

## Public consultation

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7 July 2017

### National psychology examination curriculum

#### You are invited to provide feedback

The Psychology Board of Australia (the Board) is releasing this public consultation paper on the review of the *National psychology examination curriculum* (the curriculum). This is the first review of the curriculum since it was published in 2012.

The Board has determined to review the curriculum every three to five years in keeping with good regulatory practice. Since the publication of the curriculum there have been several changes and advances in the profession and the regulatory environment that indicate that a review is timely. The aim of the review is to ensure that the examination:

- assesses the right competencies for general registration as a psychologist in Australia
- remains fit-for-purpose
- is aligned with the newly published *International declaration of core competencies in professional psychology*(2016), and
- that the curriculum is up-to-date with advances in the field of psychology.

The purpose of this consultation is to obtain comments and suggestions about the proposal from the profession, the community, governments, employers, and other stakeholders. You may choose to provide feedback on any aspect of this consultation.

The following consultation paper outlines the proposed revised *National psychology examination curriculum*. It includes an overview that explains and discusses the proposed changes. There are also specific questions about the review which you may wish to address in your response.

To provide feedback, please provide written submissions by email:

- with the subject title: **'Consultation – National psychology examination curriculum review'**
- to: [psychconsultation@ahpra.gov.au](mailto:psychconsultation@ahpra.gov.au)
- by: close of business<sup>1</sup> on **Friday 1 September 2017**.

Please provide your submission in a **Word format** document to help us meet international web accessibility guidelines<sup>2</sup>. You are welcome to provide your submission in a PDF format as well if you wish, and we can publish your submission in both formats.

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<sup>1</sup> 5pm Australian Eastern Standard Time (AEST)

<sup>2</sup> See [www.ahpra.gov.au/About-AHPRA/Accessibility.aspx](http://www.ahpra.gov.au/About-AHPRA/Accessibility.aspx) for more information.

## How your submission will be treated

Submissions received are generally published on the Board website under [Past consultations](#) after the consultation closes.

The views expressed in the submissions are those of the individuals or organisations who submit them and their publication does not imply any acceptance of, or agreement with, these views by the Board.

The Board publishes submissions on its website to encourage discussion and inform the community and stakeholders. However, the Board retains the right not to publish submissions at its discretion and will not place on the website, or make available to the public, submissions that contain offensive or defamatory comments or which are outside the scope of the consultation.

Before publication, the Board may remove personally-identifying information from submissions, such as contact details. The Board will also publish submissions anonymously if requested by the respondent, in which case all identifying information, including name and organisation, will be removed before publication.

The Board also accepts submissions made in confidence. These submissions will not be published on the website or elsewhere. Submissions may be confidential because they include personal experiences or other sensitive information. Any request for access to a confidential submission will be determined in accordance with the *Freedom of Information Act 1982* (Cth), which has provisions designed to protect personal information and information given in confidence. Please let the Board know if you do not want your submission published, or want all or part of it treated as confidential.

## More information

For more information about the consultation process please refer to the document *Consultation process of National Boards* available at [www.ahpra.gov.au/Publications/Procedures.aspx](http://www.ahpra.gov.au/Publications/Procedures.aspx).

The Board does not provide individual responses to submissions. Individuals and organisations seeking a personal reply to specific policy or operational questions raised by this consultation paper are invited to write a separate letter to the Chair of the Board at [psychologychair@ahpra.gov.au](mailto:psychologychair@ahpra.gov.au).

Individuals and organisations seeking advice on making a submission to this consultation, such as advice about the format and submission deadline, should send their queries to [psychconsultation@ahpra.gov.au](mailto:psychconsultation@ahpra.gov.au). This inbox will be monitored regularly while the public consultation is open.

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# Overview of consultation

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7 July 2017

## National psychology examination curriculum review

### Summary

1. [The Health Practitioner Regulation National Law](#) as in force in each state and territory (the National Law) requires National Boards to develop registration standards about certain issues, including the requirements for general registration for psychologists registered in Australia.
2. At the start of the [National Registration and Accreditation Scheme](#) (the National Scheme), the Psychology Board of Australia (the Board) developed registration standards, including a [General registration standard](#). These initial registration standards were approved by the Australian Health Workforce Ministerial Council (AHWMC) and took effect on 1 July 2010. The General registration standard states that in addition to holding the minimum qualification, applicants for general registration as a psychologist in Australia must provide evidence of having passed the national psychology examination (unless exempt)<sup>3</sup>.
3. The [Guidelines for the national psychology examination](#) (the guidelines) were first published after extensive consultation in October 2013 with the most recent review published in April 2016. The guidelines describe the general content of the examination, the process of development of the examination, instructions for sitting the examination, and provide a basic outline of the examination curriculum.
4. The Board has also developed several documents that sit behind the guidelines to provide specific detail on the curriculum content and the competencies expected to be demonstrated by applicants for general registration as a psychologist in Australia by passing the national psychology examination. These documents are designed specifically for candidates preparing for the examination (and their supervisors) and include:
  - a. the [National psychology examination recommended reading list](#) (published in January 2012)
  - b. the [National psychology examination curriculum](#) (published in March 2012)
  - c. the [Assessment domain additional resources](#) document (published in May 2014), and
  - d. [A brief orientation to the national psychology examination](#) (published in September 2016).

### Background

5. The Board held three [consultations](#) relevant to the development of the National psychology examination curriculum prior to its publication in March 2012, as follows:
  - a. Consultation #9 on the *Guidelines for the national psychology examination* (April 2011)
  - b. Consultation #13 *Exposure draft on the examination curriculum* (November 2011), and
  - c. Consultation #18 on the *Guidelines for the national psychology examination* (April 2013).
6. The current curriculum for the examination was approved by the Board at its March 2012 meeting. There were transition provisions for implementing the national psychology examination allowing a stepped roll-out of the examination, where some candidates were not required to sit the examination until 2013, and others not until July 2014.
7. While the Board reviews its registration standards and guidelines at least every three to five years in keeping with good regulatory practice, there is no requirement or expectation for the review timeframes of supporting documents that sit behind the guidelines. Nevertheless, the Board has decided to review the curriculum documents relevant to the national psychology examination on a regular basis.

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<sup>3</sup> Refer to the Psychology Board of Australia's *Guidelines for the National Psychology Examination*.

8. In line with the three to five year review timeframe, the Board is now reviewing the *National psychology examination curriculum*. This timeframe is deemed appropriate for review of the curriculum of a relatively new examination process. The aim is to ensure that the examination assesses the right competencies and remains fit-for-purpose.
9. Since 2012, the Board has sporadically received feedback relevant to the *National psychology examination curriculum* during consultations for the review of other guidelines and standards (such as the 4+2 internship program, the 5+1 internship program, and the consultation on ending the higher degree exemption from sitting the national psychology examination). Feedback on the current curriculum indicates that it is working well. However, some stakeholders have provided ideas for future development of the curriculum. This feedback has been recorded and included in this review.

### Current review

10. The National Board has carefully considered the objectives and guiding principles of the National Law and the [regulatory principles for the National Scheme](#) in deciding whether it should propose changes to the existing curriculum for the national psychology examination.
11. The National Board has adopted a risk-based approach to the review; with the aim of ensuring that the national examination curriculum supports the Board's decision-making so that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered in order to provide protection of the public.
12. In addition, the Board has considered the approach of overseas psychology regulators when approaching the curriculum review, and has drawn on research and published documents in identifying internationally-recognised core competences of professional psychologists.
13. This is a review of the examination curriculum (and the documents that support the curriculum) only. The following documents are slated for review:
  - a. the *National psychology examination recommended reading list*
  - b. the *National psychology examination curriculum*
  - c. the *Assessment domain additional resources* document
  - d. *A brief orientation to the national psychology examination*, and
  - e. the section of the guidelines (p. 4-5) that relates to the examination curriculum.
14. This is not a review of the General registration standard. The General registration standard was previously reviewed and updated in May 2016. It is also not a full review of the *Guidelines for the national psychology examination*. The guidelines were last updated in April 2016.
15. The Board invites comments on its proposed revised curriculum. There is an overview before the proposed draft that explains and discusses the proposed changes. There are also specific questions about the proposed revised curriculum which you may wish to address in your response.

### Context

16. Since publication of the *National psychology examination curriculum* in 2012 there have been two important pieces of work carried out that directly affect the curriculum. These include: the publication of the International declaration of core competencies in professional psychology, and the review of the Australian Psychology Accreditation Council (APAC) standards for the accreditation of programs of study that may lead to registration as a psychologist in Australia.
17. The International Project on Competence in Psychology (IPCP)<sup>4</sup> published the [International declaration of core competencies in professional psychology](#) (the Declaration) in July 2016.
  - a. The Board, along with several other countries, was involved in the development of the Declaration, with the work beginning at the Fourth International Congress on Licensure, Certification and Credentialing of Psychologists held in Sydney in July 2010.

<sup>4</sup> For more information on the IPCP see: [www.psykologforeningen.no/foreningen/english/ipcp](http://www.psykologforeningen.no/foreningen/english/ipcp)

- b. The aim of the project was to develop international benchmarking for competence as a common language for the professional identity and international recognition of psychologists. It was supported by the International Association of Applied Psychology (IAAP) and the International Union of Psychological Science (IUPsyS).
  - c. The Declaration has sought to work towards an international recognition system for equating professional preparation systems, program accreditation, professional credentialing, and the regulation of professional competence and conduct. As such, the purpose for developing a Declaration corresponds with the objectives and guiding principles of the National Scheme (section 3 of the National Law), including:
    - i. to provide for the protection of public by ensuring that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered
    - ii. to facilitate workforce mobility
    - iii. to facilitate the provision of high quality education and training
    - iv. to facilitate the rigorous and responsive assessment of overseas-trained health practitioners, and
    - v. to enable the continuous development of a flexible, responsive and sustainable Australian health workforce.
  - d. The core competencies presented in the Declaration are those expected of all psychologists providing services to clients at the time of entry to the profession. This Declaration is therefore particularly relevant for the national psychology examination, as the examination is a requirement for general registration as a psychologist in Australia.
  - e. The competencies articulated in the Declaration are also general and not specific. Again the Declaration is relevant to the examination curriculum as the examination assesses general competencies rather than specific competencies for the nine areas of practice endorsement.
18. The [Australian Psychology Accreditation Council](#) (APAC) is the accreditation authority responsible for accrediting education providers and programs of study for the psychology profession. The current APAC Accreditation standards for psychology courses (version 10) came into effect in June 2010, before the National Scheme began.
- a. Under the National Law (section 42), APAC is required to develop accreditation standards for approval by the National Board. The accreditation standards are required to meet relevant Australian and international benchmarks, and be based on the available research and evidence base<sup>5</sup>. APAC has recently consulted on the development of new standards. The new standards, among other things, have focused on taking into account changes in the higher education sector in Australia, the development of standards that are competency-based (rather than input-based), and the internationalisation of psychology through such documents as the Declaration.
  - b. There are several pathways to general registration as a psychologist in Australia, including the 4+2 internship, 5+1 internship, transitional program for overseas-trained psychologists, and the higher degree pathway. Currently, the higher degree students are exempt from sitting the national psychology examination, where all other pathways are required to pass the examination. The Board is of the view that all applicants for general registration should be able to demonstrate the core competencies for entry into the profession regardless of the pathway undertaken. Ensuring that the competencies outlined in the APAC standards, and the competencies assessed via the national psychology examination are comparable is essential. The APAC standards review is therefore important in relation to the review of the *National psychology examination curriculum*.
19. The Board determined to wait to consult on the *National psychology examination curriculum* review until after publication of the Declaration and after the consultation on the APAC standards had occurred.

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<sup>5</sup> For more information see the Quality Framework for the Accreditation Function at: [www.ahpra.gov.au/Publications/Accreditation-publications.aspx](http://www.ahpra.gov.au/Publications/Accreditation-publications.aspx)

### Timeframes for future reviews

20. The proposed *National psychology examination curriculum* includes a five-year review period, with an option for earlier review if required.
21. The move from a three-year period for scheduled review (in the initial standards) to a five-year review period reflects the maturity of the scheme and policies. The move to a longer review period has been previously supported by government in the context of the review of core registration standards by the 2010 health professions, including the Board's registration standards for continuing professional development and recency of practice.

# Review of the National psychology examination curriculum

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## Background

23. The National Law allows the Board to develop a registration standard about eligibility requirements relevant to individuals for registration in the profession. The Board's General registration standard states that in addition to holding the minimum qualification, applicants for general registration as a psychologist in Australia must provide evidence of having passed the national psychology examination (unless exempt).
24. The Board is now reviewing the *National psychology examination curriculum*.

## Options statement – National psychology examination curriculum

25. The Board has considered two options in developing this proposal for a revised *National psychology examination curriculum*.

### Option 1 – Status quo

26. Option 1 would involve retaining the existing examination curriculum.
27. There would be no changes to the curriculum section of the guidelines (p. 4-5), and no changes to the following four curriculum documents that support the guidelines:
  - a. the *National psychology examination recommended reading list*
  - b. the *National psychology examination curriculum* document
  - c. the *Assessment domain additional resources* document, and
  - d. *A brief orientation to the National psychology examination*.

### Option 2 – Proposed revised curriculum

28. Option 2 would involve the Board developing a revised curriculum.
29. The Board is not recommending substantive changes to the curriculum, but rather a general review and update of the curriculum focusing on:
  - a. integrating changes in the profession since the development of the curriculum in 2012
  - b. integrating updated professional publications into the curriculum, such as new versions of psychological assessment tools and the diagnostic manual
  - c. a review of the scope and coverage of the curriculum, and
  - d. an alignment of the curriculum to international benchmarks.
30. The following documents would be reviewed:
  - a. the *National psychology examination recommended reading list*
  - b. the *National psychology examination curriculum*
  - c. the *Assessment domain additional resources document*
  - d. *A brief orientation to the National psychology examination*, and
  - e. the specific section (p. 4-5) of the guidelines that relates to the examination curriculum.
31. This is not a review of the full guidelines. This is only a review of the exam curriculum and the associated documents that support the curriculum. A consultation on reviewing the full guidelines will be held at a later time. This later review will address broader examination operations and structure, such as the number of questions on the examination, the timeframe of the examination, and the pass mark for the examination. This consultation is focused specifically on reviewing and updating the examination curriculum content, and the documents that sit behind the curriculum.



32. Option two would involve an implementation timeframe of six months. A new curriculum would be published on the Board's website (and advertised in the newsletter and communiqué) six months before the examination includes any questions based on the new curriculum. This will provide examination candidates and their supervisors ample time to review the new curriculum before sitting an examination that includes questions based on the new material.

#### **Preferred option**

33. The Board prefers Option 2.

### **Curriculum changes for discussion**

#### **National psychology examination recommending reading list**

##### **Background**

34. The [National psychology examination recommended reading list](#) (the reading list) was first published in January 2012. The reading list is carefully reviewed and updated every six months by the National Psychology Examination Committee. Typically these reviews include updating web links, updating to a newest edition of a book, and adding the occasional new reference. It is planned that this six-month review cycle will continue.
35. The reading list is recommended for candidates to read in preparation for the examination, but it is not mandatory reading. It is provided only as a guide to assist candidates preparing for the examination.

##### **Rationale for review**

36. The proposed changes to the reading list involve a more detailed review than typically undertaken in the usual six-month updates.
37. The alignment of the curriculum with the identification of internationally recognised core competencies of professional psychologists (the Declaration) necessitates a review of the reading list. The rationale for the updates is to ensure that the list contains readings that correspond to the curriculum changes. This review is broader in scope and more detailed than the regular scheduled reviews.
38. The Board is mindful that there are numerous professional texts covering areas that are relevant to the curriculum. However, not all of these texts or websites can be listed on the reading list. The review also included consideration of whether the reading list incorporated seminal texts at the right level of training for the competencies relevant to general registration.

##### **Recommended changes**

39. The Board reviewed the latest version of the reading list (December 2016) and determined that minimal updates are needed at this time. The July 2017 reading list contains resources corresponding to the proposed curriculum changes, includes recommended texts that continue to be considered seminal in the field, and covers the required competencies. In addition, several readings have been updated to the latest versions/publications.
40. The proposed revised reading list (July 2017) is at [Attachment B](#).

#### **National psychology examination curriculum**

##### **Background**

41. The [National psychology exam curriculum](#) document (the curriculum) was first published in March 2012 after three public consultations. The curriculum has not been reviewed since its publication.

42. Candidates sitting the examination are required to be familiar with the curriculum. The curriculum outlines the eight competencies expected to be demonstrated by an applicant for general registration<sup>6</sup>. The eight competencies are assessed through four curriculum domains (ethics, assessment, intervention and communication).
43. The examination is designed to test the competencies for general registration as a psychologist in Australia. It is not designed to assess for the competencies for provisional registration. The curriculum is therefore not designed to test foundational knowledge of the discipline obtained during the first four years of psychology at university. Rather the examination is designed to test the application of psychological knowledge to practice at the fifth and sixth year level, and is therefore based on actual case studies and professional issues.
44. The curriculum for the examination does not relate to area of practice endorsements. An endorsement is a notation on the register for a registrant who has already obtained general registration, and who has also successfully undertaken a registrar program<sup>7</sup>. As mentioned above, the examination curriculum focuses on the competencies expected to be demonstrated by an applicant for general registration.

#### Rationale for review

45. The curriculum has not been reviewed since 2012. While there is no requirement or expectation in the National Law for the review timeframes of supporting documents that sit behind guidelines and standards, the Board has decided to review the curriculum on a regular basis. Since the examination is relatively new, the Board's rationale is to review the curriculum in line within the standard three-five year review timeframe.
46. The aims of the review are to ensure that the curriculum design adequately covers the scope of the competencies required for general registration as a psychologists, that the examination assesses the right domains and competencies, and that the curriculum remains fit-for-purpose within the regulatory context.
47. The recommended changes to the curriculum are intended to align the curriculum with changes in the profession since 2012, and with the new international competencies for psychologists. This includes the [APAC](#) review of standards and the [International declaration of core competencies in professional psychology](#).

#### Recommended changes

48. The proposed changes to the curriculum include both changes in scope and coverage of the curriculum and an update in language.
49. The following changes are recommended for the ethics domain:
  - a. inclusion of an ethical understanding of disability services and compensation
  - b. inclusion of an understanding of the importance of supervision
  - c. broadening the scope of the curriculum on professional issues to strengthen the importance of an understanding of a psychologists':
    - i. psychological and physical wellbeing
    - ii. limits of competence, and
    - iii. need to monitor their practice and to make continuous improvements to practice
  - d. replacing the term 'medico-legal' with the term 'psycho-legal' to be consistent with current usages of the two terms
  - e. replacing the term 'working cross-culturally' with 'working with diverse groups' to be more inclusive of areas of diversity other than culture, and
  - f. replacing the term 'cultural competency' with 'cultural responsiveness' to be in line with current the Australian Indigenous Psychology Education Project (AIPEP) recommendations

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<sup>6</sup> For detail on the eight competencies please review the [Guidelines for the 4+2 internship program](#) and the [Guidelines for the 5+1 internship program](#).

<sup>7</sup> For more information on the registrar program please review the [Guidelines on area of practice endorsements](#).

50. The following changes are recommended for the assessment domain:
- a. removal of the version number of psychological tests. Since tests are being continuously revised, removal of the version number will allow for the curriculum to remain current without the need for revision
  - b. addition of instructions about which version of a test should be used (currently this information is in a FAQ on the Board's website).
  - c. inclusion of four new assessment tools. These tests have been recommended for inclusion by stakeholders and are used by many psychologists across practice contexts.
    - i. WHO-DAS and WHO-QOL  
*Rationale:* both tests are now included in the DSM
    - ii. Structured Clinical Interview for DSM (SCID)  
*Rationale:* standard assessment procedure that operationalises diagnosis
    - iii. Ravens Standard Progressive Matrices  
*Rationale:* the current curriculum does not include a non-verbal test of IQ that is culturally fair. The Ravens is considered to be more sensitive to test-takers with varying knowledge of a language, speaking skills, and is more sensitive to cultural and social characteristics
  - d. removal of the Kaufman Adolescent and Adult Intelligence Test (KAIT)
    - i. *Rationale:* while an excellent assessment tool, this test becoming increasingly difficult to access,
  - e. an update of the categories of mental health disorders to align with the DSM-5
  - f. inclusion of the curriculum relating to psychopharmacology (currently this information is in a FAQ on the Board's website), and
  - g. replacing the term 'working cross-culturally' with 'working with diverse groups' to be more inclusive of areas of diversity other than culture.
  - h. replacing the term 'cultural competency' with 'cultural responsiveness' to be in line with current the Australian Indigenous Psychology Education Project (AIPEP) recommendations.
51. The following changes are recommended for the intervention domain:
- a. an explicit (rather than implicit) emphasis on evidence-based practice, and
  - b. replacing the term 'working cross-culturally' with 'working with diverse groups' to be more inclusive of areas of diversity other than culture.
52. The following changes are recommended for the communication domain:
- a. an increased emphasis on the skills of professional communication in line with the emphasis placed on skills in the Declaration
  - b. replacing the term 'working cross-culturally' with 'working with diverse groups' to be more inclusive of areas of diversity other than culture, and
  - c. replacing the term 'cultural competency' with 'cultural responsiveness' to be in line with current the Australian Indigenous Psychology Education Project (AIPEP) recommendations.

53. The proposed revision to the curriculum is at [Attachment C](#).

#### **Assessment domain additional resources document**

##### **Background**

54. The [Assessment domain additional resources](#) document (the assessment domain document) was published in May 2014. This document has not been reviewed since its publication.
55. The assessment domain document was developed in response to requests for guidance and clarification from candidates who were preparing for the examination. One of the curriculum domains, the assessment domain, specifies six psychological tests that require candidates to have detailed knowledge, and 20 tests with which candidates need to be familiar. The assessment domain document provides further background information relevant to these 26 tests in addition to that provided in the guidelines or the curriculum document.

### Rationale for review

56. It is recommended that the six psychological tests that require candidates to have detailed knowledge remain the same. It is recommended that the 20 tests that candidates need to be familiar with undergo minor changes due to the publication of the DSM-5, and the reduced accessibility of one test (see paragraph 50 above). The assessment tools noted in the curriculum remain regularly used by psychologists across practice contexts. It is expected that all psychologists with general registration are familiar with these tests.
57. When reviewing the assessment domain document, the Board is mindful to consider the following issues:
  - a. the psychological assessment tools outlined in the assessment domain document publish new editions periodically and these updates do not coincide with the Board's five year review timeframes for its policies and documents
  - b. the assessment domain document is potentially misleading to candidates as not all information is examinable (such as reliability statistics), and
  - c. the aim of the publication of the assessment domain document in 2014 was to assist candidates in the transition to the first three years of the examination.

### Recommended changes

58. The Board proposes to retire the assessment domain document as it is no longer considered fit-for-purpose. The assessment domain document has fulfilled its function in assisting the transition to the examination in the first three years of the examination.
59. The rationale for proposing to retire the assessment domain document include the following reasons:
  - a. the assessment domain document is considered to be educational material, and providing educational material is not the core function of the Board or its National Psychology Examination Committee
  - b. the burden of updating the assessment domain document to keep up with the changes in testing is not justified, and
  - c. there are additional resources now available to candidates in preparation for their examination such as the document entitled *A brief orientation to the examination*, and additional resources on the reading list that focus on the principles and practices of psychological assessment.

### ***A brief orientation to the National psychology examination***

#### Background

60. The document entitled [A brief orientation to the National psychology examination](#) (the guide) was first published in September 2016. It is the newest resource in the Board's suite of documents that sit behind the guidelines to support candidates who are preparing to sit the national psychology examination.
61. The guide has been designed to be read alongside the examination curriculum, the reading list, and the assessment domain document. This document provides more detail about the competencies that the examination assesses. It provides detailed questions and examples to guide candidates in preparing for each of the four curriculum domains of the examination. The guide includes study tips that are linked to various specific extracts of the curriculum. The guide covers study tips for the entire curriculum.

#### Rationale for review

62. While the guide was only recently published, it was developed using the current curriculum. The recommended changes to the guide are intended to align the guide with the proposed revised curriculum and with the new international competencies for psychologists. The guide is designed to be read alongside the curriculum, so these two documents must be synchronised.

## Recommended changes

63. The recommended changes to this document are minimal. While the detailed questions and examples have not changed in the proposed revised guide, the outline of the curriculum (i.e. the text in the boxes) is recommended to align with the new proposed curriculum.
64. The proposed revised guide is at [Attachment D](#).

## National psychology examination guidelines

### Background

65. The [Guidelines for the national psychology examination](#) (the guidelines) were first published in October 2013 after extensive public consultation. They were updated in April 2016 after *Consultation paper 25: Consultation on ending the higher degree exemption from sitting the national psychology examination*.
66. The guidelines describe the general content of the examination, the process of development of the examination, instructions for sitting the examination, and provide an outline of the curriculum in general.

### Rationale for review

67. The aim of this consultation is to review the examination curriculum. Only one section of the guidelines relates specifically to the curriculum and is relevant to this review (p. 4-5). Much of the information provided in the guidelines is therefore out of scope of this consultation.
68. A partial review (only) of the guidelines is indicated at this time due to:
  - a. the small proportion of the guidelines that specifically addresses the curriculum
  - b. the proposed recommended changes are minimal, and
  - c. there has been a recent consultation (the fourth consultation) on the guidelines (April 2016).
70. It is recommended that a future consultation be conducted that focuses on any broader issues and the guidelines document as a whole.

## Recommended changes

69. The proposed recommended changes to the curriculum section of the guidelines are nominal.
70. The proposed changes to the curriculum section of the guidelines include:
  - a. a full English language edit and re-write for clarity and readability, and
  - b. addition of a list of all the additional resource documents (the curriculum, the reading list, assessment domain document, and the guide).
71. It is proposed that the following elements of the national psychology examination format remain unchanged:
  - a. the four curriculum domains (ethics, assessment, interventions, and communication)
    - i. *Rationale:* the domains are well accepted, map onto the competencies required of a general psychologist, and are consistent with the Declaration.
  - b. the number of questions on the examination
    - i. *Rationale:* 45 questions per domain (ethics, assessment, interventions) and 15 questions (communications) is appropriate for assessing the relevant competencies; fewer questions would result in insufficient assessment of competencies, and more questions would result in a lengthy examination.
  - c. the proportion of examination questions assessing each of the four domains
    - i. *Rationale:* the ethics, assessment, interventions domains are seen as equally important. These three domains incorporate greater depth and breadth of content and need to have a greater number of questions than the communications domain.

- d. the pass mark for the examination
  - i. *Rationale*: the pass mark of 70% is standard in the field.

72. The proposed revised curriculum section of the guidelines (p.4-5; highlighted in yellow) is at [Attachment E](#).

#### **Relevant sections of the National Law**

73. Relevant sections of the National Law relating to the curriculum review are:

- Section 3
- Section 39
- Section 40
- Section 52 (b)
- Section 53 (c)

## Questions for consideration

74. The Board is inviting feedback on the following questions:
- 1) Which is the best option for reviewing the *National psychology examination curriculum*? (Option 1 – status quo or Option 2 – revised curriculum)
  - 2) Are there specific areas of the current curriculum that are not working well and would the proposed revised curriculum address the issues?
  - 3) Is there any content that should be changed, deleted or added to the proposed revised [National psychology examination recommended reading list](#)?
  - 4) Is there any content that should be changed, deleted or added to the proposed revised [National psychology examination curriculum](#) document?
  - 5) Do you agree with the Board's proposals to retire the [Assessment domain additional resources](#) document?
  - 6) Is there any content that should be changed, deleted or added to the proposed revised [A brief orientation to the National psychology examination](#)?
  - 7) Is there any content that should be changed, deleted or added to the proposed revised curriculum section (p.4-5) of the [Guidelines for the national psychology examination](#)?
  - 8) Is the content and structure of the proposed revised curriculum documents helpful, clear, relevant and workable?
  - 9) Are there other specific effects (positive or negative) from the proposed revised curriculum for practitioners, employers, clients/consumers, the Boards and AHPRA that have not been identified in this paper?
  - 10) Is there anything else the National Board should take into account in its review of the curriculum, such as impacts on workforce or access to health services?
  - 11) Do you have any other comments on the *National psychology examination curriculum* revision?
75. The Board's [Statement of assessment against AHPRA's Procedures for development of registration standards and COAG principles for best practice regulation](#) is included in this consultation paper at [Attachment A](#).
76. The current *National psychology examination curriculum* and associated documents are published on the Board's website, accessible from [www.psychologyboard.gov.au/Registration/National-psychology-examination.aspx](http://www.psychologyboard.gov.au/Registration/National-psychology-examination.aspx).

## Next steps

77. The Board will consider the consultation feedback on the draft proposed curriculum before finalising the proposal.

## Attachment A - Statement of assessment

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### Statement of assessment against AHPRA's *Procedures for development of registration standards* and COAG principles for best practice regulation

#### National psychology examination curriculum

78. The Australian Health Practitioner Regulation Agency (AHPRA) has *Procedures for the Development of Registration Standards* which are available at: [www.ahpra.gov.au](http://www.ahpra.gov.au)
79. These procedures have been developed by AHPRA in accordance with section 25 of the Health Practitioner Regulation National Law as in force in each state and territory (the National Law) which requires AHPRA to establish procedures for the purpose of ensuring that the National Registration and Accreditation Scheme (the National Scheme) operates in accordance with good regulatory practice.
80. Below is the National Board's assessment of the proposal for a revised *National psychology examination curriculum* against the three elements outlined in the AHPRA procedures.

<b>1. The proposal takes into account the National Scheme's objectives and guiding principles set out in section 3 of the National Law</b>
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#### Board assessment

81. The Board considers that the revised *National psychology examination curriculum* (the curriculum) meets the objectives and guiding principles of the National Law.
82. The revised curriculum, if approved, will provide for the protection of the public by ensuring that only health practitioners who are suitably trained and qualified to practice in a competent and ethical manner are registered.
83. Through aligning the revised *National psychology examination curriculum* with the *International declaration of core competencies in professional psychology*, the Board is adhering to international standards for the regulation of professional competence and conduct, program accreditation and professional credentialing. If approved, the revised curriculum will facilitate the rigorous and responsive assessment of overseas-trained health practitioners, and enable the continuous development of a flexible, responsive and sustainable Australian health workforce.
84. The proposed revised curriculum also supports the National Scheme to operate in a transparent, accountable, efficient and fair way.

<b>2. The consultation requirements of the National Law are met</b>
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#### Board assessment

77. The National Law requires wide-ranging consultation on proposed registration standards, codes and guidelines. The National Law also requires the Board to consult other National Boards on matters of shared interest.
78. The proposed revised examination curriculum does not include a review of the General registration standard, nor does it include a full review of the *Guidelines for the national psychology examination* (the



guidelines). The review includes a proposed update of one section of the guidelines (p. 4-5), and a review of four documents that sit behind and support the guidelines.

79. While the Board reviews registration standards and guidelines at least every three to five years in keeping with good regulatory practice, there is no requirement or expectation in the National Law for the review timeframes of supporting documents that sit behind the guidelines. Nevertheless, the Board has decided to undertake wide-ranging consultation on the proposed revised curriculum to ensure that the examination assesses the right competencies for general registration as a psychologist in Australia, that the examination is fit-for-purpose, and that the curriculum is up to date with advances in the field.
80. Following preliminary consultation, the Board will ensure that there is public exposure of its proposals and opportunity for public comment, by undertaking an eight-week public consultation. This process will include the publication of a consultation paper (and attachments) on its website, notifying stakeholders and inviting feedback.
81. The Board has drawn this paper to the attention of key stakeholders.
82. The Board will take into account the feedback it receives via preliminary consultation and public consultation when finalising its proposals.

### 3. The proposal takes into account the COAG principles for best practice regulation

#### Board assessment

83. In developing the proposed revised *National psychology examination curriculum* for consultation, the Board has taken into account the Council of Australian Governments' (COAG) principles for best practice regulation.
84. As an overall statement, the Board has taken care not to propose unnecessary regulatory burdens that would create unjustified costs for the profession or the community.
85. The Board makes the following assessment specific to each of the COAG principles expressed in the AHPRA procedures:

#### COAG principles

##### A. Whether the proposal is the best option for achieving the proposal's stated purpose and protection of the public

#### Board assessment

86. The Board considers that its proposal is the best option for achieving the stated purposes. The proposal may affect those practitioners who are preparing to sit the national psychology examination. Using a future effective date for the roll-out of the new curriculum, if approved, will mitigate the effect on this small group of practitioners.
87. The Board considers that the proposed revised *National psychology examination curriculum* would have a minor impact on the psychology profession if adopted. Any negative impacts would be significantly outweighed by the benefits of continuing to protect the public, and ensuring that an up-to-date curriculum supports the continuous development of a flexible, responsive and sustainable Australian workforce.
88. The Board has taken the following into account for this review: changes in the psychology profession since the publication of the curriculum in 2012, the development of international core competencies for professional psychology and advances in accreditation, research and regulatory experience. It has also considered feedback provided by key stakeholders about possible future changes to the curriculum.

**B. Whether the proposal results in an unnecessary restriction of competition among health practitioners**

**Board assessment**

89. The Board considered whether its proposal could result in an unnecessary restriction of competition among health practitioners. Because the proposal affects a small number of psychology registrants, the revisions are not substantive, and the proposal is unlikely to affect the numbers of general psychologists, it is not expected to impact on the current levels of competition among health practitioners.

**C. Whether the proposal results in an unnecessary restriction of consumer choice**

**Board assessment**

90. The Board considers that the proposed revised *National psychology examination curriculum* would support consumer choice by ensuring that individual applicants for general registration have been assessed for their competence and ability to safely practice the profession. Ensuring that the curriculum is up-to-date and comparable internationally will help monitor any risks associated with potential incompetent practice.

**D. Whether the overall costs of the proposal to members of the public and/or registrants and/or governments are reasonable in relation to the benefits to be achieved**

**Board assessment**

91. The Board considered the overall costs of the proposed revised *National psychology examination curriculum* to members of the public, registrants and governments and concluded that any costs of reviewing the curriculum documents are appropriate when offset against the benefits that a revised curriculum could contribute to the National Scheme.
92. None of the proposed revisions to the curriculum would have an impact on psychology registration fees or the cost of sitting the examination.

**E. Whether the requirements are clearly stated using 'plain language' to reduce uncertainty, enable the public to understand the requirements, and enable understanding and compliance by registrants**

**Board assessment**

93. The Board considers that the proposed revised *National psychology examination curriculum* has been written in plain English and the curriculum is clearly and plainly stated to help practitioners, employers and consumers to understand the competencies required of a psychologist with general registration.

**F. Whether the Board has procedures in place to ensure that the proposed registration standard, code or guideline remains relevant and effective over time**

**Board assessment**

94. If approved, the Board will review the revised *National psychology examination curriculum* as required, which would generally be at least every five years, including an assessment against the objectives and guiding principles in the National Law and the COAG principles for best practice regulation.

## Attachment B – Proposed revised National psychology examination recommended reading list

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### National psychology examination recommended reading list

#### July 2017 edition

95. **Note:** this reading list is recommended but not mandatory. It is provided as a guide to assist candidates preparing for the national psychology examination. The applied psychology field has many resources covering the curriculum domains, and there are many more of comparable quality and relevance as those in the list below. Candidates preparing for the national psychology examination should use their judgement about how to prepare for the examination and consult their supervisor in designing a plan of study based on the curriculum. The recommended reading list is organised below according to their relevance to curriculum domains and any particularly applicable sections of publications are highlighted.
96. The recommended reading list is updated from time to time as new editions, and other resources relevant to the curriculum become available. Resources are retired when they become obsolete, are no longer available, or a new resource is found that addresses the exam competencies more closely. Supervisors and examination candidates should check the website regularly for the updates to the reading list. The Board is always happy to receive recommendations for additional reading material or to retire items from the list. Recommendations can be sent to: [psychologychair@ahpra.gov.au](mailto:psychologychair@ahpra.gov.au).
97. For information on the curriculum, please see the Board's National psychology examination curriculum, published on its website [www.psychologyboard.gov.au](http://www.psychologyboard.gov.au).

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#### All curriculum domains (ethics, assessment, intervention, communication)

98. Australian Indigenous Psychology Education Project (AIPEP). Retrieved from <http://www.indigenoussyched.org.au/>.
99. Dudgeon, P., Milroy, H. & Walker R. (2014). *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice*. Australia: Commonwealth of Australia.
100. Frankcom, K., Stevens, B., & Watts, P. (2016) *Fit to practice: Everything you wanted to know about starting your own psychology practice in Australia but were afraid to ask*. Australian Academic Press: Samford Valley, QLD.
101. Healing Foundation: Glossary of Healing Terms (Aboriginal and Torres Strait Islander Healing) Retrieved from [http://healingfoundation.org.au/our-publications/?category\\_name=fact-sheets](http://healingfoundation.org.au/our-publications/?category_name=fact-sheets). International
102. Declaration of Core Competences in Professional Psychology (2016). Retrieved from [http://www.psychologistsboard.org.nz/cms\\_show\\_download.php?id=429](http://www.psychologistsboard.org.nz/cms_show_download.php?id=429).

#### Curriculum domains 1 (ethics) and 4 (communication)

103. Allan, A., & Love, A. (2010). *Ethical practice in psychology: Reflections from the creators of the APS code of ethics*. UK: Wiley.  
Particularly relevant: Chapter 10 and 11.
104. American Psychological Association. (2010). *Publication manual of the American Psychological Association*. (6<sup>th</sup> edition) Washington, D.C.: Author.

105. Australian Psychological Society (2007) *Code of Ethics* Retrieved from <http://www.psychology.org.au/Assets/Files/APS-Code-of-Ethics.pdf>
106. APS Ethical Guidelines. Retrieved from <http://www.psychology.org.au/practitioner/essential/ethics/guidelines/>.
107. Boyle, C., & Gamble, N. (2014). *Ethical practice in applied psychology*. Melbourne: Oxford University Press.
108. Grenyer, B.F.S. and Lewis, K. (2012) Prevalence, prediction and prevention of psychologist misconduct. *Australian Psychologist*, 47, 68-76.
109. Elder abuse. Retrieved from <http://www.helpguide.org/articles/abuse/elder-abuse-and-neglect.htm> and <http://www.eapu.com.au/elder-abuse/intervention>
110. *Health Practitioner Regulation National Law Act 2009*. Particularly relevant: Part 7: Registration of health practitioners, Part 8: Health, performance and conduct. Retrieved from <http://www.ahpra.gov.au/Legislation-and-Publications/Legislation.aspx>.
111. Kämpf, A., McSherry, B., Ogloff, J., & Rothschild, A. (2009). *Confidentiality for mental health professionals: A guide to ethical and legal principles*. Bowen Hills: Australian Academic Press. Particularly relevant: Chapter 1 and 7.
112. Kennedy, R. (2008). *Allied health professionals and the law*. Sydney: Federation Press. Particularly relevant - Chapter 6, 9, 10, 11 and 12.
113. Kennedy, R., Richards, & J., Leiman, T. (2016). *Integrating human service law, ethics and practice* (4<sup>th</sup> Ed). South Melbourne: Oxford University Press.
114. Lichtenberger, E. O., Mather, N., Kaufman, N. L., & Kaufman, A. S. (2004). *Essentials of assessment report writing*. New Jersey: John Wiley & Sons, Inc.
115. Morrissey, S., Reddy, P., Davidson, G., & Allan, A (Eds.). (2015). *Ethics and professional practice for psychologists* (2nd Edition). Melbourne: Cengage Learning Australia. <http://www.cengagebrain.com.au/shop/isbn/9780170368520>
116. Psychology Board of Australia (PsyBA) Standards and Guidelines. Retrieved from <http://www.psychologyboard.gov.au/>.
- Particularly relevant:
- Guidelines for mandatory notifications
  - Guidelines on continuing professional development
  - Guidelines for advertising regulated health services
  - Guideline on professional indemnity insurance for psychologists
  - Recency of practice registration standard
  - Social media policy
117. Victims of Crime. State and territory websites. Retrieved from:
- <http://www.victimsupport.act.gov.au/>
  - <http://www.victimsservices.justice.nsw.gov.au/>
  - <https://nt.gov.au/law/crime/financial-help-for-victims-of-crime/crime-victims-services-unit-contacts> !
  - <https://www.qld.gov.au/law/crime-and-police/victims-of-crime/>
  - <http://www.voc.sa.gov.au/>
  - <http://www.justice.tas.gov.au/victims/services/victimsofcrime>
  - <http://www.victimsofcrime.vic.gov.au/>
  - <http://www.victimsofcrime.wa.gov.au/>

## Curriculum domains 2 (assessment) and 3 (intervention)

118. Candidates should refer to the test publisher's manuals for the relevant tests.
119. American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: Author.
120. Andrews, G., & Slade, T. (2001). Interpreting scores on the Kessler Psychological Distress Scale (K10). *Australian and New Zealand Journal of Public Health*, 25(6), 494-497.
121. *APS Practice guide for the use of psychological tests and instruments* (2016). Retrieved from <https://www.psychology.org.au/psych-testing/resources-psychologists/>
122. Babor, T.F., Higgins-Biddle, J.C., Saunders, J.B., & Monteiro, M.G. (2001). *The Alcohol Use Disorders Identification Test (AUDIT): Guidelines for use in primary care* (2nd Ed). Geneva: World Health Organisation. Retrieved December 8, 2015, from [http://apps.who.int/iris/bitstream/10665/67205/1/WHO\\_MSD\\_MSB\\_01.6a.pdf](http://apps.who.int/iris/bitstream/10665/67205/1/WHO_MSD_MSB_01.6a.pdf)
123. Barkham, M., & Mellor-Clark, J. (2003). Bridging evidence-based practice and practice-based evidence: Developing a rigorous and relevant knowledge for the psychological therapies. *Clinical Psychology and Psychotherapy*, 10, 319–327.
124. Bringham, D. L., Watson, C. W., Miller, S. D., & Duncan, B. L. (2006). The reliability and validity of the Outcome Rating Scale: A replication study of a brief clinical measure. *Journal of Brief Therapy*, 5(1), 23-30. Retrieved November 25, 2015, from <http://www.scottmiller.com/wp-content/uploads/JBTORSReplication.pdf>
125. Campbell, A. & Hemsley, S. (2009). Outcome Rating Scale and Session Rating Scale in psychological practice: Clinical utility of ultra-brief measures, *Clinical Psychologist*, 13(1), 1-9.
126. Cooper, J.O., Herron, T.E., & Heward, W.L. (2007). *Applied behavior analysis* (2nd ed.). New Jersey: Pearson.  
Particularly relevant: Chapter 2 Basic concepts (p. 24-46) and Chapter 24 Functional behavior assessment (p. 500-524).
127. Cormier, S., & Nurius, P. & Osborn, C.J. (2013). *Interviewing and change strategies for helpers*. (7th ed.). USA: Brooks/Cole, Cengage Learning.
128. Crawford, J., Cayley, C., Lovibond, P.F., Wilson, P.H., & Hartley, C. (2011). Percentile norms and accompanying interval estimates from an Australian general adult population sample for self-report mood scales (*BAI, BDI, CRS-D, CES-D, DASS, DASS-21, STAI-X, STAI-Y, SRDS, and SRAS*). *Australian Psychologist*, 46, 3-14.
129. Dewan, M. J., Steenbarger, B. N., & Greenberg, R. P. (2012). *The art and science of brief psychotherapies: An illustrated guide* (2nd ed.). VA: American Psychiatric Publishing, Inc.  
Particularly relevant: Chapter 2 and 8.
130. Flanagan, D. P., & Alfonso, V.C., (2017). *Essentials of WISC-V assessment*. New Jersey: Wiley.
131. Folstein, M. F., Folstein, S. E., & McHugh, P. R. (1975). "Mini-mental state": a practical method for grading the cognitive state of patients for the clinician. *Journal of Psychiatric Research*, 12, 189-198.
132. Furukawa, T. A., Kessler, R. C., Slade, T., & Andrews, G. (2003). The performance of the K6 and K10 screening scales for psychological distress in the Australian National Survey of Mental Health and Well-Being. *Psychological Medicine*, 33, 357-362.
133. Groth-Marnat, G. (2016). *Handbook of psychological assessment* (6th ed.). New Jersey: Wiley..
134. Hawes D.J., & Dadds M.R. (2004). Australian data and psychometric properties of the Strengths and Difficulties Questionnaire. *Australian and New Zealand Journal of Psychiatry*, 38, 644-651.

135. K-10 information. Retrieved from:  
<http://www.abs.gov.au/ausstats/abs@.nsf/mf/4817.0.55.001#3.%20Scoring%20the%20K10>  
<http://www.abs.gov.au/ausstats/abs@.nsf/lookup/4817.0.55.001Chapter92007-08>  
[http://www.hcp.med.harvard.edu/ncs/k6\\_scales.php](http://www.hcp.med.harvard.edu/ncs/k6_scales.php).
136. Kessler, R. C., Andrews, G., Colpe, L.J., Hiripi, E., Mroczek, D. K., Normand, S. L. T., Walters, E. E., & Zaslavsky, A. M. (2002). Short screening scales to monitor population prevalences and trends in non-specific psychological distress. *Psychological Medicine*, 32, 959-976.
137. Kessler, R. C., Barker, P. R., Colpe, L. J., Epstein, J. F., Gfroerer, J. C., Hiripi, E., et al. (2003). Screening for serious mental illness in the general population. *Archives of General Psychiatry*, 60(2), 184-189.
138. Kroenke, K., Spitzer, R. L., Williams, J. B. W., & Löwe, B. (2010). The Patient Health Questionnaire Somatic Anxiety and Depressive Symptom Scales: A systematic review. *General Hospital Psychiatry*, 32(4), 345-359.
139. Leahy, R. L., Holland, S. J., & McGinn, L. K. (2012). *Treatment plans and interventions for depression and anxiety disorders* (2nd ed.). New York: The Guilford Press.
140. Lichtenberger, E. O. & Kaufman, A. S. (2009). *Essentials of WAIS-IV assessment*. New Jersey: Wiley.
141. Living Is For Everyone (LIFE). Retrieved from <http://www.livingisforeveryone.com.au/>.
142. Lovibond, S. H., & Lovibond, P.F. (1995). *Manual for the Depression Anxiety Stress Scales* (2nd ed.). NSW: Psychology Foundation Monograph. Retrieved from <http://www2.psy.unsw.edu.au/dass/>.
143. Mathai, J., Anderson, P., & Bourne, A. (2003). Use of the Strengths and Difficulties Questionnaire as an outcome measure in a child and adolescent mental health service. *Australasian Psychiatry*, 11, 334-337.
144. *Mental health online professional development resource*: <http://www.mhpod.gov.au>.
145. Mental Status Examination:
  - Brain Calipers: *Principles of the Mental Status Examination*. Retrieved from [http://www.psychler.com/images/Brain\\_Calipers.pdf](http://www.psychler.com/images/Brain_Calipers.pdf).
  - Bennett, A., & Evans, B. (2008). *Mental status examination*. University of Cincinnati: Retrieved from <http://aitlvideo.uc.edu/aitl/MSE/MSEkm.swf>.
  - The Royal Children's Hospital Melbourne. *Mental state examination*. Retrieved from [http://www.rch.org.au/clinicalguide/guideline\\_index/Mental\\_State\\_Examination/](http://www.rch.org.au/clinicalguide/guideline_index/Mental_State_Examination/).
146. Mellor, D. (2005). Normative data for the Strengths and Difficulties Questionnaire in Australia. *Australian Psychologist*, 40, 215-222.
147. Miller, S. D., Duncan, B. L., Brown J., Sparks, J. A., & Claud, D. A. (2003). The Outcome Rating Scale: A preliminary study of the reliability, validity and feasibility of brief visual analogue measure. *Journal of Brief Therapy*, 2(2), 91-100.
148. Morey, L. C. (2003). *Essentials of PAI assessment*. New Jersey: Wiley.
149. National Drug and Alcohol Research Centre, University of NSW (2015). *Suicide assessment kit* (SAK). Retrieved from <https://ndarc.med.unsw.edu.au/suicide-assessment-kit>
150. NSW Health (2004). *Suicide management and risk assessment protocols for community mental health services*. Retrieved from <http://www.health.nsw.gov.au/mhdao/publications/Pages/inpatient-unit.aspx>.
151. O'Donovan, A., Casey L., van der Veen, M., & Boschen, B. (2013) *Psychotherapy - An Australian perspective*. East Hawthorn Victoria: IP Communications.
152. *Patient Health Questionnaire* (PHQ) Screeners. Retrieved from <http://www.phqscreeners.com/overview.aspx>.

153. Pearce, C (2016). *A short introduction to attachment and attachment disorder* (2<sup>nd</sup> Ed.). London: Jessica Kingsley Publishers.
154. Preston, J. & Johnson, J. (2011). *Clinical psychopharmacology (made ridiculously simple)*. (7th ed.) Florida: MedMaster.
155. Rudd, M. D. (2006). *The assessment and management of suicide*. USA: Professional Resource Press.
156. Shedler, J. (2010). The efficacy of psychodynamic psychotherapy. *American Psychologist*, 65(2), 98-109.
157. Snaith, R. P. (2003). The hospital anxiety and depression scale. *Health and Quality of Life Outcomes*, 1(29) Retrieved from <http://hqlo.biomedcentral.com/articles/10.1186/1477-7525-1-29>.
158. Strengths and Difficulties Questionnaire. Retrieved from <http://www.sdqinfo.org/> .
159. Thomas, J. C., & Hersen, M. (2011). *Understanding research in clinical and counseling psychology* (2nd ed.). New York: Routledge.
160. Teyber, E., & Holmes McClure, F. (2011). *Interpersonal process in therapy: An integrative model* (6th ed.). USA: Cengage. Particularly relevant: Chapter 2, 3, 6, 9 and 10.
161. Usher, K., Foster, K., & Bullock, S. (2008). *Psychopharmacology for health professionals*. NSW: Elsevier Australia.
162. Zarit, S. H., & Zarit, J. M. (2006). *Mental disorders in older adults: Fundamentals of assessment and treatment* (2nd ed.). New York: Guilford Press. Particularly relevant: Chapter 2, 3, 7 and 8.

### **Publication dates of the reading list**

163. This is the July 2017 version of the recommended reading list. Previous editions of the recommended readings list were published in:
  - January and July 2012
  - December 2013
  - July and December 2014
  - July and December 2015
  - July 2016 and December 2016

### **New resources**

164. There are four additional resources added since the last published version (December 2016) of the recommended reading list:
165. APS Practice guide for the use of psychological tests and instruments (2016). Retrieved from <https://www.psychology.org.au/psych-testing/resources-psychologists/>.
166. Declaration of Core Competences in Professional Psychology (2016). Retrieved from [http://www.psychologistsboard.org.nz/cms\\_show\\_download.php?id=429](http://www.psychologistsboard.org.nz/cms_show_download.php?id=429).
167. Frankcom, K., Stevens, B., & Watts, P. (2016) *Fit to practice: Everything you wanted to know about starting your own psychology practice in Australia but were afraid to ask*. Australian Academic Press: Samford Valley, QLD.
168. Kroenke, K., Spitzer, R. L., Williams, J. B. W., & Löwe, B. (2010). The Patient Health Questionnaire Somatic Anxiety and Depressive Symptom Scales: A systematic review. *General Hospital Psychiatry*, 32 (4), 345-359.

## Retired resources

169. The following resources were from previous versions of the recommended reading list. They have been retired from the current list:
170. K-10 information. Retrieved from <http://www.workcover.com/public/download.aspx?id=791>; <http://www.workcover.com/health-provider/outcome-evaluation/links-to-outcome-measures-and-screening-tools> (Retired December 2015; websites no longer available).
171. <http://www.abs.gov.au/ausstats/abs@.nsf/mf/4817.0.55.001#3.%20Scoring%20the%20K10> (Retired December 2016; websites no longer available).
172. Nelson-Jones, R. (2005). *Practical counselling and helping skills: Text and activities for the life skills counselling model* (5th ed.). London: SAGE Publications. (Retired July 2012).
173. NSW Health. (2004). *Suicide Risk Assessment and Management Protocols: Community Mental Health Service*. Retrieved from [http://www.health.nsw.gov.au/pubs/2004/pdf/community\\_mental\\_hlt.pdf](http://www.health.nsw.gov.au/pubs/2004/pdf/community_mental_hlt.pdf). (Retired July 2016; website no longer available).
174. Purdie, N., Dudgeon, P., & Walker, R. (2010). *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice*. Australia: Commonwealth of Australia. (Retired in December 2015).
175. Victims of Crime.  
<http://www.nswccl.org.au/issues/victims.php>. (Retired July 2015; website no longer available).  
<http://www.nt.gov.au/justice/victimcrime.shtml> (Retired July 2016; website no longer available).  
<https://www.sa.gov.au/topics/citizens-and-your-rights/feedback-and-complaints/victims-of-crime> (Retired December 2016; website no longer available).

## Updated editions

176. The following resources listed on previous versions of the recommend reading list have been updated with the most recent edition. Please note that while candidates should use the new editions now, the Board allows a two-year transition period.
177. American Psychiatric Association. (2000). *Diagnostic and Statistical Manual of Mental Disorders* (4th ed., text revision). Washington, DC: Authors. (outside of transition period)
178. Cormier, S., P. & Nurius, et al. (2009). *Interviewing and change strategies for helpers: Fundamental skills and cognitive behavioral interventions* (6th ed.). USA: Brooks/Cole, Cengage Learning. (Retired in December 2015). (outside of transition period)
179. Dewan, M. J., Steenbarger, B. N., & Greenberg, R. P. (2004). *The art and science of brief psychotherapies: A practitioner's guide*. VA: American Psychiatric Publishing, Inc. Particularly relevant: Chapter 2 - 7, 10. (outside of transition period)
180. Flanagan, D. P., & Kaufman, A. S. (2009). *Essentials of WISC-IV assessment* (2nd ed.). New Jersey: Wiley.
181. Groth-Marnat, G. (2009). *Handbook of psychological assessment* (5th ed.). New Jersey: Wiley. Particularly relevant: Chapter 1 - 7 and 13 - 15.
182. Kennedy, R., Richards, & J., Leiman, T. (2016). *Integrating human service law, ethics and practice* (4<sup>th</sup> Ed). South Melbourne: Oxford University Press.
183. Morrissey, S., & Reddy, P. (2006). *Ethics and professional practice for psychologists*. Australia: Thomson Social Science Press. Particularly relevant: Chapter 1, 3, 7 - 9, 11 - 14. (transition period ends July 2017).
184. Pearce, C (2009). *A short introduction to attachment and attachment disorder*. London: Jessica Kingsley Publishers.



### National psychology examination curriculum

#### The purpose of the examination

185. The national psychology examination (the examination) ensures a nationally consistent minimum professional standard for psychology.
186. The examination forms part of the assessment of eligibility for general registration as a psychologist. Passing the examination is required by the Board's general registration standard. In addition, sitting and passing the examination may be required for overseas-trained psychologists applying to practise in Australia, and individuals who are directed to sit by the Board, or by a panel or tribunal, in relation to an application for registration under Part 7 of the National Law or a notification about their health, performance, or conduct under Part 8 of the National Law.
187. The following curriculum for the examination was approved by the Board at its XXXX meeting.

#### Scope of the curriculum

##### Overview

188. This curriculum has been developed to provide guidance to candidates sitting the national psychology examination as part of requirements for general registration. The examination is designed to test applied knowledge appropriate for the fifth and, in particular, the sixth year of psychology training. The curriculum is not designed to test foundational knowledge of the discipline obtained during the first four years of psychology at university. Rather, it is designed to test the application of this knowledge to practice, and is therefore based on actual case studies and professional issues.
189. This curriculum does not relate to area of practice endorsements. Area of practice endorsement is an annotation to the Register of psychologists to communicate to the public those psychologists who have additional accredited training and supervised experience in one or more of the endorsed areas of practice. The levels of knowledge of psychologists with an area of practice endorsement would be expected to be at a greater depth in a specific area of practice than that assumed of an entry-level registered psychologist. Similarly, the recommended readings avoided texts more appropriate for higher level study in advanced and specialised fields.

##### Scope

190. The *ethics* domain of the examination requires detailed familiarity with legislation determining practice and with the Board adopted code of ethics, guidelines and policies. The public expects psychologists to be safe and ethical in their work and this competency will be examined in depth.
191. The *assessment* domain requires the psychologist to have detailed knowledge of six specific tests. The rationale for the choice of the six tests lies in their educational value as good examples of certain types of assessments. The Wechsler adult and child intelligence tests are good examples of psychologist-administered assessments with subscales and full scale indices, with reference to normative samples from children through to older adults, and strict administration rules. The PAI is a good example of a self-report assessment with multiple-axis T-scored normative interpretation procedures. The DASS is a good example of a multi-axis self-report norm referenced scale with criterion scores defining levels of severity. The K-10 is a good example of a simple screening scale for adults, and the SDQ is a good example of a brief behavioural screening questionnaire for children. By specifying these six tests for particular attention,

it is not suggested that these are the only tests that form the essential knowledge of psychologists with general registration. Rather, for the purposes of examination, limiting the number of tests on which candidates can expect to be examined in depth helps them to prepare for the examination. The test selection is based on pedagogical value, as described above. Where possible, tests that are widely available, in common use, and with Australian normative data were favoured. It is expected that all candidates preparing for general registration as a psychologist will have obtained training and competence in test administration.

192. The *assessment* domain requires the psychologist to demonstrate skills in identifying and diagnosing psychological disorders.
193. The *intervention* domain requires a psychologist to demonstrate specific evidence-based principles and methods for conducting psychological interventions. Candidates must have detailed knowledge of foundational counselling skills and methods of evidence-based psychological interventions and their application across a wide range of applied settings. The curriculum specifies that 'knowledge', 'understanding' and 'application' of interventions are required and are therefore appropriately included in this applied examination. Interventions included in the examination are mostly generic skills-based techniques that the Board considers to be foundational across many domains of psychology work and they are prescribed in part to illustrate various issues underpinning good service delivery.
194. The *communication* domain requires the psychologist to demonstrate skills in record keeping, report writing, clinical handover, referral and communication.
195. Cultural responsiveness applies across all four domains.

The Board's *National psychology examination recommended reading list* provides good examples of reading appropriate to the level and depth expected of candidates sitting the examination. The readings have been chosen specifically to provide guidance on the areas to be examined.

### Competencies for general registration

196. The national psychology examination is designed to test the following competencies at an entry level appropriate to a psychologist applying to move from provisional to general registration.
197. The competencies align with the International Declaration of Core Competencies in Professional Psychology (2016).<sup>8</sup> The competencies are also designed to align with the new APAC.
198. The Board's provisional registration standard defines the following core capabilities and attributes of the internship program that must be achieved by the provisional psychologist:
  - a) knowledge of the discipline
  - b) ethical, legal and professional matters
  - c) psychological assessment and measurement
  - d) intervention strategies
  - e) research and evaluation
  - f) communication and interpersonal relationships
  - g) working with people from diverse groups, and
  - h) practice across the lifespan.
199. These eight competencies are measured by four examination domains:
  - Domain 1 Ethics
  - Domain 2 Assessment
  - Domain 3 Interventions
  - Domain 4 Communication

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<sup>8</sup> The Declaration can be downloaded from: [http://www.psychologistsboard.org.nz/cms\\_show\\_download.php?id=429](http://www.psychologistsboard.org.nz/cms_show_download.php?id=429)

## The four examination domains

### Domain 1: Ethics

200. *This domain focuses on legal, ethical and professional conduct, and its application to psychological practice.*

#### Legal issues

201. Knowledge and application of relevant legislation, including:
- the Health Practitioner Regulation National Law, and the standards, codes, guidelines and policies of the Board, and
  - relevant sections of national, state and territory legislation and principles of best practice relating to:
    - privacy, freedom of information and maintenance of health records
    - antidiscrimination and equal opportunity
    - mental health care (e.g. involuntary treatment, informed consent)
    - duty to protect (e.g. guardianship, firearms)
    - duty to report (e.g. child abuse, elder abuse, domestic violence, criminal acts, unsafe sexual practice, access to firearms, suicide risk)
    - children and adolescent issues (e.g. confidentiality, competency to consent on the Gillick mature minor principle)
    - access to compensation, including victims of crime, workers' compensation and motor vehicle accident schemes, and insurance
    - legislation relevant to government funding sources such as :disability services, Medicare and Veteran's affairs
    - psycho-legal principles (e.g. expert witness code of conduct, guidelines, responding to a subpoena/summons, producing records).

#### Ethical issues

202. Knowledge and application of the ethical principles and standards in the codes endorsed by the Board at the time, and relevant ethical guidelines.

#### Professional issues

203. Understanding of models and approaches for continuing professional development, including methods for:
- supervision and peer consultation in a proactive planned and responsive way to address limitations and challenges in practice
  - developing, updating, and enhancing knowledge through continuing education (maintaining competence)
  - professional self-management including self-reflection, self-assessment, and self-care (maintaining psychological and physical wellbeing)
  - understanding the limits of one's own competence, training and skills, and applying appropriate responses to manage these limitations including consultation and referral
  - reflecting on and attending to the influence of a practitioner's personal motivation, biases, and values - including the impact of these on others
  - maintaining proper professional boundaries and attending to transference and counter-transference issues appropriately

- developing cultural responsiveness when working with diverse groups, including Aboriginal and Torres Strait Islander peoples
- monitoring the effectiveness of a psychologist's practice, and engaging in continuous improvements to practice.

## Domain 2: Assessment

204. *This domain focuses on skills and knowledge in conducting evidence-based psychological assessment, and applying this knowledge to problem formulation. Formulation is the generation and testing of hypotheses leading to a dynamic psychological understanding of a client's presentation.*

205. Examination candidates will demonstrate:

1. Understanding of issues in test selection, use, interpretation, acceptability and appropriateness, including:
  - the application and limitations of tests and their psychometric and normative basis, including test reliability, validity, utility and standardisation
  - the ability to identify and choose appropriate assessment instruments
  - cultural responsiveness in testing diverse groups
  - the ability to score tests and interpret results, and
  - understanding the limitations of computerised interpretive reports.
2. Knowledge and understanding of the application of forms of assessment including:
  - interview techniques (structured and unstructured)
  - systematic behavioural observation
  - psychometric assessments
  - self-monitoring (including diaries), and
  - goal setting based on needs analysis.
3. Ability to administer, score, interpret and write reports using current editions of psychometric tests (using relevant Australian norms where available). This includes using and reporting standardised scores, range, percentile ranks and descriptors.

206. It is important to use the most recent version of the test, with some caveats as follows. Some tests are currently being updated, or have recently been updated. If the more recent version of a test does not have Australian norms, the Board will accept older versions that have been normed on the Australian population. When a new version has Australian norms, a two year period is allowed to transition between test versions. This curriculum lists the name of the test, but not the current version number as this is subject to change. It is the candidate's responsibility to ensure they use current tests.

207. Candidates will be asked detailed questions to demonstrate competence in the administration, scoring and interpretation of six selected tests:

- WAIS (Wechsler Adult Intelligence Scale)
- WISC (Wechsler Intelligence Scale for Children)
- PAI (Personality Assessment Inventory)
- DASS (Depression, Anxiety and Stress Scale)
- K10 (Kessler Psychological Distress Scale) , and
- SDQ (Strengths and Difficulties Questionnaire).

208. Candidates will also be required to demonstrate general familiarity with the use and purpose of a wider number of tests (detailed below). This will not require the same level of detailed knowledge of administration, scoring and interpretation as that required for the six specific tests detailed above.

209. Candidates must demonstrate familiarity with the use and purpose of the following tests:

- intelligence scales
  - WPPSI (Wechsler Preschool and Primary Scale of Intelligence)

- Stanford-Binet (Stanford-Binet Intelligence Scales)
  - WASI Wechsler Abbreviated Scale of Intelligence
  - Woodcock-Johnson Test of Cognitive Abilities
  - Raven's Standard Progressive Matrices
  - adaptive and educational assessments
    - WIAT (Wechsler Individual Achievement Test)
    - ABAS (Adaptive Behavior Assessment System)
  - memory
    - WMS (Wechsler Memory Scale)
    - WRAML (Wide Range Assessment of Memory and Learning)
  - vocational
    - SDS (Self Directed Search)
    - Strong (Strong Interest Inventory)
  - personality
    - 16PF (Sixteen Personality Factor Questionnaire)
    - NEO (NEO Personality Inventory)
  - clinical and mental health tests
    - BDI (Beck Depression Inventory)
    - GAF (Global Assessment of Functioning)
    - STAI (State Trait Anxiety Inventory)
    - WHO-DAS (World Health Organisation Disability Assessment Scale)
    - WHO-QOL (World Health Organisation Quality of Life Scale)
    - ORS (Outcome Rating Scale)
    - MMPI (Minnesota Multiphasic Personality Inventory)
    - PHQ-9 (Patient Health Questionnaire 9 Item)
    - CBCL (Achenbach Child Behaviour Checklist and Teacher/Youth reports - ASEBA)
    - Structured Clinical Interview for DSM (SCID)
    - ICD
4. Knowledge and application of interview assessments
- a systematic history taking approach
  - the Mental Status Examination
  - risk assessment of suicide, self-harm and harm to others (acute and chronic)
  - diagnostic classification systems (including current versions of DSM and ICD)
  - setting and monitoring goals measures (including goal attainment scaling)
5. Knowledge of the DSM definitions, diagnostic criteria and essential features of all mental disorders to make a diagnosis. Understanding the limitations of diagnostic systems and issues of differential diagnosis and alternative models of psychopathology. Specific detailed knowledge of the following common psychological problems:
- adjustment disorders
  - antisocial personality disorder
  - attention deficit/hyperactivity disorder
  - autism spectrum disorders
  - bipolar disorders
  - borderline personality disorder
  - conduct disorder
  - feeding and eating disorders
  - generalised anxiety disorder
  - neurocognitive disorders

- major depression
- obsessive-compulsive disorder
- oppositional defiant disorder
- panic disorder
- post-traumatic stress disorder
- schizophrenia
- separation anxiety disorder
- social anxiety disorder
- somatic symptom disorder, and
- substance use/substance-induced disorders.

### Domain 3: Interventions

210. *This domain focuses on the provision of psychological services. Candidates must demonstrate: (a) the ability to link the diagnosis, formulation and the intervention chosen, and (b) an understanding of how to develop or plan evidence-based preventative, developmental, remedial interventions or other services. In considering the implementation of interventions, the candidate must also demonstrate (c) knowledge of how to evaluate the impact of professional services. This includes ongoing monitoring, evaluation and review of the effectiveness of the intervention. More specifically, it includes measuring change in behavioural, cognitive and emotional functioning and modifying the problem formulation, hypotheses and initial intervention accordingly.*
211. *Candidates must demonstrate knowledge of different modes of treatment, including individual, couple, family, group, organisational, or community interventions. Candidates must demonstrate the application of interventions across a broad spectrum of functioning, from mental health problems through to interventions focused on positive wellbeing and organisational effectiveness. The candidate must demonstrate awareness of different contexts of interventions, including in coaching, career development and health promotion, and rehabilitation and recovery.*
212. *While candidates are not expected to have detailed medical knowledge of pharmacodynamics or pharmacokinetics, candidates are required to have sufficient knowledge of the major classes of legal scheduled pharmaceuticals that are commonly used to treat mental health disorders. Candidates must demonstrate knowledge in the uses, common side effects, and common interactions of these major classes of drugs, along with their proprietary names. Candidates should know the type and purpose of the drugs that their clients, across the age range, are using or have been prescribed, and understand the likely role and impact of those drugs on presentation and treatment of psychological problems and disorders. Candidates should know when, why, and how to refer a client for a medication review. In addition, candidates should be aware of common illicit drugs (such as marijuana, heroin, cocaine, and methamphetamine) in relation to their relevant DSM-5 diagnoses of substance-related and addictive disorders. In particular, candidates should have a working knowledge of the effects of alcohol, tobacco, inhalants, opioids and other substances including the signs of intoxication and withdrawal. Finally, candidates should be aware of the common interactions between legal and illicit drugs and scheduled pharmaceuticals commonly used to treat mental health disorders (such as opioids, alcohol and benzodiazepines, St. John's Wort and SSRI's).*
213. Examination candidates will demonstrate:
1. Knowledge of evidence-based counselling skills and their application in service delivery, including:
    - cultural responsiveness in providing interventions to diverse groups
    - establishing therapeutic relationships and therapeutic alliance
    - listening skills
    - responding skills including supportive and expressive techniques, empathic responding; reflection; questioning (including Socratic questioning); summarising skills
    - problem resolution and change-based strategies
    - monitoring progress (using quantitative and qualitative approaches), and
    - managing endings of therapeutic relationships.

2. Knowledge of evidence-based interventions, and their application, including:
  - contemporary theories and models of treatment
    - cognitive and behavioural
    - psychodynamic and interpersonal
    - family systems, and
    - humanistic, narrative and solution-focussed.
  - knowledge of psychopharmacology, drug classification, pharmacokinetics and pharmacodynamics.
  - knowledge of the application of specific focused therapy techniques for the common psychological problems listed in the assessment section. Specific knowledge is required of the following areas:
    - psycho-education
    - interpersonal and psychodynamic approaches
    - solution focused techniques and motivational interviewing
    - narrative therapy (including as applied for clients of Aboriginal and Torres Strait Islander descent)
    - cognitive-behavioural approaches including behaviour modification, exposure (in vivo and imaginal techniques), behavioural activation (activity scheduling), cognitive interventions, acceptance strategies, self-management, relapse prevention; progressive muscle relaxation, breathing retraining, and
    - skills training (problem-solving, anger management, social skills, assertiveness, stress management, mindfulness, parenting).
3. Evidence-based practice, including understanding of how to use research to inform delivery of assessment and interventions, generating evidence to evaluate practices, and understanding any limitations of evidence to inform practice.

#### **Domain 4: Communication**

214. *This domain focuses on communicating with clients, other professionals, organisations or the wider community. Candidates are expected to be aware of the types and appropriate methods of professional communication. Candidates are expected to demonstrate an awareness of the importance of clarity, accuracy, relevance, coherence, organisation and succinctness in communication. An important component of good communication is sensitivity to working with people from diverse groups.*
215. Examination candidates will demonstrate:
  1. knowledge of record-keeping procedures that meet professional, organisational, ethical and legislative requirements
  2. knowledge of appropriate report-writing techniques across different contexts (e.g. reports for audiences including health professionals, legal professionals, public servants, employees of insurance companies, and work-related or organisational reports to employers)
  3. knowledge of referral procedures, including the roles of other professionals at all levels of care, and health care system procedures and structures
  4. knowledge of methods to communicate to, and liaise with, professional groups (e.g. oral case review, conference presentations, writing for publication)
  5. capacity to identify appropriate courses of action in response to unpredictable and complex events, including communication and consultation strategies
  6. skills in professional communication and ensuring appropriate working relationships with clients, professional colleagues and relevant others, including in online and internet-based modalities

7. knowledge of and sensitivity to communication issues relevant to:

- culture, including cultural responsiveness when working with Aboriginal and Torres Strait Islander peoples
- religious, social, ethnic, historical and political backgrounds and contexts
- gender and sexuality issues
- cognitive ability and sensory acuity
- linguistic abilities and preferred modes of communication
- service needs of different age groups
- service needs of vulnerable groups in society, and
- preferences of clients, their carers, partners and families where appropriate.



## A brief orientation to the National Psychology Examination

### Purpose

216. This brief orientation guide (the guide) has been prepared by the Psychology Board of Australia (the Board) to assist candidates to prepare for the national psychology examination (the examination).
217. The guide has been developed for educational purposes only and is designed to be read alongside the examination curriculum and the examination recommended reading list. The examination curriculum is the Board's official statement of the examination content. Candidates should be aware that studying the recommended readings alone will make it difficult to pass the examination.
218. While this guide is not an exhaustive or definitive instruction about the competencies that the examination may assess, it has been designed to assist candidates in their examination preparation. The best preparation for the examination is the completion of your courses of study and the experience obtained from the application of knowledge in the context of supervised practice.
219. The purpose of the examination is to test the application of knowledge and clinical reasoning to professional psychology practice. The examination is designed to assess the eight competencies necessary for general registration as a psychologist in order to practise safely on the public. These competencies are measured by four examination domains (ethics, assessment, interventions, and communication). As a competency-based examination, the examination is not designed as a memory test or to recall textbook-type knowledge. Rather, it requires the application of relevant information and critical reasoning to practice. Therefore all examination questions use case studies, and candidates have to demonstrate competence in decision-making and applied professional practice skills. For more information on the examination guidelines, curriculum, reading list, policies and forms, please refer to the [Board's website](#).

## Curriculum extract

### Domain 1: Ethics

*This domain focuses on legal, ethical and professional conduct, and its application to psychological practice.*

#### Legal issues

Knowledge and application of relevant legislation, including:

- the Health Practitioner Regulation National Law, and the standards, codes, guidelines and policies of the Psychology Board of Australia, and
- relevant sections of national, state and territory legislation and principles of best practice relating to:
  - privacy, freedom of information and maintenance of health records
  - antidiscrimination and equal opportunity
  - mental health care (e.g. involuntary treatment, informed consent)
  - duty to protect (e.g. guardianship, firearms)
  - duty to report (e.g. child abuse, elder abuse, domestic violence, criminal acts, unsafe sexual practice, access to firearms, suicide risk)
  - children and adolescent issues (e.g. confidentiality, competency to consent on the Gillick mature minor principle)
  - access to compensation, including victims of crime, workers compensation and motor vehicle accident schemes and insurance
  - legislation relevant to government funding sources such as: disability services, Medicare and Veteran's affairs
  - psycho-legal principles (e.g. expert witness code of conduct, guidelines, responding to a subpoena/summons, producing records).

## Study guide to this section

220. This section of the examination tests your ability to understand how relevant legislation applies to the practice of psychology. Familiarity with legislation helps psychologists to define the boundaries of their psychological practice and to uphold the rights of clients.
221. The following questions provide examples to guide you in preparing for this section.
- Is the client capable of informed consent?
  - How do I maintain my client's right to privacy when storing their records?
  - Is the person being treated as a result of a workers' compensation claim, and what issues do I need to take into consideration?
  - What must I do if a client with severe mental health impairment has firearms?
  - What principles should I apply when getting consent to treat minors?

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## Curriculum extract

### Domain 1: Ethics (cont.)

#### Ethical issues

Knowledge and application of the ethical principles and standards in the codes endorsed by the Psychology Board of Australia at the time, and relevant ethical guidelines.

## Study guide to this section

222. This section of the examination assesses your ability to understand and apply the Board's nominated code of ethics. The Board has adopted the Australian Psychological Society's (APS) *Code of ethics* (the Code).
223. The intent of this section is to allow you to apply decision-making to case studies that have ethical dilemmas. In order to answer the case studies with confidence, you should have an understanding of the Code and how it is applied in practice.
224. When studying for this area of the examination the most important aspect to remember is that the questions in the examination are not designed to test your memory of the Code. You will not be asked a question such as, 'What is the key principle in A.4 of the Code?'
225. The following questions provide examples to guide you in preparing for this section.
- What are the limits to confidentiality and how should I inform clients of these limits?
  - What principles are used to judge a psychologist's behaviour?
  - When should I refer a client on to another psychologist if the client's presentation is outside my area of expertise?
  - How do I ensure my record keeping is adequate?
  - Why are sexual relations between a psychologist and a client unethical?

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## Curriculum extract

### Domain 1: Ethics (cont.)

#### Professional issues

Understanding of models and approaches for continuing professional development, including methods for:

- supervision and peer consultation in a proactive planned and responsive way to address limitations and challenges in practice
- developing, updating, and enhancing knowledge through continuing education (maintaining competence)
- professional self-management including self-reflection, self-assessment, and self-care (maintaining psychological and physical wellbeing)
- understanding the limits of one's own competence, training and skills, and applying appropriate responses to manage these limitations including consultation and referral
- reflecting on and attending to the influence of a practitioner's personal motivation, biases, and values - including the impact of these on others
- maintaining proper professional boundaries and attending to transference and counter-transference issues appropriately
- developing cultural responsiveness when working with diverse groups, including Aboriginal and Torres Strait Islander peoples, and
- monitoring the effectiveness of a psychologist's practice, and engaging in continuous improvements to practice.

### Study guide to this section

226. This section of the examination assesses your ability to understand the importance and different methods of continuing professional development (CPD). Having an understanding of the role of CPD is essential to delivering sound psychological services.
227. The following questions provide examples to guide you in preparing for this section.
- What are some ways that peer consultation might guide my practice?
  - What is the role of a senior colleague when I am struggling with a professional dilemma?
  - What are some ways to ensure I remain up to date in my practice?
  - What are the CPD requirements to maintain registration and what is the rationale for the Board's CPD model?
  - What strategies can I use to look after my health and wellbeing as a practitioner?
- 

### Curriculum extract

#### **Domain 2: Assessment**

*This domain focuses on skills and knowledge in conducting psychological assessment, and applying this knowledge to problem formulation. Formulation is the generation and testing of hypotheses leading to a dynamic psychological understanding of a client's presentation.*

Examination candidates will demonstrate:

1. Understanding of issues in test selection, use, interpretation, acceptability and appropriateness, including:
  - the application and limitations of tests and their psychometric and normative basis, including test reliability, validity, utility and standardisation
  - the ability to identify and choose appropriate assessment instruments
  - cultural responsiveness in testing diverse groups
  - the ability to score tests and interpret results, and
  - understanding the limitations of computerised interpretive reports.
2. Knowledge and understanding of the application of forms of assessment including:
  - interview techniques (structured and unstructured)
  - systematic behavioural observation
  - psychometric assessments
  - self-monitoring (including diaries)
  - goal setting based on needs analysis

### Study guide to this section

228. This section of the examination assesses your knowledge and competence to apply evidence-based principles and practices in selecting assessment techniques, tests, and measures to examine hypotheses about client presentations.

229. You will not be examined on verbatim knowledge of test instructions, psychometric features, or normative data of particular tests or measures.
230. This section of the examination will also use case studies to assess your ability to link test results to the following components of psychological practice:
- case formulation and diagnosis
  - treatment planning
  - monitoring of treatment progress and outcome
  - recommendations for future care and support needs (i.e. disability support services, educational support), and
  - formally reporting the outcomes of assessment or treatment.
223. The following questions provide examples to guide you in preparing for this section:
- What is the referral question I am trying to answer?
  - What client features should I take into consideration when planning the assessment?
  - Are the results of testing consistent with the information gathered from other sources?
  - What other methods of assessment apart from specific tests should I use in order to answer the referral question?
  - What are the limitations of the test I am using?

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### Curriculum extract

#### Domain 2: Assessment (cont.)

3. Ability to administer, score, interpret and write reports using current editions of psychometric tests (using relevant Australian norms where available). This includes using and reporting standardised scores, range, percentile ranks and descriptors.

It is important to use the most recent version of the test, with some caveats as follows. Some tests are currently being updated, or have recently been updated. If the more recent version of a test does not have Australian norms, the Board will accept older versions that have been normed on the Australian population. When a new version has Australian norms, a two year period is allowed to transition between test versions. This curriculum lists the name of the test, but not the current version number as this is subject to change. It is the candidate's responsibility to ensure they use current tests.

Candidates will be asked detailed questions to demonstrate competence in the administration, scoring and interpretation of six selected tests:

- WAIS (Wechsler Adult Intelligence Scale)
- WISC (Wechsler Intelligence Scale for Children)
- PAI (Personality Assessment Inventory)
- DASS (Depression, Anxiety and Stress Scale)
- K-10 (Kessler Psychological Distress Scale), and
- SDQ (Strengths and Difficulties Questionnaire).

### Study guide to this section

231. This section of the examination assesses your ability to apply your knowledge of the six specific tests to a real-life issue described in the case study. You are expected to have a working knowledge of the design, rationale for use, administration, and scoring relating to the use of each test. The questions may ask you to use your knowledge to identify appropriate use in treatment planning, and across different populations, age groups or cultural backgrounds.

232. You should be familiar with the information in the manual regarding administration and limitations and interpretation of scores.
233. Other readings relevant to the test will expand your understanding of how to use the test in planning interventions or reporting findings. The case study may ask you to apply your knowledge of a specific test to help identify a clinical condition, assist in the development of a treatment plan, or advise on future management by another party.
234. The following questions provide examples to guide you in preparing for this section.
- When should I use the WAIS over the WISC?
  - How do I determine a client's cognitive strengths and weaknesses from the WISC?
  - How should I present the results from the PAI?
  - What does DASS measure and what does it not measure?
  - How would I use the results of the SDQ in further assessment planning?

### Curriculum extract

#### **Domain 2: Assessment (cont.)**

Candidates will also be required to demonstrate general familiarity with the use and purpose of a wider number of tests (detailed below). This will not require the same level of detailed knowledge of administration, scoring and interpretation as that required for the six specific tests detailed above.

Candidates must demonstrate familiarity with the use and purpose of the following tests:

- intelligence scales
  - WPPSI (Wechsler Preschool and Primary Scale of Intelligence)
  - Stanford Binet (Stanford–Binet Intelligence Scales)
  - WASI Wechsler Abbreviated Scale of Intelligence
  - Woodcock-Johnson Test of Cognitive Abilities
  - Raven's Standard Progressive Matrices
- adaptive and educational assessments
  - WIAT (Wechsler Individual Achievement Test)
  - ABAS (Adaptive Behavior Assessment System)
- memory
  - WMS (Wechsler Memory Scale)
  - WRAML (Wide Range Assessment of Memory and Learning)
- vocational
  - SDS (Self Directed Search)
  - Strong (Strong Interest Inventory)
- personality
  - 16PF (Sixteen Personality Factor Questionnaire)
  - NEO (NEO Personality Inventory)
- clinical and mental health tests
  - BDI (Beck Depression Inventory)
  - GAF (Global Assessment of Functioning)
  - STAI (State Trait Anxiety Inventory)
  - WHO-DAS (World Health Organisation Disability Assessment Scale)
  - WHO-QOL (World Health Organisation Quality of Life Scale)
  - ORS (Outcome Rating Scale)
  - MMPI (Minnesota Multiphasic Personality Inventory)

- PHQ-9 (Patient Health Questionnaire 9 Item)
- CBCL (Achenbach Child Behaviour Checklist and Teacher/Youth reports - ASEBA)
- Structured Clinical Interview for DSM (SCID)
- ICD

4. Knowledge and application of interview assessments

- a systematic history taking approach
- the Mental Status Examination
- risk assessment of suicide, self-harm and harm to others (acute and chronic)
- diagnostic classification systems (including current versions of DSM and ICD)
- setting and monitoring goals measures (including goal attainment scaling)

**Study guide to this section**

235. This section of the examination assesses your knowledge and proficiency in the use of a wide variety of psychological tests covering individual differences in abilities, personality, interests, and psychopathology.

236. Psychologists working in practice use this information to solve the following kinds of problems:

- identifying underlying reasons for various learning and adjustment problems
- determining the extent and severity of cognitive difficulties experienced by a client
- assessing the suitability of different careers for a client, and
- compiling a client profile that contains information on personality, abilities, and interests.

237. The following questions provide examples to guide you in preparing for this section.

- When would I use this test?
- What are the domains of a mental state examination and when are they used?
- What information will the test provide in answering the referral question?
- What kinds of tests are useful for assessing a client's vocational strengths?
- How should a client be assessed for risk of self-harm or suicide?

**Curriculum extract**

**Domain 2: Assessment (cont.)**

5. Knowledge of the DSM definitions, diagnostic criteria and essential features of all mental disorders to make a diagnosis. Understanding the limitations of diagnostic systems and issues of differential diagnosis and alternative models of psychopathology. Specific detailed knowledge of the following common psychological problems:

- adjustment disorders
- antisocial personality disorder
- attention deficit/hyperactivity disorder
- autism spectrum disorders
- bipolar disorders
- borderline personality disorder
- conduct disorder

- feeding and eating disorders
- generalised anxiety disorder
- neurocognitive disorders
- major depression
- obsessive-compulsive disorder
- oppositional defiant disorder
- panic disorder
- post-traumatic stress disorder
- schizophrenia
- separation anxiety disorder
- social anxiety disorder
- somatic symptom disorder
- substance use/substance-induced disorders

### Study guide to this section

238. This section of the examination is designed to test the application of your knowledge of critical diagnostic criteria to the person's presentation as described in the case study.
239. Each case study will contain key critical features sufficient to identify one diagnosis from the DSM list described in the curriculum. Given the dimensional nature of psychological conditions a number of features of the described presentation may be a partial but not a complete fit to another diagnostic condition. You will therefore be expected to be able to exclude other possible diagnoses that share some but not all of the critical diagnostic features.
240. The relevant guides and documents in the reading list provides information fundamental to diagnosis of DSM conditions described in the curriculum. The documents also provide information to enable you to differentiate each of the conditions from those that may share some but not all of the critical features.
241. In a real-life situation the psychologist will use all available information to begin the process of developing a provisional diagnosis. Both the information relevant to the diagnosis and information enabling differentiation from other conditions is crucial when considering a client's presentation. As more information becomes available the diagnosis may be further refined.
242. In the examination, however, the case study will contain only information sufficient to enable you to identify the diagnosis that best fits the presentation based on your knowledge of the DSM diagnostic system. Other questions may draw upon your understanding of diagnosis to inform decisions around formulation and treatment planning.
243. The following questions provide examples to guide you in preparing for this section.
- What are the core features of post-traumatic stress disorder?
  - What distinguishes major depressive disorder from adjustment disorder?
  - When would I diagnose panic disorder and not social anxiety?
  - What distinguishes borderline personality disorder from bipolar disorder?
  - What are the criteria that would lead you to diagnose a client with substance-use dependence?



## Curriculum extract

### Domain 3: Interventions

*This domain focuses on the provision of psychological services. Candidates must demonstrate: (a) the ability to link the diagnosis, formulation and the intervention chosen, and (b) an understanding of how to develop or plan evidence-based preventative, developmental, remedial interventions or other services. In considering the implementation of interventions, the candidate must also demonstrate (c) knowledge of how to evaluate the impact of professional services. This includes ongoing monitoring, evaluation and review of the effectiveness of the intervention. More specifically, it includes measuring change in behavioural, cognitive and emotional functioning and modifying the problem formulation, hypotheses and initial intervention accordingly.*

*Candidates must demonstrate knowledge of different modes of treatment, including individual, couple, family, group, organisational, or community interventions. Candidates must demonstrate the application of interventions across a broad spectrum of functioning, from mental health problems through to interventions focused on positive wellbeing and organisational effectiveness. The candidate must demonstrate awareness of different contexts of interventions, including in coaching, career development and health promotion, and rehabilitation and recovery.*

*While candidates are not expected to have detailed medical knowledge of pharmacodynamics or pharmacokinetics, candidates are required to have sufficient knowledge of the major classes of legal scheduled pharmaceuticals that are commonly used to treat mental health disorders. Candidates must demonstrate knowledge in the uses, common side effects, and common interactions of these major classes of drugs, along with their proprietary names. Candidates should know the type and purpose of the drugs that their clients, across the age range, are using or have been prescribed, and understand the likely role and impact of those drugs on presentation and treatment of psychological problems and disorders.*

*Candidates should know when, why, and how to refer a client for a medication review. In addition, candidates should be aware of common illicit drugs (such as marijuana, heroin, cocaine, and methamphetamine) in relation to their relevant DSM-5 diagnoses of substance-related and addictive disorders. In particular, candidates should have a working knowledge of the effects of alcohol, tobacco, inhalants, opioids and other substances including the signs of intoxication and withdrawal. Finally, candidates should be aware of the common interactions between legal and illicit drugs and scheduled pharmaceuticals commonly used to treat mental health disorders (such as opioids, alcohol and benzodiazepines, St. John's Wort and SSRI's)*

Examination candidates will demonstrate:

1. Knowledge of evidence-based counselling skills and their application in service delivery, including:
  - cultural responsiveness in providing interventions to diverse groups
  - establishing therapeutic relationships and therapeutic alliance
  - listening skills
  - responding skills including supportive and expressive techniques, empathic responding; reflection; questioning (including Socratic questioning); summarising skills
  - problem resolution and change-based strategies

- monitoring progress (using quantitative and qualitative approaches)
  - managing endings of therapeutic relationships.
2. Knowledge of evidence-based interventions, and their application, including:
- contemporary theories and models of treatment
    - cognitive and behavioural
    - psychodynamic and interpersonal
    - family systems
    - humanistic, narrative and solution-focused.
  - knowledge of psychopharmacology, drug classification, pharmacokinetics and pharmacodynamics.
  - knowledge of the application of specific focused therapy techniques for the common psychological problems listed in the assessment section. Specific knowledge is required of the following areas:
    - psycho-education
    - interpersonal and psychodynamic approaches
    - solution focused techniques and motivational interviewing
    - narrative therapy (including as applied for clients of Aboriginal and Torres Strait Islander descent)
    - cognitive-behavioural approaches including behaviour modification, exposure (in-vivo and imaginal techniques), behavioural activation (activity scheduling), cognitive interventions, acceptance strategies, self-management, relapse prevention; progressive muscle relaxation, breathing retraining.
    - skills training (problem solving, anger management, social skills, assertiveness, stress management, mindfulness, parenting).

### Study guide to this section

244. This section of the examination assesses your ability to draw upon your professional knowledge of contemporary theories and models of psychological interventions and importantly, the application of this knowledge to more common presenting issues. The examination requires you to demonstrate the application of practical skills in the provision of psychological services in a range of settings, including individual, couple, family, group, and organisational settings.
245. The examination comprises case studies to assess your capacity to engage in clinical reasoning and reflection, directed at assessing the application of knowledge and skills to presenting issues. The expected knowledge base is broad, covering a range of therapeutic modalities as applied to different client groups. An understanding of the major medications used in the treatment of psychological problems is required in order to be able to effectively formulate and monitor a client's presentation and the contribution of medication in facilitating change.
246. The emphasis of this section is upon the application of knowledge linking assessment, formulation, and intervention. It is expected that you can demonstrate the ability to formulate a client's presentation and select the appropriate treatment modality including treatment goal prioritisation, selection of techniques, and effectively implement an intervention. You are also expected to have a working knowledge of evaluating, monitoring, and reviewing the effectiveness of your interventions.
247. The following questions provide examples to guide you in preparing for this section.
- Why would I choose a particular treatment approach for a client?
  - How do I provide information about the recommended treatment to enhance the client's motivation to engage in treatment?

- What should the sequence of treatment steps be to facilitate change?
  - What should I do if a client is not making treatment gains as expected?
  - What should I do if a client has a change in medication and is reporting possible side effects?
- 

### Curriculum extract

#### **Domain 3: Interventions (cont.)**

3. Evidence-based practice, including understanding of how to use research to inform delivery of assessment and interventions, generating evidence to evaluate practices, and understanding any limitations of evidence to inform practice.

### Study guide to this section

248. This section of the examination assesses your ability to understand and apply the principles of evidence-based practice. In the examination you will be given case studies that allow you to use your knowledge and experience of evaluating interventions to determine how to provide clients with the most effective treatment, taking into account their individual characteristics. Familiarity with the key principles in this section will help psychologists by ensuring that clients receive effective care that is tailored to their individual needs.
249. The following questions provide examples to guide you in preparing for this section.
- How do I decide which intervention to use?
  - How do I monitor progress towards meeting the client's goals for treatment?
  - What are the factors underpinning effective implementation of a particular treatment strategy?
  - How can I use single case study designs to monitor behavioural observations over time?
  - How do I identify research relevant to my client's presentation?
- 

### Curriculum extract

#### **Domain 4: Communication**

*This domain focuses on communicating with clients, other professionals, organisations or the wider community. Candidates are expected to be aware of the types and appropriate methods of professional communication. Candidates are expected to demonstrate an awareness of the importance of clarity, accuracy, relevance, coherence, organisation and succinctness in communication. An important component of good communication is sensitivity to working with people from diverse groups.*

Examination candidates will demonstrate:

1. Knowledge of record keeping procedures that meet professional, organisational, ethical and legislative requirements
2. Knowledge of appropriate report writing techniques across different contexts (e.g. reports for audiences including health professionals, legal professionals, public servants, employees of insurance companies, and work-related or organisational reports to employers)
3. Knowledge of referral procedures, including the roles of other professionals at all levels of care, and health care system procedures and structures
4. Knowledge of methods to communicate to, and liaise with, professional groups (e.g.

oral case review, conference presentations, writing for publication)

5. Capacity to identify appropriate courses of action in response to unpredictable and complex events, including communication and consultation strategies
6. Skills in professional communication and ensuring appropriate working relationships with clients, professional colleagues and relevant others, including online and internet-based modalities
7. Knowledge of and sensitivity to communication issues relevant to:
  - culture, including cultural responsiveness when working with Aboriginal and Torres Strait Islander peoples
  - religious, social, ethnic, historical and political backgrounds and contexts
  - gender and sexuality issues
  - cognitive ability and sensory acuity
  - linguistic abilities and preferred modes of communication
  - service needs of different age groups
  - service needs of vulnerable groups in society, and
  - preferences of clients, their carers, partners and families where appropriate.

### Study guide to this section

250. This section of the examination assesses your ability to apply effective communication skills with clients and other professionals in common situations psychologists encounter in professional practice.
251. In your practice you might use this information to solve the following kinds of problems:
- the realisation that a client needs a practitioner with more specialised experience
  - communicating effectively with adolescents who have been told to go to counselling, and
  - recommencing work with a client who is re-referred after several years.
252. Your knowledge of professional communication should include the following key points and the ability to competently apply the knowledge in practice:
- principles for ensuring clarity and appropriateness of case notes
  - safe storage of client information
  - understanding why it is important to maintain a professional manner in communications
  - (including understanding the outcomes of not communicating effectively)
  - the interpersonal skills and cultural responsiveness necessary to ensure respectful communication with and about clients from diverse groups, and
  - development of appropriate relationships with clients and other professionals.
253. The following questions provide examples to guide how to prepare for this section.
- How do I explain my work clearly and simply to prospective clients?
  - How do I write reports for different purposes and audiences?
  - What do I need to bear in mind to present my work effectively to my colleagues or to the public?
  - What information should I pass on about my clients when referring them to other services?
  - How do I adjust my language and communication style when communicating with people with different backgrounds?
-

# Attachment E – Proposed revised Guidelines for the national psychology examination curriculum

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## Guidelines for the National Psychology Examination

**April 2016**

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## 1. Overview of the examination

254. These guidelines have been developed by the Psychology Board of Australia (the Board) to assist candidates preparing for the national psychology examination (the examination). This is the **Month 2017** version of the guidelines approved by the Board. These guidelines will be reviewed as required; this will generally be at least every five years.
255. The National Psychology Examination supports the Board's [General registration standard](#)<sup>9</sup>. The Board has determined that the qualifications and supervised practice that lead to [general registration](#) are:
- a) a four-year accredited sequence of study in psychology, or
  - b) an overseas qualification that is substantially equivalent to a)
- plus:
- a) an approved postgraduate qualification accredited as a fifth and sixth year of study or higher (such as an accredited Master's degree), or
  - b) an approved postgraduate qualification accredited as a fifth year of study followed by a one-year Board-approved internship (5+1), or
  - c) a two-year Board-approved internship (4+2), or
  - d) an overseas qualification and supervised practice assessed by the Board as substantially equivalent to either a), b) or c).
256. In addition to successfully completing an approved qualification, groups of psychologists (see below) are required to pass the examination from 1 July 2013 before applying for general registration.

### Purpose of the examination

257. The examination makes an important contribution to ensuring a consistent professional standard of psychologists nationally. [Attachment A](#) provides a background on planning to implement the National Psychology Examination until 1 July 2013.
258. An examination pass is required to gain general registration.
259. The examination assesses applied psychological knowledge, which forms a significant basis of competence in the profession. The examination helps demonstrate that internship training has produced a practitioner with an appropriate level of applied professional knowledge and competence, which will more effectively protect the public.
260. The examination should never be used as the sole test of a practitioner's competence to practise psychology. Passing the examination is not a substitute for a period of provisional registration under supervision.

### Who needs to sit the examination?

261. The following groups must pass the examination before applying for general registration as a psychologist:
- 1. provisionally registered psychologists undertaking a five-year accredited sequence of study followed by a one-year Board-approved internship (5+1)
  - 2. provisionally registered psychologists undertaking a four-year accredited sequence of study followed by a two-year Board-approved internship (4+2)

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<sup>9</sup> The *General registration standard* is published on the website at [www.psychologyboard.gov.au/](http://www.psychologyboard.gov.au/). Registration standards are approved by the Australian Health Workforce Ministerial Council pursuant to the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law).

3. individuals intending to return to practice as psychologist who have not practised for more than 10 years, and
4. overseas-trained psychologists seeking general registration in Australia.

262. Additionally, passing the examination is required for individuals who are directed to sit it by the Board, or by a panel or tribunal, in relation to an application for registration under Part 7 of the National Law or a notification about their health, performance or conduct under Part 8 of the National Law.

### Transition provisions

263. The [General registration standard](#) includes the option for the Board to require the passing of an examination before accepting an application for general registration, and has been in force since 1 July 2010. The Board approved several transition provisions for implementing the national psychology examination allowing a stepped roll out of the examination , as follows:

- On 1 July 2013, overseas-trained applicants for general registration as a psychologist in Australia were first required to pass the national psychology examination.
- On 1 July 2013 passing the examination was required for individuals who are directed to sit it by the Board, or by a panel or tribunal, in relation to an application for registration under Part 7 of the National Law or a notification about their health, performance or conduct under Part 8 of the National Law.
- On 1 July 2014, applicants for general registration who completed an internship pathway (4+2 or 5+1) were first required to pass the national psychology examination before applying for general registration.
- On 1 July 2014, individuals who were previously registered as a psychologist wished to resume practice after an absence of 10 years or more were first required to pass the national psychology examination before applying for general registration.

264. To check your eligibility for the various transition provisions please see [Table 1](#) below.

### Exemptions

265. Not all applicants for general registration are required to pass the national psychology examination. There are currently two exemptions in force. The exemptions are as follows:

- All applications from New Zealand psychologists applying for general registration under the [Trans-Tasman Mutual Recognition arrangements](#) are exempt from sitting the examination.
- Applicants for general registration who complete the higher degree pathway and apply for general registration before 1 July 2019 are exempt. The higher degree pathway includes graduates who apply for general registration with a Board-approved postgraduate qualification accredited as a fifth and sixth year of study in psychology. This includes:
  - an accredited six-year professional Masters qualification, or
  - an accredited doctorate, or
  - a combined Masters/PhD qualification.

266. These qualifications can lead to an area of practice endorsement (including those applying under provisions for Doctorate students included in the statement of assessment for provisional psychologists in the [PDEC-76](#) form).

267. This exemption was initially in place until 1 July 2016. This exemption was extended for another three years as a result of [Consultation Paper 25](#). The Board will review this exemption before 2019, and will consult widely with the profession and the community.

268. Further details about when to sit the examination are shown in the table below.

Table 1: Who needs to sit the examination and when

Applicant	When you need to sit examination	Date you need to have passed the examination to apply for general registration
Provisional psychologist in 4+2 internship	During 6th Year (after 1,500 hours of supervised practice internship)	1 July 2014
Provisional psychologist in 5+1 internship	During 6th Year (within approved supervised practice internship)	1 July 2014
Person returning to psychology practice after 10 years	As directed by the Psychology Board of Australia in response to application	1 July 2014
Provisional psychologist in Masters/DPsych/PhD	During 6th Year (within accredited training program)	1 July 2019
Person with overseas qualifications in psychology who meet other requirements	During approved supervised practice internship (usually this is a 3-month program)	1 July 2013
Person required to do so by board or panel or tribunal	As directed by authority	<b>As directed by authority</b>

## 2. Content of the examination

### Curriculum

269. Candidates are required to be familiar with the examination curriculum, which is published on the Board's website under *Registration > National Psychology Examination*.
270. The examination questions are derived from the examination curriculum. Examination questions test candidates' applied knowledge of the areas of psychology described in the curriculum.
271. The responsibility to prepare for and pass the examination rests with the candidate. Candidates are expected to develop a broad strategy for preparing for the examination. This preparation should include private reading and study, seeking advice and assistance from supervisors, training institutes, and workshop providers, and seeking appropriate structured and unstructured learning opportunities.
272. The examination is designed to test applied knowledge appropriate for the fifth and, in particular, the sixth year of psychology training. In order to apply for general registration a six year sequence of education and training is required. (For more information please review the General registration standard)
273. The examination is not designed to test the competencies for provisional registration. The curriculum is therefore not designed to test foundational knowledge of the discipline obtained during the first four years of psychology at university.
274. The examination is designed to test the **application** of knowledge (at the fifth and sixth year of training) to psychological practice, and is therefore based on actual case studies and professional issues likely to be faced by psychologists working with the public across a broad range of contexts.



275. This examination does not test all the competencies of a practising, generally registered psychologist. Some competencies that are not tested by the examination that are currently assessed during the fifth and sixth years of internship training by methods include:

- direct observation
- case studies/case reports, and
- assessment by approved supervisors of an intern's performance while engaged in professional practice.

276. The examination curriculum does not relate to area of practice endorsements. Area of practice endorsement is a notation on the national [Register for psychologists](#) who have completed accredited postgraduate training and supervised experience in one or more of the approved areas of practice. General registration is required before a psychologist can apply for admission to a registrar program leading to an area of practice endorsement. The areas of knowledge of psychologists with an area of practice endorsement would be expected to be at an advanced level in a specific area of practice. The examination assesses only the competencies required by a psychologist with general registration.

### **Additional resources to support the curriculum**

277. The Board has published several resources to support candidates' study of the examination curriculum. These resources are published on the Board's website under *Registration > National Psychology Examination*. The resources include the following:

- A recommended reading list. The reading list is recommended but not mandatory. The applied psychology field has extensive literature covering the curriculum domains, with many more resources that complement those in the list. The recommended reading list is updated from time to time as new editions, other journal articles, and improved monographs become available.
- A brief orientation to the national psychology examination. This document provides more detail about the competencies that the examination will assess. It provides detailed questions and examples to guide candidates in preparing for each of the four curriculum domains of the examination.

278. Candidates preparing for the examination should use their judgement about how to prepare, and consult their supervisor in designing a plan of study based on the curriculum, and the associated resources developed by the Board. Supervisors and examination candidates should check the website regularly for updates to the examination resources.

### **Examination format**

279. The examination is multiple choice, which is deemed suitable to test applied knowledge. The examination allows candidates to demonstrate psychological reasoning. Although the questions can rely on a factual knowledge base, the examination relies more on the application of that knowledge to actual psychological cases.

280. The questions are designed to test the application of psychology knowledge appropriate for candidates in the sixth year of training preparing for general registration. The examination assumes the foundation knowledge of the first four years of training (that is, in the undergraduate curriculum), but does not specifically test that knowledge.

281. The examination examines skills in:

- assessment approaches
- intervention selection and implementation
- communication and reporting skills, and
- applied ethical and professional reasoning.

282. Examination questions will be mostly in the format of:
- a vignette or scenario
  - a lead-in question, and
  - a set of five options, of which one is the correct answer and four are distracters.
283. Correct answers are determined by the National Psychology Examination Committee. The correct answer is the best, or most correct, option in the view of the Examination Committee.
284. The examination questions have been developed by senior practitioners and the best answer is their consensus view. Questions are developed to test core components of the published examination curriculum, as described in the professional and scientific literature and the recommended reading.
285. The Board, in conjunction with the Examination Committee, reviews all questions for the examination for content and validity, and analyses their statistical reliability. This provides the basis for further question development and improvement.

### **Duration**

286. The duration of the examination is 3.5 hours (210 minutes).
287. Candidates are required to allocate a total of four hours to complete registration procedures, a pre-testing phase, and post-examination administration activities.

### **Number of questions**

288. There are 150 questions in the examination. All questions are of equal value and there is no deduction of marks for incorrect answers. Candidates are encouraged to attempt all examination questions.
289. Test questions are changed regularly so candidates who repeat the examination will get a different set of questions.

### **Proportion of questions testing each domain of the curriculum**

290. The examination will comprise questions testing the four components of the curriculum:
1. ethics
  2. assessment
  3. interventions, and
  4. communication.
291. As the first three components incorporate greater content, they have a greater number of questions than the fourth component. Refer to Table 2 for details.

Table 2 Number of questions testing the domains of the examination

Examination Domain	Number of questions	Percentage
Ethics	45	30
Assessment	45	30
Intervention	45	30
Communication	15	10
Total questions	150	100

## Pass grade

292. The Board has applied a scaled passing score of 70%.
293. The scaled passing score is the Board's view of the minimum level of applied knowledge required for independent psychology practice.
294. As there are five options per question (a, b, c, d, or e), a candidate responding randomly is likely to achieve a score of 20% based on chance alone. Therefore, a passing score of 50% has been adjusted to 70% (50+20). 70% is the standard passing score for many tests of this type.
295. Raw scores (the total number of answers that were correct) will be arithmetically converted to a scale that ranges from 0 to 100 that takes into consideration differences in difficulty among different versions of the tests.
296. Adjusting scores will ensure that the passing score will remain the same, even if different versions of the test vary in difficulty. This ensures that candidates will not be penalised if a test is harder, or given an unfair advantage if a test is easier.
297. The examination and pass marks are moderated by the National Psychology Examination Committee of the Psychology Board of Australia. The pass mark only applies to the total score. Candidates are not required to pass all four curriculum components in addition to achieving a passing score on the overall examination.

## 3. Sitting the examination

### Eligibility

298. To be eligible to sit the examination, candidates must have:
- completed the first four years of accredited study, plus 1,500 hours of supervised practice in the 4+2 pathway, or
  - completed the first five years of accredited study, and have entered the sixth (+1) intern year in the 5+1 pathway and there is an approved plan and supervisor arrangements in place, or
  - completed a course of study overseas that is assessed by the Board as substantially equivalent to a six-year accredited sequence of study in psychology, and be seeking general registration as a psychologist in Australia, or
  - previously held general registration as a psychologist in Australia and are now intending to return to practice after more than 10 years without practising, or
  - been directed to sit the examination by the Psychology Board of Australia, or a panel or tribunal in relation to an application for registration under Part 7 of the National Law, or a notification about their health, performance or conduct under Part 8 of the National Law.
299. If a candidate fails the examination, they must wait three months before re-sitting.

### Applications from overseas-trained practitioners

300. Overseas-trained practitioners are included in the groups required to pass the examination before being eligible to apply for general registration. The examination will only be available in Australia.
301. Applicants from overseas need to ensure they meet the mandatory registration standards, including the [English language skills registration standard](#). The Board may apply additional conditions to an overseas-trained practitioner's registration to ensure they meet all registration standards.

302. Generally, the Board will require overseas-trained practitioners to be registered as a provisional psychologist and complete a minimum three-month [transitional program](#) in Australia before applying for general registration. This allows them to satisfy all competencies for general registration including knowledge of Australian ethical and legal requirements, and to ground their skills in an Australian socio-cultural context. Once an overseas applicant has been registered as a provisional psychologist, they become eligible to sit the examination.
303. If an overseas-trained applicant is exempt from the transitional program and required to sit the examination, they are required to wait three months before being able to re-sit the examination if they fail any attempt. These applicants may be required to register as a provisional psychologist and undertake a transitional program for the three months.

### **Examination s timetable**

304. The timetable of examination dates will be published on the Board's website under *Registration > National Psychology Examination*, along with the closing dates for applications. Examinations will usually be scheduled at least twice per year and up to four times a year.
305. Examinations will be made available in the capital city of each state and territory of Australia.

### **Application to sit the examination**

306. Candidates may only lodge one application to sit the examination per quarter period in any of the states or territories. Candidates are required to create a candidate account through the examination portal, accessible on the Board's website *Registration > National Psychology Examination*. The candidate account will grant access to the practice examination and enable booking and payment.

### **Examination fee**

307. Candidates are required to pay an examination fee for each sitting, payable online at the time a candidate registers for the examination. The Board has set the fee as low as possible to allow candidates from all parts of the country to attend regional testing centres. The fee is published on the Board's schedule of fees on the website.

### **Changing the scheduled examination date**

308. Candidates are permitted to change the date and time of their scheduled examination for any reason more than 72 hours before the scheduled examination date without forfeiting their examination fee. Candidates are only permitted to change the date and time within 72 hours of the examination if special circumstances apply – see the section on *Special considerations* in these guidelines.
309. Candidates can reschedule their examination through the examination portal or contact [nationalpsychologyexamination@ahpra.gov.au](mailto:nationalpsychologyexamination@ahpra.gov.au) for assistance.

### **On the day**

310. Candidates will be required to bring their booking receipt (which is provided by email once the examination has been booked and paid for) and two pieces of identification, including photo ID to the examination centre to be able sit the examination. Failure to do so may result in exclusion from the examination.
311. There are a variety of security processes in place at venues. For example, candidates will be required to turn out exterior pockets to verify they are either empty or do not contain any prohibited items. External eyewear will be inspected to ensure that it is not technology-enabled.

312. Candidates will not be permitted any reference material (electronic or hard copy) during the examination. Mobile phones and other equipment (including pens and paper) must not be taken into the examination. Access to the internet will not be permitted in the examination rooms or in the examination waiting areas.
313. Failure to comply with any rule or instruction by an adjudicator or supervisor will be regarded as a breach of discipline, and may lead to exclusion from the examination and the candidate deemed to have failed. More serious breaches of examination rules or security may result in disciplinary or criminal action.
314. Before sitting the examination, candidates will be required to agree to a set of terms and conditions for the examination, including keeping the content of the examination and questions confidential. This includes agreeing to a statement similar to the following:
315. *This examination is confidential and proprietary. It is made available to you, the examinee, solely for the purpose of assessing your proficiency level in the skill areas referenced in the title of this examination. To protect the integrity of the examination, the examinee must adhere to strict guidelines. The examinee shall not disclose to any third party the contents of this examination, including but not limited to questions, form of questions, or answers, in whole or in part, in any form or by any means, verbal or written, electronic or mechanical, for any purpose. I have read and agree to the terms of the above statement.*

### **Receiving results**

316. Candidates will receive their examination results by email within four weeks of the close of the examination period. Results will not be given by telephone.
317. After the examination has finished, any communication about the examination must be addressed to AHPRA. Candidates must not communicate with the adjudication staff, members of the Psychology Board of Australia, or the Board's committees about the examination.

### **Additional needs**

318. Candidates with a disability are able to request support to provide appropriate assistance to allow them to sit the examination. Special needs requests need to be made in writing to the National Examination's Coordinator a minimum of thirty days in advance of the intended examination date.
319. Candidates with special needs will be provided with facilities to support the following.
- Mobility condition: all examination centres have wide passages, wheelchair access, accessible toilets and adjustable desks.
  - Visual impairment: the examination can be delivered with larger fonts and higher contrasting colour, and reader assistance.
  - Hearing impairment: site support can be provided to ensure that invigilators can communicate instructions in a satisfactory manner.
  - Other mental or physical impairment: other impairments, supported by appropriate documentation, are addressed case-by-case.

### **Special consideration**

#### **1. Exceptional circumstances**

320. Special consideration is available to candidates who are unable to sit or complete an examination due to exceptional circumstance beyond their control. Candidates may be given an opportunity to re-sit the examination at the next available date without incurring additional examination fees.
321. Applications for special consideration in exceptional circumstances:
- will only be accepted from eligible candidates

- will not be approved unless there are exceptional circumstances beyond the control of the candidate, such as:
  - acute illness (such as hospital admission, onset of serious illness)
  - loss or bereavement (such as death of a close family member)
  - hardship or trauma (such as being victim of crime, severe disruption to domestic life)
  - unforeseen call-up for service (such as military service, court appearance, jury service, emergency service)
  - work commitments and circumstances beyond their control (a letter on company/organisation letterhead from an employer confirming this must be attached to the application for special consideration)
  - religious convictions (a letter from a religious leader must accompany the application)
  - computer malfunction at the examination centre, or
  - bomb threat or similar such event necessitating the evacuation of the examination centre.
- must be supported by convincing evidence of the exceptional circumstances, such as:
  - medical certificate
  - death certificate
  - police report
  - statutory declaration
  - examination centre report, or
  - evidence of requirement to attend court, jury service, military service, emergency service.
- must be submitted in writing to the [National Examination's Coordinator](#) before or within 14 working days of the date of the examination (depending on the nature of the request).

## 2. Errors or deficiencies in examination process

322. Candidates who complete the examination are usually not eligible for special consideration unless there are special circumstances. The only special consideration mechanism available for candidates who fail the examination will be based on process.
323. No special consideration request will be considered based on the content of the examination. The special consideration procedure is not a means of circumventing the Board's usual examination process.
324. A candidate who believes that they have cause to apply for special consideration on the outcome of the examination must apply in writing to the [National Examination Coordinator](#) attaching supporting documentation, no later than 14 days after receiving their result.

### Possible outcome of an application for special consideration

325. Requests are reviewed by the Board and assessed against the special consideration criteria (outlined above). The review will take place within 21 days of receiving the request.
326. When a request is granted, the usual outcome would be to allow the candidate to re-sit the examination as soon as possible at no additional cost to the candidate.
327. If the Board grants the request for special consideration, it will decide on how special consideration will take effect and let the candidate know in writing. Any special arrangement for consideration will be acted upon promptly. Failure to comply with the arrangement will mean the candidate will sit the examination during the next scheduled examination period published on the Board's web site.
328. The Board's decision is final.

## Examination failure

329. Registrants who fail the examination are permitted to re-sit the examination after completing a further three month period of supervised practice as a psychologist or provisional psychologist.
330. If a registrant fails three times, they will not be able to sit another examination until their registration renewal or a new application for registration is approved by the Board. At this point the Board may:
1. grant renewal or registration and allow the person to re-sit the examination up to three additional times
  2. grant renewal or registration with conditions and on those conditions being met, allowing the person to re-sit the examination, or
  3. propose to refuse the person's application or renewal. The Board has published the [Policy and procedure for candidates who fail the examination three times](#) and an associated [Statement and plan for professional development](#) (the [SPPD-76 form](#)). These documents provide further detail on the procedures to follow in the event that a registrant fails the examination three times, including the available options, the steps to take, and the evidence required by the Board to progress their plan to successfully re-sit the examination beyond three attempts.

## Further information

331. More information is available on the Psychology Board of Australia website: [www.psychologyboard.gov.au](http://www.psychologyboard.gov.au)

## Contact

332. All correspondence about the National Psychology Examination should be directed to the National Examinations Coordinator at [nationalpsychologyexamination@ahpra.gov.au](mailto:nationalpsychologyexamination@ahpra.gov.au).

## Review

333. **Date of issue** – 18 October 2013
334. **Last reviewed:** 26 February 2016
335. **Date of review** – these guidelines will be reviewed as required; this will generally be at least every five years.

## Attachment A: Development of the examination

### Background on the implementation planning of the National Psychology Examination prior to 1 July 2013

336. The planning for a national psychology examination has a rich history in Australia. This is a summary timeline showing the development of the examination, which began in 1986.

Year	Action
1986	All psychology registration boards in Australia (with their New Zealand counterpart) resolved to develop a national examination, with a particular focus on using it to test overseas psychologists applying for registration in Australia.
1987	Consideration was given to a budget to finance the development of a national examination system.
1990	A national examination system was approved in principle.
2007	Determined to instigate a process to develop options for a national examination, including that a working party be established to explore a national examination proposal and report by March 2008.  Ministers for Health determined to continue supporting the unaccredited two-year internship pathway to general registration.
2008	The New South Wales Psychology Board issued a consultation paper on the development of a national psychology examination for public comment.  Feedback and further consultations with key stakeholder groups at that time indicated strong support for the development of the examination.
2009	An update on the examination project was presented and made subject to peer review by all state and territory boards, representatives from the Australian Psychological Society and the Heads of Departments and Schools of Psychology Association (HODSPA).  An update on the status of the examination was published (Grenyer, B.F.S. (2009). Development of a national psychology examination. <i>InPsych: Bulletin of the Australian Psychological Society</i> , 32 (3), 13).
2010	Early in 2010 the NSW Board, prior to the National Scheme, approved funds to help support the initial development of the examination.  The registration standard for general registration (which includes that the Board may require the passing of an examination) was approved by Ministerial Council and came into effect on 1 July 2010 with the introduction of the National Registration and Accreditation Scheme.  In September 2010 the Psychology Board of Australia approved the appointment process for a National Psychology Examination Panel.



2011

In February the Psychology Board of Australia announced the National Psychology Examination Panel and that it had held its first meetings, in its communiqué, stating: *'the Board advises that the National Examination will be implemented on 1 July 2013 for applicants seeking general registration. The examination will be the final assessment before moving from provisional to general registration... In April 2011 the Board aims to publish for public comment, a consultation paper on the format and curriculum of the examination.'*

In March the Board announced in its communiqué: *'The National Psychology Examination is being developed to support applications for general registration, and to ensure a consistent professional standard of psychologists nationally. The Board advises that the National Examination will be implemented from 1 July 2013 for applicants seeking general registration.'*

In April the Board released the first public consultation papers on the development of the National Psychology Examination.

In November the Board released the *draft National Psychology Examination curriculum* for public consultation.

In November the Board also published its third newsletter to registrants which provided an update on the curriculum consultation process and stated: *'The Board has determined that from 1 July 2013 a National Psychology Examination will apply to provisional psychologists who are in the supervised practice pathway to general registration (4+2 and 5+1) to be sat in their sixth and final year of training, before being granted general registration. It is intended that the examination will also apply to overseas applicants and practitioners returning to practice after lengthy periods without practising, or where there are concerns about practice... Persons applying for general registration before 1 July 2013 will not be required to sit the examination.'*

Over the period of February to November, the Board held seven public consultation forums across states and territories that included information about the examination commencing 1 July 2013.

2012

Four further public consultation forums were held over 12 months.

In March the final curriculum for the examination, based on stakeholder feedback, was approved by the Board and published on the website.

In July the Board tested draft questions for the National Psychology Examination and undertook statistical analysis of their reliability and validity, which provided the basis for further question development and improvement.

In August 2012 the Board published its fifth newsletter to all registrants, which included the following information on the examination: *'General registration as a psychologist requires six years of training, but at present there are multiple pathways to achieve that training. The 5th and 6th years of training, during which professional practice skills of psychologists are required, are currently provided by both accredited and unaccredited training options. The proposed National Psychology Examination will test the application of psychological knowledge gained in these years and the focus will be on testing applied psychological knowledge and judgement which form the basis of competence in the profession. The National Psychology Examination is a mechanism for measurement of a minimum level of applied professional knowledge of psychology and competence that is acceptable for general registration in the profession in order to ensure the protection of the public.'*

In October the Board initiated a tender process for providers of computer-based testing to provide the platform for administering the examination within confidential test centres and environments in each state and territory. The successful tender was announced in December.

In December the Board appointed a new nine member National Examination Committee.

2013

In February the new National Examination Committee met for the first time.

In April, the Board released the *draft Guidelines for the National Psychology Examination* for public consultation.

Also in April, the Board made available new resources on the examination, including example examination questions and additional curriculum and reading resources.

From 1 July 2013, the National Psychology Examination came into effect.