

**An International Comparison of Psychology
Workforces in
English Speaking Countries
with warnings from the Australian context**

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Aspirational figures

The optimal number of psychologists required to service a population is unknown

In 2007 the Nordic countries aspired to 1:1,000 psychologists: population. (Dr Judy Hall, Executive Officer of the National Register of Health Service Providers in Psychology, July 2, 2010).

In Canada a Masters or Doctoral degree is required to practise as a psychologist

Number of psychologists: population

16,723 : 33,476,688 (2011)

Source: Canadian Institute for Health Supply Trends (8th Nov 2013, Ms Julie Goulet)

1: 2,001

A Doctoral degree plus a one year internship and a licensure examination undertaken is required to practise as a psychologist.

An undergraduate psychology major is not required, but is usual due to competition

Number of psychologists: population:

Est. 93,000 : 316, 946, 300

Source: APA

1: 3,408

The United Kingdom

A 3-4 year undergraduate degree majoring in psychology
plus a Three year Masters or Doctoral degree
(depending on speciality) is required to
practise as a psychologist

Number of psychologists: population:

19, 033: 63, 224, 016

Source: Health Professionals Council

1: 3,322

New Zealand

A 3-4 year undergraduate degree majoring in psychology plus a Masters degree is required to practise as a psychologist

To practise in the 'scopes of practise' of clinical, counselling and educational psychology a further year of diploma is required

Number of psychologists: population:

3, 996: 4, 488, 839

Source: New Zealand Psychologists Board

1: 1,123

Number of psychologists: population:

30,561: 23,259,398

Source: Psychology Board of Australia
June 2013

1: 761

Australian standards

National Registration since 2010

To register as a psychologist: 4 year undergraduate degree plus 2 years of unaccredited supervised practise (4 +2)

Recent addition of a 5 + 1 training

For endorsement:

clinical, clinical neuropsychology, counselling, health, forensic, educational and developmental, community, organisational and sport

A 2 year Masters degree or 3 year professional doctorate plus a registrar program to bring post-graduate training to 4 years

NB. A PhD is a research degree only

Summary of Workforce sizes

Psychologists: population

USA:	1: 3,408
UK:	1: 3,322
Canada:	1: 1: 2,001
NZ:	1: 1,123
Aust :	1: 761

Poisoned chalices



Medicare/ATAPS



Health Workforce
Australia



Australian Quality
Framework

Medicare (federally funded) Better Access

- November 2006 : all psychologists granted rebates under the National Health Insurance Scheme, Medicare.
- For up to 18 sessions/year annually by a private psychologist in mental health – 2011 reduced to a max of 10 sessions/annum
- Two tier rebate scale: clinical psychologists : other psychologists, social workers and occupational therapists.
- ‘Clinical psychologists’ defined as eligible for membership of the College of Clinical Psychologists of the Australian Psychological Society

ATAPS (federally funded)

- Psychologists employed by Local Health Districts administered by GPs
- To reach populations that do not access Medicare
- Employs younger, less experienced, least trained psychologists
- Pays higher than Medicare rates for clinical psychologists
- Does not differentiate between psychologists, clinical psychologists, mental health nurses etc
- Currently running out of money for 2013

Cost blow outs

Medicare:

- 2006 projected cost: \$540 million over 4 years
- 2010 projected cost: 1.39 billion over 5 years
- 2011: \$4 billion over five years
- 2013: \$1 billion/year
- Cut \$400 million – reduced to 10 sessions/annum

ATAPS:

- Funding boosted by \$31m (\$55 million to \$86 million) in 2013, with the aim of assisting an extra 27,900 patients
- to target children, Aboriginals and Torres Strait Islanders, and those at risk of suicide and self-harm
- only an extra 13,200 patients received assistance — fewer than 50% of those targeted

The public system (state/territory funded)

- Supposed to cater to the more moderate – severe, chronic, complex cases
- Only people with psychosis being retained in the public system
- Cost shifting to private system (Medicare)
- Clinical psychologists becoming case managers – leaving the system

Health Workforce Australia

Health Workforce Australia (HWA) is a Commonwealth statutory authority that was established in November 2008 to deliver a national, coordinated approach to health workforce reform. It was established by the Council of Australian Governments (COAG) to address the challenges of providing a skilled, flexible and innovative health workforce that meets the needs of the Australian community.

HWA's three core objectives are:

- **Building capacity** of the workforce to deliver fit-for-purpose health professionals more quickly and efficiently.
- **Boosting productivity** of the health workforce and maximising their use.
- **Improving distribution** to ensure the health workforce is placed in areas and specialties where it is needed.

What this has meant

- Generic workforces
- Lack of recognition of the value of training
- Devaluation of specialised competencies
- Support for simulated learning environments in training
- The forced introduction of 'assistant' roles (e.g. psychology assistant)

The Psychology Assistant/Associate Internationally

The UK offers psychology assistant employment for fixed contracts of 9 -12 months to enable those with undergraduate qualifications in psychology to gain supervised experience as technicians in psychology

Where these roles are offered in Canada and the USA they require a Masters degree

New Zealand does not offer such a role

The Psychology Assistant in Australia

- Defined, promoted and pushed by the APS
- Based on 3 years of undergraduate training in the science of psychology plus a year of supervision
- Must be supervised
- Can carry out specified roles in mental health

Coaches

- Early intervention program for people with mild to moderate anxiety and depression
- ‘Trained’ and clinically supervised coaches operate like personal trainers, providing individually tailored support programs incorporating relevant areas such as problem solving, goal setting, dealing with worry or exposure therapy
- Low Intensity Cognitive Behavioural Therapy
- Self-help techniques
- Linking patients/clients into local community networks and engaging them with other service providers should they require it (i.e. employment, financial or housing assistance)

The AQF determines standards for university degree recognition

In 2012 the AQF determined that every doctoral degree required 2 years devoted entirely to research

This made professional doctoral degrees unsustainable

They are closing

Warning

Improving workforce numbers can lead to:

- Lack of value of accredited training
- Blurring of scopes of practise
- Loss of skills
- Splits and divisions within the profession
- Large, generic, poorly trained workforces
- Poor treatment
- Very negative outcomes for psychology

Thank You

