	3,693.4	3,812.5	4,159.1	4,440.9
Re-entries	428.9	457.0	453.4	471.1	542.6	599.6
Exits (including the transition to other practitioner types)	3,390.5	3,523.3	3,666.5	3,770.1	4,259.9	4,650.8
Permanent Exits	251.6	255.8	269.7	280.9	330.4	372.8
Temporary Exits	447.9	472.4	470.3	491.7	554.5	619.2
Transition to other practitioner types	2,691.0	2,795.1	2,926.5	2,997.5	3,375.0	3,658.8
Demand	18,441.7	19,424.6	20,420.6	21,425.0	26,686.3	32,057.2
Surplus / Shortfall	-534.1	-865.4	-1,345.4	-1,752.4	-4,186.1	-7,092.5
Unmet Demand	28,177.4	29,683.0	31,212.4	32,754.4	40,853.0	49,080.2
Unmet Demand Gap	-10,269.9	-11,123.8	-12,137.2	-13,081.7	-18,352.7	-24,115.5
Headcount						
Supply	22,828	23,759	24,531	25,385	29,284	32,635
Entries	5,198	5,339	5,368	5,547	6,123	6,607
New Entries (including the transition from other practitioner types)	4,543	4,646	4,672	4,823	5,293	5,683
Re-entries	655	694	696	724	830	924
Exits (including the transition to other practitioner types)	4,170	4,353	4,526	4,686	5,330	5,866
Permanent Exits	452	462	482	517	617	720
Temporary Exits	611	649	648	683	770	862
Transition to other practitioner types	3,107	3,242	3,396	3,486	3,944	4,284
Demand	23,987	25,608	27,300	29,018	37,646	46,172
Surplus / Shortfall	-1,161	-1,849	-2,769	-3,634	-8,362	-13,537
Unmet Demand	35,960	38,050	40,189	42,344	53,260	64,325
Unmet Demand Gap	- 13,134	-14,291	-15,658	-16,960	-23,976	-31,690

Figure 8: FTE Psychologists in health settings: National supply versus demand, 2018–38



State and Territory Projections

Throughout the projection period (2024 to 2038), most states and territories are expected to experience a shortfall of psychologists in health settings, both in terms of baseline demand and unmet demand. Largest states are projected to face the highest gaps in FTE workforce over time. When comparing percentage shortfalls based on unmet demand in 2025, the Northern Territory is expected to have the highest shortage at 141.6% while the Australian Capital Territory is projected to have the lowest at 9.9%.

Table 8 presents a summary of state and territory projections for psychologists in health settings.

Table 8: Summary of State-level projections - Projected under/oversupply of FTE psychologists in health settings and % under/oversupply, 2025, 2033 and 2038

State/ Territory	Baseline Surplus / Shortfall (FTE)			Unmet demand – Surplus / Shortfall (FTE)		
	2025	2033	2038	2025	2033	2038
NSW	-201.5 (-3.5%)	-1,482.3 (-21.1%)	-2,529.4 (-32.8%)	-2,937.3 (-51.7%)	-5,438.4 (-77.4%)	-7,294.5 (-94.5%)
VIC	-69.8 (-1.4%)	-1,132.0 (-17.7%)	-2,012.6 (-28.2%)	-2,035.0 (-40.4%)	-4,027.1 (-62.9%)	-5,525.5 (-77.3%)
QLD	-187.0 (-5.2%)	-856.4 (-19.3%)	-1,328.7 (-26.7%)	-2,458.1 (-68.9%)	-3,965.1 (-89.2%)	-4,979.1 (-100.1%)
WA	-101.6 (-5.4%)	-925.0 (-37.7%)	-1,524.0 (-56.2%)	-1,447.1 (-77.0%)	-3,081.5 (-125.7%)	-4,179.6 (-154.2%)
SA	-11.8 (-1.3%)	-42.6 (-4.0%)	-41.3 (-3.4%)	-917.0 (-101.0%)	-1,142.7 (-106.0%)	-1,260.9 (-104.9%)
TAS	3.7 (1.3%)	33.8 (9.2%)	47.2 (11.5%)	-266.1 (-92.7%)	-284.1 (-77.5%)	-299.2 (-73.1%)
ACT	0.0 (0.0%)	-78.0 (-13.7%)	-146.2 (-22.8%)	-42.8 (-9.9%)	-155.2 (-27.3%)	-246.1 (-38.4%)
NT	-10.9 (-9.2%)	-25.2 (-16.1%)	-51.5 (-31.9%)	-166.5 (-141.6%)	-258.7 (-165.0%)	-330.6 (-204.5%)
National	-534.1 (-3.0%)	-4,186.1 (-18.6%)	-7,092.5 (-28.4%)	-10,269.9 (-57.3%)	-18,352.7 (-81.6%)	-24,115.5 (-96.6%)

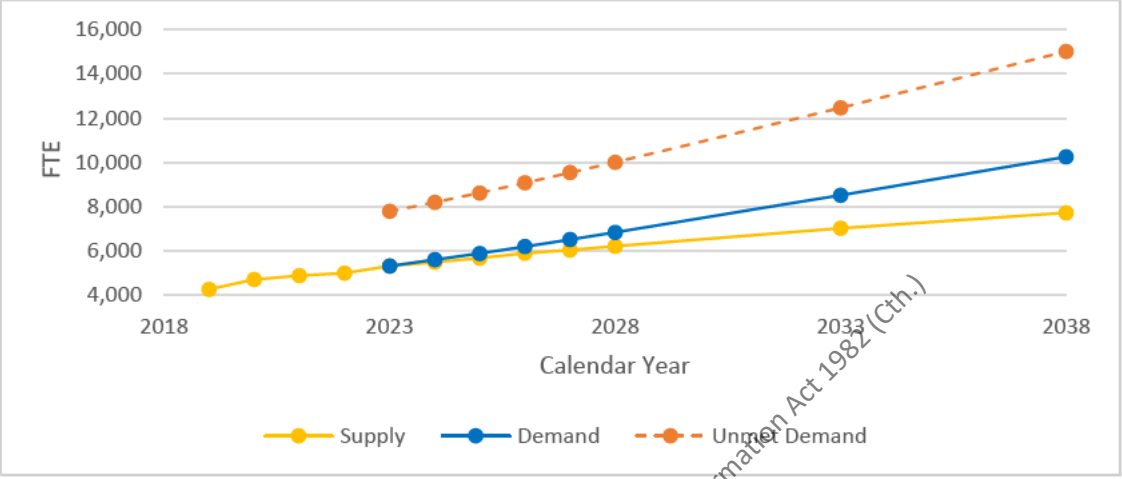
New South Wales (NSW)

- The supply of trainee provisional psychologists in NSW is expected to decrease from 1,215.7 FTE in 2025 to 1,134.9 FTE by 2038.
- The supply of psychologists in health settings in NSW is expected to increase from 5,678.8 FTE in 2025 to 7,720.8 FTE by 2038, see Figure 9.
    - Baseline demand estimates suggest that NSW has a current shortfall of 201.5 FTE in 2025, which is expected to increase significantly to 2,529.4 FTE by 2038.

- Under unmet demand estimates suggest that NSW has a current shortfall of 2,937.3 FTE in 2025, which is expected to increase to 7,294.5 FTE by 2038.

- The supply of psychologist in other settings in NSW is expected to increase from 4,000.3 FTE in 2025 to 5,237.0 FTE by 2038.

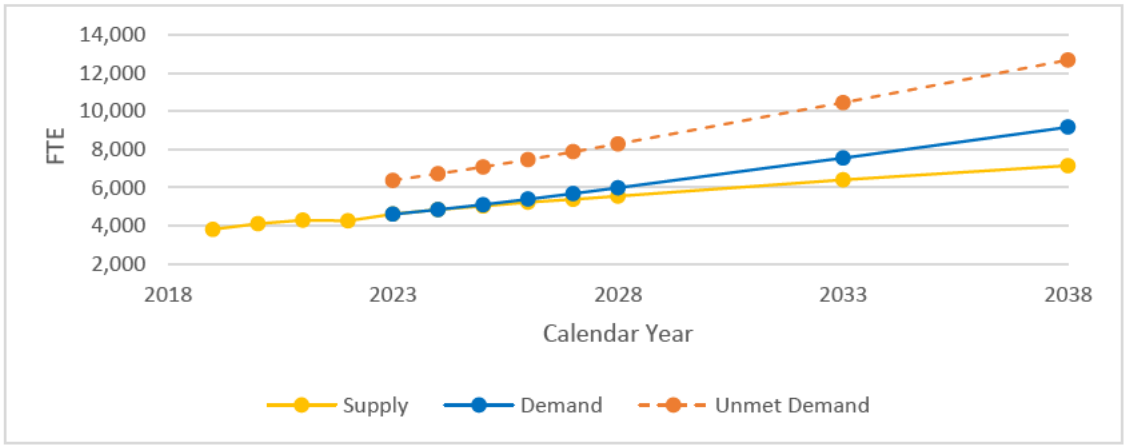
Figure 9: FTE psychologists in health settings: NSW supply versus demand, 2018–38



Victoria (VIC)

- The supply of trainee provisional psychologists in VIC is expected to decrease from 1,121.3 FTE in 2025 to 1,059.1 FTE by 2038.
- The supply of psychologists in health settings in VIC is expected to increase from 5,033.1 FTE in 2025 to 7,145.6 FTE by 2038, see Figure 10.
    - Baseline demand estimates suggest that VIC has a current shortfall of 69.8 FTE in 2025, which is expected to increase sharply to 2,012.6 FTE by 2038.
    - Under unmet demand estimates, the gap is significantly larger with a projected shortfall of 2,035.0 FTE in 2025, increasing to 5,525.5 FTE by 2038.
- The supply of psychologists in other settings in VIC is expected to increase from 3,569.0 FTE in 2025 to 5,017.8 FTE by 2038.

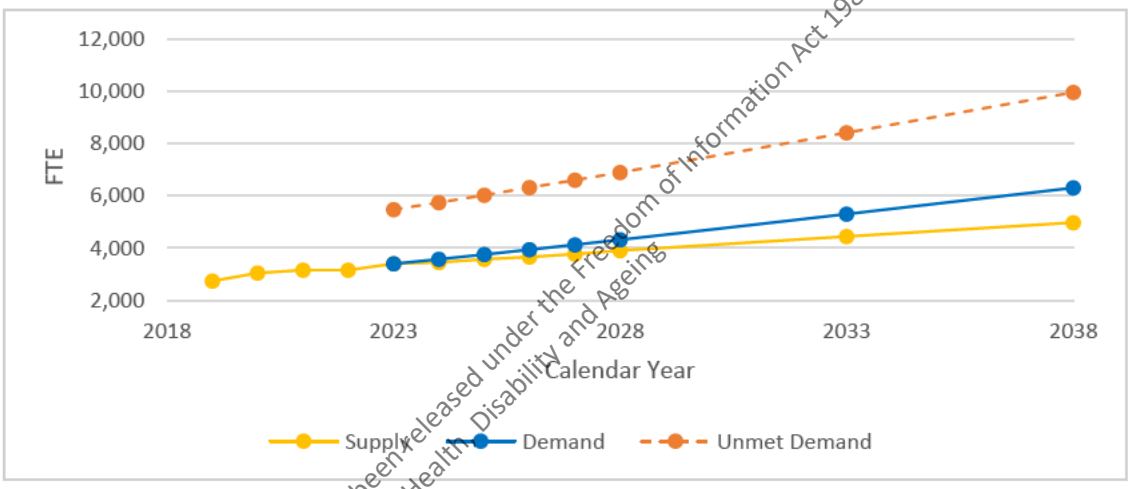
Figure 10: FTE psychologists in health settings: VIC supply versus demand, 2018–38



Queensland (QLD)

- The supply of trainee provisional psychologists in QLD is expected to increase slightly from 660.8 FTE in 2025 to 672.3 FTE by 2038.
- The supply of psychologists in health settings in QLD is expected to increase from 3,568.2 FTE in 2025 to 4,974.6 FTE by 2038, see Figure 11.
    - Baseline demand estimates suggest that QLD has a current shortfall of 187.0 FTE in 2025, which is expected to increase to 1,328.7 FTE by 2038.
    - Under unmet demand estimates, the gap is significantly higher, with a gap of 2,458.1 FTE in 2025, increasing to 4,979.1 FTE by 2038.
- The supply of Psychologist in other settings practitioners in QLD is expected to increase from 2,328.1 FTE in 2025 to 3,281.0 FTE by 2038.

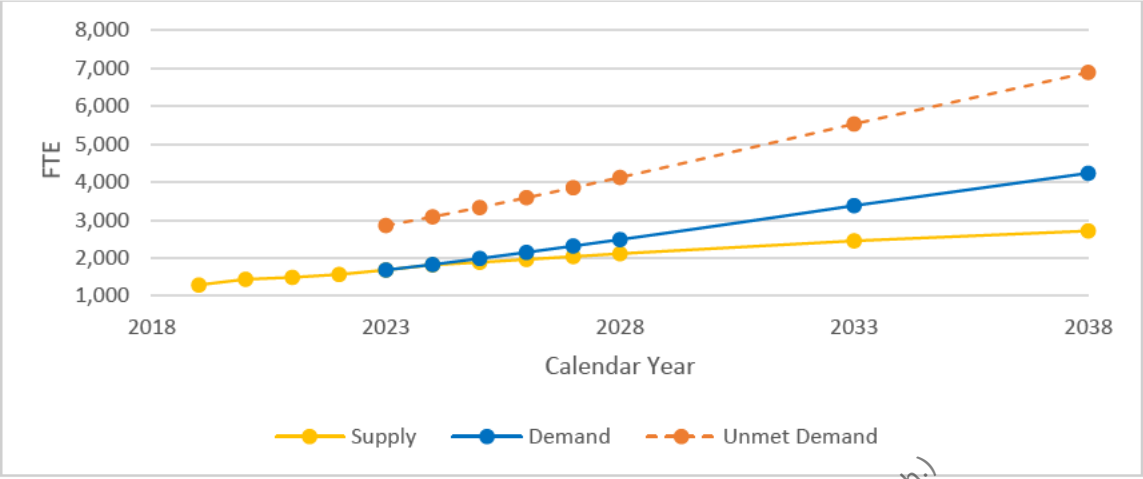
Figure 11: FTE psychologists in health settings: QLD supply versus demand, 2018–38



Western Australia (WA)

- The supply of trainee provisional psychologists in WA is expected to decline slightly from 375.4 FTE in 2025 to 368.5 FTE by 2038.
- The supply of psychologists in health settings in WA is expected to increase from 1,880.3 FTE in 2025 to 2,710.4 FTE by 2038, see Figure 12.
    - Baseline demand estimates suggest that WA has a current shortfall of 101.6 FTE in 2025, which is expected to grow to 1,524.0 FTE by 2038.
    - Under unmet demand estimates, the shortfall is much higher, with a gap of 1,447.1 FTE in 2025, increasing to 4,179.6 FTE by 2038.
- The supply of psychologists in other settings in WA is expected to increase from 1,379.5 FTE in 2025 to 1,839.3 FTE by 2038.

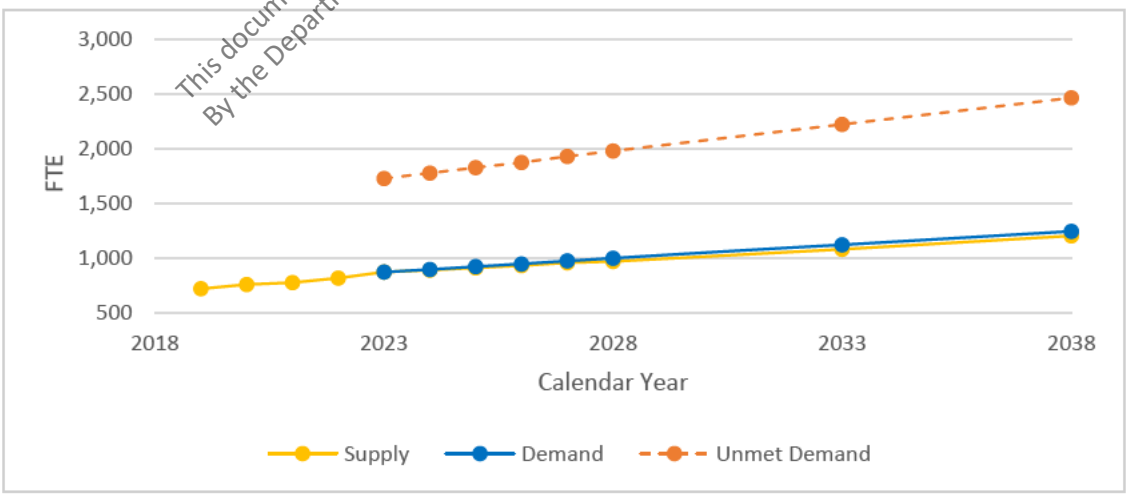
Figure 12: FTE psychologists in health settings: WA supply versus demand, 2018–38



South Australia (SA)

- The supply of trainee provisional psychologists in SA is expected to decrease from 175.5 FTE in 2025 to 162.8 FTE by 2038.
- The supply of psychologists in health settings in SA is expected to increase from 908.1 FTE in 2025 to 1,201.8 FTE by 2038, see Figure 13.
    - Baseline demand estimates suggest that SA has a current shortfall of 11.8 FTE in 2025, which is expected to increase to 41.3 FTE by 2038.
    - Under unmet demand estimates, the shortfall is higher with a gap of 917.0 FTE in 2025, increasing to 1,260.9 FTE by 2038.
- The supply of psychologists in other settings in SA is expected to increase from 591.6 FTE in 2025 to 827.8 FTE by 2038.

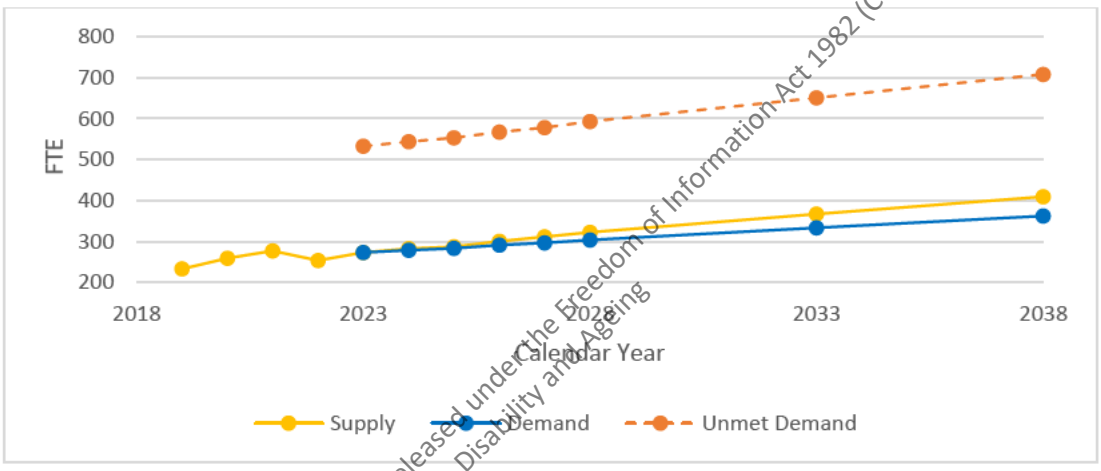
Figure 13: FTE psychologists in health settings: SA supply versus demand, 2018–38



Tasmania (TAS)

- The supply of trainee provisional psychologists in TAS is expected to increase from 67.7 FTE in 2025 to 70.6 FTE by 2038.
    - The supply of psychologists in health settings in TAS is expected to increase from 287.2 FTE in 2025 to 409.4 FTE by 2038, see Figure 14.
        - Baseline demand estimates suggest that TAS has a small surplus of 3.7 FTE in 2025, which is expected to increase to 47.2 FTE by 2038.
        - However, under unmet demand estimates, TAS is expected to face a shortfall of 266.1 FTE in 2025, growing slightly to 299.2 FTE by 2038.
- The supply of psychologists in other settings in TAS is expected to increase from 257.7 FTE in 2025 to 394.1 FTE by 2038.

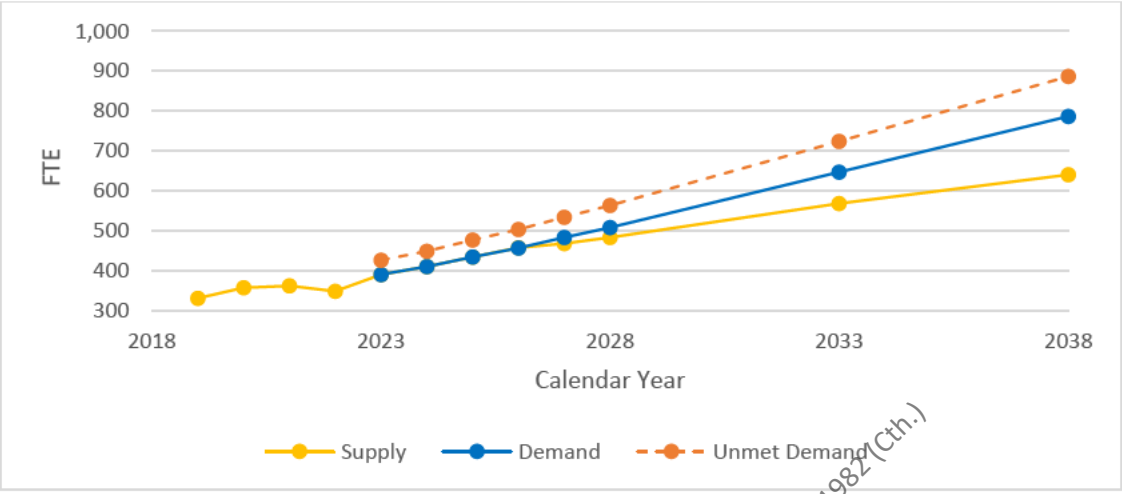
Figure 14: FTE psychologists in health settings: TAS supply versus demand, 2018–38



Australian Capital Territory (ACT)

- The supply of trainee provisional psychologists in the ACT is expected to decrease from 83.7 FTE in 2025 to 79.4 FTE by 2038.
- The supply of psychologists in health settings in the ACT is expected to increase from 434.3 FTE in 2025 to 640.4 FTE by 2038, see Figure 15.
    - Baseline demand estimates suggest that in the ACT, psychologists in health settings are currently in balance in 2025, but this is expected to shift to a shortfall of 146.2 FTE by 2038.
    - Under unmet demand estimates, the ACT has a current shortfall of 42.8 FTE in 2025, increasing to 246.1 FTE by 2038.
- The supply of psychologists in other settings in the ACT is expected to increase from 380.0 FTE in 2025 to 516.8 FTE by 2038.

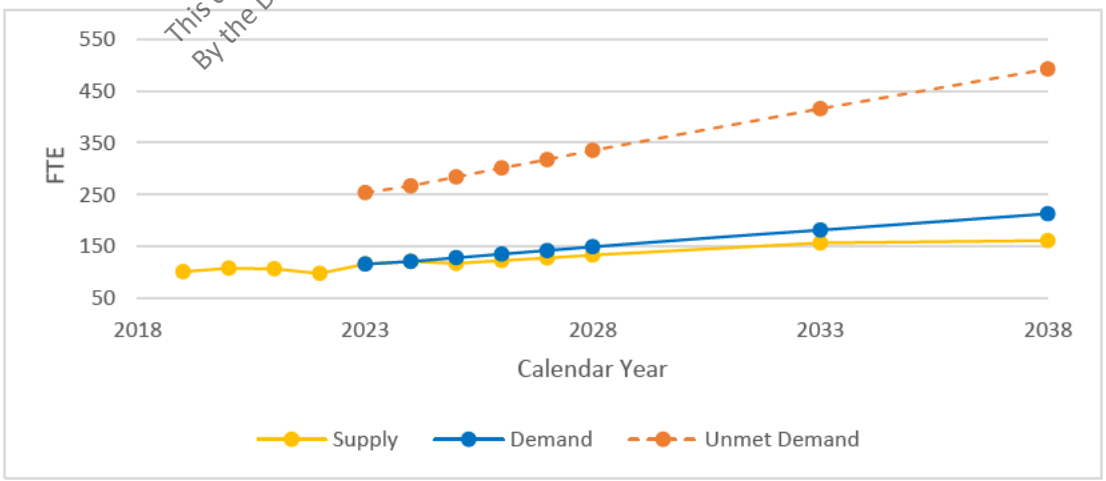
Figure 15: FTE psychologists in health settings: ACT supply versus demand, 2018–38



Northern Territory (NT)

- The supply of trainee provisional psychologists in the NT is expected to remain steady at around 23.0 FTE throughout the projection period.
- The supply of psychologists in health settings in the NT is expected to increase from 117.6 FTE in 2025 to 161.7 FTE by 2038, see Figure 16.
    - Baseline demand estimates suggest that NT has a current shortfall of 10.9 FTE in 2025, which is expected to increase to 51.5 FTE by 2038.
    - Under unmet demand estimates, the shortfall is slightly higher with a gap of 166.5 FTE in 2025, increasing to 330.6 FTE by 2038.
- The supply of psychologists in other settings in the NT is expected to increase from 83.0 FTE in 2025 to 115.8 FTE by 2038.

Figure 16: FTE psychologists in health settings: NT supply versus demand, 2018–38



What do the results indicate?

The psychology model projections for health settings suggest a shortage of psychologists over the next 15 years (2025–2038), with demand for psychology services in the community expected to exceed supply.

The study presents long-term projections of supply and demand (in health settings) for psychologists, indicating that Australia's psychology workforce is likely to experience significant shortages over the next 15 years. The demand projections (FTE) for psychologists in health settings indicate a 3.0% shortfall in 2025, increasing to 28.4% by 2038. However, considering unmet demand, the findings highlight a much higher shortage of psychologists in health settings across Australia. Projections indicate a 57.3% undersupply of psychologists in 2025, widening to an alarming 96.6% by 2038.

This shortage is compounded by an ageing psychology workforce. The proportion of FTE hours contributed by psychologists under 30 is projected to decrease from 13.7% to 9.3%, while those aged 30-39 will see their contribution fall from 28.1% to 23.9% between 2025 and 2038. In contrast, psychologists aged 40–49 are projected to become the largest contributor to the FTE workforce, with their share increasing from 25.8% to 28.3% over the same period. Additionally, the contribution from the 55–59 age group is expected to grow from 19.4% in 2025 to 22.6% by 2038, with this cohort continuing to provide the highest average FTE throughout the projection period.

While the number of new psychologists entering the workforce is gradually increasing, this growth is not sufficient to keep pace with the rising demand for psychology services, especially when considering unmet demand. With the psychology workforce ageing, there is an opportunity to strengthen the psychology pipeline through targeted reforms to training pathways. Enhancing access to clinical supervision and internship opportunities could support more students in completing their training and entering the profession.

Australia's growing and ageing population is also expected to drive both an increase in demand and a shift in the type of psychological services required in the future. Additionally, the estimation of unmet demand based on the NMHSPF relies on assumptions regarding the proportion of services delivered by psychologists within the broader category of tertiary-qualified allied health professionals. This highlights potential opportunities for other qualified mental health professionals such as mental health nurses, social workers and occupational therapists – to take on greater role in service delivery.

To ensure equitable access to high-quality mental health care for all Australians, there is an urgent need to not only expand the psychology workforce but also enhance the capability, capacity and coordination of the broader multidisciplinary mental health workforce across both health and social services sectors.

The National Mental Health Workforce Strategy 2022–2032 aims to provide a roadmap to implement strategies and reforms to address the mental health workforce shortages and

build a sustainable workforce that is skilled, distributed and supported to deliver mental health services that meet the current and future population needs.[18]

Consultations

During development of the psychology model, the department consulted with the following stakeholders:

- Australian Institute of Health and Welfare
- Psychology Board of Australia / Australian Health Practitioner Regulation Agency
- Australian Psychology Society
- Australian Association of Psychologists Inc
  - Australian Indigenous Psychologists Association
- State and Territory workforce planners

Next steps

The psychology model will be updated every two years with latest available data across all data sources.

We welcome stakeholder feedback to support the continuous improvement of the model, enhancing its value as a tool for effective health program delivery and workforce planning.

If you require further information regarding the psychology model or the results as published contact us at healthworkforcedata@health.gov.au.

[18] Department of Health, Disability and Ageing, 2022-2032, National Mental Health Workforce Strategy 2022–2032, accessed 5 February 2025. Please note that the methodology used to estimate the workforce gap in the strategy differs from the approach used in this study. Therefore, users should interpret comparisons with caution.

Appendix

The supply of psychologists is disaggregated into the following groups:

1. Trainee provisional psychologists
2. Psychologists in health settings
3. Psychologists in other settings

Trainee provisional psychologists are those with provisional registration undertaking their 5th and 6th year of study in Australia as identified by the board pathway. The remainder of the provisionally registered psychologists (as identified by their board pathway) were those on the Transitional program. These are internationally qualified psychologists whose qualifications were assessed as equivalent to 6 years of study in Australia). Psychologists with general registration and those on the transitional program were categorised as working in health settings or other settings based on the combination of the area and setting of their job.

Psychologists in health settings and other settings are defined as those having general registration (or provisional registration on the Transitional program) and the combinations of job setting and job are outlined in Table A.

Table A: Description of psychologist categories for modelling

Category	Job setting	Job area
Psychologist in health settings	• Solo private practice • Group private practice • Medical centre/GP Practice • General practitioner (GP) practice • Other private practice • Community mental health service • Community drug and alcohol service • Rehabilitation/physical development service • Other community health care service • Correctional service • Aboriginal health service • Aboriginal Community Controlled health service • Other Aboriginal health service • Outpatient service • Residential aged care facility	• Mental health intervention • Behavioural assessment • Counselling • Neuropsychological/ cognitive assessment • Physical health/ rehabilitation • Psychology management/ administration • Educational/ developmental • Other

Category	Job setting	Job area
	• Residential mental health care service • Other residential health care facility	
Psychologist in other settings	All remaining combinations of job setting and job area. Includes settings such as: • Disability services • Commercial/business service • Schools/tertiary/other educational facility • Defence forces • Other government department/agency • Sports centre/clinic	

hwd.health.gov.au

All information in this publication is correct as at April 2026

Psychology Board Ahpra

Consultation Paper

April 2026

Redesigning the psychology higher degree program

The Psychology Board of Australia (the Board) is releasing this public consultation paper for feedback on a proposed option to redesign the psychology higher degree pathway.

Providing feedback

You can provide brief feedback by completing the online submission form.

Alternatively, if you wish to provide detailed feedback, please complete the submission template at Attachment A and email us at psychconsultation@ahpra.gov.au

The forms are based on the 'Questions for consideration' that are listed on Page 45 of this consultation paper. You will need to provide your feedback to us by close of business Wednesday 10 June 2026.

Publication of submissions

We publish the submissions received during consultation at our discretion. We generally publish submissions on our websites to encourage discussion and inform the community and stakeholders. Please advise us if you do not want your submission published.

We will not place on our websites, or make available to the public, submissions that contain offensive or defamatory comments or which are outside the scope of the subject of the consultation. Before publication, we may remove personally identifying information from submissions, including contact details.

We can accept submissions made in confidence. These submissions will not be published on the website or elsewhere. Submissions may be confidential because they include personal experiences or other sensitive information. Any request for access to a confidential submission will be determined in accordance with the *Freedom of Information Act 1982* (Cth), which has provisions designed to protect personal information and information given in confidence. Please let us know if you do not want us to publish your submission or want us to treat all, or part of it, as confidential.

Published submissions will include the names of the individuals and/or the organisations that made the submission unless confidentiality is requested.

Next steps

After public consultation closes, we will review and consider all feedback from this consultation before refining options for redesign and publishing a report of the public consultation findings.

Contents

Executive summary

The Psychology Board of Australia (the Board) has been asked by the Australian Government Department of Health, Disability and Ageing (the Department) to provide reform recommendations for redesigning the training pathway for psychology. The consultation paper aims to inform stakeholders and invite feedback on the preferred option for reform. It outlines the key design principles that underpin the approach and presents a once in a generation opportunity for redesigning the psychology education and training pathway.

The paper provides an overview of the research and engagement activities undertaken during the discovery phase of the project. Data to understand the current education and training context was sought from industry partners and federal government departments. An environmental scan and benchmarking against international models of psychology training was undertaken, as was an analysis of domestic training of psychologists in Australia with comparable health professions and professions regulated under the National Regulation and Accreditation Scheme (the Scheme).

Extensive engagement was undertaken with a diverse range of stakeholders, including education, industry, community and professional groups. Feedback provided insights into the structural problems inherent in the current pathway including the length and cost of training, the lack of practical training offered in the early years, and equity and access challenges for students. Most stakeholders support the development of a shorter and more practical course of study.

The Board is proposing a five-year undergraduate honours degree which introduces practical training from year two and redesigns the existing accreditation standard competencies for general registration into a single competency standard. The Bachelor of Professional Psychology is a single, direct entry qualification (Australian Qualification Framework (AQF) Level 8) that leads to general registration as a psychologist. Designed with an increased emphasis on professional practice and practical training, the Bachelor (Honours) of Professional Psychology enables students to achieve general registration within five years whilst maintaining the existing standards and competencies required for safe and effective practice. Key features include:

- Removing non-psychology education content to reduce the duration of training from six to five years and increasing the proportional focus on cultural responsivity competence development, interprofessional education, and working with victim survivors of domestic and family violence
- Introduction of practical training from the second year of the degree, with a graduated approach to professional skill development including problem-based learning, role play and simulation through to block observerships and longitudinal work integrated placements
- Increased flexibility in meeting research (honours) competencies, proportionate to the existing requirements for general registration and the attainment of an AQF 8 qualification

Promotion of equitable access to psychology training is achieved by reducing barriers to completion such as cost, duration and multiple entry requirements. The new pathway also provides an early exit option after three years for students who elect not to complete the full five-year degree. The Bachelor of Psychological Assistance (AQF 7) would expose students to foundational professional competencies to enable entry into the workforce under the supervision of a psychologist. Whilst there is in principle support for the development of a psychology assistant workforce, research suggests that the viability of this option and how it would integrate with proposed changes to the psychology training pathway warrants further exploration in terms of the level of education required and the potential workforce role.

For those students who do not wish to become psychologists, the existing undergraduate model that embeds a double/extended major of psychology within a broader Bachelor degree would remain. This pathway would continue to provide options for students who are pursuing other occupations or careers in the mental health sector or a higher degree by research. These degrees would not require accreditation as they do not lead to general registration as a psychologist. Education providers could develop graduate entry degrees and apply recognition of prior learning provisions for graduates who wish to pursue a Bachelor of Psychological Assistance or a Bachelor of Professional Psychology.

Establishing a single pathway to general registration would result in the separation of general registration and Area of Practice Endorsement (AoPE) training. AoPE education would become a standalone Masters qualification (AQF 9) for all psychologists who wish to complete an advanced qualification. Importantly, AoPE competencies will be attained only after all the requirements for general registration are met. The

Board is proposing that employers play a greater role in supporting AoPE training by determining the type and number of psychologists they require with advanced qualifications.

Figure 1: Proposed new model of psychologist education pathway

Registration Pathway

Psychologist

Bachelor of Professional Psychology (Honours, AQF 8)	
Year	Focus
1	Theory
2	Theory + Skill
3	Theory + Skill
4	Theory + Skill + Research
5	Theory + Skill + Research

↓

Enter workforce
as a psychologist or
undertake a PhD (AQF10) or
undertake AoPE training

↓

Area of Practice Endorsement

Masters of AoPE (AQF 9)	
Year	Focus
1	Theory + Skill + Research
2	Theory + Skill + Research

Psychological assistance

Bachelor of Psychological Assistance (AQF 7)	
Year	Focus
1	Theory
2	Theory + Skill
3	Theory + Skill

→ Exit point

↓

Enter workforce
As a psychology assistant,
in a non-related profession,
or undertake Honours (AQF8)
**further scoping required*

Non-registration Pathway

Psychological science

Bachelor of Arts Degree (AQF 7)	
Year	Focus
1	Theory + Electives
2	Theory + Electives
3	Theory + Electives

↓

Enter workforce
In a non-related profession,
or undertake Honours (AQF8)

The Board thanks all stakeholders who have participated and provided feedback. The apprehension voiced by stakeholders most impacted by reform due to the quantum of change is acknowledged. The Board looks forward to hearing stakeholder views about the proposed model and continuing to collaborate in the public interest to improve community access to psychological services.

Introduction

Context

In Australia, the requirement to maintain psychology workforce supply as training models evolved has resulted in multiple pathways to general registration as a psychologist. This is unique to the Australian context when compared to international jurisdictions and other Australian health profession training.

The number of new psychology graduates entering the workforce is not sufficient to meet the demand for psychological services. The result is growing pressure on the existing psychology workforce and access barriers for consumers seeking mental health care, with serious long-term implications for service availability.

The Higher Degree Redesign Project presents a once in a generation opportunity to shape the future of psychology education and support the development of a sustainable psychology workforce to meet the current and future needs of the Australian community. It is a call to action for stakeholders to inform a feasible and sustainable psychology training pathway.

In undertaking this project, consideration was given to the following terms of reference, as stipulated by the Department of Health, Disability and Ageing:

a. redesigning the six-year training sequence, including both undergraduate and post-graduate programs and the effect any recommendations will have on area of practice endorsement training

b. embedding a focus on practical learning to improve professional training, support increased enrolments and completion of study, with the aim to strengthen the registered psychology workforce

c. the level of competency attainment and workforce potential of psychology students who do not complete the full training pathway, such as a psychology assistant workforce

d. standardising training pathways to address equity and access challenges for those seeking to attain general registration, including overall program monitoring and data collection.

This consultation process will assist the Board to test and refine the proposed option and ensure it meets the needs of the community.

The discovery phase

In considering a redesigned pathway, an initial stage of engagement and discovery was undertaken from September to December 2025. This phase focused on exploring and understanding the problem by consulting with and listening to stakeholders likely to be impacted by the proposed redesign. This included elevating the voice of end users, in particular students and the community.

Data from the Department of Education was obtained to understand student demand for psychology subjects and degrees, including the number of degrees awarded at each stage of the sequence to attain general registration.

Psychology workforce supply, replacement, and distribution information was obtained from the Department of Health, Disability and Ageing. The Psychology Workforce Demand and Supply model provides meaningful insights into national supply projections and future demand for psychologists in Australia.

Independent external consultants were engaged to undertake a comparative analysis and source data to support the project, with an emphasis on understanding:

a. international models of training

b. Australian health profession training

c. countries that utilise an assistant psychology workforce

d. the competencies for AoPE.

Alongside the independent research, we held a Listening Tour as part of preliminary engagement with key stakeholder groups to elicit thinking about the problem question and to identify potential threats and opportunities in redesigning the psychology education and training pathway. At a high level, the feedback we sought from stakeholders focused on:

a. the structure and duration of psychology education and training

b. the user journey for stakeholders interacting with psychology education and training

c. opportunities for earlier and more integrated practical learning

d. the potential development of an assistant psychologist workforce

e. strategies to improve equity, access, and workforce readiness

f. community access and public interest.

A Qualtrics survey (open from 1 October to 5 November 2025) was designed to capture a wide range of stakeholder sentiment during the Discovery Listening Tour. There was strong stakeholder engagement with the survey, with over 5000 responses received. Of these responses, 44% were received from registered psychologists and professional associations, 31% from provisional psychologists and students and 16% from education providers and psychology academics. Whilst perceptions as to the effectiveness of the current training pathways vary, the majority responded that the current psychology training pathways should be streamlined to create a shorter, more efficient pathway to general registration.

Stakeholders identified equity and access as key concerns, with 95% of participants agreeing that there is unmet demand for psychology services in the community[1] and that psychology training should better align to meet this need.[2] Respondents also reported that the current psychology training pathways do not provide equitable access for students from diverse backgrounds, particularly those from low socio-economic backgrounds, rural and remote locations, students with care giving responsibilities and Aboriginal and Torres Strait Islander People.[3]

Jurisdictional meetings held with representatives across Australia allowed the Board to strengthen partnerships and ensure our work is responsive to the diverse needs of all States and Territories. These meetings provided key insights regarding workforce development and sustainability, and current challenges and opportunities in the provision of psychological services.

As part of the project's governance structure, Project Reference Groups (PRG's) were established to assist in canvassing the problem statement and to provide data to help shape the proposed design principles and reform options. Membership of these groups included representatives from the following sectors:

a. Community
   - Community Advisory Council
   - Mental Health Australia
   - Lived Experience Australia

b. Psychology Students
   - Undergraduate students
   - Honours students
   - Post graduate students

c. Aboriginal and Torres Strait Islander People

1 95% in total; 82% yes, 13% somewhat.
2 92% in total; 64% yes, 28% somewhat.
3 42%. Only 13% completely agree that the pathway provides equitable access.

- Australian Indigenous Psychologists Association (AIPA)
- Australian Indigenous Psychology Education Project (AIPEP)
- National Aboriginal Community Controlled Health Organisation (NACCHO)

d. the Psychology Profession

- Australian Association of Psychologists Inc (AAPi)
- Australian Clinical Psychology Association (ACPA)
- Australian Clinical Neuropsychology Association (ACNpA)
- Australian Educational and Developmental Psychology Association (AEDPA)
- Australian Indigenous Psychology Association (AIPA)
- Australian Psychological Society (APS)
- Institute of Clinical Psychologists (ICP)
- Institute of Private Practicing Psychologists (IPPP)
- Psychology Board of Australia (PsyBA)

e. Accreditation and Training

- Australian Indigenous Psychology Education Project (AIPEP)
- Australian Psychology Accreditation Council (APAC)
- Australian Psychology Placement Alliance (APPA)
- Heads of Psychology Australia (HPA)
- Psychology Board of Australia (PsyBA)
- State and Territory Departments of Education and/or Training
- Universities Australia (UA)

This process facilitated a clear understanding of the problem statement and the development of design principles that informed the preferred option for reform.

SECTION ONE

Redesigning the model

In line with the terms of reference and data obtained during the discovery phase, the Board has developed design principles to ensure the development of reform options that are evidence informed, user-centred, and aligned with the project's terms of reference.

For more information about the relationship between the design principles, terms of reference and the research findings, please refer to Appendix C.

The design principles

The system will continue to support undergraduate psychological science occupational outcomes

Psychological science is a popular undergraduate subject, with students undertaking single subjects, a minor or an extended/double major. Importantly, the accredited extended/double major required for general registration is not the only purpose of undergraduate psychological science education.

The proposed model therefore must minimise the disruption to the provision of undergraduate psychology units of study for other professions and as the foundation for a career as a psychology academic.

The qualifications for the different registration categories are aligned to the Australian Qualification Framework (AQF)

The two available pathways to general registration require the completion of an AQF Level 9 qualification (Masters level). While professional psychology training is completed postgraduate in the majority of international jurisdictions, it is out of step with the AQF level graduate outcomes. It is also a higher bar of graduate outcomes than all other health profession direct entry professional training.

Psychology assistant, psychologist, and AoPE higher education degrees must map to the AQF level reflective of the required graduate outcomes.

The pathway to general registration is the same for every student

The current model of multiple pathways to general and AoPE registration is not contemporary, equitable, or efficient. The future model must be solely focussed on preparing students for general registration.

It is proposed that the pathway to general registration is a single, accredited degree, comprising only the core subjects required for general registration.

Practical skill development follows a pedagogical model

The existing model segregates psychological science and professional practice education and training.

The proposed model must integrate and scaffold psychology theory and professional skill development in accordance with a pedagogical approach.

It is envisaged that professional skill development will become multifaceted, multimodal and phased to level of training, incorporating a range of methods such as problem-based learning and simulation in the educational setting prior to work integrated block observation and longitudinal placements.

Industry drives the demand for advanced qualifications

Establishing a single pathway for general registration then enables all psychologists to be eligible to undertake AoPE training. The development of a single pathway to general registration necessitates the redesign of the AoPE training.

There are currently four pathways to attain AoPE notation on a psychologists' general registration. The current direct entry model is a combination of accredited (higher degree pathway) and unaccredited (registrar) training. Similar to the design principle for general registration training, AoPE training must be fully accredited and the same for every psychologist. Separating general and AoPE training provides an opportunity to develop an AoPE training model that enables the accreditation of tertiary education and

training sites, positioning employers to determine the required number and type of psychologists with advanced qualifications.

Psychology assistant competencies are further scoped

The development of an assistant workforce would allow psychologists to work to full scope through the delegation of suitable tasks.

The introduction of a psychology assistant model in Australia would require the development of a sustainable workforce role including a career structure.

Stakeholder sentiment suggests that whilst overseas models may be a useful starting point, further competency scoping is required in the context of unmet community need and engagement with major employers regarding feasibility.

SECTION TWO

Preferred option for redesign

The Board has developed a preferred option for redesign through the application of the design principles, analysis of available data and integration of stakeholder feedback. The Board welcomes stakeholders to provide input on the proposed option as part of the consultation process.

Preferred option: Five-year professional psychology degree

Figure 1: Proposed five-year psychology pathway

Registration Pathway

Psychologist

Bachelor of Professional Psychology (Honours, AQF 8)	
Year	Focus
1	Theory
2	Theory + Skill
3	Theory + Skill
4	Theory + Skill + Research
5	Theory + Skill + Research

↓

Enter workforce
as a psychologist or
undertake a PhD (AQF10) or
undertake AoPE training

↓

Area of Practice Endorsement

Masters of AoPE (AQF 9)	
Year	Focus
1	Theory + Skill + Research
2	Theory + Skill + Research

Psychological assistance

Bachelor of Psychological Assistance (AQF 7)	
Year	Focus
1	Theory
2	Theory + Skill
3	Theory + Skill

→ Exit point

↓

Enter workforce
As a psychology assistant,
in a non-related profession,
or undertake Honours (AQF8)
**further scoping required*

Non-registration Pathway

Psychological science

Bachelor of Arts Degree (AQF 7)	
Year	Focus
1	Theory + Electives
2	Theory + Electives
3	Theory + Electives

↓

Enter workforce
In a non-related profession,
or undertake Honours (AQF8)

Bachelor of Professional Psychology degree

A five-year AQF 8 degree (10 semesters) is proposed as the qualification required for general registration.

The Bachelor of Professional Psychology degree will maintain the existing threshold for entry into the profession as outlined in the Professional Psychology competencies and accreditation standards 1, 2 and 3.

The degree:

a. clearly identifies that Bachelor (Honours) of Professional Psychology graduates are eligible for general registration[4]

b. creates opportunities to expand the curriculum focus on:

    i. cultural responsiveness and the social and emotional wellbeing approach

    ii. domestic and family violence

    iii. interprofessional practice competencies

c. introduces practical skill training from the second year of the degree, which is sequential, cumulative and graduated in terms of complexity

d. maintains the development of research competencies as required for general registration

e. enables the creation of a AQF 7 Bachelor of Psychological Assistance exit degree after year three for graduates who do not complete the full training sequence

f. for students continuing into year 4 and 5, they can enter the workforce as a Psychology Assistant while completing their studies

g. separates general registration and AoPE training

h. graduates can progress to a higher degree by research upon completion if desired.

Bachelor of Psychological Assistance degree

The creation of an exit point after three years for students who choose not to complete the Bachelor of Professional Psychology enables the establishment of an AQF Level 7 Bachelor of Psychological Assistance degree.

Students who successfully complete the Bachelor of Psychological Assistance have the option to articulate into a Bachelor of Professional Psychology through the Recognition of Prior Learning (RPL) provisions, commencing from year four.

As mentioned in Section 5, further scoping work is required to understand the workforce need that could be addressed by Bachelor of Psychological Assistance graduates. The scoping includes determining if the Bachelor of Psychological Assistance is a direct entry course as well as an exit point after the three years of the Bachelor of Psychological Assistance degree.

Bachelor of Arts or Science (Psychology) degree (or equivalent)

The current embedded double/extended psychology major within a Science or Arts (or equivalent) degree would continue to provide students with a diverse Bachelor Pass degree and a pathway to a research higher degree or employment. As these courses would not lead to general registration, they would not require accreditation or Board approval.

[4] The purpose of the Bachelor Honours Degree qualification type is to qualify individuals who apply a body of knowledge in a specific context to undertake professional work and as a pathway for research and further learning. Graduates at this level will have advanced knowledge and skills for professional or highly skilled work and/or further learning. (AQF Qualifications, Level 8).

Education providers could apply existing RPL provisions to support graduate entry into the Bachelor of Psychological Assistance or Bachelor of Professional Psychology degrees.

Area of Practice Endorsement degree

AoPE training is proposed to be completed as an accredited AQF 9 Masters degree post general registration attainment.

The existing standalone accredited Level 4 program curriculum could be redesigned with theory and research components completed part-time over two years (equivalent of 1-year full time), with supervised work experience contributing towards the qualification. The creation of accredited training sites would remove the requirement for the registrar program.

Key features

Practical skills training earlier

The proposed model commences practical training from year two, consistent with a pedagogical approach to learning which actively connects theory and practice, fostering deeper understanding, critical thinking and an increased sense of mastery in professional contexts.[5] Assessment of aptitude for professional practice for entry into the current postgraduate programs could be replaced by enhancing existing assessment of readiness to commence placements.

Supporting the development of practical skills over a longer period and utilising different models commensurate with student experience is comparable to how other health professions train.[6] Importantly, strengthening practical learning does not equate to increased supervisor burden. Rather, supervisor efficiency is increased by embedding practical skill development within the higher education sector prior to the commencement of supervised placements. This is predicted to improve placement readiness of students.

Within this framework, the establishment of a national supervised placement governance framework could assist in addressing placement shortage concerns. A framework comprising best practice approaches to the management of placements supports quality assurance requirements for accreditation, improving both student and supervisor experience.

AQF Level

The model maintains higher education qualification attainment, that is an AQF Level 8 degree, commensurate with the minimum degree qualification for provisional registration.

General registration requires an AQF Level 9 qualification which, whilst comparable internationally, exceeds that required for all other Australian health professions. These programs generally require AQF Level 7 and/or 8 qualifications for graduate entry and AQF Level 9 qualifications for postgraduate programs. The current requirement for a AQF 9 qualification is a high academic standard to attain for initial entry into the profession and presents an additional barrier to completion for otherwise capable students.

Equity and Access

The model aims to reduce equity and access issues within the current psychology training pathway, including the cost and duration of training, limited availability of post-graduate places, and multiple assessment criteria required for progression at each stage.

Importantly, the reduced duration, barriers to entry and costs savings provide increased equity and accessibility to students from diverse backgrounds. This includes students with care giving responsibilities, minority groups, and those from lower socio-economic backgrounds.

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[5] For example, John Dewey and Donald Schon's theories of reflective practice, and "reflection on reflection-in-action":Chiapello, L., and Bousbaci, R. (2022) It's complicated: Dewey, Schön and reflection-in-action, in Lockton, D., Lenzi, S., Hekkert, P., Oak, A., Sádaba, J., Lloyd, P. (eds.), *DRS2022: Bilbao*, 25 June - 3 July, Bilbao, Spain. https://doi.org/10.21606/drs.2022.349

[6] For example, a Bachelor in Physiotherapy (Honours) at Federation University includes two clinical placements across year 3 and 4 of study, amounting to 990 hours of clinical placement It also includes practical assessments in units of study, commencing from first-year.
Federation University. (2025). Bachelor of Physiotherapy.https://www.federation.edu.au/courses/dpy5-bachelor-of-physiotherapy/

Consistent with *Closing the Gap* commitments, the model aims to improve participation and access to psychology education for Aboriginal and Torres Strait Islander people and supports the delivery of psychological services that are culturally safe, equitable and free from racism.[7][8] Specific training on cultural safety and responsiveness will be embedded within the new pathway, in line with the revised Professional Competencies and Code of Conduct.

The future state: Impact and feasibility

Potential benefits of the preferred option

Psychological Science education

The existing Bachelor of Arts (or equivalent) will be separated from professional psychology education, and:

- will no longer require accreditation or Board approval as it will not lead to general registration
- will continue to provide a pathway for other occupations and a research higher degree
- CSP funding will be separated from professional psychology training, reflecting the differences in the cost of teaching
- education providers can apply RPL provisions to support students bridging entry to professional psychology training (including psychological assistance training).

General registration training

The Bachelor of Professional Psychology (Honours) will maintain the current regulatory threshold for general registration and:

- enable more students to become psychologists
- improve community access to psychological services
- reduce the overall time required to qualify as a psychologist from six to five years
- three pathways to general registration will be replaced by one pathway
- three qualifications will be replaced by one qualification
- CSP funding will be the same for every student who undertakes the new training pathway.

Psychological Assistant training

The proposed Bachelor of Psychological Assistance degree will:

- introduce a new workforce role to support psychologists to work to full scope
- improve community access to psychological services
- have the same CSP funding for every student
- provide defined occupational outcome for Bachelor graduates who do not complete the full psychologist training pathway
- create employment opportunities for Professional Psychology Bachelor (Honours) students while they are studying.

Area of practice endorsement training

The Area of Practice Endorsement Masters will maintain the current regulatory threshold for area of practice endorsement and:

- will align the supply of psychologists with advanced qualifications to workforce needs
- the training will be streamlined and accredited
- four pathways will be replaced by one pathway
- CSP funding will be the same for every student

[7] *National Agreement on Closing the Gap* (July 2020) https://www.closingthegap.gov.au/national-agreement/national-agreement-closing-the-gap.
[8] Australian Government, Department of Health, *National Aboriginal and Torres Strait Islander Health Plan 2021-2031* https://www.health.gov.au/resources/publications/national-aboriginal-and-torres-strait-islander-health-plan-2021-2031.

- will remain consistent with international standards for advanced qualifications.

We anticipate that the preferred option would have the following benefits for stakeholders:

Community and consumers

A key outcome of the reform is to support the higher education system to train more students to increase psychologist workforce supply to meet unmet demand.

The creation of a single pathway creates clarity for the community as to the qualifications required for psychologist registration and the meaning of advanced qualifications such as AoPE.

Improved accessibility of training will improve the diversity of the psychology workforce, which has positive flow on effects for patients seeking practitioners with diverse experiences and backgrounds.

Strengthening practical skill development will improve student work readiness, as well as better preparing students to work in multidisciplinary environments, with Aboriginal and Torres Strait Islander peoples, families and communities, and support victim-survivors of domestic and family violence.

Students and provisional psychologists

A single undergraduate pathway creates cost savings for students both by reducing the overall length of training and removing non-accredited elective subjects.

A single pathway with one entry point will provide students with greater information and certainty regarding their future profession.

The integration and phasing of theory and practice from year two provides more time to master professional and practical skills, leading to better learning experiences and the formation of professional identity earlier.

Higher education sector

The proposed standalone professional psychology pathway will enable improved data capture regarding graduate outcomes and workforce supply, improved retention of students planning to become psychologists, simplify course accreditation, and support the development of a sustainable CSP funding model. The introduction of a Bachelor of Psychological Assistance degree is predicted to generate significant student interest. If the degree is both a direct entry and a Bachelor of Professional Psychology exit degree, this will provide Higher Education providers will opportunities to increase student enrolments in alignment with known workforce shortages.

Creating a standalone AoPE degree that is delivered in partnership with employers provides the opportunity to reintroduce and sustain education and training across the nine AoPEs. The redesign of the AoPE training model will also relieve educator burden of sourcing AoPE placements for students.

Accreditation

The creation of a single pathway and a single degree for the general registration and AoPE qualifications facilitates a streamlining of accreditation standards and processes. That is, three accreditation standard level competencies (level 1, 2 and 3) will be replaced by one.

In addition to streamlining the pathway to general registration, the removal of embedded double/extended majors from the accreditation process will also reduce accreditation workload as the number and type of programs will reduce.

Employers

A single degree and pathway creates predictability in the timing and the annual number of graduates entering the workforce. Students will complete their degree at the end of the academic (calendar) year, enabling the development of new graduate programs.

A single degree and pathway will clarify employer expectations in terms of psychologist competenecies. This has benefits by improving the alignment between professional competencies and workforce roles to influence recruitment and retention in key sectors of workforce shortages.

The development of a sequential, cumulative and graduated approach to professional skill development will support improved work integrated placement readiness. A revised placement model that enables practicums of varying lengths (i.e. a weeklong block as opposed to two days per week over four months) incentivises participation in regional, rural and remote settings. It also creates opportunities for students to undertake workplace observations in addition to practical skill training.

The revised curriculum and placement model will also promote Interprofessional Education (IPE) at the undergraduate level, aligning existing models of multidisciplinary care with psychology education. Interprofessional education occurs when students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes.[9] Embedding collaborative, team-based skills early better prepare students for professional practice and supports improved outcomes for patients.[10]

The creation of an exit point at year three facilitates opportunities for psychology students who attain this level of competency to commence paid employment, earlier. This previously underutilised workforce could be mobilised to address key workforce shortages in the mental health sector by supporting psychologists to work at full scope. In terms of AoPE training, creating accredited training sites will assist employers to determine the workforce demand for advanced qualifications.

Registered psychologists

The projected increase in psychology graduates will provide workforce support in critical areas (both in terms of area of practice and region/location) and relieve existing workforce shortages.

Subject to further scoping, the introduction of the psychological assistance workforce role will support psychologists to work to full scope by being able to delegate appropriate tasks to psychology assistants. This has important implications for the workforce in terms of extending and developing new competencies (e.g. prescribing) to support workforce shortages in other professions.

For those psychologists who hold general registration and wish to pursue AoPE, this option will be a simpler and more accessible through the proposed pathway.

The revised model also supports a more streamlined pathway for international psychology graduates seeking to practice in Australia, in line with the recommendations of the *Kruk Review*.[11]

Supervisors

Embedding professional and practical skills development in the education environment prior to work integrated placements will improve student placement readiness.

Supervision models could also be more explicitly structured according to stage of student competence level, systematically shifting from directive instruction and close oversight towards greater autonomy and professional judgment as competence increases.

A multimodal approach to practical skill development will also support different teaching models and the engagement of supervisors at different levels of experience.

The development of different placement lengths (e.g. block compared to part-time) provides the opportunity to support students to access supervisors living in regional, rural, and remote settings.

[9] World Health Organisation, *Framework for Action on Interprofessional Education & Collaborative Practice* (2010) https://www.who.int/publications/i/item/framework-for-action-on-interprofessional-education-collaborative-practice
[10] World Health Organisation, *Framework for Action on Interprofessional Education & Collaborative Practice* (2010) https://www.who.int/publications/i/item/framework-for-action-on-interprofessional-education-collaborative-practice.
[11] Kruk, R. (2023). *Independent review of Australia's regulatory settings relating to overseas health practitioners: Final report*. https://apo.org.au/sites/default/files/resource-files/2023-12/apo-nid325439_0.pdf

Regulation

The high professional standards of practice in psychology will be maintained, but it is predicted that the cost of regulation will be reduced.

Students will still be required to meet the existing Professional Competencies for Psychologists and the Code of Conduct for Psychologists to attain general registration and psychology programs will be required to meet existing accredited Level 1, 2 and 3 standards.

There are regulatory efficiencies to be gained from the introduction of a single consistent pathway to general registration.

Introducing a single fully accredited pathway that is undertaken in higher education could result in student registration replacing provisional registration. Student registration is different from other types of registration in that individuals do not need to apply for registration. Instead, the student's education provider submits the student details to Ahpra, who then place their names on a student register, which is not publicly available. There are no fees for student registration.

The National Psychology Exam (the Exam) was introduced as an additional regulatory tool to assess competence for provisional psychologists undertaking the 5+1 or 4+2 internships pathway. Provisional psychologists undertaking the higher degree pathway have a permanent exemption from sitting the National Psychology Exam. Creating a fully accredited degree could reserve the Exam for overseas applicants undertaking the transition pathway.

Finally, creating a standalone accredited AoPE degree removes the need for the registrar program.

Potential impacts and implications of the preferred option

In considering feasibility for the preferred option, we anticipate the following potential impacts:

Community/consumers

It is anticipated that the broader community will not experience any significant negative or unintended impacts arising from the proposed change.

The community will continue to receive psychological services from Psychologists who have been trained to meet the Professional Competencies for Psychologists and the Code of Conduct for Psychologists to attain general registration.

The community will, however, require education on proposed changes and reassurance that the standard of care provided by psychologists will not change.

Students

Students already undertaking training in psychology are likely to be anxious about the change and what it might mean for their continuing studies.

Transition arrangements inclusive of timelines will be implemented in such a way that does not disadvantage current students. Further consultation will occur regarding implementation.

Prospective students will also require messaging on the new pathway including content, duration and entry requirements.

Higher education sector

The quantum of the proposed change is significant for higher education providers. Restructuring of psychology training will be a resource intensive process in the transition period between old and new programs. It is important that higher education providers are supported financially and administratively.

A single professional psychology degree will require the redesign of the undergraduate degree curriculum to include the current postgraduate training and additional practice skills development. Staff to student ratios will need to be recalibrated and registered psychologists recruited to the education sector to support this change. Currently, student to staff ratios varying by stage of degree sequence:

- 26:1 for undergraduate degrees (accreditation levels 1 and 2)
- 15:1 for professional master's degrees (accreditation level 3)
- 10:1 for area of practice endorsement degrees (accreditation level 4)[12]

Modifications to the student to staff ratio will require confirmation of the appropriate CSP funding cluster.

The redesign of the curriculum will change the way work integrated learning placements occur. The success of the single degree model could be enhanced by establishing a national placement governance framework, creating shared responsibility between education providers and employers.

While the redesign project aims to increase enrolments overall, schools of psychology are concerned about the impact on students undertaking studies in psychological science theory for the purpose of research degrees and other professions. Providers also need to maintain existing industry research partnerships and revenue streams from industries in other sectors such as defence, welfare, and aviation.

The anticipated impact on academic research programs is minimised via the preservation of the embedded double/extended major Bachelor of Arts or Science degree, and removing the requirement for accreditation of these programs.

Accreditation

Accreditation standards will need to be updated to reflect the proposed changes. Current accreditation processes, evidence guides and monitoring guidelines will also need to be revised.

The requirement for independently assessed accreditation programs that promote public safety and professional competence in line with the Psychology Board's Codes, Guidelines and Professional Competencies will not change.

Employers

Employers must have the capacity to support the change in placement model for professional psychology training. As mentioned, establishing a national governance framework to support placement consistency could mitigate existing barriers and support greater uptake by supervisors.

In terms of AoPE training, employment settings could become accredited training sites creating shared governance obligations between education providers and employers.

Supervisors

The availability of supervisors to support psychology students on placement is cited as an ongoing concern both within industry and the education sector. Whilst registration data indicates 12,586 registered psychologists (25% of general registrants) hold Board Approved Supervisor (BAS) status, it is unclear how many supervise, which type of provisional psychologist they supervise, and how often.[13]

The Department of Health, Disability and Ageing Psychology Supply and Demand Compendium report (2025) has identified that 85% of Psychologists in health settings work in private practice. While placements do occur in private practice settings, the lower numbers of psychologists in public health settings supports the anecdotal feedback of supervisor burden. It is critical for a student's learning that they have access to placements in tertiary care environments where they are exposed to the range of physical and mental health presentations and the role of other health professions.

The availability of supervisors is critical to the model's success and further exploration is required to understand and enhance supervisor capacity moving forward.

Registered psychologists

There is no change for practitioners who already hold registration as a psychologist in Australia.

[12] Australian Psychology Accreditation Council. (2019). *Evidence Guide*. https://apac.au/education-providers/standards/

[13] Psychology Board of Australia. (2025). *Registrant data 1 April 2025 – 30 June 2025*. https://www.psychologyboard.gov.au/About/Statistics.aspx

Messaging will reinforce that graduate competencies will continue to align with the Board's Code of Conduct and Professional Competencies, with no change to the regulatory threshold.

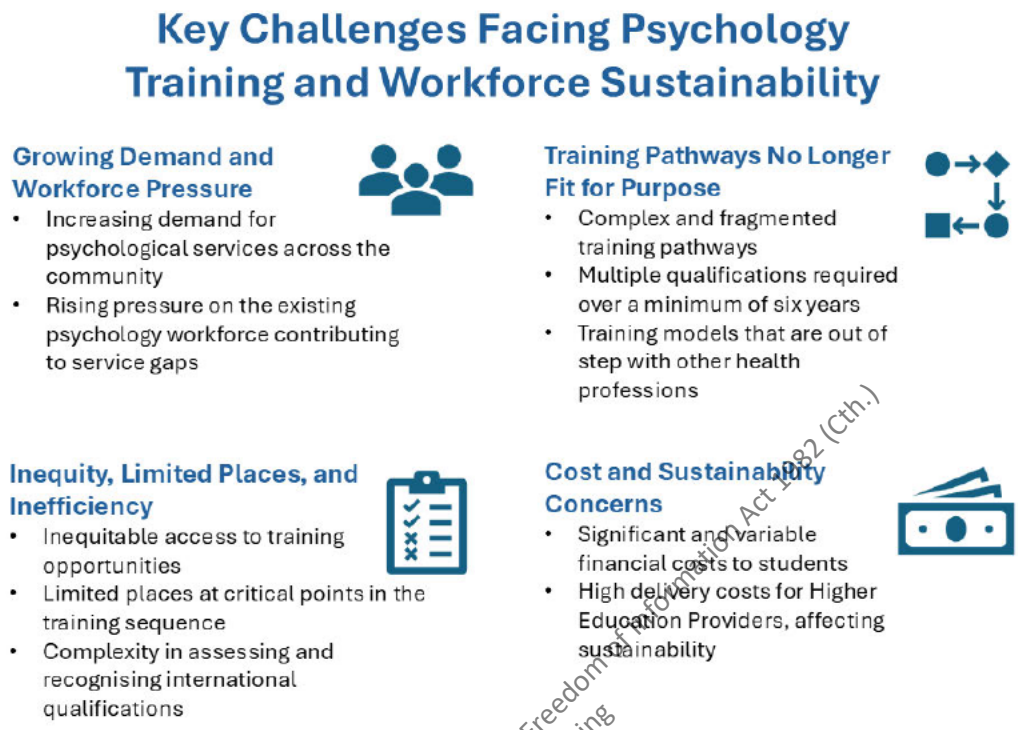
Regulation

Introduction of the model would require operational changes to ensure alignment with registration categories.

The Board would need to revise and update existing Standards and Guidelines to support the proposed changes.

SECTION THREE

The case for change: Why a redesign of the psychology higher education pathway is needed



Community need and unmet demand for psychological services

Access to psychological services

Despite positive sustained growth in psychologist numbers (Table 1), workforce supply pressures persist across the health system.[14][15]

Table 1 Growth in number of psychologists 2022 to 2025

Psychologist type	2020	2021	2022	2023	2024	2025
Provisional	5,645	6,519	7,977	7,551	7,238	7,527
Non-practising	1,119	1,422	1,855	1,843	1,821	1,776
General	34,014	34,455	35,315	37,071	39,311	41,372
Total	40,778	42,396	45,147	46,465	48,370	50,674
Year on year growth (%)	7%	4%	6%	3%	4%	5%

**Point in time is 30 September each year.*

[14] Kruk, R. (2023). *Independent review of Australia's regulatory settings relating to overseas health practitioners: Final report* (p.1, 19, 24). https://apo.org.au/sites/default/files/resource-files/2023-12/apo-nid325439_0.pdf
[15] Psychology Board of Australia. (2025). *Statistics* https://www.psychologyboard.gov.au/About/Statistics

Demand for psychological services

Community need for psychologists who meet the general registration standard remains high.[16] The mental health sector is experiencing significant challenges in meeting demand and wait times are increasing.[17] In the aftermath of the Covid-19 pandemic, demand for services has increased significantly.

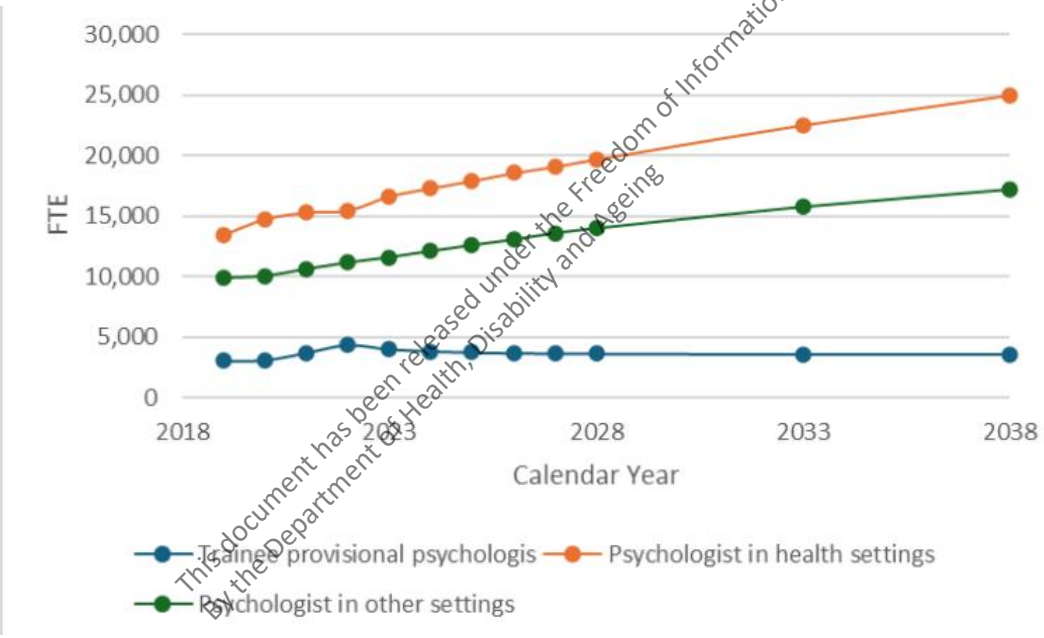
Data obtained from the Department of Health, Disability and Ageing demonstrates that projected demand for psychologists working in health and other settings is expected to exceed national supply projections by 2038.[18] Whilst the national psychology workforce is expected to grow by 34% over the next 15 years, current modelling suggests that high levels of demand will continue and shortages will persist throughout this period.

National supply projections

Figure 1 shows the national supply projections by psychologist type. For the purposes of the national modelling, psychologists were categorised according to three groups: provisional psychologists, psychologists working in heath settings, and psychologists working in other settings.[19]

The national psychology workforce projections suggest that the supply of psychologists[20] is expected to increase from 34,219.8 full-time-equivalent (FTE) in 2025 to 45,764.9 FTE by 2038. In headcount terms, this represents an increase from 43,738 psychologists in 2025 to 58,835 by 2038. [21]

Figure 2 Psychologists FTE: National supply projections, 2018-2038



The total entry rate, including those returning to the workforce, is expected to decline throughout the projection period, dropping from 9.2% of total supply (headcount) in 2025 to 7.8% in 2038.

[16] Jaffe, M, Hopkins L et al Attracting and retaining the psychology workforce in public mental health: a study based in Melbourne, Victoria. *Discover Mental Health,* 25 May 2025 1;5(1):65.
[17] Australian Institute of Health and Welfare. (2025). *The use of mental health services, psychological distress, loneliness, suicide, ambulance attendances and COVID-19*. https://www.aihw.gov.au/suicide-self-harm-monitoring/risk-factors/covid-19
[18] Australian Government Department of Health, Disability and Ageing. (2026). *Psychology Supply and Demand Study*.
[19] 'Psychologists in health settings' include the following settings: community health, private practice, rehabilitation, Aboriginal health services, etc. 'Psychologists in other settings' include disability services, education settings, defence, sports clinics, and other government department/agency. For further information please refer to Australian Government Department of Health, Disability and Ageing. (2026). *Psychology Supply and Demand Study*
[20] Excluding provisional psychologists.
[21] Full-time Equivalent (FTE) is a standardized method to measure staffing. Full-time staff will be equal to 1.0 FTE. Headcount is the number of actual persons working as psychologists.

The proportion of new entries into the trainee provisional psychologist workforce is projected to decrease from 55.7% of total entries in 2025 to 48.7% by 2038.

New entries into psychologists working in health settings are projected to decrease slightly from 4.0% of total entries in 2025 to 3.5% by 2038, while those entering other settings are projected to decrease from 3.3% of total entries in 2025 to 2.9% by 2038.

The total exit rate, including temporary exits, is projected to increase slightly from 6.1% of total supply (headcount) in 2025 to 6.4% by 2038.

The projections also indicate a trend towards an ageing workforce. By 2038, psychologists aged 40-49 are expected to become the largest segment of the workforce (27.1%), overtaking those aged 30-39. At the same time, the proportion of psychologists aged 55-59 and 60 and over is also expected to grow.[22] The trend toward an ageing workforce will intensify workforce shortages and require a corresponding increase in graduate numbers to support the widening gap between community need and the availability of psychologists.

Unmet demand

Baseline demand[23] estimates of psychologists in health settings indicate a shortfall of 534.1 FTE (3.0%) in 2025, with the gap expected to widen substantially to 7,092.5 FTE (28.4%) by 2038. When considering unmet demand[24], the shortage becomes larger, rising from 10,269.9 FTE (57.3%) in 2025 to 24,115.5 FTE (96.6%) by 2038 (Figure 2).[25]

*Figure 3 National Projections for psychologists FTE in health settings: Supply vs demand, 2018-2038**

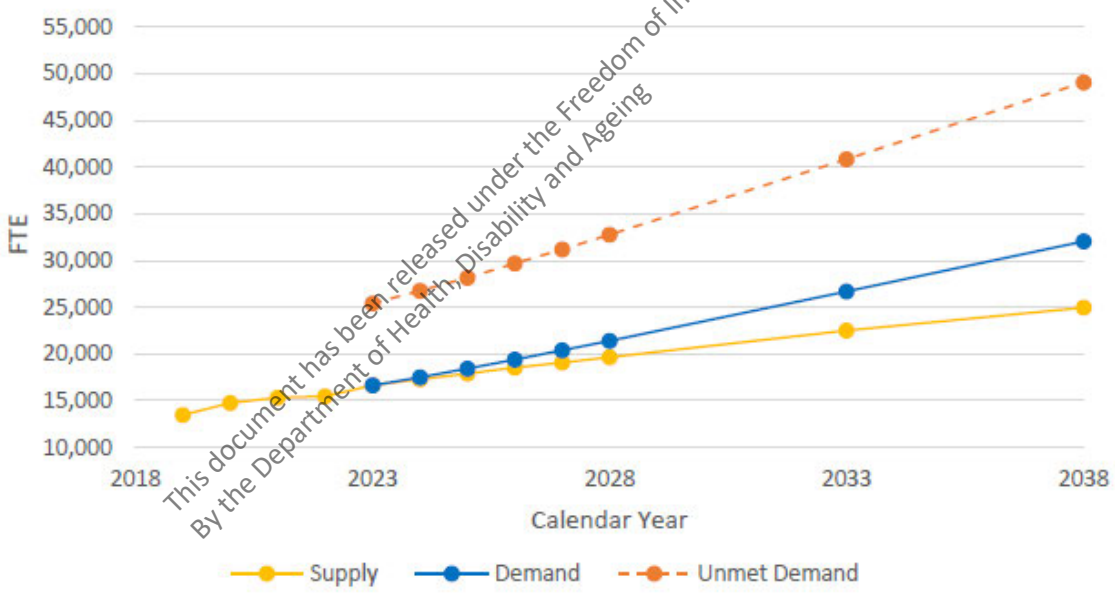


Figure extracted from Australian Government Department of Health, Disability and Ageing, Psychology Supply and Demand Study, June 2025

The data demonstrates that the number of new psychology graduates entering the workforce is not sufficient to support the projected increase in demand for psychological services. Without targeted measures to increase the supply of psychologists, this gap will continue to widen.

[22] Australian Government Department of Health, Disability and Ageing. (2026). *Psychology Supply and Demand Study*
[23] *The baseline demand is measured in terms of observed utilisation of psychology services which captures expressed (observed) service demand for psychology services within health settings.* Australian Government Department of Health, Disability and Ageing. (2026). *Psychology Supply and Demand Study*
[24] *Unmet demand for psychology services occurs when there are not enough psychology services to meet the needs of people who require them*. Australian Government Department of Health, Disability and Ageing. (2026). *Psychology Supply and Demand Study*
[25] Australian Government Department of Health, Disability and Ageing. (2026). *Psychology Supply and Demand Study*

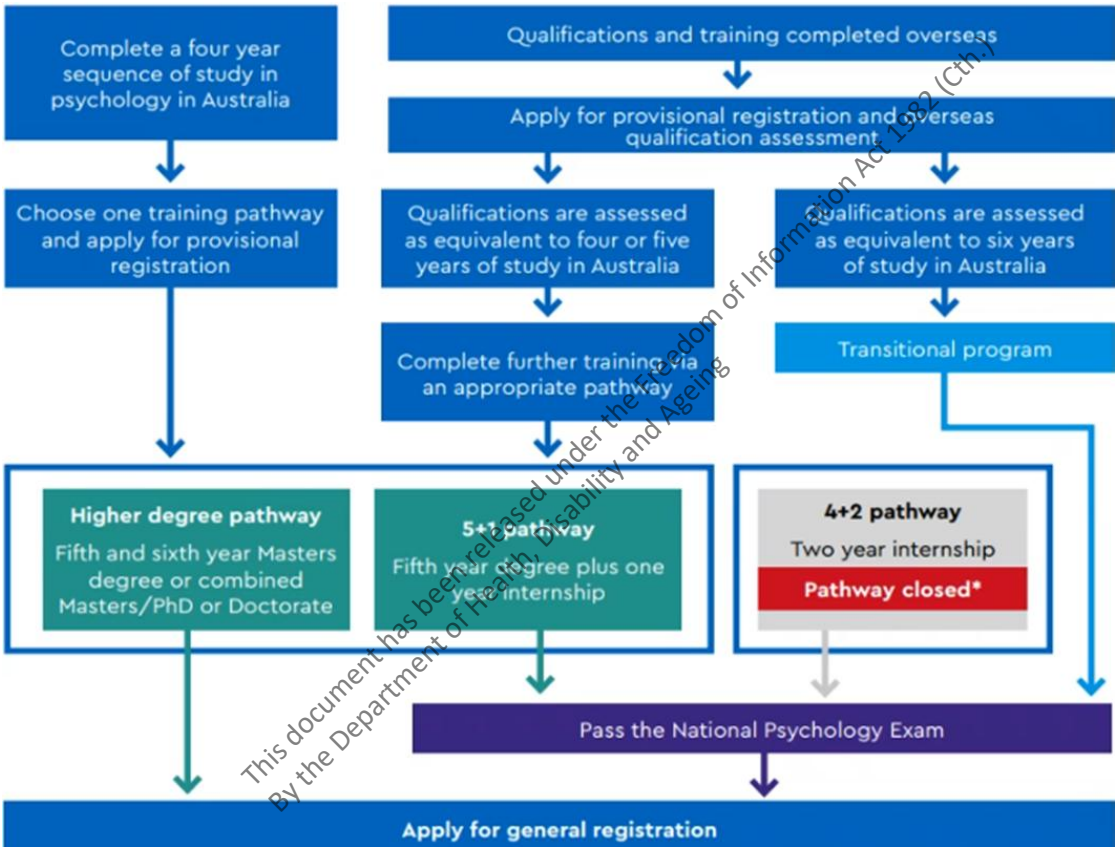
Psychologist education and training

Multiple pathways to general registration

The education and training pathways to general registration have been the subject of debate for some time, with the government citing concerns about the impact of changing pathways on workforce supply.[26] The commencement of the National Regulation and Accreditation Scheme in 2010 provided for the first time a national picture of provisional psychologists completing the 4+2 and higher degree pathways. This enabled the development of the 5+1 pathway to replace the 4+2 pathway and maintain workforce supply numbers. However, psychology remains the only profession with multiple pathways to general registration, nationally and internationally.

There are currently three pathways for domestic applicants to qualify as a psychologist in Australia (see Figure 4).

Figure 4 Current psychology training pathways



The higher degree pathway requires completion of an accredited six-year sequence of study in psychology, a four-year undergraduate sequence (Honours or equivalent) followed by a postgraduate degree of at least two years duration (Masters degree). Provisional registration is required prior to commencing postgraduate training. [27]

The 5+1 internship pathway involves a five-year sequence of accredited study (a four-year undergraduate sequence followed by a postgraduate degree e.g. Master of Professional Psychology) followed by a one-year internship. The internship is an intensive supervised training program that enables provisional psychologists to develop and demonstrate the threshold professional competencies required for general

[26] Australian Government Department of Health, Disability and Ageing. (2023). *National Mental Health Workforce Strategy 2022-2032.* https://www.health.gov.au/resources/publications/national-mental-health-workforce-strategy-2022-2032?language=en

[27] Provisional registration is required to complete supervised practice and therefore to be eligible for general registration as a psychologist. Psychology does not have student registration.

registration. Applicants must arrange their own internship by finding a suitable work role and supervisor before submitting an internship plan to the Board for approval.

To complete the required internship program for this pathway (+1 of the pathway) provisional registration is required for the duration of training from fifth year onwards. Towards the end of the internship, provisional psychologists are required to pass the National Psychology Exam to progress to general registration.

The 4+2 internship pathway requires completion of an approved four-year undergraduate degree followed by a two-year internship. The internship component involves an intensive, two-year supervised training program that enables provisional psychologists to develop and demonstrate the threshold professional competencies required for general registration. At the end of the internship, provisional psychologists may progress to general registration following passing the National Psychology Exam.

The 4+2 pathway has been retired and was closed to new applicants on 30 June 2022 following extensive public consultation in favour of the existing higher degree and 5+1 pathway options. The 4+2 internship program carries high administrative and regulatory burden for employers, supervisors and interns, and is not comparable to international benchmarks for training and registration. Provisional psychologists undertaking a 4+2 internship are required to apply for general registration before this pathway retires on 30 June 2027.

Psychologists who meet the requirements for general registration through the higher degree pathway may go on to complete a registrar program, leading to eligibility for an AoPE.

Demand for psychological science education

"Psychology is a science-based discipline, a profession, and an enabling course for other professions" [28]

Psychology is unique in the landscape of Australian tertiary education with its significant contribution to international research and innovation, its role as the third largest health profession in Australia, and its behavioural science basis for a wide range of occupations.

The current model of undergraduate education therefore supports many occupational outcomes, with one being to progress to professional psychology training.

Bachelor Pass degree (AQF7)

Undergraduate psychology subjects serve multiple educational purposes including as part of:

- a mandatory subject within a non-psychology structured course. For example, a first-year psychology subject is part of occupational therapy, physiotherapy, social work, and speech pathology degrees.
- subjects selected by a student to form a psychology minor as secondary focus within a non-psychology course or elective subjects for a general arts or science degree, or
- mandatory subjects that form a double/extended major in an arts or science degree that meets psychology accreditation requirements. For funding and data collection purposes these courses are coded as psychology (090701) courses by the Department of Education (DoE) according to the Australian Bureau of Statistics Field of Education (FOE) classification system.
- a Bachelor of Psychological Science degree, which is a four-year AQF8 degree comprising of accredited psychology and electives units of study. These courses are also coded as psychology (FOE 090701) courses.

There are 506 psychology Bachelor Pass and Honours psychology courses that are accredited (with or without conditions) offered across 45 Australian education providers, with the total volume of student course enrolments are large, as shown in Table 2.

[28] Lipp, O.V., Terry, D.J., Chalmers, D., Bath, D.M., Hannan, G., Martin, F., Farrell, G., Wilson, P., & Provost, S. (2006). Learning outcomes and curriculum development in psychology. *Carrick Institute for learning and Training in Higher Education Ltd.* https://ltr.edu.au/resources/grants_2005project_learningoutcomes_psychology_finalreport.pdf

Table 2 Total student enrolments in undergraduate psychology courses (2018 to 2023)

Enrolments	2018	2019	2020	2021	2022	2023
Undergraduate*	44,187	46,914	52,290	58,805	60,475	59,730

**Bachelor Pass and Bachelor Honours courses*

The *Higher Education Support Act* (2003) requires education providers to report collect data on study load and course enrolments for each Australian Standard Classification of Education (ASCED) Field of classification (FOE) course.[29] Table 3 provides the equivalent full time study load (EFTSL) for psychology (090701) from 2018 to 2023.[30] Data is collected on commencing students and continuing students which are referred to as "not commencing" students.[31]

Table 3 Psychology (090701) Bachelor Pass equivalent full-time study load volume (2018 to 2023)

Student	2018	2019	2020	2021	2022	2023	CAGR %
Commencing	9,637	10,039	10,400	12,439	12,208	9,825	0%
Not commencing	18,826	20,984	20,498	21,601	22,087	26,671	7%
Total	28,462	31,023	30,898	34,039	34,295	36,496	5%

The proportion of first, second and third-year psychology units of study is not 100% of a Bachelor's degree, and therefore EFTSL can only be used to understand the revenue that is provided for undergraduate psychology education.[32]

Bachelor Pass headcount course enrolments between 2018 and 2023 (Table 4) shows the volume of students enrolled in psychology courses, with year-on-year enrolments remaining strong across new and continuing student categories.

Table 4 Psychology (090701) Bachelor Pass headcount course enrolments (2018 to 2023)

Student	2018	2019	2020	2021	2022	2023	CAGR %*
Commencing	15,526	15,491	18,683	19,155	18,178	17,074	2%
Not commencing	21,890	23,345	24,896	28,332	30,352	30,340	7%
Total	37,416	38,836	43,579	47,487	48,530	47,414	5%

As per Table 5, there has been a 7% annual increase in Bachelor Pass psychology degrees awarded since 2018. The completion of a Bachelor Pass degree is an indication of the number of graduates who could progress to a Bachelor Honours degree if they intend to pursue a higher degree by research or professional psychology training.[33] The weak alignment between Bachelor's Pass degrees awarded and course enrolments is poorly understood but could be due to delays in degree completion, change of degree, or attrition.

[29] Australian Government Tertiary Collection of Student Information. (2026) *Higher Education student report requirements 2026.* https://www.tcsisupport.gov.au/reporting/hestudent/requirements
Both course enrolments and study load are separated into new and continuing students. Study load is the amount of study a student undertakes per year for funding purposes. This is measured as the equivalent full-time study load (EFTSL), with a value of one equalling a full-time study load.
[30] Australian Government Department of Education. (2025c). *Student Enrolments of Psychology programs 2020-2023.* [Unpublished data]
[31] Australian Government, Tertiary Collection of Student Information (TCSI) (2026) 'Commencing Student' https://www.tcsisupport.gov.au/node/7790
[32] For further information, refer to page 29 *Variation in funding for the same qualification leading to general registration*
[33] Australian Government Department of Education. (2025). *Student Enrolments of Psychology programs 2020-2023.* [Unpublished data].

Table 5 Psychology (090701) Bachelor Pass completions 2018-2024[34]

Degree Awarded	2018	2019	2020	2021	2022	2023	2024	CAGR
Bachelor Pass	6,003	5,593	6,005	6,879	7,173	7,985	8,841	7%

Bachelor Honours degree (AQF 8, or equivalent)

An AQF 8 Bachelor Honours degree is aligned to the accreditation standards Level 3 competencies. Students must complete an Honour degree to progress to the next stage of psychologist training, undertake a higher degree by research, or enter the workforce across a range of employment sectors.

Despite strong growth in EFTSL and course enrolments, there are less Honours students than a Bachelor Pass degree. This is due to minimum GPA entry criteria, and the number of research supervisors available based on an education provider's Honours research model.

While the Honours program generally requires full-time enrolment, the EFTSL and course enrolment data suggests that a sizeable proportion of students are part-time or taking longer than one year to complete the course (Table 6 and Table 7).

Table 6 Psychology (090701) Bachelor Honours equivalent full-time study load volume (2018 to 2023)[35]

Student	2018	2019	2020	2021	2022	2023	CAGR %
Commencing	2,265	2,098	2,231	2,897	3,143	3,078	6%
Not commencing	2,634	3,082	3,072	4,268	4,455	5,714	17%
Total	**4,899**	**5,181**	**5,303**	**7,165**	**7,598**	**8,793**	**12%**

Table 7 Psychology (090701) Bachelor Honours headcount course enrolments (2018 to 2023)

Student	2018	2019	2020	2021	2022	2023	CAGR %
Commencing	2,768	3,347	3,646	4,940	5,065	4,880	12%
Not commencing	4,004	4,731	5,066	6,378	6,880	7,436	13%
Total	**6,772**	**8,078**	**8,711**	**11,318**	**11,945**	**12,316**	**13%**

Similar to the Bachelor Pass degree trend, while the annual number of Honours degrees conferred is increasing, it is less than annual enrolment numbers (Table 8).

Table 8 Psychology (090701) Bachelor Honours completions (2018 to 2024)[36]

Degree	2018	2019	2020	2021	2022	2023	2024	CAGR %
Bachelor Honours	1,794	2,238	2,245	2,974	2,923	3,113	3,389	11%

Undergraduate retention rates

Student retention rates are important metrics of student success and engagement in higher education[37]. The Australian Centre for Student Equity and Success (ASCES) analysis of 2024 retention rates in Australian higher education demonstrated an increase in domestic undergraduate students from 84.3% in 2016 to 86.1% in 2024. The report also importantly highlights the difference in retention rates between equity and non-equity groups with students from different equity backgrounds demonstrating lower

[34] Australian Government Department of Education. (2025). *Student Completions of Psychology programs 2020-2024*. [Unpublished data]
[35] See footnote 33
[36] See footnote 34
[37] ACSES Data Program. (2026). Retention rates in Australian higher education: Analysis of 2024 data (2026 update). Australian Centre for Student Equity and Success (ACSES), Perth: Curtin University.

retention rates due to competing health, personal and financial reasons[38,39]. Aboriginal and Torres Strait Islander students have the lowest retention rates of all groups at less than 75% across all years.

The Department of Education publishes student cohort course completion information four-, six-and nine-years after commencement of an undergraduate course. For students who initially enrol in a psychology course, the average course completion rate is 70%. However, this is in relation to completion of *any* undergraduate course, not just psychology courses. Ascertaining the true retention rate of undergraduate psychology students is difficult, and further exploration regarding the impact of equity disparities would assist in explaining the low association between the large volume of student enrolments and the number of undergraduate psychology degrees awarded (see Appendix D for more information). Of interest to this project is the extent of student awareness regarding the length of training to achieve general registration and whether this changes student intentions post first year of the Bachelor degree including changing to another course.

Professional Psychology training

The final stage of the accredited general registration sequence is the completion of either a Masters of Professional Psychology (AQF9 1 year, accreditation level 3) as part of the 5+1 pathway, or one of the Masters of AoPE (AQF9 2 years, accreditation levels 3 and 4).

There is a much closer alignment between EFSTL, enrolments and degrees awarded, suggesting lower rates of attrition (Tables 9, 10 and 11). There is an increase in commencing student enrolments for both study load and course enrolment measures.

Table 9 Psychology (090701) postgraduate equivalent full-time study load volume (2018 to 2023)

Student	2018	2019	2020	2021	2022	2023	CAGR %
Commencing	2,102	2,273	2,411	2,778	2,952	3,327	10%
Not commencing	1,741	1,816	1,904	2,251	2,187	2,384	6%
Total	**3,843**	**4,089**	**4,315**	**5,029**	**5,139**	**5,711**	**8%**

Table 10 Psychology (090701) postgraduate headcount course enrolments (2018 to 2023)

Student	2018	2019	2020	2021	2022	2023	CAGR %
Commencing	1,679	1,785	1,905	2,111	2,296	2,646	10%
Not commencing	1,925	1,974	1,997	2,171	2,240	2,339	4%
Total	**3,604**	**3,759**	**3,902**	**4,282**	**4,536**	**4,985**	**7%**

Table 11 Psychology (090701) Masters completions (2018 to 2024)[40]

Degree	2018	2019	2020	2021	2022	2023	2024	CAGR %
Masters or equivalent	1,406	1,587	1,345	1,744	1,890	2,082	2,402	9%

In summary, there is a sequential reduction in the number of students at each stage of the general registration degree sequence and therefore number of degrees conferred, resulting in an inability to predict annual workforce supply of new graduates from year one of training. Creating a single degree to general registration presents a significant opportunity to improve student retention, address equity barriers to higher education participation and increase workforce supply of new graduates.

[38] Non equity student groups include First Nation Australians, students with a disability, low socioeconomic status, regional/remote.
[39] Li, IW & Carroll DR. (2019): Factors influencing dropout and academic performance: an Australian higher education equity perspective, Journal of Higher Education Policy and Management.
[40] See footnote 34

Table 12 Proportion of degrees awarded by general registration sequence stage (2018 to 2024)

Degree	2018	2019	2020	2021	2022	2023	2024
Bachelor Pass	65%	59%	63%	59%	60%	61%	60%
Bachelor Honours	19%	24%	23%	26%	24%	24%	23%
Masters	15%	17%	14%	15%	16%	16%	16%

Multiple qualifications equal multiple entry criteria

Currently, students must undergo three different assessments of aptitude to progress to general registration.

Bachelor Pass in Psychology degree entry

The 2025 ATAR entry scores for a Bachelor Pass program are wide ranging (from 90.90 to 38.15)[41], while the minimum entry score for a combined Bachelor Honours program is more competitive. For example, in 2024, the median ATAR required for entry to a Bachelor (Honours) was 89.85.[42]

Bachelor Honours in Psychology degree entry

An acceptable grade point average (GPA) from a Bachelor degree's psychology subjects is an important indicator of a student's ability to successfully complete a research thesis (minimum 40% of the course).[43]

Professional Masters and AoPE Master's degree entry

Students must achieve an Honour's score between 70-85% to be competitive for the limited number of master's degree places. A review of advertised entry requirements[44] shows that a personal statement, CV, an interview, as well as academic and professional references are required.

Variation in funding for the same qualification leading to general registration

Australian citizens are eligible for Commonwealth Supported Places (CSP) at an Australian university or approved higher education provider where part of the student's fees is subsidised by the government. The student's contribution can be postponed under the HECS-HELP loan scheme, which is repaid in the future when the graduate's annual salary exceeds a certain threshold.[45]

Australian students can generally access CSP places for undergraduate degrees if they are accepted into an eligible course. Public universities determine the availability of CSPs for postgraduate courses.[46]

Field of Education (FOE) units of study (subjects) vary in price depending on the Department of Education funding cluster they are allocated. Funding clusters outline the annual maximum student and government contribution fees for each unit of study.

Anecdotal feedback from higher education providers is that the revenue received for undergraduate teaching subsidises postgraduate professional psychology training. Possible reasons include the differences in accreditation student to staff ratios (SSR) at an undergraduate compared to postgraduate level, teaching efficiencies gained with larger undergraduate student cohorts, regionality driving higher costs, and casualisation of the teaching workforce.[47]

[41] Australian Government and Tertiary Admission Centres, (2025). *Course Seeker* https://www.courseseeker.edu.au/courses
[42] University Admissions Centre. (2024). *Lowest selection ranks December round 2, 2024-2025 admissions.* https://www.uac.edu.au/media-centre
[43] A sample review of entry requirements was conducted for psychology Honour programs and psychology Master programs across seven universities.
[44] See footnote 40
[45] Australian Government Department of Education (2025). Study Assist, *Commonwealth Supported Places (CSP)* *https://www.studyassist.gov.au/financial-and-study-support/commonwealth-supported-places-csps#*
[46] See footnote 42
[47] Deloitte Access Economics (2016). *Cost of delivery of higher education* Cost of Delivery of Higher Education - Department of Education, Australian Government

The 2022 Deloitte Transparency in Higher Education Expenditure Report demonstrates that the average cost of psychology undergraduate education in 2018, 2019 and 2020 across 32 providers is less than the base CSP funding.[48] By contrast and across the same period, the average cost of psychology postgraduate course cost across 31 providers is more than the funding received.

Undergraduate funding

Undergraduate psychology subjects are within the Society and Culture FOE domain.[49] Society and Culture subjects are allocated to funding cluster 1. From 2021, approved Professional Psychology Pathway degrees (Bachelor Pass and Bachelor Honours) were moved from FOE funding cluster 1 to cluster 2.[50] Non-approved but accredited psychology degrees remain within funding cluster 1.

The Bachelor Pass degree includes a mix of accredited and unaccredited (elective/non-psychology) subjects. Students can choose electives from three different funding clusters.[51]

The total cost will vary per student depending on if the degree is an approved professional psychology pathway degree and the electives chosen (see Table 13).

Table 13 Undergraduate psychology units of study CSP cluster funding

Degree	Pathway	Funding Cluster	
		1	2
Bachelor Pass*	Professional psychology pathway		✓
	Not professional psychology pathway	✓	
Bachelor Honours*	Professional psychology pathway		✓
	Not professional psychology pathway	✓	

**Electives are funded from Funding Cluster 1,2 or 3*

Postgraduate funding

In 2021, the Government also changed the student contribution for postgraduate clinical psychology degrees leading to general registration.

As per Table 14, 'Clinical psychology' includes Clinical Psychology and seven other AoPEs but excludes organisational psychology and professional psychology masters degrees.[52] Clinical Psychology units of study were allocated to Funding Cluster 2 in 2005 and in 2021 the student contribution amount was reduced by 50%. Master of Professional Psychology and Organisational Psychology AoPE units of study remain in funding cluster 1.

Table 14 Postgraduate psychology units of study CSP cluster funding

Degree	Pathway	Funding Cluster	
		1	2
Masters	Special pathway *Clinical psychology**		✓
	Not special pathway *Professional psychology (5+1)* *Organisational Psychology AoPE*	✓	

**Clinical psychology AoPE includes clinical psychology and seven other AoPEs*

[48] Deloitte Access Economics (2022). *Transparency in Higher Education* Transparency in Higher Education Expenditure
49 Australian Government Tertiary Collection of Student Information (2026). *Field of education types*. https://www.tcsisupport.gov.au/resources/field-of-education-types
[50] Australian Government Department of Education. (2025). *Funding Clusters and Indexed Rates - Department of Education, Australian Government*. https://www.education.gov.au/higher-education-loan-program/approved-hep-information/funding-clusters-and-indexed-rates
[51] Department of Education. (2025). *Professional pathways*. https://www.education.gov.au/higher-education-funding/commonwealth-grant-scheme-cgs/professional-pathways#toc-professional-pathway-psychology-courses
[52] *Commonwealth Grant Scheme Guidelines (2020) made under the Higher Education Support Act (2003). (Cth)*. s.14(b)(i) https://www.legislation.gov.au/F2020L01609/latest/text

In summary, there is a strong argument to standardise the funding of professional psychology education, to the benefit not only of students, but also education providers providing the education and training, and taxpayers who ultimately pay for the government contribution component.

For further information regarding funding see Appendix D.

Duration of provisional registration and entry into the workforce as a psychologist

Between 2020-2025, the average time for psychologists to progress from provisional registration to general registration averaged 2.5 years, ranging from four months to seven months longer than the minimum two years stipulated in the general registration standard.[53]

Table 15 Average time from provisional to general registration (January 2020 to November 2025)

Pathway	Average (years)	Standard deviation
4 + 2 internship	2.7	0.7
5 + 1 internship	2.5	0.5
Higher degree	2.3	0.7
Average	2.5	0.7

Possible reasons for delays in completion of the 4+2 and 5+1 internships include accruing the required hours across the eight competency domains and changes in work role or supervisor. Higher degree provisional psychologists must complete an AQF level 9 thesis, which is generally the main delay for degree completion.

In addition to the variability in the duration of training, the date of general registration is variable. The beginning of the calendar year is when major employers such as state and territory public Health and Education Departments employ new graduates. As such, for other health professions, attaining general registration in December, January or February assists with transitioning to employment. Table 1 shows the month of general registration between 2020 and 2025, with 45% of provisional registrants granted general registration in December, January and February each year.

Table 16 Month of first registration for provisional and general registrants (2020 to 2025)

Registration	Dec to Feb	March to May	June to August	Sept to Nov
General	45%	20%	19%	16%

The variation in training completion dates is most notable for the 4+2 and 5+1 internship pathways (23% and 34% respectively), compared to 66% of higher degree provisional psychologists being ready to enter the workforce at the beginning of the calendar year.

Table 17 Date of general registration by pathway (2020 to 2025)

Pathway	Dec to Feb	March to May	June to August	Sept to Nov
4+2	23%	25%	27%	24%
5+1	34%	23%	21%	23%
Higher degree	66%	15%	12%	7%

The higher degree pathway's greater consistency in date of training completion is a strong argument for the proposed pathway to be an accredited degree. Moving towards a predictable completion date would enable employers to run annual recruitment campaigns for new graduates as well as improving the educational governance of psychologists in their first year of practice.

[53] Australian Health Practitioner Regulation Agency. (2025). *Psychologists granted provisional registration from January 2020 to November 2025, by rurality and PPP State.* [Unpublished data]

The psychology profession

The project presents opportunities to simplify supervision requirements, increase equity and diversity in the profession, and provide opportunities for AoPE training that are industry led.

Supervision

The Board mandates that provisional psychologists and AoPE registrars must be supervised by a Board Approved Supervisor (BAS).[54] Psychologists with more than three years post general registration experience are eligible to complete a Board approved supervisor training program. BAS status must be renewed every five years.

As per Table 14, there are currently 7,486 provisional psychologists, with almost equal numbers completing the 5+1 or higher degree pathway.[55] The last date for new applications to undertake the 4+2 pathway was 30 June 2022 and it is predicted that this pathway will be retired in 2027.

Table 18 Provisional registrants by pathway as of 30 September 2025

Pathway	Total
4 + 2 internship	792
5 + 1 internship	3,476
Higher degree	3,218
Total	7,486

As displayed in Table 19, the type and number of BAS supervisors vary by training pathway. The pathway models require different total supervision hours, number of supervisors and type of supervisors.

Table 19 Supervision requirements by model and pathway

Psychologist	Pathway	Model	Supervision hours	Supervisor	Number of supervisors required
Provisional Psychologist	4+2	2-year internship	160	BAS	>1
	5+1	5th year^ 1 placement (min)	80	BAS	1-2
		6th year,1 year internship	80	BAS	>1
	Higher degree	3 placements (min) over 2 years	160	BAS & BAS AoPE	>3
Psychologist	AoPE Registrar	2-year registrar program*	80	BAS AoPE	>1

^ *Masters students; * Masters graduates*

Anecdotally, education providers and provisional psychologists report difficulty sourcing supervisors.

Provisional psychologists completing the 4+2 or 5+1 internship pathways must secure a suitable role before they can source an appropriate supervisor. They generally also require supervision from multiple supervisors to support meeting the requirements detailed in the 4+2 and 5+1 internship guidelines. Some provisional psychologists report paying for supervision whilst others can access free supervision within their work setting.

Higher degree students complete a minimum of three placements, each involving two days per week over four to five months, and must work with a minimum of three different supervisors over the course of their training. The current model of part-time placement limits opportunities to experience regional, rural and remote practice settings and therefore access available supervisors. Accreditation Level 3/4 program

[54] Psychology Board of Australia. (2018). *Guidelines for supervisors.* https://www.psychologyboard.gov.au/Standards-and-Guidelines/Codes-Guidelines-Policies
[55] Psychology Board of Australia. (2025). *Registrant data 1 July 2025 – 30 September 2025.* https://www.psychologyboard.gov.au/About/Statistics.aspx

requirements also require a combination of supervisors with BAS and AoPE, which can be difficult to access depending on the number of AoPE supervisors available.

Finally, an AoPE registrar must be supervised by a psychologist with BAS and the relevant AoPE. Similar to the higher degree supervision requirements, the relevant AoPE supervisor can be difficult to access. Some registrars report paying for supervision whilst others receive supervision as part of their employment.

The number of supervisors

There has been a steady increase in the number of supervisors since BAS became mandatory in 2018. As of September 2025, there were 12,916 BAS psychologists (25% of general registrants; see Table 20).[56]

Table 20 Number of Board Approved Supervisors, September 2018 – September 2025

Year	2018	2019	2020	2021	2022	2023	2024	2025
Supervisors	7,637	8,335	8,856	9,578	10,175	10,585	11,672	12,916

67% of BAS Psychologists are also approved to provide supervision to higher degree and registrars of the same AoPE. There are currently 8,620 Psychologists who can supervise provisional psychologists undertaking the higher degree pathway and AoPE registrars (Table 21).

Table 21 Number of Board registrars and registrar supervisors

Area of Practice Endorsement	Registrars	Registrar Supervisors*
Clinical neuropsychology	148	594
Clinical	1,721	6,214
Community	13	23
Counselling	36	394
Educational & developmental	306	471
Forensic	30	389
Health	42	173
Organisational	142	321
Sport & exercise	27	41
Total	**2,465**	**8,620**

**Registrar supervisors may have more than one AoPE*

While there are 1.3 supervisors for every provisional psychologist, this is likely to be insufficient given the multiple models of practical training and therefore the numbers of supervisors required. This project presents an opportunity to simplify supervision requirements in the training of both general registration and AoPE attainment to support sustainable access to supervisors.

Equity and diversity

Diversity is limited within the psychology profession. Of the 50,675 psychologists currently registered in Australia, 52% are aged between 25 and 44, and 80.4% are female. Aboriginal and Torres Strait Islander People make up 0.9% of the total psychology workforce.[57] Most psychologists are employed in major cities and metropolitan areas.[58] In 2023, the FTE psychologists per 100,000 population in metropolitan areas

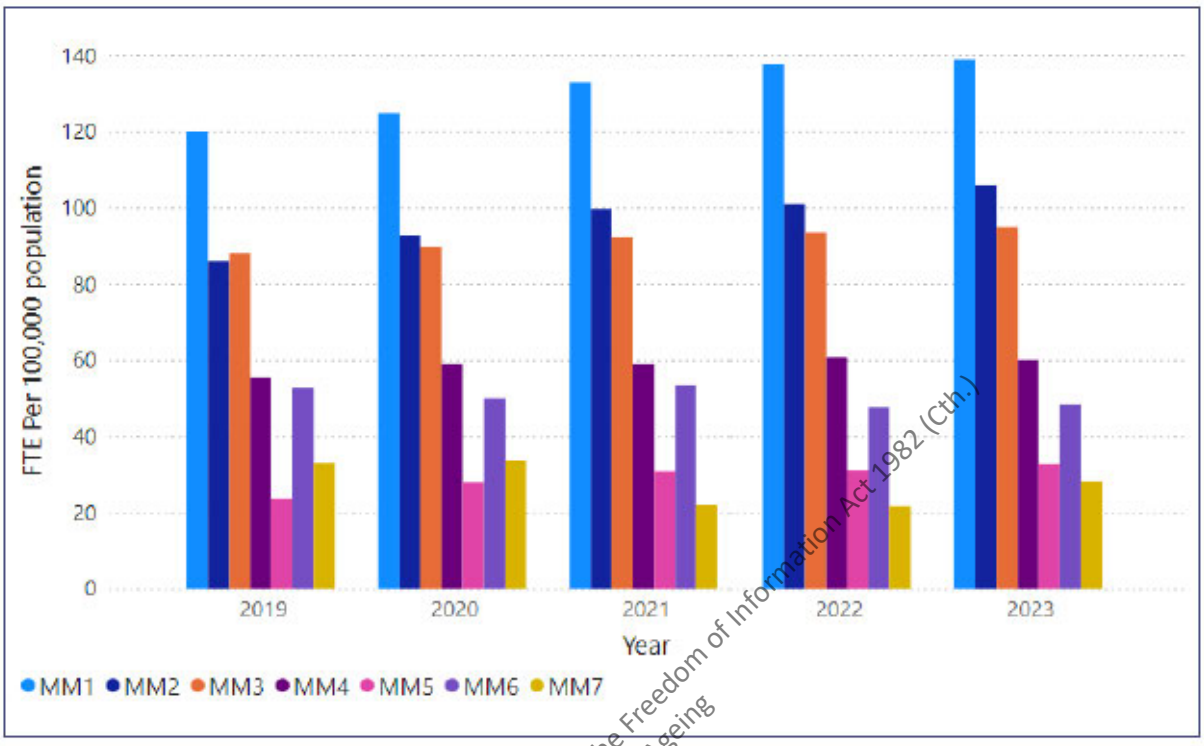
[56] Psychology Board of Australia. (2025). *Registrant data 1July 2025 – 30 September 2025.* https://www.psychologyboard.gov.au/About/Statistics.aspx

[57] Psychology Board of Australia. (2025). *Registrant data 1 July 2025 – 30 September 2025.* https://www.psychologyboard.gov.au/About/Statistics

[58] In 2023, 28,968 psychologists were employed in Metropolitan areas (MM1), while 881 were employed in small rural towns (685, MM5)), remote communities (141, MM6) or very remote communities (55, MM7). Australian Government Department of Health, Disability and Ageing (2025).

(Monash Modified – Category 1 (MM1)) was 138.9, compared to 60.0 in medium rural towns (MM4) and only 32.6 in small rural towns (MM5) (see Figure 5).[59]

Figure 5 Psychologists FTE per 100,000 population by Modified Monash Model (2023), 2019-2023



Promoting equity and diversity in the psychology workforce is important. Psychologists work with a wide range of clientele from diverse backgrounds, with a variety of psychological needs. A diverse workforce is more likely to encourage alternative perspectives, enhance cultural safety and trust amongst minority groups and create a more inclusive environment. Diversity across culture, background, age, gender, sexuality and other lived experiences matters deeply for clients and directly impacts therapeutic outcomes.[60][61] It is important to ensure the profession reflects the populations it serves and can respond competently, respectfully, and safely to diverse human experience.

Consideration of strategies to promote equity and diversity in psychology education can help address the disparities in access to psychological services by promoting engagement and reducing systemic barriers to care.

Psychologists (Table 9: Distribution of full time equivalent (FTE) by Modified Monash Model (MMM 2023). https://public.tableau.com/app/profile/healthworkforcedata/viz/FactsheetsProd/Allied?FieldLink=All&Factsheet=Employed&ProfgroupLink=Psychologists

Furthermore, between January 2020 and November 2025, 75% (12,222 out of 16,240) of provisional psychologists had registered their principal place of practice in metropolitan areas, and in October 2025, 83% (10,862 out of 13,009) Board Approved Supervisors were registered as working in metropolitan areas.

Australian Health Practitioner Regulation Agency. (2025). *Psychologists granted provisional registration from January 2020 to November 2025, by rurality and PPP State.* [Unpublished data]

Australian Health Practitioner Regulation Agency. (2025). *Psychology Board-approved supervisors by PPP – 31 October* 2025. Unpublished data]

[59] For description of Monash Modified Model please refer to Modified Monash Model | Australian Government Department of Health and Aged Care

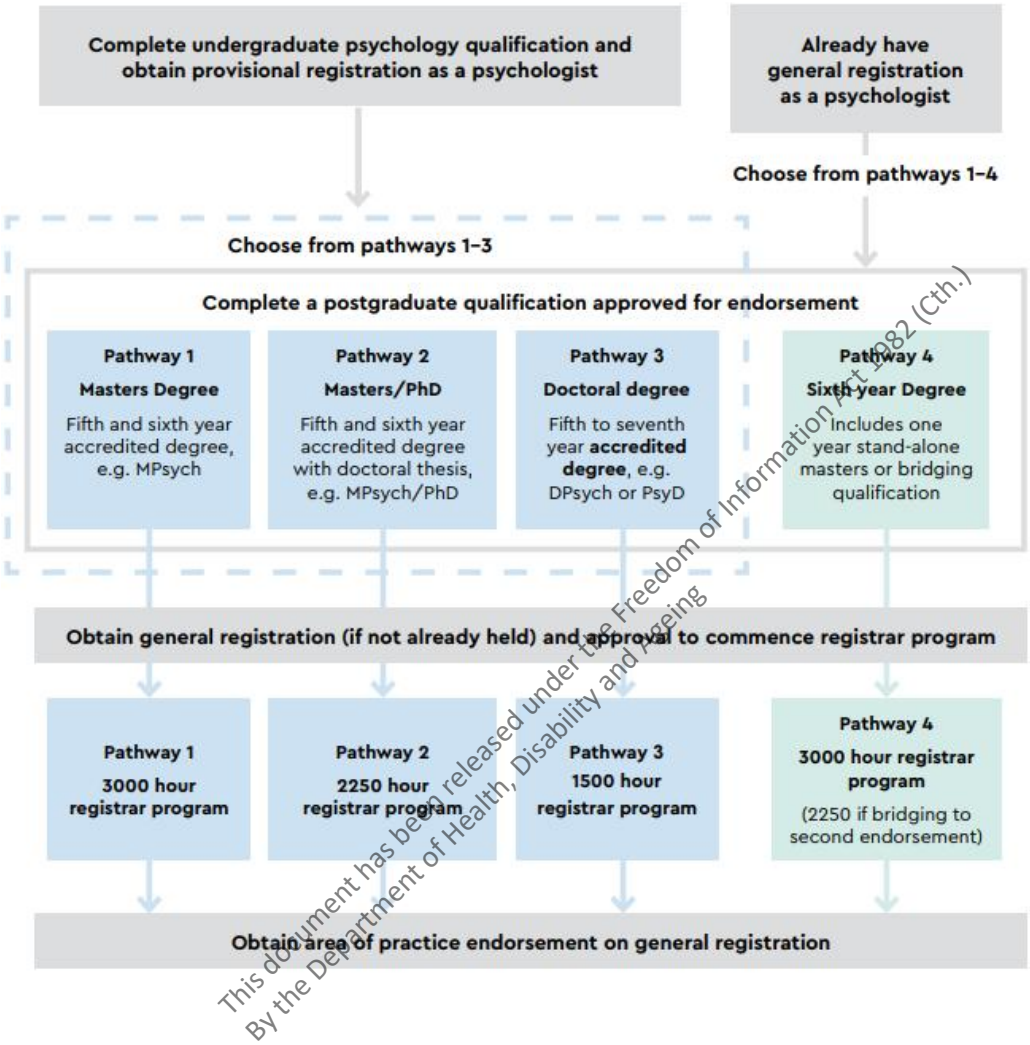
[60] Konidaris, M., & Petrakis, M. (2025). Cultural Humility Training in Mental Health Service Provision: A Scoping Review of the Foundational and Conceptual Literature. *Healthcare*, *13*(11), 1342. https://doi.org/10.3390/healthcare13111342

[61] Taylor EV, Lyford M, Parsons L, Mason T, Sabesan S, Thompson SC (2020) "We're very much part of the team here": A culture of respect for Indigenous health workforce transforms Indigenous health care. PLoS ONE 15(9): e0239207. https://doi.org/10.1371/journal.pone.0239207

Advanced training for psychologists

AoPE is a mechanism under the National Law to identify practitioners within a profession who have undertaken additional qualifications.[62] Registrants must complete a post graduate qualification approved for endorsement, as specified by s 58(a) of the National Law, then seek approval from the Board to undertake a registrar program.[63]

Figure 6 Pathways to Area of Practice Endorsement



Of these, endorsement in clinical psychology is the most common area of endorsement for Australian psychologists (Table 22).

[62] *Health Practitioner Regulation National Law (The National Law) Act (2009) (Qld)* s98. https://www.legislation.qld.gov.au/view/html/inforce/current/act-2009-045
[63] *Health Practitioner Regulation National Law (The National Law) Act (2009) (Qld)* s58(a). https://www.legislation.qld.gov.au/view/html/inforce/current/act-2009-045

Table 22 Psychologists with one endorsement and total number of endorsements by area of practice

Area of Practice	Psychologists with one endorsement	% of psychologists with one endorsement	Total endorsements	% of total endorsements
Clinical neuropsychology	811	5.1%	993	5.4%
Clinical psychology	12,308	76.9%	13,366	72.7%
Community psychology	32	0.2%	51	0.3%
Counselling psychology	668	4.2%	1,046	5.7%
Educational and developmental psychology	859	5.4%	1,041	5.7%
Forensic psychology	372	2.3%	673	3.7%
Health psychology	172	1.1%	350	1.9%
Organisational psychology	691	4.3%	760	4.1%
Sport and exercise psychology	95	0.6%	111	0.6%
Total	**16,008**	**100.0%**	**18,391**	**100.0%**

AoPE can be achieved by way of a Masters, PhD or Doctorate level qualification (Pathway 1, 2 or 3) or individually as a one-year standalone qualification for practitioners who have already attained general registration. There are currently 98 accredited programs at Masters, PhD or Doctorate level qualification, with three programs offering dual areas of endorsement, and 16 accredited standalone programs (Table 23). [64] The majority of programs are a combination of general registration and clinical psychology AoPE training.

*Table 23 Accredited programs by AoPE**

Area of practice	Number of accredited programs level 3-4	Number of accredited programs level 4 (standalone)
Clinical	60	12
Clinical Neuropsychology	7	2
Clinical Neuropsychology and Clinical Psychology	1	0
Organisational	9	0
Forensic	2	1
Forensic and Clinical	1	0
Sport & Exercise	3	0
Sport & Exercise, Clinical	1	0
Educational & Developmental	8	1
Health	4	0
Counselling	2	0
Community	0	0

**Excludes discontinued programs and programs in teach-out*

This project presents an opportunity to simplify the pathways to AoPE attainment, supporting equitable access and employers determining the need for advanced qualifications.

[64] Australian Psychology Accreditation Council. (2026). *Accredited programs*. https://apac.au/accredited-programs

Regulatory challenges

Training pathways and registration categories are not aligned

The sequence of training in psychology does not align with the registration categories available in the National Law, leading to inefficiencies, complexity, and confusion about training and registration for students, employers and regulators.

A person must be registered as a provisional psychologist prior to commencing one of the three pathways (see Figure 4 Current psychology training pathways). Provisional registration is a regulatory tool for registrants that are completing supervised practice as part of a Board approved internship. It is not intended for students completing the higher degree pathway as accreditation governance is in force. Registration categories must be applied consistently across all pathways and provisional registration therefore applies to registrants on all pathways.

The higher degree pathway to general registration also includes partial training for area of practice endorsement, however this is not available to provisional psychologists completing the 4+2 or the 5+1 internship pathways.

Accreditation burden

Accreditation is a key quality and risk management mechanism under the National Law and is an integral part of the NRAS scheme. It assesses whether an educational program of study meets the approved accreditation standards.[65] The accreditation standards determine whether a program produces competent graduates who are safe to practice.

The Australian Psychology Accreditation Council (APAC) is the accreditation authority responsible for accrediting education providers and programs of study for the psychology profession.[66] The Psychology Board of Australia may approve a program of study that has been accredited by APAC. Graduates who have completed the required sequence of approved programs can apply for registration as a psychologist, provided they meet all the Psychology Board of Australia's requirements for registration.

Accreditation of psychology programs commenced in 2003. Between 2003 and 2019 there were three accreditation standard levels (1, 2 and 3) that mapped to the existing degree sequence. The Australian Psychological Society's nine college competencies were endorsed by APAC for area of practice endorsement program competencies. In 2019, APAC released Level 4 graduate competencies for AoPE programs. There are currently four accreditation standard levels (1 to 4).[67]

Table 24 Graduate Competency levels (also referred to as accreditation standard levels)

Graduate Competency level		Description	AQF Level	Degree*
1	Foundational competencies	Broad and coherent knowledge and skills in the scientific discipline of psychology	7	Bachelor Pass
2	Pre-professional competencies	Basic knowledge and skills in the professional practice of psychology and skills in evaluating and conducting research	8	Bachelor Honours
3	Professional competencies	Advanced knowledge and skills in the professional practice of psychology	9	Master's (Coursework)
4	Professional competencies for endorsed areas of practice	Advanced knowledge and skills in the professional practice of psychology Competencies are specific to each area of AoPE.	9	Master's (Coursework)

**or equivalent degree*

There are currently 663 accredited psychology courses in Australia accepting students.[68] There are different combinations of the accreditation standard levels depending on degree structures. For example,

[65] Ahpra. (2024). *Accreditation: Overview of Accreditation.* https://www.ahpra.gov.au/Accreditation.aspx
[66] Appointed under s 43 of the Health Practitioner Regulation National Law Act 2009 (National Law).
[67] Australian Psychology Accreditation Council. (2025). *Accreditation Standards.* https://apac.au/education-providers/standards/
[68] Australian Psychology Accreditation Council. (2026). *Accredited Programs.* https://apac.au/accredited-programs/

a combined Bachelor Honours degree is a Level 1-2 program. The same program can also be offered across multiple campuses.

Table 25 Number of approved programs by accreditation standard level

Standard Level	Number of programs*	
	By title	By campus
1	367	559
1-2	67	93
2	79	125
2-3	5	5
3	30	41
3-4	99	115
4	20	20
Total	**663**	**958**

**At 31/01/2026; excludes teach out, discontinued, and offshore programs*

The number of psychology accredited programs far exceeds the numbers of programs of other health professions. The majority are Level 1 due to the embedded double/extended major psychology sequence component of the Bachelor Pass degree, and the many combinations of double degrees. As a result, the burden on both APAC and education providers is high.

By reducing the total number of programs through streamlining the training pathway, the complexity of accreditation governance will be significantly reduced for higher education providers, assessors and APAC, including less time spent on accreditation processes, and lower accreditation costs.

Complexity of assessing international qualifications

Assessing applicants with international qualifications for equivalence to the various domestic training pathways is a complex and time-consuming case-by-case task.

Removing the complexity of the domestic pathways to general registration will assist the Board and the accreditation entity to develop a more streamlined assessment framework and process.

While the psychology workforce is primarily domestically trained, reducing the barriers for internationally trained applicants to obtain registration will support the growth of the psychology workforce. International mobility of psychologists is increasingly important, with a clear movement towards globalised standards.

SECTION FOUR

International and local education and training comparisons

International models of psychology training

International benchmarking was undertaken to understand how comparable country's structure psychology training pathways and regulate the profession.[69] Countries for comparative analysis were selected based on Australia's main international workforce supply, except for Brazil, which was selected as the only known jurisdiction with a single degree leading to registration as a psychologist.

Benchmarking of international psychology training reveals that the structure, duration and content of programs in South Africa, the United Kingdom, United States and New Zealand are largely equivalent to those in Australia. Aside from Brazil, most countries with similar registration and accreditation authorising environments to Australia require multiple qualifications to obtain registration as a psychologist. This involves the completion of two or three qualifications (at least one undergraduate or equivalent and at least one postgraduate), each involving a separate entry application.

As can be seen in Table 26, the total duration of accredited education required in most regions is a minimum of six years.[70]

The minimum psychology content across jurisdictions is broadly similar, and, apart from Brazil, typically includes one or more years of non-psychology coursework amounting to approximately 35-60% of the overall qualification. Accounting simply for the psychology content of the international training models, the duration is generally between four and five years.

Advanced training is a key part of training internationally, with education in South Africa and the United Kingdom both involving advanced training in an area of practice endorsement equivalent rather than training to general registration first. In the United States, accreditation of programs is voluntary and reserved for programs that train psychologists to work in health settings. While programs focus exclusively on clinical, counselling and school psychology, different areas of specialisation are not regulated titles by state licensure Boards (other than School Psychologists in some states).

Supervised practice requirements also vary but are typically a minimum of one year. Like Australia, much of this training is undertaken toward the end of the training pathway, for example in the final year of the South African and New Zealand programs, and across the final two or three years of Doctoral training in the United Kingdom.

Table 26 International comparison of the estimated minimum coursework, research and supervised practice in psychology training

General registration or equivalent	Australia	Brazil	NZ	South Africa	UK	US
Total duration (yrs)	6	5	6	6	7	8
Psychology content	4.25	5	4.25	4.65	4.5-5	5.5
Coursework	2.75	4	2.5	3.05	2.5-3	3
Research	0.5*	0.25	0.75	0.6	1	0.5
Supervised practice	1	0.75	1	1	1-1.15	2
AoPE equivalent duration (yrs)	8	N/A	7	6	7	8

**Relates to 5+1 and 4+2 pathways. The Higher Degree Pathway includes a higher proportion of research than indicated in this table.*

[69] Jackson, K., & Roessler, T. (2025). *Psychology Regulation, Education and Training Data Research Project*. [Unpublished Research Report]
[70] See footnote 66.

Qualifying as a registered psychologist in Australia currently requires an AQF Level 9 qualification, which broadly aligns with requirements in the comparable international jurisdictions, except for Brazil, which requires a qualification equivalent to AQF Level 7 or 8.[71]

In considering differences between international and domestic programs of study, Australia is the only jurisdiction that does not have a standardised and single pathway to qualify as a psychologist.

Australian training models for other health professions

Benchmarking with other domestic programs of study was undertaken to identify areas that are working well in comparable professions and to ensure consistency with broader Australian regulatory standards and workforce needs.[72] Health profession models selected were based on other disciplines regulated under the National Scheme, as well as social work.

The models of training for other health professionals in Australia are less complex and generally shorter than the current model of psychology training. Health professions such as dentistry, physiotherapy or pharmacy have a single direct entry degree that leads to registration or, in the case of social work, membership eligibility with a self-regulated professional society.

Unlike other health professions, psychology does not have an option for accelerated graduate entry. This in contrast to programs such as physiotherapy, which allow for a two-year full time accelerated graduate entry masters program to attain general registration as a physiotherapist, following completion of an undergraduate degree with relevant health science foundational knowledge (e.g. completion of Human Anatomy and Physiology units of study).

Qualifying as a registered psychologist in Australia currently requires an AQF Level 9 qualification, which is out of step with other health professions which sit at AQF Level 7 or 8. An AQF level 9 denotes graduates who have 'advanced and integrated understanding of a complex body of knowledge in one or more disciplines or areas of practice' as opposed to 'broad and coherent theoretical and technical knowledge' attained at a Level 7 or 'advanced knowledge and skills for professional or highly skilled work' at a Level 8.

The content of all other health professional programs of study is targeted specifically toward the attainment of a professional qualification for general registration. As such, these courses generally do not include non-accredited subjects (electives).

Practical training for other health disciplines is undertaken earlier in the training sequence. This includes for example, 1,500-2,000 total placement hours undertaken across years two to five for dentistry and 1,000 placement hours across years three and four for physiotherapy. Psychology practical training commences in year 5 with 1,000 hours completed over two years for the higher degree pathway, and 1,500 hours in Year 6 (the +1 internship) for the 5+1 program.

There is also a strong emphasis on research in other health professions, with all disciplines incorporating at least some training in research skills and the completion of a thesis or significant research project as optional part of the undergraduate sequence.

Table 27 Comparison of psychology training to other health professions in Australia

Element	Psychology	Other health professions
Duration (yrs)	6 years	4-5 years
Degree sequence	Multiple degrees	Single degree
Electives	50% Bachelor	Nil electives
AQF Level	AQF level 9	AQF level 7 or 8
Accelerated graduate entry degree	No	Yes

[71] Australian Qualification Framework Council. (2013). *Australian Qualification Framework* (2nd edition). https://www.aqf.edu.au/publication/aqf-second-edition

[72] Jackson, K., & Roessler, T. (2025). *Psychology Regulation, Education and Training Data Research Project*. [Unpublished Research Report]

Psychology assistant models

In line with the project's terms of reference, the viability of a psychology assistant workforce was explored as a potential mechanism to address workforce needs and increasing community demand for mental health services.

Psychology assistant roles exist in the United Kingdom, Ireland, South Africa and the United States, with New Zealand currently developing a tertiary course. However, there is significant variation in the training, scope, practice context and regulatory landscape of these roles across jurisdictions.

Qualification, supervised practice and registration

A review has shown that internationally, psychology assistants hold an equivalent AQF level 8 qualification and have completed at least part of the education and training required to become a registered psychologist.[73] Some variability exists, with training ranging from a three-year undergraduate degree with Honours in the United Kingdom, through to a six-year sequence inclusive of a Masters degree in the United States. All training is accredited and aligned with pre-determined psychology professional competencies.

The integration of supervised practice into the psychology assistant training pathway also varies. For instance, there are no supervised practice requirements for the United Kingdom or Ireland, whereas South Africa has a requirement of up to 750 hours.[74] The newly developed Psychology Assistant pilot program in New Zealand includes a New Zealand Psychology Board approved practicum which will involve a minimum of 600 hours of supervised practice.[75]

Further variability exists as to the purpose of the psychology assistant training pathway and the resulting workforce implications. In South Africa and the United States, the psychology assistant qualification is not designed to lead into a registered psychology pathway. In contrast, the United Kingdom positions the psychology assistant role as a foundational step in the pathway toward becoming a registered psychologist, providing valuable practical experience which supports progression into formal psychology training and registration.

Not all psychology assistant graduates are able to seek registration as a health practitioner. In Ireland and the United Kingdom, assistant psychologists are not registered but must be eligible for membership with the national psychological society. In South Africa and the United States, psychology assistants are registered with the equivalent psychology registration board.[76]

Table 28 International comparison of psychology assistant workforce

Element	Ireland	United Kingdom	New Zealand	South Africa	United States
Title	Assistant Psychologist	Assistant Psychologist	Psychology Assistant*	Registered Counsellor/ Registered Psychometrician	Psychological Associate
Registration	Not required#	Not required#	Yes#	Yes	Yes
Qualification	BPsych (Honours)	Accredited undergraduate degree	BPsych + postgraduate diploma	BPsych	MPsych
Duration (yrs)	4	4	4	4	6+
Supervised Practice	No	No	Minimum 500-750 hours	720 hours	Varies by state and type of licensure

**Working title – role still under development*
 # must work under the supervision of a psychologist

[73] Jackson, K., & Roessler, T. (2025). *Psychology Regulation, Education and Training Data Research Project*. [Unpublished Research Report]
[74] See footnote 70.
[75] New Zealand Psychologist Board. (2025). *Psychology Assistant Scope, Title, Competencies and Supervision Requirements*. https://psychologistsboard.org.nz/wp-content/uploads/2025/09/2025-08-14-scope-and-comps-post-Board-approval-August-2025.pdf
[76] See footnote 70.

Scope of practice

Internationally, psychology assistants are employed across a range of services in both public and private settings. This includes hospitals and health services, prisons, community settings, NGOs and educational settings such as schools. The scope of practice for psychology assistants is determined by specific standards and guidelines developed by the relevant professional or regulatory body.

Psychology assistants typically undertake tasks that form part of the psychological services provided by psychologists. This may include the provision of psychological assessments and interventions, intake/screening activities and conducting research. Psychology assistants in South Africa and the United States have a broader scope of practice by way of the increased education and training requirements. Psychology assistants in South Africa hold the title of 'registered counsellors' and 'registered psychometricians' and can work without supervision and undertake direct therapeutic interventions such as counselling.[77]

Limitations on scope of practice include direct supervision by a registered psychologist and/or a requirement to work within a multidisciplinary team environment where there are defined lines of clinical responsibility.[78] Psychology assistants are not typically permitted to make independent diagnostic or treatment decisions or to undertake specialist assessments. In South Africa, these roles are prohibited from administering specific psychometric tests.[79]

In the United States of America, Behaviour Analysts are regulated in 40 states with three registration categories: Registered Behaviour Technician, Assistant Behaviour Analyst, and Board-Certified Behaviour Analyst. The roles are credentialed by the Behaviour Analyst Certification Board and in five states Psychologist Licensure Boards register the roles. Treatment approaches are founded in behavioural science and involve 'teaching individuals more effective ways of behaving through positive reinforcement and working to change the social consequences of existing behaviour'.[80] Within this, there are a number of subspecialty areas of practice such as disability, aged care and education.

Australian context

Whilst Australia does not currently have a psychology assistant workforce, there is an Allied Health Assistant (AHA) workforce who work under the supervision and delegation of allied health professionals, primarily in health settings. This role requires attainment of a VET level qualification, such as a Certificate 3 or 4 in Allied Health Assistance. AHA's perform a variety of delegated support activities, both administrative and operational, that contribute to patient care.[81][82]

Further analysis of delegated task requirements within the Australian context is required to determine the demand for an assistant workforce in terms of delegated tasks and the education required for safe practice.

[77] Health Professions Council of South Africa. (2010). *Professional Board for psychology frequently asked questions*. https://www.ufs.ac.za/docs/librariesprovider25/cpd-documents/cpd-psychology-frequent-asked-questions-1015-eng.pdf
[78] UK, Ireland, NZ
[79] Health Professions Council of South Africa. (2010). *Professional Board for psychology frequently asked questions*. https://www.ufs.ac.za/docs/librariesprovider25/cpd-documents/cpd-psychology-frequent-asked-questions-1015-eng.pdf
[80] Behaviour Analyst Certification Board. (2026). *About Behaviour Analysis*. https://www.bacb.com/about-behavior-analysis/
[81] The Office of the Chief Allied Health Officer, Clinical Excellence Queensland. (2022). *Delegation Framework – Allied Health*. State of Queensland (Queensland Health). https://www.health.qld.gov.au/__data/assets/pdf_file/0017/1170503/Delegation-Framework.pdf
[82] The Office of the Chief Allied Health Officer, Clinical Excellence Queensland. (2022). *Allied Health Assistant Framework*. State of Queensland (Queensland Health). https://www.health.qld.gov.au/__data/assets/pdf_file/0017/147500/AHAFramework.pdf

SECTION FIVE

Other considerations

Psychology assistant role

Further research and analysis are required to clearly define and develop a psychology assistant role. This includes the development of psychology assistant competencies, scope of practice, and consideration of the appropriate form of regulation to ensure public safety.

Critically, more information is required to fully understand workforce requirements and to identify the specific gaps that the psychology assistant role is intended to address.

Other issues raised by stakeholders include:

a. the requirement for a regulated title

b. supervision requirements and the potential burden on registered psychologists in employment settings

c. lack of clarity about why psychology assistants are needed in Australia and the specific problem they would help solve

d. the extent to which addressing system constraints in the general registration pathway will relieve existing workforce pressures.

The development of a redesigned pathway to general registration is an important first step in exploring the potential role of psychology assistants.

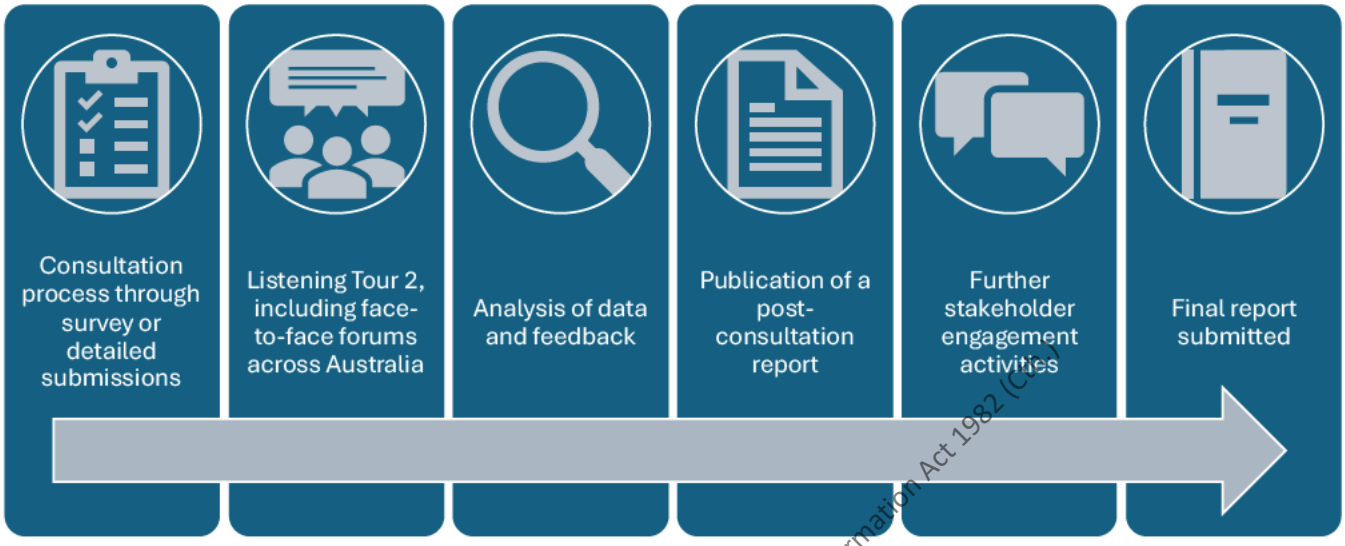
The proposed model provides scope for a psychology assistant role to be incorporated into the training pathway. The proposed exit point after three years of psychology training means that the mechanisms are already in place to accommodate any future reform. The exit point also allows for the possibility of psychology students to enter the workforce earlier as psychology assistants once the minimum (AQF 7) competencies are attained.

Once consensus on a model for general registration is achieved, options for an assistant role can be more clearly explored and articulated.

Any final decisions regarding the development of a psychology assistant role, including reform options, will be determined by the Department of Health, Disability and Ageing.

SECTION SIX

Next Steps



Next steps

Public consultation on the design principles and proposed option detailed in this report will be open for approximately 8 weeks.

We encourage feedback from all stakeholders. Feedback may be provided via a formal submission and/or completion of a survey via the Psychology Board of Australia's website. Key questions for consideration can be found at **Appendix A.**

All feedback will be considered by the Board and used to refine the proposed option, as well as to develop interim recommendations that support the development and implementation of the higher education pathway.

A final report detailing finalised findings and recommendations for redesign will be presented to the Department of Health, Disability and Ageing for their consideration at the conclusion of the project.

Appendix A: Developing a model: Key questions for consideration

We are seeking your feedback about our proposed option to redesign the psychology higher degree pathway in Australia. There are 16 specific questions we would like you to address below.

All questions are optional, and you are welcome to respond to any that you find relevant, or that you have a view on.

Initial Questions
To help us better understand your situation and the context of your feedback, please provide us with some details about you.
Question A: Are you completing this submission on behalf of an organisation or as an individual? ☐ Organisation Name of organisation: *Click or tap here to enter text.* Contact email: *Click or tap here to enter text.* ☐ Individual Name: *Click or tap here to enter text.* Contact email: *Click or tap here to enter text.*
Question B: If you are completing this submission as an individual, which stakeholder group best describes you: ☐ Registered psychologist Area of Practice Endorsement (if applicable): *Click or tap here to enter text.* ☐ Provisional psychologist ☐ Consumer / client / carer ☐ Psychology student ☐ Employer of provisional psychologists and/or psychologists ☐ Supervisor ☐ Academic ☐ Health professional ☐ Prefer not to say ☐ Other – please describe: *Click or tap here to enter text.*
Question C: If you are completing this submission as an individual, do you identify as: ☐ An Aboriginal and/or Torres Strait Islander person ☐ Culturally and Linguistically Diverse ☐ Neurodiverse ☐ Person with a disability ☐ None of the above ☐ Prefer not to say
General questions
1. Which of the following reasons for redesign are the most important for you or your sector (choose as many as are relevant)? ☐ *Increasing community need/demand for psychological services* ☐ *Workforce supply and demand pressures* ☐ *Complexity of the training pathways to general registration* ☐ *Lack of opportunities for prospective psychologists to progress to general registration* ☐ *Current requirement to undertake multiple qualifications (i.e. undergraduate, Honours/equivalent, Master's degree)*

☐ *Duration of training (minimum of six years)*
☐ *Limited places at critical points in the training sequence*
☐ *Content of training (i.e. 1.5 years+ of non-accredited training in undergraduate degree)*
☐ *Practical training occurring only in the final years*
☐ *Lack of integration between theory and practical learning*
☐ *Inequities in access to training*
☐ *Cost of training for students*
☐ *Inequities in current student funding arrangements*
☐ *Cost of training for Higher Education Providers*
☐ *Supervision burden for Board Approved Supervisors*
☐ *Need for increased equity and diversity in the psychology profession*
☐ *Opportunity to separate Area of Practice Endorsement from general registration training*
☐ *Misalignment of training pathways and registration categories*
☐ *Complexity of assessing international qualifications*
☐ *Opportunities to streamline and gain efficiencies in accreditation processes*
☐ *Australia is out-of-step with international psychology programs that provide a clear and consistent pathway to registration*
☐ *Psychology training is out-of-step with other health professions in Australia*
☐ *None – do not support the redesign*
☐ *Other (please specify)*

Design Principles

2. Do you support the Board's design principles for redesigning the psychology training pathway? Please provide reasons for your view.

3. Select all principles you support (if applicable):

☐ System will continue to support undergraduate psychological science occupational outcomes
☐ The qualifications for the different registration categories are aligned to the Australian Qualification Framework (AQF)
☐ The pathway to general registration is the same for every student
☐ Practical skill development follows a pedagogical model
☐ Industry drives the demand for advanced qualifications
☐ Psychology assistant competencies are further scoped

4. Are there any design principles you believe are missing or not sufficiently addressed? If so, what should be added or strengthened?

Preferred Option

5. Do you support the proposed five-year professional psychology pathway leading to general registration? All graduates will continue to meet the current Professional Competencies for Psychologists. Please provide reasons for your view.

   If you do support this option, what aspects of the proposed model are most compelling?

6. Do you foresee any risks or unintended consequences with a single, integrated five-year pathway? How could these risks be mitigated?

Impacts of the preferred option

7. What do you see as the potential benefits of the preferred option?

8. What do you see as the potential costs/impacts of the preferred option?

9. Does the proposed redesign improve equity and access for students from diverse backgrounds?

10. To what extent would the proposed pathway support future psychology workforce needs?

11. From your perspective, would graduates of the proposed pathway be better prepared for entry-level practice?

Additional considerations – Bachelor of Psychological Assistance

12. *Further research and analysis are required to clearly define the psychology assistant role. However, the proposed model provides scope for a psychology assistant role to be incorporated into the training pathway in the future.*

    If the proposed 3-year *Bachelor of Psychological Assistance* degree was to be established, should this be a standalone degree? (i.e. available as its own degree to obtain in 3 years). Alternatively, should the psychology assistant pathway only be available as an early exit point degree from the proposed 5-year *Bachelor of Professional Psychology*? (i.e. only students who wish to exit the 5-year degree early can obtain a *Bachelor Psychology Assistant* after 3 years).

    Please provide reasons for your view.

Additional considerations - Area of Practice Endorsement (AoPE)

13. What impacts might the proposed redesign have on AoPE training, supply, and demand?

14. What benefits or impacts do you see with having one qualification for general registration the (five-year professional psychology pathway) and a second qualification for area of practice endorsement (the current stand-alone degree pathway)?

Early considerations for implementation

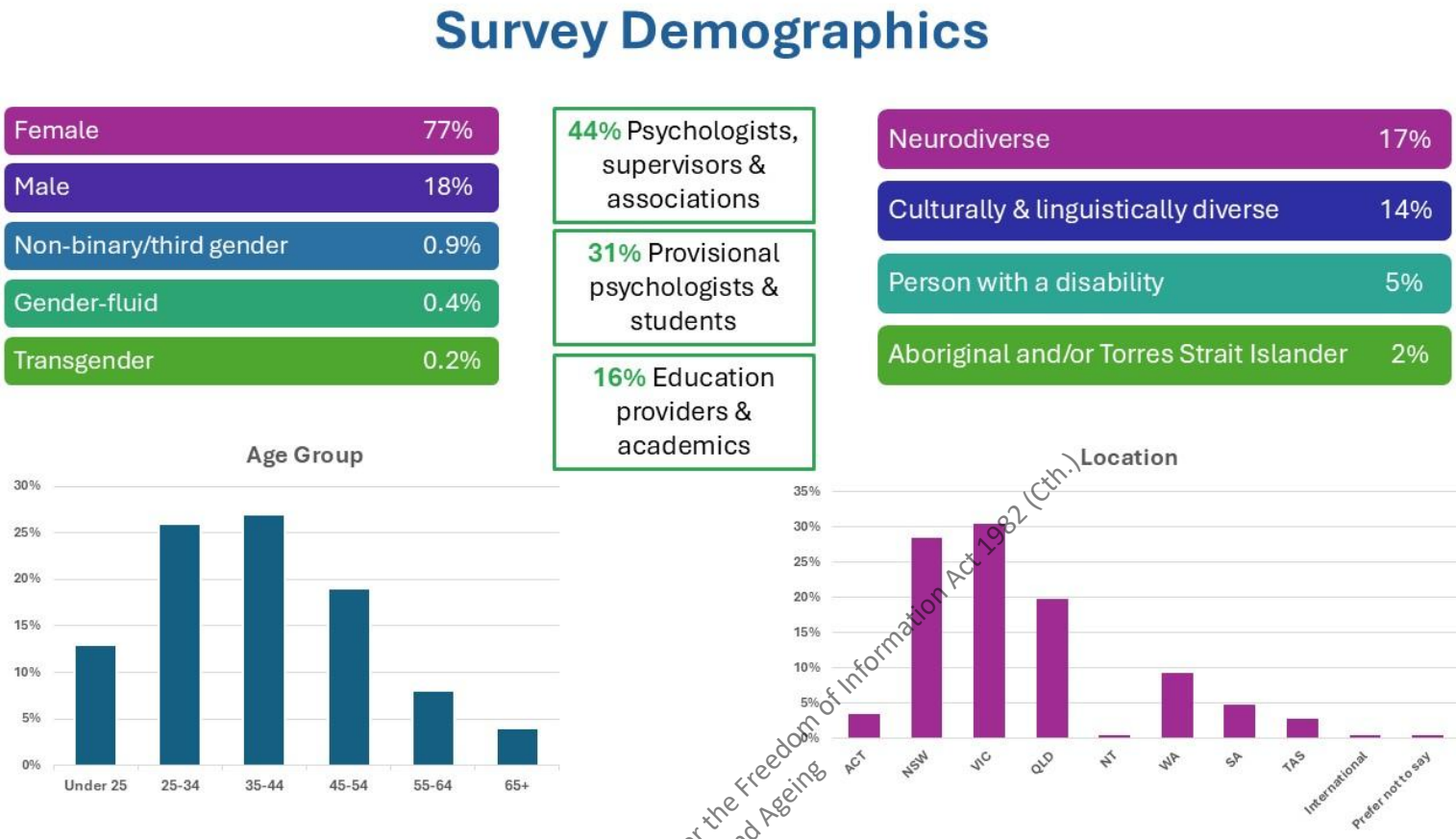
15. *While this project focuses on developing an agreed option for redesign only (and not actually implementing the change), it is important to look ahead and consider possible implementation/transition concerns.*

    What key challenges do you foresee in implementing the proposed redesign? (Consider impacts on current students, higher education providers and educators, supervisors and employers, accreditation and regulation).

Final comments

16. Do you have any additional feedback, concerns or suggestions that have not been addressed in the questions above?

Appendix B: Qualtrics survey data and analysis



Stakeholder views

Perceptions of the current structure and duration of psychology education and training

To better understand the challenges in the current training pathway and identify which features stakeholders consider most important in a redesigned pathway, stakeholder feedback on the HDR project's Terms of Reference was collected via a public Qualtrics survey open from 1 October to 5 November 2025. Over 5,000 responses were received, indicating the strength of engagement and interest in the proposed reform.

The majority of respondents reported that the current psychology training pathways should be streamlined to create a shorter, more efficient pathway to general registration.[83] Most agree that the existing pathway is overly complex and that there are significant bottlenecks (Figure 1 & Figure 2). [84] This includes insufficient places for applicants to enrol in postgraduate training programs.[85] Undertaking a minimum of six years of training with practical training in the final two years is perceived by the majority as only 'partially effective' in preparing psychologists for safe and competent practice. [86]

83 67% in total; 42% agree, 25% somewhat agree.

84 59% in total: 31.5% strongly agree, 27.1% somewhat agree.

85 81% in total: 60.6% strongly agree, 20.6% somewhat agree.

86 54%.

Figure 1: Perceptions of current training pathways – complexity

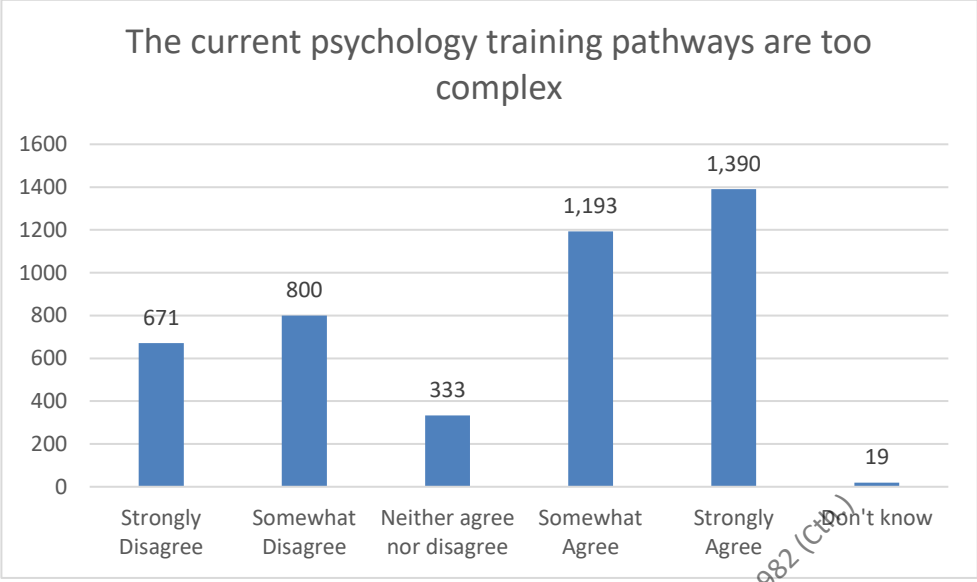
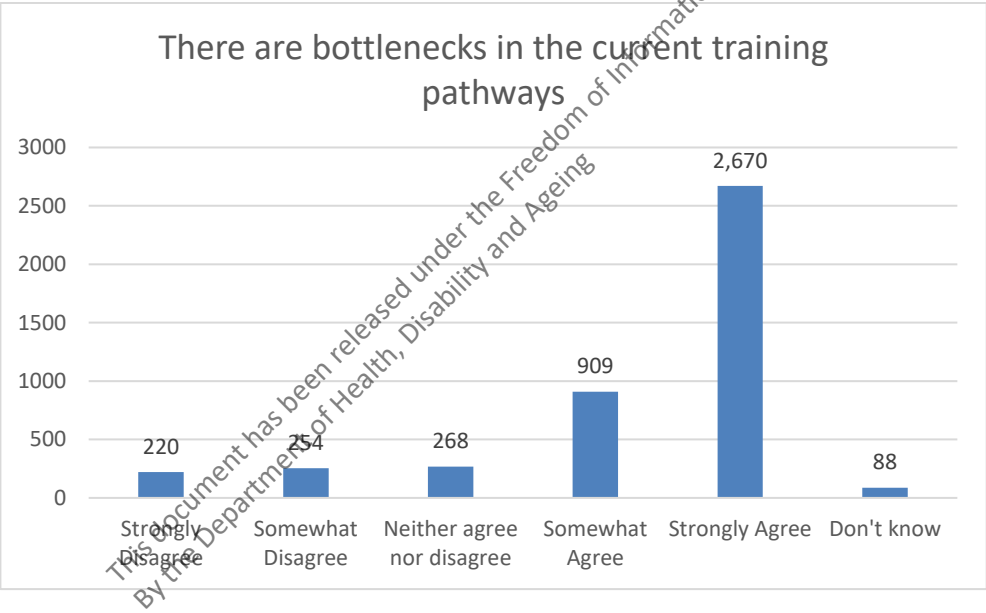


Figure 2: Perceptions of current training pathways – bottlenecks



The cost of psychology training is perceived as being too high for students at both the undergraduate and postgraduate levels, resulting in significant equity and access challenges (Figure 3).[87] Of those who responded, 34% reported that the cost of training post graduate students is too high for education providers, and placement scarcity is a significant issue. Other concerns in relation to the existing pathway include a lack of practical training at the undergraduate level (Figure 4) [88] and a lack of training overall in working with minority groups such as culturally diverse and Aboriginal and/or Torres Strait Islander People.

[87] 61.6% in total; 37.8% strongly agree, 23.8% somewhat agree; 81.1% in total; 62.5% strongly agree, 18.6% somewhat agree; 82.3% in total; 58.7% strongly agree, 23.6% somewhat agree

[88] 82.3% in total; 58.7% strongly agree, 23.6% somewhat agree.

Figure 3: Perceptions of current training pathways – cost of postgraduate training

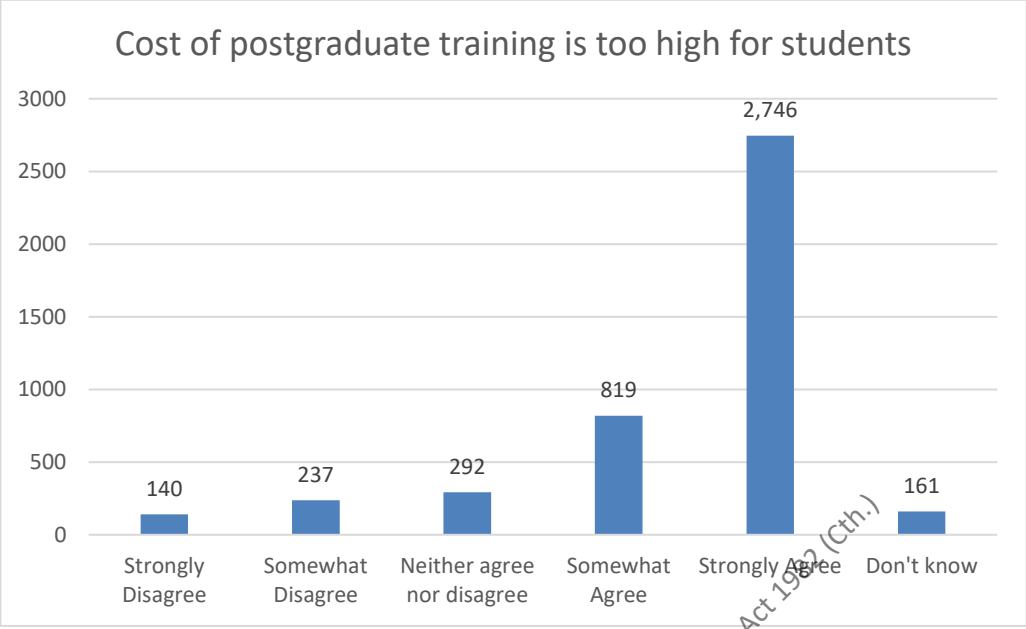
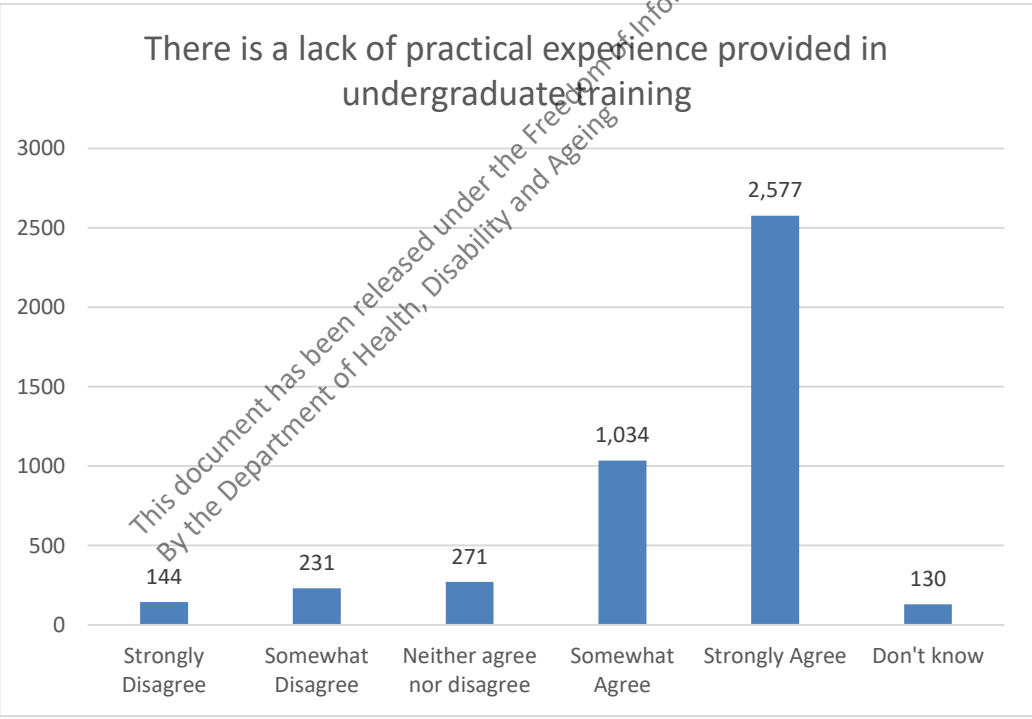


Figure 4: Perceptions of current training pathways – lack of practical training, undergraduate



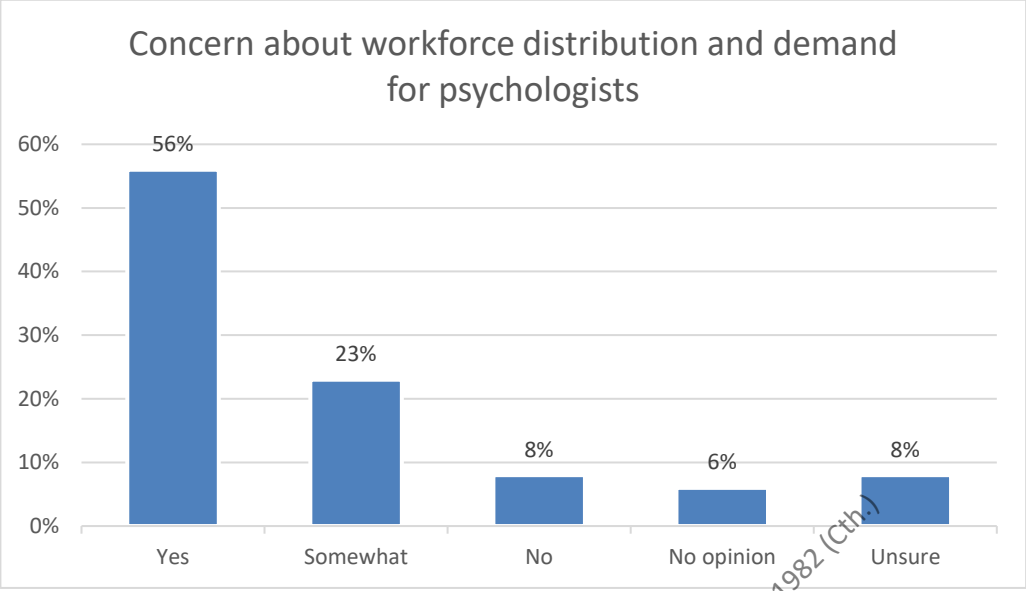
Most stakeholders hold concerns regarding workforce distribution and demand for psychologists (Figure 5) with shortages identified in rural and remote areas as well as specific areas of need such as public mental health services and forensic settings. [89] This is exacerbated further by the fact that psychologists are working increasingly in private practice where there are higher financial incentives available, particularly for clinical psychologists.[90] Many responded that the current training model fails to adequately support psychology workforce needs.[91]

[89] 79% in total: 56% yes, 23% somewhat supports

[90] Australian Government Department of Health, Disability and Ageing. (2026). Psychology Supply and Demand Study.

[91] 82% in total: 44% no, 38% somewhat supports.

Figure 5: Concern about workforce distribution and demand for psychologists



For employers, there are significant challenges in recruiting psychologists due to the limited number of applicants and a lack of practical experience amongst the graduate cohort (Figure 6). Of employers surveyed, 37% state that newly registered psychologists do not meet expectations for workforce readiness. However, 57% do not agree that the creation of a shorter more practical training pathway would help to improve workforce readiness (Figure 7).

Figure 6: Recruitment challenges

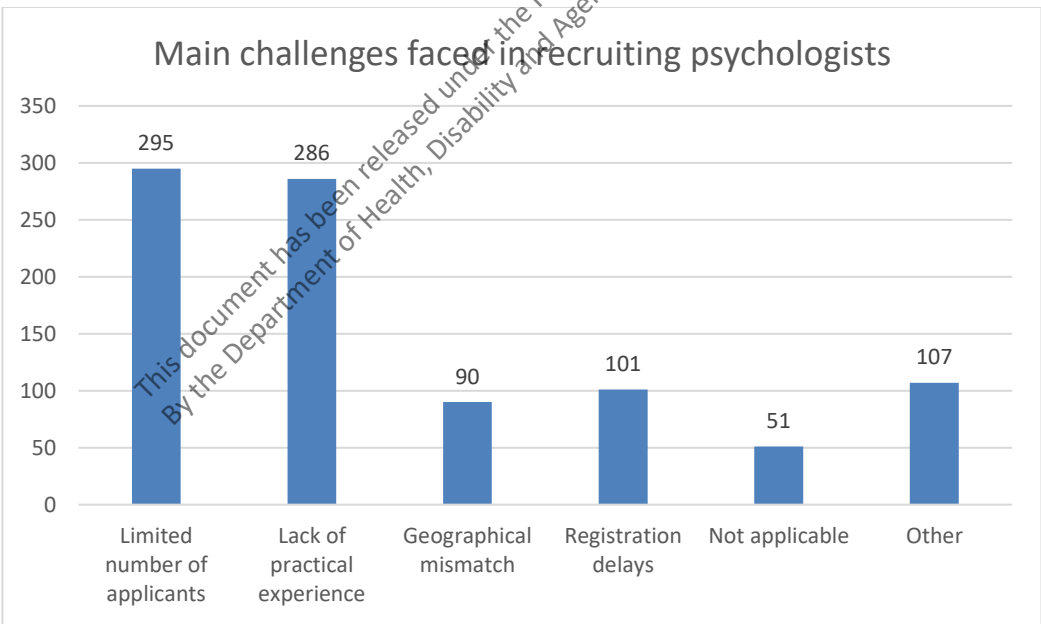
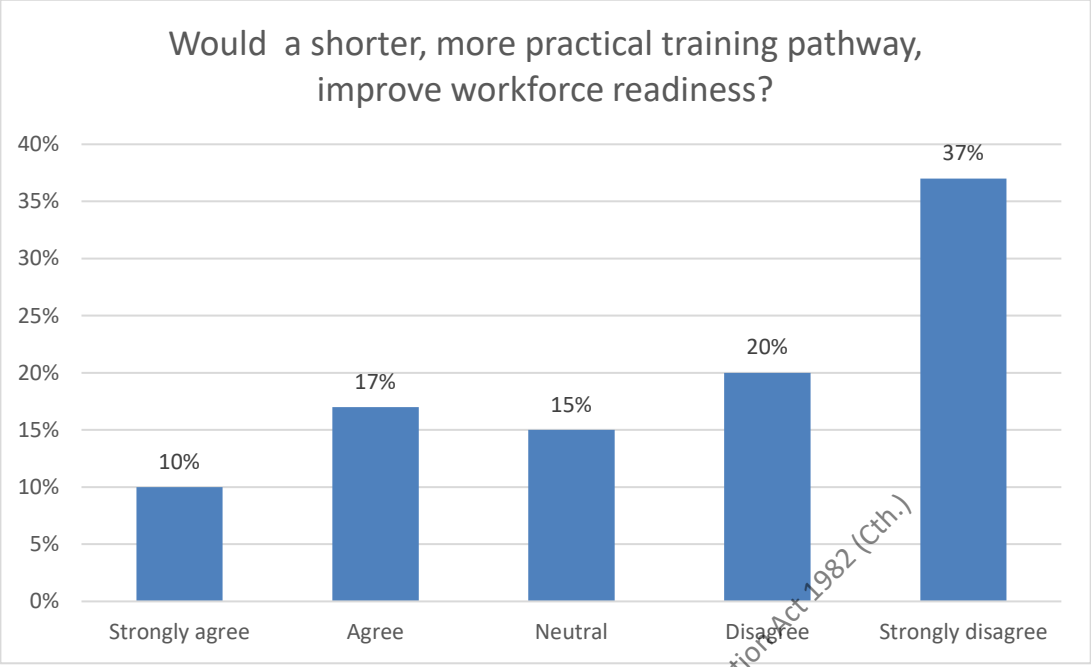


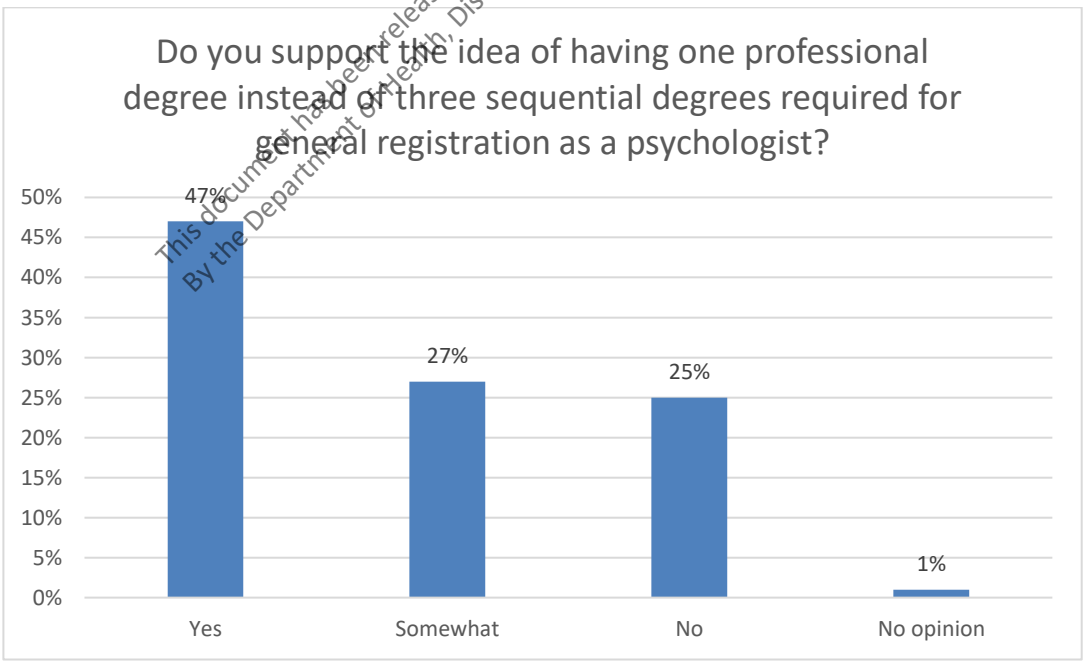
Figure 7: Improving workforce readiness



Views on proposal to redesign the psychology training pathway

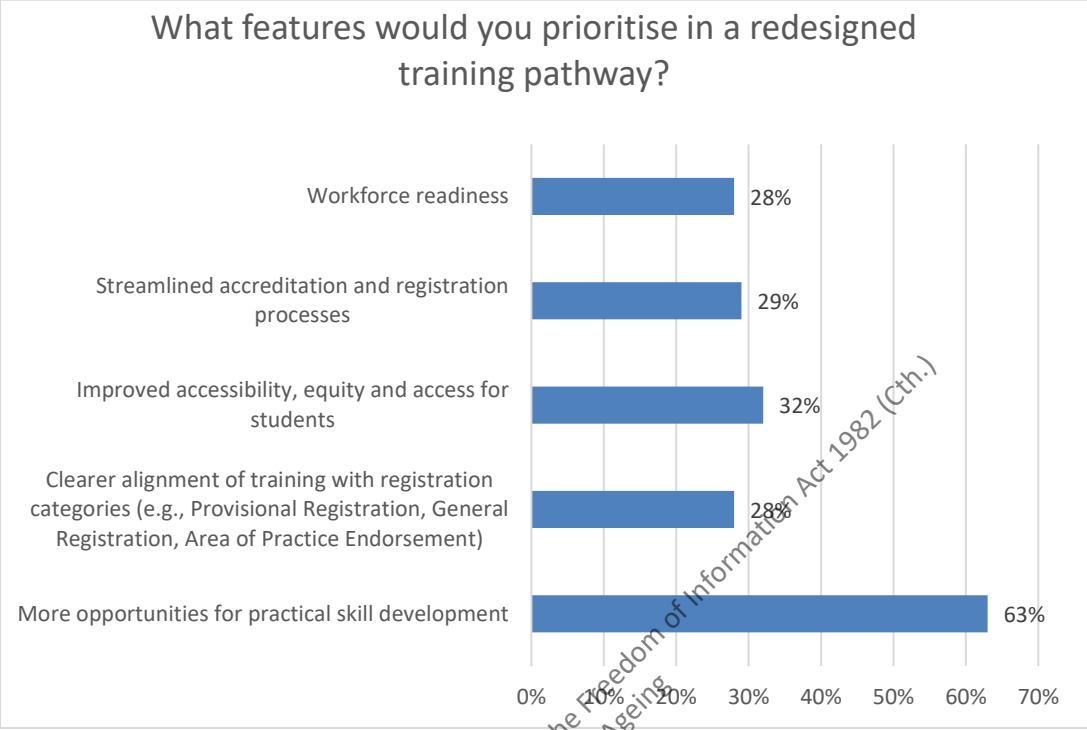
There is support for the development of one single professional degree as opposed to the three sequential degrees currently required for general registration as a psychologist in Australia (Figure 8). Student respondents highlight the psychological and financial impact of having to undertake multiple degrees, in particular the additional requirement for an Honours year which does not contribute to the development of practical skills.

Figure 8: Support for a single degree



Features that participants would prioritise in a redesigned training pathway include more opportunities for practical skill development, maintaining the high standards of psychology training, improved equity and access for students (including affordability) and more streamlined accreditation and registration pathways (Figure 9).[92]

Figure 9: Features to prioritise in a redesigned training pathway



Most participants agree that practical learning should be incorporated earlier in the pathway, with opportunities such as discussion and analysis of case studies, internal placements at university clinics, simulated learning and the use of role play considered most advantageous for students.[93]

> *"We would need more practical placements that are suited to undergraduate students"*

> *"My client-facing opportunities were also essential for me to find my areas of interest within psychology and feel confident that I want to pursue client-facing work in the future"*

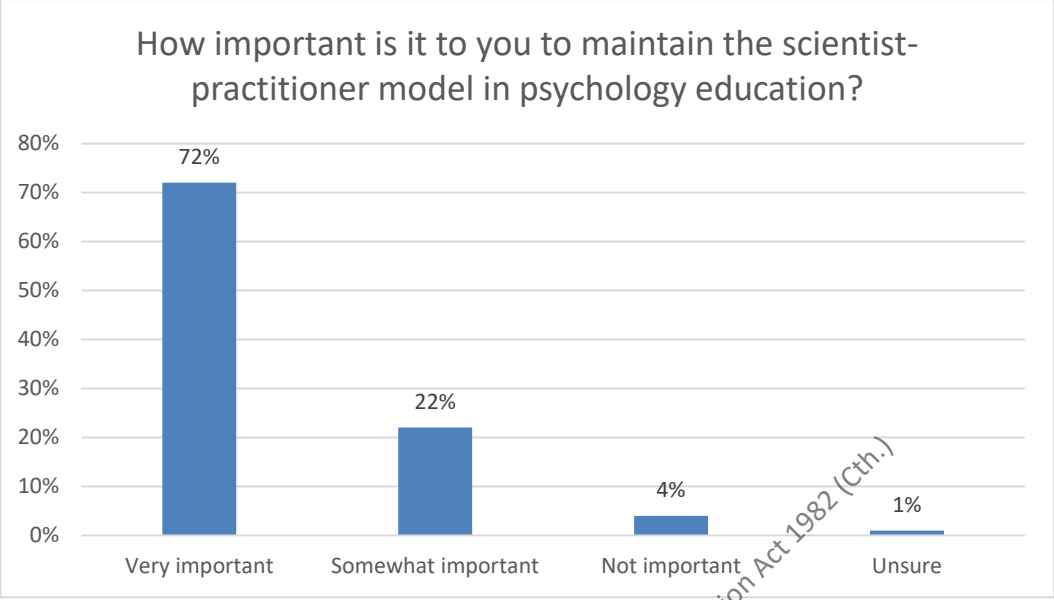
The scientist-practitioner model is very important to the psychology profession, and most participants requested assurance that the scientific rigour of the profession is maintained (Figure 10). [94]

[92] 68%, 32% and 29% respectively.

[93] 91% in total; 73% yes,18% no

[94] 72%.

Figure 10: Support for scientist practitioner model



Strategies to improve equity and access for students

Strategies to improve equity and access for psychology students are regarded as 'very important' by psychology stakeholders.[95] A proportion of respondents do not believe that the current psychology training pathway provides equitable access for students from diverse backgrounds, particularly those from low socio-economic backgrounds, rural and remote locations, students with care giving responsibilities and Aboriginal and Torres Strait Islander People.[96] Of those who responded, 45% identified barriers to access across all minority groups (Figure 11).

For students, access to psychology training is seen as a 'financial privilege' which operates to exclude students who cannot support themselves financially through postgraduate training and supervised placements. This can be particularly disadvantageous for mature aged students, those with care giving responsibilities and students from lower socioeconomic backgrounds. [97]

"Unfortunately, as we [mature aged students] apply for postgraduate studies, several of us are now deeply concerned about whether we can logistically and feasibly meet the strict attendance requirements which are often in-person (particularly for clinical courses) and often require a lot of travel, including placements"

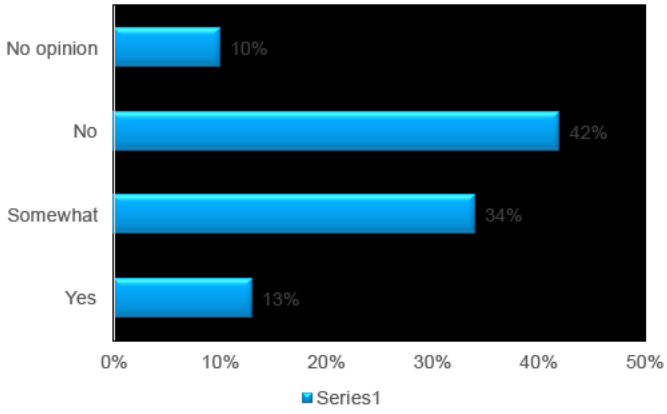
"It is disappointing to see that students who reach this stage are having to pull out simply because they have a family or need to support themselves. Several of us feel this pathway excludes and does not accommodate candidates with family and life commitments which really limits the pool of candidates who can add value and diverse perspectives to the field of psychology."

[95] 62% very important, 26% important
[96] 42%. Only 13% completely agree that the pathway provides equitable access.
[97] Noted from qualitative/free text responses.

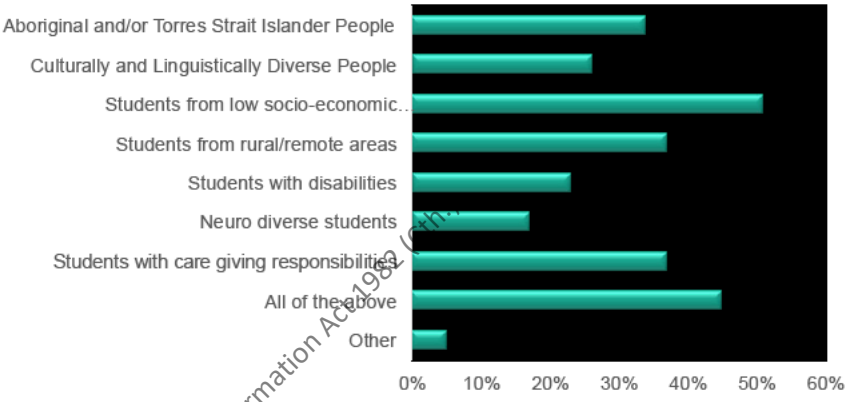
Figure 11: Equity and access

Equity and Access

Does the current training pathway provide equitable access for students from diverse backgrounds?



Which student groups face the greatest barriers in accessing psychology training?



Community access and public interest

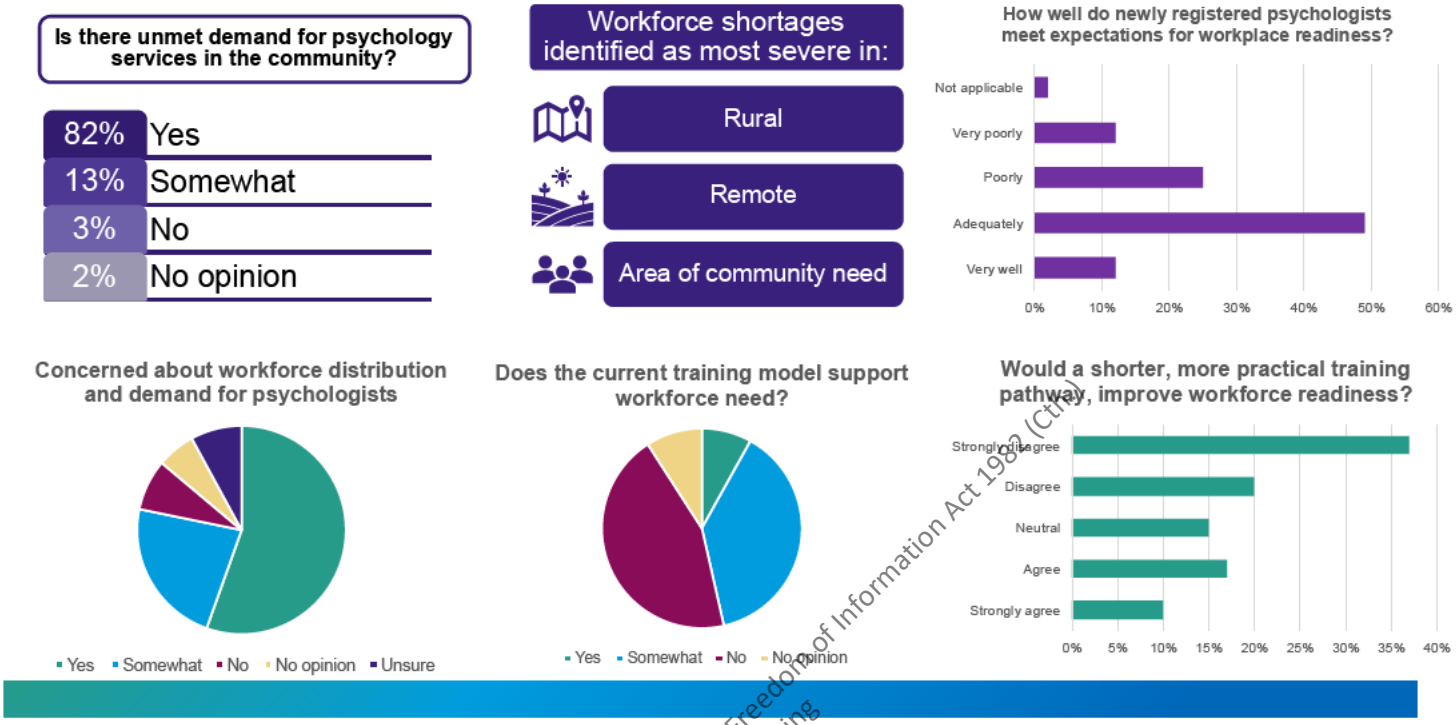
95% of stakeholders agree that there is unmet demand for psychology services in the community[98] and that psychological services should be aligned with the broader community need.[99]

There is also strong support to increase diversity within the profession and to reflect the diversity of the Australian community so that the needs of all client groups can be more readily met.

Strategies that could be employed in psychology education to increase community access to safe and effective psychological services include community engagement and public education (such as outreach programs), increased availability of placements in public/community settings, an expansion of training pathways to include more postgraduate places, streamlined pathways and more flexible training options (Figure 12).

[98] 95% in total; 82% yes, 13% somewhat.
[99] 92% in total; 64% yes, 28% somewhat.

Figure 12: Community access and public interest



Psychology Assistant workforce

There is some in principle support for the development of a psychology assistant workforce, with 35% of respondents completely supportive and 27% somewhat supportive of developing this role. Qualitative responses suggest that the concept of a psychology assistant remains unclear to stakeholders and requires further clarification to elicit meaningful insights.

There is also ambiguity to why this role is required in the context of similar workforce roles. Some

> *"Until the role is designed, and its governance and supervision requirements documented, it is hard to know what precise value the Psychology Assistant role will have and to whom"*

stakeholders found the idea of a psychology assistant workforce ambiguous, given the context of similar workforce roles in the health as well as mental health workforce.

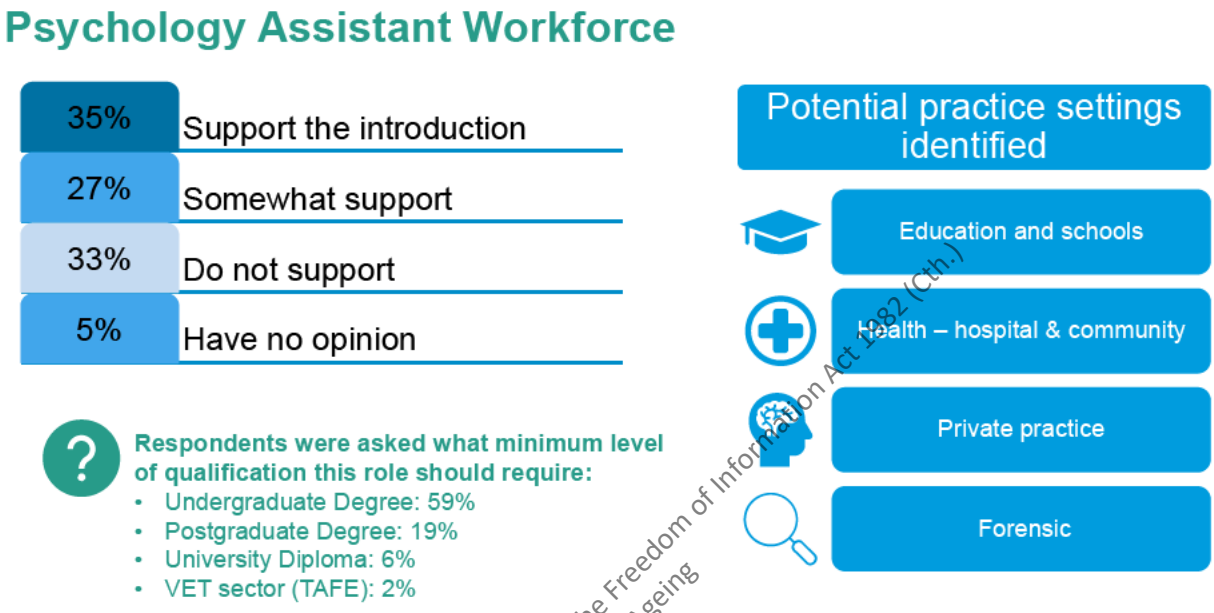
> *"It's not a necessary workforce. There is already an oversaturation of similar professionals – mental health trained social workers, counsellors, psychotherapists, etc..."*

Health and education practice settings were identified as those which would benefit most from a psychology assistant workforce,[100] with tasks such as triage and screening, scoring of pre and post program assessments, developing workshop materials or group therapy resources and administrative tasks such as appointment scheduling considered most appropriate for this role. It is suggested that a psychology assistant should require at a minimum, an undergraduate degree[101] and only practice under the direct supervision of a registered psychologist.

[100] 59% and 57% respectively.
[101] 59%.

Concerns and challenges associated with a psychology assistant workforce include additional demands on supervision resourcing, taking work away from early career psychologists, 'overstepping', scope of practice creep and the potential impact on placement opportunities for psychology students. Other concerns include a lack of knowledge of ethical obligations when interacting with clients, the potential risk of exploitation by employers and confusion on behalf of consumers as to the role of a psychology assistant as opposed to a registered psychologist (Figure 13).

Figure 13: Psychology assistant workforce



Workforce needs and distribution

Most respondents hold concerns about workforce distribution and community demand for psychologists.[102] This is due to factors such as access issues in rural and regional areas, increasing demand and insufficient supply, barriers in the education and training pathway and an imbalance between the public and private sector.

Only 8% of employer respondents reported that the current training model adequately supports workforce needs. 38% submit that the existing model is 'somewhat supportive' of workforce needs.

Upon graduation, 61% of employer respondents reported that newly registered psychologists meet expectations for workforce readiness and 37% believe that newly registered psychologists do not meet expectations. Creating a shorter, more practical training pathway is not considered by the majority of employers to be a viable strategy to improve workforce readiness. [103]

Challenges faced in recruitment of psychologists include the limited number of applicants, lack of practical experience, registration delays and geographical mismatch. Other factors include issues of remuneration, such as high salary expectations and pay discrepancies, gaps in skills and training and a shortage of applicants for specialised roles such as forensic psychologists.

Variations in sentiment across different stakeholder groups

A breakdown of key questions and responses was analysed according to stakeholder group. In summary:

[102] 79% in total: 56% yes, 23% somewhat.
[103] 57%.

a. Perceptions as to the effectiveness of the current training pathways vary. Whilst all stakeholders consider the pathways to be ‘somewhat effective’, education providers and registered psychologists tended toward ‘very effective’ more than any other group

b. When considering whether the current pathways should be streamlined to create a shorter, more efficient pathway to general registration, the majority of students, community and consumers and students all responded ‘yes’. Most registered psychologists, however, responded ‘no’

c. All stakeholder groups support the idea of having one professional degree instead of the three sequential degrees currently required. There was stronger support for this idea from community, students and education providers than from registered psychologists

d. There is consensus across all stakeholder groups to prioritise more opportunities for practical skill development in a redesigned pathway. Education providers and students share the same top three priorities, which also include streamlined accreditation and registration pathways and improved accessibility, equity and access for students

e. This point of consensus was also reflected when considering whether practical learning should be incorporated earlier in the training pathway. All groups expressed overwhelming support for this proposition

f. Results overall indicate some opposition from registered psychologists in considering some aspects of a redesigned pathway and some important points of consensus amongst community, students and education providers.

Appendix C: Design principles

Terms of reference	Design principles	Elements	Outcomes	Research findings	Stakeholder sentiment
A single course **A shorter course**	System continues to support undergraduate psychological science occupational outcomes	Single pathway to registration with 100% accredited professional psychology content Non psychologist training and education is maintained Provide exit points for HDR and PA workforce Existing accreditation competencies of psychology training are maintained Alignment with Australian regulatory requirements	Increased enrolments and completion of study Access and equity for students	Reduced cost for students, easier to navigate, increased efficiencies, faster pathway to registration for those seeking a professional pathway.	67% support a streamlined pathway to general registration 74% support the idea of one single professional degree There is strong support to retain the existing accreditation competencies Limited support for removal of non-psychology, non-accredited coursework
A more practical course beginning in the undergraduate years	Practical skill development follows a pedagogical model via the integration of theory and practical skill development	Commencement of practical training early in the degree Use of multi modal training methods to facilitate learning	Students are placement and work ready Increased confidence and competence in the application of practical skills	Supervised practice components are included in the accredited degree program of most other Australian health professions, occurring in most programs from year 2 onwards. International comparisons suggest that the duration of supervised practice should remain at a minimum, the same	There is a lack of practical training offered at the undergraduate level Opportunities for practical skill development should be prioritised in a redesigned pathway (63%)

Terms of reference	Design principles	Elements	Outcomes	Research findings	Stakeholder sentiment
Standardising the training pathways	Qualifications for the different registration categories are aligned to the Australian Qualifications Framework (AQF)	Psychology, psychology assistant and AoPE higher education degrees map to the AQF level reflective of the required graduate outcomes.	Pathways are nationally consistent and distinguish different levels of psychology training.	Current pathways to general registration require and AQF Level 9 qualification. This is out of step with the AQF graduate outcomes. It is also a higher bar of graduate outcomes than all other health profession direct entry professional training.	67% support a streamlined pathway to general registration
Workforce role for students who do not complete the entire pathway, such as Psychology Assistants	Psychology assistant competencies are scoped and developed	Defined, earlier exit point for students not wanting to progress to general registration Development of Psychology assistant scope of practice	Support for future workforce needs Address community need for psychological services	There is wide variation in role, scope, function and regulatory oversight of Psychology Assistants internationally. International training requirements and workforce models in the overseas jurisdictions examined may not be readily transferrable to the Australian context. Possibility of other professions addressing this need in Australia	62% express in principle support for a psychology assistant role to practice predominantly in health, education, and school settings. 33% do not support. Concerns cited include scope creep, potential overlap with existing roles, supervisor burden and impact on placement opportunities for psychology students.
Consider impact on AoPE	Industry drives demand for advanced qualifications	AoPE is decoupled from general registration training Combine AoPE coursework and the	Roles are accredited in meeting the practical skill requirements for the advanced qualification	Australia has more specialist areas that any other jurisdiction Other health professions separate training for	AoPE is highly valued by the profession Preference to maintain existing pathways in any proposed redesign.

Terms of reference	Design principles	Elements	Outcomes	Research findings	Stakeholder sentiment
		registrar program within a AQF 9 qualification	Training pathway and registration categories are better aligned	general and advanced qualifications Accreditation entities accredit advanced qualifications	Confusion about the difference between area of practice under the National law and area of professional interest Psychologists work across a broad range of sectors requiring differing scopes of individual practice.
Address equity and access challenges for students and improve data monitoring	The pathway to general registration is the same for each student	All professional psychology training is accredited and occurs in an educational setting	Students have equal opportunity to progress Consistency in the cost of psychology training	Consistent with international programs	Significant barriers to accessing psychology training for Aboriginal & Torres Strait Islander People, mature age students, care givers, students from lower socio- economic backgrounds and those from rural/remote areas Strong support to increase diversity within the profession

Appendix D: Data tables

Completion and attrition in Psychology Bachelor programs

The Department of Education collects data from education providers on course enrolments four, six, and nine years after commencing a course.[104] Table 1 shows completion rates for domestic students enrolled in undergraduate psychology courses after nine years averages 70% with 6% still enrolled and 25% attrition at different stages of degree completion. The data includes students who may have only completed a Bachelor Pass degree as well as student who has also completed a Bachelor Honours degree in psychology.

Table 1 Psychology (090701) Bachelor Pass cohort analysis for domestic students over a nine-year period.[105]

Year	Completed	Still enrolled at the end of the 9-year period	Re-enrolled but dropped out	Never came back after the first year
2005	70%	5%	15%	9%
2006	70%	5%	16%	9%
2007	71%	5%	16%	7%
2008	71%	5%	17%	7%
2009	70%	5%	18%	7%
2010	69%	6%	18%	8%
2011	70%	6%	17%	7%
2012	68%	6%	18%	8%
2013	69%	6%	17%	8%
2014	68%	6%	18%	8%
Average	**70%**	**6%**	**17%**	**8%**

A review of completion rates over a four-, six-, and nine-year period demonstrate an average 30% increase in completion rates from 41% after four years to 70% after nine years.

[104] Department of Education and Training Cohort analysis over a nine year period 2005-2013, 2006-2014, 2007-2015, 2008-2016, 2009-2017, 2010-2018, 2011-2019, 2012-2020, 2013-2021, 2014-2022 retrieved 29/12/2025 Completion Rates of Higher Education Students - Cohort Analysis, 2005-2022 - Department of Education, Australian Government

[105] Australian Government Department of Education. (2023). *2022 Completion Rates of Higher Education Students – Cohort Analysis 2005-2022.* https://www.education.gov.au/higher-education-statistics/resources/completion-rates-higher-education-students-cohort-analysis-20052022

Table 2 Completion rates for domestic Bachelor Psychology students at Table A and B institutions[106]

Year	Completion rates		
	After 4 years	After 6 years	After 9 years
2005	45%	63%	70%
2006	44%	62%	70%
2007	44%	63%	71%
2008	44%	63%	71%
2009	43%	62%	70%
2010	42%	61%	69%
2011	43%	62%	70%
2012	42%	60%	68%
2013	41%	60%	69%
2014	40%	60%	68%
2015	38%	58%	
2016	39%	58%	
2017	38%	57%	
2018	37%		
2019	38%		
Average	**41%**	**61%**	**70%**

Current funding arrangements for psychology programs

Undergraduate funding

Table 3 Funding Cluster scenarios for a 3-year Bachelor Pass Psychology degree

	Accredited component	Non-accredited component (Electives)		
		Scenario 1	Scenario 2	Scenario 3
EFSTL*	1.5	1.5	1.5	1.5
Funding Cluster	2	1	2	3
1 EFTSL	$25,435	$18,715	$25,435	$29,034
Sub cost (1.5 EFTSL)	$38,152	$28,072	$38,152	$43,551
Total Cost#		**$66,225**	**$76,305**	**$81,703**
Commonwealth contribution		$25,821	$47,694	$53,092
Student contribution		$40,404	$28,611	$28,611

** Equivalent Full Time Student Load, where 1 EFTSL is one year of full-time study.*
 # Assuming an undergraduate program of study is 3 years in length with 1.5 EFSTL of accredited components and 1.5 EFSTL of electives.

If a student selects all their elective subjects from Funding Cluster 1, they pay close to $13,000 more for the same degree than a student selecting elective subjects from funding cluster 2 or 3. For students who select subjects from Funding Cluster 3, the Commonwealth contributes $27,271 more for than it would for subjects chosen from Funding Cluster 1.

All Bachelor's (Honours) degrees are allocated to Funding Cluster 2 and cost $25,435 for 1 EFTSL.

[106] See footnote 101.

Postgraduate funding

Table 4 Funding Clusters for accredited postgraduate psychology degrees

	Clinical Psychology and other AoPE Masters	Organisational Psychology Masters	Masters of Professional Psychology
EFSTL *	2	2	1
Funding Cluster	2	1	1
1 EFTSL	$20,636	$18,715	$18,715
Total Cost	**$41,272**	**$37,430**	**$18,715**
Commonwealth contribution	$31,796	$2,632	$1,316
Student contribution	$9,537	$34,798	$17,399

**Equivalent Full Time Student Load*, *where 1 EFTSL is one year of full-time study*

A student's CSP funding varies widely depending on the degree sequence structure. For example, the difference between the cheapest and most expensive degree sequence combination is between $47,685 and $84,739[107] for the student contribution and between $43,035 to $100,786 for the government contribution.

[107] For example, a student completes Bachelor Pass Scenario 2 or 3 ($28,611), Bachelor Honours ($9,537) and Masters of Clinical Psychology ($9,537) = $47,685; compared to a student who completes a Bachelor Pass Scenario 1 ($40,404), Honours ($9,537), and a Masters of Organisational Psychology ($34,798) = $84,739.

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Submission from the Go8 Heads of Psychology

Consultation on the Redesign of the Higher Education Pathway to Registration as a Psychologist in Australia

Executive Summary

Heads of Psychology from the Group of Eight (Go8) universities welcome reforms to simplify psychology education and training pathways, reduce regulatory burden, and improve efficiency. However, we caution against a single, rigid pathway focused narrowly on professional (clinical) practice. Such an approach risks undermining the broader societal and economic value that psychology contributes. A psychology discipline with diverse training pathways is essential to producing graduates with the skills needed to drive innovation, apply behavioural insights at scale, and translate psychological science into tangible benefits for government, business, and the public.

Key recommendations:

- Maintain flexibility and disciplinary breadth – Retain multiple pathways and clear exit options for students not seeking professional registration.
- Safeguard research training and capacity – Preserve research training at all levels and protect academic staff time for research and engagement.
- Provide targeted Commonwealth investment – Fund placement expansion, supervision capacity, and curriculum redesign.
- Avoid a single, rigid professional pathway – Maintain diverse entry and exit points to support workforce sustainability and innovation.

These measures will ensure reforms strengthen Australia's psychology workforce while preserving the discipline's breadth, research excellence, and capacity to meet future societal needs.

1. Introduction

Heads of Psychology from the Group of Eight (Go8) universities welcome the opportunity to contribute to the consultation on the proposed redesign of the higher education training pathway for psychology in Australia.

This submission should be read in conjunction with the submission from Heads of Psychology Australia (HPA), which we endorse. Here, we focus in particular on the shared concerns of Heads of Psychology at the Go8 universities.

The Go8 universities represent Australia's leading research-intensive institutions, educating more than 440,000 students and producing around 120,000 graduates each year—over one quarter of the nation's higher education output. Within psychology, Australian higher education enrols approximately 80,000 to 85,000 students annually and awards over 8,000 degrees each year. Given the Go8's size, research focus, and strong representation in the social and behavioural sciences, these universities are responsible for a significant share of Australia's psychology education and research output, producing many of the country's psychology graduates.

We are committed to delivering high-quality, evidence-based psychology education that prepares graduates to meet Australia's broad and evolving societal needs across all sectors of the workforce. Psychology is an inherently diverse scientific discipline, spanning areas such as cognitive, developmental, social, clinical, organisational, health, community and educational psychology, neuropsychology and neuroscience. Each of these sub-disciplines equips graduates with distinct capabilities—ranging from designing behaviour-change interventions, enhancing learning and child development, improving workplace wellbeing and productivity, supporting ageing populations, and applying psychological principles to technology design, mental health care, and public policy. This breadth enables psychology graduates to contribute meaningfully not only to mental health services but also to challenges in education, workforce development, industry innovation, public health, social cohesion, environmental sustainability, and the responsible integration of emerging technologies.

However, the proposed introduction of a single, shorter, and more practically focused pathway to professional registration raises several critical considerations for psychology students and trainees, users of psychological services and knowledge, and higher education providers. This submission outlines key risks of the single-pathway proposal of particular relevance to psychology programs at Go8 universities, along with the associated resourcing implications.

We provide recommended design principles to ensure the reform achieves its objectives without compromising educational quality, disciplinary breadth, long-term workforce sustainability, and—critically—the capacity of psychology to contribute across its many basic scientific and applied domains. A robust, multifaceted discipline of Psychology is central to Australia's ability to meet current and future challenges.

2. Differentiating the discipline of psychology and professional practice of psychology

To avoid misconceptions, it is important to define key terms clearly:

- **The discipline of psychology** refers to the scientific study of mind and behaviour, encompassing research, theory, and application across diverse contexts such as human behaviour, health, education, organisations, and public policy.
- **Professional psychology** refers specifically to registered psychologists who meet regulatory requirements under the National Law and are authorised to provide psychological services to the public.

While one important outcome of higher education training in psychology is to produce practising psychologists, the discipline extends far beyond professional (clinical) practice. Psychology graduates contribute to:

- **Personal development and wellbeing** – emotion regulation, behaviour change, and resilience
- **Work and organisational performance** – leadership, motivation, and decision-making
- **Community and policy contexts** – behavioural insights applied to for example justice, education, sustainability, and health
- **Research and innovation** – advancing basic research and discovery (e.g., memory, vision and cognitive reasoning) and translating psychological science into practice

Professional psychology is therefore only one component of a much broader discipline. Recognising this breadth within any redesigned pathway is essential—not to dilute professional training, but to

ensure that all graduates develop the scientific, analytical, and research capabilities needed across the full spectrum of psychology-relevant roles. This helps prepare students for diverse employment contexts and ensures the discipline continues to contribute meaningfully to national wellbeing, innovation, and evidence-based policy.

3. Considerations about a single professional training pathway for psychology

3.1 Safeguarding psychology's breadth in a simplified pathway

We support the project's aim to simplify psychology education and training pathways by reducing regulatory burden and improving efficiency for all stakeholders. We also endorse efforts to address perceived bottlenecks in the training pipeline and create more accessible, practical pathways for aspiring psychologists.

However, any simplified training model must accommodate broader disciplinary outcomes and not be confined to a purely professional (clinical) focus. A narrow clinical orientation risks constraining graduate career options and overlooks psychology's capacity to address complex societal challenges across domains such as policy, education, technology, and community wellbeing.

(i) Current strengths to retain

- Flexibility in undergraduate programs: The accredited psychology major can currently be offered within a wide range of degree programs (e.g., BA, BSc, or double degrees), allowing students to combine psychology with cognate disciplines and meet diverse market demands.
- Honours and equivalent training: Retaining Honours and equivalent training is critical for research capability and progression to postgraduate study (e.g., PhD), safeguarding academic integrity and fostering future research leaders. This research training is also vital for professional practice and public safety to ensure professional (clinical) psychologists have the skills necessary to evaluate research and deliver evidenced-based care.

(ii) Key design principles in the new model

- Clear pathways: the new model should retain multiple options for students, enabling them to apply foundational psychology knowledge in diverse fields and careers'
- Broad entry point: a broad entry point into undergraduate psychology should be retained to ensure students experience the full scope and diversity of the discipline before selecting a specific career trajectory.

This approach is not about assuming students lack clarity; rather, it reflects the value of intellectual breadth and the development of critical thinking, maturity, and reflexivity—qualities essential for effective professional practice and informed career choices. By exposing students to psychology's diverse applications early, this model promotes informed decision-making and safeguards disciplinary breadth, encouraging consideration of multiple pathways beyond professional (clinical) practice. Importantly, it also ensures that all students—regardless of the pathway they ultimately pursue—retain access to core scientific research training. Maintaining this shared foundation in psychological science strengthens the pipeline of graduates who are equipped to interpret evidence, contribute to innovation, and translate research into practice across a wide range of societal needs.

3.2 Resourcing and capacity impacts

(i) Funding requirements, strategic Investment, and supervision/placement capacity

Implementing a single, integrated professional training pathway with increased emphasis on applied and supervised learning will significantly affect university resourcing and capacity. To achieve the aim of increasing the pipeline of professional psychologists, substantial investment will be required to expand placement opportunities, build supervision capacity, and redesign curricula to support applied learning at scale. Importantly, universities currently do not have the workforce composition required to deliver professional training at this scale: in many psychology schools, professionally-endorsed psychologists represent only a small proportion of academic staff, limiting the capacity to provide practice-focused teaching and supervision. This shift toward professional training substantially increases delivery costs and cannot be met within current funding arrangements.

(ii) Potential impacts on student intake and workforce supply

If the new model does not include other pathways for students who do not wish to continue into professional practice, universities may be forced to reduce student intake at the undergraduate level to ensure that all enrolled students can access placements and supervision at the expected standard. This reduction would limit the pipeline of psychology graduates, potentially undermining workforce supply and national mental health objectives in the short to medium term. Supervision and placement capacity—not student demand—will become the binding constraint. This problem is compounded if the pathway to registration involves a single course of study, as it removes flexibility for students and increases the proportion of enrolments requiring costly, resource-intensive professional training from the outset.

(iii) Protecting research excellence and training

Increased focus on professional training must not compromise research training, which is essential for innovation and the future of the discipline. Competent psychological care requires psychologists who are knowledgeable in methodology, analysis, and theory to synthesize science and inform their practice. However, growing supervision, placement, and other professional training components risk diverting academic staff from research and engagement, altering workload balance and threatening research excellence—particularly within research-intensive institutions. This shift could reduce competitive grant performance, weaken the Higher Degree by Research (HDR) pipeline, and diminish Australia's international research standing.

At a time of urgent societal need for new knowledge and discoveries in psychological sciences, protecting research capability is critical. This includes advancing understanding of human behaviour in the context of artificial intelligence (AI) and digital technologies, where psychology plays a vital role in ensuring ethical design, mitigating risks, and supporting human-centered approaches to AI.

Psychological research directly contributes to Australian Government priority areas, including:

- Boosting productivity through STEM innovation and research-driven economic growth and societal progress, with science underpinning industrial transformation and future technologies such as AI, quantum, advanced materials, automation, and robotics.
- Supporting healthy and thriving communities, by addressing physical and mental health challenges, preventative care, and wellbeing across lifespans.
- Adapting to digital transformation and Industry 4.0—the Fourth Industrial Revolution, which involves integrating advanced technologies such as AI, automation, big data, and the

Internet of Things into industrial and workplace systems to create smart, efficient, and sustainable processes.

- National intelligence and defence in a time of continued threats from domestic and international terrorists, threats to democratic processes by both extremist groups and state actors, and increasing sophisticated criminal networks.

Through practical solutions—such as resilience-building interventions, ethical AI integration, workplace wellbeing strategies, and public health applications—psychological science strengthens national innovation capacity, economic performance, and societal wellbeing.

Importantly, research training is critical to the sustainability and future of the discipline, ensuring the next generation of psychologists and researchers can advance knowledge, innovate, and apply evidence-based solutions to Australia's most pressing challenges. Honours and postgraduate research programs develop advanced capabilities in areas such as critical thinking, evidence synthesis, research design and methodology, data analysis, evaluation, intervention design, implementation science, and ethical research practices—skills essential for innovation, scientific communication, and evidence-based practice. Retaining and adequately resourcing research training within the new model is vital for maintaining disciplinary integrity, supporting pathways to PhD-level study, and delivering on Australia's national science, health, and innovation priorities.

5. Conclusion and recommendations

We strongly supports reforms that improve training efficiency, equity, and workforce outcomes. We recognise the urgent need to address workforce shortages and growing community demand for psychological services, simplify the current complex and cumbersome training pathways, and remove bottlenecks caused by limited postgraduate places and placement opportunities. These changes are essential to ensure a sustainable, high-quality psychology workforce that meets national needs while maintaining public protection.

Our recommendations are as follows:

(i) Maintain flexibility and disciplinary breadth

Ensure the redesigned psychology training model retains multiple pathways, including clear options for students who do not seek professional registration. Graduates should be equipped to apply psychological principles across diverse sectors such as public policy and governance (e.g., addressing misinformation and social cohesion), health promotion and community wellbeing, technology and digital innovation (including ethical AI and social media impacts), organisational performance and workforce resilience, and environmental sustainability and climate adaptation.

(ii) Safeguard research training and capacity

Preserve research training at undergraduate, Honours-equivalent, and postgraduate levels to maintain disciplinary integrity and support progression to PhD-level study. Research training provides critical analytical and evidence-based skills for practitioners, ensuring they can apply rigorous methods in professional contexts. Introduce measures to prevent supervision demands from diverting academic staff away from research, including funding for teaching relief and clinical educator roles. This is essential for sustaining Australia's international research standing and enabling innovation in areas such as mental health, resilience, and ethical AI.

(iii) Provide targeted commonwealth investment

Allocate dedicated funding to expand placement opportunities, build supervision capacity, and redesign curricula for scalable applied learning. Without this investment, universities risk unsustainable costs, reduced student intake, and compromised workforce supply.

(iv) Avoid a single, rigid professional pathway

We recommend not moving toward a single, highly prescriptive course structure that removes flexibility and increases resource intensity from the outset. Instead, reforms should maintain multiple pathways to accommodate diverse student goals and workforce needs. A rigid model risks creating capacity bottlenecks, limiting enrolments, and reducing the pipeline of psychology graduates needed to meet national mental health objectives.

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HPA Incorporated

21 November 2025

Ms Rachel Phillips
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Dear Rachel,

Heads of Psychology submission to the Psychology Board of Australia regarding the Psychology Education Reform Strategy

Thank you for inviting HPA to provide a submission to the Psychology Reform Strategy. Please see our response as follows:

We thank the Psychology Board of Australia for working closely with us on this important initiative. As heads of psychology of schools and disciplines across Australia, we are eager to engage fully in this process and remain committed to delivering world-class education to psychology students. We recognise this as a 'once-in-a-lifetime' opportunity to shape the future of our discipline and profession, aligning it with contemporary practice while upholding our core scientific foundations and fulfilling the societal obligations of our discipline. We also emphasise that psychology training, particularly at an undergraduate level, serves the wider discipline of psychology and a wide range of industries beyond health. It is not just focused on training professional psychologists. This needs to have equal weight when considering any reform process.

This submission draws on consolidated feedback from psychology students and graduates, academic staff, and industry stakeholders gathered through HPA's 2025 national consultation effort. This process was designed to capture and represent the diverse perspectives across the discipline and practice of psychology. The insights presented here reflect the voice of the discipline and profession, and its future workforce. These insights are offered in the spirit of support government decision-making in the psychology training redesign effort by highlighting opportunities and key considerations from the sector.

Increasing opportunities to access quality mental health support will require a full reform of the mental health system that extends beyond psychology education/training and includes reform of how all postgraduate psychology courses are funded and supported by both state and Commonwealth governments. While we have a responsibility as educators, the onus cannot fall to Higher Education Providers (HEPs) alone. Simply educating more psychology graduates will not fix the mental health crisis.

Finally, we request that a formal impact analysis is conducted on emerging models through the Office of Impact Analysis as we feel that this is an issue that will have a significant financial, educational, and employment impact on thousands of students, educators, and consumers. It is vital that a cost-benefit analysis of the proposed reform

is conducted along with other analyses such as risk analysis (e.g., risk to the public) as well as attention to issues such as ethics, sustainability, and justice.

Challenging Assumptions and Providing Solutions

The request to "provide more generally registered psychologists into the system more quickly" is predicated on some assumptions that require interrogation.

Assumption 1: That the psychologist workforce challenge lies in a simple shortage of psychologists, rather than a maldistribution and systemic disincentives.

- While it is often stated that there are insufficient psychologists to meet societal needs and that waiting lists are too long, this framing oversimplifies the issue. The central challenge is not merely one of numbers, but of workforce **distribution, sector imbalance, and supervision capacity**.
- The issue is not an absolute shortage, but rather a **mismatch between where psychologists work and where they are needed most**, particularly between public and private sectors and across geographic regions. Registered psychologists are heavily clustered in metropolitan areas (83%), with fewer than 5% in regional areas and less than 0.5% in remote areas. Addressing this imbalance requires **incentives for psychologists to work and supervise in regional and remote areas**, rather than simply producing more graduates. Without adequate local supervisors, HEPs are unable to place students in regional and remote settings, perpetuating the urban concentration of the workforce.

  A review of supervision requirements and structures could enable more flexible and culturally appropriate models, such as relaxing board-approval requirements, and allowing - for example - culturally competent supervisors, to support training and service delivery in underserved areas.

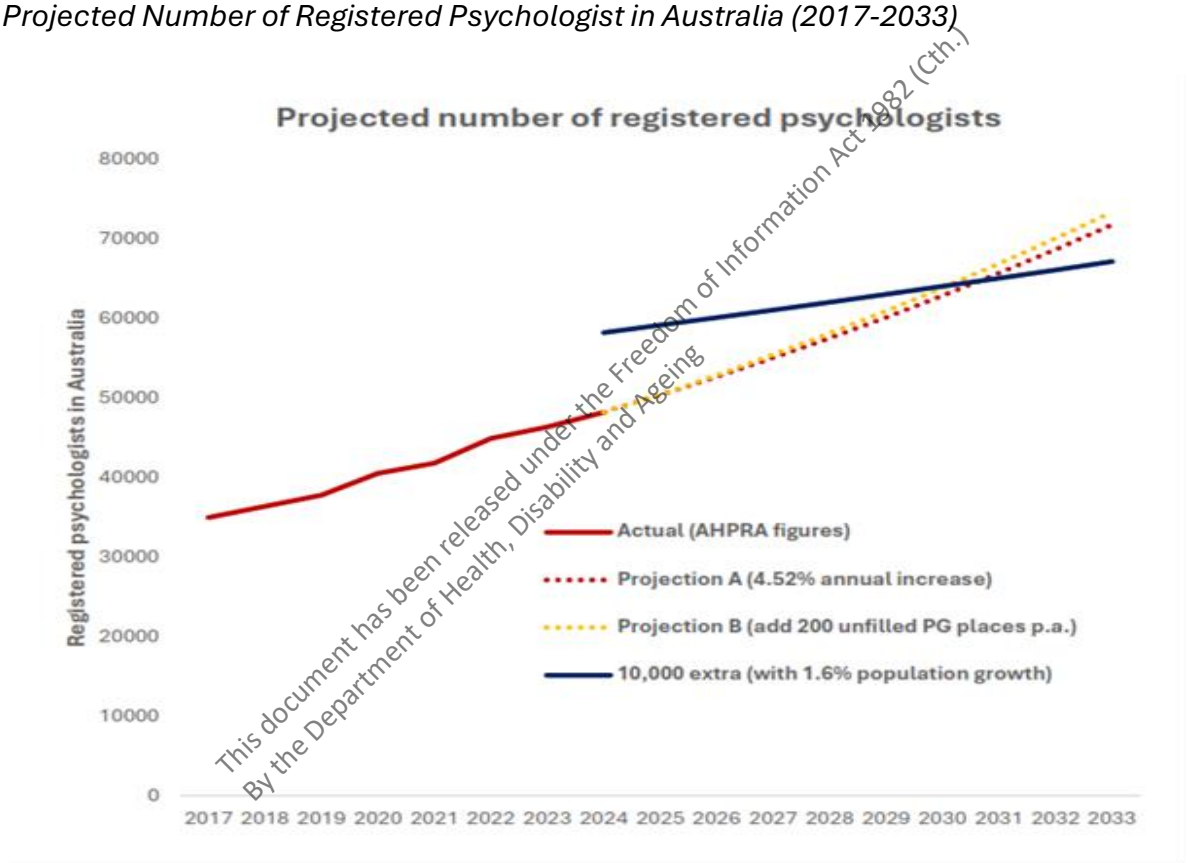
- Moreover, public sector employment practices exacerbate the maldistribution. Many state health departments restrict employment to clinical psychologists, excluding psychologists with general registration or those endorsed in other areas despite equivalent competencies. This not only limits workforce mobility but also constrains the development of potential psychology assistant roles, which will require systemic coordination across jurisdictions to succeed.
- The government's recent investment in the "Addressing Critical Psychology Shortages – Supporting Provisional Psychologists to Practice" initiative has expanded the Master of Professional Psychology (5+1) pathway. However, if public-sector employers continue not to recognise or employ these provisional psychologists, this investment will not increase service capacity.
- Finally, the strong pull of private practice driven by higher financial rewards, flexibility, and autonomy, further skews the workforce away from the public health sector, where unmet need is greatest.

Tackling this imbalance will require structural reforms and targeted incentives that address supervision burdens, sectoral inequities, and workforce preferences not merely increasing the overall supply of psychologists.

Figure 1 below extrapolates student numbers over the next 8 years, with the current 4.52% annual increase of postgraduate students in registered programs. This suggests that we would hit – and then exceed – the suggested need for 10,000 more registered psychologists within the next 4 years even if we do nothing to the current teaching model.

Figure 1

Projected Number of Registered Psychologist in Australia (2017-2033)



Assumption 2: Limited entry into postgraduate professional psychology training is due to extreme competition

It is often claimed that psychology students cannot progress into postgraduate training because competition is too high. However, the issue is more complex. In a recent data collection effort, HPA members identified that in 2024 there were more than 200 unfilled postgraduate psychology places across HEPs. This is not due to a lack of capacity, but rather system-level inefficiencies and policy misalignment. Several factors contribute to this mismatch:

- Inequitable distribution of Commonwealth Supported Places (CSPs) across HEPs limits access and creates regional and institutional disparities.
- Non-standard admission timelines and processes mean that students often accept multiple offers, then withdraw late when a preferred offer arrives, leaving some programs underfilled and creating the appearance of unmet demand.

The Heads of Psychology, Association (HPA) has identified this as a systemic problem. Collaborative action, beginning with Victorian and Tasmanian HEPs, toward aligning first-round offer dates is a promising step toward reducing inefficiencies and improving transparency.

Regarding progression, Honours and postgraduate entry are not the bottlenecks they are often assumed to be but rather points of necessary differentiation in a professional training continuum. Informal data from our members suggest that approximately 62% of undergraduate psychology students who apply are accepted into Honours (a figure likely underestimated given growth in Honours enrolments), and around 50% of Honours graduates who apply for a professional postgraduate program are accepted.

While these figures mean that roughly 38% of applicants do not progress at Honours and a further 50% do not progress at postgraduate level, this should not be interpreted simply as "lost capacity." These selection points are designed to assess different capabilities:

- Honours entry primarily evaluates **academic aptitude**.
- Postgraduate entry evaluates **professional practice aptitude** and personal suitability for client-facing work.

The government may focus on "latent capacity" (i.e., the proportion of students who do not progress), and the number of entry-point 'hurdles'. However, this framing of risks overlooks several key points:

- **Training postgraduate psychology students is necessarily expensive**, involving intensive supervision and low staff-to-student ratios to prioritise public safety. Expanding intake without addressing supervision or placement bottlenecks and costs would risk quality and sustainability.
- **Not all 4th year students intend to become registered psychologists.** Many pursue research, education, policy, or allied roles where psychological science training remains invaluable.
- Students are assessed multiple times (undergraduate, Honours, postgraduate), but these stages serve **distinct educational and professional purposes** - not arbitrary gatekeeping. Comparisons with medical pathways overlook that psychology's postgraduate training must assess not only academic ability but also applied competence, capacity for independent, ethical practice across diverse settings, and the vast range of settings that students with undergraduate psychology degrees go into that are not in the mental health sector (e.g., the public service, research, organisational, etc).

Thus, the apparent competitiveness of postgraduate psychology training reflects **structural and economic constraints**, **differentiated professional selection**, and **variable student intentions**, rather than a simple shortage of places. Addressing inefficiencies in admissions and supervision systems will yield greater benefit than expanding places without reform.

Assumption 3: Shifting Level 2 and 3 competencies into undergraduate programs will be less expensive than quarantining more CSPs into PG MPP and MCP programs.

There is a growing view that embedding professional (Level 2 and 3) competencies into undergraduate psychology programs will be a more cost-effective way to increase the number of work-ready graduates. However, this assumption may not withstand economic scrutiny given the following points:

- Undergraduate psychology programs are currently relatively inexpensive overall. Core accredited psychology subjects fall under funding cluster 2, costing the government approximately $15,526 per subject, per student, whereas non-psychology elective subjects typically chosen by students fall under cluster 1, costing just $1,286. Shifting more accredited psychology content into undergraduate degrees would therefore increase the cost to government by around $14,240 per student, per subject. While undergraduate psychology appears inexpensive, it is primarily because large portions of the degree are made up of low-cost, non-accredited subjects. Increasing the proportion of accredited psychology subjects to a larger number of students substantially changes that equation.
- It is also important to recognise the combined cost to government, students, and HEPs. Introducing more accredited, higher-cost psychology subjects at undergraduate level may reduce total course length, and therefore total cost per student, **but only marginally when viewed at systems scale**. This approach assumes that a shorter degree compensates for the higher per-subject cost, yet any large-scale reform to embed higher-level competencies would require a significant increase in CSP funding overall, as cluster 2 subjects would occupy a greater proportion of the load. This change in funding cluster may consequently result in many students having a larger HECS debt with the unintended consequence of diminishing diversity in our training pool due to cost being a deterrent for students from a low SES or marginalised background. Finally, implementing these degree changes will cost HEPs significant amounts of staff time and money at a time when the sector is already stretched thin.
- Further, the notion that aptitude can be reliably selected for at the undergraduate level is problematic. Assessing professional aptitude, as distinct from academic performance, is critical to public safety and professional standards. Psychology, like medicine, requires this assessment to occur once students have developed sufficient self-awareness, ethical reasoning, and applied competence.

Implementing aptitude testing for tens of thousands of undergraduate applicants annually – many of whom will ultimately chose not to take a professional psychology path - would be complex, expensive, and of uncertain validity.

In sum, while shifting competencies earlier may appear to reduce costs on paper by shortening the training pipeline, in practice it would:

- Shift large portions of undergraduate load from low- to high-cost clusters, significantly increasing per-student expenditure;
- Require major CSP funding increases, not minor adjustments; and
- Introduce substantial new costs associated with aptitude assessment at scale.

Our view is that simply adding additional CSP places or quarantining them to postgraduate professional psychology programs (MPP and MCP) will not be effective. It is widely agreed across the sector that CSP funding does not come close to covering the cost of training a student in large part due to costs associated with clinical supervision and placements. In contrast, a model similar to the National Rural Generalist Pathway in Medicine could be implemented, whereby students from regional areas receive subsidies on the condition that they return to work in those communities.

Assumption 4: We can shift the academic workforce to teach skills required for psychology registration earlier in the UG degree.

Unlike most allied health professions, most teaching academics in Psychology schools and departments are not professionally trained. The vast majority of the academic workforce are psychology academics who have research PhDs, not clinical PhDs (which underlines our point that a great many people study psychology because they are interested in the science of human behaviour, not professional practice). Professionally qualified and registered psychologists represent less than 25% of our current higher education workforce. We do not have enough professionally trained psychology academics who can teach a large number of UG students as they are largely already occupied in PG training. This is a hard limitation and there is a substantial time/cost associated in any requirement to retrain psychology academic staff who have only attained professional competency equivalent to Level 1 and Level 2 skill development. Despite the majority having completed a PhD and having met AQF 10 requirements, few will have completed skills training commensurate with requirements to teach the skills and competencies required of the professional qualifications. We also cannot recruit our way out of this problem, given that most clinicians are not interested in providing clinical teaching. They lack aptitude, interest, and financial incentive to work in higher education. Moreover, to comply with TEQSA requirements they need to be qualified above the AQF level in which they teach (i.e., they need to have a PhD or a DPsych degree), and most do not. The current split between UG and PG professional training reduces this problem as PG programs employ registered psychologists to train professional skills among a smaller number of students.

Assumption 5: Undergraduate psychology training can be easily reduced and replaced by professional training.

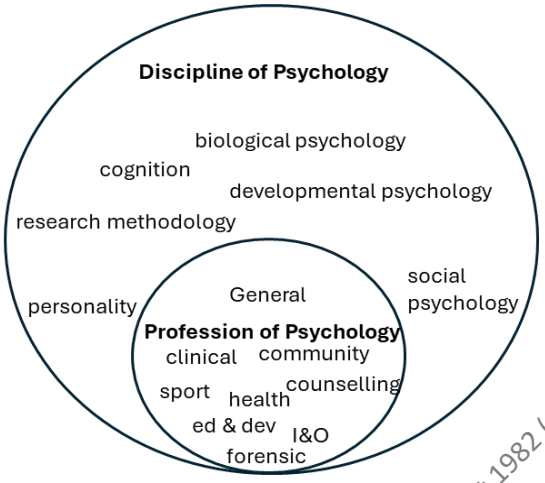
It is sometimes implied that the current undergraduate psychology training could be streamlined or replaced by a more explicitly professional pathway. However, this assumption misunderstands both the intent and the value of Level 1 (undergraduate) psychology education within the accredited training sequence.

- A design challenge in The Project lies in creating a professional pathway that runs alongside existing extended or double-major structures, ensuring that psychology remains a discipline that prepares students for multiple high-impact outcomes, including professional registration, research careers, and broader applications across industry, health, and education.
- A thorough grounding in the core science of psychology and human behaviour remains essential for developing competent, ethical, and adaptable practitioners. Psychology is unique among the health professions: It is both a scientific discipline and a profession. Its strength lies in its empirical foundations - understanding thought, emotion, and behaviour through rigorous scientific inquiry - and in its dual contribution to both science and the humanities.
- Undergraduate training develops these capacities by teaching the theoretical and methodological underpinnings of the field: Biological, cognitive, developmental, social, and individual difference perspectives, together with research design and statistical reasoning (see Figure 2 below). In particular, a strong foundation in research evaluation, methodology, and data analysis requires depth of training and multiple, repeated opportunities to integrate learning with disciplinary curricula. These enable students to critically evaluate evidence, apply psychological principles in a scientifically informed manner, and understand human behaviour at multiple levels of analysis. Not only are such skills necessary for preparation of psychologists, they are also highly valued in a diverse range of roles in the community and public sector. In the pathway redesign, there is a risk to eroding the strength of this foundation.
- Importantly, many non-core undergraduate psychology subjects - those not directly aligned with professional competencies - nonetheless contribute profoundly to the science of human behaviour and underpin psychology's wider research advances. They also form the foundation for diverse professional trajectories, including PhD pathways, data science, education, organisational design, policy, and community engagement.
- Psychology's breadth - its contribution to both the scientific and humanistic understanding of people - is a key differentiator from other allied health professions. This disciplinary depth fuels innovation, industry collaboration, and impact far beyond direct professional psychology practice.

Therefore, the undergraduate sequence should be recognised not as redundant or replaceable, but as the bedrock that sustains both the profession of psychology and the science that underpins it. Its preservation and strengthening are essential to maintaining the discipline's integrity, adaptability, and ongoing societal relevance.

Figure 2

Mapping The Discipline and Profession of Psychology



- Many UG Psychology students do not go into careers as professional psychologists (and indeed do not want to) but instead pursue research pathways. This is a critical aspect of the ongoing success of the psychology discipline and is grounded in the empirical and scientific training received in UG Psychology courses (Boyack et al. 2005, & Haslam 2025). Australian psychology researchers are over-represented by a factor of 1.33 in top-quartile (Q1) journals, and Australia outperforms traditional North American and British power-houses. Furthermore, psychology research informs clinical and professional practice, and, psychology practice must remain evidence-based. Reforms that neglect this fundamental component of psychology training risk the ongoing quality and rigor of professional practice as well as the reputation of the profession and discipline.
- Many UG Psychology students choose to graduate and work in a range of sectors. These courses provide work skills in a wide range of industries.

Reform constraint: We just need to move faster.

> ***HEPS are bound by individual university policies, procedures, and finances and have virtually no control over timeframes. Furthermore, universities are bound by strict regulation and accreditation (e.g., TEQSA). Universities move slowly – we agree – and that is beyond our control.***

We are also constrained by the availability of placements for students and their associated costs. Even with current PG numbers, placements are extremely difficult to source. There is currently no capacity to support large numbers of UG Psychology students on placements, as would be required if the proposed changes are enacted.

Opportunities

Stepped care: If a stepped care model is genuinely considered, we recognise that psychology assistants could be of benefit in a range of settings. For example, in health or education settings, they could undertake tasks within a limited scope of practice under supervision. These tasks could include to facilitate engagement in digital mental health (as we know engagement and outcomes are often better with some practitioner involvement), with follow up intervention, or intervention in more complex circumstances, requiring an appropriately qualified psychologist. This will require whole of mental health system reform and requires coordination across state governments to implement appropriately. Nevertheless, a psychology assistant model remains controversial with educators, industry, and stakeholders.

> ***Therefore, HPA recognises the potential for a psychology assistant role, and we could review the training needs for a Psychology Assistant role once sufficient consultation with stakeholders had clearly defined the appropriate scope and activities.***

Integration of scientist - practitioner training: Rather than treating these as sequential stages, embedding research, theory, and practical skills throughout training is highly valued by students and produces graduates who are both evidence-informed and practice-ready.

Funding structure reform: Increasing and quarantining funding particularly through Commonwealth Supported Places (CSPs) for postgraduate psychology programs and adjusting CSP-related fees - would help ease the financial burden on students and thereby encourage diversity in the clinical workforce. Such measures could diversify the graduate pool and encourage development in key areas such as disability and other community-relevant competencies. Extending the availability of CSP places for non-university providers, who contribute significantly to the graduate psychology pool, could also increase the numbers of psychologists in the community.

Streamlined and equitable pathways into psychology training: This includes but is not limited to:

- **Increasing accessibility** for underrepresented groups, such as Aboriginal and/or Torres Strait Islander peoples.
- **Introducing paid placements** (as per other health professions) to support diversity and reduce financial barriers.
- **Recognition of partial qualification roles** - for example psychology assistants - could further help address workforce shortages while providing meaningful employment, a clearer professional identity, and a bridge for students not yet on the full registration pathway.

The **role of HEP-based training clinics** also presents an opportunity for growth, though the extent of their contribution varies widely between institutions. Similarly,

strengthening rural placements could improve regional service access, but would require attention to supervisory capacity - potentially through incentives, bursaries, or programs to encourage psychologists to both practice and supervise in regional areas.

There is considerable scope to **expand partnerships between HEPs and industry**, enhancing placement pipelines, shared funding models, and integration of training into real-world service delivery. While some institutions are leading in this area, competition for placements often creates inequity and inefficiency; thus, system-level solutions are needed.

Reforms should also foster **innovation in supervision and placement models**, exploring scalable approaches such as simulation, or competency-based rather than hour-based assessments, and exploring how AI and technology may facilitate skills development. Data-driven planning, including **national workforce and training capacity mapping**, would further enable alignment of training outputs with community and workforce needs across all areas of endorsement.

Potential Unintended Consequences of Reform

Maintaining professional standards: While reform of psychology education and training offers significant opportunities, it also carries substantial risks if not carefully managed. The most pressing concern is that streamlining and shortening pathways without appropriate safeguards could lower professional standards - with an associated risk to public safety, weaken discipline-based training, and erode the scientific foundations that distinguish psychology as both a profession and a science.

Exit-only pathway for psychology assistants: One single program of study with an exit point for a psychology assistant for students who don't complete the full training risks on paper an artificially high attrition rate from the psychologist training pathway. This would be from those who can't/don't want to complete the full pathway, and those who are not sufficiently competent to continue. Without alternative options to graduate from a course that potentially trains for a psychology assistant role (e.g., through a Bachelor or Graduate Diploma), it may also produce a perception that psychology assistants are students who "failed" to become psychologists.

Impact on undergraduate enrolments: Many students are drawn to psychology for its broad understanding of human behaviour rather than to become a professional psychologist. If reforms lead to a direct-entry or embedded professional training model, this could discourage enrolments of students interested in the discipline rather than the profession of psychology. HEP's may prioritise such a course but, given the resourcing intensity required for practical skills and professional training, may enrol fewer students. This may impact the financial viability of such programs, placing it at risk within its provider context, potentially leading some programs to closure. Across the sector, this may have the unintended effect over time of actually reducing the number of psychologists rather than increasing it.

Staffing challenges: Expanding professional training programs without parallel increases in staffing, resources, and placement opportunities will further exacerbate existing staff pressures. The limited pool of qualified supervisors and professionally endorsed academics already constrains training capacity. Larger cohorts would intensify these challenges, creating logistical and structural pressures on HEPs and clinical partners alike. Without expanded supervision capacity or innovative models, reforms risk compromising both training quality and student experience.

Institutional and financial implications: The transition to competency-based assessment frameworks, the restructuring of undergraduate and double-degree programs, and new requirements for entry and exit assessments all impose significant administrative and financial burdens on HEPs. Smaller institutions may struggle to sustain programs under these pressures, leading to further inequity in training availability. These smaller institutions are – again – likely regional universities, further increasing the regional and remote inequity in psychology training.

PhD training: A shift in focus toward professional skills at the expense of research would diminish the research training pipeline, reducing the number of honours, master's, and doctoral candidates. This would have long-term consequences for research productivity, institutional rankings, and the global reputation of Australian research. Over time, it could erode the capacity to develop and recruit qualified academic staff, further weakening the profession's scientific base, including the training of professional psychologist. Furthermore, psychology PhD graduates work across a range of industries.

Psychology assistant roles: Proposals to introduce partially qualified roles such as Psychology Assistants also need careful consideration. Without clearly defined and managed scope of practice, boundaries and safeguards, such roles could lead to "scope creep," where less-qualified personnel undertake work appropriate only for registered psychologists, putting the public at risk.

The Student Voice

Essential to any solution arrived at through this reform process is accounting for the vast diversity of undergraduate psychology students in Australia. Psychology students are not simply school-leavers embarking on a linear pathway to professional registration. Many are mature-aged students, undertaking psychology as a second career, or balancing study with significant work and family responsibilities. These students are drawn to psychology for its flexibility, breadth, and capacity to complement diverse career trajectories - not solely as preparation for clinical practice. Any reforms that narrow pathways, reduce flexibility, or impose rigid structures risk excluding these vital cohorts, diminishing the diversity of the profession, and undermining the accessibility that has long been a strength of Australian psychology education. A truly effective reform must honour this diversity and maintain pathways that value student choice, flexibility of study, and recognition of the varied motivations and circumstances that bring individuals to the discipline of psychology. Hence, this submission suggests the recognition of diverse groups of students in the reform process including but not limited to:

1. Students who determine that a career as a psychologist is not their preferred pathway and intentionally pursue alternative professional or academic opportunities;
2. Students who aspire to become psychologists but are unable to progress due to structural constraints or capacity limitations within the current training and registration pipeline and;
3. Students who do not progress toward psychology registration because they are unable to demonstrate the required competencies for advancement, highlighting potential risks associated with a single-entry or consolidated training model whilst also being mindful of the valuable contributions students may make to the broader health-related and general workforce.

Across the HPA 2025 consultation effort, psychology students and graduates identified opportunities for their voices to be heard and meaningfully elevated in the redesign, emphasising the importance of students as the future workforce. It is clear that students, along with other sector stakeholders, value skills training in undergraduate programs and note that such skills training already exists across many psychology programs. The reform presents opportunity to build on this existing strength. As noted above, students and other stakeholders also highlight the critical need to address financial barriers and to increase access and completion rates in any redesign effort. Similarly, students' welcome opportunities to strengthen communication about career pathways and options at different stages of their training – a further consideration for the redesign process.

We thank you for your consideration of our submission and welcome the opportunity to further this training redesign and reform conversation with the Psychology Board of Australia and its Project Steering Committee.

Yours sincerely,

Professor Kristen Pammer
(Chair, Heads of Psychology, Australia)
On behalf of Executive and Members of the Heads of Psychology, Australia (HPA)

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*Please note: Our association is now operating under a new name – Heads of Psychology, Australia (HPA), formerly known as Heads of Departments and Schools of Psychology Association (HoDSPA).