

## 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. In light of the project's current stage, the questions focus on the proposed model, and alternative training models will not be considered.

Please submit your response by emailing [psychconsultation@ahpra.gov.au](mailto:psychconsultation@ahpra.gov.au) by COB Wednesday 10 June 2026. Kindly note due to project timeframes, late submissions will not be accepted.

**Please note that this is the APS Board endorsed response to the public consultation from the Australian Psychological Society.**

### 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: **Australian Psychological Society**

Contact email: **z.burgess@psychology.org.au**

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

Australian Health Practitioner Regulation Agency  
National Boards

GPO Box 9958 Melbourne VIC 3001 [Ahpra.gov.au](http://Ahpra.gov.au) 1300 419 495

Ahpra and the National Boards regulate these registered health professions: Aboriginal and Torres Strait Islander health practice, Chinese medicine, chiropractic, dental, medical, medical radiation practice, midwifery, nursing, occupational therapy, optometry, osteopathy, paramedicine, pharmacy, physiotherapy, podiatry and psychology.

## 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, Masters 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)

The Australian Psychological Society (APS) recognises that many of the issues identified in this question represent legitimate and important challenges currently affecting psychology education, training, workforce sustainability, and community access to psychology services in a wide variety of contexts. However, as reflected in longstanding APS advocacy, these challenges vary considerably to the extent to which they are directly attributable to, or likely to be resolved through, redesign of the higher education pathway alone.

Some concerns may be more directly influenced by psychology education and training reform, including pathway fragmentation, integration of practical learning, and progression bottlenecks. These concerns are the basis for the APS selecting relevant items above. Other broader workforce and access issues are shaped by factors extending beyond pathway structure or duration, including, funding, employment conditions and remuneration, placement infrastructure, supervision capacity, regional incentives, workforce distribution, student financial support, and the capacity of public and community services to employ and retain psychologists.

The APS is concerned that the consultation paper over-attributes workforce and access problems to the structure and duration of the education pathway. Several of the most material constraints identified in the paper, such as limitations in supervision capacity and placement availability, along with workforce maldistribution and poor public-sector retention, are not primarily caused by the six-year pathway and will not be resolved by moving to a five-year undergraduate qualification. Treating these problems as though they necessarily point to the proposed model risks adopting a structural education reform that does not address the underlying workforce economics.

Accordingly, any proposed redesign should be rigorously assessed against the realistic capacity it has to address underlying drivers needing to be influenced. Where the proposed redesign is unlikely to adequately improve identified systemic issues, this should be transparently acknowledged in reporting to all stakeholders, including government.

It should also be accompanied by clear identification of other broader workforce, funding, placement, supervision, and service-system reforms required to achieve systemic change.

The APS also cautions against relying on broad comparisons with other health professions to justify redesign, unless those comparisons are supported by detailed analysis of differences in scope of practice, risk profile, supervision requirements, competency assurance processes, workforce settings, and public protection mechanisms specific to psychology.

Finally, the APS emphasises that selecting any of the reasons above should be understood as recognising those matters as legitimate concerns that may warrant attention, at least to some extent, through higher education redesign. It should not be interpreted as endorsement of the proposed five-year pathway as the appropriate, sufficient, or evidence-based solution to those concerns. The APS' considerations and concerns regarding the proposed single-degree model are addressed throughout this submission.

## Design Principles

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

The APS supports the intent of several of the proposed design principles, particularly those directed at integrating theory and practice earlier in the training sequence, maintaining meaningful psychological science occupational outcomes for graduates who do not proceed to registration, and improving clarity and consistency in pathways to general registration.

However, the APS does not consider the proposed principles, as currently framed, sufficient to guide a major redesign of the psychology training pathway. Several appear to reflect policy objectives, implementation assumptions, or features of an already preferred model, rather than principles capable of independently guiding the design of a safe, coherent, evidence-based and feasible training pathway. For example, statements such as "industry drives the demand for advanced qualifications" (Consultation Paper, p. 10) and "psychology assistant competencies are further scoped" (Consultation Paper, p. 11) appear to assume particular features of the proposed model, rather than establish principles against which different options for reform can be assessed. These assertions should not be treated as established design principles underpinning a pathway intended to prepare graduates for safe, independent practice across the full range of settings permitted under general registration.

Some fundamental principles are currently missing or insufficiently articulated in the proposed redesign option, including an explicit commitment to public safety, maintaining the diversity of the profession, and the preservation of strong scientific and research foundations in psychology education. The principles the APS considers missing or insufficiently addressed are set out in response to Question 4 below.

Accordingly, the APS' support for aspects of the proposed design principles should not be interpreted as endorsement of the specific five-year pathway model proposed in the consultation paper as a redesign solution that adequately reflects a comprehensive and sufficiently developed set of psychology education and training design principles.

The APS recommends strengthening and further developing the underlying design principles to provide a more detailed and evidence-informed proposal, including comprehensive competency mapping, practical skills, supervision and placement infrastructure planning, workforce demand modelling across settings, and clearer implementation and transition arrangements, followed by a further round of targeted consultation before any preferred model is finalised.

### 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

The APS offers qualified support for the selected “principles” statements, with further information detailed below.

**Supporting undergraduate psychological science occupational outcomes:** The APS supports preserving meaningful occupational, educational, and research pathways for students who undertake psychological science education without progressing to registration as psychologists. However, the consultation paper does not yet sufficiently explain how the proposed non-accredited psychological science degree and the proposed accredited professional psychology degree would articulate with one another, or how unintended stratification, reduced flexibility, or barriers to student mobility between pathways would be avoided. Further clarity is required regarding articulation arrangements, recognition of prior learning, transfer opportunities, and the broader implications of establishing parallel accredited and non-accredited undergraduate psychology pathways.

The availability of a single three-year Bachelor’s degree which embeds professional and practical skills development earlier in training via integrated competency-based learning, simulated practice and a six-month research project would enable a pathway for students who choose to undertake psychological science education without progressing to registration as a psychologist. It would also allow a clearly articulated exit point for graduates who would like to progress to a psychology assistant role or other roles where psychology is a useful basis.

**AQF alignment:** The APS supports appropriate alignment between qualification levels and graduate outcomes. However, AQF alignment is not, in itself, a sufficient rationale for reducing the qualification level for general registration from AQF 9 to AQF 8. The appropriate level must be determined by rigorous competency and risk analysis specific to psychology, not by reference to other health and allied health professions whose scope of practice, supervision models, client risk profiles, and breadth of independent practice may differ materially. This analysis has not been provided in the consultation paper and is required to enable support for this change (please see also our response to Question 8).

The evidentiary burden rests with the proponent of the change to demonstrate that the same professional competencies, public protection safeguards, professional judgment, ethical decision-making, research literacy, and readiness for independent practice can be achieved at AQF 8. That burden has not been met in the consultation paper.

**A single pathway:** The APS supports a single coherent pathway to general registration, but not necessarily a single integrated undergraduate degree. These are different propositions. A pathway can be nationally consistent while still being staged, modular, flexible, and capable of preserving an AQF 9 professional qualification prior to general registration. A more streamlined, even single, pathway does not necessarily require a single degree structure, particularly where this may create unintended blocks or barriers and potentially inequitable student admission, placement allocation, progression, or re-entry following interruption to study. For some students, staged or multi-qualification pathways may provide greater flexibility and accessibility than a highly integrated single-degree model. For example, any redesigned pathway must accommodate students who need to study part-time, pause their studies because of caring responsibilities, or access training from regional and remote locations. The consultation paper does not yet demonstrate how the proposed single 5-year degree model would support this or avoid creating new or additional equity barriers.

As stated above, continuing a three-year Bachelor’s degree with integrated professional and practical skills development provides greater flexibility with a clearly articulated exit point for those not wishing to progress to registration as a psychologist, or for students requiring a break in their studies. A one-year Masters’ degree at AQF 9 in the fourth year would allow for more highly developed professional and practical competencies including a six-month professional placement, before proceeding to a paid graduate program, under supervision, in the fifth year to be eligible to seek full registration as a psychologist. Ongoing professional development in professional competencies would be needed.

**Practical skill development following a pedagogical model:** The APS supports the integration of theory and practice from earlier in the training sequence and recognises that structured problem-based learning and simulation have an established role in the education of health professionals. However, the consultation paper conflates simulated skill development with supervised professional practice.

The design principle must be explicit that simulated and role-play activities supplement, but do not replace, adequately supervised practice with real clients. These are not equivalent from a competency development or public safety standpoint. The proposed model's reliance on simulation in years two and three requires clear articulation of how clinical readiness will be assessed before students' progress to supervised placements with clients. It is possible that this proposed model may increase the amount of practical activity while still reducing, narrowing, or delaying the kinds of supervised real-world practice most relevant to public safety.

**Industry driving demand for advanced qualifications:** The APS does not support this principle as currently framed. Employer demand is a relevant input into workforce planning, but it should not be the primary mechanism governing the educational requirements and supply of psychologists with advanced qualifications.

Defining demand by employer preference or short-term service pressures risks losing psychologists with advanced competencies in areas of high complexity or public need where employer markets are small, primarily public sector, or financially constrained.

Demand for advanced qualifications must also reflect public safety requirements, service complexity, client need, evidence-based practice standards, and the profession's responsibility to maintain diverse practice and capability across all nine endorsed areas of practice. The specific implications for Area of Practice Endorsement (AoPE) training design are addressed in response to Questions 4 and 13.

**Psychology assistant competencies being further scoped:** The APS supports the principle that further scoping is required before a psychology assistant role is established. The workforce role, scope of practice, supervision requirements, regulatory framework, and employment conditions for psychology assistants need to be clearly defined; along with addressing issues such as professional substitution, role confusion, and public protection.

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

The current principles address some important structural issues, including pathway clarity and practical learning. They provide a useful starting point for redesign. However, the APS does not consider them sufficiently comprehensive to guide a major reform of the psychology training pathway without further development. In particular, they do not yet give sufficient weight to public protection, training quality, supervision capacity, the diversity of psychology practice and AoPE pathways, workforce distribution, international equivalence, or implementation feasibility. These gaps have been prominent in APS member feedback received during the consultation period. Further detail on what should be added or addressed more fully is provided below and is also reflected in our response to Question 3 above.

A more comprehensive set of design principles needs to be established to determine whether the proposed five-year model appropriately addresses the stated aims of the redesign, and the available evidence.

#### **Public protection and client safety should be the primary design principle**

The central question for any redesign of higher education psychology training should not be how quickly students can become registered, but how Australia can produce safe, ethical, competent, and work-ready psychologists while improving access to care. The Board's mandate under the National Law is to protect the public, and this obligation should be the explicit starting point and overriding test for every design decision. The redesign process should demonstrate how the proposed model will maintain or strengthen safeguards for clients, based on competency mapping and assessment design, not mere assertions that existing standards will be preserved. A model should not be finalised, recommended, or implemented unless the Psychology Board can demonstrate that public protection is maintained or strengthened, rather than assumed.

#### **Cultural safety and responsiveness should be a standalone principle**

While the consultation paper refers to cultural responsiveness and Closing the Gap commitments, cultural safety should be elevated from a curriculum consideration to a standalone principle. The redesign should include an explicit principle requiring that culturally safe practice, Aboriginal and Torres Strait Islander knowledges and leadership, and culturally responsive training are embedded in the design, delivery, supervision and assessment of the pathway. This principle should be developed with Aboriginal and Torres Strait Islander psychologists, communities and organisations.

### **The scientist-practitioner model should be explicitly protected**

The scientist-practitioner model has been fundamental to Australian psychology education, professional identity, and the discipline's capacity to generate and apply evidence-based knowledge. APS member feedback has raised significant concern that the proposal, which simultaneously aims to: (1) reduce training duration, (2) lower the AQF qualification level, (3) increase flexibility in research requirements, and, (4) separate professional psychology from the broader psychological science pathway, does not adequately explain how the scientist-practitioner identity will be maintained. A specific design principle should require that any redesigned pathway demonstrably maintains rigorous research training, integration of research literacy with practice, capacity for critical evaluation of evidence, and the ability to contribute to the evidence base. This is also essential for the long-term sustainability of the discipline: if the practice pathway no longer connects meaningfully to doctoral-level research training, the pipeline of future academics and researchers, particularly outside clinical psychology, will likely be diminished.

While the consultation paper states that research competencies will be maintained, it fails to explain how the depth, independence and integration of research training currently associated with AQF 9 professional preparation will be preserved at AQF 8. "Flexibility" (Consultation Paper, p. 5) in research requirements should not become a euphemism for dilution. Research training is not an optional academic add-on; it is a public protection mechanism because it supports critical appraisal, evidence-based practice, resistance to pseudoscience, and ethical professional judgment.

### **Training quality and competency assurance should be explicit**

Any redesign option needs to ensure graduates will meet the Professional competencies for psychologists within a shorter and structurally different pathway, including how depth of learning, assessment rigour, supervised practice, reflective capacity, ethical decision-making, research literacy, cultural responsiveness, risk assessment, and applied skills will be assured at AQF 8 rather than AQF 9. The design principles should also identify what will replace or replicate the individual readiness safeguards currently embedded in the pathway, including supervised practice hours, the National Psychology Exam, and Honours-level research requirements, if these are removed, reduced, or repositioned within the new model.

### **The diversity of psychology practice must be explicitly protected**

This is among the most significant omissions in the current design principles, and one on which the APS has received substantial member feedback. The consultation paper refers to the Department of Health, Disability and Ageing Psychology Supply and Demand Compendium report (2026) workforce demand modelling which is drawn almost entirely from health settings data. Yet approximately 39% of psychologists – over 13,000 practitioners – work outside the health system<sup>1</sup>. This methodological limitation is not appropriately acknowledged in the consultation paper, and the consequences flow directly into the design principles. A reform designed primarily around health service delivery risks insufficiently accounting for the broader profession of psychology. The principle that "industry drives the demand for advanced qualifications" (Consultation Paper, p.10) implicitly assumes a training architecture that fits bounded institutional health systems but is poorly suited to areas of practice delivered across multiple sectors, employer types and role configurations. The APS recommends that this design principle be reconfigured to explicitly state that the redesigned pathway must recognise and sustain the full diversity of psychology practice, that demand modelling must extend beyond health settings, and that AoPE training architectures must be capable of accommodating all nine areas of practice. The specific implications for AoPE design are addressed in response to Question 13.

### **Supervision capacity, quality, and sustainability must be assured before, not after reform**

The consultation paper acknowledges that supervisor availability is a significant ongoing concern and that 83% of Board approved supervisors are metropolitan based (Consultation Paper, p.34). The design principles should establish supervision capacity as a threshold condition for implementation, not a downstream problem to resolve after a model is selected. The APS also cautions that role play, simulation and problem-based learning are valuable pedagogical tools, but may require significant staffing, facilitation, assessment and debriefing capacity. While block placement models may redistribute the supervision burden, they do not in themselves create additional supervision supply.

<sup>1</sup> Department of Health, Disability and Ageing, *Psychology Supply and Demand Compendium Report*, April 2026, p. 6.

### **Workforce distribution and retention should be explicit**

Increasing the number of graduates will not address workforce shortages if they continue to concentrate in metropolitan private practice, or if public, community and regional services remain unable to attract, retain or fund psychologists. Monash Modified Model (or Psychology Board of Australia) data shows that psychologists per 100,000 population are more than four times higher in major cities than small rural towns (Consultation Paper, Figure 5, p.33-34), and this disparity has persisted despite years of workforce growth. The design principles should recognise that workforce shortages are shaped by funding, employment conditions, remuneration, professional support, supervision availability, and service design, not only direct outputs of the education and training pipeline. Where the model's success depends on action by government, employers, funders or education providers, those elements should be named and planned for, not assumed. If the proposed pathway produces more graduates who enter the same geographic, sectoral and employment patterns as the current workforce, the reform may increase aggregate headcount without materially improving access in the settings with greatest need.

### **International equivalence and professional mobility should be explicitly considered**

The design principles should require that international equivalence be assessed and maintained, and that any divergence from comparable international standards be clearly justified. Member feedback has specifically raised concern that Australian-trained psychologists may face reduced recognition in jurisdictions where they have historically been able to practice, particularly the United Kingdom, Canada, and New Zealand. This is not a peripheral concern; it affects professional mobility, workforce migration, and the international standing of Australian psychology. Ultimately, this has the potential to inadvertently encourage would-be Australian psychology students (domestic and international) to study elsewhere.

The Board's own benchmarking shows that Brazil is the only comparable jurisdiction with a single degree pathway to registration, and that Australia would be moving to a lower qualification level than New Zealand, the United Kingdom, the United States and South Africa. It is not clear why Brazil should be treated as a primary or determinative comparator in the context of education reform. Certainly, the Brazilian psychologist workforce is one of the largest in the world<sup>2</sup> but this volume reflects a fundamentally different regulatory and education model rather than a directly comparable standard of professional preparation. Using Brazil as a primary benchmark risks anchoring Australian reform to an outlier model, conflating workforce volume with training standards and importantly, weakening alignment with the dominant international approach of staged postgraduate competency development.

Ensuring alignment with international training standards is not simply a matter of maintaining consistency or keeping the status quo - it is fundamental to maintaining confidence in the profession, supporting workforce mobility, and preserving the long-term competitiveness and credibility of Australian psychology training.

### **Implementation feasibility should be a design principle**

The feasibility of the proposed model cannot be separated from its appropriateness. A major reform that depends on unavailable placements, insufficient supervisors, uncosted university staffing restructures, unclear transition arrangements for current students, and untested employer willingness to operate as accredited training sites cannot be properly evaluated without implementation analysis. The design principles should establish that no option is advanced to implementation without demonstrated feasibility across placement capacity, supervision infrastructure, higher education provider readiness, employer capacity across all areas of practice, and transition arrangements for enrolled students.

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<sup>2</sup> Conselho Federal de Psicologia. (2026). *A Psicologia brasileira apresentada em números. Somos um total de 597.441 psicólogas (os)* [Brazilian Psychology presented in numbers. We are a total of 597,441 psychologists]. <http://www2.cfp.org.br/infografico/quantos-somos/>

## Preferred Option

5. (a) 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.

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

(a)

The APS supports the objectives of the proposed reform for a streamlined pathway to registration. The current pathways are complex, costly for many students, and fragmented in their integration of theory and practice. These are legitimate problems that warrant structural reform, and the APS is committed to engaging constructively in that process.

The APS also acknowledges the stakeholder feedback reported in the consultation paper, including support for improving the current training pathway. However, the strength and meaning of this support should be interpreted with care. The survey findings demonstrate concern with the current pathway and "agree" or "somewhat agree" to reform in principle (Consultation Paper, p.48), but they should not be interpreted as stakeholder endorsement of the specific five-year single-degree model proposed in the consultation paper. The central question is not whether the current pathway should be improved, but whether the proposed model has been sufficiently evidenced as the right mechanism to achieve those improvements while maintaining public safety, competency assurance, training quality, and workforce sustainability.

**Accordingly, and in keeping with extensive member feedback, the APS does not support the proposed five-year single degree pathway as currently described.** The model is not yet supported by sufficient evidence to demonstrate that it will achieve its stated objectives without creating material risks to graduate competence, public safety, and the diversity and sustainability of the psychology profession.

The proposed benefits are presented largely as anticipated outcomes rather than demonstrated effects, and the consultation material does not provide the competency mapping, workforce modelling, implementation analysis, or supervision infrastructure planning that would be required to assess the model's viability with confidence.

The APS's concerns fall into four areas:

**1. The competency equivalence claim has not been demonstrated.** Moving professional psychology training from an AQF 9 postgraduate qualification to an AQF 8 undergraduate degree, compressing the training sequence by one year, introducing simulated learning and other practice-based learning activities earlier in the training sequence, and changing the research thesis requirement are all substantial structural changes with potential implications for the depth, rigour and breadth of professional preparation. This is a major competency equivalence claim. It may be possible to design such a pathway, but it cannot be accepted on assertion alone. The consultation paper does not provide a competency mapping analysis showing how each element of the current competency framework will be met within the proposed structure. Without that analysis, the assertion of equivalence cannot be accepted as a basis for reform.

**2. The proposed benefits are not yet evidence based.** The consultation paper repeatedly describes projected benefits as though they are likely consequences of the preferred model such as increasing workforce supply, improving community access to psychology services, reducing equity barriers, improving student retention, and producing more work-ready graduates (Consultation Paper, p.15-18). However, the paper does not provide the causal modelling required to show that the proposed pathway will produce those outcomes, rather than merely change the point at which bottlenecks occur. For example, a major bottleneck in the current pathway is the limited number of postgraduate places, not the six-year duration. The proposed model eliminates postgraduate training but does not explain how undergraduate entry points will be managed or how graduate numbers will increase in practice. The equity argument rests largely on reduced duration, when the evidence in the paper itself points to financial barriers, placement costs, geographic access, and admission criteria as primary equity problems - none of which are directly resolved by the proposed model.

**3. Unresolved system constraints risk being shifted rather than solved.** The current pathways to psychology registration face significant challenges around placement availability, supervisor capacity, and geographic distribution of training. Introducing practical training from year two would require substantially greater capacity across simulation-based learning, and practice-focused teaching than currently exists within the system. It may also increase demand for academic and teaching staff who are registered psychologists and able to support practice-based training. The consultation paper acknowledges supervisor availability as an ongoing concern but provides no plan to address that, or the other additional educator and resource demands associated with practical training. There is a real risk that constraints currently affecting postgraduate training will be relocated into the undergraduate pathway without being resolved.

**4. The model does not adequately account for the diversity of psychology practice.** The proposed pathway, the proposed AoPE architecture, and the workforce demand modelling on which the reform is based appear oriented primarily toward preparing psychologists for health service delivery. This is a significant limitation for a reform intended to serve the whole of the profession, including approximately 39% of psychologists working in organisational, educational, forensic, sport and exercise, community, government and other non-health settings<sup>3</sup>.

The APS has received substantial member feedback reflecting consistent concern about the evidentiary basis for the proposed reform, the potential consequences for professional standards and public safety, the adequacy of the proposed AoPE model for non-clinical areas of practice, and the risk that structural constraints in the current system will be shifted into the new pathway rather than addressed. The specific risks and unintended consequences are addressed in response to Questions 6, 7 and 8.

The APS does not oppose reform of the current pathways. However, the APS does not support the proposed five-year model proceeding in its current form given the significant unresolved questions relating to competency development, supervision capacity, workforce impacts, implementation feasibility, public protection, and other matters identified throughout this submission.

**(b)**

As the APS does not support the proposed model in its current form, this question does not directly apply. However, the APS notes the following features that, if properly evidenced and implemented, would represent genuine improvements: the integration of theory and practical skill development from earlier in the training sequence; the creation of a single consistent pathway (not necessarily a single degree) to general registration in place of the current fragmented multi-pathway model; and the intent to reduce cost and complexity for students. The APS would welcome a reformed model that achieves these objectives while maintaining the depth of professional preparation, research training, and supervised practice that the current pathway provides.

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

The APS foresees several significant risks and unintended consequences with the proposed single, integrated five-year pathway as currently described. These risks do not mean that pathway reform should not occur, they indicate the proposed model requires further evidence, modelling, consultation and safeguards before it can be supported. Risks that are primarily implementation-related are addressed in response to Question 15. The risks identified here arise directly from the proposed pathway design.

**Graduate readiness and competency assurance may be reduced or become uncertain**

The proposed model compresses professional psychology training into an undergraduate degree at a lower AQF level and indicates that simulated learning will be a primary mode of practical skill development in the early years of training. While simulation and role play are valuable pedagogical tools, they do not replicate the complexity, unpredictability, ethical demands, and relational dimensions of supervised practice with real clients. The consultation paper does not specify what criteria will be used to assess student readiness to progress from simulated learning to supervised practice with real clients, or how the adequacy of simulated preparation will be independently verified.

<sup>3</sup> Department of Health, Disability and Ageing, *Psychology Supply and Demand Compendium Report*, April 2026, p. 6.

Under the current model, entry into professional training at postgraduate level follows demonstrated academic performance and, for most programs, additional aptitude assessment including interviews and referee checks. While we recognise the current model could be improved, the proposed model does not yet explain what equivalent gate-keeping mechanisms will apply at the point of transition to client-facing placements. Until competency mapping is available and independently assessed, the risk of reduced or uneven graduate competence cannot be ruled out.

*Mitigation requires a publicly available competency mapping analysis before any model is finalised, together with clear criteria for assessing readiness to progress from simulated to client-facing placements and independent verification mechanisms to ensure training quality is maintained.*

### **Placement and supervision bottlenecks may be relocated rather than resolved**

The consultation paper appears to treat supervision scarcity primarily as a pathway-design problem. It is more likely to result from a funding and workforce participation problem. Board approved supervisors exist across the profession, but supervision requires time, carries professional responsibilities and often displaces billable or service delivery activity. Without adequate remuneration, protected time or organisational support, redesigning the timing or structure of placements will not create the supervision capacity on which the model depends. Without a funded strategy to expand placement availability and supervisor capacity, the proposed model risks relocating current constraints into the undergraduate pathway rather than resolving them. Demand for placements may affect a larger cohort at each stage and potentially require supervisors with the capacity to work with students at an earlier stage of professional development.

Block placement models redistribute supervision demand rather than creating new additional supervision and placement capacity across the system.

The consultation paper provides no funded strategy for building the required supervisor capacity and capabilities, particularly in regional, rural, remote and high-acuity settings or supporting vulnerable groups.

*Mitigation requires a national supervision workforce strategy developed and funded before implementation, with specific attention to geographic distribution and remuneration for supervisors in under-served settings.*

### **Graduate numbers may increase without improving workforce distribution or access**

Addressing aggregate workforce supply will not necessarily address the geographic (pp. 33-34) and sectoral workforce issues (p. 19) identified in the consultation paper. The proposed model includes no mechanisms to direct graduates toward public-sector, regional, rural, remote, or high-need settings. Without funded incentives, rural placement requirements, public-sector graduate programs, and remuneration reform, an increase in graduate numbers may reproduce existing distribution patterns rather than correct them.

*Mitigation requires that workforce distribution strategies be developed alongside, not after, the pathway redesign.*

### **Reducing the qualification level may affect professional standing and international recognition**

The pathway of completing an undergraduate psychology qualification overseas and then seeking entry into an Australian postgraduate psychology qualification is a longstanding and well-established migration and education pathway into the profession. Lowering the Australian qualification threshold to a five-year Bachelor-level pathway does not reduce the complexity of overseas qualification assessment. Given the substantial variation in psychology education, accreditation, regulation, and scope of practice internationally, overseas qualifications will still require careful, case-by-case evaluation to ensure core competencies are met. Lowering the AQF threshold below many other regulated jurisdictions also has broader implications for migration pathways, workforce supply, and consistency of entry standards into the profession.

The consultation paper does not assess potential consequences for how psychologists are perceived by employers, courts, insurers, government agencies, and the public.

The Board's own benchmarking shows that Brazil is the only comparable jurisdiction with a single undergraduate degree pathway to registration.

A reduction in qualification level may affect professional recognition arrangements with New Zealand, the United Kingdom, Ireland, and Canada, and other jurisdictions where Australian-trained psychologists have historically been able to practice.

*Mitigation requires formal assessment of international recognition implications before any qualification level change is adopted.*

### **Unintended impacts on Area of Practice Endorsement pathways**

Separating general registration from AoPE training and replacing the current registrar model with an employer-accredited training site model carries significant risks for workforce supply, particularly in areas of practice that are not anchored to large institutional government employers such as health, education, and justice departments. These risks are addressed in detail in response to Question 13.

*Mitigation requires that the AoPE model be developed and put to consultation separately before the general registration pathway is finalised.*

### **Inequitable impacts on students**

A single five-year undergraduate pathway may become more competitive at the point of admission than the current model. Students from disadvantaged backgrounds who perform strongly over time but do not meet a competitive ATAR at school leaving age may be excluded from the profession earlier than under the current system. Students who need to study part-time, pause study, or access training locally may face greater difficulty in a structured integrated degree than in the current more modular pathway. The proposed AQF 7 (psychology assistant) exit point, without adequate employment protections, may concentrate students from lower socioeconomic backgrounds in the lower-level qualification. These equity risks are developed more fully in response to Question 9.

*Mitigation requires equity impact analysis before a model is adopted.*

### **Role confusion and public safety risks associated with the psychology assistant pathway**

The proposed three-year exit point creates a Bachelor of Psychological Assistance before the scope of practice, supervision requirements, regulatory framework, title protection, and employment conditions for psychology assistants have been defined. Introducing a partially trained psychology graduate into the workforce without a clear and publicly understood scope of practice creates risks of role confusion, scope creep, and inadequate supervision, with potential consequences for client safety.

*Mitigation requires that the psychology assistant role be fully scoped, regulated, and consulted upon before the exit point is incorporated into the pathway design.*

### **Impact on psychological science and the academic pipeline**

The proposed model separates professional psychology training from the broader psychological science pathway and changes research training requirements for general registration. The consultation paper does not yet clearly explain how the proposed model would maintain meaningful connections between pathways to practice and advanced research training, including doctoral-level pathways, or how the future academic and research workforce pipeline would be sustained. This may have significant long-term implications for Australia's capacity to generate and translate the evidence base underpinning the practice of psychology.

*Mitigation requires the proposed model explicitly address how research capability and research training will be maintained at a level sufficient to sustain the scientist-practitioner identity of the profession and the academic pipeline.*

### **Overall Position**

The proposed single five-year model carries significant risks that have not yet been sufficiently analysed, modelled, or mitigated. The APS welcomes reform that improves clarity, equity, integration of theory and practice, and work readiness, but the current proposal requires substantially more evidence, modelling, and structural safeguards before it can be considered a safe and effective redesign of the psychology training pathway.

## Impacts of the preferred option

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

While not endorsing the proposed five-year single degree model as currently described, the APS recognises that the proposal for a single, streamlined and consistent pathway is motivated by genuine and well-documented problems in the current training pathways, and that some features of the proposed model, if properly evidenced and implemented, may offer potential benefits.

A single, streamlined and consistent pathway to general registration could, once fully implemented reduce the complexity and navigability problems that affect students, education providers, employers, and regulators under the current system with hundreds of accredited programs across four accreditation levels. Students would have a clearer understanding of what is required from the outset, employers would have more consistent expectations of graduate competence, and aspects of education provider accreditation and regulatory oversight may become simpler over time. However, while a single, streamlined pathway may reduce complexity eventually, the transition and implementation process itself is likely to create substantial additional complexity and system pressures in the short to medium term. This is discussed in more detail in our response to Question 8.

Earlier integration of theory and practical skill development as proposed, if supported by adequate supervision infrastructure and appropriate assessment of readiness to progress, could support a more developmentally integrated approach to professional preparation relative to the current model, in which practical training is largely confined to the final one to two years. A graduated, scaffolded approach to practical learning, moving from simulation and observation through to supervised client contact, is consistent with best practice in health professional education and has the potential to produce more work-ready graduates if implemented well.

These benefits should be understood as conditional design objectives, not demonstrated outcomes of the proposed model. The APS cautions that these potential benefits should not be cited as evidence that the preferred model is appropriate. They identify desirable reform objectives that any model should be tested against.

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

The risks and unintended consequences of the proposed five-year single degree pathway design are addressed in response to Question 6. The APS identifies the following additional costs and impacts arising from the reform more broadly. We note that some of the impacts identified below may be capable of mitigation through careful implementation planning, transitional support, and system investment. However, others relate more fundamentally to whether aspects of the proposed model are appropriately evidenced, justified, or defensible in their current form.

#### **Costs to higher education providers**

Redesigning undergraduate psychology programs to incorporate what is currently postgraduate professional training will require substantial investment in curriculum development, staffing, infrastructure, and supervision systems. The consultation paper acknowledges that staff-to-student ratios will need to change but does not quantify the cost or identify the funding source.

Providers will also need to manage parallel delivery of existing and new programs during transition, which will be resource-intensive and may affect program quality. There is a material risk that smaller or regional higher education providers may conclude that transitioning to the new model is not financially viable, which could reduce local training options and compound geographic access problems.

*Mitigation requires a detailed costing analysis of implementation requirements across provider types before a model is adopted, dedicated transitional funding identified, and targeted support for regional and smaller higher education providers to ensure continued geographic and equitable access.*

#### **Accreditation transition costs**

Updating accreditation standards, evidence guides, and monitoring frameworks across the current system of 663 accredited programs (Consultation Paper, p.37) will represent a significant workload for the Australian Psychology Accreditation Council and for higher education providers.

*Mitigation requires that these costs are identified and funded as part of any implementation plan.*

### **Disruption for current students and provisional psychologists**

Students enrolled at every stage of the existing pathway face uncertainty about how the proposed changes affect their training, registration status, and qualification recognition. Provisional psychologists mid-pathway may face particular uncertainty if transition arrangements do not clearly preserve existing progression and registration options.

*Mitigation requires transition arrangements be designed and communicated before a model is adopted, not after, to avoid disadvantaging students currently enrolled in good faith under the existing pathway.*

### **Implications for reputational and professional standing**

A change in qualification level from AQF 9 to AQF 8, combined with a shift from postgraduate to undergraduate training, may affect how employers, courts, insurers, government agencies, and the public understand and value psychology qualifications. Even if professional standards required to register as a psychologist remain unchanged, if the reform is *perceived*, accurately or not, as reducing professional standards, there are consequences for community trust in psychological services, employer willingness to pay competitive salaries, and the standing of the profession relative to other regulated (and unregulated) health professions. Ultimately, psychologists may be repositioned from their current professional status, with long-term consequences for public trust, remuneration, and the ability to attract high-calibre candidates. The absence of a publicly available competency mapping analysis heightens this risk. For example, psychologists currently working in the public sector may, under some enterprise bargaining agreements, be paid more or have a higher starting salary than other allied health professionals under the same award, purely by virtue of the fact they have a master's level qualification.<sup>see 4,5,6</sup>

The APS does not consider the proposed reduction from AQF 9 to AQF 8 to be sufficiently justified at this stage, particularly given the absence of competency mapping and analysis of potential professional, regulatory, and recognition impacts and strongly recommends consideration of other sequences which ultimately do not affect the reduction in AQF level.

### **Impacts on the psychological science pipeline**

Separating professional psychology training from the broader psychological science pathway, and reducing research training requirements, may over time reduce doctoral program enrolments and diminish the pipeline of future academics and researchers as the articulation between accredited and non-accredited pathways is not currently clear.

Separating the two pathways may also attract students who enter professional training but may not previously have considered an academic or research career. Ultimately, if the flow of students into research-based qualifications decreases, the long-term cost would be a reduction in Australia's capacity to generate the evidence base on which psychology practice depends. Research is the fundamental foundation of the scientist-practitioner model.

The consultation paper does not adequately demonstrate how the proposed model would sustain the future academic and research workforce pipeline, and the APS does not consider this aspect of the proposal, and the potential costs, sufficiently justified or supportable in its current form. We recommend dedicated modelling be undertaken by experts in higher education to ensure that the proposed model will not inadvertently reduce the number of students undertaking higher degrees by research. If this modelling has indeed been done, it should be clearly communicated to the psychology and psychological science community.

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<sup>4</sup> For example: State of Queensland (Queensland Health), Health and Wellbeing Queensland, The Australian Workers' Union of Employees, Queensland, Together Queensland, Industrial Union of Employees, & United Workers' Union, Industrial Union of Employees, Queensland. (2023). *Health Practitioners and Dental Officers (Queensland Health) Certified Agreement (No. 4) 2022*. Queensland Industrial Relations Commission. <https://www.careers.health.qld.gov.au/working-for-us/awards-agreements-and-orders>

<sup>5</sup> See also C.6.6 in: Australian Government Fair Work Ombudsman. (2018). *Health Professionals, Medical Scientists and Support Services (Victoria) State Reference Public Sector Modern Award 2018*. <https://awards.fairwork.gov.au/MA000157.html>

<sup>6</sup> See also: FairWork Commission. (2020). *Gender-based undervaluation—Priority awards review—Health Professional and Support Services Award 2020*. <https://www.fwc.gov.au/documents/decisionsigned/pdf/2025fwcfb297.pdf>

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

No, the proposed redesign does not sufficiently improve equity and access for students from diverse backgrounds as described. The APS recognises that the current multiple pathways can be costly, complex, and difficult to navigate, and that these barriers disproportionately affect students from diverse and underrepresented backgrounds. A single, streamlined consistent pathway could reduce some barriers if properly designed.

However, the proposed single degree model does not demonstrate how it will meaningfully improve equity, and may, in some respects, risk introducing new barriers or deepening existing ones.

The proposed redesign is a limited mechanism for improving equity and access if the practical barriers faced by disadvantaged students remain unaddressed. The most financially prohibitive periods of psychology training often arise during supervised placement, which is retained in the proposed model. Students from lower socioeconomic backgrounds, regional and remote areas, those with caring responsibilities, or students who rely on ongoing paid employment may continue to face significant barriers when training requires reduced work hours, unpaid placement participation, relocation, or inflexible attendance requirements.

These pressures are unlikely to be resolved solely through the proposed redesign, particularly in the absence of corresponding structural supports such as placement payments, cost of living cost subsidies, relocation support, and flexible study options.

### **A single competitive entry point may concentrate disadvantage rather than reduce it**

The consultation paper presents a single-entry pathway as an equity improvement, on the basis that it would remove the multiple and variable entry criteria currently required across the pathway. The APS recognises that multiple entry points can create complexity, uncertainty, and inequity for students. However, a single, competitive entry point into a high-demand undergraduate degree could concentrate selection pressure at the point of school-leaving, which is itself socioeconomically stratified<sup>7</sup>. Mature-age students, students from rural and remote areas, students from low socioeconomic backgrounds, and students who currently access psychology training through alternative or later entry points may find a single early entry model less accessible. The psychology workforce is currently predominantly female with a significant proportion working part-time. It is essential that the needs of diverse students are considered explicitly from the outset. Without this, the redesign may unintentionally create new barriers to qualification as a psychologist.

The consultation paper does not model what admissions to the new degree would look like, how competitive entry would operate, or whether equity-specific admissions pathways would be built into the model. This detail is needed before the proposed pathway can be said to improve equity and access for students from diverse backgrounds.

### **Ensuring Aboriginal and Torres Strait Islander education equity requires additional work**

The paper cites Closing the Gap commitments and notes that Aboriginal and Torres Strait Islander students have retention rates below 75% (Consultation Paper, p.28)- yet the proposed structural changes do not address the causes of this attrition.

The cultural safety curriculum additions are welcome but are not structural equity interventions. In addition, reducing the research training component - specifically the Honours thesis requirement - may disadvantage Aboriginal and Torres Strait Islander students and communities by producing fewer Indigenous psychologists with the research skills to generate and lead culturally grounded psychological knowledge. This is a potentially significant long-term equity cost that the proposed redesign does not acknowledge.

### **The CSP funding equity improvement is not guaranteed**

Standardising Commonwealth Supported Places (CSP) across the new pathway is presented as an equity improvement. However, CSP access for postgraduate study is already available under the current model for many psychology programs and there is no guarantee that the proposed model will result in additional psychology CSP places.

<sup>7</sup> Manny, A. (2020). *Socio-economic status and the ATAR*. University Admissions Centre. <https://uac.edu.au/assets/documents/submissions/ses-and-the-atar-report.pdf>

Standardising CSP funding addresses internal consistency but does not necessarily improve the financial position of the students for whom equity is most pressing. If the relevant assurance and modelling has been undertaken with the Department of Education this should ideally be communicated with the sector.

#### **What genuine equity improvement would require**

The APS considers that meaningful equity improvement requires:

1. Additional modelling regarding the distinct impact the proposed redesign may have on different cohorts of potential students, specifically, school leavers under the age of 25, mature-age students with caring responsibilities, highly qualified students who are looking for a career change etc.
2. Measures beyond pathway restructuring, including paid placements; equity-specific admissions pathways for mature-age students, rural, and non-traditional applicants; genuine flexibility for part-time and interrupted study; a funded rural and remote supervision and placement strategy; culturally grounded structural design features developed with Aboriginal and Torres Strait Islander psychologists and communities; and retention support for students from underrepresented backgrounds throughout the degree. The APS recommends an equity impact assessment be conducted across each of these dimensions before a model is adopted.

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

The APS agrees that Australia faces significant psychology workforce challenges and that reform to education and training should be considered as part of a broader response. However, the proposed five-year pathway has not yet demonstrated that it would meaningfully address future workforce needs. As noted in our response to Question 1, the workforce challenges vary considerably in the extent to which they are directly attributable to, or likely to be resolved through, redesign of the higher education pathway alone. While pathway redesign may support some aspects of aggregate workforce supply over time, its likely impact on access, distribution, retention, advanced capability (particularly outside mental health delivery), and service quality remain uncertain.

#### **The workforce challenge is not only a pipeline problem**

The consultation paper frames the workforce challenge primarily as a supply problem and proposes pathway reform as the primary solution. This framing is incomplete. The most acute shortages are geographic and sectoral: psychologists are heavily concentrated in metropolitan private practice, while public-sector, regional, rural, remote, community, disability, justice, and education settings face persistent difficulty attracting and retaining psychologists regardless of overall supply growth. The Psychology Board of Australia's own data shows consistent psychologist supply growth over five years, yet these shortfalls in specific areas persist (Consultation Paper, p.21). Workforce shortages are also shaped by remuneration, employment conditions, professional support, supervision availability, and service funding models. Where the success of the proposed redesign in addressing these factors depends on action by government, employers, or funders, this should be clearly identified rather than assumed.

#### **The headline demand figures require careful interpretation**

The figure of 96.6% unmet demand by 2038 is striking, but it conflates unmet need - the gap between what people require and what is currently available - with expressed service demand, which reflects current utilisation patterns rather than underlying need<sup>1</sup>. These have different policy implications. The modelling also draws almost entirely from health settings, thereby excluding approximately 39%<sup>1</sup> of the psychology workforce.

In doing so, it may also inadvertently shift the emphasis onto service delivery, rather than population health, early intervention, and prevention – much of which is undertaken outside health settings. A system focused almost exclusively on treatment (rather than prevention and early intervention) will inevitably face escalating demand over time, potentially magnifying the very workforce shortages that the proposed redesign is hoping to address.

Reliance on these projections based on part of the psychology workforce should be accompanied by transparent explanation of the underlying assumptions, the settings to which they apply, and how the proposed pathway would address the specific forms of demand being modelled.

### **The AoPE workforce is not adequately addressed**

The proposed redesign does not demonstrate how it will support workforce needs across the current nine areas of practice endorsement. The proposed AoPE model risks under-producing psychologists with diverse areas of practice where no single dominant employer, such as large government departments, exists.

Over time, this structural imbalance is likely to narrow the psychology workforce in ways that compound existing shortages in prevention, psychosocial risk management, educational psychology, justice, and other domains critical to population wellbeing. These risks are addressed in detail in response to Question 13.

### **The supervision workforce**

Given the intention of the proposed redesign option to implement earlier practical experience, more Board approved supervisors who may be active earlier in the training sequence and, if block placements are undertaken in regional and remote areas, in potentially a broader geographic distribution than currently exists. There is no funded strategy in the consultation paper for developing this capacity. While we acknowledge the assertion that “further exploration is required to understand and enhance supervisor capacity moving forward” (Consultation Guide, p. 15) we recommend that this additional work be undertaken with the greatest of urgency. Without it, the proposed education model’s ability to deliver on its workforce supply objectives is contingent on a supervision workforce that may not yet exist.

### **The psychological science and academic workforce**

The proposed model’s separation of professional psychology training from the broader psychological science pathway and its reduction of research training requirements has potential consequences for the academic and research workforce. If the pathway to professional practice no longer connects meaningfully with doctoral-level research training, enrolments in PhD programs are likely to decline over time. This is itself a workforce problem, one that the consultation paper does not acknowledge. As previously recommended, this must be explicitly considered as part of any workforce modelling undertaken before the proposed redesign is finalised.

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

The answer depends on how “better prepared” is defined and measured. The consultation paper does not provide sufficient evidence to answer this question with confidence. The APS is concerned that the proposed model may improve some aspects of preparedness, particularly earlier exposure to professional settings, while placing other important elements of entry-level competence at material risk.

The APS recognises that the current pathway has limitations. Members report that students frequently seek volunteer work, internships, or other work experience in order to be competitive for postgraduate entry. This is partly a product of the scarcity of current postgraduate places and highly competitive selection processes. Access to these extracurricular opportunities is also likely to be stratified by socioeconomic background. Embedding practical learning earlier in formal training, with appropriate supervision and assessment, could improve equity, strengthen students’ understanding of professional settings, and support the development of professional identity. These are legitimate goals that the APS supports in principle.

However, the data provided in the consultation paper provides reason for caution. While 37% of employers report that newly registered psychologists do not currently meet expectations for workforce readiness, 57% did not agree that a shorter, more practical training pathway would improve workforce readiness (Consultation Paper, p.51). The consultation paper does not identify what specific capability gaps employers observed, whether those gaps vary across practice settings, or how the proposed model would address them.

Employer dissatisfaction with current graduates therefore cannot be taken as evidence that the proposed pathway would produce graduates who are better prepared for entry-level practice.

Entry-level practice is not only a matter of technical skill application or familiarity with workplace settings. It requires professional judgment in ambiguous situations, ethical decision-making under pressure, risk assessment and management, cultural responsiveness, capacity to work autonomously within appropriate scope, and critical evaluation of evidence. These capabilities develop through sufficient depth, duration and variety of supervised reflective practice, alongside strong research training.

The APS is concerned that these capabilities may be compromised if the pathway reduces the depth of supervised practice, lowers the qualification level, or diminishes research training. A shorter and more practically oriented pathway may increase exposure to professional tasks, but exposure alone is not equivalent to competence.

Without clear competency mapping, supervision requirements, assessment standards and evidence about how complex capabilities will be developed and assured, it is not possible to conclude that graduates would be better prepared. These concerns are addressed in detail in our responses to Questions 5 and 6.

The APS therefore cannot conclude, on the information provided, that graduates of the proposed pathway would be better prepared for entry-level practice. As detailed in our responses to Questions 5 and 6, the structural changes proposed carry material risks to graduate competence that must be addressed before the model is adopted. Detailed competency mapping, pilot evaluation, and employer consultation across all practice settings are necessary before any such conclusion can be reached.

### **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.**

The question of standalone psychology assistance qualifications versus an exit-point-only qualification is premature. More fundamental questions regarding workforce needs, regulatory frameworks, and public protection remain unresolved.

The consultation paper acknowledges that “further research and analysis are required to clearly define the psychology assistant role” (Consultation Paper, p.43), despite proposing to structurally embed the role within the redesigned pathway before that work has been completed.

Fundamental questions remain unanswered regarding:

- the proposed role’s scope of the practice
- role differentiation from registered psychologists
- supervision requirements and resourcing implications
- regulatory and liability frameworks
- consumer protection and risk management
- equity considerations for disadvantaged students who cannot complete the full degree
- employment conditions and career pathways, and
- the potential for workforce substitution and public confusion.

The APS strongly recommends a separate, dedicated consultation on the psychology assistant role before any structural features of the education and training pathway are designed around it. This consultation should result in a clearly articulated role description, scope of practice, potential equity issues, potential remuneration in different settings, supervision model, regulatory and liability framework, and workforce modelling.

## Additional considerations - Area of Practice Endorsement (AoPE)

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

The APS is significantly concerned about the impacts of the proposed redesign on AoPE training, supply, and demand. The proposed AoPE model is not sufficiently developed in the consultation paper, and the workforce, training, implementation, and public protection implications have not been adequately analysed across the full diversity of endorsed areas of practice.

The central risk is that the proposed model may shift AoPE training from a nationally structured, profession-led pathway to a more employer-contingent model, in which access to endorsement depends heavily on whether suitable employers are willing and able to host, fund, and supervise advanced training. This could create uneven impacts across areas of practice, sectors, regions and employer types.

#### **The proposed AoPE model would materially alter the nature of areas of practice**

The consultation paper proposes that AoPE training be restructured as a master's qualification completed part-time over two years, equivalent to one year of full-time study, with supervised work experience contributing to the qualification and employer-accredited training sites replacing the current registrar program (Consultation Paper, p.14). This represents a material change to the current model of advanced area of practice preparation.

The APS is concerned that, for many areas of practice, this may reduce the depth, breadth, and structured diversity of advanced training. Advanced competencies are not developed through a single workplace alone. They require advanced knowledge and supervised practice experience across a range of settings in which that area of practice is employed. The consultation paper does not demonstrate how these elements would be assured under the proposed model.

The consultation paper also does not specify who would fund AoPE training at accredited employer sites. The APS is concerned that, in practice, this cost will fall on employers, many of whom, particularly outside large public institutions, may lack the resources or structural capacity to absorb it. If only large public sector employers are realistically able to operate as accredited training sites (e.g. Departments of Health, Education, or Justice), AoPE training may become concentrated in particular sectors, further narrowing the settings in which advanced competencies are developed.

#### **Uneven impacts across areas of practice**

The impacts of the proposed redesign are likely to vary significantly across the nine endorsed areas of practice. Some areas of practice may have clearly identified institutional training hosts who are able to provide a diversity of relevant experience. The proposed model appears least plausible for areas where practice is distributed across multiple sectors and employer types, where no single dominant institutional host exists, and where breadth of experience across different settings is a core competency requirement.

Under the current model, diverse supervised experience is a deliberate design feature, not an inefficiency. The proposal appears to assume that advanced knowledge and skills can be acquired once employed, within a single accredited employer setting, following general registration. The consultation paper provides no analysis to support this assumption or to explain how equivalent breadth would be achieved and assessed. The APS has received strong member feedback on this point. Members emphasised that a psychologist who completes the equivalent of one year of full-time AoPE training with a single employer could not receive equivalent exposure to the range of presentations, systems, ethical issues, organisational contexts and practice demands required for advanced competence.

#### **The pathway redesign may reduce access to relevant adjacent knowledge**

The APS has also received member feedback indicating that many psychologists who pursue non-clinical areas of practice discover their area of interest during postgraduate training or through degrees that combine psychology with adjacent disciplines such as law, business, or education. Under the proposed model, students who do not want to train as mental health practitioners may choose the non-accredited psychological science pathway.

The consultation paper does not clarify how students who begin in the non-accredited pathway could later transfer to the accredited pathway, given that the skill-based training required for general registration would not have been completed.

### **Risk of a disrupted enrolments during transition**

The APS is concerned that separating the general registration pathway from AoPE training, and making it a post-registration decision may reduce the structural incentive to pursue endorsement. This could lead to a significant drop in enrolments in current AoPE programs during the transition period. Students who might otherwise have enrolled in an AoPE program may wait for the new pathway, defer the decision, or conclude that the additional qualification is not worth pursuing. This “demand cliff” could threaten the viability of programs that already operate with small cohorts and limited margins. Programs that close during the transition may be difficult, or impossible, to re-establish. Grandfathering arrangements, transition timelines, and protections for existing programs must be specified and undergo consultation prior to any model being adopted.

### **Viability of higher education provider AoPE programs**

If employer-accredited training sites take on the primary role in AoPE education, the rationale and funding base for higher education provider-delivered AoPE programs may be undermined. This is particularly concerning for smaller or less commercially viable areas of practice. The consultation paper does not address this risk or propose mechanisms to protect program viability during the transition. The APS is concerned that the reform could unintentionally reduce the number of AoPE training programs available, particularly in areas where workforce need is real, but demand is diffuse or not easily captured through large employer-based training models.

### **Risk of progressive narrowing of the AoPE workforce**

Due to funding constraints, the APS has witnessed the closure of several AoPE courses across Australian higher education providers particularly over the past seven years. Postgraduate courses in an AoPE are no longer available. Apart from clinical psychology programs, programs in the other eight AoPEs are available at fewer than five higher education providers across Australia, limiting the number of future psychologists in these important areas of psychological practice. The proposed redesign model risks making this situation worse. Fewer psychologists pursuing endorsement would reduce the pool of AoPE qualified supervisors, making it more difficult for subsequent cohorts to access supervision required for their own AoPE training. This would create a self-reinforcing cycle, where fewer training opportunities produce few endorsed psychologists, which in turn reduced supervisory capacity and further constrains future training. This risk is particularly acute for areas where endorsed psychologists are already difficult to access.

### **The “industry drives demand” principle is not appropriate as the sole mechanism for all AoPE areas**

The APS is concerned that allowing employer demand to be the primary determinant of endorsed psychologist supply may systematically undervalue areas of practice where demand is real but diffuse, prevention-focused, or distributed across many employers rather than concentrated in large institutional settings. Organisational psychology provides a clear example. Demand for psychosocial risk management expertise is growing rapidly under Work Health and Safety legislation, but this demand is distributed across many employers rather than concentrated in a small number of accreditable training sites. A workforce planning model that relies primarily on what individual employers are willing and able to fund risks producing an AoPE workforce shaped by funding convenience, rather than public, professional, and system need.

### **Scope of practice distinctions require clarification**

The consultation paper does not clarify how the scope of practice distinctions between general registration and AoPE would be operationalised under the proposed new competency framework. The relationship between general registration competencies and the additional competencies required for each endorsed area of practice must be explicitly mapped. Without this, it will be unclear to graduates, employers, regulators, funders, and the public what AoPEs add to general registration and how advanced competencies will be recognised and protected. This lack of clarity has implications for public safety, professional liability, workforce planning, and the perceived value of pursuing endorsement.

### **APS recommendations**

The proposed AoPE model should be subject to a separate, dedicated consultation process before it is finalised. This consultation should include discipline-specific feedback for each of the nine areas of practice endorsement, with membership drawn from relevant colleges, program directors, practitioners, employers, and consumer representatives. Demand modelling for AoPE training should be extended beyond health settings.

The current registrar program should not be abandoned before a demonstrated and viable alternative has been established, piloted, and evaluated. Any redesigned AoPE model must include explicit protections for smaller or less commercially viable areas of practice. Transition arrangements including grandfathering provisions and protections for existing students, supervisors and programs, must be specified and consulted upon before any model is adopted.

**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)?**

A single qualification for general registration may allow faster entry of general psychologists into the workforce.

This has been presented as a way to accelerate workforce supply in response to current mental health workforce shortages. However, as outlined in our response to Question 1, those shortages are driven by multiple factors, including funding, service models, working conditions, distribution, retention, and access to supervisors. Reducing the time to general registration will not, on its own, address these underlying issues.

The APS is not opposed in principle to a model in which general registration and area of practice endorsement are obtained through separate qualifications. However, the consultation paper does not provide sufficient detail or evidence to determine whether the proposed two-qualification structure would maintain the depth, accessibility and viability of advanced training pathways.

In particular, the proposed redesign does not demonstrate whether:

- Workforce supply in areas of advanced practice would be maintained under a post-registration AoPE model.
- AoPE pathways would remain viable and accessible across all nine endorsed areas.
- Graduates would have sufficient incentive, support, and opportunity to pursue advanced training after entering the workforce.
- Employers and services would continue to value and require endorsed qualifications where advanced skills are needed.
- Overall workforce capability, not just workforce quantity, would be maintained or improved.

A single pathway to general registration may provide greater clarity and consistency, but this does not remove the need for a robust, accessible and sustainable pathway to AoPE qualifications.

Detailed considerations regarding AoPE viability, supply, and demand are outlined in our response to Question 13.

**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).**

Implementation feasibility and transition implications remain critical considerations in assessing whether a proposed model is viable, sustainable, and appropriate to pursue. The APS position is that a proposed model that does not yet adequately address or resolve key implementation requirements - including placement capacity, supervision availability, education provider needs, transition arrangements or implementation costs to name a few - cannot be confidently assessed as a viable pathway reform.

The APS foresees substantial implementation and transition challenges with the proposed redesign model, many of which have already been identified throughout this submission. We highlight here key implementation and transition challenges with direct implications for training quality, public safety, workforce supply, and equity.

### **Current students and provisional psychologists**

Students enrolled at every stage of the existing pathway face uncertainty about how the proposed changes will affect their training, registration status, qualification recognition, and career prospects. Without clear grandfathering provisions, equivalence arrangements, and transition timelines, students enrolled under the existing system may be materially disadvantaged.

Provisional psychologists mid-pathway face particular risk if the pathways under which they commenced are discontinued or devalued. Transition arrangements must be designed, costed, and communicated before any alternative training model is adopted. All students currently enrolled should be guaranteed the option to complete under existing arrangements with full recognition of their qualifications.

### **Higher education provider capacity**

The most acute implementation challenge for higher education providers will be managing parallel delivery of existing and new programs during transition, potentially for several years. This requires simultaneously maintaining current programs for continuing students, developing and delivering the new five-year integrated program for new entrants, recruiting academic staff with registration as a psychologist and Board approved supervision status, establishing or expanding clinical training facilities and placement coordination systems, and redesigning curricula, assessment frameworks, and quality assurance processes. The consultation paper does not quantify the cost, specify the required staffing model, or identify the funding source.

There is a material risk that smaller or regional programs may conclude that the new model is not financially viable and discontinue psychology training altogether, reducing geographic access to training and compounding existing workforce distribution problems. The profession has already seen workforce and training viability challenges contribute to contraction in some endorsed areas of practice. A detailed implementation and costing analysis across higher education providers would be required before an alternative model is adopted, alongside consideration of transitional funding, workforce planning, and targeted support for regional and smaller providers to maintain geographic access to psychology training.

### **Academic workforce**

The proposed model may require a substantial increase in academic staff who hold both registration and higher education teaching credentials, typically requiring PhD-level qualifications. Many current psychology academics in undergraduate programs are research-focused and may not hold registration or supervision qualifications. Higher education providers will need to recruit, retrain, or redeploy staff during a period when they are also maintaining existing programs.

### **Supervision and placement infrastructure**

As addressed in Question 6, the proposed model may require more placement sites and Board approved supervisors. During transition, the system must support students completing existing programs, provisional psychologists on current pathways, and new students requiring placements from year two – simultaneously. A national supervision workforce strategy and placement capacity audit should be completed, and funded infrastructure established, before the new pathway commences.

### **Employers**

Introducing a new pathway without clear communication about graduate capabilities risks compounding current concerns about graduate work readiness. Employers who currently provide registrar positions may need to redesign these arrangements if the AoPE training model shifts to employer-accredited training sites, which smaller and non-health sector employers may lack capacity to provide. Employers should be consulted about workforce readiness expectations and capacity to support the new model before it is finalised.

### **Accreditation and regulatory transition**

Updating accreditation standards and monitoring frameworks across 663 accredited programs represents significant workload for APAC and education providers. Programs will need re-accreditation under these new arrangements.

The Board will need to update registration standards, supervision guidelines, and competency frameworks. A detailed accreditation transition plan should be developed in consultation with APAC before the model is adopted, including timelines, resource requirements, and interim arrangements.

### **AoPE pathway transition**

As addressed in Question 13, there is particular risk of a significant disruption to enrolments during transition as students who might otherwise have enrolled in combined programs may defer or abandon AoPE training decisions. AoPE transition arrangements should be developed and consulted upon separately, and current AoPE programs should be supported with transitional funding if necessary to maintain viability.

### **Public communication and professional confidence**

A major restructuring requires clear communication to the public, employers, referrers, and other health professionals about what the changes mean for psychologist qualifications, competencies, and scope of practice.

The absence of a publicly available competency mapping analysis heightens the risk that the reform may be perceived, accurately or not, as reducing professional standards, with consequences for community trust, employer confidence, and professional credibility (also for currently registered psychologists). A comprehensive public communication strategy should be developed, and the competency mapping analysis published and made available for independent review before the model is adopted.

### **Need for implementation modelling**

The implementation challenges identified above must be addressed before a model is adopted, not deferred to a later phase. Before proceeding, the following require commissioning and publication:

- A detailed cost analysis for higher education providers;
- Transition arrangements for current students and provisional psychologists, including grandfathering provisions;
- Modelling to ensure that particular cohorts of students are not unfairly disadvantaged;
- A national supervision workforce strategy and placement capacity audit;
- An academic workforce capacity assessment;
- Employer consultation on workforce readiness and AoPE training site capacity;
- An accreditation transition plan developed with APAC;
- A discipline-specific AoPE transition plan for each endorsed area of practice; and
- A public communication strategy including competency mapping analysis.

Without this analysis, the proposed redesign risks shifting existing system constraints onto higher education providers, supervisors, employers, students, and early-career psychologists rather than resolving them.

## **Final comments**

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

On page 5, the consultation paper describes this reform as ‘once in a generation opportunity for redesigning the psychology education and training pathway’. It is important to appreciate, therefore, that any critique of the proposed model and consultation process is simply intended to take advantage of this rare opportunity to address material problems in the current psychology education and training system. The APS understands that the Psychology Board of Australia is operating within terms of reference set by Government and that no single model will satisfy the entire sector. However, the effect of presenting a preferred model, without sufficient supporting analysis or design detail, is that the reform may be perceived as being more fixed than we would expect at this stage.

The APS acknowledges the concern this consultation has generated across the psychology profession, including among practitioners, educators, researchers, supervisors, students, training providers, and employers. This considerable concern should not be understood simply as resistance to change. It reflects genuine and reasonable consideration of the proposed reform that will materially affect the future of the profession, students, clients, training programs and service systems, but which has not yet been described in enough detail to assess properly.

The absence of key design detail is not a minor gap.

Information regarding competency mapping, AoPE pathways, supervision infrastructure, the psychology assistant role, funding implications, equity implications and quality assurance mechanisms is central to determining whether the proposed redesign model is safe, viable, and sustainable.

A reform of this scale and consequence warrants a process that is rigorous, transparent, and consultative using a co-design process. Genuine co-design does not require consensus across all stakeholders. However, it does require that relevant stakeholders have a meaningful opportunity to shape the design of the model, not only respond to a preferred option after key parameters have been proposed.

The APS is concerned that the consultation period was limited to eight weeks and structured around a single preferred option, with alternative training models expressly excluded from consideration. Stakeholders are being asked to evaluate a redesign option whose most consequential elements remain unresolved or insufficiently specified. This limits the ability of the profession to provide meaningful feedback on the safety, feasibility, cost, implementation and workforce impacts. Reform of this significance should be built from a shared problem definition, detailed evidence, and genuine testing of multiple design options. This should include embedded change management considerations to support different stakeholders throughout the process.

Ideally, any proposed changes to the education pathways should be closely informed by a comprehensive analysis of the current workforce and in-depth analysis of the factors influencing existing shortages. As previously advocated by the APS, we recommend the development of federally funded *National Psychology Workforce Strategy*<sup>8</sup> which should guide any proposed changes.

The APS does not question the Board's commitment to improving psychology education and training, nor the importance of addressing workforce and access pressures. These are shared priorities. The APS urges the Board and government to provide the missing analysis and create the conditions for genuine co-design before any model is finalised, recommended, or implemented.

A more rigorous and collaborative process would strengthen meaningful reform and help ensure any redesigned pathway is safe, evidence-informed, viable, equitable and capable of sustaining the full breadth of psychology practice. Any proposed redesign should also be accompanied by transparent acknowledgement of the workforce and systemic issues that cannot be resolved through higher education redesign alone, together with clear articulation of the broader workforce, funding, placement, supervision, and service-system reforms required alongside or beyond pathway reform.

***The APS would like to acknowledge and sincerely thank the members and member groups who so kindly contributed their time, knowledge, experience and evidence-based research to the development of this submission.***

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<sup>8</sup> Australian Psychological Society. (2026). *Advancing national wellbeing through the psychology workforce: APS 2026-2027 Pre-Budget Submission*. <https://psychology.org.au/psychology/advocacy/submissions/2026/aps-pre-budget-submission-2026-27>