10 April 2023

Dear Universities Accord,

We are pleased to be submitting a proposal to the Universities Accord Consultation on behalf of the **Psychology Training and Public Health Workforce Alliance**, which comprises representatives from:

- The Australian Psychological Society (APS)
- University psychology senior staff and training program staff from clinical psychology, clinical neuropsychology, and forensic psychology training programs across Australia
- Public health service psychology leaders in Victoria, NSW, SA and WA

Our submission addresses significant issues in postgraduate psychology training that have caused the major workforce shortage of psychologists in public health services. In particular, it addresses the following Discussion Paper questions:

3.2 Meeting Australia's knowledge and skills needs

Q12 How should an adequate supply of CSPs be sustained and funded, as population and demand increase?
Q13 How could an Accord support cooperation between providers, accreditation bodies, government and industry to ensure graduates have relevant skills for the workforce?
Q14 How should placement arrangements and work-integrated learning in higher education change in the decades ahead?

3.3 Connection between the vocational education and training and higher education systems

Q17 How should better alignment and connection across Australia's tertiary education system be achieved?
Q19 What would a more effective and collaborative national governance approach to tertiary education look like?

3.4 A system that delivers new knowledge, innovation and capability

Q23 How should an Accord help Australia increase collaboration between industry, government and universities to solve big challenges?

3.5 Creating opportunity for all Australians

Q28 What is needed to increase the number of people from under-represented groups applying to and prepared for higher education, both from school and from other pathways?
Q29 What changes in provider practices and offerings are necessary to ensure all potential students can succeed in their chosen area of study?
Q30 How can governments, institutions and employers assist students, widen opportunities and remove barriers to higher education?

3.9 Investment and affordability

Q45 How should the contribution of different institutions and providers to key national objectives specific to their location, specialist expertise or community focus be appropriately financed?

We appreciate your consideration of the issues and proposed solutions presented in our strategic proposal. For further correspondence with our alliance, please contact either of our co-leads:

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Strategic proposal: Addressing the shortage of psychologists in public health services

Developed by the **Psychology Training and Public Health Workforce Alliance**, comprising:

- The Australian Psychological Society (APS)
- University psychology senior staff and training program staff from clinical psychology, clinical neuropsychology, and forensic psychology training programs across Australia
- Public health service psychology leaders in Victoria, NSW, SA and WA

Statement of the problem and scope of this document

Australian public health psychology services are at crisis point. Currently, the federal government is meeting only 35% of its psychology workforce target. Hundreds of hospital-based psychology positions remain unfilled, with patients (including children) waiting up to two years for assessment and treatment. Positions are often advertised for months with no suitably qualified applicants, particularly in regional and remote hospitals. Demand has further escalated post-pandemic, given the significant impacts of COVID-19 and associated restrictions for mental health and management of chronic conditions.

Brain and mental health disorders including depression, stroke, dementia, ADHD, and alcohol/substance misuse are major causes of disability, with significant personal and societal impacts. At least one of these conditions impact or will impact the majority of Australians. For example, 25% will have a stroke and over 40% will experience a mental health condition in their lifetime. By 2058, over a million people are projected to have dementia, costing Australia a staggering $36.8 billion. Timely diagnosis, assessment and treatments for these complex conditions are crucial. These services require psychologists with advanced training. This includes clinical psychologists, clinical neuropsychologists, counselling psychologists, educational and developmental psychologists, forensic psychologists and health psychologists.

Generalist vs advanced training pathways

All psychologists are registered with the Psychology Board of Australia (PBA), which is part of the Australian Health Professionals Regulation Agency (AHPRA). Psychologists with advanced training are also eligible to obtain an "area of practice endorsement" in a specific area of practice such as clinical neuropsychology, clinical psychology or forensic psychology. Psychologists with these areas of practice endorsement are comprehensively trained in assessment, intervention and treatment of people with complex mental illness and brain conditions.

Both generalist and advanced training pathways involve a four year accredited undergraduate study sequence and a Masters level qualification. In the generalist model, the Masters qualification is one year followed by a one year internship and a national psychology examination, after which graduates can be registered as psychologists. This pathway produces the majority of psychology graduates. Those with advanced training complete either a 2-year Masters degree or 4-year Doctorate in an area of practice endorsement. An additional two-year[1] registrar program following this Masters/Doctorate is required to gain endorsement with the PBA in the respective area of practice. Therefore, in terms of the postgraduate component, advanced training is at least double the length of generalist training. A diagram showing these

[1] 1 year for graduates from a Doctoral program

training pathways in included for reference in Appendix A. From hereon psychologists with advanced training leading to an area of practice endorsements will be called “endorsed psychologists”.

Complex and severe brain and mental health disorders are associated with high health care needs and often social and economic disadvantage. People with these conditions need to access public health services, both to obtain appropriately specialised care and because they cannot afford to pay for private psychologists. These public services therefore require the expertise of endorsed psychologists who have advanced training. However, there is a major shortage of endorsed psychologists available to fill public health service positions.

Causes of the workforce shortage of endorsed psychologists in public health

The 2-year Masters programs for area of practice endorsement comprise coursework, research and 1000 hours of clinical placements. The programs are costly to run, requiring high staff-to-student ratios and incurring high clinical supervision and placement costs. Unlike medical degrees, government funding for these programs does not come close to covering the costs of the courses. The federal government support is half that given to veterinary science and medicine. This means universities lose money on these programs, making them an unattractive financial prospect for ever-tightening higher education budgets.

This has led to program closures, despite consistently high demand for training places. Advanced training programs regularly receive at least 20 applicants for each available place. However, across Australia, the number of clinical neuropsychology training programs has fallen from eight to five in the past ten years. There have been similar reductions in health, counselling and forensic psychology training. Apart from clinical psychology programs, programs in the other eight areas of practice endorsement are available at five or fewer universities across Australia, many currently under threat of closure, limiting the number of future psychologists in these important areas of psychological practice.

Universities are now resorting to reducing government-funded masters places in favour of costly full-fee paying places (around $35,000 each year), impacting affordability, equity of access and student diversity. This disrupts any endeavour to develop a culturally and socioeconomically representative workforce and fails to meet the needs of our healthcare sector.

Supervised placements in healthcare settings are an essential component of accredited professional psychology training programs to ensure work-ready graduates. Over time, placement opportunities in the public health system have not matched demand from the University sector. This has led to an increasing number of placements being sourced in the private sector or a reduction in the number of students universities can enrol. If no action is taken to facilitate more clinical placements in public health services, not only will we train fewer students, but more of those we can take into Universities will be trained only in the private or community sector. These graduates are often ill-prepared for the pace and complexity of public health work. Some graduates have never entered a ward environment or worked closely with multidisciplinary teams including doctors and nursing staff. Many graduates who start their careers in private practice stay there for the duration of their careers. In essence, we are failing to support pathways for psychologists to gain and maintain employment in public health.

Many psychologists therefore choose to enter often better-paying and more flexible private practices straight out of university, bypassing public health roles. This affects the general public’s access to mental health services. In addition, psychology private practices are disproportionately located in affluent areas.

Vulnerable people living with complex brain and mental health conditions deserve to have access to high quality psychology services provided by highly trained/skilled psychologists.

The mental health workforce shortage is a large-scale problem that affects multiple sectors and diverse communities across Australia. Different problems need different solutions. The focus of our work is on *the*

shortage of endorsed psychologists to provide services for those with complex brain and mental health presentations. Some of our solutions might be relevant to other groups with different priorities (e.g., psychologists and other mental health workers in private practice settings). However, as a group, we are focused on finding solutions to the challenges faced by the public healthcare sector to recruit and retain endorsed psychologists with advanced training in complex brain and mental health conditions. To protect and grow public health services, we must protect and grow *training programs* delivered by experts in clinical education.

To achieve this, systematic workforce planning is needed. This will require cooperation between education and health portfolios at both federal and state levels of government and policy. Our proposed strategies for this collaborative endeavour are listed below.

Proposed strategies and solutions

1. **Increase the funding band for postgraduate psychology training to align with General Practice, Medical Studies, Agriculture and Veterinary Science (Funding Cluster 4), to support universities to increase the number of advanced training programs & graduates by covering the full costs of delivery.**

The *number 1 priority*. Many of the issues with training and workforce would be significantly improved or resolved through this strategy. It would mean more universities could offer advanced training programs; and therefore there would be more endorsed psychologists to fill positions and provide brain and mental health care to Australians. Providing more CSP-funded training places would also increase diversity amongst trainees, creating a more representative workforce.

Funding for psychology programs has been based on outdated models that have not kept pace with changes in training standards. Funding was determined at a time when undergraduate (not postgraduate) training was the main pathway for registration. It is now a minimum requirement both nationally and internationally that a student have postgraduate training. Universities are not funded or supported to offer additional places in postgraduate programs as training costs exceed the funding a Commonwealth Supported Place provides. This funding shortfall acts as a disincentive to increasing places, as each additional place only increases the shortfall. Universities have resorted to charging more students full fees, increasing inequity; ; and/or offering fewer advanced training programs, as these are double the length and more costly than generalist programs[2].

The annual Deloitte higher education benchmarking report has shown a funding shortfall, estimated to be approximately $5,000 per postgraduate student in an endorsed program of study (i.e., clinical psychology, neuropsychology, and forensic psychology etc.). The funding levels (in the current Commonwealth Grant Scheme clusters) yield a return to the university of $17,354 but the cost of training a student is likely to be $23,000 or more.

There is a very large and well documented bottleneck of students who complete 4 years of undergraduate training who cannot obtain a place in postgraduate training programs due to a lack of places. The current system trains people 80% of the way, but fails to train them to the last step of workforce readiness.

Correcting postgraduate underfunding would be at minimal government cost as it is limited to students in their final postgraduate years and allows for increased workforce in as little as 1-2 years. We have seen this occur when specific funding has been provided to support certain programs: for example, direct investment

[2] Generalist programs are also underfunded.

from the Tasmanian State Government in one university's postgraduate psychology training program resulted in that university reportedly producing the highest number of graduating psychologists of any university in all of Australia. This is clear evidence that an uplift in government funding, applied to all universities, would result in swift and significant workforce increases.

2. **Ensure an adequate number of Commonwealth Supported Places (that is, with no, or reduced, student fees) are protected for students in psychology training programs and make sure these align with workforce demands and job vacancies, and encourage workforce diversity.**

To provide the right care, in the right place, by the right clinicians, we need to ensure training meets the diverse needs of our community. We'd recommend that Commonwealth Supported Places (CSPs) are specifically allocated ('tagged' as occurs in medicine) for training programs where public service workforce needs are high and where there are current gaps (which is the case for the areas of practice listed, i.e., clinical psychology, clinical neuropsychology, forensic psychology, etc). This would require a training-workforce integration strategy so that public health sector needs are tracked and gaps are directly filled by offering a higher number of CSP places in the relevant area of practice endorsement.

To fully cover university costs, and minimise the gap between student fees and CSP funding, this strategy would need to be combined with Strategy 1. This would also ensure that the increased funding achieved through Strategy 1 corresponds to a direct increase in postgraduate places.

We also recommend the development of government funding schemes whereby fully funded training places are reserved for students in regional and rural areas, and students who identify as Aboriginal and/or Torres Strait Islander. These places would have a special entry pathway and an additional stipend. These special entry regional places would most likely be offered by universities with regional campuses. However, one-off regional placements could also be offered by other universities and be available for students living in metropolitan areas if government support for travel and accommodation costs was provided. These placements would also encourage regional workforce growth by enabling students to gain familiarity with regional services while in training, preparing them to join the regional workforce upon graduation.

3. **Invest in more joint university/health service psychology staff positions (as occurs in medical training) to provide supervision and placements within the sector and ensure rapid translation of research evidence to practice.**

Joint positions support increased clinical placements and training, with clinical placement supervisors embedded within the health services. This is an economically efficient model of training (reducing the need for universities to pay separately for clinical supervision) as well as facilitating evidence-based practice within a scientist-practioner framework. The net gains of this approach are considerable; allowing for additional delivery of services to the public, a guaranteed public sector workforce pipeline, enabling universities to increase places with greater certainty of placements, and providing postgraduate programs with a direct decrease in program costs. It also has the added benefit of supporting clinical research and rapid translation into practice, providing tangible benefits to Australians.

4. **Increase placement opportunities for postgraduate students in public services via better collaboration between universities, services and government.**

High costs are associated with placements for both the University and public health sector. Hospitals must ensure supervisors are board approved (at a cost of over $1000, plus masterclasses every 5 years costing approximately $500), reduce clinical workloads of supervisors to allow appropriate time for supervision, and provide appropriate onsite resourcing including space. Health services' ability to offer placement is highly

variable depending on available senior staffing, with regional and remote areas particularly impacted. There is high demand from universities and students for placements in public health, but not the supervision capacity in the public health workforce. In some health services, the cost of supervisor training must be born by the staff rather than being supported by the Health Service. This is another reason that programs have lost placements, since staff cannot afford to pay for their own supervisor training. The allocation of placement students has also become a competitive process, adding to the staff burden on both sides.

Positive initiatives to train more Board-approved supervisors and increase the number of available placements in the public health sector are needed. Having completed a placement in public health is the single biggest predictor of future employment in public health. Initiatives should include reliable, government-funded access to supervisor training and masterclasses for psychologists in public health; and increased funding for placements and incentives for hospitals to offer additional placements. In addition, mapping of the existing placement opportunities to demand would support a more equitable allocation of students across the system. This could be achieved by initiatives such as a centralised placement register, accessible to all training programs, listing available placement opportunities across health services.

Psychology Training and Public Health Workforce Alliance members:

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Dr. Aleksandra Belofastov, Director of Psychological Services, Forensicare, Melbourne
Prof Romola Bucks, Professor in Psychological Science, The University of Western Australia
Dr. Tamara Cavenett, Private practioner & President, Australian Psychological Society until Nov 2022
Dr Catriona Davis-McCabe, President, Australian Psychological Society
Prof Michael Daffern, Professor of Clinical Forensic Psychology , Swinburne University
Dr. Sharon des Landes, Goulburn Valley Health, Victoria
Zoe Falster, Principal psychologist, St Vincent's Health Network, Sydney
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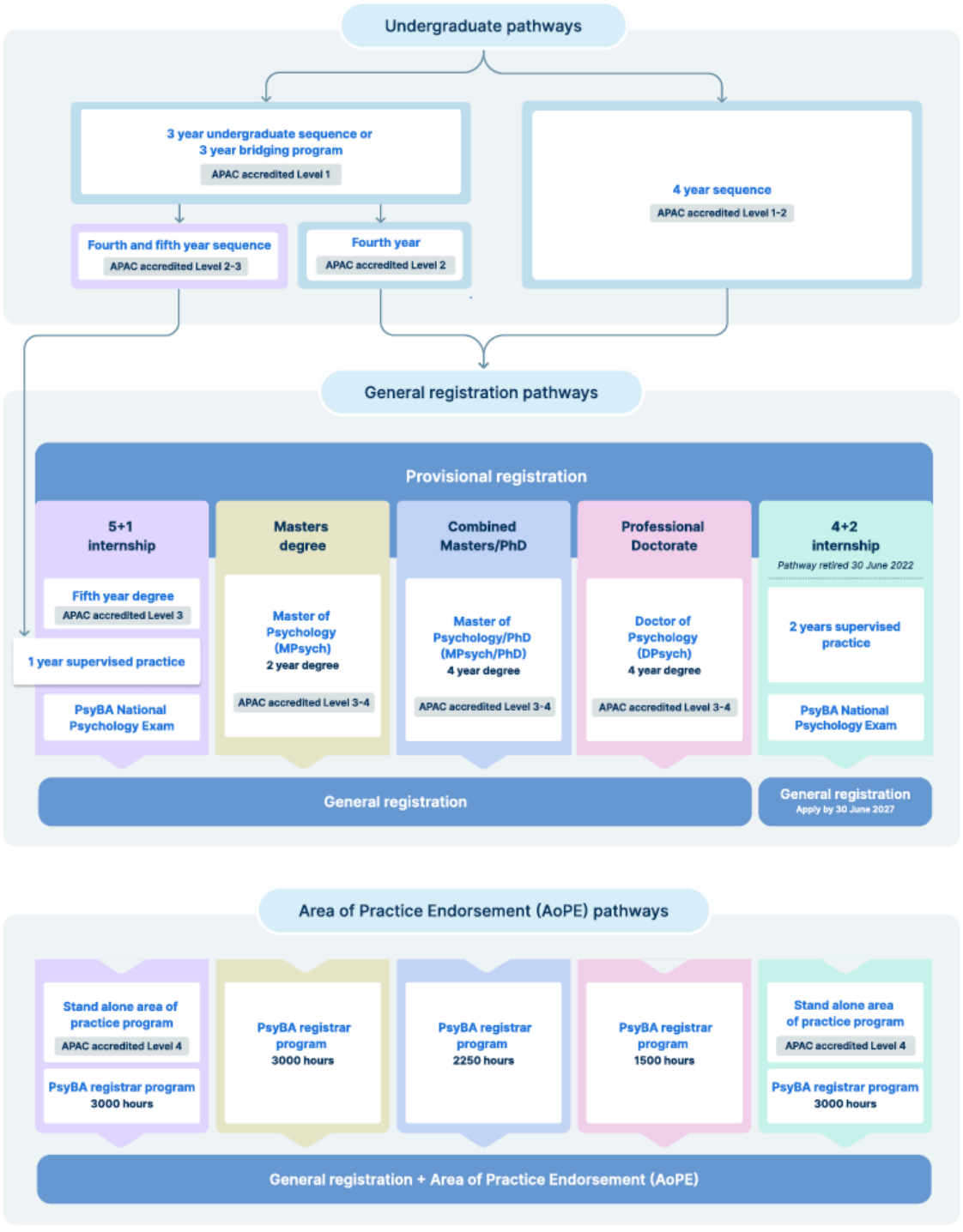
APPENDIX A

Pathways to registration as a psychologist



psychology.org.au/study-pathways

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