

Professional competencies for psychologists

Advance copy published on: August 2024

Effective from: 1 December 2025

Contents

Background	3
Purpose.....	3
Legislative context	3
The use of professional competencies for psychologists.....	3
Registration and accreditation	4
About the competencies: Key features	5
The concept of threshold professional competency	5
Cultural safety	6
Cultural responsiveness and working with people from diverse groups.....	6
Digital competence.....	6
Practice across the lifespan	7
Professional reflexivity, purposeful and deliberate practice, and self-care	7
About the competencies: Structure and terminology	7
Format of the competencies.....	7
Context of work.....	7
A holistic view.....	8
Terminology.....	9
About this document	9
Date of effect.....	9
Development of the professional competencies for psychologists.....	9
Review of this document	9
Professional competencies for psychologists.....	10
Competencies for general registration	10
Definitions	13

Background

Purpose

The purpose of the *Professional competencies for psychologists* (the professional competencies) is to describe the threshold competencies for initial and continuing registration as a psychologist in Australia. The professional competencies articulate the minimum knowledge, skills, abilities, behaviours, values, and other attributes required to allow an individual to practise safely and effectively as a psychologist.

The Psychology Board of Australia (the Board) has adopted a national competency-based framework across the Board's registration standards, codes and guidelines to protect the public and ensure that only those practitioners who are suitably trained and qualified to practice psychology in a competent and ethical manner are registered.¹ The professional competencies are one component of our suite of tools used to regulate the profession, and should be read alongside our other standards and codes, including the [Code of conduct](#).

Legislative context

Psychologists in Australia practise in a regulatory framework established by the [Health Practitioner Regulation National Law, as in force in each state and territory](#) (the National Law). Only individuals who hold current registration with the Board can use the professional title 'psychologist'. Psychologists practise within the scope of practice that is defined by their qualification, training and competence.

The Board has powers under the National Law to develop standards, codes and guidelines about the eligibility of individuals for registration in the psychology profession. National competency-based benchmarks are used across the health professions in the National Registration and Accreditation Scheme (the National Scheme) to ensure that only suitably qualified and competent people in the health profession are registered.² It is the Board's responsibility as the regulator to establish the benchmarks for safe and effective practice as a psychologist in Australia.

The use of professional competencies for psychologists

The Board uses the professional competencies as a useful reference point for determining threshold competence for:

- setting the benchmarks for Board-approved [programs of study](#)
- setting the competency requirements for internships that lead to registration (e.g. the [5+1 internship program](#))
- [registering individuals](#) who complete their psychology qualifications in a country other than Australia
- re-registering individuals who were previously registered as a psychologist in Australia but whose [registration has lapsed](#), and
- evaluating a registrant whose level of competence to practise may pose a risk of harm to the public, for example, if the Board receives a [complaint or notification](#) about that registrant. A practitioner's health, performance and conduct can affect their competence to practise.

The professional competencies are also used to communicate to stakeholders the knowledge and skills they can expect from registered psychologists. Stakeholders include public, consumers, employers, and insurance companies.

Other organisations and individuals may also use the professional competencies for other purposes, for example:

- psychologists self-assess against the professional competencies to help plan their annual [continuing professional development](#) (CPD) goals each year for renewal of their registration, to maintain competence, and set development priorities
- employers use the professional competencies to develop job descriptions and evaluate and manage their staff, and
- the professional competencies can be used in the development of health policy and health workforce strategy.

1. [Registration standards, codes and guidelines](#) are published on the [Board's website](#).

2. For example, there are: [Professional capabilities for registered Aboriginal and Torres Strait Islander Health Practitioners](#), [Professional capabilities for Chinese medicine practitioners](#), [Professional capabilities for medical radiation practitioners](#), [Standards of practice for midwives, registered nurses and enrolled nurses](#), [Nurse practitioner standards for practice](#), [Australian occupational therapy competency standards](#), [Capabilities for osteopathic practice](#), [Professional capabilities for registered paramedics](#), and the [Physiotherapy practice thresholds in Australia and New Zealand](#).

Registration and accreditation

These professional competencies are the basis of nationally recognised qualifications and registration requirements for safe practice of the psychology profession.

Accreditation

The [Australian Psychology Accreditation Council](#) (APAC) is the [accreditation authority](#) responsible for accrediting education providers and programs of study for the psychology profession. Accreditation standards are statements used to assess whether a program of study, and the education provider that provides that program, provide graduating students with the knowledge, skills and professional attributes needed to practise as a psychologist safely and competently in Australia. The Board approves these standards and approves accredited programs of study as suitable qualifications for registration as a psychologist.

Professional competencies are typically referenced or embedded in the accreditation standards for approved programs of study and considered as part of the assessment of programs and providers. The competency requirements for a Board-approved qualification are detailed in the [APAC Accreditation standards for psychology programs](#) (the APAC standards). The accreditation standards require education providers to design and implement programs and curriculum that map to all the professional competencies for psychology (see Figure 1).

Figure 1: Relationship between professional competencies and accreditation standards



Registration

The minimum number of years of training needed to achieve the core competencies and become a psychologist in Australia is six years. The minimum requirements for general registration are detailed in the Board's [General registration standard](#) and include multiple pathways to registration:

- **4+2 internship pathway** – a four-year accredited sequence of study followed by a two-year Board-approved internship (this pathway closed to new applications on 30 June 2022)³
- **5+1 internship pathway** – a five-year accredited sequence of study followed by a one-year Board-approved internship
- **Higher degree pathway** – a post-graduate qualification at the fifth and sixth year (or higher)
- **Overseas pathway** – an overseas qualification assessed by the Board as substantially equivalent.

A diagram of the domestic training pathways to general registration as a psychologist is published on the [Board's website](#).

The competency requirements for provisional and general registration are detailed in the [Provisional and general registration standards](#). The competency requirements for the Board-approved internship components (the +2 and +1) are detailed in the [Guidelines for the 4+2 internship program](#) and the [Guidelines for the 5+1 internship program](#).

The professional competencies are relevant to all psychologists applying for or renewing general registration as a psychologist in Australia regardless of the training pathway undertaken.

³ See the Board's website for information on the [retirement of the 4+2 internship pathway](#) to general registration.

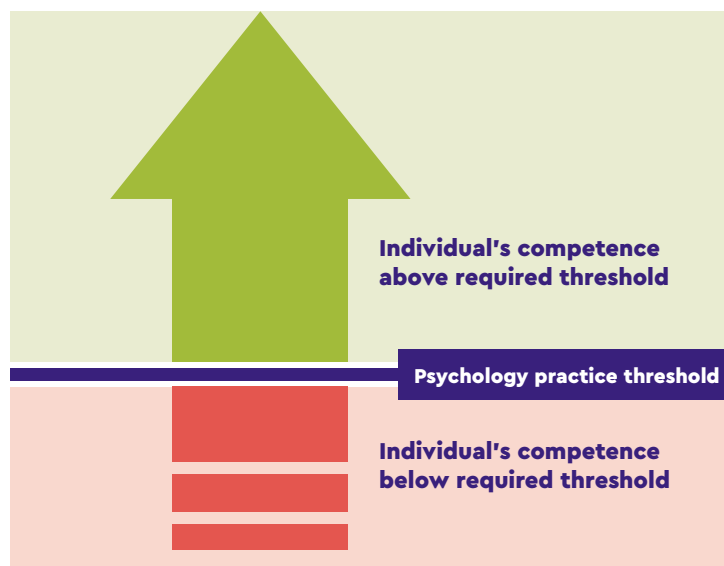
About the competencies: Key features

The concept of threshold professional competency

The term 'threshold professional competency' is a benchmark that describes the minimum professional knowledge, skills and other attributes necessary to practise as a registered psychologist in Australia.

This is based on the premise that competency can be described on a continuum. The threshold represents the point on the continuum at which the minimum acceptable level of competence is reached to practise safely and effectively as a psychologist (see Figure 2).

Figure 2: Continuum of threshold professional competency for initial and continuing registration



Meeting threshold professional competency

Professional competencies are relevant throughout a registered psychologist's career. Threshold professional competency must be demonstrated upon initial application to meet a registration standard, such as the general registration standard.

When applying for general registration, an applicant must demonstrate that they meet the threshold professional competency by completing a Board-approved qualification for general registration, and any required supervised practice. The [national psychology exam](#) is used to help determine if an applicant for general registration meets the threshold competency for those doing the internship pathway, have overseas qualifications or wish to return to practice after an absence.

Maintaining threshold professional competency

Psychologists need to maintain at least the threshold level of competency in all areas relevant to their individual scope of practice throughout their career.

Scope of practice refers to the professional role and services that an individual registered practitioner is educated and competent to perform. It refers to the role (e.g. therapist), context of work (e.g. private practice), or areas of psychology (e.g. mental health) in which a psychologist can demonstrate the knowledge, skills, and experience to practise safely and effectively in a way that meets our standards and does not pose any danger to the public or to themselves.

Scope of practice for the psychology profession is determined by formal qualifications through a Board-approved program of study and the required supervised practice.

Individual scope of practice evolves over time and can change depending on vocational choices and career path. It is developed through doing additional training, continuing professional development, professional practice and supervision. As experience develops and the nature of a psychologist's work role changes, psychologists may become more focused and narrowed in their individual scope of practice than newly registered psychologists. This means that psychologists are likely to maintain a level of competency beyond the minimum professional competency threshold requirements in their scope of practice and be unable to demonstrate they meet the breadth of all the general registration competencies as they apply to all contexts of psychological practice.

A psychologist should only practise in the areas where they have the current knowledge, skills and experience to practise safely and effectively, and not practise in the areas where they are not competent to do so or do not have recency of practice. If a psychologist fails to maintain at least the threshold level of professional competency in all areas relevant to their individual scope of practice, they could pose a risk to the public.

To maintain professional competency psychologists should:

- be familiar with the professional competencies
- regularly self-assess against the competencies as relevant to their individual scope of practice
- maintain currency of skills and knowledge within their individual scope of practice by:
 - completing the required [continuing professional development](#) (CPD) each year
 - doing regular peer supervision
 - engaging in meaningful reflective and reflexive professional practice, and
 - working as a psychologist (including meeting the [Recency of practice registration standard](#)).

The Board recognises that most psychologists providing services strive to excel and maintain a level of competency beyond the minimum threshold requirements.

Cultural safety

Changes to the National Law recognise cultural safety as a guiding principle and objective for the National Scheme and are relevant to regulators, accreditation authorities, educators, employers and practitioners.⁴

Culturally safe practice is the ongoing critical reflexivity of health practitioner knowledges, skills, attitudes, actions, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism and discrimination. It includes, but is not limited to, the history, spirituality and relationship to land, and other cultural and social determinants of health and wellbeing in Aboriginal and Torres Strait Islander communities. Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities

The professional competencies embed cultural safety. This means that all psychologists practising in Australia, irrespective of their own cultural background or work context, need to actively work towards providing positive health outcomes for Indigenous people. The Board considers that cultural safety is relevant to every psychologist's scope of practice.

Cultural responsiveness and working with people from diverse groups

Psychologists in Australia must be able to work sensitively, respectfully and effectively with people from various cultures and groups that may differ from their own and understand the ways that different forms of diversity intersect with each other. This includes, but is not limited to age, race, ethnicity, language, culture, immigration status, gender, gender identity and expression, sexual orientation, physical attributes, ability, disability, cognitive capacity, social and/or economic status, geographic location, educational attainment, and religious and/or spiritual orientation.

These professional competencies place an emphasis on the importance for psychologists to engage in ongoing and reflective and reflexive learning about working with people coming from diverse groups. They place a clear focus on the psychologist's responsibility to understand the history and biases of psychology and its effects on diverse groups, to recognise their own personal background and how to interact with people who are different from the practitioner, and to exercise reflexivity and critical evaluation of their own practice. It is an ongoing process that requires humility and the continued development of practitioner knowledge, skills and actions. The professional competencies include the term 'cultural responsiveness' rather than 'cultural competence' to highlight the importance of practitioners engaging in ongoing learning.

Digital competence

Given the increasing role of technology in professional practice management systems and processes, and to deliver services, share information, and conduct research, digital competence is included in the competencies. Digital health practice (e.g. telehealth, web-based interventions) is included in Competency 6, with consideration of modes of delivery of assessment and therapy included in Competencies 4 and 5. Competency 2 addresses the legal and ethical use of digital health to practice safely and within the boundaries of professional competence.

⁴ For more information about the updates to the National Law see Ahpra's [media release](#).

Practice across the lifespan

The professional competencies emphasise working with clients of all ages. All of the eight core competencies need to be understood and articulated for clients 'across the lifespan'. The term 'lifespan' is specifically included in Competencies 4 and 5 and 'age' is listed in Competency 8 as one area of diversity where psychologists must be able to work with sensitivity and respect.

Professional reflexivity, purposeful and deliberate practice, and self-care

The professional competencies include a focus on practitioners exercising both professional reflection and reflexivity, purposeful and deliberate practice, and managing their wellbeing and self-care. These are all essential components of practising professionally and safely and in a sustainable way. While these competencies are already generally established within the profession, and are noted in some of the Board's other documents, they have been intentionally strengthened and included more explicitly in this professional competency document.

About the competencies: Structure and terminology

Format of the competencies

The professional competencies for general registration are organised into eight core competencies (Figure 3):

Competency 1: Applies and builds scientific knowledge of psychology to inform safe and effective practice

Competency 2: Practises ethically and professionally

Competency 3: Exercises professional reflexivity, deliberate practice and self-care

Competency 4: Conducts psychological assessments

Competency 5: Conducts psychological interventions

Competency 6: Communicates and relates to others effectively and appropriately

Competency 7: Demonstrates a health equity and human rights approach when working with people from diverse groups

Competency 8: Demonstrates a health equity and human rights approach when working with Aboriginal and Torres Strait Islander Peoples, families and communities

The professional competencies use the following taxonomy:

- **Core competency title** (and number) – describes the broad key areas of practice and essential characteristics of a safe and competent psychologist in Australia.
- **Core competency descriptors** – describes the key features of competent practice in detail across a range of contexts, situations, varied complexity and uncertainty. Descriptors detail the minimum knowledge, skills, abilities, behaviours, values, and other attributes required to allow an individual to practise safely and effectively in the profession.

Context of work

Psychologists work in a range of different settings, including clinical practice, management, research and teaching, and across diverse contexts in public and private sectors. The Board's definition of practice in the [Recency of practice registration standard](#) encompasses these contexts:

Practice means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a registered psychologist in the profession. Practice in this context is not restricted to the provision of direct clinical care. It also includes using professional knowledge in a direct non-clinical relationship with clients, working in management, administration, education, research, advisory, regulatory or policy development roles, and any other roles that impact on the safe, effective delivery of services in the profession.

The professional competencies are written at a high or macro level so they can describe the foundational (core) competencies that are relevant to all of these practice contexts. Competencies written at a high level are:

- **Sufficient** – they specify enough information to provide clarity and direction
- **Succinct** – they avoid providing so much detail that extensive lists are required to cover the competency descriptions in each of the diverse contexts where psychologists work
- **Flexible** – allow psychologists and their employers to articulate the competencies across the many different professional contexts where psychologists work.

Figure 3: Safe and effective psychology practice



A holistic view

While the eight core competencies are arranged thematically, they are not standalone. They are presented in a circle diagram with the practitioner at the centre, to highlight that psychology practice is multi-dimensional and the competencies are not hierarchical or siloed. The competencies are interconnected, synergistic, and they overlap. This means that they cannot be acquired or attained easily in a linear or isolated manner.

The professional competencies are to be used holistically and synergistically as this reflects the nature of providing safe and effective psychological services. This means that a psychologist is expected to draw on and integrate each of the eight core competencies in their professional work as relevant to their scope of practice. For example, when conducting a psychological assessment such as the Wechsler Adult Intelligence Scale (WAIS; Competency 4), a psychologist must ensure that the assessment is evidenced-based and appropriately selected for the client (C1, C5, C7, C8), given competently and ethically (C2), delivered after engaging in appropriate test administration practice (C3 – purposeful and deliberate practice), with results communicated effectively (C6).

When creating a CPD learning plan, psychologists should seek to develop their knowledge and skills in all the eight core competencies as relevant to their scope of practice.

Terminology

Competencies

Professional competencies are sometimes called professional capabilities, professional standards or competency standards. Irrespective of the name, in the context of the National Scheme, they describe the threshold or minimum level of competency required for both initial and continuing registration in a profession.

In this document the terms 'professional competencies' or 'competencies' are used to be consistent with other accreditation agencies and regulators for psychology in Australia and internationally (for example, APAC, the [International Declaration on Core Competencies in Professional Psychology](#), and competency-based standards in New Zealand, the United Kingdom, and USA).

Client

In this document the term 'client' is used rather than 'patient' as it is more inclusive of the diverse contexts where psychologists work.

The broadest definition of 'client' is used to describe the person or people using or receiving the professional services of a psychologist. Clients may be individuals, couples, dyads, families, groups of people, organisations, communities, facilitators, sponsors, research participants, or those commissioning or paying for the professional activity.

See the full list of terms used in this document in the Definitions section.

About this document

Date of effect

These professional competencies were published on August 2024.

They will take effect on 1 December 2025.

Development of the professional competencies for psychologists

In 2019, the Board started a review of the existing professional competencies in Australia as part of our education and training reform program of work. The aim was to review and refresh the competencies to reflect developments in national accreditation standards and international competency frameworks, amendments to the National Law, and to ensure the competencies remain relevant to the expectations of threshold competencies required for safe and effective contemporary psychology practice in Australia.

These competencies were developed based on research, expert advice, and wide-ranging public consultation.

Review of this document

The Board will regularly review the *Professional competencies for psychologists* to maintain their relevance to the expectations of threshold competence required for contemporary psychology practice in Australia. It is recommended that a review is started five years after implementation.

Professional competencies for psychologists

Competencies for general registration

Core competency The broad key areas of practice and essential characteristics of a safe and competent psychologist in Australia.	Descriptors The key features of competent practice across a range of contexts, situations, varied complexity and uncertainty. Descriptors detail the minimum knowledge, skills, abilities, behaviours, values, and other attributes required to enable an individual to practise safely and effectively in the profession.
Competency 1: Applies and builds scientific knowledge of psychology to inform safe and effective practice	1.1 Possesses knowledge of psychological concepts, constructs, theories, epistemologies, models of intervention and methods. 1.2 Critically evaluates and appraises levels of scientific evidence from psychology and relevant contemporary research to guide and inform evidenced-based practice. 1.3 Understands the philosophical, theoretical and methodological foundations of various scientific methods and their limitations and selects and applies the appropriate method. 1.4 Applies a scientific, culturally informed and evidence-based approach to psychological practice and evaluating outcomes. 1.5 Possesses the understanding and ability to design and conduct ethical research relevant to cultural and professional contexts.
Competency 2: Practises ethically and professionally	2.1 Accepts personal responsibility for professional conduct. 2.2 Aligns conduct with the profession's accepted ethical and professional standards. 2.3 Adheres to relevant legal and regulatory requirements. 2.4 Explains ethical obligations and decision-making to relevant others. 2.5 Reasonably foresees the outcomes of decisions and conduct. 2.6 Proactively manages ethical dilemmas using sound ethical decision-making processes. 2.7 Practises within the boundaries of professional competence. 2.8 Maintains competence as a psychologist. 2.9 Regularly consults with peers, supervisors, and/or other relevant sources. 2.10 Identifies, assesses and manages risks effectively and responsibly in such a way that minimises negative impacts on all concerned.
Competency 3: Exercises professional reflexivity, purposeful and deliberate practice, and self-care	3.1 Understands the parameters underpinning professional competence and can articulate the knowledge, skills and other attributes necessary to practise effectively and safely. 3.2 Recognises the limits of own competence and refers on to other practitioners. 3.3 Critically evaluates the effectiveness of own professional practice and strengths and weaknesses, including regularly self-assessing against the professional competencies. 3.4 Engages in reflection and reflexivity on the impact of one's own culture, values, beliefs and biases, and acts upon such reflection and ensures practice is responsive and adaptive to client, context and culture. 3.5 Engages in self-reflection and critical self-reflexivity with disciplinary knowledge and professional practice. 3.6 Identifies areas for improvement in their professional practice, competence and conduct, and implements activities to enhance competence and development of professional identity. 3.7 Monitors and manages self-care to sustain professional functioning and wellbeing.

Competency 4: Conducts psychological assessments	<p>4.1 Has knowledge of the relative strengths and limitations of the different methods of assessment and modes of delivery relevant to practice across the lifespan and in different contexts, including cultural contexts.</p> <p>4.2 Identifies assessment needs, plans and selects assessment methods appropriate to the client/s, the context, and purposes of the activity.</p> <p>4.3 Develops and prioritises goals in collaboration with clients and relevant others.</p> <p>4.4 Administers a range of culturally safe assessment methods to:</p> <ul style="list-style-type: none"> • assess cognitive functioning capacity and vocational attainment • diagnose psychological and psychosocial functioning • assess risk to self and others • assess parental and family functioning • conduct workplace assessments and performance assessments. <p>4.5 Carries out, scores and interprets assessment measures.</p> <p>4.6 Formulates results of the assessment measures.</p> <p>4.7 Provides meaningful feedback to the client/s and relevant others.</p> <p>4.8 Integrates feedback from consumers, clients and relevant others.</p> <p>4.9 Identifies and manages inherent risk associated with assessments.</p>
Competency 5: Conducts psychological interventions	<p>5.1 Has knowledge of the efficacy and effectiveness of a range of interventions and modes of delivery relevant to practice across the lifespan and in different contexts, including cultural contexts.</p> <p>5.2 Uses diagnosis, formulation, and client preferences to develop intervention plans.</p> <p>5.3 Selects and implements intervention/s that will address the goals for intervention and are sensitive to both the client and professional context.</p> <p>5.4 Outlines the risks and benefits of interventions to the client/s relevant to their context, strengths, lived experiences and circumstances.</p> <p>5.5 Conducts a range of culturally safe interventions that maximise optimal outcomes with clients and that:</p> <ul style="list-style-type: none"> • identify and manage clients who are vulnerable or at risk of harm to self or others • treat psychological disorders • strengthen healthy relationships within the family system or other relevant systems • support adaptive psychological functioning in individuals, groups and systems. <p>5.6 Regularly evaluates client progress and views about the agreed psychological intervention, client's goals and aspirations, and the effectiveness of interventions.</p> <p>5.7 Uses evaluation results to review and revise interventions as necessary.</p>
Competency 6: Communicates and relates to others effectively and appropriately	<p>6.1 Communicates effectively and professionally with a diverse range of clients, colleagues and stakeholders.</p> <p>6.2 Effectively communicates the psychologist's role and purpose.</p> <p>6.3 Provides relevant, timely, and clear feedback, information, and guidance to clients and relevant others.</p> <p>6.4 Effectively uses the most appropriate form/s of communication for the client and context; and is aware of the limitations of each mode of communication, including both face-to-face and digital health practice.</p> <p>6.5 Establishes and maintains appropriate, safe and respectful working relationships with clients and relevant others.</p> <p>6.6 Establishes and maintains appropriate, safe and respectful working relationships with colleagues in psychology and other professions.</p> <p>6.7 Works collaboratively and makes recommendations and referrals to other relevant practitioners where appropriate.</p> <p>6.8 Understands the roles and works collaboratively with other service providers and professionals.</p>

Competency 7: Demonstrates a health equity and human rights approach when working with people from diverse groups	<p>7.1 Works without discrimination and is inclusive, sensitive and respectful of all forms of individual diversity in clients, colleagues, and relevant others, and with an understanding of intersecting forms of diversity. This includes, but is not limited to age, race, ethnicity, language, culture, immigration status, gender, gender identity and expression, sexual orientation, physical attributes, ability, disability, cognitive capacity, social and/or economic status, geographic location, educational attainment, and religious and/or spiritual orientation.</p> <p>7.2 Works with knowledge and understanding of the history of psychological theories and practice, their impact on people from diverse groups, and referral pathways to specialised supports where appropriate.</p> <p>7.3 Understands the impact of cultural identity, values, beliefs and experiences on psychological wellbeing or behaviour – including Aboriginal and Torres Strait Islander Peoples, migrant and refugee experiences.</p> <p>7.4 Recognises the impact of one's own values, beliefs, experiences, positionality and cultural identity on practice and demonstrates an ongoing commitment to culturally responsive practice.</p> <p>7.5 Demonstrates the ability to reflect on and learn from clients/relevant others and their unique experiences.</p> <p>7.6 Adapts psychological practice in response to the needs of people from diverse social identity groups and different cultural backgrounds to effectively engage with clients, carers, families, those with lived experience and relevant others.</p> <p>7.7 Applies the principles of trauma-aware and culturally informed care.</p> <p>7.8 Understands the roles of, and works collaboratively with, service providers and professionals who support socially and culturally diverse individuals and groups.</p> <p>7.9 Understands neurodiversity, strengths-based, trauma-informed and positive approaches to supporting people with developmental disability. Demonstrates the ability to adapt psychological practice and make reasonable adjustments for people with disability, including understanding of alternative and augmentative communication.</p>
Competency 8: Demonstrates a health equity and human rights approach when working with Aboriginal and Torres Strait Islander Peoples, families and communities	<p>8.1 Works with knowledge and understanding of the historical, political, social and cultural context of Aboriginal and Torres Strait Islander Peoples, families and communities, including the ongoing impacts of colonisation and racism.</p> <p>8.2 Demonstrates culturally responsive healthcare that considers the diversity of Aboriginal and Torres Strait Islander Peoples, families and communities (e.g. there are different Nations, language groups, clans, culture) and that there are intersecting forms of diversity (e.g. See C7.1 for a list of diverse social identity groups).</p> <p>8.3 Applies the principles of culturally safe care to psychological practice.</p> <p>8.4 Applies the principles of trauma-aware and culturally informed care.</p> <p>8.5 Demonstrates the ability to reflect on and learn from Aboriginal and Torres Strait Islander cultures and Aboriginal knowledges.</p> <p>8.6 Understands the importance of self-determined decision-making for Aboriginal and Torres Strait Islander Peoples, families, and communities, and works in partnership to achieve health outcomes within an Aboriginal health frame of reference.</p> <p>8.7 Consults appropriately with Aboriginal and Torres Strait Islander Peoples, families, communities and organisations to support collaboration in achieving health outcomes.</p>

Definitions

The following definitions are relevant to understanding the professional competencies for psychologists. They have been adapted from several documents including the Board's standards, codes and guidelines, the definitions from the APAC [Accreditation standards for psychology programs](#), and the [International declaration on core competencies in professional psychology](#).

Aboriginal and Torres Strait Islander: A person of Aboriginal or Torres Strait Islander descent who identifies as an Aboriginal or Torres Strait Islander person and is accepted as such by the community in which they live or did live. Refers to the many Aboriginal and Torres Strait Islander Peoples and clans, which are autonomous and sovereign nations.

Client: Clients are people or bodies who are the recipients of psychological services. Clients may be individuals, couples, dyads, families, groups of people, organisations, communities, facilitators, sponsors, research participants or those commissioning or paying for the professional activity.

Competency/competencies: Clusters of knowledge, skills, abilities, behaviours, values, and other attributes that enable a person to act effectively and to a defined standard in a professional practice situation associated with a professional role.

Competencies for general registration: Core competencies that underpin the delivery of safe and effective psychological practice to client/s in Australia.

Competencies for area of practice endorsement: Advanced competencies that underpin the safe and effective delivery of psychological practice to address client/s complexity and risk in specific areas of practice.

Constructs: Form the building blocks of scientific theories and models and lie at the heart of psychological explanations and interventions.

Culture: A collectively learned repertoire of intangible and tangible elements. Culture includes world views, beliefs, symbols, ideas, values, codes of behaviour (intangible) and artefacts, tools, language, literature (tangible). Culture helps members of that society, community or group to communicate, understand, and interpret expressions of that society, community or group. Culture extends beyond race and ethnicity to include (for example), faith/religion, sexual orientation, region of residence, socioeconomic status and literacy level.

Cultural responsiveness: The means by which we achieve, maintain and govern cultural safety. Cultural responsiveness is paying particular attention to social and cultural factors in managing the care of clients from all cultural backgrounds. It includes the ability to learn from and relate respectfully to people of your own culture as well as those from other cultures. Cultural responsiveness describes strengths-based, action-oriented and culturally capable approaches that facilitate increased access to affordable, available, appropriate and acceptable healthcare. It is an ongoing process that requires humility and regular and deliberate reflexive practice to develop practitioner knowledge, skills and actions. It includes genuine dialogue to improve practice and client health outcomes. It is the responsibility of the health professional to deliver culturally responsive healthcare.

Cultural safety: This is determined by Aboriginal and Torres Strait Islander individuals, families and communities. Culturally safe practice is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism. The [National Scheme's Aboriginal and Torres Strait Islander health and cultural safety strategy 2020 – 2025](#) explains the role we all share in ensuring client safety for Aboriginal and Torres Strait Islander Peoples in Australia's health system.

Culturally informed care: This refers to the capacity for psychologists (regardless of their work context) to effectively provide assessment and interventions that acknowledges, respects and integrates their client's cultural values, beliefs and practices.

Discrimination: This happens when a person or a group of people, is treated less favourably than another person or group because of their background or certain personal characteristics. It can occur when an unreasonable rule or policy applies to everyone but has the effect of disadvantaging some people because of a personal characteristic they share.

Diversity: An attribute similar to heterogeneity, signifying the presence and inclusion of individuals, groups, and cultures that are different from each other, but also including respect for and appreciation of those variables which define the differences.

Digital competence: The confident and critical usage of a range of digital technologies for information, communication and basic problem-solving.

Digital health: The use of digital, mobile, and wireless technologies in health. It is the application of data and information technology to gather, store, retrieve and study to improve processes, service, delivery of client care and health outcomes.

Digital health practice: A term used to describe healthcare services, support and information provided remotely via digital communication and devices.

Evaluation: A process describing in a structured manner some aspect of the quality of a procedure, intervention or assessment. It includes ongoing monitoring, measurement and review of the effectiveness of the intervention or procedure.

Evidence-based: Any concept, strategy, intervention or practice derived from or informed by evidence from research, including Indigenous research methodologies, that supports the quality and the relevance of a particular action or decision in a particular context for a particular use.

Health equity: This means ensuring that everyone has a fair and just opportunity to be as healthy as possible. Achieving this requires ongoing societal efforts to address historical and contemporary injustices; and to work towards overcoming the economic, social, and other obstacles to health and healthcare (the social determinants of health). This requires psychologists to provide high-quality healthcare and to adopt practices that respect diversity, and avoid bias, discrimination and racism

The National Scheme's [Aboriginal and Torres Strait Islander health strategy statement of intent](#) (the statement of intent) highlights our commitment to achieve equity in health outcomes between Aboriginal and Torres Strait Islander Peoples and other Australians and to [close the gap](#) by 2031.

Human rights approach: Provides a foundational frame of reference to help psychologists to understand and tackle inequities and to do our part to improve the health and wellbeing of the Australian community. In a human rights approach to health, for example, all clients have the right to receive safe and high-quality healthcare, to be shown respect, dignity, and consideration, to be informed about their treatment, to be included in decisions about their care, and to have the right to privacy and confidentiality. A human rights approach is applicable across all sectors where psychologists work, for example, for providing direct client care, for developing practical approaches for public health, for addressing health inequity, for promoting mental health, for developing health system actions, for writing health policy and conducting research.

Indigenous: In this document Indigenous refers predominantly to Aboriginal and Torres Strait Islander people, including their knowledges, customs, language and culture. Indigenous people are the descendants of the earliest known inhabitants of an area, have a historical continuity with a given region before colonisation, and a strong link to their lands. There are over 5,000 Indigenous people groups living in 90 countries across the world.

Knowledge: Facts, information, and culturally informed knowledges, which are acquired through education and experience, which form the theoretical and practical understanding of a subject.

Power: This is the capacity of an individual to influence the actions, beliefs, or behaviour of others. Power can be seen as good (e.g. empowering the self or others toward humanistic objectives), or as unjust, such as coercive power. There are different kinds of power, such as legitimate, referent, expert, reward and coercive. Psychologists need to recognise and ethically manage the inherent power imbalance in the psychologist-client relationship and teaching and/or supervision relationship to deliver safe and responsive services.

Professional identity: This consists of an individual's alignment of values, attitudes, understanding, roles, responsibilities and ethical standards to be consistent with practices accepted by the psychology profession. Professional identity begins to form while doing a qualification and is strengthened by a process of professional socialisation when carrying out practicums, internships, supervision and work experience. A psychologist's professional identity may include, for example, a compassionate identity, a client-centred focus, a commitment to critical thinking and evidence-based practice, and sense of professional belongingness. Core competencies for general registration and the code of ethics help set the larger expectations for the threshold behaviours that underpin professional identity.

Provisional psychologist: A person registered as a provisional psychologist under section 62 of the National Law that enables an individual to complete a period of supervised practice in order to become eligible for general registration as a psychologist.

Psychological assessment: A systematic process that uses a combination of techniques and methods (such as tests, inventories, interview, observation) to evaluate various psychological and behavioural characteristics (for example, traits, capabilities) of an individual or group of individuals.

Psychological intervention: An intervention developed through psychological methods and based on psychological theories or models and delivered to facilitate change in an individual, group, community, organisation, system, or society.

Psychological practice: Any role, whether remunerated or not, in which the individual uses their skills and knowledge as a registered psychologist in the profession. Psychological practice is not restricted to the provision of direct clinical care. It also includes using professional knowledge in a direct non-clinical relationship with clients, working in management, administration, education, research, advisory, regulatory or policy development roles, and any other roles that impact on the safe, effective delivery of services in the profession.

Psychologist: A health practitioner who is competent to carry out assessment and intervention related to psychological and behavioural variables, to improve the wellbeing or performance of individuals, groups, communities, organisations, systems, or society. In Australia, a psychologist is a person who holds general registration as a psychologist under section 52 of the National Law.

Purposeful and deliberate practice: Refers to a kind of practice that is purposeful and systematic. It involves focused attention and observation, identifying and breaking down the task to be learned into manageable parts, and mindful and intentional practice (repetition) of the desired skill. It is done with a specific goal of improving performance, and feedback about performance is sought. Purposeful and deliberate practice involves active learning, practising skills just beyond your current level of skills, using client outcomes to identify learning areas, seeking advice from your colleagues and supervisor on performance, and addressing areas of practice that you might prefer to avoid attending to. Strategies that encourage deliberate practice include direct observation of your own work, intentional conversations with your supervisor, and immersive training (e.g. master class) with follow-up consultation and performance review

Racism: Refers to pervasive and systematic assumptions of the inherent superiority of certain groups, and inferiority of others based on cultural differences in values, norms and behaviours. It includes prejudice, discrimination or hatred directed at someone because of their colour, ethnicity or national origin. Those who are assumed to be inferior are treated differently and less favourably in multiple ways. Racism reflects and is perpetuated by deeply rooted historical, social, cultural and power or authority inequalities in society. Racism is oppressive because it involves the systematic use of power or authority to treat others unjustly. It creates an atmosphere in which a group finds itself in a devalued position. Racism can occur in interpersonal, institutional or systemic settings.

Reflection: The examination of an event or action to inform and improve a process of continual learning and enhancement of professional practice. It involves the practitioner's exploration of their perspectives about the occasion or event, as well as considering how others may have perceived the situation and the practitioner. The process requires being open to observation and feedback from others and to pursuing new knowledge and information to enhance learning from the reflection.

Reflexivity: An examination of the self; questioning and acknowledging our own attitudes, experiences, ways of thinking values and motivation, prejudices and actions, to inform how we understand our impact on and interactions with others. Reflexivity is a continual process that can inform reflection but also goes beyond it to consider how our own realities shape, and are shaped by, our surroundings and broader organisational and societal contexts. Reflexivity involves pursuing self-awareness of our personal limitations, deficits, biases and how these might intentionally or unintentionally affect others and our practice.

Research: The systematic investigation of phenomena with the aim of increasing the body of knowledge or applying the current body of knowledge in new ways. It includes both experimental and theoretical work, as well as the application of research to evidence-based practice with the aim to increase the dimensions of knowledge.

Risk: In this context, risk is the assessment of the likelihood that a person will be harmed, experience negative consequences, or experience an adverse health effect if exposed to a hazard. Psychologists and provisional psychologists are responsible for managing risk across several areas of practice such as:

- establishing safe environments for practice including identifying, assessing, managing, and reducing/eliminating hazards and risks to mental and/or physical health or wellbeing
- critically evaluating inherent risks and implications associated with psychological interventions and assessments
- assessing and managing clients who are vulnerable or at risk of harm to themselves and others, and
- exercising professional reflexivity and deliberate practice to reduce risks to clients, others and self.

Self-care: The process of taking care of oneself with behaviours that promote health and wellbeing in both a personal and professional capacity and includes active management of illness when it occurs. Self-care strategies are value-driven and principle-based and support different aspects of health and wellbeing, including professional, psychological, emotional, physical, spiritual, social and lifestyle.

Scope of practice (psychology profession): This is defined by the general registration competencies. These competencies distinguish a psychologist from other professions, for example occupational therapy, medicine, and pharmacy. The competencies describe the knowledge, skills, abilities, behaviours, values and other attributes that enable a person to engage in safe and effective practice as a psychologist in Australia.

Scope of practice (individual): Refers to the professional role and services that an individual registered practitioner is educated and competent to perform. It refers to the role (e.g. therapist), context of work (e.g. private practice), or areas of psychology (e.g. trauma) in which a psychologist can demonstrate the knowledge, skills, and experience to practise safely and effectively in a way that meets our standards and does not pose any danger to the public or to themselves. An individual's scope of practice evolves over time, and can change, narrow or deepen, depending on vocational choices, career paths, and as the profession advances and new roles or techniques emerge in the evolving practice environment.

Stakeholder: An individual, group, or organisation that has an interest or a concern in a process or its outcome.

Supervisee: A person who receives professional advice, support and guidance from a supervisor to develop greater knowledge, improved skills, and a deeper understanding of accountability.

Supervision: A special type of professional relationship in which supportive direction, facilitative activities, and instructive critique is given by the supervisor to help the supervisee to ensure effective and safe care is delivered to clients, to achieve their professional goals, to improve the quality of their work and to develop themselves, their practice and the wider profession. Supervision should ensure that a supervisee practises within accepted professional standards, provides evidence-based assessments and interventions, engages in professional reflexivity and does not practise beyond their competence. Supervision is an interactive process between the supervisor and supervisee and provides a professionally stimulating and supportive opportunity for growth.

Supervisor: A skilled, experienced and qualified psychologist or other professional who helps supervisees in the development of their skills, knowledge and professional values. A supervisor provides a space for teaching, collaborative goal-setting and corrective feedback on a supervisee's performance.

Board-approved supervisor is a supervisor approved by the Board to provide supervision to provisional psychologists, to psychologists doing registrar programs leading to an area of practice endorsement, or registered psychologists doing a transitional or re-entry program.

Trauma-aware (or trauma- informed) care: is based on the understanding that a significant number of people living with mental health conditions have experienced trauma in their lives, and that trauma may be a factor for people who are in distress. The impact of trauma may be lifelong or intergenerational. Trauma-informed approaches to care are based on the principles of safety, trust, choice, collaboration, empowerment and respect for diversity