Psychology Career "Pipeline" Pathway: Issues and Possible Solutions

Professional Training

Post-qualification Career

- Many suitable applicants may not consider psychology
- Very limited places on professional psychology training programmes
- Limited pre-internship supervisors/ placements available
- Severely limited internships available
- Psychologists arriving from overseas
- Many able bachelor-level psychology graduates who could potentially become professional psychologists
- Length and unfunded nature of training leads to attrition especially Maori, Pasifika. Low SES
- Psychologists leaving heath to work in other sectors (business, corrections, CYFS, etc.)
- Psychologists leaving heath to enter private practice
- Career Change, Taking a break, Travel, Parental leave etc
- Retirement Death
- Return to psychological workforce
- Lost to psychological workforce

Note: This table refers to the health workforce. It is recognised that improving health also involves ensuring that other social services sectors, etc, are functioning well so the benefit of extending these strategies, as appropriate, to enhance other social services sectors is also acknowledged and encouraged.

	Recruitment to Professional Training	Professional Training	The First Few Years of the Post-Qualifying Career	Mid-Career Loss of Psychologists from the Workforce	Recruitment of Trained Psychologists from Overseas	Departure from Workforce due to End of Career
C O M M E N T A R Y	There are generally up to 10 times as many students who apply for professional training programmes as can be accepted. Despite efforts by the programmes, the ethnicity of programmes does not yet reflect the NZ population. [i] Training programmes are perceived as having a western world view and are often viewed as culturally alienating for Māori and Pasifika students.	Psychologists are trained to meet the needs of a variety of sectors (e.g., Corrections, CYFS, education, NGOs, industry, etc.). Training needs to take into account multiple views on health and other social service outcomes. On average, 138 new NZ interns and trainees register each year. Of these, approx. 71 (50%) train as clinical psychologists. Other training programmes include applied behavioural analysis, community psychology, counselling psychology, educational psychology, health psychology, and others. DHBs and primary health report difficulty recruiting to psychologist positions,	Psychologists generally initially work in the same sector in which they train.[iii] However, the first few post-qualifying years are often a time of personal and professional flexibility. It is often when psychologists develop specialist expertise. It may also be a period of geographic mobility. This flexibility makes this stage potentially critical in determining the areas in which psychologists work and in ensuring that	The psychology workforce in health is younger than the overall psychology workforce (modal age in 30s-40s cf 40s-50s for total workforce)[iv] indicating loss of mid-career psychologists who provide experience and training. Few psychs leave psychology as a career prior to retirement[v], but multiple employment opportunities outside health contribute to attrition. Psychologists work in many social and health services	On average, 61 overseas-trained psychologists register in NZ per year - 31% of total new registrations. On average, 31 overseas trained psychologists start work in NZ each year [vi]	Psychology practitioners can retain competence and effectiveness into advanced age. Older practitioners may have a particular role in helping to meet the needs of an aging population and, like mid-career psychologists, enhance the overall workforce experience and skill mix.

		particularly but not only in specialist positions. [ii] The range, quality, and amount of pre-internship and internship-related practicum experience is important for preparing the psychologist to contribute to health and other social service outcomes.	workforce supply matches need. Overall, pre-qualification training is broad-based to maintain flexibility. Specialisation begins, but is not completed, in the internship	sectors, and psychologists often work cross-sectorally, but there is little evidence of systematic utilisation of these linkages to improve service provision.		
I M P L I C A T I O N S	Having the right mix of capable students choose to enter professional psychology training is vital to ensure the future workforce reflects the "face of NZ" and meets the need for psychologists in health and other sectors so the needs of all New Zealanders, especially the most vulnerable and marginalised, can be met. Need a training environment that prepares students to work with diverse groups, while also maintaining their own cultural integrity and cultural aspirations.	Multiple trends suggest that the need for psychological services in the health sector and other social service sectors required for "joined up" resolution of health problems will increase[vii]. In order to meet this need the number of psychologists trained will need to increase and more matching of the specific skill areas of trainees may need to be better targeted.	It may be particularly valuable to focus initiatives aiming to enhance effectiveness and match psychology workforce supply to population needs on this career stage. Given the already large demands of professional psychology training, some workforce initiatives may be more feasible in the immediate post-qualification stage than during training.	Mid-career psychologists rarely permanently leave psychology but do leave the health sector to go into private practice or other sectors. Developing strategies to reduce attrition of these psychologists from health will help ensure sufficient numbers and the experience mix for new and existing roles.	Encouraging suitably trained overseas psychologists to work in NZ enriches the numbers and skill mix of the NZ psychology workforce. Ensuring these people have adequate cultural understanding to work in NZ enhances their ability to work safely and effectively in NZ.	Retaining older psychologists in the health workforce is valuable to enhance the mix and skill set for the workforce.

O B J E C T I V E S	• Ensuring most appropriate students know about, are encouraged to enter, and enter professional psychology training.
	• Ensuring diversity of trainees so that the psychological workforce more accurately matches the population profile and can better meet their needs.
	• Ensure that training meets the aspirations and worldviews of trainees.
	• Diversify training paradigms
		• Sufficient numbers of psychologists are trained to match needs and demand.
		• Training provides skills that psychologists need.
		• Training pathways cover range of types of psychologists needed.
		• Training is sustainable for range of students to achieve diversity goals.
		• Training pathways reflect the worldviews and paradigms of Māori and Pasifika peoples, and diverse groups
			• Newly qualified psychologists are well-oriented into their professional roles so as to maximise function and satisfaction.
			• Robust workforce planning tools allow accurate determination of population needs (to the level of service/ sub-specialty needs, not simply workforce size) for psychological services.
				• Retain psychologists within health workforce and broader social service workforce required to achieve positive health outcomes for NZ.
				• Work conditions etc encourage psychologists to stay working in psychology and particularly in the health sector
				• Ongoing training and work processes ensure a
					• Ensuring that psychologists from overseas who can add value to services for people in NZ are attracted to work here.
					• Ensuring that Psychologists from overseas arriving to work in NZ:
					  ○ Are suitably skilled to practice in NZ
					  ○ Are well introduced and
						• Ensuring that psychologists can have productive careers in psychology and health until the end of career.
						• Ensuring that expertise acquired throughout the career continues to contribute to the sector.
						• Preventing early exit from health

	• Diversify training programme staff • Annual reporting at a stakeholder level is implemented to ensure the above objectives are meet.		• Initiatives to encourage early-career workforce development so the workforce matches population need are in place. • Training extending pre-qualification learning to develop professional skills sets (e.g., leadership, advanced consultancy) is in place to ensure psychologists are able to undertake and appropriately expand their scope to support future system needs.	psychological workforce that effectively meets the health needs of people in NZ. • Attract psychologists who have left back into the psychological and health workforce. • Promote psychological practice in areas not typically seen as employing psychologists Provide avenues for the seamless integration of psychologists back into the workforce (i.e., competence to practice)	oriented to working in NZ o Are mentored and supported	careers due to dissatisfaction or system-related difficulties.
I S S U E S	**Suitable students may not know about or consider psychology as a possible career.** Reasons include: • Relatively little promotion of psychology as a career choice by the profession. • Inaccurate/misleading information on some careers websites (incl. Government) • Psychology is often seen as privileging a Western worldview and as irrelevant to marginalised and vulnerable groups **Mix of students applying not representative of NZ society** • Level of training requires very able students, reflected in high entry criteria which adversely affects rate of suitable candidates from some groups. • Academic grades potentially	**Limited places available in Professional Psychology Training Programmes.** Universities reluctant to expand on current funding basis because: • High staff-student ratios = high cost for university depts. • High resource intensity for postgrad students (e.g., office, lab space, research resources) • Research supervision increases financial burden • Lack of appropriate internships **Insufficiency and Uncertainties of internships** • Uncertainty of number of internship provided by employers year-year – often short lead times. • Types of internships available highly variable. Determined by supervisor availability / good will more than matching need. • Inconsistency of pay and conditions for interns between regions and	**Little formal training currently available other than specialisation-specific skill development at present.** e.g. much training about therapies, much less about leadership, optimising team function, etc. **Early post-qualification experience often socialises psychologists into a narrow and sub-optimal role.** e.g., feel channelled "into the therapy room" rather than able to contribute more broadly to optimal team effectiveness.	**Moderately high levels of attrition of mid-career psychologists from the health service.** Psychologists leave health services because: • There are more alternative employers for psychologists (Private Practice, Business, Corrections, CYFS, etc) than for most health professions. • Patterns vary over time but pay rates currently below other employers. • Psychologist role often perceived as not highly valued by employer • Requirement by some employers to do non-specialist role (e.g., keyworking) not accepted. • Frustrations with clinical	**Few active efforts (except by a few employers) to attract overseas psychologists who can add value to NZ.** **Efficient and effective processes for approving suitably qualified overseas psychologists required.** **Ensuring that overseas psychologists are adequately prepared for working in NZ.** • Currently relatively little consistency in assistance in orientating to working in NZ for overseas psychologists.	Psychologists may leave the health or social service sector earlier than necessary (e.g., prior to retirement) for the same kinds of reasons as covered in the "Mid-Career Loss of Psychologists from the Health and Social Services Workforce" Column

over-prioritised as criteria.
• The requirement for cultural knowledge varies and affects the quality of learning.
• Study is very expensive so students from disadvantaged groups are financially less able to consider advanced study or are unable to focus on achieving high grades due to competing priorities (e.g. making a living).
	employers
	• Value of provision of supervision of interns and new graduates not recognised by employers (Disincentive to take role on).
	• Some large employers of psychologists not contributing to training of psychologists
	• Value of service provision by interns often not recognised.
	
	Pre-Internship Practicum Experience often limited
	• Pre-internship practical experience often limited and hard to organise
	
	Mix of trainees not representative of NZ population
	• High personal financial burden for students. Including:
	  o Long course (6-8 years), paid only in last year
	  o Not eligible for student allowances
	  o Loss of student allowances
	  o Current conditions mitigate against diversity of students (e.g., SES, ethnicity, etc.)
	  o Unconscious bias may limit the inclusion of Māori and Pasifika students
	  o Course curricula and psychology as a discipline requires more cultural relevance
	
	Skill mix development of trainees may not meet the needs of New Zealand population and employers.
	• Needs of the population change and training must reflect these changes.
	• As psychologists are employed into new areas and service types, training needs change also.
			and organisational management/ systems.
			• Structural inequities such as: Disparities in pay between men and women, racism, and lack of forward progression for Māori and Pasifika initiatives.
			
			Psychologists work in different social service sectors, but often contribute less to cross-sectoral integration and knowledge transfer than could.
			• Psychologists are distributed more widely across social services sectors than any other health profession.
			• Psychologists frequently work cross-sectorally.
			• Psychologists are relatively rarely involved in developing cross-sectoral links and initiatives.
			• A range of personal and organisational factors limit the extent of psychologists involvement in these activities.
				• Appropriate understanding of cultural groups common in NZ is important – little orientation to this consistently required or provided.	

POTENTIAL SOLUTIONS					
Increasing awareness of psychology as a career option amongst undergraduate university students and high school students. • The profession can promote psychology as a profession with these groups. • Special promotion activities directed towards Māori and Pasifika students. • Profession liaising with career sites to ensure accurate information. **Increasing participation of Māori, Pasifika, and other under-represented groups in the undergraduate university education** • Work undertaken by universities to reduce inequities in educational outcomes for different groups of students. (ongoing). • Work to maximise relevance of therapy to Māori and Pasifika and a strategy to demonstrate this relevance to top students. • Targeted financial assistance to support members of under-represented groups in being able to enter and sustain post-graduate professional psychology training. • Establish a Māori and Pasifika admission scheme that attracts and recruits capable post-grad students and then supports and mentors them through	**Greater institutional support for Professional Psychology training** • Recognition of universities about the value of professional psychology programmes for attracting undergraduate student EFTSs. • Government prioritisation of psychology training reflected in funding formula for student places, as is the case for medical students at universities. **Enhanced training models** • Explore changes to qualifications to make training more cost efficient – eg reduced research component limiting research supervision requirement (scholar-practitioner cf scientist-practitioner model) • Engage Māori and Pasifika students in research relevant to psychology for Māori and Pasifika populations. **Increase internship availability** • More consistent approach to funding of internships • More paid internships available • Planful approach to matching internship areas to workforce need across the sectors(s). • Ensure increased internship opportunities in primary care. **Increase pre-internship practicum experience** • Increase amount of pre-internship practicum experience and range of placements • Universities and employers work to make pre-internship placement available. **Student support** • Make scholarships available for	**Post-qualification training to extend newly qualified psychologists ability to participate more broadly.** • Professional bodies providing and supporting training that expands skills (e.g., Leadership training) • MOH-supported training (possibly in collaboration with Universities) to train post-qualification psychologists in desirable skills sets (e.g., brief training in supporting stepped care workers) **Mentoring of newly qualified psychologists to support role development.** • All psychologists have supervision as a practice requirement, but mentorship in role development could also be valuable to support optimal satisfaction and role function. This can be group mentorship. • Training for potential mentors would be helpful to ensure it plays a distinct role from supervision and achieves the required goals.	**Strategies to encourage retention in the health workforce.** Including: • Ensuring pay rates and conditions are commensurate with comparable services • Access to ongoing professional development resources greatly valued by psychologists • Well-developed and meaningful career structure recognising expertise and contribution. • Opportunities for leadership and to develop leadership expertise • Organisational culture that respects the diversity of skills bought by different disciplines and works to capitalise on the strength this brings. **Strategies to encourage psychologists who take breaks** (e.g., overseas travel, maternity leave, etc) **to return to the health workforce.** • Strategies listed above **Develop specialist programmes of study that expand psychologists' areas of practice** • Postgraduate training in specialised areas e.g., Indigenous psychology	**Efficient and effective processes for approving suitably qualified overseas psychologists.** • Registration Board constantly working on improving these processes. • New international competency framework may assist with this. **Profession offering "Orientation to working in NZ" training for psychologists coming to NZ to work.**	Includes the same kinds of solutions listed in the "Mid-Career Loss of Psychologists from the Health and Social Services Workforce" column

training [viii] • Support Māori and Pasifika psychology leaders to role model psychology as an attractive career option. **Increasing the diversity of staff and training content** • Active recognition of the need to remove the barriers for Māori and Pasifika students and staff[ix] • Recruit Māori and Pasifika staff in academic or support roles in psychology • Increase research and publications in Māori and Pasifika psychology to contribute to the practice environment • Increase the content of training programmes to reflect Māori and Pasifika worldviews and needs	Maori and Pasifika entering professional psychology training. • Provide Māori and Pasifika mentoring and pastoral care to support completion of qualification, and on time • Reinstate the student allowance for postgraduate psychology students **Increased liaison between training programmes and employers re training content and approaches.** • Close regular consultation between training programmes and employers to ensure training optimised and "future-proofed" as far as possible. • Professional bodies, training programmes, and employers collaborating to plan post-qualification training/skills development to maximise effectiveness of pre-qualification training.		scope[x]. **Utilising psychologists to increase cross-sectoral integration and development.** • Develop formal cross-sectoral secondments of senior psychologists to assist development and integration • Develop stronger liaison and co-development activities by psychology leaders from different sectors. • Professional organisations and sector leaders to encourage cross-sectoral integration and development activities by psychologists.		

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[i] Psychology Workforce Task Force. (2016). The Aotearoa New Zealand Psychology Workforce Survey.

[ii] DHB Psychology Leadership Council. (2016). DHB Psychology Workforce Survey, 2016

[iii] For example, one DHB found that 70% of psychologists who completed their internships with that DHB between 2004 and 2012 were employed in the DHB during the next 5 years. In many other instances no suitable roles were available at the time of completion, and the interns went to other health sector employers.

[iv] Psychology Workforce Task Force. (2016). The Aotearoa New Zealand Psychology Workforce Survey.

[v] Psychology Workforce Task Force. (2016). The Aotearoa New Zealand Psychology Workforce Survey.

[vi] Psychologists Registration Board. Data from Annual Reports 2011-2016.

[vii] Mental Health Commission. (2012). *Blueprint II: How things need to be.* Wellington: Mental Health Commission.
   Stewart,M.W., Bushnell,J., Hauraki,J., & Roberts,M. (2014). Evidence and wisdom: The role and value of psychologists in healthcare. *Journal of the New Zealand College of ClinicalPsychologists, 24(1),* 3-14

[viii] https://www.fmhs.auckland.ac.nz/en/faculty/for/future-undergraduates/maori-and-pacific-admission-scheme.html

[ix] Levy, M. (2002) Barriers and incentives to Māori participation in the profession of psychology. A report for the New Zealand Psychologists Board. Wellington. New Zealand

[x] Levy, M., & Waitoki, W. (2016). Our voices, our future: Indigenous psychology in Aotearoa New Zealand. In W. Waitoki, J. Feather, N. Robertson, & J. Rucklidge (Eds.). *Professional practice of psychology in Aotearoa New Zealand (3rd Ed.)* pp. 27-47. Wellington: The New Zealand Psychological Society.

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