

Review of the Australian Qualifications Framework:

Problematic Anomalies in Levels 9 & 10

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The Australian Clinical Psychology Association (ACPA) thanks the AQF Review Panel for undertaking this important review of the current AQF standards and their impact on education and training. The AQF, being a generic framework with no regard for the needs of specific disciplines or sub-disciplines, has the demonstrated capacity to stifle and reverse development in professional training in the health professions, of specific focus here in clinical psychology, and to reverse the trend towards international standards to the detriment of the Australian public.

The 2013 revision to Levels 9 and 10 of the AQF, introduced in 2014, has led to regressive changes to the education and training of clinical psychologists and many other health professionals by restricting the level of competencies attained by graduates. The current AQF undermines the provision of advanced specialised education and training to meet the needs of the public, including, in particular, for our most vulnerable population, those suffering from severe mental health problems. Further, the current framework reduces international recognition of psychologists qualified in Australia, restricts international mobility, and causes confusion for the public and other regulated jurisdictions. The changes also run the risk of being incompatible with the guiding principle of the current guidelines for the accreditation of psychology courses, namely "protection of the public" (Australian Psychology Accreditation Council, 2017).

Background

Psychology as a profession

Psychology is a regulated health profession under the authority of the Psychology Board of Australia (PsyBA). Registration with the PsyBA is essential to practice as a psychologist in Australia, and psychologist titles are protected.

For general registration as a psychologist a four-year undergraduate degree in the science of psychology plus *either* a two-year supervised internship (known as the 4 + 2 pathway) *or* a further one-year accredited Master Degree, plus a year of internship (known as the 5 + 1 pathway) is required. Psychologists with higher levels of education and training beyond a one-year Master Degree can be endorsed in nine areas of specialisation following the completion of a registrar program.

Clinical psychology is the area of practice that specialises in the assessment, diagnosis, treatment and management of serious, chronic, and complex mental health disorders. Services are provided to the most vulnerable members of the Australian public. The Australian Clinical Psychology Association (ACPA) represents those clinical psychologists who hold the minimum education and training for endorsement as a clinical psychologist by the PsyBA: at least an accredited two-year Master's Degree in clinical psychology, followed by a two-year registrar program.

Accreditation of psychology education and training programs via the Australian Psychology Accreditation Council (APAC), which establishes standards that are approved by the PsyBA. APAC accredits higher education psychology programs in 5-year review cycles to ensure compliance with the Accreditation Standards for Psychology Programs (the Standards). The Standards describe the competencies required at each level of psychology training.

International benchmarks

Internationally, it is well recognised that specialised competencies in clinical psychology are only gained through intensive and extensive education and training. In the United Kingdom (UK) and Ireland the **three-year** Doctor of Clinical Psychology degree was introduced in 1990 and had become the established standard for practice by 1995 (National College for Teaching and Leadership, 2016, British Psychological Society, 2018; Health & Care Professions Council, 2017; GradIreland, 2018).

In the USA and most of Canada a **four-year Doctoral Degree**, plus an Internship year of supervised practice for registration or licensure as a professional psychologist (American Psychological Society, 2018; Association of State and Provincial Psychology Boards, 2019). Professional Doctoral Degrees for psychologists were introduced alongside the traditional PhD for research degree in 1967 (Beutler, Givner, Mowder, Fisher & Reeve, 2004). "PhD degrees are intended for students interested **in** generating new knowledge through scientific research" ... the Doctor of Psychology Degree provides "an alternative to the PhD for those more interested in **providing psychological services** than conducting disciplinary research" (American Psychological Association, 2019). It is of note that the largest credentialing organisation for psychologists in the USA and Canada, the National Register of Health Service Psychologists (National Register), only credentials Doctoral Degrees (National Register of Health Service Psychologists, 2018).

New Zealand requires a two-year Masters Degree plus a one-year diploma in all specialised 'scopes of practice' (Psychologists Board of New Zealand, 2018).

Thus, the benchmark for comparable jurisdictions (English-speaking developed countries) for specialist recognition, particularly in clinical psychology, is a three- or four-year post-graduate degree, most commonly at Doctoral level.

1. In what ways is the AQF fit, or not fit, for purpose?

Level 10 of the AQF is not fit for purpose. Currently, the AQF structure and components of Level 10 position clinical psychology (and other areas of advanced practice endorsed by the PsyBA) in a rigid and confusing system that caps and undermines advanced training and education in psychology and creates a barrier for the profession to reach international standards. The current structure ensures that psychology education and training remain at the lowest standard in the world (Psychology Board of Australia, 2018).

Qualifications are not at an appropriate level and are not designed to meet the advanced education and training needs of specialised professionals.

The 2014 amendment to the AQF Standard for Level 10 emphasised research: "Research is the defining characteristic of all Doctoral Degree qualifications" (Australian Qualifications Council, 2013, p. 65). "The purpose of the Doctoral Degree is to qualify individuals who apply a substantial body of knowledge **to research** [emphasis added], investigate and develop new knowledge, in one or more fields of investigation, scholarship or professional practice" (Australian Qualifications Council, 2013, p. 63). The specification for the Doctoral Degree states, "*Research in the program of learning will be typically for at least two years of the qualification* [emphasis added]. The program of structured learning typically will include advanced coursework designed to enhance the student's capacity to make a significant contribution to original knowledge in the discipline (or cross-disciplinary field) and/or research-integrated practice developed in collaboration with a relevant professional, statutory or regulatory body. The advanced coursework and research-integrated practice will support the research outcomes" (Australian Qualification Framework, 2013, p.65).

The research component of the current Doctoral Degree (Professional) is designed to suit the training needs of academics and researchers. This level of research training is excessive for the training of practising clinicians. Hence, current Doctoral Degrees (Professional) do not meet the needs for extended clinical education and training for specialisations in psychology. The higher research demand reduces the component of advanced education and training for specialised psychologists and adds to the burden of cost and length of training for the individual and Government, to no professional advantage.

Prior to the 2013 AQF Review change to Level 10, higher education providers were increasingly offering professional Doctoral training of three to four years in duration that included a year of

research training and an additional year of clinical training for advanced specialisation over a two-year Masters Degree. This education and training was fit for purpose.

The Reduction of Clinical Psychology Education and Training in Australia

Doctoral programs

Since the 2013 review of the AQF with its research purpose and requirements, higher education providers have closed Doctoral Degrees (Professional) and either reverted to two-year Masters Degrees (Extended) or increased the length of Doctoral Degrees (Professional) to four years, in order to include the added research requirements. Neither solution provides an appropriate training option for clinicians in professional psychology, particularly given the advances in and volume of learning required for safe and effective practice at the specialised level.

According to APAC (Chief Executive Officer, Michael Carpenter, personal communication 24/08/2018), twenty-seven three-year professional Doctoral Degree programs in psychology have closed, seventeen of these in clinical psychology. Thirteen Doctoral Degree programs remain, ten in clinical psychology, with La Trobe University (2018) also now phasing out their program.

Master's programs cap advanced specialised education and training of psychologists

Masters Degrees (Extended) (of two-years duration) are purposed with producing graduates with specialised training in areas such as clinical psychology. However, they offer a markedly reduced education and training in advanced specialised professional practice over the previously widely offered three-year professional Doctoral Degree. This reduced training is not fit-for-purpose in a profession in which, "There has been a huge growth in the evidence base of psychology over the past 50 years" Psychology Board of Australia (2016 October).

Advanced specialist education and training is required to prepare clinical psychologists in specific areas of complex, chronic, challenging, and high-risk areas, as well as learning in specific domains not covered in basic education and training within Masters Degrees (Extended). This needs to be accredited training.

Currently, clinical psychology education and training provides an accredited general basic knowledge and skill set. It is within the unaccredited registrar program that two-year Masters Degree graduates have the opportunity to obtain the advanced learning for specialised practice.

However, outcomes for the unaccredited registrar program are highly variable and dependent on the quality of an individual's supervision and experience within this program.

In recognition of the need to increase education and training of specialised psychologists, the PsyBA has stipulated two years of supervised work-based training within the registrar program for Masters Degree graduates. Doctoral Degree (Professional) graduates undertake only one year of registrar program training. This one-year registrar program, also is not accredited and, as with any individualised supervision program, the outcomes are highly variable.

The increasing need for credentialing of advanced specialist training in clinical psychology

Advanced specialised education and training of clinical psychologists in the assessment, diagnosis, and treatment of complex mental health disorders is required to meet the needs of the most vulnerable members of our society. The recent Report of the Eating Disorders Working Group of the Medicare Benefits Schedule Review Taskforce (2018) recommends, "A credentialing process should be established, specific to practitioners who diagnose and provide specialist treatment to patients with eating disorders" (2018, p. 13). The National Disability Insurance Scheme (NDIS) also requires registration via proof of training, education, and expertise for Specialist Behavioural Support providers (National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018).

The absence of any accredited credentialing system for advanced specialist qualifications is a strong barrier to advanced specialist education and training in these and other areas of need for the public. This absence has led the NDIS to employ auditors to provide verification or certification of qualifications and expertise of potential providers of specialist services at a cost between \$4,000 - \$6,000 (depending on the auditing company¹) to the individual practitioner or organisation for which they work. Such financing is a strong barrier to providers and is leading to the withdrawal from the most highly specialised practitioners from providing services in the disability sector. Such costs for practitioners would be better put towards accredited education and training of specialists, not credentialing to compensate for shortfalls in the AQF Framework.

The power of qualifications frameworks to shape, enhance, and restrict advanced specialist education and training

Internationally, it appears that the greater the emphasis on research at the Doctoral Degree level of Qualification Frameworks, the lower the level of professional education and training in psychology. Where professional Doctoral Degrees are encouraged, this becomes the standard education and training for clinical psychologists. Where a Doctoral Degree is restricted to a research degree, education and training in specialised professional psychology remains at the two-year Master level.

The UK specifically includes professional doctorates in the Frameworks for Higher Education Qualifications (Quality Assurance Agency for Higher Education (QAA), 2014), and cites the Doctor of Clinical Psychology Degree as an example of professional training at this level in their UK Quality Code for Higher Education: Part A (2014). This is a three-year post-graduate qualification. The QAA does not specify a length for the components of degrees in the Qualifications Framework (Quality Assurance Agency for Higher Education, 2014; Quality Assurance Agency for Higher Education (2015) but provides required competencies to be met by graduates. All clinical psychologists in the UK are trained to Doctoral level.

The United States of America (USA) does not have a qualifications framework, and psychology education and training appear to benefit from this. The Association of State and Provincial Psychology Boards, that license *all* psychologists, state, "Licensure for the independent practice of psychology requires a doctoral degree in psychology in most states, provinces, and territories of the U.S. and Canada. About half the states, provinces and territories also have a category of licensure for the practice of psychology under the supervision of a doctoral level licensed psychologist, often called Psychological Associate, which usually requires at least a masters degree in psychology" (Association of State and Provincial Psychology Boards, 2019). The provinces that do not require a Doctoral Degree are Canadian provinces with small populations (e.g. Alberta, Saskatchewan).

In contrast, the Framework for Qualifications of the European Higher Education Area (Bologna Working Group, 2005) strongly emphasises research at the Doctoral level, indeed, defining the 'third cycle' as a PhD. Europe holds the second lowest minimum standard of education and training for psychologists in the world after Australia. EuroPsy (European Federation of Psychologists' Associations, 2016) recognises a 5 + 1 training route as the minimum standard for practice as a psychologist. This is generally undertaken as a 3- year undergraduate degree in psychology, plus a two-year professional Masters Degree, plus a year of supervised practice, and contains a greater amount of psychology than the Australian 5 + 1 pathway to registration and practice.

While there are Doctoral programs on offer in clinical psychology at some European universities no country has moved to a required Doctoral level standard of education and training. The standard for clinical psychology remains a two-year Masters Degree, as for EuroPsy recognition.

This demonstrates the capability of qualifications frameworks to repress professional education and training in clinical psychology and places unacceptable risks on the public.

The New Zealand Qualifications Framework is also defined as a research degree and requires a specified two-year research component for the program (The New Zealand Qualifications Authority, 2010, p. 20). In order to bypass the research requirement and add further specialised practice to three-year degrees, the training of psychologists in New Zealand in specialised 'scopes of practice' require the standard two-year Masters Degree, plus a one-year diploma in the scope of practice (Psychologists Board of New Zealand, 2019). The Masters Degree and a post-post-graduate diploma are in effect a three-year integrated program of study in the application of psychology to the particular 'scope of practice'.

This is not a transparent, coherent, logical or comprehensible solution to the problem and demonstrably fails to acknowledge the level of specialist training achieved by successful candidates. While this solution allows for more substantial professional training and less substantial research component within the degree and diploma, the awarding of both a degree and a diploma for a single integrated program of study is cumbersome. It also leads to confusion in countries where a diploma is positioned at an undergraduate level, such as in Australia where it is positioned at Level 5 (Australian Qualifications Framework, 2013) and the UK (Quality Assurance Agency for Higher Education (2014).

The problematic AQF solution

The AQF guidelines currently offer a route whereby an extended Masters Degree of two years can be further extended to an Masters Degree (Extended) of three to four years. The volume of learning of a Masters Degree (Extended) is equivalent to a Doctoral Degree "typically 3 – 4 years" (2013, p. 17)

Volume of learning

typically 1 – 2 years; in the same discipline 1.5 years following a level 7 qualification or 1 year following a level 8 qualification; in a different discipline 2 years following a level 7 qualification or 1.5 years following a level 8 qualification

The volume of learning of a

Masters Degree (Research) is

The volume of learning of a Masters Degree (Coursework) is typically 1 – 2 years; in the same discipline 1.5 years following a level 7 qualification or 1 year following a level 8 qualification; in a different discipline 2 years following a level 7 qualification or 1.5 years following a level 8 qualification The volume of learning of a Masters Degree (Extended) is typically 3 – 4 years following completion of a minimum of a 3 year level 7 qualification The volume of learning of a Doctoral Degree is typically 3 – 4 years

Furthermore, under the AQF, the Masters Degrees (Extended), at Level 9, may use the title of 'doctor' with permission:

'Exceptions to the use of AQF qualification titles:

i. The use of the title 'Juris Doctor' is permitted for a Masters Degree (Extended) for legal practice.

ii. The use of the title 'doctor of ...' is permitted for a Masters Degree (Extended) for five professions: medical practice; physiotherapy; dentistry; optometry and veterinary practice.

iii. Further exceptions may be permitted in accordance with the AQF Qualification Type Addition and Removal Policy.

For exceptions:

The qualification title and a statement that the qualification is an 'AQF level 9 Masters Degree' will appear on relevant certification documents, on any national, state/territory or institutional registers of qualifications, and in institutional information and promotional materials.

The qualification may not be referred to as a Doctoral Degree in any written, oral or electronic information [emphasis added]. Institutions wishing to make a submission to the AQF Council regarding the addition of professions to these exceptions must follow the policy and requirements set out in the Requirements for permission to use alternative title for Masters Degree (Extended). (See the AQF policy section of the website). Australian Qualifications Framework: AQF Titles (2013, p. 1).

This is a bizarre solution that is confusing and begs the question of what a Doctoral Degree and the title actually mean. We understand that the number of professions forced into this compromise to adequately train their clinicians is increasing. This is not a compromise that higher education institutions are currently willing to accept for psychology.

Furthermore, podiatry has been granted further exemptions to the requirements via the intervention of the Minister for Education and Training (personal communication, Peter Manuel, President, Australasian College of Podiatric Surgeons, 23/11/2017). Three-year Doctoral education and training has been permitted Podiatric Medicine and Podiatric Surgery at the University of Western Australia (University of Western Australia, 2019). These are Doctoral Degrees and attract the title of 'doctor', as was previously permitted in psychology. Such an anomaly further underlines the absurdity of this regulation.

The compromise of providing a Doctoral title to Masters Degree (Extended) offered at Level 9, but with the same volume of learning as a Doctoral Degree, is inconsistent, lacks transparency, is highly ambiguous, does not align with other countries' qualifications frameworks, reduces international mobility, reduces confidence in qualifications, does not accommodate the diversity of purposes of education and training, undermines professional education and training, is confusing for the labor market, and makes no sense, particularly to the public. The general public, for whose protection our systems of regulation exist, do not equate a Doctoral Degree with research. It is most commonly understood as a medical degree, and, by extension, associated with advanced professional expertise and practice.

¹ The cost of an audit to provide specialist services under the NDIS needs to be obtained individually from each approved auditor listed at: <u>https://www.ndiscommission.gov.au/resources/ndis-provider-register/auditors</u>

2. Where the AQF is not fit for purpose, what reforms should be made to it and what are the most urgent priorities? Please be specific, having regard to the possible approaches suggested in the discussion paper and other approaches.

The AQF is not fit for purpose (see above)

- Doctoral Degrees (Professional) currently require a two-year research component that is beyond requirements for practising specialised psychologists. Current requirements for Doctoral Degrees do not accommodate the diversity of purposes of education and training in specialised areas of professional practice and undermines professional education and training to the disadvantage of the public.
- Doctoral Degrees attract funding under the Research Training Program and are being utilised for learner cohorts for which they were not designed when those intending to practice as a clinician only take on research degrees to enhance their clinical learning.
- Master and Master/PhD Degrees do not provide the volume of clinical knowledge and training that meet the standards of equivalent international jurisdictions for specialist level practice, nor are considered adequate within the profession.
- The compromise of providing a Doctoral title to a three-year Masters Degree (Extended) (as opposed to a two-year Masters Degree (Coursework)) offered at Level 9, but with the same volume of learning as a Doctoral Degree, is unacceptable to the psychology profession.

Urgent reforms required

Restore the viability of three-year Doctoral Degrees (Professional) through removal of the 2013 insertion from the specifications for a Doctoral Degree, *"Research in the program of learning will be typically for at least two years of the qualification* "(Australian Qualification Framework, 2013, p.65) while retaining the research competencies at a higher level to ensure adequate research scholarship. This is an urgent necessity for the advancement of professional education and training in clinical psychology, and other health professions, to ensure fit for purpose qualifications that allow for appropriate flexibility while retaining standards and enhance international recognition and mobility.

The Review of the Australian Qualifications Framework Discussion Paper (2018) presents options for comment in terms of micro-credentialing that can be aggregated into a qualification, utilisation of credit point certification, and recognition of prior learning when expertise can be clearly demonstrated. Such adaptations to the AQF would provide for the advanced education and training of specialist clinical psychologists *if* applied at Level 10.

However, there are significant risks of misapplication to Masters-level training where the "sustained education, training and supervision that characterises the integrated experience in a specific postgraduate degree" (Psychology Board of Australia, 2010, p. 2) is required for specialised psychology practice. It is essential that the coherence of core, fundamental education and training in specialised areas of psychology is not undermined by the introduction of micro-credentialing at the Masters' level.

A national progression award at Level 10 for advanced specialist practice would enable clinical psychologists to choose specific areas of training for credentialing, such as eating disorders and disability services (see above), psychosis, personality disorders, Post-traumatic Stress Disorders, and chronic and severe presentations of other disorders, to provide high quality, safe interventions to the public. Such a framework would also enable accredited areas of specialisation to develop in Rural Mental Health, geriatric psychology, and Leadership and Management. There is also a move to provide prescribing rights to specifically credentialled clinical psychologists. Such areas of advanced education and training are not able to be included in the current Master Degrees as the volume of learning within these degrees is already oversubscribed.

3. In relation to approaches suggested by the Panel or proposed in submissions or through consultations, what are the major implementation issues the Review should consider? Please consider regulatory and other impacts.

The major barrier for implementation of the proposals of the Review that would enhance the education and training of specialist clinical psychologists and other professionals as needed, is the insistence that Doctoral Degrees (Professional) are primarily research degrees.

Other

The Australian public deserves standards of education and training of clinical psychologists that reflect those of comparable international jurisdictions, such as the United Kingdom, the United States of America and the majority of Canada. The AQF has the responsibility to ensure this standard is readily available to professions such as clinical psychology, and that the public's needs can be served with clarity, transparency, and rationality as to level of professional education and training. This will enhance international mobility, particularly within other English-speaking countries, within the context of the increasing globalisation in psychology.

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