



Tasmanian Department of Health and Human Services

Agency Health Professional Reference Group

Allied Health Professional Workforce Planning Group

Allied Health Professional Workforce Planning Project

Psychology Information

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3 Preface

This Psychology Information should be read in conjunction with the main Allied Health Professional Workforce Planning Project Discussion Paper.

4 Overview

Psychologists study human behaviour, conduct research and apply research findings in order to minimise distress, behavioural and psychological problems, and to promote mental health and rational behaviour in individuals and groups.

Education for entry into the profession of psychology is a four-year degree (with honours) majoring in psychology or a four-year Bachelor of Psychology degree, plus a Masters in Clinical Psychology (or other speciality) or two-years supervised clinical practice with another psychologist; or a PhD qualification in psychology. Psychology education is offered through the School of Psychology at the University of Tasmania Faculty of Science and Engineering, as well as through universities in other Australian states and territories.

There were two PhD-level and seven masters-level Clinical Psychology graduates from the University of Tasmania in 2001, four PhD-level and one masters-level Clinical Psychology graduates in 2002 and there were 14 student commencements in the masters-level course in 2002 (to graduate possibly in 2004 or 2005).

To qualify for re-registration and to re-enter the profession, psychologists who have not practiced for more than five years, must provide the Psychologists' Registration Board with evidence of involvement in professional development activities. In the past, only a very small number of psychologists have been out of the workforce for more than five years.

There are a number of psychology speciality areas, but by far, the majority of psychologists within DHHS were Clinical Psychologists. A Clinical Psychologist is trained in the assessment, diagnosis, and treatment of mental illness and psychological problems. There could have been a small number of Health or Developmental and Educational Psychologists as well.

There were 55 psychologists employed in 43.0 FTE positions in the Hospitals and Ambulance Service, the Community, Population and Rural Health and the Children and Families Divisions in the DHHS. Some of these positions were specific psychology positions and some positions in Mental Health Services were generic 'allied health professional' positions. In addition, there were psychologists employed in other generic positions in other services; these psychologists were difficult to identify.

Some DHHS rehabilitation psychology services for adults and paediatrics are provided through contracts with private sector providers, Calvary Health Care Tasmania Incorporated (adults and paediatrics) in the south and St Giles Incorporated (paediatrics) in the north. These positions are not included in the analysis in this document.

It required 1.3 psychologists to fill one FTE position. This was average for all DHHS allied health professions and indicated that there were a number of part time staff or positions.

All specific psychology positions were classified at a minimum level of PF2.

The median age of the DHHS psychology workforce was 37 years, which was younger than the median age of all DHHS allied health professions, at 42 years.

Seventy nine per cent of DHHS psychologists were female and this matched the female rate for all psychologists registered with the Psychologists' Registration Board in 2002.

In the years 2000 and 2001, an average of 3.5 psychologists left DHHS employment per year and nine DHHS psychology positions were advertised per year. There was an average turnover of approximately 6 per cent of the DHHS psychology workforce each year. This was considered to be a low turnover rate, when compared to all other DHHS allied health professions, in those years.

The DHHS Human Resources Service indicated that there were three psychology positions vacant for at least six months in the second half of 2001. These positions were in different services of the Community, Population and Rural Health Division, across the state.

The Australian labour market for psychologists (including Clinical Psychologists) appeared to be in balance, but with some minor recruitment and retention problems in rural and some speciality areas.

In 1996, Clinical Psychologists were employed at a rate of 25.6 per 100,000 of the Tasmanian population (includes those employed in public and private sectors). This was lower than the national average of 29.6 Clinical Psychologists per 100,000 population.

Representatives of the Tasmanian branch of the Australian Psychological Society stated that there were significant gaps between the demand for, and supply of services in currently funded DHHS psychology services. Service demands were increasing without additional resources being supplied. This is without considering gaps in areas where no publicly funded psychology services existed, e.g. aged care.

Representatives of the Society also stated that there were difficulties in recruiting psychologists with suitable specialist clinical qualifications for positions in the north and north west. This was of special concern in services that did not have established professional supervision structures in place.

Unpublished research by the Commonwealth Department of Employment and Workplace Relations stated that there would be an growing demand for the Clinical Psychology profession with increasing government expenditure on mental health services and community awareness campaigns regarding mental health and increasing numbers of behavioural and emotional disorders.

Specific workforce planning issues for the DHHS psychology workforce identified through consultations were:

- the attractive working conditions that were offered in private practice in Tasmania. Employment in the private sector offered increased professional autonomy and recognition, significantly higher rates of remuneration, more positive patient outcomes and hence increased job satisfaction.
- the possibility of psychologists being included under the Medicare rebate system. This could make private practice even more attractive for psychologists.
- inadequate professional structures and linkages within the DHHS. Tasmanian representatives of the Australian Psychological Society stated that there was no career pathway for psychologists in the Hospitals and Ambulance Service and Children and Families Divisions and no formal individual professional supervision. Mental Health Services in the Community, Population and Rural Health Division, the largest employer of DHHS psychologists is about to review their psychology services to develop an appropriate structure.
- a lack of understanding and recognition of the professional expertise and role of psychologists from DHHS management and other health workers, as reported by DHHS psychologists. This extended to the provision of sub-standard office facilities in some areas and inadequate clerical assistance.
- the confusion created, in terms of expectations of DHHS support and development for psychologists in generic positions in the DHHS.
- the lack of CPD opportunities within DHHS. Representatives of the Australian Psychological Society stated that this made it increasingly difficult for psychologists to meet membership requirements for the professional organisation.

5 Description of the psychology profession

Psychologists study human behaviour, conduct research and apply research findings in order to minimise distress, behavioural and psychological problems, and to promote mental health and rational behaviour in individuals and groups. Psychologists work with a broad range of issues with clientele including children, adults, couples, families and organisations.

It is a legal requirement for psychologists seeking employment to be registered with the Psychologists' Registration Board of Tasmania. An applicant with a four year-degree in psychology must have two years experience under the supervision of a registered psychologist. During this period, the person is provisionally registered. On successful completion of the two years under supervision, the person is eligible for full registration. Applicants with a recognised masters degree in psychology may be registered without the need for further supervision. In certain situations, an applicant with a recognised PhD in psychology may be registered; such applicants are assessed on a case-by-case basis (Department of Health and Human Services 2002).

To become a member of the Australian Psychological Society, applicants are required to complete an accredited six-year sequence of study comprising a four-year degree course and at least a two-year postgraduate qualification in clinical psychology (or another speciality area). Membership of the Australian Psychological Society is not compulsory.

There are a number of speciality areas within psychology.

5.1 Description of relevant speciality areas of psychology

5.1.1 Clinical psychology

A clinical psychologist is trained in the assessment, diagnosis, and treatment of mental illness and psychological problems. Located in hospitals, universities, general medical practices, community health centres and private practice, they often work collaboratively with general medical practitioners, psychiatrists and other health professionals (Commonwealth Department of Education, Science and Training 2002). In Tasmania, Clinical Psychologists receive significant training in the assessment and management of brain impairment.

5.1.2 Clinical neuropsychology

Clinical neuropsychologists specialise in the assessment and diagnosis of brain impairment and how this affects thinking skills, emotions, behaviour and personality. They are also involved in the rehabilitation and management of the effects of brain impairment and often work with other health professionals.

5.1.3 Counselling psychology

Counselling psychologists provide assessment, counselling and therapy to individuals, couples, families, groups and organisations. Their clients are, in general, people trying to cope with everyday stresses and the resulting emotional and social problems.

5.1.4 Developmental and educational psychology

Developmental and educational psychologists provide assessment, intervention and counselling services relevant to the management of developmental and educational issues across the life span. Specialisations include: life span transitions, early intervention, disability, problems of learning and adjustment in schools, career and family development and ageing.

5.1.5 Forensic psychology

Forensic psychologists apply psychological knowledge, theory and skills to the understanding and functioning of the legal and criminal justice system. They provide expert opinion to the courts in such matters as criminal behaviour, child abuse, and family court cases.

5.1.6 Health psychology

Health psychologists promote the prevention and treatment of illness. Health psychologists are engaged in:

- the promotion and maintenance of health-related behaviour
- diagnosis of illness and its causes
- the prevention and treatment of illness
- the analysis and improvement of the health care system (Australian Psychological Society 2002).

5.2 Description of occupations related to psychology

5.2.1 Social worker

Social workers help people to deal with personal and social problems, either directly or by planning or carrying out programs that benefit groups or communities (Commonwealth Department of Education, Science and Training 2002).

5.2.2 Children's services worker

Children's services workers provide case assessment and management to children and young people involved with the DHHS either voluntarily or on legal status, with the aim of enabling them to grow up in a safe and supportive environment either with their families or in out of home care (Tasmanian Department of Health and Human Services 2002).

6 Workforce supply

6.1 Current workforce supply of psychologists

6.1.1 AIHW information

The AIHW (2001) reported that in the 1996 census, 623 Tasmanians stated that their highest qualification was psychology. These represented 1.7 per cent of Australians whose highest qualification was psychology.

In the same census in 1996, 119 Clinical Psychologists were recorded in Tasmania. These represented 2.3 per cent of the Australian psychologist workforce at that time.

6.1.2 Psychologists' Registration Board of Tasmania information

There were 308 psychologists registered with the Psychologists' Registration Board of Tasmania in 2001. Of these, 52 were new registrants.

As at 15 October 2002, there were 343 psychologists registered with the Board, 62 of these were new registrants. The gender ratio was 71 per cent to 29 per cent male. This data included all types of specialising psychologists. A breakdown of the numbers of psychologists registered in each speciality in Tasmania was not available.

6.1.3 Profile of the current DHHS psychology workforce

6.1.3.1 Human Resource Services Information System data

Data on the DHHS psychologist workforce from the DHHS Human Resource Services Information System (as at 21 March 2002) has been displayed graphically.

The information displayed in these graphs represents all psychology positions within DHHS regardless of whether they were filled or vacant at the time of this analysis.

Some DHHS rehabilitation psychology services for adults and paediatrics are provided through contracts with private sector providers, Calvary Health Care Tasmania Incorporated (adults and paediatrics) in the south and St Giles Incorporated (paediatrics) in the north. These positions are not included in the following analysis.

Within the DHHS, psychologists held positions that were specifically allocated to that profession or other generic positions for which a psychology qualification was appropriate.

For specific psychology positions, the essential requirement was eligibility for registration as a psychologist in Tasmania and a Masters degree in Psychology or equivalent as deemed by the Psychologists' Registration Board, or a four-year degree in psychology with two years supervised clinical experience.

A summary of positions held, or potentially held, by psychologists within the DHHS services is below.

In the Hospitals and Ambulance Services Division:

- there were specific psychology positions in the Pain Unit, Oncology services and the Department of Psychiatric Medicine in the Royal Hobart Hospital. One FTE psychology was lost from the Department of Psychiatric Medicine in 2001.

In the Community, Population and Rural Health Division (Community Support):

- in Disability Services there were
 - a number of generic 'professional officer positions' that were open to psychologists, social workers, occupational therapists etc.
- in Mental Health Services there were
 - specific psychology positions
 - a number of generic 'allied health positions' that were open to psychologists, social workers and occupational therapists. The essential requirement for these positions was a professional entry-level qualification. These positions had roles such as team leader, case manager or project officer.
- in Alcohol and Drug Services there
 - were specific psychology positions
 - was a generic position for a youth alcohol and drug worker that was occupied by a psychologist who was undertaking postgraduate training.
- in Correctional Health Services there were
 - specific psychology positions
 - a number of generic positions called 'court liaison officers' for which a tertiary level qualification in psychology, occupational therapy, nursing and social work was required. There were no psychologists in these positions at the time of DHHS Human Resource Services Information System data analysis
 - a number of generic positions called 'intake and assessment officers' for which a tertiary level qualification in psychology, occupational therapy and social work was required. There was one position occupied by a psychologist at the time of data analysis.

In the Children and Families Division:

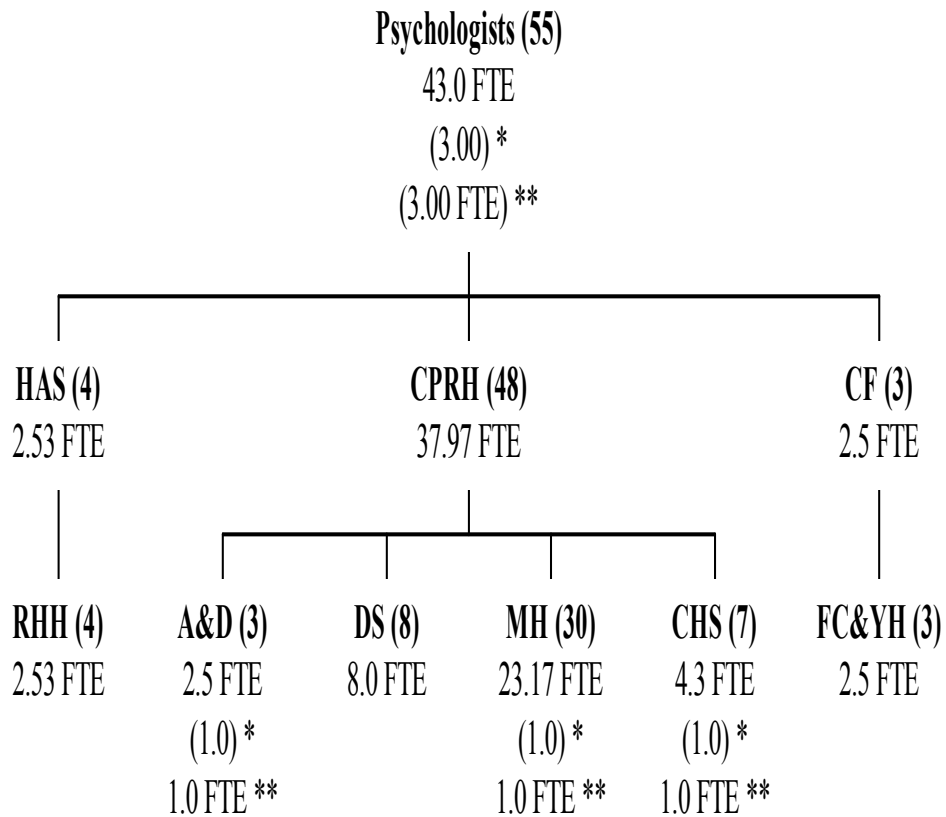
- in Family, Child and Youth Health Services there were
 - specific psychology positions
 - a number of generic positions called 'youth health workers' that psychologists, social workers, nurses or teachers could be employed in. The essential qualifications for these positions were satisfactory completion of an appropriate course of study at a recognised tertiary institution. There were no psychologists in these positions at the time of DHHS Human Resource Services Information System data analysis.

- in Child and Family Services there were
 - no psychologists employed at the time of DHHS Human Resource Services Information System data analysis
 - generic positions called 'children's service workers' and 'family service workers' that a number of professionals including psychologists and social workers could occupy. The essential qualification for these positions was satisfactory completion of an appropriate course of study at a recognised tertiary institution.
- in Community Youth Justice there
 - were no psychologists employed at the time of DHHS Human Resource Services Information System data analysis
 - was to be a psychology position established and jointly funded with Mental Health Services
 - were a number of generic positions, e.g. 'senior practice' and 'coordinator' to which psychologists and/or other professionals could be appointed
 - a number of 'youth justice worker' positions at PF1 level to which psychologists and/or other disciplines could be appointed.
- in Custodial Youth Justice Services there were
 - no psychologists employed at the time of DHHS Human Resource Services Information System data analysis
 - generic positions called 'case management coordinators' that a number of professionals, including psychologists and social workers could occupy. The essential qualification for these positions was satisfactory completion of an appropriate course of study at a recognised tertiary institution.

Figure 1 displays the Division and service structure of psychologists employed in DHHS.

It can be seen that it required 1.3 psychologists to fill one FTE position. This was average for all DHHS allied health professions and indicated that there were a number of part time staff or positions.

Figure 1: Division and service structure of psychologists employed within DHHS (headcount in brackets)



Source: DHHS Human Resource Services Information System 2002 (filled and vacant positions)

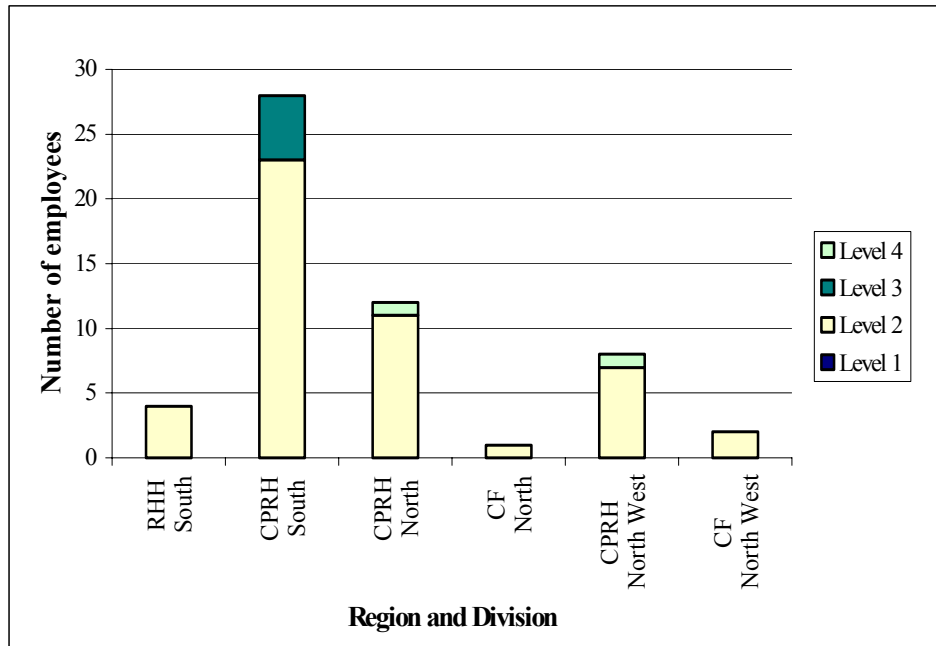
* Psychologists in generic positions as at 21 March 2002, where known

** Generic positions occupied by psychologists as at 21 March 2002, where known

Figures 2 to 7 and Table 1 display information about the positions that are not asterisked in Figure 1. That is, there are some generic positions occupied by psychologists (not asterisked in Figure 1) in Mental Health Services and these are included in the figures.

Figure 2 displays the distribution of the award levels of the 55 psychologists employed in the three DHHS Divisions.

Figure 2: Psychology headcount per award classification across DHHS



Source: DHHS Human Resource Services Information System 21 March 2002

Figure 3 displays the distribution of award levels across the 43.0 psychology FTEs in the three DHHS Divisions.

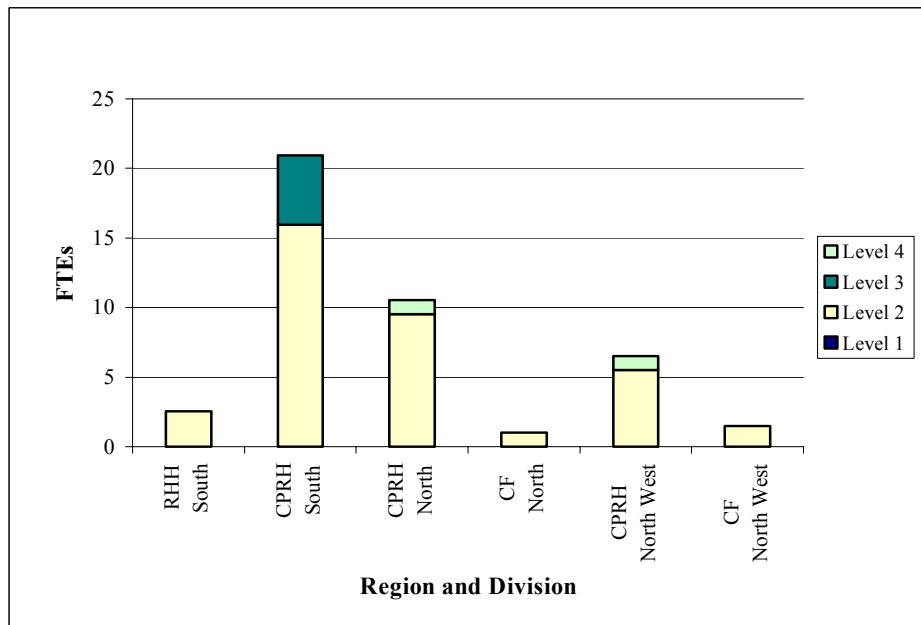


Figure 3: Psychology FTEs per award classification across DHHS

Source: DHHS Human Resource Services Information System 21 March 2002 (filled and vacant positions)

Table 1 shows the numbers of DHHS psychologists at the various award levels.

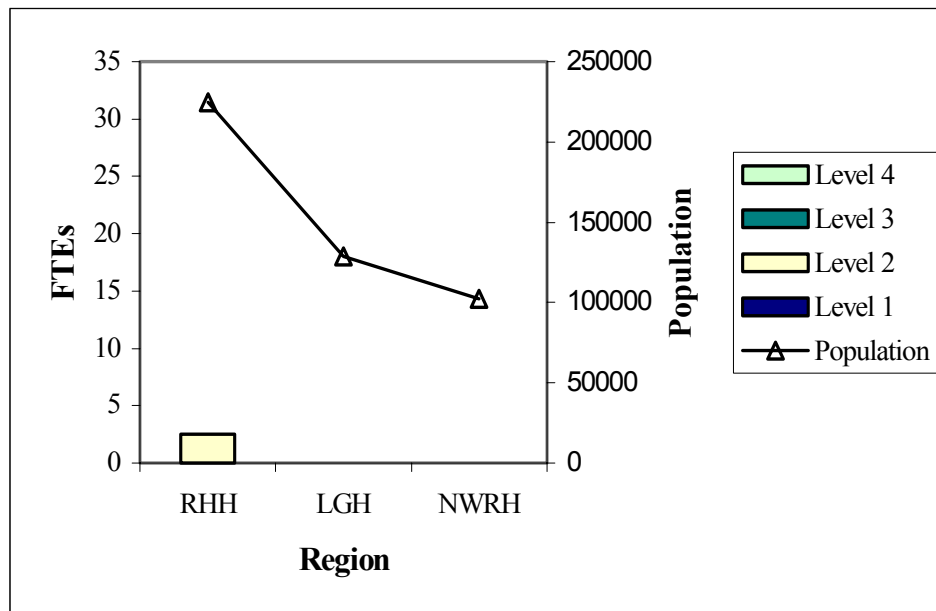
Table 1: Breakdown of the numbers of DHHS psychology FTE positions at specific award levels

| Award level | PF1 | PF2 | PF3 | PF4 | DHHS total |
|--------------------------|------|------|------|------|------------|
| FTE psychology positions | 0.00 | 36.0 | 5.0 | 2.0 | 43.0 |
| | FTEs | FTEs | FTEs | FTEs | FTEs |

Source: DHHS Human Resource Services Information System 21 March 2002 (filled and vacant positions)

Figures 4 and 5 provide a breakdown of the distribution of award levels across psychology positions in the Hospitals and Ambulance Service and the Community, Population and Rural Health Divisions respectively, together with the populations of the three regions of Tasmania.

Figure 4: Psychology FTEs per award classification in the HAS Division compared to regional populations in 2001

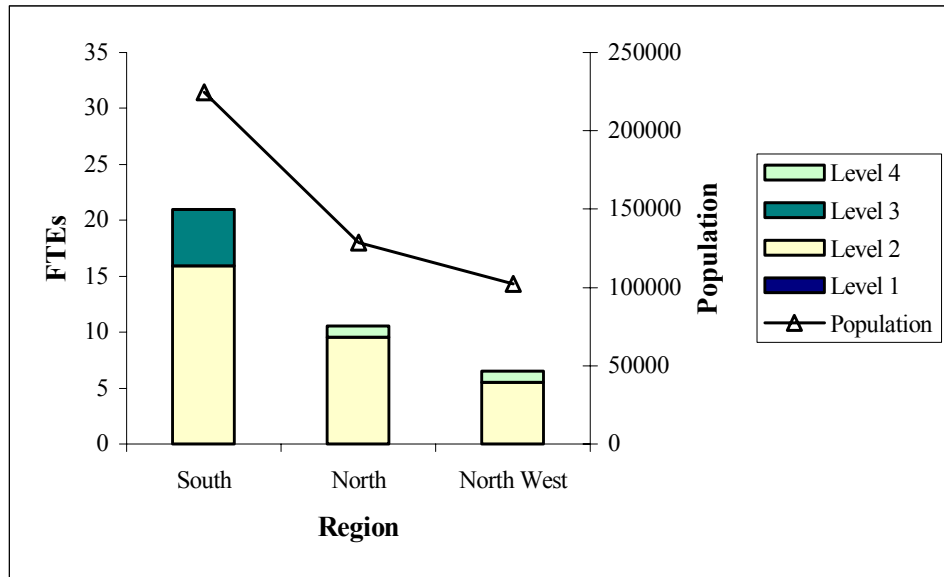


Source: DHHS Human Resource Information System 2002 and ABS 2001 census

It must be noted that that psychologists within the Mental Health Services also occupied generic 'allied health professional' positions and psychologists in the Disability Services also occupied generic 'professional officer' positions this could distort the display of information in Figure 5.

There is an additional psychologist in Mental Health Services in the north west who occupies a managerial PF4 position, which is a generic position and could be filled by a social worker, occupational therapist or psychologist. This position is not included in Figure 5.

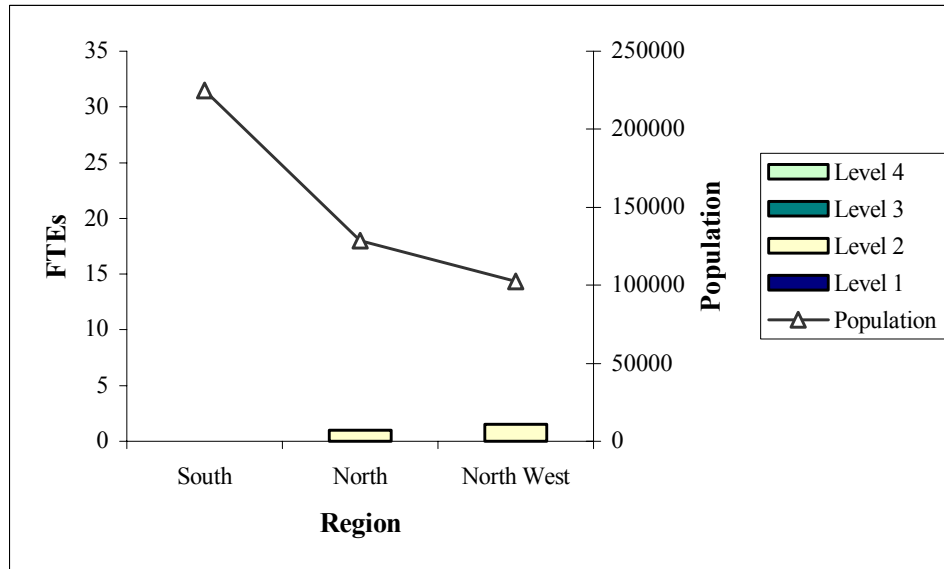
Figure 5: Psychology FTEs per award classification in the CPRH Division compared to regional populations in 2001



Source: DHHS Human Resource Information System 2002 and ABS 2001 census

Figure 6 provides a breakdown of the distribution of award levels across psychology positions in the Children and Families Division, together with the populations of the three regions of Tasmania.

Figure 6: Psychology FTEs per award classification in the CF Division compared to regional populations in 2001

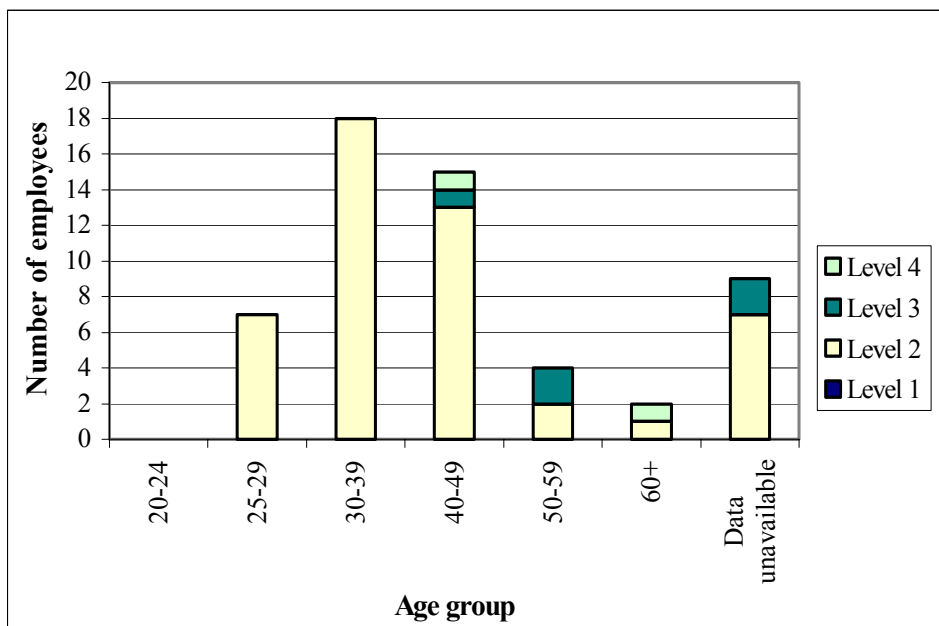


Source: DHHS Human Resource Information System 2002 and ABS 2001 census

Figure 7 displays the age group distribution of the DHHS psychology workforce and further categorises these groups by award levels. It was not known why such a large amount of data was unavailable.

The average age of the DHHS psychology workforce was 39 years, which approximates the average age of all DHHS allied health professions, at 40.3 years. The median age of the DHHS psychology workforce was 37 years, which was younger than the median age of all DHHS allied health professions, at 42 years.

Figure 7: DHHS psychology workforce per age group and award classification

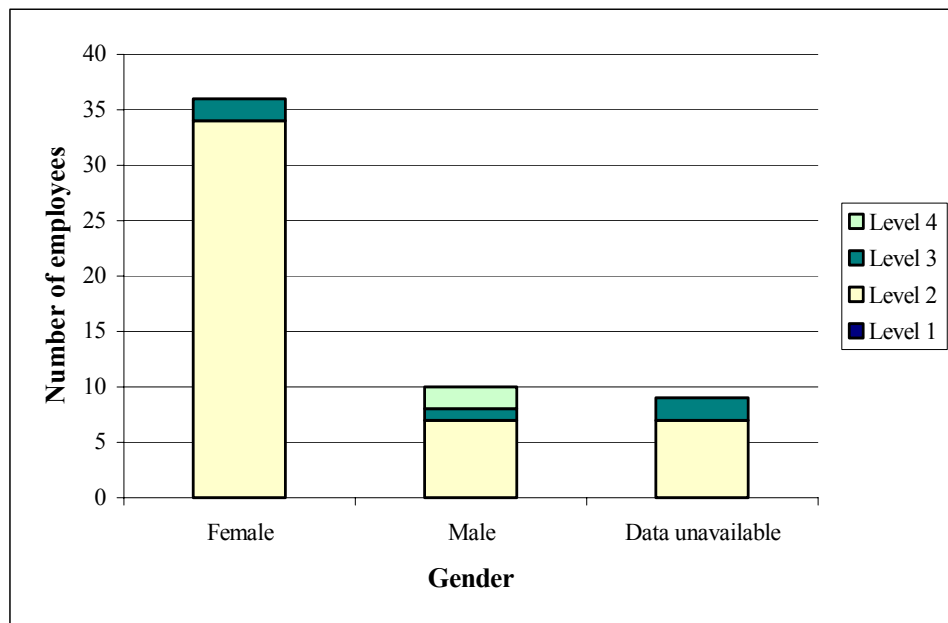


Source: DHHS Human Resource Services Information System 21 March 2002 (filled and vacant positions)

Figure 8 displays the gender breakdown of the DHHS psychology workforce (as at 21 March 2002). There were 36 females (78 per cent) and 10 males (22 per cent). The gender breakdown of the DHHS staff survey respondents was 76 per cent female and 23 per cent male, which supports the validity of the survey for psychologists.

The DHHS gender ratio for psychologists was similar to that of all psychologists registered with the Psychologists' Registration Board in 2002.

Figure 8: Psychology workforce per gender and award classification



Source: DHHS Human Resource Information System 21 March 2002 (filled and vacant positions)

6.1.3.2 DHHS staff survey data

There were 55 psychologists employed by the DHHS (as at 21 March 2002) and 40 completed a survey form; resulting in a 73 per cent response rate. This was considered a valid response rate and information from the survey was used to describe the DHHS psychology workforce, in this document.

6.1.4 Vacancies in the DHHS psychology workforce

The DHHS Human Resources Service indicated that there were three psychology positions vacant for six months in the period from 1 July 2001 to 1 January 2002. These positions are displayed in Table 2.

Table 2: Psychology positions vacant for six months in the period from 1 July 2001 to 1 January 2002

| Division | Region | Service | Award level |
|----------|------------------|---------------------------|----------------|
| CPRH | South | Mental Health Services | 1.0 FTE at PF4 |
| | North/north west | Alcohol and Drug Services | 0.5 FTE at PF2 |
| | North | Disability Services | 1.0 FTE at PF2 |

Source: DHHS Human Resource Information System 21 March 2002

6.1.5 Types of work and client groups

Psychology respondents to the DHHS staff survey indicated that they were employed as clinicians, clinical managers or counsellors.

Twenty five per cent of the DHHS psychologists had other employment outside the DHHS.

Data from the DHHS staff survey was analysed to give an indication of the types of work that DHHS psychologists undertook and is shown in Table 3.

Table 3: Principal areas of activity of DHHS psychologists

| Principle areas of activity | Percentage of respondents |
|-----------------------------------|---------------------------|
| Mental health/psychiatric | 50 % |
| Developmental disability | 15 % |
| Child and adolescent services | 8 % |
| Child and family health | 3 % |
| Education | 3 % |
| Occupational health | 3 % |
| Rehabilitation | 3 % |
| Substance abuse | 3 % |
| Women's health | 3 % |
| Private practitioner | 3 % |
| No one principle area of practice | 3 % |
| Other – pain management | 3 % |
| Other – disability | 3 % |
| Other – counselling | 3 % |

Source: DHHS staff survey October 2001

6.1.6 The education of DHHS psychologists

6.1.6.1 The professional entry-level education of DHHS psychologists

To become a psychologist requires the completion of a four-year degree (with honours) majoring in psychology or a four-year Bachelor of Psychology degree. Psychology can be studied as a major subject in either an arts, social science or science degree. The fourth year of bachelor degree study, which is needed to satisfy registration requirements, may be undertaken as an honours year or in the Bachelor of Psychology degree.

This is followed by either an accredited two-year postgraduate qualification majoring in Clinical, Counselling, Educational and developmental, Forensic, Organisational or Neuro psychology etc, or two years of supervised experience with a registered psychologist.

Entry into the profession of psychology is also achievable after the completion of a four-year PhD in Psychology.

These courses must be accredited by the Australian Psychological Society. Completing this six-year sequence is a requirement for registering to work as a psychologist in Australia (Australian Psychological Society 2002).

Psychologists in DHHS may therefore have:

- a Bachelor of Psychology, Arts (Psychology), Science (Psychology) Applied Science (Psychology), Social Science (Psychology) or Behavioural Science etc
- and a Doctoral or Masters degree in Psychology (Clinical or another speciality) or have undertaken two-years supervised clinical practice.

There was one DHHS recognised psychologist-in-training position in the Child Development Unit of Child, Family and Youth Health Services in the CF Division.

6.1.6.2 Tasmanian School of Psychology

The School of Psychology, in the University of Tasmania Faculty of Science and Engineering offers a three-year undergraduate course in psychology through a science stream or an arts stream.

A fourth year or honours year is required to enable the student to be eligible to undertake a masters-level speciality qualification in psychology.

In 2001 and 2002, there were 22 psychology honours graduates each year.

The School also offers a graduate diploma in Rehabilitation Counselling and two masters level qualifications: in Clinical Psychology and in Developmental and Educational psychology.

In 2001, there were two Clinical Psychology doctorate level graduates, one female; and seven masters-level Clinical Psychology graduates, five of these were female. In 2002, there will be four Clinical Psychology

doctorate level graduates, all female and one male masters-level Clinical Psychology graduate. Fourteen female students commenced a masters programme in 2002 and they will probably graduate in 2004 or 2005.

6.1.6.3 Re-entry into the profession

Psychologists who have not practiced for more than five years, must provide the Psychologists' Registration Board with evidence of involvement in professional development activities in order to qualify for re-registration. In the past, only a very small number of psychologists have been out of the workforce for more than five years.

6.1.6.4 Postgraduate qualifications of DHHS psychologists

Some psychology respondents to the DHHS staff survey stated that they had postgraduate qualifications and these included, diploma, graduate diploma, masters and doctorate level qualifications in psychology, education and child psychology.

6.1.6.5 DHHS psychologists born outside Australia

Some psychologist respondents to the DHHS staff survey indicated that they were born overseas: in UK/Ireland and Africa. However, this information could not be used to indicate where these staff were educated.

6.2 Projecting the workforce supply of psychologists

Workforce supply is a balance between outgoing staff (retirees, those temporarily withdrawing from the workforce, emigrants or those who die or take up employment with other employers) and incoming staff (new graduates, immigrants, staff coming from other employment and staff increasing their hours of employment).

6.2.1 Outgoing staff

In the two years 2000 and 2001, there was an average of 3.5 permanent, temporary and casual psychologists who left the DHHS per year.

Applying this average to the 21 March 2002 headcount, there was an average turnover of approximately six per cent of the DHHS psychology workforce each year. This was considered to be a low turnover rate, when compared to all other DHHS allied health professions, in those years.

In order to ascertain the possible future numbers of outgoing psychologists, staff were asked a number of questions in the DHHS staff survey. Staff were asked:

- if the hours they worked were the hours they wanted to work
- if they anticipated a change in their work hours in the next three years and the reasons for this change
- if they were considering leaving the DHHS in the next six to twelve months, and if so, what were the reasons
- what were their levels of satisfaction for a number of professional practice parameters in the DHHS.

Some of the staff, who were not working the hours they wanted to work, stated that they were doing a varying number of unpaid hours (up to 10

hours per week), some wanted to upgrade from part-time to full-time and some wanted to reduce their number of hours to part-time.

Fifteen psychology respondents (38 per cent) indicated that they anticipated a decrease in their hours of employment in the next three years and the majority gave as the reasons: 'lifestyle preference' and 'family considerations'.

Six psychology respondents (15 per cent) indicated that they anticipated an increase in their hours of employment in the next three years and gave a variety of reasons.

Twelve of the 40 psychology respondents (30 per cent) indicated that they were considering leaving in the next six to twelve months and the main reasons stated were: 'other employment' (four respondents) and 'family reasons' (two respondents). This rate of staff intending to leave in the next six to twelve months was higher than the average rate for all allied health professions intending to leave (at 25 percent). If the predicted departures translate into actual departures, this would be a considerable turnover.

The staff responses on levels of satisfaction with the various professional practice parameters are listed in Table 4.

Table 4 : Staff satisfaction with professional practice parameters in DHHS

| Criteria measured | Per cent of respondents who were satisfied or very satisfied |
|--|--|
| Opportunity to use your abilities | 62% |
| Sufficient work to maintain competence | 76% |
| Hours of work | 60% |
| Amount of work | 52% |
| Overall satisfaction | 62% |

Source: DHHS staff survey

The other DHHS Human Resource Services data relevant to the numbers of outgoing staff was that there were three psychologists in the DHHS workforce aged 55 to 59 years and three psychologists aged 60 years and over.

6.2.2 Incoming staff

In the two years 2000 and 2001, there were 18 full time, temporary and casual psychology positions advertised. These were all PF2 level positions. It is not known if these advertisements were successful.

There will be five University of Tasmania School of Psychology graduates eligible for employment in Tasmania in 2003.

7 Workforce demand

7.1 Current demand for psychologists

7.1.1 Current national demand for psychologists

The information provided on the web site of the Commonwealth Department of Employment and Workplace Relations (2002), below pertains to psychologists in general, but does include Clinical Psychologists.

The Department stated that job prospects for psychologists are very good.

"Employment growth for psychologists to 2007-08 is expected to be strong. Employment in this medium size occupation (12,600 in February 2002) grew very strongly over the past ten years, and in the past five years.

Psychologists have a below average proportion of full-time jobs (63 per cent) and earnings are above average - in the seventh decile.

Unemployment for psychologists is below average.

Psychologists include Clinical, Educational, Organisational and Sport Psychologists. A long-term trend towards greater demand for counselling and psychological services appears likely to continue. Psychologists are employed mainly in other health services, hospitals and nursing homes, school and post-school education, medical and dental services, and community care services. The mix of industries employing psychologists is favourable for employment growth prospects.

Job turnover for psychologists is high. Vacancies arising from job changing (psychologists changing employers) are expected to provide 74 per cent of vacancies, compared with 15 per cent from job openings (psychologists leaving the occupation) and 11 per cent from new jobs (employment growth for psychologists)".

Unpublished research by the Commonwealth Department of Employment and Workplace Relations found that in late 2001, in:

- New South Wales, there was a increasing demand for psychologists during the last two years due to the rising government and community expenditure on mental health. The labour market was likely to remain in approximate balance over 2002, but recruitment difficulties for experienced professionals may emerge over the medium term if demand continues to increase at a strong rate.
- Victoria, the labour market for psychologists was in balance, but with some minor retention problems in rural areas, rehabilitation, aged care and trauma recovery.
- Queensland, the psychology labour market was in balance. Some recruitment difficulties existed in remote areas and in positions

requiring specialised experience, e.g. Aboriginal and Torres Strait Islander community work.

- Western Australia, there appeared to be a constant and moderate demand for psychologists in public health and mental health services and also in the private sector. All psychology positions advertised in late 2001 were filled, nearly all attracted a small number of applicants and all were filled within a reasonable time. Some difficulties were experienced in filling positions for experienced and senior psychologists, but all positions were filled.

There was no report available on the status of the psychology workforce in Tasmania.

7.1.2 Perceived psychology service gaps

Representatives of the Tasmanian branch of the Australian Psychological Society stated that there were significant gaps between the demand for, and supply of services, in currently funded DHHS psychology services. Service demands were increasing without additional resources being supplied. This is without considering gaps in areas where no publicly funded psychology services existed, e.g. aged care.

Representatives of the Society also stated that there were difficulties in recruiting psychologists with suitable specialist clinical qualifications for positions in the north and north west. This was of special concern in services that did not have established professional supervision structures in place.

7.1.3 Patterns of usage

7.1.3.1 Profession to population ratios

As Table 5 shows, psychologists were employed at a rate of 25.6 per 100,000 of the Tasmanian population (includes those employed in public and private sectors) in 1996. This was lower than the national average of psychologists per population, employed in 1996.

Table 5: Numbers of psychologists (CP) per 100,000 of the population across Australia in 1996

| | NSW | VIC | QLD | SA | WA | Tas | NT | ACT | Aust |
|------------------------|------|------|------|------|------|------|------|------|------|
| CP numbers per 100,000 | 30.3 | 35.3 | 21.5 | 21.9 | 32.8 | 25.6 | 21.7 | 49.2 | 29.6 |

Source: AIHW 2001

7.1.3.2 Staff workload assessments

The DHHS staff survey asked psychologists if they considered their current workload was about right, too much or too little. Of the 40 psychology respondents:

- 21 (53 per cent) stated that their workload was about right
- 16 (38 per cent) stated that their workload was too much.

7.2 Projecting future demand for psychologists

Unpublished research by the Commonwealth Department of Employment and Workplace Relations stated that there would be an growing demand for the psychology profession with increasing government expenditure on mental health services and community awareness campaigns regarding mental health, and increasing number of behavioural and emotional disorders.

7.2.1 Perceived drivers of psychology services in DHHS

The majority of psychology respondents to the DHHS staff survey perceived that the factors likely to increase the future size of the psychology workforce were:

- ageing of the population
- changing patterns of health and illness
- patient expectations/knowledge
- more defensive practice
- increasing specialisation
- the need for improved geographical distribution of the profession
- growth in consumer demand.

8 Workforce planning issues for the DHHS psychology workforce identified through consultations

8.1 Staff satisfaction with DHHS employment

Staff satisfaction with DHHS employment was sought through focus groups. Four psychologists, three from the southern region and one from the northern region, attended the focus groups. A summary of the information obtained is in Table 6. The comments expressed also reflected the information obtained through other consultations.

Table 6: Summary of information obtained from psychologists at the focus groups

| Positive attributes of employment in DHHS | Aspirations | Negative attributes of employment in DHHS | Constraints |
|--|--|---|---|
| <ul style="list-style-type: none"> Assisting clients, seeing improvements Variety of work | <ul style="list-style-type: none"> Supportive environment – role of individual team members is valued Supervision and training Manageable workloads | <ul style="list-style-type: none"> High workloads Vacancies slow to fill Concerns about 'burn-out' Lack of understanding of specialist skills of psychologists by AHPs and management | <ul style="list-style-type: none"> None specific |
| <p>Regional variations</p> <ul style="list-style-type: none"> No significant variations were evident | | | |

Source: DHHS staff survey October 2001

8.2 Employment opportunities in the private sector

Representatives of the Tasmanian branch of the Australian Psychological Society stated that the private sector offered considerably more attractive working conditions for psychologists.

There was the capacity to manage workloads, the role of the psychologist was recognised and respected and the hourly service rate could be up to six times that obtained in the public sector.

The clients presenting to DHHS psychology services had more complex conditions, were more distressed and disabled and less resourced than the clients seen in the private sector. Public sector clients tended to have more long-term problems and less positive outcomes.

8.3 Medicare rebate for psychologists

The demand for psychologists in the private sector may be increased with the inclusion of psychologists under the Medicare rebate system, however this Commonwealth Government proposal has not received support from the professional bodies as yet.

8.4 Professional structures and linkages within the DHHS

Tasmanian representatives of the Australian Psychological Society stated that there was no career pathway for psychologists and no formal individual professional supervision in the HAS and CF Divisions.

In Mental Health Services (the largest DHHS employer of psychologists) psychologists are employed in teams that are managed by a team leader who may come from a psychology, social worker, occupational therapy or nursing background.

Until recently the Principal Psychologist in Mental Health Services provided informal professional support for all DHHS psychologists.

Mental Health Services are about to undertake a review of psychology services within its Services to develop an appropriate structure for psychologists.

8.5 Professional recognition within the DHHS

In consultations, psychology staff stated that there was little understanding and recognition for the professional expertise and role of psychologists from DHHS management and other health workers.

This extended to the provision of sub-standard office facilities in some areas and no (in the Royal Hobart Hospital) or inadequate clerical assistance.

8.6 Generic DHHS positions occupied by psychologists

Psychologists are employed in a number of generic positions in the DHHS that can be occupied by other professions, e.g. social workers, occupational therapists, nurses or teachers. It was difficult to accurately record the number and location of these positions, due to the manner in which these positions were recorded on the Human Resource Services Information System and the lack of availability of general DHHS organisational information.

Although the establishment of these generic positions, has enabled managers increased flexibility in recruitment and to fill positions more quickly, it has obscured the numbers of these specific AHPs within the DHHS. It has also created confusion in expectations in the areas of support and development; e.g. whether DHHS support and development should be provided appropriate to the profession of the incumbent or the position.

8.7 Professional development to retain and strengthen a quality workforce

8.7.1 Professional association requirements

The Australian Psychological Society is the largest professional association for psychologists in Australia, representing around 13,000 members.

The Australian Psychological Society Professional Development Program aims to maintain and improve the quality of psychological services that members provide. The program formally recognises professional development activities, such as workshops and conferences, which members participate in as part of their ethical obligations. Currently this requirement applies only to members or Fellows of the Society who are also full members of Colleges. However, in accordance with the Code of Ethics, the Australian Psychological Society intends to introduce professional development requirements for all members in the future.

There are nine Colleges of the Australian Psychological Society, representing a range of specialist areas in psychology: Clinical, Clinical neuropsychologist, Community, Counselling, Educational and Developmental, Health, Organisational and Sport Psychology (Australian Psychological Society).

Each College promotes its area, maintains practice standards and quality assurance, and encourages and supports the education and professional development of specialist practitioners.

There are over 1,100 members in the Australian Psychological Society College of Clinical Psychologists. In 2002, there were 41 College members in Tasmania and 14 were employed in the DHHS. Full membership of the College requires a minimum of six years of university training in psychology, including two years of postgraduate studies in psychology, plus two additional years of supervision in the clinical field. Associate, Affiliate and Student Memberships are also available.

Members are required to accumulate a certain number of points over two years for continuing membership of each College. (Australian Psychological Society College of Psychologists 2002)

Representatives of the Australian Psychological Society stated that the lack of CPD opportunities within DHHS for psychologists made it increasingly difficult to meet membership requirements for the professional organisation.

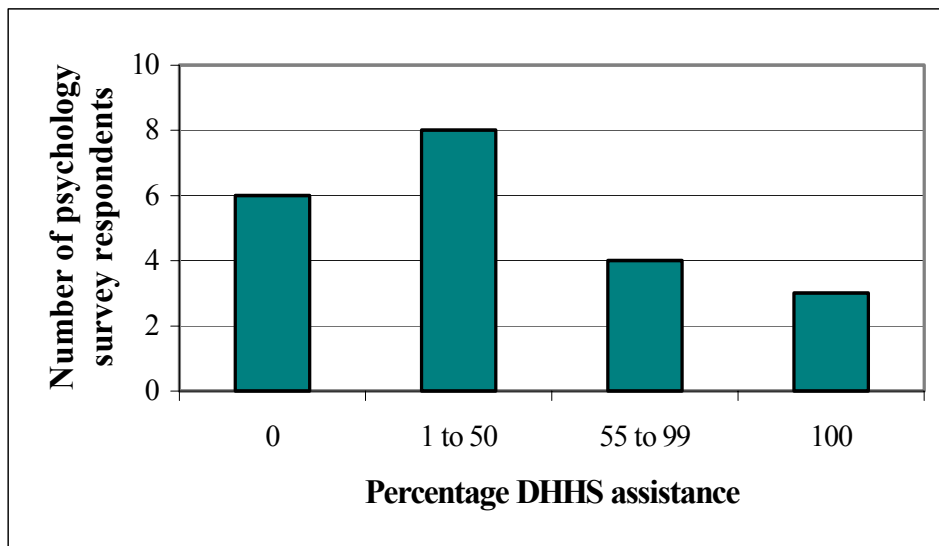
8.7.2 DHHS staff survey

The DHHS staff survey asked psychologists questions about CPD. There were no patterns to the responses in the area of CPD. Some staff said they were offered regular CPD through their employment, some staff from the same services said that they were not offered regular CPD, and this did not seem to depend on the full time or part time nature of the staff member's employment or the place of employment.

Twenty seven psychology survey respondents said that they had applied in the last two years to attend a conference. Twenty one of these 27 (78 per cent) said that they were successful in their application and the proportion of funding received varied with individual staff members.

Figure 9 shows the distribution of the percentage of financial assistance the 21 successful psychology survey respondents received from the DHHS to attend conferences in the last two years. The staff who attended a conference in the last two years and received either no funding or 100 per cent funding were employed in either of HAS, CPRH or CF Divisions.

Figure 9: The distribution of the percentage of financial assistance successful psychology respondents received from DHHS to attend conferences in the last two years



Source: DHHS staff survey October 2001

The DHHS staff survey also asked psychologists about their membership of a professional organisation. Eight of the 40 psychology respondents (20 per cent) to the DHHS staff survey were not members of a professional organisation.

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