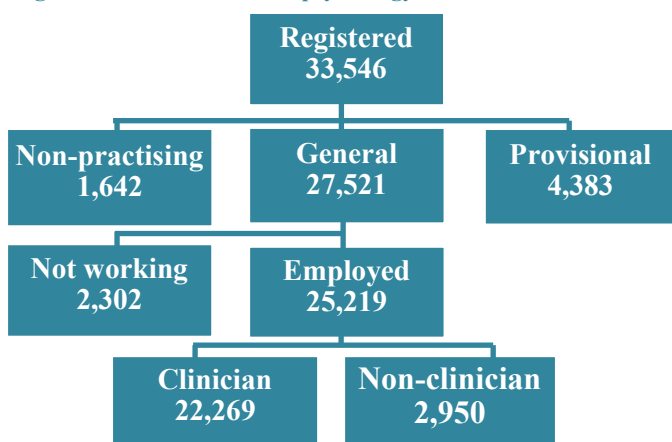


Psychologists are registered healthcare practitioners trained in human behaviour and study the brain, memory, learning and processes around human development. Psychological treatments can be used to help individuals, families, groups and organisations.

Persons seeking to gain registration must complete a minimum four year program of study approved by the Psychology Board of Australia, followed by further approved postgraduate study and/or internship.

Workforce

Figure 1: Breakdown of the psychology workforce, 2016



'Non-clinician' includes roles reported by survey respondents that did not fit predefined survey categories.

The registered workforce has increased by 10.1% (3,090) since 2013, with an average yearly growth rate of 3.3%.

Note: Analysis of the psychology workforce contained in this document is based on the number of registered employed psychologists (25,219 in 2016) unless otherwise stated.

Table 1: Headcount of psychology workforce, 2013-2016

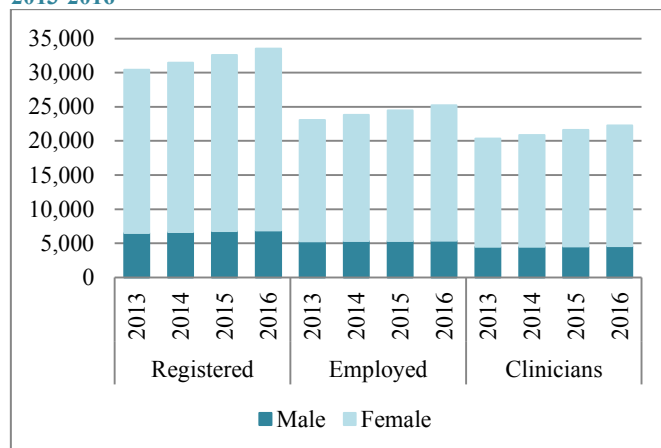
	2013	2014	2015	2016
Registered	30,456	31,489	32,602	33,546
Employed	23,086	23,810	24,474	25,219
Clinicians	20,348	20,877	21,596	22,269

Demographics

In 2016, 78.6% of registered and employed psychologists were female, up from 77.1% in 2013.

In 2016, the average age of the workforce was 46.3 years, up from 45.7 in 2013.

Figure 2: Gender distribution of the psychology workforce, 2013-2016



Quick Facts - 2016

Figure 3: Summary of the registered and employed psychology workforce, 2016

46.3	Average age
32.6	Average weekly hours
78.6	% female
73.3	% born in Australia
0.7	% Aboriginal and/or Torres Strait Islander
90.9	% with Australian qualifications
82.9	% in major cities

Hours Worked

Average hours worked per week have remained relatively stable reducing slightly from 32.8 in 2013 to 32.6 in 2016.

Table 2: Average hours per week worked by employed psychologists, 2013-2016

Average hours worked	2013	2014	2015	2016
Clinical	23.6	23.6	23.6	23.6
Non-clinical	9.2	9.2	8.9	9.0
Total	32.8	32.8	32.4	32.6

In 2016, females worked an average of 31.5 hours per week and males worked an average of 36.5 hours per week. In 2016, males aged 45-54 worked the longest hours per week on average at 38.7.

Table 3: Average hours worked per week by gender and age group, 2013 vs 2016

Age Group	Males - average hours		Females - average hours	
	2013	2016	2013	2016
20-34	37.9	38.6	33.9	34.1
35-44	39.0	38.2	29.3	29.9
45-54	38.8	38.7	33.7	33.0
55-64	36.1	36.3	31.8	32.1
65-74	29.5	29.2	25.3	24.9
75-99	27.2	26.1	19.3	19.1
Total	36.8	36.5	31.6	31.5

Replacement Rate

In 2016, there were 1.7 new registrants for every psychologist that did not renew their registration from 2015.

Job Role

The 2016 workforce survey asked respondents to report their principal role (the main job in which they worked the most hours in the last week) and their second job (either for a different employer or in a different area of practice), if applicable.

Principal Role

In 2016, a total of 88.3% (22,269) of psychologists worked as clinicians in their principal role, up from 88.1% (20,348) in 2013.

Table 4: Headcounts by principal role, 2013 vs 2016

Principal role	Total Employed	
	2013	2016
Clinician	20,348	22,269
Administrator	961	1,054
Teacher or educator	732	745
Researcher	828	903
Other	217	248
Total	23,086	25,219

Second Job

In 2016, 21.6% (5,442) reported a second job role in psychology, down from 23.2% (5,359) in 2013.

In 2016, 68.7% (3,739) of the psychologists that reported a second job indicated that this was in a clinician role, compared with 67.5% (3,620) in 2013.

Table 5: Headcounts by second job of employed psychologists, 2013 vs 2016

Second job	Total Employed	
	2013	2016
Clinician	3,620	3,739
Administrator	324	329
Teacher or educator	698	650
Researcher	498	476
Other	219	248
Total	5,359	5,442

Clinical Hours Worked

In 2016, psychologists worked an average of 24.5 clinical hours per week in their principal role and 6.7 clinical hours per week in their second job.

Table 6: Clinical hours worked in principal role and second job, 2013 vs 2016

Job role	2013		2016	
	Principal role	Second job	Principal role	Second job
Clinician	24.2	7.8	24.5	6.7
Administrator	12.5	3.0	12.5	2.1
Teacher or educator	12.3	2.4	11.2	1.5
Researcher	10.2	1.9	9.8	1.1
Other	17.6	3.2	17.9	2.6
Total	23.4	6.1	23.6	5.2

Area of Practice Endorsement

To be eligible to apply for an area of practice endorsement, a psychologist must undertake advanced training (an accredited qualification in the area of practice followed by a period of supervised practice).

In 2013, 40.5% (9,342) of the workforce held an area of practice endorsement, of which 26.3% (6,072) held a clinical psychology endorsement.

In 2016, 41.7% (10,509) of the workforce held an area of practice endorsement, of which 28.2% (7,103) held a clinical psychology endorsement.

Table 7: Headcounts by endorsement in principal job, 2013 vs 2016

Area of practice endorsement	Endorsement held			
	2013	%	2016	%
Clinical psychology	6,072	26.3%	7,103	28.2%
Community psychology	53	0.2%	51	0.2%
Clinical neuropsychology	488	2.1%	556	2.2%
Counselling psychology	898	3.9%	885	3.5%
Educational and developmental psychology	549	2.4%	579	2.3%
Forensic psychology	483	2.1%	519	2.1%
Health psychology	289	1.3%	285	1.1%
Organisational psychology	428	1.9%	444	1.8%
Sport and exercise psychology	82	0.4%	87	0.3%
Total	9,342	40.5%	10,509	41.7%

Note: It is possible for psychologists to have endorsements in different areas simultaneously.

Principal Work Sector (public/private)

The 2016 workforce survey asks respondents to report the clinical hours worked in their principal role (the main job in which they worked the most hours in the last week) and their second job (either for a different employer or in a different area of practice), if applicable, in either the public or private sector.

Principal Role

In 2016, 31.2% (7,869) of the psychologist workforce worked clinical hours in the public sector, down from 35.1% (8,109) in 2013.

58.9% (14,850) of the workforce worked clinical hours in the private sector, up from 56.3% (12,999) in 2013.

Second Job

In 2016, 18.2% (722) of the psychologist workforce, who reported a second job role, worked clinical hours in the public sector only, down from 21.7% (933) in 2013.

In 2016, 80.4% (3,183) of the workforce worked clinical hours in the private sector only, up from 77.2% (3,315) in 2013.

Table 8: Headcounts by sector (clinical hours worked), 2013 vs 2016

Employment sector	2013		2016	
	Principal role	Second job	Principal role	Second job
Public sector only	8,109	933	7,869	722
<i>Proportion (%)</i>	<i>35.1%</i>	<i>21.7%</i>	<i>31.2%</i>	<i>18.2%</i>
Private sector only	12,999	3,315	14,850	3,183
<i>Proportion (%)</i>	<i>56.3%</i>	<i>77.2%</i>	<i>58.9%</i>	<i>80.4%</i>
Both	632	47	1,166	54
<i>Proportion (%)</i>	<i>2.7%</i>	<i>1.1%</i>	<i>4.6%</i>	<i>1.4%</i>
Total	23,086	4,295	25,219	3,959

Note: 'Not applicable' responses have been excluded from this table but have been added to the main job total.

Principal Work Setting

In 2016, 23.2% (5,863) of the workforce worked in a solo private practice in their principal role, and 26.5% (1,660) worked in a solo private practice in their second job.

The next most common work setting in both the principal role and second job was in group private practices, with 16.3% (4,120) and 20.3% (1,271) respectively.

Table 9: Headcounts for principal role and second job by principal work setting, 2013 vs 2016

Principal work setting	2013		2016	
	Principal role	Second job	Principal role	Second job
Solo private practice	5,227	1,520	5,863	1,660
Group private practice	3,104	947	4,120	1,271
School	2,386	214	2,606	254
Community mental health service	1,927	252	1,999	261
Hospital	1,505	370	1,673	399
Tertiary educational facility	1,400	825	1,427	807
Other government department or agency	1,431	196	1,406	189
Commercial/business service	1,062	143	1,062	160
Other community health care service	1,002	165	880	160
Other	782	231	744	235
<i>Remaining work settings</i>	<i>3,260</i>	<i>792</i>	<i>3,439</i>	<i>872</i>
Total	23,086	5,655	25,219	6,268

Principal Job Area

In 2016, the principal job area worked in was counselling, with 43.1% (10,861) of the workforce in this area. This was followed by mental health intervention, with 25.3% (6,371) of the workforce, up from 23.3% (5,378) in 2013.

Table 10: Headcounts by principal job area for employed psychologists, 2013 vs 2016

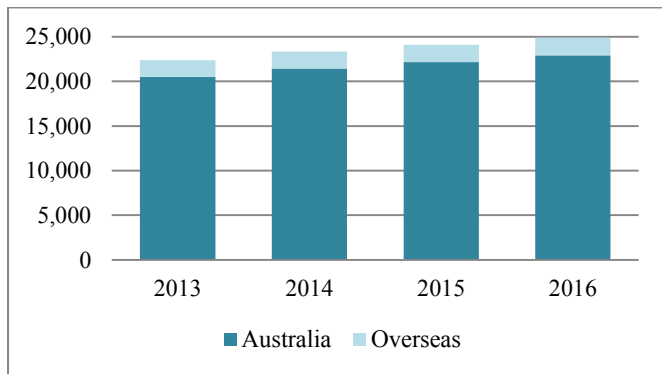
Principal Job Area	2013	2016
Counselling	10,052	10,861
Mental health intervention	5,378	6,371
Neuropsychological/cognitive assessment	1,044	1,168
Psychology management/administration	944	968
Consulting/advising for work purposes	848	918
Research and projects	723	794
Other	774	785
Organisation practices	749	764
Behavioural assessment	792	739
Teaching/supervision	662	717
Physical health/rehabilitation	348	302
Medico-legal assessment	213	249
Personal development/coaching	204	205
Recruitment	97	132
Training for work purposes	123	108
Community engagement	84	85
Health promotion	51	53
Total	23,086	25,219

Initial Qualification

The workforce survey asked health professionals where they obtained their initial qualification.

In 2016, 90.8% (22,911) responded that they obtained their initial qualification(s) in Australia, and 7.8% (1,960) responded that they had obtained their initial qualification(s) overseas.

Figure 4: Country where initial psychology qualification was obtained – Australia or Overseas (employed practitioners), 2016



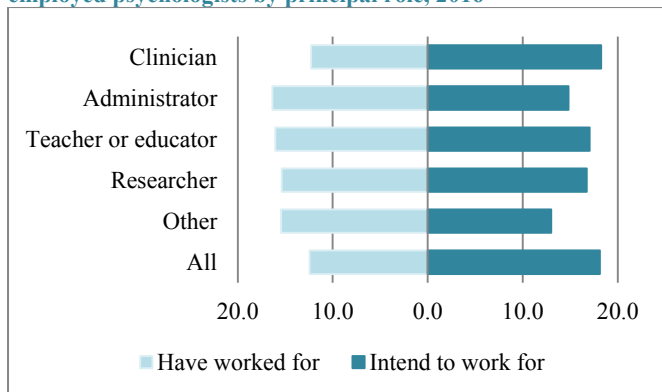
Note: 'Not stated/Unknown' responses are excluded from the chart

Working Intentions

In 2016, psychologists had worked in the profession, on average, for 14.4 years and intended to work for another 18.6 years.

In 2013, psychologists had worked, on average, 13.5 years and intended to work for another 18.5 years.

Figure 5: Years worked, and years intended to work for employed psychologists by principal role, 2016



Distribution

State and Territory

The overall rate of psychologists increased from 99.7 per 100,000 population to 104.2 per 100,000 between 2013 and 2016.

In 2016, the Australian Capital Territory had the highest rate of psychologists with 172.0 per 100,000 population (an increase of 8.0 per 100,000 compared to 2013), followed by Victoria and New South Wales with 113.5 and 109.1 per 100,000 population respectively.

Average total hours worked was again highest in the Northern Territory at 36.7 hours per week and lowest in Victoria, at 31.9.

New South Wales was listed as the principal place of practice for 33.5% (8,447) of the workforce, followed by Victoria at 27.8% (7,015).

Table 11: Distribution by state/territory, 2016

2016 State & Territory	Headcount	Total FTE	Avg. total hours	² Rate per 100,000 population
NSW	8,447	7,169.6	32.3	109.1
VIC	7,015	5,887.7	31.9	113.5
QLD	4,466	4,010.7	34.1	92.1
SA	1,297	1,108.0	32.5	75.7
WA	2,653	2,251.0	32.2	103.7
TAS	451	384.1	32.4	87.1
ACT	694	625.5	34.3	172.0
NT	184	177.5	36.7	74.9
Total	25,219	21,624.5	32.6	104.2

Note: 'Not stated/Unknown' responses are excluded from this table but are included in the total

²ABS - 3218.0 - Regional Population Growth, Australia, 2015-16

Remoteness Area

Between 2013 and 2016, the rate of psychologists per 100,000 population increased overall from 99.7 to 104.2 per 100,000 population.

However, in remote locations the rate of psychologists per 100,000 population decreased by 3.5 per 100,000 from 38.9 to 35.4, and in very remote locations the rate decreased by 3.9 per 100,000 population from 28.2 to 24.3.

Table 12: by remoteness area, 2016

2016 Remoteness Area	Headcount	Total FTE	Avg. total hours	³ Rate per 100,000 population
Major cities	20,914	17,880.6	32.5	121.4
Inner regional	3,110	2,659.1	32.5	70.9
Outer regional	1,035	936.0	34.4	49.5
Remote	109	104.3	36.4	35.4
Very remote	47	41.7	33.7	24.3
Total	25,219	21,624.5	32.6	104.2

Note: 'Not stated/Unknown' responses are excluded from this table but are included in the total

³ABS - 3222.0 - Population Projections, Australia, 2016

Other Work Location Outside of Major Cities

The 2016 workforce survey asked respondents if they had worked in a regional, rural or remote location other than in their principal, and second job location (if applicable).

In 2016, 6.8% (1,704) of the workforce reported that they had, in addition to their principal and second job location, worked in regional, rural or

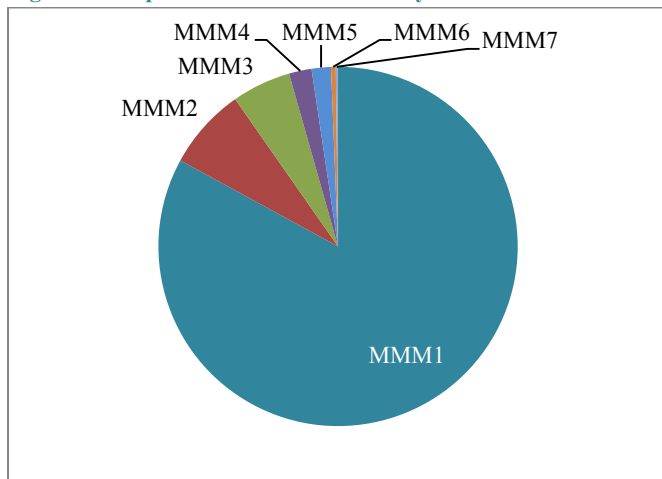
remote locations: 48.2% (822) had worked in an inner regional area, 24.8% (423) had worked in outer regional; 6.4% (109) in remote; and 4.5% (76) had worked in very remote locations.

Modified Monash Model

The majority (82.9%) of the workforce were located in a major city or a location considered as MMM1 under the Modified Monash Model (MMM) classification system in 2016, up from 82.4% in 2013 (see www.doctorconnect.gov.au for more information on the MMM).

MMM1 locations had the highest rate of psychologists with 124.0 per 100,000 population, followed by MMM3 with 86.7 per 100,000 population. The lowest rate was in MMM7 locations with 23.5 per 100,000 population.

Figure 6: Proportion of the workforce by MMM location - 2016



Tele-Health

Tele-health is the use of telecommunication techniques for the purpose of providing telemedicine, medical education, and health education over a distance. A question was added in the 2016 workforce survey to determine the average hours per week practiced via tele-health in the previous year.

A total of 14.3% (3,603) of the workforce provided a response to the tele-health question. On average, the respondents practiced 7.2 hours per week via tele-health.

In 2016, the majority (81.4%) of tele-health were delivered by psychologists in major cities.

Table 13: Tele-health workforce remoteness location – 2016

Major cities	Inner regional	Outer regional	Remote	Very remote	Not stated
81.4%	12.5%	5.2%	0.5%	0.3%	0.1%

Note: The tele-health workforce remoteness location refers to the location of the person in the workforce, not the location of the person receiving the service.

References

- 1) National Health Workforce Dataset (NHWDS): Allied Health Practitioners 2013-2016.
- 2) ABS - 3218.0 - Regional Population Growth, Australia, 2015-16, Released 30/06/17.
- 3) ABS - 3222.0 - Population Projections, Australia, 2016.

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