

2015

The requirement to be fit and proper: What does it mean to Australian psychologists?

Francesca A. Bell
Edith Cowan University

Follow this and additional works at: <https://ro.ecu.edu.au/theses>



Part of the [Higher Education Commons](#), [Human Resources Management Commons](#), and the [Psychology Commons](#)

Recommended Citation

Bell, F. A. (2015). *The requirement to be fit and proper: What does it mean to Australian psychologists?*. Edith Cowan University. Retrieved from <https://ro.ecu.edu.au/theses/2072>

This Thesis is posted at Research Online.
<https://ro.ecu.edu.au/theses/2072>

Edith Cowan University

Copyright Warning

You may print or download ONE copy of this document for the purpose of your own research or study.

The University does not authorize you to copy, communicate or otherwise make available electronically to any other person any copyright material contained on this site.

You are reminded of the following:

- Copyright owners are entitled to take legal action against persons who infringe their copyright.
- A reproduction of material that is protected by copyright may be a copyright infringement. Where the reproduction of such material is done without attribution of authorship, with false attribution of authorship or the authorship is treated in a derogatory manner, this may be a breach of the author's moral rights contained in Part IX of the Copyright Act 1968 (Cth).
- Courts have the power to impose a wide range of civil and criminal sanctions for infringement of copyright, infringement of moral rights and other offences under the Copyright Act 1968 (Cth). Higher penalties may apply, and higher damages may be awarded, for offences and infringements involving the conversion of material into digital or electronic form.

USE OF THESIS

The Use of Thesis statement is not included in this version of the thesis.

**The Requirement to be Fit and Proper:
What Does it Mean to Australian Psychologists?**

Francesca A. Bell

Doctor of Philosophy

Faculty of Health, Engineering, and Science

Edith Cowan University

Date of Submission: 29 January 2015

Intentionally blank

ABSTRACT

The phrase *fit and proper* is used in the Health Practitioners Regulation National Law Act (Qld), 2009, which came into effect nationally in 2010 and governs psychologists. As with previous legislation that used the phrase, the legislator does not define fit and proper, leaving it up to each profession to determine its exact meaning and inform the courts accordingly. A review of the literature established that to date no Australian psychologist has attempted to define the construct. This means that Australian lawyers do not get any guidance from psychologists regarding how they should interpret the phrase fit and proper in relation to psychologists. Ideally, however, the beliefs of psychologists as a group should inform any definition of what constitutes a fit and proper psychologist. In the absence of such research, the purpose of this study was to determine Australian psychologists' understanding of the construct.

During Stage One, semi-structured interviews with 16 Western Australian psychologists explored what they considered constituted a fit and proper psychologist. Using a grounded theory approach, the data analysis revealed 2 superordinate components to fitness and propriety. Participants believed that a fit and proper psychologist had 11 *person features*. These person features could be split into 3 categories, namely *capability*, *character*, and *conduct*. The second component, termed *system issues* contained the categories of *selection and screening*, *monitoring*, *regulation*, and *prevention and remediation*.

The aim with Stage Two was to determine whether other Australian psychologists agreed that the 11 person features described a fit and proper psychologist, and if they did, how they ranked them. A cognitive interviewing strategy was employed to add rigour to the design of a questionnaire and to provide confirmation of the person features constructed from the Stage One interviews. The cognitive interview process established that 2 of the original 11 person features were too broad. As a result, both of these features were split into two, giving a total of thirteen person features that were included in the questionnaire. A representative sample of 226 Australian psychologists completed the questionnaire that collected both qualitative and quantitative data. Participants classified 8 features as critically important and 5 as important features of a fit and proper psychologist, with *self-awareness* ranked as the most important feature.

An analysis of the qualitative data revealed a third superordinate component, termed *moderators*. Moderators, such as *impact on practice*, alter each person feature from a black and white concept to a nuanced and more complex one. Moderators build flexibility into the person features and allow for the role of each in fitness and propriety to alter according to a psychologist's life stage and circumstance.

Australian psychologists believe that a fit and proper psychologist exists in a professional system comprising psychologists themselves and bodies that perform a variety of functions related to the establishment, development, and regulation of standards in the profession. A fit and proper psychologist possesses 13 key person features that can be maintained because of moderating factors. This understanding has implications for psychologists, service users, regulators, and the judiciary.

SIGNED DECLARATION

I certify that this thesis does not, to the best of my knowledge and belief:

- i. incorporate without acknowledgement any material previously submitted for a degree or diploma in any institution of higher education;
- ii. contain any material previously published or written by another person except where due reference is made in the text of this thesis; or
- iii. contain any defamatory material.

Candidate signature

Date

ACKNOWLEDGEMENTS

Thank you to my colleagues for their assistance with data collection. I would like to acknowledge the aid of my supervisors, Professor Alfred Allan and Dr Ricks Allan.

I dedicate this work to Jason, for setting me on the path and to Andrew, with much gratitude, for walking it with me.

TABLE OF CONTENTS

ABSTRACT.....	III
SIGNED DECLARATION.....	V
ACKNOWLEDGEMENTS.....	VI
TABLE OF CONTENTS	VII
LIST OF TABLES	XIII
LIST OF FIGURES	XV
CHAPTER 1: INTRODUCTION	1
STRUCTURE OF THE THESIS	3
CHAPTER 2: LITERATURE REVIEW	5
THE PROFESSIONS	5
PROFESSIONAL REGULATION	7
REGULATION AND QUALITY ASSURANCE IN PSYCHOLOGY.....	12
PSYCHOLOGY IN AUSTRALIA	13
<i>Self-Regulation</i>	13
<i>External Regulation</i>	14
FIT AND PROPER.....	16
COMPETENCE AS A COMPARATIVE STANDARD	19
<i>Competence in Psychology</i>	19
The competency architecture model.	20
The cube model.....	21
<i>Personal Characteristics</i>	22
Criminal history.	22
Traits.....	24
Values.	25
Well-functioning – impairment continuum.....	26
Self-care.....	27
Self-awareness.....	28
Peer support and the promotion of well-functioning.	28
<i>Education</i>	30
Academic training.....	30
Supervision.	36
Supervision during training.	36
Supervision for maintenance of registration.	38
Continuing professional development.....	39
<i>The Professional System</i>	40
The Australian system.	40
The Psychology Board of Australia.	41
Tertiary education system.....	42

Australian Psychology Accreditation Council.....	43
Australian Psychological Society.	44
The international system.	45
CHAPTER 3: STAGE ONE METHODOLOGY	49
RESEARCH DESIGN	49
PARTICIPANTS	50
PROCEDURE AND MATERIALS.....	53
<i>Recruitment</i>	53
<i>The Process</i>	54
<i>Type of Interview</i>	55
METHODOLOGICAL APPROACH	57
<i>Grounded Theory</i>	57
<i>Analysis</i>	58
METHODOLOGICAL RIGOUR	61
CHAPTER 4: STAGE ONE RESULTS & INTERPRETATION.....	65
PERSON FEATURES	65
<i>Capability</i>	68
Health.	68
Physical and psychological health.	69
Effectiveness.	71
Awareness.	71
Impact on clients.	72
Education.....	73
University	73
Foundational achievements.	74
Minimum requirements.	75
Career-long learning.	79
Required supervision.....	80
Ongoing supervision.	82
Professional development.	84
<i>Character</i>	84
Criminal history.	86
Traits.....	86
Self-awareness.	88
Choosing the right profession.....	89
Personal boundaries.....	89
Strengths and limitations.	91
Personal responsibility.....	92
Other orientation.....	94
Genuine interest.....	94
Respect.	95
Wanting to help.	95

Doing the right thing.....	96
<i>Conduct.....</i>	<i>98</i>
Self-care.....	98
Principled and virtuous behaviour.....	100
Connectivity through involvement.....	103
Promoting the profession.....	105
SYSTEM ISSUES.....	107
<i>Flaws in the System.....</i>	<i>108</i>
<i>Selection and Screening.....</i>	<i>110</i>
Selection content.....	111
Selection timing and methods.....	112
Undergraduate assessment.....	112
First-year entrance.....	112
Fourth-year entrance.....	113
Postgraduate course entry.....	114
Performance-based assessment.....	114
Personality testing.....	114
Entrance interviews.....	115
References.....	115
Placement performance.....	116
Prior to registration with the Psychologists Registration Board.....	117
Prior to employment.....	117
<i>Monitoring.....</i>	<i>118</i>
Mandated supervision.....	119
Renewal of registration.....	120
Ongoing supervision or performance management.....	120
Responsibility for self and others.....	120
<i>Regulation.....</i>	<i>122</i>
Regulatory bodies.....	122
Psychologists Registration Board of WA.....	123
Australian Psychological Society.....	123
Under-reporting of complaints and difficulties.....	123
<i>Prevention and Remediation.....</i>	<i>124</i>
Individual remedies.....	125
Balint groups.....	125
Retreats.....	126
Individual psychological therapy.....	126
Encouraging help-seeking behaviour.....	127
Systemic remedies.....	127
Increase minimum qualification.....	127
Increase re-registration requirements.....	128
Train supervisors.....	128
Increase trust.....	129
Improve clarity and standardisation.....	130

CHAPTER 5: STAGE ONE DISCUSSION	133
PERSON FEATURES	134
<i>Capability</i>	134
Health.	134
Education.....	135
University.....	136
Career-long learning.....	137
<i>Character</i>	139
Criminal history.....	139
Traits.....	139
Self-awareness.....	140
Personal responsibility.....	140
Other orientation.....	141
<i>Conduct</i>	142
Self-care.....	142
Principled and virtuous behaviour.....	143
Connectivity through involvement.....	144
Promotion of the profession.....	145
SYSTEM ISSUES.....	146
<i>Selection and Screening</i>	147
<i>Monitoring</i>	148
<i>Regulation</i>	149
<i>Prevention and Remediation</i>	149
SUMMARY AND LIMITATIONS OF STAGE ONE RESEARCH.....	150
CHAPTER 6: STAGE TWO METHODOLOGY	153
RESEARCH QUESTIONS	153
QUESTIONNAIRE DEVELOPMENT	154
COGNITIVE INTERVIEWING	155
<i>Participants</i>	156
<i>Procedure</i>	156
<i>Results and Interpretation</i>	157
SURVEY	158
<i>Instrument</i>	159
<i>Participants</i>	159
<i>Procedure</i>	159
CHAPTER 7: STAGE TWO RESULTS AND INTERPRETATION	161
QUANTITATIVE RESULTS AND INTERPRETATION	161
<i>Demographic Data</i>	161
Representativeness.....	163
Demographic data by education type.....	164

<i>Importance Scores</i>	166
Total sample.....	166
Years of experience.	171
Geographical location of practice.	178
Area of work in psychology.....	181
Education type.	187
<i>Minimum Required University Education</i>	190
QUALITATIVE RESULTS AND INTERPRETATION	193
<i>Moderating Factors</i>	193
General moderators.	194
Specific moderators.	196
Health.	197
University.	197
Career-long learning.	198
Criminal history.....	198
Self-awareness.....	198
Personal responsibility.....	199
Other orientation.....	199
Principled and virtuous behaviour.	199
Connectivity through involvement.	199
Promotion of the profession.....	200
CHAPTER 8: STAGE TWO DISCUSSION	203
GENERALISABILITY	203
ABSOLUTE AND COMPARATIVE IMPORTANCE	205
ADDITIONAL INFORMATION	207
<i>Moderating Factors</i>	207
<i>Additional Person Features</i>	208
CHAPTER 9: GENERAL DISCUSSION	209
REFERENCES	217
APPENDICES	246
APPENDIX A.....	246
APPENDIX B	247
APPENDIX C	248
APPENDIX D.....	250
APPENDIX E	251
APPENDIX F	252
APPENDIX G.....	253
APPENDIX H.....	269
<i>Health</i>	269
<i>University Education</i>	272

<i>Career-long Learning</i>	<i>274</i>
<i>Criminal History</i>	<i>276</i>
<i>Traits</i>	<i>278</i>
<i>Self-Awareness</i>	<i>280</i>
<i>Personal Responsibility.....</i>	<i>282</i>
<i>Other Orientation.....</i>	<i>283</i>
<i>Self-care</i>	<i>284</i>
<i>Principled and Virtuous Behaviour.....</i>	<i>286</i>
<i>Connectivity through Involvement.....</i>	<i>288</i>
<i>Promotion of the Profession.....</i>	<i>289</i>
<i>General and Specific Moderators</i>	<i>290</i>

LIST OF TABLES

Table 1:	Characteristics of Professions	7
Table 2:	Highest Degree in Psychology	50
Table 3:	Grade of APS Membership	51
Table 4:	APS College Membership	51
Table 5:	Work Environment of Participants	52
Table 6:	Principle Area of Work	52
Table 7:	Examples of Question Types Asked During Semi-structured Interviews	56
Table 8:	Categories and Themes for the Parts of a Fit and Proper Psychologist	66
Table 9:	Themes, Sub-themes and Sub-sub-themes in the Capability Category of Person Features	69
Table 10:	Themes and Sub-themes in the Character Category of Person Features	85
Table 11:	Themes in the Conduct Category of Person Features	98
Table 12:	Themes, Sub-themes and Sub-sub-themes in the Selection and Screening Category of System issues	111
Table 13:	Protecting Fitness and Propriety—Emergent Themes in Monitoring	118
Table 14:	Protecting Fitness and Propriety—Emergent Themes in Regulation	122
Table 15:	Protecting Fitness and Propriety—Emergent Themes in Prevention and Remediation	125
Table 16:	Stage Two Research Questions	154
Table 17:	Person Feature Changes	158
Table 18:	Demographic Information for the Total Sample	162
Table 19:	Proportion of Registered Psychologists by Australian Jurisdiction	163
Table 20:	Demographic Information by Education Type	165
Table 21:	Importance Score Rating Scale	166
Table 22:	Mean Importance Scores for each Person Feature of Fitness and Propriety for the Total Sample in Descending Order	167

Table 23:	Person Feature Importance Scores Ranked by Mean	170
Table 24:	Person Feature Importance Scores Ranked by Standard Deviation	170
Table 25:	Rank Order of Person Feature Mean Importance Scores for Total Sample and for Each Variable	172
Table 26:	Mean Importance Scores for each Person Feature of Fitness and Propriety by Years of Experience	173
Table 27:	Mean Importance Scores for each Person Feature of Fitness and Propriety by Geographical Location of Practice	179
Table 28:	Mean Importance Scores for each Person Feature of Fitness and Propriety by Area of Work in Psychology	182
Table 29:	Ranked Mean Importance Scores for each Person Feature of Fitness and Propriety by Area of Work in Psychology	184
Table 30:	Mean Importance Scores for each Person Feature of Fitness and Propriety by Collapsed Education Type	188
Table 31:	Minimum Amount of University Education Required to Obtain Foundational Abilities by Education Type	191
Table 32:	General Moderators with Example Quotation	195
Table 33:	Moderating Themes by Person Feature	201
Table 34:	Categorical Rating of Questionnaire Person Features for the Whole Sample	204
Table 35:	Rank–Ordered Person Features with Category of Person Feature	205

LIST OF FIGURES

Figure 1:	The Components and Categories Identified in Stage One	133
Figure 2:	Mean Importance Scores and Standard Deviations for the Whole Sample	169
Figure 3:	Mean Importance Score for Each Person Feature by Grouped Years of Experience	176
Figure 4:	Mean Importance Score and Standard Deviation for Each Person Feature by Grouped Years of Experience	177
Figure 5:	Mean Importance Score and Standard Deviation for Each Person Feature by Geographical Location of Practice	180
Figure 6:	Mean Importance Score and Standard Deviation for Each Person Feature by Area of Work in Psychology	183
Figure 7:	Importance Score and Standard Deviation for Each Person Feature by Collapsed Education Type	189
Figure 8:	Percentage Support for Minimum Required Education Type by Participant Education Type	192
Figure 9:	The Parts of a Fit and Proper Psychologist	209
Figure 10:	The Interactivity Between the Components of a Fit and Proper Psychologist	210

CHAPTER 1: INTRODUCTION

The Health Practitioners Regulation National Law Act 2009, hereafter referred to as the National Act, came into effect nationally in 2010 and regulates Australian health practitioners, including psychologists. It requires that psychologists must be *fit and proper* people, ensuring that they are of the required standard and remain so once part of the profession (Freckelton, 2008b).

Although the phrase fit and proper has a long history of use as a standard related to offices and the professions (Hennock, 1973), there appears to be no definition of it. Authors such as Pue (2009) and Slabbert (2011) have reported that societal norms and expectations influence the meaning of the phrase fit and proper. These influences mean that any common understanding of fit and proper is changeable and uncertain. The interpretation of the phrase is thus potentially subjective and its application discriminatory, a situation that has occurred in the past (Slabbert, 2011). In Australia, Freckelton (2008b) pointed out that:

In light of the psychologically problematic legitimacy of such notions [as fit and proper] and the uncertain meaning attributed to such terms, it may well be that new terminology is developed to identify the kinds of prior conduct that are regarded as rendering a person *prima facie* unsuitable for registration (p. 426).

Despite this suggestion the National Act (2009) still requires psychologists to be fit and proper (see section 55[1][h], 70, 74[b]). In doing so the legislators chose to retain the phrase previously used in Western Australian (Psychologists Act (WA), 2005) and South Australian (Psychological Practices Act (SA), 1973) legislation governing psychologists. More importantly, the legislators must be presumed to have done so with full knowledge of the judgement of Toohey and Gaudron JJ in *Australian Broadcasting Tribunal v Bond and Ors* (1990) p. 380, who held that:

The expression “fit and proper person”, standing alone, carries no precise meaning. It takes its meaning from its context, from the activities in which the person is or will be engaged and the ends to be served by those activities.

This suggests that the legislators did not deem it necessary to provide a more specific definition of the phrase in the new Act, being satisfied to let the courts decide. Although Toohey and Gaudron JJ (*Australian Broadcasting Tribunal v Bond and Ors* [1990]) appear to consider the context, activities, and purpose of the relevant professional central to determining what is fit and proper, the absence of profession specific normative reference material is likely to make such determinations difficult. The development of an occupation specific understanding of the phrase would provide the judiciary with the material necessary to facilitate their decisions.

Since the phrase fit and proper is enshrined in nationally applicable legislation governing psychologists in Australia, a common understanding of what a fit and proper psychologist is would appear to assist both the profession and the judiciary in this country. It would provide a context specific understanding of the phrase fit and proper, thus assisting the judiciary with decisions concerning the professional regulation of psychologists. It would also enhance the ability of policy makers to communicate standards and expectations to psychologists, and facilitate clearer communication from the profession to the public.

In a different context, the need for clarity about practice standards and expectations of psychologists is echoed in the profession. Kaslow (2004) noted that the clearer the profession can be on what it is and what it does, the more easily this can be communicated to the public and to policy makers. If the profession is clear on what is required to fulfil its purpose then it is in a stronger position to self-govern and set professional standards (Kaslow, 2004). This clarity would allow the profession to inform the courts of the standards required to undertake the activities of a psychologist, thereby facilitating a common understanding between the profession of psychology and the courts (Freckelton, 2008b). The need for lucidity is thus common to the profession and the judiciary.

There is, however, no such lucidity about the term fit and proper in psychology. A review of the literature revealed that psychologists do not commonly use the construct fit and proper when they write about what they expect of people practising as

psychologists. Moreover, there was no published research about the construct found. When psychologists write about practice standards for psychologists, they instead use constructs such as conduct, character, performance, and education (see, for example, Koocher & Keith-Speigel, 2008), constructs that are increasingly seen as aspects of competence (see for example, Rubin et al., 2007). As such, these constructs often feature as components of the theoretical models developed to explain the nature and requirements of competence in respect of psychologists (see for example Rodolfa et al., 2005; Roe, 2002). It is possible that what legislators describe as a fit and proper psychologist is one that psychologists consider a competent psychologist but, without appropriate examination, this remains a supposition. This thesis will address the first step in such an examination by establishing what psychologists understand a fit and proper psychologist to be.

Clarity about the meaning of the phrase fit and proper as it applies to psychologists would be beneficial to the profession and the judiciary in Australia. Psychologists were considered the best group to ask, given they perform the activities in the context under investigation, and a qualitative approach is favoured when little is known about a concept (Creswell, 2007). Further, by grounding the understanding of the phrase in psychologists' perceptions of its meaning (see Corbin & Strauss, 2008) the applicability of the understanding to the profession increases whilst the likelihood of it being used to discriminate decreases. Therefore the research question for this study is:

- What do Australian psychologists consider constitutes a fit and proper psychologist?

Structure of the Thesis

Chapter 2 provides a chronological review of the literature that pertains to professional regulation and fitness and propriety. To provide a context for the discussion of the fit and proper requirement, this chapter begins by examining the origins of professions and the underpinnings of professional regulation. It continues by examining regulation and quality assurance in psychology generally, and self and

external regulation for psychology in Australia specifically. The chapter then explores the use and utility of the phrase fit and proper in the professions, with particular reference to common law definitions. In the absence of literature on fit and proper, and taking into account that competence is the standard established by the profession for psychological practice (Australian Psychological Society, 2007), the literature on competence will then be examined. Specific areas covered include personal characteristics, education across the career span, and the professional system.

Chapter 3 outlines the methodology for Stage One and includes an overview of the grounded theory approach employed. Chapter 4 covers the results and interpretation of the interviews conducted for Stage One, and Chapter 5 discusses the results and provides an analysis of the constituent parts of a fit and proper psychologist. Chapter 6 outlines Stage Two, and includes information about the use of cognitive interviews and how this strategy was incorporated into this research to facilitate questionnaire construction. Chapter 6 also contains an outline of the methodology for Stage Two, including the benefits of mixed method research.

Chapter 7 contains the quantitative and qualitative results from the questionnaire and their interpretation. A discussion of the results from the questionnaire comprises Chapter 8. Finally, Chapter 9 provides a general discussion including the limitations associated with this research and recommendations for future research. A general conclusion closes the thesis.

CHAPTER 2: LITERATURE REVIEW

The Professions

The original professions, known as the learned professions, were theology, medicine, and law (Parsons, 1968; Pellegrino, 2002; Sinclair, Simon, & Pettifor, 1996). What set these areas of work apart from others was their ability to meet an elemental human need (Pellegrino, 2002). Those accomplished in these areas had knowledge and skill at their disposal that earned esteem and trust for their work (Pellegrino & Pellegrino, 1988). In addition to esteem and trust, a philosophy of service also attaches to the original professions (Pellegrino & Pellegrino, 1988), illustrated by the meaning of the word profession. Etymologically, profession means to profess something, to state aloud and proclaim publicly (Pellegrino, 2002). By creating a *profession*, professionals are committing themselves to the application and performance of their services for the betterment of those they serve (Pellegrino, 2002). By professing themselves, the interests of an individual and a society must necessarily take precedence over professionals' self-interest (Newton, 1988; Pellegrino, 2002; Zhai, 2012). This implicit understanding was considered the basis of a contract between professionals and society: society gave professionals autonomy in service provision and in return, professionals had a responsibility to prioritise others' needs (Newton, 1988; Zhai, 2012).

Recorded history describes how the professions developed from individuals who functioned like specialist artisans to groups that operated through guilds or guild-like structures (Parsons, 1968; Stewart, 1895). The formation of guilds, which share some similarities with modern trade unions (Ehmer, 2001), was an attempt to protect the interests of member professionals (Rose, 1983) from economic and political stressors (Freidson, 1983). Parsons (1968) noted that, as the professions' knowledge base grew and their intellectual and scientific underpinnings strengthened, they diverged from other guild-governed occupations by becoming part of the university system. While universities then became the focal point for the professions, they retained their own features, including their governing professional bodies. The modern

professional system has its origin in the merger between the applied and the academic realms (Parsons, 1968).

As the professions evolved, the structure of the medical and legal professions became increasingly organised and stratified (Freidson, 1983) and new professions such as teaching, engineering, accountancy (Law & Kim, 2005) and psychology (Tipton, 1996) emerged. These changes to the nature and number of professions were further influenced by the reconstruction of Western society that occurred post World War II (Aldridge, 2012; Chafe, 1986). Because of this reconstruction there was a surge in white collar service occupations that stimulated demand for professional recognition (Aldridge, 2012). Following the professionalisation of society (Kultgen, 1988), many occupations now lay claim to the title profession (Pellegrino, 2002).

The regeneration and growth that occurred in the Western world following World War II fundamentally changed the environment in which professions operated (Chafe, 1986). Kultgen (1988) has referred to society becoming more complex, and this complexity resulted from a number of factors. The boundaries between some professions and some occupations became increasingly blurred (Kronus, 1976; Rawson, 1994) for example the work performed by doctors, pharmacists, nurses, physiotherapists, occupational therapists, social workers and psychologists became less distinct in some areas. There were greater social, economic, and political influences on the professions (Freidson, 1983; Gardner & Shulman, 2005). For example, the rise of egalitarianism in the 1960s resulted in an influx of women and other marginalised groups into the professions, technological advances created new areas of expertise but made others less important, and governments sought to exert control over labour markets (Moran, 2003). Additionally, the public were becoming progressively dependent on the ever more specialist knowledge and services provided by professionals (Rose, 1983). This meant that available services and service providers increased. However, the public often did not have the knowledge or understanding to know if they were approaching the most suitable or qualified provider or what service they needed (Trebilcock & Shaul, 1983).

The changes that continue to occur to the status and definition of professions have been widely studied by sociologists (Gardner & Shulman, 2005; Kultgen, 1988). Those who have written in the area (see for example, Abbott, 1981; Barber, 1963; Becker, 1951; Friedson, 1970; Gardner & Shulman, 2005; Gross, 1978; Hughes, 1960;

Jennings, Callahan, & Wolf, 1987; Parsons, 1968; Weissman, 1984) have emphasised the importance of clear training schedules, formal registration or licensure, and effective exclusionary procedures to protect the public. These authors have also assisted in identifying the core characteristics common to all properly construed professions and they are shown, in amalgamation, in Table 1:

Table 1

Characteristics of Professions

-
- | | |
|----|--|
| a. | Service provision committed to the needs of (first) clients and (second) society above self-interest. |
| b. | An extensive body of profession specific and general knowledge, skills, and practices that require time and effort to acquire, practise, and maintain, and that grow and reorganise over time. |
| c. | The development and promotion of a code of ethics that defines professional functioning and that is adhered to in spirit even in situations of uncertainty. |
| d. | Internal and external accountability. |
| e. | The ability to learn and develop new knowledge from practice. |
| f. | The development of a professional community that is responsible for quality and membership control in relation to professional education and practice through oversight and regulation. |
-

It is the latter point, the ability to self-regulate, that has been considered the distinguishing feature of a modern profession (Friedson, 1970; Waddington, 1990).

Professional Regulation

In this thesis, the word regulation, from the Latin word *regula* (see Soanes & Stevenson, 2005, p. 1484), is defined to mean the use of rules and regulations to

control an activity. Self-regulation thus represents the ability of a profession to rule or control itself with autonomy. In contrast (external) regulation refers to methods of control imposed on a profession. What is controlled can be common to self or external regulation; it is the source of the rule or regulation that determines whether it is internal (self) or external regulation. This differentiation becomes increasingly important as the evolution of professional regulation is explored.

The level of trust given to professions has changed over time and has resulted in an evolution in how professions are regulated (Baggott, 2003; Price, 2003). The gradual erosion of societal trust in professional service provision has been a major influence on government attitudes to regulating the sector: as trust has decreased, external regulation has increased (Freckelton, 2008b; Freidson, 1983; Price, 2003). The regulatory picture for professions reflects this trend; they have moved from being largely self-regulating to now being largely externally regulated (Freckelton, 2008b; Price, 2003). There is inevitably a degree of interaction and concurrency between the types of regulation and the influences on them (Moran, 2003). Distinctions are drawn as necessary, however, to delimit them.

The idea of professions and their regulation has evolved over time (Law & Kim, 2005; Sinclair et al., 1996). However, interest in establishing and regulating practice standards for many types of work dates back to pre-recorded times. The Babylonians were the first known civilisation to articulate societal concern about occupational performance and accountability to society (Sinclair et al., 1996). Their Hammurabi Code contained laws for the general population but also represented external regulation of practice standards (Gardner & Shulman, 2005; Sinclair et al., 1996) for a variety of occupational groups, both professional and non-professional, including physicians, veterinary surgeons, boatmen, and builders (Johns, 1904). Although broadly applicable, it is considered to be the first ethical code (Bauer, 1955). Later, the Egyptians waived physician responsibility for death if treatment guidelines were followed, and Greek physicians produced the Hippocratic Oath, considered the first code of ethics developed by a profession and making it one of the first forms of self-regulation (American College of Physicians, 1984). In modern history, guilds represented a form of governing professional bodies and an early means of organised self-regulation (Rose, 1983; Taylor, 2008).

Professional self-regulation has been exercised by allowing existing and duly qualified members of a profession to control judgments about admission, conduct, and competency (Gardner & Shulman, 2005; Sheehan, 1994). Such self-regulation and professional autonomy were freedoms professions were seen to be allowed in return for service provision in a moral, accountable, and altruistic manner (Christian, Pitt, Bond, Davison, & Gomes, 2008; Freidson, 1983; Zhai, 2012). To assist in judgements about professional suitability and to ensure quality of service provision and professional behaviour, a variety of (self) regulatory tools was developed or influenced by the professions (Cruess & Cruess, 2008; D. J. Smith, 2004). These tools included ethical codes, practice standards and guidelines, training models and requirements, and regulatory standards (Rose, 1983).

Scholars believe that professions and professionals benefited from self-regulation in many ways. The professions became exclusive (Sheehan, 1994; Smith, 2006), their members took pride in membership (Roberts, Borden, Christiansen, & Lopez, 2005), they were accorded status in society, and were comparatively well paid (Freidson, 1983; Law & Kim, 2005; Roberts et al., 2005). The specialist knowledge that professionals possessed and the trust that society placed in them (Rose, 1983; Sheehan, 1994) also gave power to the professions and their members (Gross, 1978; Roberts et al., 2005; Sheehan, 1994).

The professions were at the peak of their power and status in the 1950s (Gardner & Shulman, 2005). Professional bodies, such as medical and bar associations that were the modern representation of the guild system that the professions evolved from (Krause, 1996), were allowed autonomy by states to manage themselves (Evetts, 2002). Events that began the erosion of trust in the professions, such as experimentation by Nazi health professionals (McClelland, 1991; Ritchie, 2008), and the development and use of the atomic bomb during World War II (Walker, 1990) had already occurred. However, it took some years and an accumulation of circumstances and occurrences for that erosion to become visible (Price, 2003).

The increasing complexity of society and the changes that were affecting the professions led to a growing appreciation of the risks of self-regulation (Price, 2003). Chief among these risks was—and continues to be—the inability of professional bodies to regulate those professionals who are not members, since they are non-statutory bodies and membership is voluntary (Allan, 2008; Cooke, 2000; Garton &

Allan, 2012). Further, there is tension between the functions of professional bodies because they simultaneously seek to represent the interests of the profession and the interests of the public (Allan, 2008).

The problem of unregulated providers necessitated the creation of additional regulatory measures, external to the professions (Carroll & Gaston, 1983). External regulation has typically been by way of registration or licensure of practitioners (Carroll & Gaston, 1983; D. B. Hogan, 1983; Law & Kim, 2005). The introduction of registration or licensure was intended to protect the public by making it easier to find a suitable professional (Carroll & Gaston, 1983; Law & Kim, 2005) and by keeping those who did not meet the required standards out of professional ranks (D. B. Hogan, 1983; Law & Kim, 2005).

Any discussion about self versus external regulation is more complex than the merits of one or the other system (Baggott, 2003; Price, 2003). Professions such as medicine have long been subject to external regulation but states have largely been influenced by the self-regulatory body in determining the form and impact of external regulation (Baggott, 2003). Partly because of the political power of the professions, debate occurred regarding the ability of the professions to put the public's interests ahead of their members' interests (Kultgen, 1988; Rose, 1983. See also Gross, 1978; W. F. May, 1975). The overriding concern was that registration and licensing were not as effective as intended (D. B. Hogan, 1983). Doubt about the efficacy of existing regulatory strategies and the continued erosion of trust in professionals was fuelled by widely reported events that reached the level of scandal. These included the birth defects caused by the drug Thalidomide, which was prescribed for morning sickness in the late 1950s and early 1960s, principally in the United Kingdom (UK), Europe, and Australia (Therapeutic Goods Administration, 2014), and the Chelmsford deep sleep therapy scandal in Australia in the 1960s and 1970s that resulted in patient deaths and brain damage (Public Interest Advocacy Centre, 2013). These concerns resulted in a decrease in the political influence of the professions (Baggott, 2003; Moran, 2003) and growth in professional regulation (Freckelton, 2008b; Freidson, 1983), often in the form of bureaucratic regulation or peer review (Freidson, 1983).

Although external regulatory measures increased, the ability of the professions to maintain standards and preserve public trust has continued to falter (Freckelton, 2008b; D. J. Smith, 2006). The further erosion of trust has been caused by greater

public expectations of professionals, as consumers have ready access to ever more information and are more questioning of the professionals they consult (Freidson, 1985; Moran, 2003). This questioning and informed consumer is often no longer satisfied with a hierarchical relationship based on unquestioning acceptance of a professional opinion, and the resulting redistribution of power has further exposed professional fallibility (Ritchie, 2008). Further, an increasingly complex interface between the professions and commercial considerations has undermined old assumptions about the supposedly benign relationship of the professions to society (Christian et al., 2008; Gardner & Shulman, 2005; Zhai, 2012). In addition, the continuation of significant failures to adhere to professed standards and behave in a socially responsible manner have resulted in significant harm to members of the public and have damaged the reputation of the professions, leading to further attrition in public trust (Freckelton, 2008b). Examples of more recent high profile regulatory failures include the cases of doctors Harold Shipman in the UK and Jayant Patel in Australia, and nurse Charles Cullen in the United States of America (USA).

The failure of some professionals to behave in an acceptable and defensible manner provides evidence that not all professionals use their power appropriately (Freckelton, 2008b; Zhai, 2012). The results of their behaviour have contributed to the continued evolution of regulatory environments, increasingly through political will to further augment external mechanisms of professional regulation (Freckelton, 2008b). Ongoing change has occurred principally because the public and the state no longer trust professionals to act in the best interests of society (Baggott, 2003). Strict regulation imposed on professions from outside is now deemed to be the only effective method of ensuring that the power of professions is directed at protecting the public and not their members (Davies, 2000; Saks, 2013; D. J. Smith, 2004), and that public faith in professional service provision is restored (Freckelton, 2008b). This conclusion has resulted in the examination of requirements for professional registration (Bone, 2008; Freckelton, 2008b; Parker et al., 2010) and a regulatory environment that keeps growing and evolving (Freckelton, 2008b) even as it is increasingly controlled by the state (Krause, 1996; Price, 2003).

Regulation and Quality Assurance in Psychology

While psychology is a young profession in comparison to medicine or law, it has grown rapidly in the last century (Fishman & Neigher, 1982), although this growth has occurred in different ways and at different paces in different countries (Nixon, 1990). Fundamental changes to the profession occurred during and following World War II (Sinclair et al., 1996; Tipton, 1996). During the war, psychology became known for its applied uses, leading to an expansion of the status of psychology from scientific discipline to applied profession. Demand for psychological services grew as society became increasingly aware of the uses of applied psychology.

Following the post-war growth in the utilisation of psychological services, awareness strengthened regarding the need to develop standards and improve regulation in the profession (Tipton, 1996). Regulation in psychology, as with other professions, has occurred both within the profession in the form of self-regulation, and external to the profession (Sinclair et al., 1996; Tipton, 1996). Within psychology, an increase in the number of questions concerning proper psychological practice prompted the creation of ethical codes by professional bodies such as the American Psychological Association (APA; Sinclair et al., 1996) and others like the Australian Psychological Society (Ritchie, 2008). Various training and regulatory standards were developed by the profession (Hall & Altmaier, 2008; Tipton, 1996). For example, accreditation of courses by the profession's governing bodies occurred in countries like Australia and the USA. External to the profession, regulation for many countries came in the form of registration, as it is known in Australia, or licensure, which is the equivalent term in the USA (Rétfalvi & Simon, 1996). As had occurred with other professions, such as medicine (Derbyshire, 1983), registration involved statutory legislation and was intended to protect the public from unqualified or incompetent psychologists by limiting the use of the title psychologist and associated terms to those duly registered (Rétfalvi & Simon, 1996).

Although registration may have succeeded in keeping charlatans out of the professions (Rétfalvi & Simon, 1996), Zemlick (1980) noted that self-interest rather than public protection had come to dominate areas of regulation in psychology, including the registration of psychologists. A number of authors comment that regulation by registration tends to create a situation where service prices increase, the number of practitioners and competition declines, and a lack of accountability exists

because psychologists adjudicate other psychologists (see for example Danish & Smyer, 1981; Gross, 1978; D. B. Hogan, 1983). These outcomes favour psychologists and the protection of the profession's reputation whilst ostensibly protecting the public (Gross, 1978; D. B. Hogan, 1983). Regardless of whether the mechanism of regulation was internal or external to the profession, self-interest was deemed to undermine regulatory value (Zemlick, 1980), and negate the idea of quality assurance (Trebilcock & Shaul, 1983). In Australia, these concerns have resulted in a significant restructure of the regulatory environment for psychologists (Freckelton, 2010).

Psychology in Australia

In broad terms, the development of psychology in Australia reflected the profession's development in other countries, that is, it began with self-regulation and progressed to external regulation (Cooke, 2000; Waring, 2008).

Self-Regulation

Cooke (2000) traced the early history of the regulation of psychology in Australia, beginning when psychology was first organised along guild lines and was regulated as a branch of the British Psychological Society (BPS). Formed in 1944, the Australian branch of the BPS was the only body with the ability to set standards and discipline psychologists, but only if they were members. As with the profession internationally, this task became more challenging after World War II when the profession grew and the number of practitioners and consumers increased. As professional psychology spread, problems with confidentiality, transparency, and the use and distribution of psychological data emerged. In response to these problems, in 1946 the Branch established a committee to regulate the dissemination of psychological information by its members. The committee created a code of practice to address the problem and this code was the starting point for the creation of a general ethical code which was adopted by the branch in 1949 (Cooke, 2000). The general ethical code represented the first formal document to regulate, through prescription and proscription, the behaviour of members of the Australian branch of the BPS (Garton & Allan, 2012).

In the early 1960's, members of the Australian branch of the BPS were becoming dissatisfied with the BPS. They felt that the BPS was not responsive enough and that the issues faced by psychology in Australia were not well understood in Britain (Cooke, 2000). As a result, 20 years after the branch was formed, it separated from the BPS and became the Australian Psychological Society (APS; Cooke, 2000; Waring, 2008). The APS remains the profession's largest representative body in Australia and author of successive ethical codes (Garton & Allan, 2012). The Code of Ethics (the Code) has been through multiple iterations since 1949, with the current Code (Australian Psychological Society, 2007) resulting from a total renovation of content and structure to better fit the changed socio-legal context that the profession of psychology operates in (Garton & Allan, 2012).

From its formation, the APS was responsible for the regulation of psychologists in Australia (Cooke, 2000; Waring, 2008). This encompassed setting up and supervising educational standards, being the indirect arbiter of who could be employed as a psychologist because employers usually stipulated eligibility for membership, and dealing with disciplinary issues (Waring, 2008). As with all self-regulatory bodies, however, the APS only had jurisdiction over members, so any complaints received about non-members were not actionable (Cooke, 2000; Garton & Allan, 2012). This became increasingly problematic with the burgeoning number of people performing psychological services without membership of the APS or the required qualifications to attain it (Cooke, 2000). The inability to control those people calling themselves psychologists who were not APS members was seen to pose a threat to public welfare.

External Regulation

The situation regarding non-members came to a head when Scientology began to impinge on legitimate psychological practice, amongst other concerns with the religion (Cooke, 2000). The professional and political determination to prevent the growth and legitimisation of Scientology resulted in the passing of legislation in Victoria in 1965 requiring that psychologists be registered, and protecting the use of the title psychologist and associated terms (Cooke, 2000). This was the first time the profession in Australia was subject to statutory regulation in the form of a registration act that provided for the establishment of a registration board (Waring, 2008). This external regulation meant that the regulatory function, responsibility for educational

and practice standards, and discipline passed to the (Psychologists) Registration Board (Waring, 2008).

The other states and territories followed Victoria in protecting the public from unregistered practitioners; South Australia was the next state to legislate for the protection of the title psychologist in 1975 (Cooke, 2000; Waring, 2008). However, it took until 1995 for the last territory, the Australian Capital Territory, to pass legislation. With that, each state and territory in Australia had its own registration act governing psychologists. Each state and territory having a registration act and an enabling registration board did not, however, provide for a nationally homogenous set of requirements for registration (Garton & Allan, 2012).

What the authors of the various state registration acts did have in common was their desire to protect the public and to regulate the practice of psychology (Garton, 1995). This commonality meant that, while the acts were different, members of the various registration boards were able to communicate and co-operate at first informally, then through the Trans Tasman Bureau of Psychologists' Registration Boards, and finally through the incorporated body, the Council of Psychology Registration Boards, for the good of the public and the profession (Waring, 2008). This co-operation was not legally binding, however, and a national regulatory framework was considered the way forward. At the 2006 Council of Australian Governments meeting, it was resolved to implement a national professional registration scheme for all health practitioners (Waring, 2008). The National Act (2009) represented a watershed for many healthcare professions in Australia, including psychology, as it provided for consistent, uniform registration for the first time in the country's history (Freckelton, 2010). The Psychology Board of Australia (PsyBA), established under the National Act, is the single Registration Board for psychologists in the country and is assisted in regulating psychologists by the Australian Health Practitioner Regulation Agency (AHPRA; Australian Health Practitioners Regulation Agency, 2014a).

Freckelton (2010) noted that this legislative change occurred in the context of three things: first, an increasing need to justify the trust that the public place in psychologists and other healthcare professionals; second, the changing nature of the relationship between healthcare consumers and providers due to increasing access to information; and third, recognition of the influence of technology and commercial

interests on healthcare. The National Act (2009) offers reassurance to the public that they are protected by not only limiting use of the title psychologist through registration, but validating the requirements for registration. The Psychology Board of Australia has adopted the current Code (Australian Psychological Society, 2007) ensuring that it is applicable to and binding on all psychologists, and securing the Code as a regulatory tool (Garton & Allan, 2012). This is important because there are no legal limitations on the psychological services a registered psychologist can offer. However, adoption of the Code creates a legal-ethical requirement that they must not practise beyond their competence (see clause B.1.2 of the Code).

Fit and Proper

Under the National Act (2009), it is also a legislated requirement that an applicant for registration in one of the covered health professions, including psychology, be fit and proper (see page 1 for relevant sections of the Act). In the Oxford Dictionary of English, *fit* is defined as “Having the requisite qualities or skills to undertake something competently” and was originally used in late Middle English (Soanes & Stevenson, 2005, p. 653). However, its genesis is unknown. The word may have Latin roots, as the Latin term *idoneus* is translated “fit, appropriate or suitable, of persons or things” (Simpson, 1971, p. 283). *Proper* means “Of the required type or form; suitable or appropriate. According to or respecting social standards or conventions; respectable, especially excessively so” and is also from Middle English. However, its genesis is the old French, *propre* and from the Latin, *proprius* – “one’s own, special, or particular” (Soanes & Stevenson, 2005, p. 1411).

Establishing what this requirement means in practice is difficult. Common law offers the best source of understanding for the phrase but holds that it cannot be precisely defined (Walters J in *Sobey v Commercial and Private Agents Board* [1979] p. 76):

The issue whether an appellant has shown himself to be “a fit and proper person”, within the meaning of s 16(1) of the Act, is not capable of being stated with any degree of precision. But for the purposes of the case under appeal, I think all I need to say is that, in my opinion, what is meant by the that expression is that an applicant must show not only that he is possessed of a

requisite knowledge of the duties and responsibilities devolving upon him as the holder of the particular licence under the Act, but also that he is possessed of sufficient moral integrity and rectitude of character as to permit him to be safely accredited to the public, without further inquiry, as a person to be entrusted with the sort of work which the licence entails.

Without offering a definition, the judgement makes it clear that the expectation of knowledge and the standard of integrity and character required for fitness and propriety are considered to arise from a person's position or membership of an occupational group. The relevance of occupation is supported by Dixon CJ, McTiernan and Webb JJ in *Hughes & Vale Pty Ltd v New South Wales (No 2)* (1955) p. 156, who state that the phrase is used in relation to roles or occupations and that the interpretation of *fit and proper* should be as wide and encompassing as needed to determine suitability or lack thereof:

The expression "fit and proper person" is of course familiar enough as traditional words when used with reference to offices and perhaps vocations. But their very purpose is to give the widest scope for judgement and indeed for rejection.

As outlined in the previous chapter, Toohey and Gaudron JJ in *Australian Broadcasting Tribunal v Bond and Ors* (1990), made clear the criticality of context in interpreting the phrase. They went on to stress the importance of the concepts of protection and trust, and the relationship of the phrase to the concepts of character and reputation:

The concept of "fit and proper" cannot be entirely divorced from the conduct of the person who is or will be engaging in those activities. However, depending on the nature of the activities the question may be whether improper conduct has occurred, whether it is likely to occur, whether it can be assumed that it will not occur, or whether the general community will have confidence that it will not occur. This list is not exhaustive but it does indicate that, in certain contexts, character (because it provides indication of likely future conduct) or

reputation (because it provides indication of public perception as to likely future conduct) may be sufficient to ground a finding that a person is not fit and proper to undertake the activities in question.

These decisions indicate that the phrase fit and proper, whilst having no definite meaning, is an umbrella phrase, subsuming all other descriptors of requirements or expectations of a person who is engaging in the activities governed by the phrase. It allows consideration of whatever is relevant in a particular context, for example conduct, character, reputation, or capability, to determine suitability or whether the required standards and expectations have been met.

The meaning of the phrase cannot be inferred from the subsumed concepts of *character* or *good fame and character* either, although they are common regulatory standards that have been used in much the same way as fit and proper (Freckelton, 2008b). This is because character has been found overly simplified in interpretation by McHugh J in *Melbourne v The Queen* (1999) p. 34, when he held that “the common law has also tended to treat people as one-dimensional personalities who have either good or bad characters or dispositions”. In the same case, Kirby J (pp. 105-107) opined that the idea of divergence between good and bad character and the whole idea of character as stable and predictable are largely discredited and no longer relevant. Further, there have been some inconsistent decisions concerning what constitutes good character and this weakens or undermines the standard and public confidence in it (Freckelton, 2008b).

Despite the lack of clarity about the meaning of the phrase fit and proper, it has been included in the National Act. Increasing demand and the requirement for public protection and transparent standards (Freckelton, 2008b) emphasise the importance of understanding what the phrase means. In the meantime, as competence is the established standard in the profession for psychological practice in Australia (Australian Psychological Society, 2007), the literature related to competence will be explored in three areas: personal characteristics, education, and the professional system.

Competence as a Comparative Standard

Competence is now part of the language used by scholars, educators, and employers to describe standards in relation to work (Velde, 2009). This is particularly the case for the professions, which are inherently learning intensive, requiring an understanding of specialist knowledge and mastery of specialist skills (Cheetham & Chivers, 2005). The idea of competence in professional practice can be traced back centuries (McGaghie, 1991). However, definitions of competence and how to measure it continue to evolve (Le Deist & Winterton, 2005). This evolution occurs both within and between professions, as societal change causes the professions themselves to constantly re-evaluate what competence is (McGaghie, 1991).

Research by Cheetham and Chivers (1996, 1998, 2000, 2001) suggested that competent professional practice, regardless of the profession, resulted from a combination of specialised knowledge, improvisation, applied knowledge, and reflection. Such an understanding of competence is reflected in a widely used definition of competence developed by medical scholars Epstein and Hundert (2002, p. 227) who referred to competence as “the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and community being served”. Nevertheless, given each profession is different, what scholars in each profession have to say about competence is most relevant to that profession.

Competence in Psychology

Most of the literature in psychology discusses competence as the standard for practice (see for example Barnett, Doll, Younggren, & Rubin, 2007; Fouad et al., 2009; Nelson, 2007; Nutt, 2010; Schulte & Daly, 2009). Psychology scholars consider the concept to include knowledge, skills, attitudes, values, and professional judgement as key components (Overholser & Fine, 1990; Rodolfa et al., 2005). A complex concept, competence contains multiple dimensions, some of which include the cognitive dimension, for example the ability to read and understand new material; the affective and moral dimension, for example the ability to make decisions in the best interest of the client; and the relational dimension, for example the ability to build rapport with resistant clients (Kaslow et al., 2009). Competence exists on a continuum because it implies a minimum threshold but also reflects an aspirational approach,

giving room to strive for excellence (Barnett, 2007b; Kaslow, 2004; Rodolfa et al., 2005). Competence, in those with potential, is acquired and honed over time, making it developmental in nature; it is context dependent because the roles psychologists fill and the environments they work in have different requirements; it is dynamic because the profession evolves and, because of this evolution, competence must be maintained in order to practise (Barnett, 2007b; Kaslow, 2004; Rodolfa et al., 2005).

There are several models of competence employed by the profession (O’Gorman, 2007; Rubin et al., 2007). Well known are the competence architecture model (Roe, 2002) and the cube model (Rodolfa et al., 2005). The former is better known in Europe and the latter in the USA; however, both were derived from extensive research in the fields of competency, and the education and training of psychologists. Both sought to provide a framework for understanding what is required of psychologists across the professional lifespan in order to maximise the likelihood of competence. Outlines of the models appear below.

The competency architecture model.

This model has integrated the training and educational requirements that exist in order to produce a competent psychologist, termed input factors, with what a psychologist should be able to do at the end of training, termed output factors (Roe, 2002). The integration of input and output factors in this model was deemed necessary because focusing either on what needs to be taught or on what a psychologist needs to demonstrate was considered insufficient to adequately ascertain required professional practice standards. Instead Roe (2002) used both factors and looked at what is required not just to develop competence but to maintain it from an individual and a systemic perspective. According to Roe, competence is something that individual psychologists must build and then maintain, facilitated and supported by the systems within which psychologists learn and work.

In order to comprehensively understand competence, Roe (2002) found that it was necessary to consider eight things. These eight things are represented in a model with three layers. The first layer contains three things about the individual that form the foundation for competence, including (1) stable characteristics of the person, (2) personality traits, and (3) abilities. The second layer, built on the foundation of the individual, comprises (4) knowledge, (5) skills, and (6) attitudes, which Roe

considered elementary, generic, and transferable across environments, and that accumulate primarily during formal education. Examples given include the knowledge of mathematics, the skill of writing, and the attitude of service orientation. Finally, at the top of the model, there are (7) competences and (8) subcompetences. Competences were conceptualised as things that are generally acquired by doing and are related to specific types of work in specific work environments. However, Roe considered that they are not always delineable from other types of work in other environments. Subcompetences were conceptualised as lower level competences that are not enough, on their own, to perform a job but are necessary in combination with other qualities.

Roe (2002) also discussed the difference between competence and performance as the difference between capability and delivery. Although competence is a necessary precursor to performance, Roe found that it is possible to be competent but not always to perform at the required level. He considered the reason for this to be personal and situational factors such as a lack of motivation, energy, adequate tools, leadership, social support, or information.

The cube model.

Following a shift in competency assessment in American psychology from a focus on curriculum to a focus on educational outcomes, the cube model describes what a competent psychologist is able to do, termed *functional competency*, within the context of the person and the required intellectual foundation (Rodolfa et al., 2005). The model outlines six *foundational competency* domains: reflective practice–self-assessment, scientific knowledge–methods, relationships, ethical–legal standards–policy, individual–cultural diversity, and interdisciplinary systems. Rodolfa et al. considered achievement and understanding in these domains necessary for the subsequent development of functional competency. Functional competency also comprises six domains: assessment–diagnosis–conceptualisation, intervention, consultation, research–evaluation, supervision–teaching, and management–administration. The authors considered the domains of foundational and functional competency to be interrelated and dynamic in response to the evolution of the profession and what is required from it. The last part of the model is termed *stages of professional development*. This represents the stages a psychologist goes through in order to “gain, maintain, and enhance competency throughout their professional

careers” (Rodolfa et al., 2005, p. 352). Finally, Rodolfa et al. (2005) discussed how the cube model has relevance to educators and regulators in addition to practitioners. They outlined how the model provides standards and a process to guide the attainment of competency, not just from an individual perspective, but also from a systemic perspective, from university to ongoing credentialing.

Personal Characteristics

The idea that there are certain personal requirements, in relation to character and behaviour, that are necessary to be a competent psychologist has been discussed in the literature over decades (see for example, Fromm-Reichmann, 1949; Johnson & Campbell, 2002, 2004; Lamb, Presser, Pfof, & Baum, 1987; Matarazzo, 1978; Rodolfa et al., 2005; Thorne, 1945/2000). There remains contention around exactly which characteristics and behaviours are desirable or necessary for a psychologist (Bemak, Epp, & Keys, 1999; Johnson & Campbell, 2002, 2004; Johnson, Porter, Campbell, & Kupko, 2005). However, the importance of personal characteristics has been highlighted again in a recent study by Kuittinen, Meriläinen and Rätty (2014). The relevance of a criminal history, traits (Johnson & Campbell, 2002), values (Knapp, Gottlieb, Berman, & Handelsman, 2007), *well-functioning* and the avoidance of impairment (Coster & Schwebel, 1997), and the contributions of self-care (Barnett & Cooper, 2009), self-awareness (Hays et al., 2002) and peer support (Kuittinen, et al., 2014) to the character and behaviour of a competent psychologist are considered below.

Criminal history.

Authors such as Johnson et al. (2005) have outlined the expectation that psychologists do not have a criminal history that would compromise their suitability to practise or make them unsuitable on character grounds. This is the case because (criminal) behaviour can be a manifestation of traits and may thus provide a valuable indicator of character (Sackett, 2009). What an unacceptable criminal history is and how this is determined for professionals subject to good character and fit and proper person provisions is unclear, particularly as there have been some apparently inconsistent legal decisions in this regard. For example, possession of child pornography coupled with a lack of honesty and insight demonstrated by the medical

practitioner did not result in deregistration (*Re Wingate* [2007]). Neither was a solicitor denied admission as a legal practitioner despite having sexually molested his step-daughters (*A Solicitor v Council of the NSW Law Society (NSW)* [2004]). Other decisions, however, indicate that the requirement to be of good character or a fit and proper person have been interpreted more strictly. This is evident in *Morris v Psychologists Registration Board* (unreported), where a psychologist who failed to demonstrate insight or accept responsibility for his criminal behaviour was denied re-registration. In *Re Zaidi* [2006], a medical practitioner who denied guilt over a long period of time and provided false testimony to a number of tribunals was not re-registered after he was found not to be a fit and proper person. Likewise, the recent decision in *The Council of the New South Wales Bar Association v Franklin (No 2)* [2014] found that a lawyer who was guilty of charges including aggravated sexual assault, and then twice knowingly gave false testimony, was not a fit and proper person and was removed from the roll of lawyers. What is important in the latter case is that the court recognised that some forms of criminal conduct reflect on character and that this is the case even if the conduct occurs outside professional practice.

The National Act (section 55 [1] [b], 2009) provides that general registration may be denied by a national registration board if an applicant's criminal history makes them an inappropriate person to practise or if it is not in the public interest for that person to practise. In outlining the Criminal History Registration Standard for psychologists, the PsyBA has delineated ten factors to be considered in deciding if a psychologist's criminal history is relevant to practice of the profession (Psychology Board of Australia, n.d.-a). Although specifying that each case must be considered on its merits, the PsyBA considers factors such as the length of time since the offence, the severity of the offence, behaviour since the offence, and whether the psychologist represents a potential threat to clients (Psychology Board of Australia, n.d.-a). It seems that the intention behind the behaviour (Sokkett, 2009), and whether the behaviour is repeated or habitual and therefore likely to represent more enduring character flaws are important considerations in determining whether a criminal history is relevant to the profession and if it impinges on the requirement to be a fit and proper person (Freckelton, 2008a).

Traits.

Various scholars have suggested traits that a psychologist should possess, for example self-awareness (Belar et al., 2001; Elman, Illfelder-Kaye, & Robiner, 2005) intelligence (Peterson, 1997; Thorne, 1945/2000), calmness, confidence (Overholser & Fine, 1990), honesty (Freckelton, 2008a), and integrity, prudence, and caring (Johnson & Campbell, 2002). This is in line with the relationship skills identified as necessary for competence in psychological intervention (see Spruill et al., 2004). Of note, those relationship skills, which include the conveyance of “warmth, empathy, genuineness, and respect”, are not considered to be teachable if they are absent, only open to development if they are rudimentary (Spruill et al., 2004, p. 744). Despite the examples listed, there are no guidelines as to exactly what sort of character is required of a person in order to be fit to practise psychology (Johnson & Campbell, 2002) and assessment would be complicated (Roberts et al., 2005). The lack of specific guidelines regarding character requirements is problematic in that it makes ascertaining suitability for the profession, gatekeeping, and protecting the public difficult (Forrest, Elman, Gizara, & Vacha-Haase, 1999; Johnson & Campbell, 2002; Kerl, Garcia, McCullough, & Maxwell, 2002). Conversely, however, the lack of specific character requirements encourages breadth of characteristics among psychologists (Medin & Lee, 2012). This is liable to be a positive thing because diversity exists in the community, so having a mirroring diversity among psychologists is likely to facilitate fit between clients and psychologists.

It appears easier to identify what is undesirable in the character or behaviour of a psychologist or what is missing than it is to identify what is required (Johnson & Campbell, 2004; Kitchener, 2000). Competent service delivery may be compromised by the possession of undesirable traits (Johnson, et al., 2005) such as selfishness, arrogance, insensitivity, avarice, sadism, manipulateness, or irresponsibility (Freckelton, 2008a). It might also be the absence of traits such as integrity (Johnson & Campbell, 2004; Meara, Schmidt, & Day, 1996), which disturb the public’s ability to trust psychologists (Johnson & Campbell, 2004; Johnson et al., 2005) and undermines psychologists’ competence. Other aspects of the person that may be incompatible with competence relate to a lack of psychological fitness to practise because of immoderate traits, demonstrated by, for example, personality disturbance or problematic substance use (Johnson & Campbell, 2004; Overholser & Fine, 1990).

Values.

The cube model of competency (Rodolfa et al., 2005) and scholars in psychology (see for example Overholser & Fine, 1990) and medicine (see for example Epstein & Hundert, 2002) have implicated values as being key to competence. According to Schwartz (1992), values are hierarchically organised motivational concepts or beliefs, mental representations of abstract goals that assist in interpreting and evaluating situations, refining goals into a specific form, and directing action. People acquire values through the process of socialisation and personal experience (Kohlberg & Hersh, 1977) and values influence a person's character (Bilsky & Schwartz, 1994) and sense of self (Feather, 1992). The priorities assigned to values influences attitudinal and behavioural decisions and is related to moral development (Myyry, Juujärvi, & Pessa, 2010).

Kohlberg's (Kohlberg & Hersh, 1977) theory of moral development holds that people follow a developmental pathway through up to six stages of moral reasoning across three levels. Pre-conventional morality is about the promotion of self-interest and pragmatism; conventional morality is related to conformity and the maintenance of social order; and post-conventional morality emphasises shared goals and abstract values. Age and education promote moral development and the prioritisation of self-transcendent values such as benevolence and universalism (Schwartz, 1992).

Kelman's (2006) model of social influence posits that individuals use either rule compliance, role identification, or value internalisation to orient themselves to a system, where orientation includes making decisions and shaping behaviour in that system. If psychology is the system, psychologists can either follow the rules to avoid sanction, identify with the role and want to be part of the group, or internalise the values of the profession so that they become personal values and as such are indistinguishable from the values of the profession (Kelman, 2006). Kelman's (2006) rule, role and value orientations also parallel the facets of the Code (Australian Psychological Society, 2007). The Code provides minimum behavioural standards that have to be followed, it incorporates principles that identify what a psychologist should be, and it is an aspirational document that encapsulates the virtues or internal traits the profession would like psychologists to possess (Allan, 2008). Whether psychologists use rules, roles, or values to orient themselves to the professional system, the Code provides guidance regarding acceptable standards of behaviour. However, a value

orientation will most consistently facilitate the behaviours desired by the profession (Kelman, 2006).

Well-functioning – impairment continuum.

Well-functioning, which refers to a stable way of functioning professionally regardless of professional or personal stressors, is important to competent practice (Coster & Schwebel, 1997), and practitioner impairment can impede competent functioning (Coster & Schwebel, 1997; Johnson & Campbell, 2002; O'Connor, 2001). Impairment may be physical or mental, and either temporary or permanent (O'Connor, 2001). There are multiple definitions of the term, all conveying a level of compromised professional performance: Orr (1997, p. 293) held that “impairment is the presence of an illness or illnesses that render or are very likely to render the professional incapable of maintaining acceptable practice standards”. It can also be an “interference in professional functioning due to chemical dependency, mental illness, or personal conflict” (Lalotitis & Grayson, 1985, p. 84), or more specifically, impairment has been described as professional functioning disturbed by abuse of substances, burnout, or personal distress (Forrest, Elman, Gizara, & Vacha-Haase, 1999).

The continuum of psychologists’ professional functioning has only received significant attention in more recent times (Layman & McNamara, 1997; Orr, 1997; Sherman, 1996). Sherman (1996) mentioned some of the reasons why this attention is merited. Of foremost concern is the potential for effectiveness to be compromised and the public harmed or underserved if a psychologist is impaired. Then there is reputational damage to the individual psychologist, to the profession, and to colleagues, which can compromise the public’s ability to trust psychologists and may discourage people from seeking assistance. There is also the issue raised by Gilroy, Carroll, and Murra (2001), of the reluctance of psychologists to offer support to colleagues who are not functioning as required, their reticence to discuss the problems that this engenders, and the consequences of keeping impairment secret, such as increasingly deleterious effects on clients. Given the possible results of impairment and the idea that interpersonal problems indicative of impairment are more common than ethical infractions (Oliver, Bernstein, Anderson, Blashfield, & Roberts, 2004), attention to this issue is relevant to competence.

Authors have acknowledged that professional psychologists are subject to multiple pressures in their roles (Barnett, 2007c; Wise, Hersh, & Gibson, 2012) and that distress does not necessarily equal impairment (Barnett, 2007c; Kutz, 1986; O'Connor, 2001; P. L. Smith & Moss, 2009). In fact, it is not possible to function at 100% all the time so some fluctuation in performance is to be expected (Good, Khairallah, & Mintz, 2009). This suggests that impairment exists on a continuum of functioning (Schwartz-Mette, 2009; Williams, Pomerantz, Segrist, & Pettibone, 2010). Exactly where the line between distress and impairment lies is not clear as very little empirical research exists. One study found that some reduction in effectiveness and signs of distress were tolerable (Williams et al., 2010). However, reduced functioning became intolerable when it regularly began to affect client service and care. The authors viewed distress as a warning of movement toward the wrong end of the continuum and a signal that action is required. If distress becomes impairment then ethical infractions often follow (Orr, 1997).

Self-care.

Impairment causes a multitude of problems so prevention is preferable to remediation (Elman et al., 2005; Schwartz-Mette, 2009). This is where self-care becomes critical (Barnett, 2007c). When viewed from the perspective that for psychologists the self is the professional tool, the importance of maintaining that tool in proper working order becomes clear (Elman, 2007). Self-care can be thought of as activities which promote well-functioning (Coster & Schwebel, 1997). The range of possible self-care activities is large, and includes maintaining positive human connections; managing stress; exercising, eating and sleeping well; or undertaking personal therapy (Good et al., 2009). Maintaining work-life balance, taking holidays, engaging in leisure activities (P. L. Smith & Moss, 2009), and utilising peer consultation, supervision, or mentoring (Stevanovic & Rupert, 2004) can all be part of self-care. Emerging evidence suggests that learning to employ self-compassion and self-acceptance is helpful (Baker, 2007), and that mindfulness-based principles and practice provide powerful tools for use in self-care (Wise, Hersh, & Gibson, 2012). Employing such tools has been found not only to assist in the avoidance of problems but also to improve the quality of working life (Stevanovic & Rupert, 2004).

Self-awareness.

Scholars have considered it critical that psychologists are aware of the impact that any health issues are having on their ability to practise (Barnett, 2007a, 2007c; Belar et al., 2001; Coster & Schwebel, 1997; Good et al., 2009; Kaslow et al., 2007; P. L. Smith & Moss, 2009). Self-awareness has been highlighted as a major factor in the avoidance of impairment and the maintenance of well-functioning (Barnett & Hillard, 2001; Schwartz-Mette, 2009; Schwebel & Coster, 1998). The absence of self-awareness can be considered incompetence (Barnett, 2007c; Belar et al., 2001; Elman et al., 2005), and where it cannot be developed to a level compatible with ethical functioning, the individual is not appropriate for the profession (Hays et al., 2002). Relatedly, the ability and willingness to engage in self-reflection is thought to be a key skill (Wise, 2008).

Attention is also given to the role of personal history in the well-functioning of professional psychologists (Barnett, 2007c). Many psychologists come from a background where they learnt to care and take responsibility to the point where this is reflexive rather than considered (Barnett, 2007c; DiCaccavo, 2006; Elman et al., 2005; O'Connor, 2001). Sometimes this tendency can be integrated into the psychologist's self-concept to the point where it serves the needs of the psychologist rather than those of the client. This reflexive propensity may make those psychologists more vulnerable to distress, impairment, and ethical problems (Barnett, 2007c; Elman et al., 2005; O'Connor, 2001). To mediate the effect of problematic backgrounds or limiting self-concepts, the benefits of personal therapy during training, particularly for therapeutic roles, must be considered in order to prevent traumatic or difficult personal histories impeding professional well-functioning (DiCaccavo, 2006; Gilroy, Carroll, & Murra, 2002; Norcross, 2005). Participating in personal therapy can turn difficult histories from a professional vulnerability into strengthened competence by increasing the ability of the psychologist to empathise (Zerubavel & O'Dougherty Wright, 2012).

Peer support and the promotion of well-functioning.

It has been noted that the profession has struggled to address issues of impairment (Elman & Forrest, 2007). Authors have highlighted the idea that the profession needs to provide support and guidance on the issue (Baker, 2007; Johnson, Barnett, Elman, Forrest, & Kaslow, 2012; Kaslow et al., 2007). There is a definite

need to raise the profile of the problem and promote acceptance that psychologists are not immune from distress and impairment (Good et al., 2009). This is likely to reduce the stigma associated with such problems and encourage help seeking (Barnett, 2007c; O'Connor, 2001; Sherman, 1996). Ultimately, the profession needs to work on developing a culture of self-care, and to teach relevant skills and the criticality of their use (Barnett & Cooper, 2009; Elman, 2007; Kaslow et al., 2007). Required skills include learning the ability to confront colleagues and peers when there is genuine concern about their functioning as this is often avoided or not done well currently (Floyd, Myszka, & Orr, 1998; Good, Thoreson, & Shaughnessy, 1995; P. L. Smith & Moss, 2009).

One way that well-functioning might be supported and impairment minimised is to increase the support available from other psychologists (Kuittinen et al., 2014). In Australia, the idea of support has been aspirationally present in the Code (Australian Psychological Society, 2007) and has now become more of an enforced idea through regulatory changes such as mandatory supervision or consultation (Psychology Board of Australia, 2011b). Recent literature from American researchers has summarised and extended the idea and has presented a model (the competence constellation model) of intraprofessional and personal support through a system of collaboration that encompasses self-care and work–life balance (Johnson et al., 2012; Johnson, Barnett, Elman, Forrest, & Kaslow, 2013). The idea promotes a communitarian approach to competence and posits that, in order to maintain competence, psychologists need each other (Johnson et al., 2012). This need arises from individuals' dubious ability to assess their own continued competence accurately (Davis et al., 2006; Eva, Cunningham, Reiter, Keane, & Norman, 2004; Kaslow et al., 2009). Psychologists also need intraprofessional support because of the testing nature of life regardless of skill or learning (Fromm-Reichmann, 1949). Further, authors have offered support for the idea that obtaining multiple perspectives augments an individual's insight and skill (see for example Johnson et al., 2012, 2013; McManus & Russell, 2007). Efforts by members of the profession to nurture and sustain each other on an ongoing basis are likely to assist in the maintenance of competence by encouraging well-functioning (Johnson et al., 2012; 2013).

Education

When looking at education as an aspect of competence, three components should be considered: formal academic training, supervision, and continuing professional development.

Academic training.

Formal academic training is intended as a means of quality assurance so that every graduate is able to perform at a minimum standard (Beutler & Kendall, 1995; Bieschke et al., 2009). What type of education will best achieve the minimum standard has been unclear (Maher, 1999; Weiss, 1992). Literature in this area is hard to judge because it often represents extremes on the continuum of opinions. However, authors have suggested that completing a prescribed level of university education is important to competent psychological practice (Dyck & Donovan, 2003; Garton, 2004; Helmes & Wilmoth, 2002; Johnson & Campbell, 2002). There is agreement that some level of education is necessary to ensure that psychologists have a minimum level of psychological knowledge and skill before working with the public (Dyck & Donovan, 2003; Helmes & Wilmoth, 2002). There has been disagreement on how much education is required for psychologists to acquire the minimum level of knowledge and skills, however, with different prescribed standards between and sometimes within countries (Garton, 1995, 2004; Helmes & Wilmoth, 2002; Rehm & DeMers, 2006).

In Australia, the first university course in psychology was introduced as a three-year degree in the first half of the 1920s (Cooke, 2000). Cooke (2000) has outlined how, for many years, credentials for membership of the Australian Branch of the BPS and later the APS were decided on a case-by-case basis, as there were no definitive standards. This meant that there were multiple ways of obtaining membership of this self-regulatory body and inconsistency in decisions occurred. Then, in 1974, the APS introduced accreditation for psychology courses, with a minimum of four years of training in an accredited course required for associate membership. This put the APS at odds with the increasing number of Australian psychologist registration boards, where a 3-year course remained the minimum requirement for registration (Cooke, 2000) in line with statutory regulation. By 1992, a four-year minimum with the addition of a two-year workplace training component under supervision (4+2) had expanded educational requirements for full registration as

a psychologist for all the registration boards (Geffen, 2002). As discussed by Geffen (2002), in 1996 the APS introduced a new minimum standard for full membership, requiring six years of university education. This standard was intended to prevent Australia from falling behind the rest of the world in relation to minimum education standards. Although the registration boards considered following the APS and raising educational requirements for registration as a psychologist (Littlefield, Giese, & Geffen, 2009), government opposition stymied them (Waring, 2008).

A review of the Australian system of education and training in psychology by a national reference group, set up by the APS, established that the system needed to change, and prompted the development of a new registration pathway for presentation to the PsyBA (Littlefield et al., 2009). There are now three pathways to general registration, all requiring six years of study but with differing configurations. The minimum educational requirement for registration remains a four-year sequence of study followed by two years of supervised practice in a workplace. The new registration pathway incorporating five years of university training followed by one year in workplace supervised practice (5+1) was added from July 2010 (Psychology Board of Australia, n.d.-c). There is also the option of completing an accredited six-year master's degree (MPsych) to attain general registration (Psychology Board of Australia, n.d.-b). To achieve endorsement in specialist practice areas requires the completion of an accredited professional doctoral or master's programme plus varying amounts of workplace supervised practice (Psychology Board of Australia, 2011a). A National Psychology Examination is being phased in for general registration applicants and is currently utilised for those qualifying via the 4+2 or 5+1 year pathways (Psychology Board of Australia, n.d.-d). These changes are designed to bring Australia closer to the international training standard for psychological practice (Littlefield, 2012b).

The amount of education and training required is widely divergent in different countries, with no international agreement about minimum standards (O'Gorman, 2007). In comparison to Australian minimum qualifications for practice, Europe has the EuroPsy, which awards a master's degree after five years of university study plus one year workplace supervised practice (Lunt, 2008). In Britain the minimum educational requirement for professional practice depends on the area of study but is either a postgraduate master's degree or a professional doctorate (Health & Care

Professions Council, n.d.), the latter taking three years to complete (Helmès & Pachana, 2006). In the USA the PhD or the professional doctorate are the generally accepted standard, normally taking five and four years to complete respectively (Helmès & Pachana, 2006; O'Gorman, 2007). Although there appear to be significant differences across regions, the utility of temporal comparison is questionable given the differences in content, sequencing, and emphasis in courses (Dyck & Donovan, 2003; O'Gorman, 2007).

In addition to a lack of consensus about the amount of prescribed education required, contention has also existed about the content of that education (O'Gorman, 1994; Peterson, 1997), although that appears to be resolving (O'Gorman, 2007). In Australia, American thinking has long been preferred (Cooke, 2000). This preference led to Australia adopting the American Boulder or scientist–practitioner model. How the balance of scientist and practitioner education and training is achieved has been the source of contention, both in Australia and in the USA (Jones, 2008).

In the 1960s in both Australia (Want, 1966) and the USA (Korman, 1974), concern was expressed about the suitability of scientifically or research oriented courses for training professional psychologists. To remedy this in Australia, local academics made several suggestions, including a one- year applied postgraduate course (Want, 1966), a three- year postgraduate diploma, or a two- year master's course (Yates, 1966). All the suggestions included the retention of the theoretically oriented four- year undergraduate psychology course (Want, 1966; Yates, 1966). In the USA, the Vail conference in 1973 resulted in the endorsement of a professional training model, as opposed to a research training model, that built on the Doctor of Psychology courses and professional schools of psychology that had begun to emerge (Korman, 1974). Importantly, the professional training models proposed in both countries were not designed to jettison the scientific underpinnings of the profession from the curriculum, but merely to change the emphasis of scientifically informed training from research to practice (Korman, 1974; Want, 1966; Yates, 1966).

What followed the Vail conference was a period of upheaval for American psychology (Korman, 1974) that was to be influential for Australia (Pachana, Sofronoff, & O'Brien, 2008). The discipline-focused quarters of the profession in the USA were unhappy about the move away from research-dominated education (Dawes, 1994; Peterson, 1997; Stern, 1984). This position was supported by a lack of evidence

about the necessary components of a practically oriented, professional education (Peterson, 1997; Stern, 1984). Further, the proliferation of practically oriented, professional programmes without an empirically validated curriculum led to a drop in graduate standards and fear of increases in incompetent practice, even amongst supporters of professional programmes.

To answer the critics, supporters of the practical orientation such as Peterson (1997) began to outline what should be included in that type of education to ensure maintenance of minimum standards and provide quality assurance. He suggested that teaching staff in professional psychology programmes need to be knowledgeable, skilled, and experienced teachers from diverse backgrounds and fields of interest, coupled with some productive researchers. Students in professional programmes required a high level of fluid intelligence and a particular set of values and attributes, and they needed to be screened carefully for career fit and suitability. The focus of curricula needed to move from content to expected outcomes and the emphasis of assessments needed to broaden from being largely knowledge based (Nelson, 2007) so that a practical education resulted in the acquisition of competence in the form of the knowledge, skills, and attitudes required for functioning and practice as a professional psychologist (Bent, 1992; Bourg et al., 1987). To maintain standards in professional education, it became clear that there was a need to define and refine required competencies and tighten mechanisms to include and exclude people from the profession (Peterson, 2003). Such work would allow the debate to move from the merits of research versus practically focused degree types to what is required to produce the best practising psychologists possible.

By the time Peterson's paper was published in 2003, the so-called Competencies Conference, initiated by the Association of Psychology Postdoctoral and Internship Centres with co-sponsorships from the APA and other education, credentialing, and regulatory bodies, had already been held in the USA in 2002 (Kaslow et al., 2004). During the conference, the process of defining and refining competencies was undertaken by a diverse group of psychologists drawing on previous work in the area. The aim of the conference was to legitimise professional psychology by utilising the work done on competence to advance competency-based education, training, and assessment (Kaslow et al., 2004; Rubin et al., 2007), and to improve gatekeeping practices in the profession (Kaslow et al., 2004). The cube model of

competence, outlined earlier, was developed from the work completed at this conference (Rodolfa et al., 2005).

The Competencies Conference was important because it facilitated recognition that there had been a significant alteration in focus regarding the education of professional psychologists, from curriculum content to outcomes achieved (Kaslow et al., 2004; Nelson, 2007; Rodolfa et al., 2005). The existence of a developmental trajectory for psychologists, whereby they become more skilled and knowledgeable with training and experience (Spruill et al., 2004) was reinforced. It was no longer enough to look at hours or years of study completed; rather it was essential to establish what it is necessary to know and to do, and with what attitude, at each stage of training (Nelson, 2007). There was agreement that several areas of knowledge, skills, attitudes, and values are crucial to educating professional psychologists. Those areas are: scientific foundations and research methods; psychological assessment; intervention; ethical, legal, and public policy issues; individual and cultural diversity; professional development issues; supervision and consultation; and interdisciplinary relationships (Kaslow, 2004; Rodolfa et al., 2005).

The American experience and the outcomes of the Competencies Conference assisted the development of Australia's professional psychological education (Pachana, et al., 2008), partly because American psychology remains a significant influence on Australian psychological thinking and education practices (Pachana, Sofronoff, Scott, & Helmes, 2011). The profession in Australia was becoming increasingly aware of the emergence of models of competence and of changes to curriculum in other countries and was beginning to try to implement some of those ideas (Pachana et al., 2008). In 2008 the Australian Psychology Accreditation Council (APAC), which had taken over accreditation duties from the APS in 2005 (Littlefield, 2012a), undertook a review of standards for education and training in Australian psychology with reference to accreditation systems for psychology and other professions both here and overseas (Voudouris, 2009). In conclusion, the review noted that Australian psychology curricula, particularly at the postgraduate level, remained too focused on educational inputs and were not giving sufficient consideration to training outputs. In response to this finding, APAC introduced "a set of core capabilities and attributes to be developed during postgraduate professional training and against which each candidate's competence must be assessed prior to graduation" (Voudouris, 2009, p. 32). They

were: knowledge of the discipline; ethical, legal and professional matters; psychological assessment and measurement; intervention strategies; research and evaluation; and communication and interpersonal relationships. These capabilities and attributes were encompassed in the 2009 APAC standards (Australian Psychology Accreditation Council, 2009) and represented a significant development in the evolution of professional education and training for psychologists in Australia (Voudouris, 2009).

The 2009 APAC standards (Australian Psychology Accreditation Council, 2009) align Australian professional psychological education more closely with competency based education practices elsewhere (Kavanagh, 2011; Voudouris, 2009). This alignment supports increasing consistency in professional training and education in psychology across countries (O'Gorman, 2007) and the growing trend toward the globalisation of psychology (Hall & Lunt, 2005). Australian psychology education and training continues to evolve, however, with the PsyBA requesting that APAC undertake a major review of accreditation standards in 2012 (Australian Psychology Accreditation Council, 2013). This review reflects the extraordinary state of flux in the regulatory environment currently affecting psychology in this country (Australian Psychology Accreditation Council, 2013).

The growing similarity in models of competence, required areas of competence, and competencies that are emerging from around the world was acknowledged at the 5th International Congress on Licensure, Certification and Credentialing of Psychologists in Stockholm (2013). At this conference it was established that as the profession attempts to understand what is required of a professional psychologist and to what standard – in order to identify global competency standards for psychologists – it seems likely that consistency in education and training will gradually increase. The establishment of common standards will be supported by one of the conference outcomes—the formation of a working group comprising psychologists from eight countries, including Australia, who are committed to furthering the work begun at the conference.

In Australia, finalisation of the review into accreditation standards commenced in 2012 was delayed, in part, to consider outcomes from the Stockholm conference and other emergent standards (Australian Psychology Accreditation Council, 2013). The delay in completing the most recent review suggests that Australian regulators are

committed to incorporating emerging standards and competency-based education principles into education and training standards for psychologists. Such an incorporation will also align the wishes of Australian psychologists' professional organisation, the APS, with the country's regulatory bodies by promoting the harmonisation of educational standards (Littlefield et al., 2009).

Supervision.

Once formal training is complete, continued learning ensures that a psychologist's development and education continue (Sturm, 2010). Supervision can be formal or informal, individual or group based (Shaw, 2010). However, Shaw (2010) proposed that continued learning occurs through supervision and consultation that encompasses both the supervision provided during training and that required to maintain registration. Supervision is considered to have three primary functions: normative, which is quality control; restorative, or the facilitation of processing and experiencing emotions; and formative, that is equivalent to the monitoring and enhancement of competence, capability and effectiveness (Milne, 2009). The supervisor has been conceptualised as evaluator, mentor, and teacher (Nassif, Schulenberg, Hutzell, & Rogina, 2010).

Supervision during training.

Supervised training is thought to contribute to the development of competence (Falender & Shafranske, 2007) and trainees report that supervision is the most helpful mode of learning (Scott, Pachana, & Sofronoff, 2011). The importance of the supervision relationship is emphasised (Carless, Robertson, Willy, Hart, & Chea, 2012; Nassif et al., 2010; O'Donovan, Halford, & Walters, 2011; Scott et al., 2011) and considered imperative to the development of skills such as self-awareness and reflection, and habits of life-long learning (Falender & Shafranske, 2007; Spruill et al., 2004). Researchers in Australia found that supervision is greatly appreciated by students when it is a positive experience and done well (O'Donovan et al., 2011). Current minimum education and training standards for psychology in Australia incorporate a two-year period of supervised workplace practice prior to achieving general registration (Psychology Board of Australia, n.d.-c) and this means that

supervision during training is a critical element in the education and training of psychologists.

Given the central role that supervision during training plays in acquiring general registration in Australia, it is problematic that the functions of a supervisor are not always complementary (O'Donovan et al., 2011; Shaw, 2010). The mentoring and teaching roles of a supervisor fit well with the formation of a strong and positive relationship; however, the evaluative role does not. The mentoring and teaching components allow the supervisor to put the supervisee's needs first; however, the evaluative component necessitates putting public protection first (Milne, 2009; O'Donovan et al., 2011; Shaw, 2010). Amalgamating these components of supervision can constitute a dual role for the supervisor (Milne, 2009; O'Donovan et al., 2009). The existence of dual roles can compromise the process from the perspective of the supervisor and the supervisee. Further, a supervisory dual role may contribute to concerns that supervision is not always effective in its aim of preparing a trainee for practice. To better assess trainees' competence and fitness to practise there is a case for the removal of the dual role by removing, at least partially, the normative aspect of a trainee's progress from the supervisor. By having an external evaluator who assesses readiness to practice, the role conflicts that exist in the current arrangements would be remedied and the trainee independently assessed by someone free of the influence of an ongoing developmental relationship. This would provide greater assurance regarding the trainee's competence and fitness to practice (O'Donovan, et al., 2011).

The quality of supervision received will also influence the efficacy of the trainee (Falender & Shafranske, 2012). Even if there are no specifically counterproductive events (Gray, Ladany, Walker, & Ancis, 2001), supervision can be inadequate (Falender & Shafranske, 2012; O'Donovan et al., 2011) and this inadequacy is both damaging to trainees (Falender & Shafranske, 2012; Gray et al., 2001) and unlikely to be raised in supervision (Gray et al., 2001; Scott et al., 2011) or reported to the supervisor afterwards (Scott et al., 2011). This prevents remediation of the inadequacy or negative experience for the trainee (Gray et al., 2001) and does not allow modification of behaviour or practice by the supervisor (Scott et al., 2011). Australian research by Scott et al. (2011) identified that while the quality of supervision is acknowledged as critical, the pervasive reluctance to act on bad supervision is due partly to the shortage of supervisors—alienating even bad

supervisors would further reduce the number available. The other cause of the reluctance to act is the power imbalance inherent in the relationship between supervisor and supervisee during training, as supervisees are reluctant to confront or report bad supervision experiences.

The role of supervisor and the attendant power imbalance also provides supervisors with significant influence, whether positive or negative, on the attitudes and perceptions that supervisees adopt (Carless et al., 2012). The skills that are modelled and the advice that is given also shape supervisees and their future practice (Gray et al., 2001; O'Donovan et al., 2011). If the supervision experience is not positive or the attitudes, skills, and knowledge evidenced by a supervisor do not demonstrate competence, then the competence of the supervisee becomes questionable (Gray et al., 2001).

Given the importance of high quality supervisors, it is necessary to ensure that supervisors are competent and remain that way (Donovan & Ponce, 2009; O'Donovan et al., 2011). Ensuring supervisors' competence is particularly important as the research of Scott et al. (2011) indicated a tendency for supervisors to pass supervisees who should be failed. When this occurs, it compromises supervisors' current role as gatekeepers for the public and the profession (O'Donovan et al., 2011). To improve the quality and effectiveness of supervision, scholars suggest that supervisor training be implemented (Falender & Shafranske, 2012). Training and ongoing assessment of supervisor competence is beginning in Australia (O'Donovan et al., 2011; Stark, 2012) and has significant support (Stark, 2012). Training for supervisors is also a way of supporting their self-care and mitigating what can be a stressful activity that has been reported to be less rewarding than other professional activities (Rupert & Kent, 2007). Finally, having standardised, competent supervision is critical because its most important function is to provide quality assurance for the profession and this responsibility surpasses educative, training, and developmental functions (Falender & Shafranske, 2004).

Supervision for maintenance of registration.

Peer supervision or consultation is another aspect of ongoing learning that has been identified as useful in the maintenance and enhancement of competence (Sturm, 2010). It is also considered a means of increasing knowledge and skill in unfamiliar

practice areas (Belar et al., 2001). Even very experienced psychologists are expected to know when they need to consult and to do so (Spruill et al., 2004). It is thought to contribute to well-functioning and the avoidance of burnout (Rupert & Kent, 2007). For Australian psychologists, 10 hours of supervision or peer consultation per annum is now a registration requirement (Psychology Board of Australia, 2011b). There is, however, little assurance that ongoing supervision or consultation is contributing to the maintenance of competence (Rodolfa, Schaffer, & Webb, 2010; Shaw, 2010). In Australia, psychologists have considerable scope to choose whom they consult with in order to meet registration requirements (Psychology Board of Australia, 2011b). Unless the supervisor or peer is chosen with care and there is a willingness to give and receive critical feedback then the process may not be contributing to or maintaining competence (Shaw, 2010). For ongoing supervision to contribute to the maintenance of competence and ongoing development, it is incumbent on the person receiving the supervision or seeking consultation to ensure that they are open to hearing constructive criticism and have chosen someone who will provide it (Health Education and Training Institute, 2012).

Continuing professional development.

Ongoing learning also occurs through professional development or continuing education activities (Elman et al., 2005). Professional development activities are considered by those in the profession to be critical to the continuation of competent practice (Elman et al., 2005; Neimeyer, Taylor, & Cox, 2012; Wise, 2008). They assist in protecting the public and also serve as a way of assuring the public that competence is being maintained (Neimeyer, Taylor, & Cox, 2012; Nutt, 2010). Many psychologists believe that professional development activities help them keep up to date with advancing knowledge in their fields of practice (Neimeyer, Taylor, Wear, & Linder-Crow, 2012), and that they enhance their capabilities and ethical practice (Neimeyer, Taylor, & Wear, 2009). Additionally, these activities are considered a way to expand practice areas (Belar, et al., 2001). Continued registration as a psychologist in Australia is contingent on the completion of a minimum 30 hours of these activities per annum (Psychology Board of Australia, 2011b).

There are many types of professional development activities, from self-directed learning to postgraduate courses; however, there is a credibility problem for many

professional development activities at present (Neimeyer, Taylor, & Cox, 2012). There is little evidence that the myriad professional development activities undertaken are contributing to the objectives of professional development, chief among them the maintenance of competent practice (Neimeyer et al., 2009; Rodolfa et al., 2010; Wise et al., 2010). Further, results from a study by Neimeyer, Taylor and Cox (2012) have suggested that the ability of professional development activities to maintain competence varies considerably, depending on the nature of the activity. They conclude that what is required is an evidence base for the efficacy of the variety of activities employed, grounded in empirical assessment. This may mean that some currently acceptable professional development activities that do not lend themselves to substantiation and measurement are not fit for their intended purpose, as they cannot be shown to contribute to competence.

The Professional System

Gaining, maintaining, and determining the competence of individuals do not occur in a vacuum but in a context, and that context is the professional system. The importance of the professional system to attaining and maintaining competence is highlighted by its inclusion in both the cube model (Rodolfa et al., 2005) of competence and the competency architecture model (Roe, 2002). American scholars have also recently developed a model that emphasises the role of the professional system, which includes other psychologists, in maintaining and enhancing competence (Johnson et al., 2012), and recent Finnish research supports the role of the professional system (Kuittinen et al., 2014). Parts and functions of the professional system that are particularly relevant to competence are explored first at a local level and then, because of the increasing globalisation of the profession (Hall & Altmaier, 2008), a brief overview of international co-operation and regional and international systems and regulation follows.

The Australian system.

The professional system in Australia contains many bodies that perform a variety of functions related to the establishment, development, and regulation of standards in the profession. These bodies include the accreditation body, APAC; the professional body, APS; tertiary education providers; and the registration board, the

PsyBA. In Australia, the PsyBA is the body that is primarily charged with the protection of the public through regulation (Psychology Board of Australia, 2014a).

The Psychology Board of Australia.

It is the PsyBA that is the profession's chief gatekeeping body and the creator of the regulatory context within which professional practice occurs (Australian Health Practitioners Regulation Agency, 2014a, n.d.; Psychology Board of Australia, 2014c). The other parts of the professional system contribute to the regulation of the profession and aspects of the context that psychologists operate in; however, it is the PsyBA, empowered by the National Act (2009), that creates the overarching context by defining and policing the minimum thresholds and boundaries of practice. The National Act facilitated the establishment of the PsyBA who, as a body, incorporated existing mechanisms for ensuring that only competent psychologists are able to gain entry to and remain in the profession, and added some new ones. The applicability of various mechanisms depends upon the pathway to registration and whether it is for a new registrant or a re-registrant (Psychology Board of Australia, 2014d). However, the mechanisms can be grouped into four areas: examination, supervision, continuing professional development, and reporting.

The first of the new mechanisms is the introduction of an examination for general registration, as mentioned earlier (Psychology Board of Australia, n.d.-d). With regard to supervision, supervisors continue to be responsible for trainees' practice, as they were prior to the introduction of the National Act (Stark, 2012). Supervisors of 4+2 and 5+1 trainees are tasked by the PsyBA with determining whether a trainee meets the standards for entry to the profession (Psychology Board of Australia, 2013). Professional postgraduate students are now required to obtain provisional registration with the PsyBA upon enrolment, which means that they are subject to the same ethical code, guidelines, and requirements as fully registered psychologists (Psychology Board of Australia, 2012). With regard to continuing professional development, a mandatory 20 hours is a new contingency for re-registration. Lastly, the reporting mechanism creates two new requirements. The first is the mandatory reporting of four areas of concern, namely: practising whilst intoxicated, engaging in sexual misconduct in connection with practising the

profession, placing the public at risk of substantial harm because of impairment, or placing the public at risk of substantial harm because of deviation from accepted practice standards (Psychology Board of Australia, 2014b). The second is that universities must now accept reporting obligations in regard to provisionally registered postgraduate students (Australian Health Practitioners Regulation Agency, 2014b). This, however, places universities in the same dual role as supervisors of 4+2 and 5+1 trainees.

Tertiary education system.

For postgraduate students, their educational facility certifies competency with the award of an accredited degree (Australian Psychology Accreditation Council, n.d.). This makes the selection and assessment of students an important part of the quality assurance process in the profession. Despite advances in assessing trainees in psychology (Von Treuer, Sturre, Keele, & Feenstra, 2011), there remains a dearth of gatekeeping practices designed to assess the personal qualities of applicants (Edwards & Schleicher, 2004; Sofronoff, Helmes, & Pachana, 2011). Perhaps the only such practice used regularly is interviews: for course accreditation one of APAC's requirements is that universities use an interview panel of at least two appropriately qualified people to assess the person of applicants for training in psychology (Australian Psychology Accreditation Council, 2009). This process is considered fair by candidates (Westwood, Nunn, Redpath, Mills, & Crake, 2008) and allows for multiple opinions of an applicant to be garnered contemporaneously and quickly (Belar, 2009). There are concerns about the validity of interviews though, and they may not be as useful for gatekeeping purposes as supposed (Eva, Reiter, Rosenfeld, & Norman, 2004; Lichtenberg et al., 2007). This conclusion is supported now it has become apparent that there is a significant problem among trainees either lacking self-awareness or with interpersonal dysfunction (Brear & Dorrian, 2010). Often, peers, staff or external supervisors discern these problems, but there appears to be a reluctance to act on these observations (Brear & Dorrian, 2010; Kerl et al., 2002). Now that postgraduate psychology students are subject to PsyBA standards and disciplinary processes, and universities are subject to mandatory reporting requirements for students, it is possible that universities' reluctance (Brear & Dorrian, 2010) to act on problems of competence may diminish.

Australian Psychology Accreditation Council.

Formed in 2005, APAC's principal task is to establish education and training standards for psychologists and to run an accreditation programme for those institutions that purport to teach psychology students to the established standards (Australian Psychology Accreditation Council, 2012). APAC has authority under the National Act as an independent quality and standards body, and has just been reassigned its role and function by the PsyBA until July 2018. APAC is currently run by a board of 12 directors convened from three bodies, the PsyBA, the APS, and the Heads of Departments and Schools of Psychology Australia (HODSPA). This part of the system in Australia seeks to ensure that students of accredited programmes receive a high quality education that prepares them for practice, and that all graduates are able to meet the relevant standards for registration and emerge ready to use their knowledge and skills (Australian Psychology Accreditation Council, 2012). In order to set standards for education and training, APAC has to be aware of trends in education and assessment. For the last few years, Australian psychology has been strongly influenced by government desire for increased accountability in assurance of competence, and the international trend toward alignment of requirements (Voudouris, 2010). The move to competency-based education and an emphasis on outcomes is underway (Voudouris, 2010). However, assessing competence remains a significant challenge. This is in part because Australia is still in the process of setting parameters (Voudouris, 2010), but principally because competence is extremely difficult to assess given that it is developmental, impermanent and context dependant, whilst necessarily being able to tolerate uncertainty and ambiguity (Greenberg & Smith, 2008; Roberts et al., 2005)

To assess competence, issues such as individual and cultural diversity, the need to incorporate formative (developmental) and summative (final) assessment, the danger of dual roles if the same assessor provides both types of assessment, and the relevance and efficacy of self-assessment all require contemplation (Belar, 2009; Roberts et al., 2005). This is in addition to ascertaining what methods of assessment are appropriate as there is no single assessment that will do everything (Kaslow et al., 2009; Leigh et al., 2007; Roberts et al., 2005). This means that a variety of methods will be needed to assess the different aspects of competence, in a number of ways, and using multiple assessors. This is an expensive exercise and financial constraints

experienced by education providers (Leigh et al., 2007), together with the increasingly commercial, consumer pays, nature of tertiary education in Australia, make it harder to achieve (Maringe, 2006; Young, 2005). Given that establishing competence requires the assessment of skills, personal attributes, attitudes, performance, and decision making, in addition to knowledge, it is necessary to improve on traditional methods of assessment (Leigh et al., 2007; Lichtenberg et al., 2007).

Efforts to assess abilities rather than just knowledge have developed along with a focus on educational outcomes and the requirement to broaden areas of assessment (Leigh et al., 2007; Schulte & Daly, 2009). Assessment of a range of abilities typically occurs using performance-based assessments (Schulte & Daly, 2009; Swanson, Norman, & Linn, 1995), such as direct observation of practice. These types of assessment offer a method of determining whether the required skills and attitudes can be demonstrated, providing better assurance that psychologists can actually perform their jobs, rather than just having the knowledge to do them (Swanson et al., 1995). The implementation of such practices is not straightforward, however, and to improve public protection, issues such as standardisation of administration and the reduction of practice effects have to be carefully addressed to ensure consistency and efficacy of assessment (Leigh et al., 2007; Schulte & Daly, 2009; Swanson et al., 1995). In Australia, one university has begun using assessment centres that incorporate performance-based assessments as a developmental tool to assess competency acquisition (Von Treuer et al., 2011). Regardless of how assessment of competence is conducted, it is imperative to remember that just because someone has been assessed as competent on one occasion, this does not guarantee consistent competent performance because contextual issues, such as leadership or physiological considerations, cannot be controlled (Belar, 2009; Johnson et al., 2012; Roe, 2002; Schulte & Daly, 2009).

Australian Psychological Society.

There are a number of representative bodies for psychologists in Australia, including the Australian Clinical Psychology Association (ACPA) and the Institute of Clinical Psychologists (ICP); however, the APS is historically the most significant (see pages 13 and 14 of this chapter). It is also the biggest, representing over 21,000 psychologists (Australian Psychological Society, 2014). Because of its size and

longevity, the APS has a significant influence on the profession in Australia. It is not only the author of the Code of Ethics, but consults with and lobbies government and other bodies relevant to psychology and psychologists both in Australia and overseas, assesses overseas applicants' qualifications, advocates for psychologists, and provides a large body of information and guidance to member psychologists and the community (Australian Psychological Society, 2014).

The international system.

Traditionally psychology as a discipline has been very localised; the trend toward globalisation, however, means there are new pressures regarding the development of standards and self-regulatory mechanisms within the profession (Altmaier & Hall, 2008). Psychology grows and rejuvenates at a rapid pace across the world, continually expanding the number of people exposed to its ideas and practice (Stevens, 2007). As the world becomes a more connected place, the difficulties in ensuring standardisation in one country multiply as the profession faces an increasing need to facilitate shared understandings and standards internationally (Rehm & DeMers, 2006). This is problematic given differences in award terminology, minimum standards for practice, and varying recognition of psychology as a profession and not just a discipline (Nixon, 1994; O'Gorman, 2007). There are also cultural, political and economic differences that make international agreement on standards and requirements for practice hard to achieve (J. D. Hogan & Vaccaro, 2007; Lunt, 2008; Marsella, 2007; Nixon, 1990). By sharing and integrating knowledge and approaches, however, connectedness is facilitated (Forrest, 2010; Hall & Altmaier, 2008). Efforts are considered worthwhile because they facilitate mobility of professionals, the attraction of students and staff to universities, increased transparency, clarity of identity, and a cohesive approach to problem solving within the profession (Peiro & Lunt, 2002). Facilitating such outcomes will contribute positively to quality assurance in the profession (Altmaier & Hall, 2008) and may improve the apparent efficacy of self-regulation.

As psychology becomes an increasingly international profession, the competency movement has evolved within the profession internationally (5th International Congress on Licensure Certification and Credentialing of Psychologists, 2013), and self-regulatory efforts have been revised and refined, with a growing focus

on equivalence and standardisation (Hall & Altmaier, 2008; Voudouris, 2010). This has led to self-regulatory efforts that are both multi-faceted and multi-levelled (Hall & Altmaier, 2008). Within countries, efforts toward quality assurance in education by psychologist educators and trainers (Stricker, 2008; Waring, 2008), often organised by professional bodies (Scott et al., 2011) and through accreditation of courses by professional bodies (Nelson, Belar, Grus, & Zlotlow, 2008), have been undertaken with consideration given to what other countries are doing (Australian Psychology Accreditation Council, 2012; Voudouris, 2010). Ethical codes such as those of the American and Canadian Psychological Associations and the APS have been revised several times by those bodies and are becoming more complex and more detailed in an attempt to proscribe, prescribe and guide thinking to encourage desired behaviours, but are also considerably similar in content (Ritchie, 2008).

Sometimes these self-regulatory efforts have occurred at the local level, but others have occurred at a regional or international level (Hall & Altmaier, 2008). Specific examples from around the world exhibit the breadth and range of the changes the profession of psychology has made in an attempt to improve self-regulatory efficacy and quality control. For example, efforts have been made in the USA to improve equivalency and standardisation of requirements across States (Hall & Boucher, 2003). Canada has a Mutual Recognition Agreement on competency-based regulations to ensure minimum standards of competence across the country (Hunsley & Barker, 2011; Rubin et al., 2007). The Canadians are also set to align the competency frameworks used in professional psychology training programmes with those already required for licensure (Hunsley & Barker, 2011). In Europe, there has been a large body of work done and political will exerted in order to establish a common standard for education and training in psychology (Lunt, 2008). There is a European Meta-Code of Ethics (Allan, 2008), and the International Union of Psychological Science, the International Association of Applied Psychology, and the International Association for Cross Cultural Psychology have established a Universal Declaration of Ethical Principles for Psychologists (Gauthier, 2008; Pettifor, 2004). Work has also begun on establishing globally agreed and recognised competencies for psychologists (5th International Congress on Licensure Certification and Credentialing of Psychologists, 2013). These efforts represent the international profession's attempt to improve self-regulatory mechanisms in order to maintain standards, and facilitate connectedness and standardisation across countries and regions (Hall & Altmaier,

2008). It appears to have come in response to the identified need for greater accountability (Voudouris, 2010), and parallels an increasingly demanding external regulatory environment in many countries (Moran, 2003).

Intentionally blank

CHAPTER 3: STAGE ONE METHODOLOGY

The first stage of this research is qualitative and utilised a constructionist epistemology and a grounded theory approach to data analysis. The epistemology of constructionism is discussed first. The details of participants, materials, procedures, analytic techniques, including a discussion of grounded theory, and methodological rigour follow.

Research Design

The research question has not been empirically investigated before and therefore a constructionist epistemology was selected for the exploratory research in Stage One. A constructionist approach is apposite because it encourages the expression of different perspectives and allows the researcher to establish meaning from the data (Corbin, 2009). In an exploratory project without previously established parameters of knowledge, the theoretical framework used must be able to incorporate diversity of data and support an iterative process that creates understanding and thus knowledge of a phenomenon (Alvesson & Sköldberg, 2009). This process was able to occur because constructionism holds that reality is not common or objective based on knowledge to be discovered, but that knowledge about reality is instead constructed from people's perceptions and interpretations of their world (Patton, 2002; Savin-Baden & Howell Major, 2013; Schwandt, 1994). Individual knowledge about reality will be influenced by the environment and as such, it is considered to be a result of the interaction between people and with their physical world that is formed and conveyed within a social context (Alvesson & Sköldberg, 2009; Crotty, 1998). Such individual constructions will result in different interpretations and understanding of an experience (Crotty, 1998). This provides multiple perspectives, and there can be no single truth; rather each perspective is considered to be equally true (Corbin, 2009; Patton, 2002). In an exploratory study such as this, multiple perspectives are expected and the research design chosen can accommodate them.

Despite this, commonalities in perspective and interpretation exist and collective meaning making and understanding develop as a result of the dissemination

and sharing of constructions through social processes, including the rules of language (Savin-Baden & Howell Major, 2013; Schwandt, 1994). Accordingly, concepts and theories are not discovered from data but are built by the researcher, based on participant narratives which in themselves are attempts to make sense of their experiences (Corbin, 2009). This means that constructionism acknowledges the importance of the researcher to the research and sees the process of research and the construction of meaning as a collaboration between researcher and participants (Charmaz, 2009; Crotty, 1998). It is for these reasons that constructionism is commonly used as the rubric for qualitative research, particularly when a phenomenon has not been previously explored and the research is thus exploratory (Alvesson & Sköldbberg, 2009; Crotty, 1998; Miles & Huberman, 1994; Savin-Baden & Howell Major, 2013). It allows for multiple perspectives, acknowledges the role of the researcher in constructing knowledge, accepts that knowledge about reality is dynamic and contextual, and permits a richness of data with which to construct knowledge and thus enhance understanding of, in this case, what constitutes a fit and proper psychologist (Charmaz, 2009; Crotty, 1998).

Participants

Participants were 16 psychologists registered in Western Australia (WA), four male and 12 female. Of the 16, 13 had obtained a psychology degree from an Australian university and one of these participants held a prior degree in psychology from the Republic of South Africa. The remaining three participants held overseas qualifications, one from the USA, one from the UK, and one from Holland. The highest psychology degree awarded for each participant is shown in Table 2.

Table 2

Highest Degree in Psychology

4-year (<i>n</i> = 3)	Master's (<i>n</i> = 7)	D.Psych (<i>n</i> = 4)	PhD (<i>n</i> = 2)
18.75%	43.75%	25%	12.5%

Three participants had practised psychology after completing a four-year degree and then had returned to university to complete a master's degree. One of those participants was completing the last semester of study toward that degree at the time of interview.

The participants had been fully registered psychologists for a mean of 16 years 4.5 months, with a range of 2 to 29 years. Of the 16 participants, 13 held specialist title, now known as endorsement. The mean number of years since the title was conferred was 16 years 9.2 months, with a range of 2 to 29 years. Three participants were given general and specialist registration at the same time. All participants were members of the APS and their membership grades are shown in Table 3.

Table 3

Grade of APS Membership

Associate (<i>n</i> = 2)	Full (<i>n</i> = 13)	Fellow (<i>n</i> = 1)
12.5%	81.25%	6.25%

Twelve participants (75%) were APS College members. College membership and grade of membership is shown in Table 4.

Table 4

APS College Membership

	Clinical (<i>n</i> = 5)	Forensic (<i>n</i> = 2)	Organisational (<i>n</i> = 2)	CF (<i>n</i> = 2)	CO (<i>n</i> = 1)
Full members	41.67%	16.67%	16.67%	8.33%	8.33%
Student member	-	-	-	8.33%	-

Note. CF is Clinical Forensic and CO is Clinical Organisational to represent participants who were members of two colleges.

In relation to the work environment of participants, Table 5 shows the setting where participants were employed.

Table 5

Work Environment of Participants

State government (<i>n</i> = 5)	Private sector (<i>n</i> = 4)	Private practice (<i>n</i> = 7)	Academia (<i>n</i> = 1)
31.25%	25%	43.75%	6.25%

Note. The participant who worked in academia also worked in private practice and is counted in both groups.

Regarding type of work performed, Table 6 shows the principle area of psychology participants were engaged in.

Table 6

Principle Area of Work

Clinical (<i>n</i> = 5)	Forensic (<i>n</i> = 3)	Organisational (<i>n</i> = 4)	CF (<i>n</i> = 2)	CO (<i>n</i> = 2)
31.25%	18.75%	25%	12.5%	12.5%

Note. CF is Clinical Forensic and CO is Clinical Organisational to represent participants who split their time between two areas of practice.

Finally, when it came to ongoing supervision, 50% (*n* = 8) of participants obtained some form of supervision, with six of those participants reporting that they were involved in a peer supervision group. Two participants obtained supervision on a one-on-one basis. The frequency of supervision ranged from once per week to an as needed basis.

Procedure and Materials

Recruitment

In order to gain breadth and depth of information, it was decided to recruit participants who held full registration as psychologists as a minimum. This was because provisionally registered psychologists were thought to be potentially still learning about the constituent parts of a fit and proper psychologist. Participants who worked principally in clinical, forensic, or organisational areas were sought as these areas represent the three main streams of psychology. Other areas of psychology were not included due to the very small number of potential participants in WA.

There was a focus on obtaining participants from all educational backgrounds and with varying years of experience, in order to most fully represent the range of qualifications and experience amongst psychologists in WA. It was also thought that this would provide the most representative and inclusive view of what constitutes a fit and proper psychologist. A special effort was made to find participants who had completed four years of training and had practised as a psychologist before returning to university to complete a further degree in psychology. These participants were considered to be in a position to provide unique insight into the perceived benefits of postgraduate education and how their views of what constitutes a fit and proper psychologist may have changed through the process of further education. Participants who had been practising for many years and who had reached senior and supervisory positions in the profession were also sought as they were most likely to have more experience to draw on in constructing their own perceptions of what constituted a fit and proper psychologist.

Participants were initially purposively sampled in order to achieve maximum variability in the information obtained on fitness and propriety. Purposive sampling is used when a comprehensive understanding of a phenomenon is required, as opposed to generalisability (Lichtman, 2014; Maykut & Morehouse, 1994). It involves researchers using their specialist knowledge about the group of interest in order to select participants who represent the population (Berg, 2001; Lichtman, 2014). This strategy ensures maximal diversity and richness of data (Lichtman, 2014; Patton, 2002). Theoretical sampling was also employed. This sampling method is employed in research utilising grounded theory and is considered to be one of the key tenets of

grounded theory work (Morse et al., 2009; Savin-Baden & Howell Major, 2013). Theoretical sampling, a type of purposive sampling, involves identifying further participants based on initial analysis of early stage data and the ongoing process of data collection and analysis (Corbin & Strauss, 2008; Maykut & Morehouse, 1994; Walliman, 2006). This strategy allows for both the development and broadening of the sample and the expansion and then refinement of theoretical insights (Chenitz & Swanson, 1986; Corbin & Strauss, 2008). Such sampling allowed for the inclusion of psychologists with both Australian and overseas training, of both genders, and with a range in recency of training, age, education, experience, abilities, and knowledge, within the parameters defined. Utilising both purposive and theoretical sampling allowed for maximal breadth of data and this ensured the richness of constructed knowledge about what constitutes a fit and proper psychologist.

Potential participants were identified in three ways. First, the researcher identified those people known to fit the selection criteria. Second, the register of the former Psychologists Board of Western Australia was searched, and third, the WA branch membership of the APS clinical, forensic, and organisational colleges was examined to identify additional or alternative potential participants.

The Process

Once a potential participant had been identified, each was contacted by telephone or by email to outline the research and the requirements of participation. For those who agreed to participate, a time, date, and location were set for the interview, at the participant's convenience. Of the 16 interviews, 11 were conducted at the participant's place of work, one was conducted on a university campus, and four were conducted at the participant's home. Each participant was provided with an information sheet that outlined the study, addressed confidentiality issues, and provided contact information for the researcher, her supervisor, and an independent contact person (see Appendix A). All participants were asked to sign a consent form on the day of interview that outlined that participation was voluntary and that withdrawal from the study was possible up until the point when data were de-identified (see Appendix B). Participants were also given the opportunity to ask any additional questions they may have had prior to interview commencement.

The interviews lasted for between 50 and 130 minutes. This is consistent with qualitative research where interviews typically last between 90 and 120 minutes on average (Maykut & Morehouse, 1994). Each interview was tape recorded for later transcription. Notes were taken during the interviews in order to identify the strongest ideas, capture researcher impressions, and depict participant non-verbal communication, in addition to listing any extra questions that the researcher wished to ask. Both audio recording and note-taking are recommended in interviews in order to take advantage of the richness of information that is provided by including verbal and non-verbal data (Creswell, 2007).

Interviews were conducted in five blocks containing two, three, four, four, and three participants, respectively. This allowed for transcription and initial analysis of data, the alteration or refinement of questions, and recruitment of further participants as indicated by the theoretical sampling strategy employed (see Corbin & Strauss, 2008). Recruitment and interviewing of participants continued until data saturation had been reached. This means that no new information is forthcoming from the data despite searching for novelty (Walliman, 2006), and is apparent when data and themes begin to recur and be verifiable (Chenitz & Swanson, 1986; Corbin & Strauss, 2008). At the end of each interview, participants were thanked for their time and participation and offered the opportunity to debrief if they wished.

Type of Interview

Semi-structured interviews were conducted with participants. The decision to use this type of interview was made because it allows for the collection of different types of information in both a structured and unstructured manner (Berg, 2001; T. May, 1997). While an unstructured interview is more in keeping with constructionist epistemology and grounded theory methodology, the benefit of being able to collect comparative and demographic data mitigates the case for unstructured interviews. Additionally, a semi-structured interview retains the flexibility to allow each interview to be built on by adding and deleting questions based on information obtained from previous interviews (Lichtman, 2014; T. May, 1997; Maykut & Morehouse, 1994). This is in keeping with the inductive nature of constructionism and grounded theory (Corbin & Strauss, 2008).

According to Berg (2001), there are four different types of questions that are required in order to obtain the most comprehensive information about the subject under investigation: throw-away questions, essential questions, extra questions, and probing questions. Throw-away questions serve several purposes. They are often found at the beginning of an interview to obtain essential demographic information or to establish rapport. They are also used to set or change the pace of an interview. Whilst the name of these questions implies that they are incidental rather than critical to the research topic, they frequently help to elicit a more complete narrative. Essential questions focus on the concept central to the research and are asked to acquire key information. In order to check the reliability of information, ensure a particular topic, concept, or idea has been exhausted, and ascertain whether a change in wording has any influence on the information obtained, extra questions tap roughly the same ideas as essential questions but employ different wording. Finally, probing questions allow researchers to draw more elaborate information from participants by increasing the depth or breadth of responses (Berg, 2001). All of these question types were employed in participant interviews. Table 7 provides an example of each.

Table 7

Examples of Question Types Asked During Semi-Structured Interviews

Question type	Question example
Throw-away question	What education and qualifications do you have in psychology?
Essential question	What does it mean to be a fit and proper psychologist?
Extra question	What are the constituent parts of a fit and proper psychologist?
Probing question	How else might we ensure psychologists are fit and proper?

In this case it was necessary to collect essential demographic information in order to describe relevant participant characteristics and this was done in a standardised manner. A set of six questions was then designed to get participants thinking about the concept of fitness and propriety and that could be asked if required

(see Appendix C). The researcher then allowed participants' narratives and the constructions contained therein to guide further questions, and inform threads to be followed in future interviews. Some examples of the questions generated from participants' narratives are given in Appendix D. Using this format, it was possible to explore participants' personal constructions about what constitutes a fit and proper psychologist from a number of angles and through elicitation of opinions, feelings, perceptions, and understanding.

Methodological Approach

According to Corbin and Strauss (2008), grounded theory analysis uses the data and, where appropriate, relevant technical literature, to generate and validate an explanation of a phenomenon. This explanation aims to describe, in detail, the phenomenon under consideration and then relate it to environmental conditions, causes, and outcomes that potentially affect it. In this case, the phenomenon is what it means to WA psychologists to be fit and proper. The benefit of this type of analysis is that it is likely to enhance understanding of the topic and provide an outline of potential action, which is particularly useful for exploratory studies, such as this, where meaning is constructed from the data. This type of analysis also represents a practical expression of the constructionist epistemology employed for this study.

Grounded Theory

Glaser and Strauss were the first to write about grounded theory (1967). However, understanding and approaches to the methodology began to diverge shortly thereafter. One school of thought, principally articulated by Strauss, held that grounded theory is constructionist rather than emergent from the data (Corbin & Strauss, 2008; Strauss, 1987). Strauss's approach and interpretation of the methodology is thus ideally suited to a constructionist epistemology. Now, grounded theory methodology has evolved to the point that it is considered to be "a way of thinking" (Morse et al., 2009, p. 236) where some fundamental steps are required in order to be able to call the method grounded theory, but how you actually do the analysis is individual and responsive to the research question and the data (Corbin, 2009). In other words, whilst the utilisation of grounded theory is a process, the method itself is constantly evolving such that it is inherently flexible and fluid

(Charmaz, 2009; Corbin, 2009). That said, theoretical sampling, constant comparison, and questioning of the data are requirements of grounded theory methodology (Morse et al., 2009), and the aim remains to generate an explanation of a phenomenon, such as a fit and proper psychologist, that is grounded in people's lived experience (Charmaz, 2009; Corbin, 2009).

Grounded theory from a constructionist perspective has some other hallmarks: It is inductive, deductive and abductive – essentially this means that the process is data driven, interpretive, and iterative (Charmaz, 2009; Corbin & Strauss, 2008). In keeping with constructionist epistemology, grounded theory also considers that the researcher is a co-constructor of knowledge (Charmaz, 2009; Crotty, 1998). It values all data equally and does not expect it to conform to pre-existing ideas, instead providing for the utilisation of existing ideas evident in the literature in order to assist the researcher in ascribing meaning (Charmaz, 2009; Patton, 2002). This allows for a theory of best fit to be developed, in that new constructions can be grounded in participants' lived experiences but located contextually in a larger, existing body of knowledge.

Despite the flexibility inherent in the process and grounded theory now being considered a way of thinking about a phenomenon, the research process is not without rigour. The approach provides tools that assist the research to move from unstructured data to descriptive codes, core categories, and theory (Corbin & Strauss, 2008). This knowledge development occurs over time as the researcher reads, re-reads, compares, hypothesises and then tests for fit in an iterative process where steps are repeated many times until arriving at the most elegant but richly descriptive explanation of the phenomenon (Corbin & Strauss, 2008; Patton, 2002).

Analysis

The Stage One data were analysed using a constructionist grounded theory approach. This included the researcher transcribing the interview tapes and then coding, memoing, and diagramming the data. Relevant literature was consulted as a comparative standard during the analysis. Each of these steps, and the rationale for them, is examined below.

Transcription represents the transition from data collection to analysis (Lichtman, 2014; Patton, 2002). It serves as a component of analysis because it allows immersion in the data and the opportunity to develop an overview of the interview that is facilitated by attending to tone, rate of speech, emotion evident in the transcripts and so forth (Charmaz, 2009; Patton, 2002). This provides an extra dimension to the data, much like the notes taken during interviewing, and thus allows early insights into participants' constructions about what fitness and propriety means to them.

Although there are now well-known computer software programmes that enable analysis of qualitative data, the researcher chose to analyse the data manually. This again allows further immersion in the data and prevents the material from taking on an incorporeal quality (Liamputtong & Ezzy, 2005). Although computer programmes may be designed to make linkages within the data, it is more in keeping with the ethos of grounded theory that those linkages are made in the researcher's mind in order to develop what might be termed a mental audit trail. Manual analysis is also more likely to identify subtleties and esoteric detail in the data (Savin-Baden & Howell Major, 2013).

Analysis using grounded theory methodology moves from concrete to increasingly abstract processing of data and has three key parts: coding, which has several steps; memoing; and diagramming, (Corbin & Strauss, 2008). All of these sometimes occur concurrently. The process of coding began with careful reading and re-reading of the interview transcripts to enable line-by-line analysis. Each discrete idea relevant to the meaning of fit and proper was given a conceptual label and those concepts that were similar were grouped together as suggested by Corbin and Strauss (2008). By asking questions of the data and comparing concepts and groupings for similarities and differences, relationships and links in the data were identified and the groups were formed into categories and then core categories as the data were refined, developed and then integrated in a process known as open coding (see Corbin & Strauss, 2008; Strauss, 1987). This process continued until the transcript was exhausted and the relationships within and between categories were well established and validated through the identification of first and second order themes, as recommended by Corbin and Strauss (2008), and Cresswell (2007). This allows for levels of grouping, with categories providing meta concepts, themes being separate ideas related to each other under the umbrella of the category, and second order

themes, or sub-themes, being related to each other under the umbrella of the theme, and so on. Any data that did not fit the existing themes was reviewed and the themes reconceptualised in order to account for all the data and increase the rigour of the analytic process (see Corbin & Strauss, 2008; Patton, 2002).

When all the categories had been developed, an attempt was made to represent the data in a new way. To do this, a coding paradigm in the form of tables was used in order to examine the data for themes and patterns from another angle. This process, known as axial coding, is explained by Corbin and Strauss (2008), and Creswell (2007). This stage of coding tried to identify central categories, explored causal conditions that influence what constitutes a fit and proper psychologist, and considered strategies, contexts, and consequences that help to explain the phenomenon of fitness and propriety. Tables were organised thematically and included information on the categories and sub-categories identified, examples of the data that gave rise to the category, with reference to where the information was obtained (for example, the transcript and line number), and any relationships between the categories. This process assisted in locating categories in a theoretical space and created a hierarchy of concepts where some became central to the research because they had maximum explanatory power, and others were subordinate in that they related to the central categories or because they represented expressions of central categories.

The last step in the coding part of grounded theory data analysis is known as selective coding (Creswell, 2007). This involved the development of a storyline that incorporated and integrated the categories, themes, and relationships identified during axial coding. This stage resulted in what are called conditional propositions that explain the phenomenon under consideration. In this case, the conditional propositions served to explain what constitutes a fit and proper psychologist in WA.

The second key analytic strategy was memoing and during the coding process, it was used extensively. Memoing is used to assist in the identification and development of a grounded theory by facilitating the examination of similarities and differences in the data, generating hypotheses and questions, and allowing consideration of researcher reflections (Corbin & Strauss, 2008; Strauss, 1987). Memos in this research included summaries and reflections from interviews, a record of research activities, questions raised by reading or discussion, synopses of meetings with the research supervisor or advisors, reminders, ideas, literature to read, and

tentative linkages or relationships in the data. All these memos were written in a research notebook and examined frequently.

As suggested by Corbin and Strauss (2008), diagramming was used as the third analytic strategy. Drawing and re-drawing the hypothesised links and relationships in the data helped to identify holes or underdeveloped sections in the data and assisted in selecting questions for later interviews. As coding continued, diagrams became more elaborate and detailed, and allowed central and subordinate categories to be represented in a context, and their fit and relationship to each other and to the whole compared. Further questions to be asked of the data were generated in this way. Diagramming continued until the process of analysis and the write-up of results was completed.

As encouraged in grounded theory methodology, the technical literature was used as a comparison against the data and the researcher's constructions. Scholars (see Crotty, 1998; Miles & Huberman, 1994; Savin-Baden & Howell Major, 2013) have noted that this leads to a data-driven approach to analysis and interpretation and ensures the substantive nature of results. Use of the literature during analysis enabled similarities and differences between it and the data to be explored (see K. A. May, 1986; Savin-Baden & Howell Major, 2013). By integrating the literature, support was demonstrated for the themes and concepts being constructed and this allowed for a broader interpretation of the data. Overall, the analytic process followed an iterative course of induction and deduction such that, as the data generated hypotheses, immersion in the data permitted confirmation or disconfirmation of the hypotheses about relationships and linkages constructed from the data.

Methodological Rigour

The results of qualitative research are sometimes viewed with suspicion, as the analytic process is not as objectively rigorous as quantitative methodologies. Nagy and Viney (1994, September) suggested that, instead of traditional measures of rigour such as validity and reliability, qualitative methodologies require other processes, including credibility, transferability, representativeness, and confirmability. The following procedures or processes were utilised in this study in order to ensure rigour:

1. Multiple sources of data and data collection were used (as suggested by Berg, 2001; Lichtman, 2014; Maykut & Morehouse, 1994; Patton, 2002) Purposively and theoretically sampled participants from three different streams of psychology gave interviews that provided verbal and non-verbal data for analysis. The technical literature was used as a source of comparison material to the data. This supported transferability and representativeness (as per Nagy & Viney, 1994, September).
2. An audit trail was compiled in the form of a research notebook. This contained details of the analytic process and showed the development of the study, as well as containing other memos central to the process (as suggested by Corbin & Strauss, 2008; Lincoln & Guba, 1985; Maykut & Morehouse, 1994; Nagy & Viney, 1994, September). The use of an audit trail enables confirmability of the results (as per Nagy & Viney, 1994, September).
3. The process and type of sampling selected conformed to that embedded in the methodology of grounded theory (as discussed by Morse et al., 2009).
4. The four types of interview questions required to elicit the most comprehensive and detailed data were utilised (as suggested by Berg, 2001).
5. The sample size was within accepted bounds: Saturation was achieved in this study after 16 interviews and although this may appear to be a small sample, it has been stated that a carefully designed and conducted study that employs appropriate sampling techniques can reach saturation in as few as 12 interviews and probably no more than 20 (Lincoln & Guba, 1985). Since qualitative research is more concerned

with the amount and quality of the data collected than the number of participants (Lichtman, 2014; Morse, 1994), representativeness is achieved when saturation has been reached (Morse, 1994; Nagy & Viney, 1994, September).

6. Credibility was ensured in two ways: First, the principal research supervisor checked the classification of themes and categories to ensure they reflected participant constructions and not misinterpretation of the data by the researcher. Second, negative cases were sought and analysed, resulting in reanalysis and reinterpretation of themes and categories (see Nagy & Viney, 1994, September).

7. Member checking (Nagy & Viney, 1994, September) was conducted with 75% ($n = 12$) of the sample. The aim of member checking is to allow for a review of the categories, themes, and sub-themes by a number of participants, in this case to ensure that the researcher's construction of a fit and proper psychologist was true to the participants' perceptions and understandings. No changes were suggested or made as a result of this process. The whole sample was not member checked due to relocation, paucity of time, or retirement on the part of participants.

Use of these processes enables a high degree of confidence in the reported results. It provides a solid base of constructed knowledge upon which other studies can be built, including the second stage of this research. Finally, ensuring methodological rigour honours the participants who gave their time and freely gave of their thoughts, feelings, opinions and perceptions in order to facilitate a shared understanding of what constitutes a fit and proper psychologist.

Intentionally blank

CHAPTER 4: STAGE ONE RESULTS & INTERPRETATION

Stage One data were collected prior to the introduction of the National Act (2009) and at the time, the Psychologists Act (WA) 2005 applied to all psychologists registered with the WA Psychologists Registration Board. The Act set out the requirement that all people so registered must be fit and proper. Participants were initially asked what being fit and proper meant and what they considered constituted a fit and proper psychologist. The question thus encouraged participants to consider what a fit and proper psychologist would be like. It was expected that participants would identify features at a personal level that would make someone a fit and proper psychologist; more surprising was participants' identification of contributors to fitness and propriety operating at a systemic level. The results of the data analysis of participant interviews are therefore split into two parts: Part one deals with the personal features of a fit and proper psychologist and part two examines what systemic issues contribute to fitness and propriety in psychologists. See Table 8 for an overview of the parts and their associated categories and themes. Both parts include an interpretation of the categories, themes, sub-themes, and sub-sub-themes that emerged. The technical literature is referred to where relevant and enlightening or to strengthen the interpretation. Participant (P) quotations are referenced using a number unique to each participant and obvious language errors have been corrected.

Person Features

The primary area that emerged from participants' answers about what constitutes a fit and proper psychologist concerned things to do with the person or *person features*: "I think there are different elements, fit and proper is something to do with the person themselves" (P6). Thus, the first area for exploration is what it is about people that make them fit and proper psychologists, or not.

Table 8

Categories and Themes for the Parts of a Fit and Proper Psychologist

Part	Category	Theme
Person features	Capability	Health
		Education
	Character	Criminal history
		Traits
		Self-awareness
		Personal responsibility
		Other orientation
	Conduct	Self-care
		Principled and virtuous behaviour
		Connectivity through involvement
		Promotion of the profession
System issues	Selection and screening	Selection content
		Selection timing and methods
	Monitoring	Mandated supervision
		Renewal of registration
		Ongoing supervision or performance management
		Responsibility for self and others
	Regulation	Regulatory bodies
		Under-reporting of problems
	Prevention and remediation	Individual remedies
		Systemic remedies

When considering what person features a psychologist should have in order to be fit and proper, participants' responses resulted in the construction of three overarching categories: *capability*, *character*, and *conduct*. Table 8 presents an overview of the thematic categories related to the person features of a fit and proper psychologist. Herein the capabilities, personal qualities, and behaviour that participants believed fit and proper psychologists would exemplify by the time they

have completed most, if not all, of their formal training, have achieved registration, and have started working as a psychologist are explicated.

In pondering the question, however, participants explored how someone becomes a fit and proper psychologist and what is required to maintain fitness and propriety once attained. Their answers therefore reflect the features that fit and proper psychologists either have innately, or are expected to acquire during the process of becoming a psychologist, and then maintain. This represents a significant period of learning and development. Fitness and propriety then does not appear to be a discrete entity; instead participants' answers suggest that it is something that is developed.

Part of the definition of a profession is that you go through a long training period, right, so I think there is a socialisation and norm development and the like that happens—and that might encompass fitness and propriety for psychology—it doesn't actually happen very well with us as opposed to other professions (P11).

To begin though, the rationale for undertaking the current study was reinforced by participants who expressed their own desire for clarity and a common understanding of what a fit and proper psychologist is:

They will have to do a lot of education to actually get everybody up to speed in regard to knowing this stuff so there is a more specific and operationalised if you like, understanding [of fit and proper]. We don't have a generic understanding at the moment and we need to have one for everyone's sake (P7).

The difficulty in defining the concept of fitness and propriety and its complexity is illustrated by the number and variety of ideas incorporated by participants when they attempted to define what fit and proper means in relation to the individual:

Now to be fit and proper you need to be able to function in your role

Functioning is about how you function in terms of your conduct, also how you

perform the role in a manner that might not be about conduct itself but the capacity to conceptualise things and work and fulfil the requirements of the role in a way that might not always be visible and it's about being able to do these things consistently and reliably and in a way that is ethical, that doesn't bring the profession into disrepute in any way. There's a whole lot of components that go into being fit and proper in terms of your own personal functioning, it's around your emotional functioning and your mental functioning and whether or not you're physically capable, whether or not you're aware of any condition or issue you may have (P8).

In order to make sense of these ideas, the thematic categories previously outlined will be examined one by one – together they represent the constituent person features of a fit and proper psychologist.

Capability

Participants thought that part of fitness and propriety was capability—what participants often referred to as competence: “I think partly fit and proper is to be competent” (P4). Capability in two areas was considered by participants to be critical to the basic functioning of a fit and proper psychologist – *health* and *education*. The themes, sub-themes and sub-sub-themes related to capability are shown in Table 9.

Health.

Participants considered that fit and proper psychologists were healthy. Health was a holistic idea that went beyond physical fitness according to participants:

I suppose, if you talk about fit and proper in relation to the person, I suppose it's about having the mental and physical capacity to do the job that's required of you (P6).

Table 9

Themes, Sub-themes and Sub-sub-themes in the Capability Category of Person Features

Themes	Sub-themes	Sub-sub-themes
Health	Physical	Effectiveness
	Psychological	Awareness
		Impact on clients
Education	University	Foundational achievements
		Minimum requirements
	Career-long learning	Required supervision
		Ongoing supervision
		Professional development

Physical and psychological health.

As the above excerpts demonstrate, this theme had two sub-themes – physical and psychological health. The term *psychological health* is used as it best encompasses mental, emotional, and spiritual wellbeing, all of which were mentioned by participants as contributing to overall health and so to capability. Despite participants' clear recognition of physical and psychological aspects to health, it appears that they saw health as a unified concept and this would account for their frequent consideration of both sub-themes together when discussing health. This means that whilst there are clearly two sub-themes, they cannot be separated without repetition and so will be discussed together.

Participants agreed that serious and untreated psychological or physical deterioration that impaired their capacity was likely to render psychologists unfit to practise:

I said before that serious mental illness such as psychosis or maybe even serious depression would make someone not a fit and proper psychologist, and also things like tumours, brain tumours, and then, I guess dementia – anything which impairs cognitive functioning (P4).

Despite agreeing that serious illness that impaired psychologists' capacities was likely to make them unfit and improper, participants were uncomfortable making definitive statements about when psychologists were not healthy enough to practise. They felt that there was no clear delineation between healthy and unhealthy and that such determinations should be made on a case-by-case basis:

When it comes to things like health issues, I'm just thinking about something like epilepsy, if you are under control and you take your medication, cognitively, emotionally, psychologically you are intact to work, but what if you were to have a fit with a patient, would you traumatise your patient and because of that you're not going to practise? I think that's a very idiosyncratic situation, we can't put sort of an umbrella clause over health, I think that has to be looked at individually, definitely (P7).

This case-by-case determination of fitness and propriety in both physical and psychological domains was considered necessary because "the diagnostic criteria or the symptoms are not related to job performance" (P11). Regardless of the type of health issue, the ability of psychologists to perform their jobs competently was considered central in determining fitness to practise: "fit means that they are psychologically and physically able to perform the duties of a psychologist in a competent way" (P5).

Participants identified three considerations as helpful in the determination of whether or not any health issue might affect the job performance of a psychologist to such an extent as to render that psychologist incompetent and thus lacking in fitness and propriety: effectiveness, awareness, and impact on clients.

Effectiveness.

The first component that participants considered important in evaluating whether a psychologist was healthy enough to practise was the ability to be effective:

To be competent you have to be effective at whatever your specific role is and to be effective you'd have to have the physical and mental capabilities to do the job. If those capabilities change then your effectiveness might deteriorate and then you probably wouldn't be healthy enough to be [competent] anymore (P14).

Participants felt that there were likely to be both physical and psychological capabilities required in order fulfil the role of psychologist effectively. However, there was a lack of clarity about the exact nature of those capabilities. Participants were also unclear about when a health issue might impair effectiveness sufficiently to compromise capability. This ambiguity is likely to hinder psychologists' ability to make decisions concerning their own health issues and the impact those issues may be having on their effectiveness. Any such decisions are predicated on psychologists' awareness of their health issue, however.

Awareness.

The second consideration participants identified concerned psychologists' level of awareness about any condition that is affecting them: "whether or not you're aware of any condition or issue you may have" (P8). It was not considered a linear relationship between awareness of a health problem and fitness to practise though; rather participants believed that there was a continuum of awareness from under-aware to over-aware:

We've certainly had situations where people have been deteriorating in their personal functioning, due to things like strokes or debilitating illnesses and they are not necessarily aware of that and they're not necessarily aware of the effect of the decrease in functioning on their role. You get the other end of the spectrum where psychologists who are worried that things that are happening

in their lives are leading to a decrease in their functioning tend to over-analyse things and then in itself that kind of worry can get in the way of how well they are actually performing (P8).

Participants felt that worrying too much about conditions or situations could affect job performance just as much as being unaware of any reduction in physical and psychological capabilities. They considered that being aware of and pragmatic about any health problems were the best ways to minimise the likelihood of those problems affecting job performance.

Impact on clients.

The third consideration that participants thought was important in determining whether a psychologist was physically and psychologically healthy enough to practise was whether the health issue was having a negative impact on a client or clients:

If you come into the profession and you've got too many of your own hassles or your childhood has been very traumatic then I think that can have a huge [negative] impact on how you work with other people, particularly if they present with similar issues to what you've experienced (P9).

Participants considered that a wide range of physical or psychological problems might negatively affect clients. They also thought that unethical behaviour might be stimulated by a health problem. If physical or psychological functioning were reduced and this had a negative impact on clients then job performance would clearly be affected and this would have to be addressed. If such problems were addressed, however, participants acknowledged that past or present ill health would not necessarily rule a psychologist out of practice or make them unfit or improper:

So being aware that there are some good people in the psychology area who themselves have had or have got a physical or mental illness, so for them, being on top of their health issues so that clients are unlikely to be impacted [is important] (P9).

This is in part supported by research that found that experiencing depression ultimately may have beneficial consequences for professional functioning once the condition has ameliorated or been treated (Gilroy et al., 2001). Ultimately, in order to minimise the likelihood of any health issue having a negative effect on a client, participants felt that the key is whether the psychologist was aware of the condition and managed it effectively.

Participants identified effectiveness, awareness, and impact on clients as being key in determining if a health issue was affecting fitness and propriety. The same three considerations are mirrored in the literature as being important in assessing psychologist impairment or ill-health (Elman & Forrest, 2007). This being the case, fit and proper psychologists are likely to be those who regularly reflect on their physical and psychological health and question whether any problems or concerns they have are compromising their effectiveness or negatively affecting their service to clients.

Education.

Every participant considered education to be something that a fit and proper psychologist had and it was strongly related to capability: “In terms of competency though, education is certainly an issue there – the more educated you are, if you’re doing things properly, then you should be increasingly competent” (P5). It was broadly defined, beginning with university and continuing throughout a psychologist’s career in many different forms:

I have a belief in the more education you have the more competent you can be, but it’s not only university, it’s all the other things you do, supervision, being involved in professional organisations, interacting with other professions, so, to me, you need to be well rounded in your education, not just university (P3).

University.

Participants thought that all facets of the university experience were important. This included the quality of both the course and the staff: “training is really important, so like university studies, you’re doing courses that are accredited so that your basic undergrad. and postgrad. are of good quality and have suitably qualified staff” (P2). Participants’ concern with the quality of the university experience is echoed in the

literature. Peterson (1997) detailed programme accreditation, inclusive and rigorous curriculum, valuing of research and practice, and experienced and productive staff as essential for quality in the university education of professional psychologists.

Participants were primarily focused, however, on the academic achievements that would need to be met as they also identified that being a fit and proper psychologist “would have to include a level of academic accreditation” (P13).

Foundational achievements.

The academic achievements that participants considered a fit and proper psychologist would acquire at university can be broken down into three foundational achievements: the ability to think critically, basic knowledge and skills, and ethical awareness. Developing the ability to think critically was considered to be a foundation for future learning and practice: “So it’s that critical thinking and that would be the generic base” (P11). It was also seen as a way of facilitating the adoption of a career-long scientist–practitioner approach:

One would hope the generic competency of all psychologists, which is that old science practitioner model, where they’ve had some sort of schooling and ethos in not just accepting things at face value but looking [at something], is it supported, what’s the merit of it, what does the literature say, how accurate is it, is it valid, is it reliable, whatever it happens to be, or is it just some pretty model that somebody’s made up that has no real basis in fact. So one would hope that that critical thinking underpins, that carries over, and that’s the undergraduate competency and then it would be further honed during postgraduate studies and it becomes the science practitioner way of doing things (p13).

Participants also thought that an essential part of a university education for a fit and proper psychologist was the acquisition of basic knowledge and skills that went beyond academic knowledge: “I mean [at university] you’re given a basic foundation of knowledge I think, and a very basic skill level.... It’s that general skill and knowledge that they’re getting that’s more than just academic knowledge” (P9). Participants considered that the knowledge and skills that a fit and proper psychologist

should acquire at university would confer a basic, entry level of capability: “Uni. is good for information, theory and basic skills—that’s what you should get from uni., basic competence” (P2).

The third foundational achievement that participants thought should be acquired at university was ethical awareness:

I think, if I can reflect back on my own training, there was a whole unit that I did on ethics that was absolutely fantastic it was so valuable. I think we should actually do more of that, definitely.... So that is a core unit (P7).

Participants agreed that a fit and proper psychologist needed “to be aware of all the components of the ethics code” (P3) and university was considered to be the place where ethics education should begin. In the undergraduate course it was felt that “up to fourth year all you really get is research ethics or that’s all I had, so, the focus wasn’t on your practice” (P1). Once students progressed to the postgraduate courses, however, participants identified that ethics education became more applied and comprehensive, and that this was necessary:

I think some of our training, the training that we get in the postgrad. as far as ethics training is very good, I don’t think that up until that stage you really get that ethical training to know when you are actually breaching rules or ethical codes (P1).

A fit and proper psychologist, participants thought, would possess sufficient ethical awareness to understand the Code (Australian Psychological Society, 2007) and apply that understanding to practice.

Minimum requirements.

The idea that the university education of a fit and proper psychologist was not complete after four years was not limited to learning about ethics. Participants solidly endorsed the idea that to be a fit and proper psychologist a minimum of six years of university education was required:

I think in today's courses, four years, in that time you don't really cover enough information to prepare someone to go out and be a psychologist. And I think legislation should change to make it a six-year course. I believe very strongly in this (P3).

The value of a four-year degree was not dismissed; rather it was thought, "people need to remember that the undergraduate degree isn't a vocational degree, it's more a general degree and I don't think that's a bad thing; I think it becomes vocational once you specialise at master's level" (P13). The problem participants identified with a four-year degree was that although it was a useful general degree, in their opinion, it did not equip someone to actually be a fit and proper psychologist:

You know, after my four years I knew nothing so I would never have felt comfortable coming into a work setting after four years of training so I don't think that provides, it provides basic knowledge and very basic skills but no specific skills ... I don't think four years provides you with anything to be able to call yourself a psychologist (P9).

This sentiment was also illustrated from a different angle, and reinforced the theory posited by participants that capability is related to amount of education:

Most complaints or people I've supervised that have had complaints made against them have all been four-year-trained psychologists. So I don't think four years is really sufficient to really learn enough about psychology to be a fit and proper psychologist (P3).

Participants felt that the required additional learning gained in postgraduate courses was about both skill acquisition from practical training, and about linking critical thinking to analysis and advice in practice:

Now, the people that have, that are more clinically skilled are much better able to be flexible and responsive and go with the flow and analyse the situation that arises, where often what the b.psychs will do is report on what had happened,

rather than analyse why that might be happening. So they [six-or-more-year-trained psychologists] have an additional layer of reasoning and analysis—and that's why additional education is so important, I can see it here, the difference (P6).

It involved being able to go from acquiring and processing information to actually applying it:

What you get out of a four-year degree is you get this part of a professional role, which is the information provision role. You get very good at being able to gather information, summarise it and put it together in a form that is useable by people, but you don't get another part of the professional role, which is the advisory role and that's about acting on the information and saying okay, given this, given my understanding or experience, and knowledge and everything else ... you can then say right I will make this decision, we will lay off 200 people or we will restructure in this way or I will suggest this form of therapy, or whatever it is. When you get out of a four-year degree you don't have any of that advisory component and the advisory component is the key (P11).

Being able to advise or guide people, thus applying theory (science) and skills (practice), is challenging—too challenging, participants thought, for people who have completed only four years at university:

If you let loose a four-year trained psych on somebody who has co-morbidity, say bipolar, relationship problems, and some anxiety, I don't know how a fourth year [with only basic theoretical training] would be able to contain that person, hold that person and get some guidance through, I've got no idea how they would do that. Maybe I underestimate them, but from experience, it's quite tough (P7).

In addition, participants felt that the link between science and practice had to work in both directions. Having either the capacity to advise or the capacity to assimilate credible information was not enough; being a fit and proper psychologist, participants

believed, meant that a psychologist was able to use validated information to inform their practice, but also to appraise their practice and identify the scientific basis for the methods they used. Participants concurred that this was not something that four-year-trained psychologists were likely to be able to do:

You actually can't be a scientist practitioner unless you are comfortable with the scientist role and not only comfortable with the value that that holds but also competent enough yourself to be able to use it. I mean my view is that to be an effective psychologist from that model, you need to be able to get the scientific and academic literature and translate it into a way that makes sense for your clients and then equally vice-versa you need to be able to take the stuff that you do as a practitioner and putting a lens on it that is scientific and saying 'well I can shift that back into the scientific literature or contribute back into that body of knowledge' so I don't think that actually with a four-year degree people are at all competent to do that.... many people act as practitioners being advisors but they don't have the body of knowledge to back it up and even if they do have the body of knowledge to back it up they've got to know how to link it properly, so I think that's a real issue (P11).

The knowledge and skills acquired in a postgraduate programme are necessary for someone to become a fit and proper psychologist; however, they are not sufficient for someone to be a fit and proper psychologist:

I have a belief in the more education you have the more competent you can be, but it's not only university, it's all the other things you do, supervision, being involved in professional organisations, interacting with other professions, so, to me, you need to be well rounded in your education, not just university, but at least six years of university is, I think necessary (P3).

Overall, completing an accredited postgraduate degree, according to participants, was the first step toward gaining an education that is a key component of a fit and proper psychologist:

In hindsight no-one should be practising after only four years, you can't be competent or fit and proper or whatever after just that, and even with a master's, education isn't everything, you've still got lots of developing to do (P15).

Career-long learning.

Participants identified education as a component of capability, and capability as necessary to be a fit and proper psychologist. They felt that a postgraduate psychology degree from an accredited university was only one part of the education a fit and proper psychologist required. All participants agreed that to maintain fitness and propriety, learning and education are a career-long endeavour: "First of all I think it's extremely important that you have ongoing, continuing education" (P4). Moreover, this idea applies to all psychologists as, "we all need to continue learning about our profession. It's not something that stops when you finish your degree; you need to be constantly learning about new ideas, new techniques, new theories, new methods of testing" (P3).

This continuing education, participants thought, should be broad and encompass learning about the profession of psychology in addition to personal practice: "I think a good psychologist is someone who continues to learn about their profession and about their practice" (P5). This was because participants considered that the profession changes rapidly: "understanding that you know, if we are driven by research and theory and things like that, and obviously that changes constantly, then you need to make sure you're aware of those changes" (P2). And, in the face of this rapid change, it was not enough just to apply what is already known:

When I started we had quite a psychodynamic approach, but now it's primarily about CBT and if you want to work purely psychodynamically now, you have to sort of move with the changes because we're now moving into cognitive and biological psychology so it is forever evolving and we have to stay current, definitely. We can still use what we have been using but you actually have to know what's working now (P7).

In addition, the acquisition of knowledge kept psychologists familiar with learning and assimilating information: “sometimes it’s just about reading generally and keeping the brain familiar with learning and making connections between things, you need to be acquiring new knowledge regularly and not just focusing on applying what you already know” (P6). Participants considered that this was important regardless of seniority or experience: “I also think that this is a profession that is incredibly dynamic, there’s new theories coming out all the time, so even though I’m called a manager, in fact I avail myself of lots and lots of training” (P6). Ultimately, “you’re still learning, no matter what level you’re at” (P9). Thus participants believed that education is an ongoing enterprise. Indeed, acknowledgement of a developmental trajectory in psychologists (Spruill et al., 2004), and the need for life-long learning (Wise et al., 2010) are now well accepted in the field.

Participants identified three different forms of ongoing education that contribute to a psychologist being fit and proper: required supervision, ongoing supervision, and professional development.

Required supervision.

Following university, participants considered the next element in the education of a fit and proper psychologist to be the supervision that was required to attain specialist title in WA (This was the WA system prior to the introduction of the National Act, 2009.): “I think that there’s a very good process in the act of supervision for those two years post master’s” (P6). Participants identified that the knowledge and skills gained at university had to be developed through supervised practice. The supervision process often occurred in the workplace and involved assistance from more senior psychologists:

I mean you’ve got to have a qualification and some degree of supervision ... There’s a lot more benefit to what might be called an internship than just an additional qualification because an internship allows young psychologists to work in association with experienced psychologists and find out how to do things (P12).

In addition to developing skills and knowledge, participants felt that supervision ideally provided beginning psychologists the opportunity to obtain feedback and hone their practice and understanding of psychology:

Having supervision, where hopefully you'd be getting some sort of feedback if there were concerns or even if, again, even if there's not, getting opportunities to kind of learn and increase your understanding of things (P2).

The process of supervision can vary in terms of its success, however. Participants identified several factors as being important determinants of a successful supervision process. These included attitude, supervisor qualities, and quality of the supervision experience. First, both the supervisor and the supervisee need to have a positive attitude to the process:

That initial time [the first two years of practice] is crucial. At the moment that's reliant on individual supervision and you are only as good at this stuff as your supervisor and you're going to adopt or be influenced by their attitude toward this (P8).

Second, participants considered the skills and experience of the supervisor to be very important. Essentially, participants believed that the supervisee could not learn or be exposed to things that the supervisor did not know, so for the supervisee "it is very much dependent on who's supervising them and if they [supervisors] haven't had that training there's a good chance it's not being passed down the line" (P1). Third, participants considered that the type of relationship that a supervisee had with his or her supervisor contributed to the quality of the supervision experience:

If people have had really good supervision their first couple of years, they've had relationships with supervisors where they can talk about things they are struggling with, they've had a good consistent approach to how we work through those things, when you need to sit down and talk to them later, they are way ahead of the people that didn't have that learning environment and didn't have that understanding of the issues from those early two years (P8).

Ultimately, whilst participants thought that supervision was essential, they also considered that the supervision provided had to be good quality in order to achieve the desired outcome:

For a new graduate who comes into an area and is under supervision, how well they come out of the process and how much they learn is really dependent on the quality of the supervision that they receive (P9).

When the quality of the supervision was good and the supervision process had gone well, though, participants felt that supervisees would have grown significantly as fit and proper psychologists by the end of the process of mandated supervision:

I think that some workplaces in WA do it really well, they supervise new psychologists really well, provide them with a lot of support, a lot of training, a lot of assistance and those psychologists feel like, at the end of two years [post master's] supervision, they feel quite competent and confident and can work quite autonomously and don't need much direction (P9).

Ongoing supervision.

Even when the formal requirements for supervision had been met and the benefits hopefully obtained, participants felt that a fit and proper psychologist would continue with the process of supervision:

Ohhh, ongoing supervision, again it's very tempting once you've completed your specialist title and you don't have any requirements as such, I think it's; people get caught up with their work and that kind of goes to the side if that's not built into their JDF or into their work role. So, I think fit and proper psychs. would make the effort to get that supervision somewhere if it wasn't being provided within their work setting (P2).

Participants thought that another way of obtaining ongoing supervision after completing required supervision was to undertake peer supervision. There were several reasons why participants thought peer supervision was helpful: it was a way of

obtaining assistance with difficult clients; it enabled sharing and learning new information; and it was a way of helping to ensure that they remained fit and proper. The format of this peer supervision might be a formal, work-based group:

The people that I see that I admire that are good psychologists often have a circle for peer supervision, I mean certainly say, within this organisation, we have a reference group of psychologists, and often they're psychologists who are often managers as well as professional supervisors, and clearly they've finished their supervision in terms of the board and registration requirements, but they do need to have a peer group that they can talk to, and they can discuss issues with (P6).

Peer supervision might also be a more informal group based on friendships:

I actually have a couple of girlfriends and we get together every three months or so and discuss our horror patients you know, and just get a sense of *what am I doing wrong here*, or the patient that I think, *god, I don't know what is going on there* you know, and get some feedback on that. But we're also friends so we've got a very safe environment where we can drop our masks and we can just be ourselves and we don't feel as if we're incompetent professionals because we don't know. So it's a much more exploratory environment but we also have the openness that we can say *eh, maybe, maybe not* and that's taken in the spirit of it, so yeah, that's really helpful (P7).

Regardless of the format, participants felt that one way “we can make sure we are fit and proper would also be ... peer supervision” (P1). Participants thought that peer supervision in particular provided a valuable way of staying in touch with other psychologists. This was thought to be predominantly important for those people in private practice. It also provided a way of gathering and disseminating information and keeping up to date with new ideas in different or unfamiliar areas of psychology:

To have ongoing peer supervision because it's important, especially if you are in private practice, where you are fairly isolated; it's important that you learn to

gather information from other people in the profession ... share that knowledge that you might have – ‘cause everyone has their area of interest and they can bring up topics or articles they’ve seen in journals that they might subscribe to that you’re not aware of, and that’s the only way you can gather that knowledge because no-one has the time to read every journal there is! (P3)

Professional development.

Participants thought that a fit and proper psychologist was one who also undertook professional development (PD): “So PD definitely” (P7), “ongoing PD” (P8). The primary reason participants valued PD was as a way of “keeping up to date with things in your discipline” (P12), because “ongoing PD that keeps your knowledge of developments in those areas current” (P13) was considered important.

Participants viewed “attending professional development activities so that you’re up to date with the latest research” (P1) as necessary for several reasons. In part it related to psychologists ensuring that “they continue each year to fulfil the requirements that we have for their registration, you know it’s the continued training, it’s continued development and learning” (P9). Participants also identified that PD assisted in skill maintenance, which was an important contributor to confident performance: “I’d have to have the right sort of ... ongoing training, professional development to keep my skills to a level that I would be confident” (P9). Another reason PD was considered important related to clients receiving the best service possible: “Maintaining our training and knowledge, making sure that we keep it properly updated so that we’re delivering the best service as psychologists that we can in line with what’s going on in our field” (P10). Overall, participants felt that “PD is another area which is important in terms of being a fit and proper psych.” (P2).

Character

The next category of person features to be examined is character. Table 10 shows the themes and sub-themes relating to this category. Participants thought that, to be a fit and proper psychologist, one must have “the kind of moral character that meets society’s expectations” (P5). The character component of person features looks specifically at what sort of person a psychologist needs to be in order to be fit and proper: “character is related to traits, what kind of person you are, it’s not to do with,

generally speaking, how well you do your job” (P8). These two excerpts identify two components of character, the former defined by external expectations and the latter related to internal aspects of a person. This indicates that character is likely to be a complex construct that includes describing a person and predicting his or her behaviour, but goes beyond that to encompass an evaluation of the action and the actor’s intention and perception of the action (see Sockett, 2009). Such an interpretation expands upon but is in keeping with Aristotelian and Kantian philosophy that holds that it is appropriate to consider both the action and the reasons for doing it when assessing a person (as per Darwall, 1977).

Table 10

Themes and Sub-themes in the Character Category of Person Features

Theme	Sub-theme
Criminal history	
Traits	Empathy
Self-awareness	Choosing the right profession
	Personal boundaries
	Strengths and limitations
Personal responsibility	
Other orientation	Genuine interest
	Respect
	Wanting to help
	Doing the right thing

Participants identified several aspects of character as important: *criminal history, traits, self-awareness, personal responsibility, and other orientation*. These themes were examined in order to facilitate a better understanding of the type of character required to be a fit and proper psychologist.

Criminal history.

Participants often found it easier to define what sorts of characteristics were desirable in a fit and proper psychologist by identifying what was undesirable. This was the case for criminal history: “Somebody who doesn’t have a criminal record would be one thing” (P1); “There’s a legal component there, which is about not having any criminal charges” (P11). One participant felt only current criminality was relevant to a determination of character: “If a person, in my definition, is not of good character, so a person who, at this moment in time, has committed some form of offence against the community” (P4). The idea of any criminal history being an absolute determination of character was also challenged from another angle, with consideration being given to the type of offence:

Fit and proper would also most probably make some reference to an absence of criminal prosecution: That would be interesting, whether it is all criminal prosecutions or those deemed to be having a potential for negative impact [on clients]” (P13).

Thus participants were agreed on the idea that having a criminal history might reflect on whether a psychologist was fit and proper but they indicated that the nature and recency of the conviction would influence whether a psychologist’s criminal history rendered them unfit and improper.

Traits.

Participants thought: “There’s some key, like characteristics or personality traits that lend well to our discipline” (P2). Every participant identified at least one trait that they considered a fit and proper psychologist might usefully possess. These included “Intelligence” (P6), “Openness” (P5), “Compassion” (P9), and “Honesty and Integrity” (P2). Some thought a fit and proper psychologist would be “Flexible” (P3) and “Resilient” (P11).

The most frequently identified trait, however, was “Empathy” (P10). When participants referred to empathy, they said things like: “That capacity to have any understanding of the perspective of another human” (P13), “The capacity to have insight into the other person and being able to place yourself into another person’s

shoes ...” (P4), “To see other people’s perspectives” (P3), “Attuned to you ... who gets you and sees your world” (P7), and “To be able to recognise and understand someone else’s distress” (P6). Participants considered that this was a critical element in the character of a fit and proper psychologist: “I don’t see how you could be successful in this profession without at least the capacity to empathise” (P13).

As with criminal history, participants often identified the negative in order to define the positive, accordingly generating traits they thought a fit and proper psychologist should not possess. Sometimes this was categorical: “A high functioning psychopath [would not be fit and proper]” (P7), “A psychopath wouldn’t be fit and proper. A person with strong anti-social traits wouldn’t be” (P5). In other cases, participants drew on their experience to identify traits that, when missing, had meant someone was not a fit and proper psychologist:

I’ve seen some people where you just question their fundamental choice of vocation in terms of dealing with people; they lack that basic empathy (P13).

A lack of empathy was strongly identified as the one thing that was likely to make a psychologist unfit and improper. Although participants were able to provide traits that they thought would be usefully present in a fit and proper psychologist, they agreed there was no archetype or set of traits that defined a fit and proper psychologist:

I think there’s some key, like characteristics or personality traits that lend well to our discipline but then there’s also acknowledging people’s individual differences as well (P2).

This reluctance to be prescriptive is indicative of the value participants placed on diversity: “The profession needs a range of people” (P4). Participants valued diversity within the profession because “it’s a case of horses for courses in that some therapists and therapy styles suit some patients and others really don’t” (P4).

Regardless of the traits an individual psychologist possessed, it was about having potential: “that you’ve got some personality traits that are going to mean that you’ve got the potential to be a good psychologist” (P9). Therefore, although participants neither identified nor subscribed to a definitive list of traits that a fit and

proper psychologist requires, they did consider what traits might be usefully present and those that would hamper a psychologist's attempts to be fit and proper. This provides insight into the sort of character that would constitute a fit and proper psychologist. Ultimately, however, participants were wary of putting too much weight on traits because "I think it is more about functioning than personality traits" (P8).

Self-awareness.

Self-awareness is another internal aspect of a person that participants identified as contributing to the character of a fit and proper psychologist: "Self-awareness ... that'd have to be my last word" (P10). Participants saw self-awareness in a fit and proper psychologist as a multi-faceted construct that was developed and contributed to by three things, maturity, life experience, and personal growth: "Maturity and level of [life] experience and knowing yourself, having gone through that process of psychological growth yourself. That's when you need a level of insight then" (P7).

Maturity and personal growth were important because they contributed to a sense of being grounded in yourself: "That whole sense of being grounded through maturation in yourself and coming to terms with your own vulnerabilities" (P7). Being grounded and comfortable in yourself was important because "they have to reach a level of maturity in understanding themselves in order to be able to work with others" (P7). Participants also thought that self-awareness was developed by being aware of other people and their lives, because "to really know yourself you have to know something of others and you can't do that without some life experience" (P6), so it was important "that you do have some life experience behind you" (P9), and some knowledge of the world:

I think some knowledge of the world. You know sometimes I see people graduating who have probably never used public transport in their lives before and I think *wonder how you'd feel when you go and see the families that we see* that are, you know, amongst the poorest you could ever see in, well, probably anywhere ... but I think it's about having some knowledge of the world, if that makes sense to you, and having some sense of how, of other people's lives (P6).

Participants considered that self-awareness contributed to fitness and propriety in several ways. It enabled psychologists a measure of security that they had selected the right profession for themselves. It allowed for the development of and knowledge about where personal boundaries lay. Such awareness also assisted in practice as it fostered understanding of where strengths and limitations as a psychologist existed.

Choosing the right profession.

Without self-awareness, participants considered that people could choose the wrong profession altogether:

Oh god, I've certainly come across people where you'd question their basic decision to go into the profession of psychology. I've certainly come across a lot of those people ... After a while they just go *what in the hell am I doing in this, it's just so far removed from what my basic competencies are and what I enjoy and what is satisfying to me and what is going to fit with my motivational fit overall, I don't know what possessed me to study this in the first place* (P13).

Even if someone had decided that psychology was the profession for them, participants considered that those who were, or aspired to be, fit and proper psychologists would have been honest with themselves and would have established why they were going into the profession:

I understand that a lot of people go into the profession to soothe their own woes. That's okay as long as it's not the only reason and to be fit and proper you'd have to know that about yourself and deal with your own stuff while you were learning (P10).

Personal boundaries.

Participants thought that a fit and proper psychologist would have sufficient self-awareness to be able to establish where their personal boundaries were:

We talk about principles, we talk about values and ethics and things like that, they're very vague and often they are sort of not a priority. It's when you get

confronted with real life patients and real life problems that you have to start to dig deep, to know yourself. Because that's the time, I think for me, that is the time that you have to actually start to question yourself and sort of filter out for yourself, *okay, this is what I will do, this is what I won't do*, so in a way that is also a personal development process in a sense of *I do want to work with this, I definitely don't want to work with that – that pushes my buttons* things like that (P7).

These boundaries help fit and proper psychologists determine what type and method of work they are comfortable with and what is going to be too detrimental or difficult. In practice, participants thought that a high level of self-awareness and vigilance regarding personal boundaries was essential in fit and proper psychologists to ensure mindfulness of the division between professional utility and personal need:

However, that's where skills comes in, where you as the therapist must have the ability to not bring in your stuff. Because it's very closely aligned to your personal experience and your world, to know not to bring in your own stuff because it's so similar but if you can use your experience so that others benefit from that then I think that's fine (P7).

Strong personal boundaries also prevented a personal rather than a professional investment in clients: “So able to cope with the issues that clients present and not becoming too personally involved or too personally attached, so maintaining composure with clients” (P9).

Participants also thought that fit and proper psychologists would be aware of their own values and belief systems so that they recognised when their values were likely to be compromised and avoided that:

You can't take on board something that really goes against your belief systems and it's not appropriate for you to continue [with that work]. So although you've got to be encompassing of everyone and their particularly idiosyncrasies, you can't bend so much that you are forgetting your own values or abandoning your own values (P3).

Awareness of self and establishing appropriate personal boundaries was required for fit and proper psychologists, participants considered, so that they could ensure that their practice was not compromising or damaging them or their clients:

I certainly know that there are certain styles of clients that I can't work with; as soon as I meet them I get a sort of instant understanding that it would be a very poor sort of outcome if I proceeded with the relationship (P4).

This understanding of self provided information about the type of clients that would not be a good fit. However, it also provided insight into those clients and areas of work that are a good fit: "And I guess personally, being aware of what particular areas or with what particular issues and what particular clients I feel I work best" (P9). Thus, participants thought fit and proper psychologists would have sufficient self-awareness and understanding to create and implement personal boundaries so that personal and professional life were kept separate, that clients who did not fit with fundamental values or belief systems were not taken on, and that negative outcomes for both clients and psychologists were avoided.

Strengths and limitations.

Participants considered that the importance of self-awareness for a fit and proper psychologist extended to encompass the work itself and an understanding of where strengths and preferences lay in relation to skills and expertise:

I think promoting or being aware of the skills that I've got to work in a particular area and being aware and able to acknowledge where my limitations are. So not taking on work that I don't feel that I'm capable of completing.... So again, that's related to not taking on clients or not working on issues that I don't think I've got the skills or expertise in (P9).

The idea of being aware of and understanding limitations was, participants indicated, an important one for a fit and proper psychologist because it related to competency: "people being aware of, I guess it's linked to competency, and knowing what your training is, what your limitations are" (P2). This awareness was also

important because participants felt it provided an opportunity to capitalise on strengths whilst identifying areas for change and growth: “I think people being aware of what areas they work [well] in and what areas they could change in” (P2). Participants also considered that a fit and proper psychologist would be self-aware enough to not only recognise but to accept his or her limitations as a person and as a professional and operate around them: “So you really have to be mindful of your own inadequacies and act on them, rather than trying to be good at everything, manage everything – you can’t, because we’re all human and we all have shortcomings” (P3). Being aware of and being able to acknowledge personal and professional limitations was a strength, participants thought, that made psychologists more likely to be fit and proper.

Personal responsibility.

While participants considered that beginning psychologists learned about rules and right and wrong as part of their university training, the concept of personal responsibility was not always acquired:

Often when people hit the workforce they know what’s right and wrong, they come out of uni. knowing what’s right and wrong, what they should and shouldn’t do. When they hit the government departments to do their placements ... government departments will have codes of ethics, and the codes of ethics are all about what’s right and wrong, so usually they learn that, but taking responsibility for their own functioning—that’s quite a different concept for people (P8).

Participants thought that responsibility for self was an important element of fitness and propriety though: “I think it comes back to people taking some responsibility for themselves” (P2). When the idea of responsibility for self has been developed, then it allows problems to be recognised, acknowledged, and dealt with (Fouad, et al., 2009). This is significant because participants found that it was not the existence of a problem that was an issue; rather it was whether the psychologist accepted the problem and took it upon himself or herself to remedy it that determined whether he or she was fit and proper:

So there's a much larger group of people who are struggling with something, we all are, we all have issues, and a fraction of them will go and see their boss and sit down and have a chat and talk to somebody about how they can see that it's impacting and they're not sure what to do, and they want some help – so taking responsibility. This group are behaving in a fit and proper way in the sense that they've taken responsibility for themselves and their functioning (P8).

Participants felt that a fit and proper psychologist would take responsibility for their own practice. In some cases it was a lack of self-awareness that had compromised an otherwise fit and proper psychologist's ability to take responsibility, and this disruption resulted in a lack of fitness and propriety:

Then there's the group of people who aren't aware of it. A case I can think of is a very senior person whose functioning was deteriorating due to a condition that this person wasn't aware of, so it had to be brought to this person's attention in another way. So this unaware group haven't taken responsibility and that's why they aren't fit and proper at that time (P8).

Self-awareness, participants thought, was a pre-requisite for personal responsibility, such that, if awareness were compromised, then taking personal responsibility would be impossible: "You have to be aware of where you're at, you know, what's happening for you before you can take responsibility for it" (P10). Participants considered that a psychologist needed both self-awareness and an understanding of the concept of personal responsibility in order to be fit and proper but sometimes even this standard was not sufficient. Even if psychologists were cognisant of the need to be responsible for themselves, participants thought that it could sometimes create some very difficult choices, particularly when health was an issue and taking responsibility might mean the end of a career: "They need to make a choice I guess, whether or not they can continue to practise as a psychologist with ongoing health problems, and to be realistic about that" (P3). In such cases, participants believed that it might not be a lack of understanding about the concept of personal responsibility, but rather an issue of taking ownership of that concept:

When things have gone wrong, in the majority of cases, that's nearly always lacking, so that ownership of responsibility. So they're the people that don't pick up deterioration in functioning in themselves [lack of self-awareness], or ignore it [not taking ownership of the need for personal responsibility] (P8).

Other orientation.

When asked to consider how psychologists can become fit and proper, participants thought that there was something related to character that could not be taught: "There's something more, I truly believe that, and that's part of the character and the virtue ... and how do you teach a person that?" (P7). More specifically, participants endorsed the idea that there were attitudes and values involved in being fit and proper that pre-dated any training:

I don't know if one becomes one [a fit and proper psychologist], I think one just is one. I think it's your whole developmental experience, developing attitudes and values that make you fit and proper. I don't think you can take someone who had none of those values and teach them those values at the time they're becoming a psychologist—would be very difficult (P5).

Participants used a variety of terminology when describing what about a fit and proper psychologist could not be taught. To clarify, values can be defined as personal convictions that are subjective and form part of an individual's belief system (Allan, 2008). Virtues are the external expectations held by the public and the profession that are more objective and provide aspirational ideals (Allan, 2008). Thus virtue ethics has tended to focus on the answer to the question *who should I be?* (Jordan & Meara, 1990, p. 107). When participants tried to define what it was about a fit and proper psychologist's character that could not be taught, they established that it was an orientation toward others that could be split into four requisite aspects of character: genuine interest, respect, wanting to help, and doing the right thing.

Genuine interest.

Participants thought that fit and proper psychologist's would be: "the ones who are really interested in people ... who have got a genuine interest in wanting to learn

about human behaviour and about why people do what people do. So a genuine interest” (P9). On reflection, one participant identified that her choice of career, motivation and subsequent success were “because I really, really love people and it shows, it’s genuine, it’s a genuine interest, I’m fascinated by people, that’s why I do what I do” (P10).

Respect.

Participants considered that respect was critical to fitness and propriety. This encompassed respect for clients, colleagues, and associated people: “We need to be respectful of the people we work with, no matter who they are” (P1). It also meant respecting the position being a psychologist conferred: “the client is presenting and sees, rightly or wrongly the person as having some expertise, so it’s not an equal relationship, it’s a one down, one up relationship” (P13). This meant also respecting the power and influence that is attendant on that position: “I think we’re in such a power situation and to be able to not cross the boundaries at any point and to really respect the privileged situation you’re in and not to lose that” (P7).

Wanting to help.

Participants thought that fit and proper psychologists were those “coming into the profession because you have a genuine interest in helping people and coming into the profession because you want to help people” (P9). This desire to help others needed to be strong, as participants saw being able to help others as one of the biggest rewards in the profession:

I think there is a need for us as psychologists to have an element of wanting to help others, it’s a service component and I think that aligns very closely for me to, we are psychs., we will never drive the smartest cars because a large percentage of what we get as a reward comes from actually being able to add value to others and it doesn’t have to be in dollar terms. So, if you don’t have that I think it’ll be really hard for you to work as a psych. because you’ll be approaching it as a business and you can’t approach any psych. work purely as a business, you can’t do that, I think you’re missing the point (P7).

If the motivation for psychologists was not a desire to help, participants felt that it would be difficult to do the job and certainly difficult to be fit and proper.

Doing the right thing.

Participants felt that fit and proper psychologists would always try to do the right thing:

It's always being conscious of doing the right thing because at the end of the day you have to be true to yourself and your profession, and it's simply doing the right thing and never making judgments for any reason other than what you believe is professionally the right thing to do (P12).

Although the *right thing* is subjective, participants thought that it encompassed consideration of clients and the profession, and needed to be decided in line with personal truths.

Participants thought that if the unteachable orientation toward others were part of psychologists' character then they would be fit and proper. Psychologists could demonstrate this orientation toward others by having a genuine interest in other people, respecting their clients and their position, being motivated and rewarded by helping others, and trying to do the right thing by their clients and their profession. Participants also thought that this orientation to others contributed to "a values base in psychology ... some core values" (P11). This commonality of orientation—that participants variously thought was made up of values, virtues, and attitudes—amongst fit and proper psychologists was also positive, according to participants, because it made the profession worth being part of and fostered pride in it:

I think there needs to be a level of pride in the profession and that develops through it being worth being part of it. And a strong part of that is about the ethics and values, and to the degree to which anything that improves fitness and propriety is done in a way that demonstrates you will only enter this profession if you have a certain set of values then that would make sense" (P11).

Indeed the importance and influence of this orientation to others in the character of psychologists was so significant that some participants felt that this was the way to assess for fitness and propriety:

So if you were to say to me *how do you test for fitness and propriety* it would be test for values, don't test for personality because they're really different (P11).

Given the emphasis that participants placed on an orientation to others and its importance to the character of fit and proper psychologists, it is not surprising that, despite the profession providing rules to practise within, the Ethical Guidelines (Australian Psychological Society, 2010) for example, participants thought that adhering to these rules was an insufficient guarantee of fitness and propriety:

So I suppose the word proper in that context relates to an evaluation of one's own personal and professional values. You simply can't fall back on rules, you have to be able to establish, as a doctor has to establish when he assesses someone's ability to do a job, it becomes a value judgement and one has to act in what you consider to be the most professional way (P12).

Instead, participants thought that a fit and proper psychologist would possess personal values and aspire to professional virtues that made them other oriented, and this orientation would lead them to behave accordingly. In this way, participants acknowledged the link between character and conduct. Participants thought that psychologists required an orientation to others because in order to be fit and proper, a psychologist had to have a character that tended toward conduct that demonstrated fitness and propriety:

Education is never enough because in the end it's about how people behave and you can't really do anything about how they think and obviously that's going to have a bearing on how they conduct themselves (P8).

Conduct

The last category of person features to be examined is conduct. It might be argued that how psychologists conduct themselves merely provides a way of assessing the other elements of fitness and propriety already explored—capability and character. Participants felt, however, that conduct was more than just a measure of fitness and propriety though; they believed that psychologists’ actions could also improve or contribute to fitness and propriety: “We have to behave in a way that shows we are fit and proper but also makes us better psychologists” (P10). There were four areas of conduct identified by participants as contributing to fitness and propriety and these are shown in Table 11. These four themes represent different levels of conduct related to fitness and propriety, starting with the intrapersonal and moving out to the level of the profession as a whole. These will be examined in turn.

Table 11

Themes in the Conduct Category of Person Features

Theme
Self-care
Principled and virtuous behaviour
Connectivity through involvement
Promotion of profession

Self-care.

Participants identified that fit and proper psychologists were active in looking after themselves: “then also the other side of things in terms of your self-care as well” (P2). Self-care might take different forms, but participants considered that having interests outside of the profession was important because it encouraged psychologists to see themselves as more than just their professional role and to lead full and balanced lives:

I suppose to take care of yourself is important and to have other hobbies and interests outside of psychology.... but it's something that will take your mind off psychology so that you can clear your head have some space, because if you spent your whole life devoted to your work you would not be a whole person, and I think it's important that you have a look at your life from that holistic perspective so there are many facets to you, not just your profession, because you get caught up, entangled, in all of that and all your clients' problems (P3).

Being involved in other activities and interests is also a way of managing stress (Baker, 2007) and participants felt that this was beneficial because work could be stressful and in order to be fit and proper it was critical not to allow it to become overwhelming: "I think it's important that people are ... able to manage stress and not be overwhelmed by it" (P28). Additionally, participants thought that being active in stress management encouraged a sense of perspective that allowed psychologists to act in a fit and proper manner by managing difficulties or problems in ways that were least harmful and most beneficial to clients and to themselves:

Also just taking mental health days. So when you feel like work's getting on top of you or a particular client, you know the issues are really hard with that particular client or the gel between you and a particular client is not quite working and it's taking its toll, I think, you know, making sure that you have days off to renew yourself and get some perspective (P9).

This sense of perspective and its benefits were strengthened, participants believed, by careful delineation of private and professional life in order to avoid professional stress generalising into psychologists' private lives. This, they felt, helped maintain a work-life balance that was more supportive of fitness and propriety:

I've learnt to detach myself from it because I can't do anything about it when I'm not there and I can't overload myself with all these issues when I'm not at work so, you have to be two different people – the work person who handles all those issues and the other person who has a family life and a home life (P3).

Regardless of what actions were undertaken to ensure self-care, participants thought it important to remember that psychologists were human too. This meant that sometimes it would be necessary for psychologists to seek some assistance for themselves. Further, participants strongly believed that there should be no shame attached to this help-seeking behaviour, as seeking help actually facilitated the maintenance of fitness and propriety:

So if a psychologist does have some issues, which as human beings we do, then it's absolutely critical that that psychologist actually seek out aid and be committed to improving whatever or ameliorating whatever it is that they are dealing with (P10).

Fit and proper psychologists, participants believed, were those who behaved appropriately towards themselves by maintaining a balanced life, managing the stress that is inherent in the job, and taking extra care of themselves in times of need. Whatever actions were required to ensure this, it was a personal and professional imperative and neither a luxury nor something to be ashamed of. In fact, participants thought that fit and proper psychologists would have a professional identity that would motivate them to address any issues:

One would hope that anybody who is in professional practice has some sort of professional identity as a professional and what that means and would be motivated to address issues that compromise that (P13).

Participants thought that failure to behave in an appropriately self-nurturing manner could have negative consequences and was not compatible with fitness and propriety: "I think it is irresponsible of people who don't look after themselves and are working in roles that are quite stressful, so much can go wrong" (P2).

Principled and virtuous behaviour.

Participants considered that in order to be fit and proper, psychologists needed to behave in a principled manner: "You must be able to do the job and then of course

be able to do it within certain principles” (P7). Those principles related mainly to the Code (Australian Psychological Society, 2007) and the associated Ethical Guidelines (Australian Psychological Society, 2010) established and promulgated by psychology’s professional representative body in Australia, the APS: “To adhere to the ethics code” (P3), and “I think being able to accept the ethical guidelines of the profession and the standards set around that [is imperative]” (P4). Indeed, participants thought that adhering to such formal guidelines was a good way of demonstrating and maintaining fitness and propriety:

I guess what it means is behaving in a way that is in line with our ethical standards and conduct. So maintaining our professionalism according to the psychologists’ code of conduct and all of those rules that apply (P10).

As well, participants identified that principled behaviour resulted from acting in accordance with guidelines emanating from outside the profession too, sometimes from other agencies and sometimes from bodies established to enforce legislation:

Also, adhering to professional standards; so I work in private practice and I contract myself back, predominantly to [a government department], and they have standards that I believe that I need to adhere to, even though I’m not an employee, I’m a contractor, I still feel that I need to adhere to their standards, and they’ve got a lot. And then the Psych. Board standards ... I need to follow those (P9).

Wherever the guidelines came from, the principled behaviour participants thought a fit and proper psychologist would demonstrate included:

So things around conflict of interest, confidentiality, making sure that we behave in a way that is ethical and discreet.... so that we’re delivering the best service as psychologists that we can (P10).

Some participants went further, however, discussing exemplars of principled behaviour that a fit and proper psychologist would demonstrate that surpassed simple adherence to formal guidelines:

Fairness, and the whole respect for dignity and privacy, confidentiality. I think it is important that we acknowledge that there has to be informed consent, especially when it comes to minors and things like that. To do no harm, and to be honest and open.... And I think we once learnt the word *beneficence*, to do good.... It's about doing good, not just for me, not just for the client but it's a bigger picture, that sense of doing good. So sometimes we have to decide for ourselves what's going to do the most good. I think we also have to recognise and appreciate that we are in a system (P7).

Here, the principled behaviour mentioned is influenced by principle ethics, where there are eight internationally accepted *prima facie* obligations in the profession: respect for the dignity and rights of people, justice, autonomy, nonmaleficence, fidelity, beneficence, veracity, and responsibility (Allan, 2010). Of those participants who felt that being fit and proper went beyond following rules, they considered that fitness and propriety involved the psychologist having the ability to consider which course of action was most applicable and defensible in a specific situation and then acting accordingly. This demonstrates that the principles have been internalised by the psychologist in the form of virtues, and allows for self-guided decision making and behaviour (see Allan, 2010; Burke, Harper, Rudnick, & Kruger, 2007).

The importance of principled and virtuous behaviour to fitness and propriety is highlighted by the idea that clients do not know if a psychologist is doing what is in their best interests and therefore place their trust in a psychologist to act appropriately:

It's opaque, you can't see what a professional does, you have to assume and rely on that they, the professional, is doing the best they can do; right so there's this fiduciary responsibility that the professional has to the client because of that, that you say 'trust us that we will act in your best interests not in our best interest' (P11).

Participants felt that principled and virtuous behaviour was essential to fitness and propriety and that this might be achieved by: “always putting your client first. I mean we are a service industry and if you don’t serve then don’t do it” (P12).

Connectivity through involvement.

Each psychologist was part of a system by virtue of belonging to the profession of psychology and it was important to fitness and propriety, participants thought, that psychologists were aware of and experienced a sense of connection to the profession: “and it [fitness and propriety] has to do with, I suppose, having a sense of being connected to a professional body” (P6). Participants thought that this sense of connection could be achieved by becoming involved with professional organisations: “I think also, involvement with professional organisations” (P2). These organisations might take the form of anything from professional development groups, as in “being part of professional development groups I guess, APS colleges, APS” (P1), to working for the Psychologists Board:

I think it’s important for psychologists to be involved in their professional organisation, like the APS, or to work for the Board if it’s required, because then you can become very much more involved in procedures, new procedures that have been introduced, or ideas that the APS might have, so you’re really in amongst it all if you participate as a committee member or chairperson or whatever and you can help the profession itself and also your colleagues by imparting that knowledge to them (P3).

This sharing of knowledge, participants thought, also encouraged a sense of connection to the profession.

Joining a professional organisation, however, was not the only way to share knowledge or foster a sense of connectivity. Participants thought having role models for junior psychologists was a powerful way to connect them to the profession:

I think role models are really important, you know, whether they are people you meet when you start working or even earlier through pracs. Umm, I guess

having contact with senior psychs in the field just gives you so much knowledge and teaches you so much from their experiences (P2).

For more senior psychologists, participants felt the act of supervision kept them feeling involved in and connected to the profession: “Seeing it through other people’s eyes and being a supervisor fits with the lifelong learning approach but it also keeps you in touch with what’s happening, how psychology is evolving” (P6). For those people in private practice, participants considered peer supervision was a valuable way of preventing isolation and keeping sole practitioners connected to the profession: “Have ongoing peer supervision because it’s important, especially if you are in private practice where you are fairly isolated” (P3).

Professional development activities were also a way of staying in contact with and connected to both the profession and colleagues:

I find it interesting now that ... people need to belong to the clinical college to get professional development points, I see people coming to PD that I have never seen before, so you know, you start thinking they’ve been in private practice where you’re not guaranteed of having colleagues, whereas if you’re in the public sector you’re guaranteed that you have peer groups all the time that you can discuss things with (P6).

Having colleagues to discuss issues with was, participants thought, very important to fitness and propriety, and key to keeping a connection to the profession, as well as fostering a sense of cohesion through belonging to a network:

People like me who’ve worked 13/14 years in a government department and then gone into private practice, I’ve got my network and I know I’d be silly not to access my network while I’m a sole provider ... anyone that is, let’s say a good psych in private practice, would’ve set up peer supervision you know, and they’ve got those networks (P9).

Participants identified that a fit and proper psychologist was connected to the profession, whether through involvement in organisations or networks. This

connectivity helps to maintain standards, to disseminate knowledge, and to foster cohesion, in turn encouraging fitness and propriety, and promotion of the profession.

Promoting the profession.

How a psychologist behaves, both with clients and in the wider world, influences the public's perception of individual psychologists and the profession. This is reflected in standard C.1. of the Code (Australian Psychological Society, 2007), reputable behaviour. In order to safeguard the future of psychology and the careers of psychologists, participants considered that fit and proper psychologists needed to be mindful of how their behaviour might reflect on themselves and the profession, and to take an active role in promoting the profession: "I feel I need to present psychology and myself in a professional manner, so that's about my behaviour and how I conduct myself and how I promote the profession" (P9).

Promoting the best interests of the profession did not always need to occur outside the profession though. Participants believed that a fit and proper psychologist would work to ensure the profession was thriving: "Certainly there's a sense of the profession has given unto me and I need to give back to the profession" (P6). They believed that this could be achieved by strengthening the profession from the inside:

I just kind of think it's important if this is the field we plan to be in for the rest of our lives then we want people in it who are good role models and you know who are going to be there to train and to teach others (P2).

Whether through internal or external promotion, participants believed that fitness and propriety required that each psychologist take some responsibility for promoting the wellbeing of the profession they had chosen to enter:

I think it's also taking responsibility a little bit for the wellbeing of your profession, so it's also about taking an interest in the fact that we want forensic psychology to be well understood and well known in Perth so, you know, you may dedicate some time to the college or ANZAPPL or things like that where you are actually giving back some of your time to kind of you know, expand the profession and make it better known and more understood (P2).

At times, this responsibility might have meant doing something difficult, like making a complaint about another psychologist: “So maybe it’s about taking that responsibility for the profession’s sake, in terms of making those complaints when they are warranted” (P2). Participants thought that a fit and proper psychologist would be impelled to address another psychologist’s performance issues:

If you’re having an experience of somebody else’s lack of professional competence or whatever then I think it would almost be beholden on you to actually address that issue. I think you’d be negligent if you saw someone whose professionalism was compromised and not do anything (P13).

This was because they might potentially harm not just clients but the profession: “Oh definitely. If I genuinely believed that this person was doing some damage then yeah, I would do something about it, most definitely” (P12). Part of this responsibility came from recognising that each psychologist was part of a system and that to best promote the profession and maintain fitness and propriety “we do all need to keep an eye out for each other” (P8).

Participants thought that promoting the profession’s wellbeing also involved being able to network across professions to strengthen relationships and the profile of psychology:

So, it’s really a profession where you’ve got to be I think multi-skilled, you’ve really not only got to know about psychology but all the other allied areas like interacting with GPs, if you’re a clinical psych, or government agencies, so you’ve got to have those skills to be able to interact with them and I suppose form alliances so that they know who to contact amongst psychologists if they have a particular requirement for one of their patients or one of their clients (P3).

In addition, it was about expanding the areas in which psychologists worked: “So it’s sort of finding new areas, I think, for psychologists to work, it goes to expanding the profession and the areas where psychologists work” (P3). In so expanding, it was also

about growing an understanding that psychologists were valuable in any setting where there are people:

I guess the only thing I noticed here is that psychologists have defined themselves too narrowly ... it's not just about treating ... it's really that notion of we're in the study of human behaviour and you need that, and that can be across any setting and in any way and it isn't confined to, you know, the consultation room.... you want people to go into government, you want people to go into politics, you want people to go into all kinds of settings as psychologists, not to lose that identity; 'cause we want people to understand that psychology has something to offer any setting and if you say that it can only be in a clinical setting then you're going to limit things—I don't think that's good for the profession and I don't think it's good for the community; so it's really expanding that knowledge and understanding (P5).

Promoting the profession was thus considered beneficial to all psychologists as well as consumers and potential consumers. It encouraged recognition from other professions, assisted in establishing the profession of psychology in the public's minds, and engendered a sense of belonging to something worthwhile in psychologists. Participants believed that being mindful of how individual and collective behaviour impacted on the profession and working in the profession's best interests were requisite parts of being a fit and proper psychologist.

System Issues

As part of considering what constitutes a fit and proper psychologist, participants thought that the person features of a fit and proper psychologist were not developed or maintained in a vacuum. Instead, they believed fitness and propriety was also influenced by the system within which psychologists learned and worked: "We are in some ways a product of the environment that we train and work in" (P13). Participants did not feel that appropriate development always occurred—that some psychologists were not fit and proper and some prospective psychologists showed no potential to be.

This second part of the data analysis of participant interviews will thus examine the role that participants perceive *system issues* play in the development, maintenance, and protection of fitness and propriety. First, participants' perceptions of flaws in the system and examples of a lack of fitness and propriety across the developmental trajectory are outlined. This is followed by an exploration of the systemic issues that participants identified as contributing to fitness and propriety, and participants' suggestions for how those contributors might be altered or added to in order to protect and potentially improve fitness and propriety. See Table 8 (p. 63) for an overview of the categories and themes pertaining to the systemic issues that contribute to fitness and propriety in psychologists.

The exploration of systemic issues resulted in the generation of four categories: *selection and screening, monitoring, regulation, and prevention and remediation*. The first three categories correspond to areas of protection or safeguarding of fitness and propriety. Selection and screening covers the time until someone begins practising as a psychologist and explicates how to prevent unfit and improper people from becoming psychologists, examining both existing and proposed methods of selection. In monitoring, participants' ideas about existing ways of monitoring psychologists so that fitness and propriety is maintained are probed. In regulation, participants' perceptions of the efficacy of regulatory bodies and processes are examined. Monitoring and regulation thus address participants' views on existing safeguards for practising psychologists. In prevention and remediation, participants considered what might assist in promoting and maintaining fitness and propriety on a systemic level and how to prevent deterioration in fitness and propriety or assist those psychologists who become unfit or improper on an individual level. Each area of protection will be examined and interpreted in turn and, where possible, consideration will be given to whom participants believe is responsible for the measures of protection. To begin, the problems that participants identify in the current system are highlighted.

Flaws in the System

In exploring how the system contributes to fitness and propriety, participants identified that the current system contained flaws that were not supportive of fitness and propriety. Examples of these perceived flaws were highlighted throughout the developmental pathway and were informed by participants' experiences with or

knowledge of psychologists or potential psychologists whom they considered unfit and improper. Participants saw problems emerging very early in university training:

I mean there are definitely people doing those programmes at times that really should not be getting beyond, getting into even the undergrad course, they probably shouldn't; I don't know how we screen people getting into courses, but actually that is a major problem (P1).

They continued to recognise problems with those people selected into fourth-year psychology courses: "I've seen a couple of really questionable, questionable students that I've had in therapy that actually got selected into fourth year psychology" (P7). The problems persisted with people who had been selected into and then had completed doctoral programmes: "I do know of psychologists who have completed doctoral studies and, in my opinion, have personality disorders" (P4). Those problems were still identifiable in established psychologists who may have been fit and proper previously but had not maintained their fitness and propriety:

I know that there are psychologists who have concerns about their colleagues or other people who are practising in psychology, either because they've got core skills deficits or they are mentally or characterologically unfit (P9).

Experiencing or being aware of a lack of fitness and propriety in psychologists or potential psychologists was something with which participants were familiar. This prompted a consideration of potential safeguards within the current structure of the profession, from university to independent practice, that might operate to prevent unfit and improper people from entering the profession and/or remaining undetected:

One would hope that the courses of academic study or the guided professional practice or ongoing supervision of some sort would weed out people that really weren't suited or who'd deteriorated, but I doubt it (P13).

Participants were unconvinced about the effectiveness of the current structure of the profession in maintaining fitness and propriety at any point along the developmental

trajectory. They did, however, feel that it was the responsibility of the profession to ensure that fitness and propriety were established and maintained, but felt that it was not something that any section of the profession took ownership of: "... it's the responsibility of the profession but I think it's one of those things that everybody thinks somebody else'll do it, somebody else'll take care of it" (P1). How participants thought the profession might improve its safeguarding of fitness and propriety is the focus of the rest of this section, with selection and screening being the first area examined.

Selection and Screening

Participants felt that strong systemic selection mechanisms were necessary to screen out unsuitable potential psychologists and select people with potential for training as fit and proper psychologists. This, they felt, was critical in protecting the individual from entering an unsuitable career path, and later the public and the profession from unfit and improper psychologists. Participants felt current selection and screening mechanisms were lacking:

I've seen a couple of really questionable, questionable students that I've had in therapy that actually got selected into fourth year psychology and I won't repeat the stuff that I saw and heard but how on earth is that possible? And that's the stuff we don't want to allow. So that is actually the system lacking and failing the student as well as society and the profession (P7).

Participants felt that part of psychologists' development was learning to take responsibility for their own functioning but that until psychologists had completed their training, it was the responsibility of others in the system, whether university staff or supervisors, to safeguard fitness and propriety:

The profession needs to instil the requirement for fitness and propriety in people while they are training and teach them to take responsibility for their own functioning. While they are learning that I think it has to be up to supervisors and universities to make sure that people are developing appropriately. And,

you know, to screen people so that if someone is unfit or improper, or not really developing as they need to, something is done (P8).

Despite the lack of clarity and potential difficulties, what should be considered and assessed during selection processes was one of two themes identified by participants in relation to screening people to determine whether they would make fit and proper psychologists: The second theme was when and how to select and screen prospective or enrolled students. Table 12 shows the themes and sub-themes related to the category of selection and screening.

Table 12

Themes, Sub-themes and Sub-sub-themes in the Selection and Screening Category of System Issues

Themes	Sub-themes	Sub-sub-themes
Selection content		
Selection timing and methods	Undergraduate assessment	First year entrance
		Fourth year entrance
	Postgraduate course entry	Performance based assessment
		Personality testing
		Entrance interviews
		References
	Placement performance	
	Prior to registration with the Psychologists Registration Board	
	Prior to employment	

Selection content.

In relation to the first issue, participants consistently expounded the requirement for consideration of all aspects of fitness and propriety, including

behaviour and character, rather than a reliance on grade-based measures of capability, which they felt were, alone, an insufficient measure of fitness and propriety:

Does it screen people to make sure that they have the right behavioural and temperament and whatever to potentially train as a psychologist? Not to my knowledge; even at a postgraduate level, it's often done only on an academic level (P13).

Participants were in favour of a more holistic assessment of applicants, believing “we need to start looking at the character and values of the person” (P7). This, they felt, would better protect fitness and propriety and potentially the public. Although critical of current methods of screening, they did not feel that the examination of academic performance should be removed from the selection process, merely added to.

Selection timing and methods.

If it is a good idea to look beyond academic achievement when assessing potential for fitness and propriety, then the next issue is how and when these selection and screening methods should be employed. Participants had ideas about when and how to screen and select potential psychologists. The first potential assessment occasion was prior to or during someone's undergraduate degree.

Undergraduate assessment.

Several participants identified selection into undergraduate university courses as the first line of defence for fitness and propriety, indicating that people with little or no potential to demonstrate or develop the components of fitness and propriety should be screened out of courses.

First-year entrance.

Participants suggested that people applying to study undergraduate courses in psychology could be screened for the potential to develop fitness and propriety prior to their selection into first year:

We can, for example, do our selection in first year already and choose our psychologists and train them from first year onwards and train them into becoming a psychologist, because a large bunch of students actually drop out... so it must almost be like selection into medicine or selection into law. And make that more of an exclusive degree and really zone in on the qualities, skill wise, but also value wise, character wise. So yeah, do the selection beforehand and really coach those students to be proper and fit (P7).

There are several difficulties associated with trying to select people who have the potential to be fit and proper psychologists so early in their education. The principal difficulty with implementing such selection and screening methods in psychology is that there is no way of knowing who will pursue a career as a psychologist.

Fourth-year entrance.

In contrast to admission screening, participants recognised that it might be more practical to assess psychology students for elements of fitness and propriety other than academic capability prior to their entry into fourth year, as it was after completing this year that graduates could leave and start to practise:

Quite probably it is more practical to do that [identify suitable potential psychologists] at the end of third year, because they only get selected on marks to get into fourth year ... but we need to start looking at the character and values of the person to stop unsuitable people from practising (P7).

Problems remain with implementing screening and selection measures at this point, however. These include the volume of applicants, the continuing uncertainty over career direction of applicants and the legal standing of such efforts. Perhaps this is why, to date, all screening and selection has been done at the point of application into postgraduate courses.

Postgraduate course entry.

Participants indicated that there were several processes to screen out unsuitable applicants and select those exhibiting the precursors of a fit and proper psychologist that could occur prior to entry into postgraduate programmes:

Performance-based assessment.

Several participants considered that selection processes should focus on the key behavioural and performance indicators that would signify the foundational competencies required to develop fitness and propriety:

One would hope that in an applied postgraduate degree, the people making those selections into those courses would look at what are some of the fundamental behavioural competencies that are predictive of success (P13).

Competence and performance-based assessment are related to the idea of competency-based education and this type of education is gathering support amongst educators in psychology (Schulte & Daly, 2009).

Personality testing.

Another idea mooted by participants was to use personality tests to provide additional information for consideration in the selection process:

In relation to screening out the wrong people, at [a university] a colleague's daughter just applied for the master's courses and she was required, as part of the process, to complete computerised aptitude and personality tests I think. So that would be another way of getting an idea if someone's not right for the job. Not that you may want to put all your weight on it but it would give you another indication of someone's suitability (P2).

Despite this idea, participants considered personality testing to be an addendum to other methods of selection and screening rather than a primary method.

Entrance interviews.

Participants considered that some aspects of the existing safeguards for entry into postgraduate courses, such as interviews, were important and potentially valuable:

I've been on those master's selection panels and I've seen people come in with, you know, first class honours degrees and you think *I'd never let them near a live human being*. So, so I think that interview process that's used to select people into postgrad. in psychology is really useful (P6).

In spite of this, they were, at times, concerned that the utility of those interviews was sometimes compromised:

I guess if you were getting red flags or alarm bells at that stage [interview for a postgraduate course], you would want to have some serious discussion with your panel or with your staff if they were already in the course ... you'd wonder if they'd progress from there or not. I think it would be important that if you had the concern that you raise it there and then rather than think that it'll go away or that they'll cope or that they'll get over it, which I think happens too often at the moment (P2).

Whilst interviews were thought by participants to be a valuable way of selecting and screening applicants to postgraduate courses, there was concern that at present the information obtained in interviews was not always used as well as it might be.

References.

Participants identified that referees might be another way to involve people outside the university in the selection process for postgraduate psychology courses. It was suggested that for those applicants who had prior work experience, their previous employers might be contacted to provide information about them: "I guess also if you've got people who've got work experience from before then you could talk to those people to get an idea of suitability" (P2).

Placement performance.

Participants thought that once admitted to the course, screening should continue to occur throughout the course. This was in order to ensure that only those people willing and able to develop into fit and proper psychologists were allowed to continue toward becoming part of the profession. Participants considered placements a valuable way of screening people:

Placements are a really good screening process for people who aren't suitable for the profession.... The external placements are a really important way of allowing concerns to be raised that might not have been raised or haven't been heard in the universities (P6).

The external placements also provide a way to circumvent some of the difficulties, whether financial, political, or personal, that participants believed universities and academics experienced in selecting people most likely to become fit and proper psychologists. They provided an objective view of trainees from the perspective of experienced psychologists who were practising in roles and settings that the trainees may one day inhabit:

I've also been on the Clinical Committee of a number of universities where again, someone got through the interview, got through the first clinical placement in the clinic itself at the university, went out and did their first placement and failed abysmally because of all those qualities that we've just been talking about. And particularly, in one instance it was a high fee paying overseas student, with I suspect, quite powerful family connections, and we had the Dean come into this Clinical Committee because I think the academics knew that this person should not qualify but trying to get that across; so it got to the level of Dean of the school and it was only when the field people like myself started saying *are we going to use people with disabilities and mental illness as guinea pigs while this person fails and fails their placement and you know is causing harm rather than helping patients and people with disabilities, and is actually adding to their distress and is treating them in an almost contemptible manner* (P6).

Prior to registration with the Psychologists Registration Board.

When the methods of selection and screening present during university education and training fail, people who are unfit and improper or have little potential to be fit and proper psychologists graduate. However, at the times the interviews were conducted, graduates had to register as psychologists or conditional psychologists before being able to practise (as per the then Psychologists Act (WA), 2005). This screening process (conducted by the former Psychologists Registration Board of WA, now superseded by the PsyBA) required, amongst other things, two Certificates of Character. These certificates assured the good character of the applicant as guaranteed by the signature of two registered psychologists who would certify that the applicant was of “good fame and character” (Psychologists Registration Board of Western Australia, n.d.). Participants considered the value of these assurances of character to be dubious at best:

Who would not sign that for a friend, so really it’s meaningless. As I’ve been asked to sign, I suppose I wouldn’t sign if I didn’t know the person ... but I can see that people would just sign it without thinking too much (P3).

Participants thought that increasing the integrity of character references would potentially improve the efficacy of this aspect of the selection process:

It might ruin a friendship but I mean you have to do that and there should be some clause at the bottom saying when you sign this you are agreeing that person is of good character and should this not prove to be the case then you’ll be called upon to give evidence as to why you signed on this person’s behalf. Something like that, so you don’t just sign it, you think long and hard about it (P3).

Prior to employment.

The ease with which participants identified people who were unfit and improper but who had completed university courses and had gained registration indicates that the screening and selection methods employed by universities and registration boards are not always efficacious or are limited by legal concerns. One

way of compensating for this, participants thought, was for potential employers to assess job applicants carefully against role requirements and for fitness and propriety:

I do think a lot of emphasis or a lot of responsibility needs to go onto potential employers that maybe they need to, they do need to assess psychologists really well before they are offered jobs, and at the moment because there is a psych shortage, employers are desperate so I don't think that the assessment techniques are possibly as stringent as they should be and I think probably people who are not necessarily fit and proper and who are lacking in skills are getting jobs that I don't think they should be getting (P9)

Monitoring

Once some form of registration was achieved and psychologists were practising, participants thought the emphasis changed from selecting the most suitable people for training, or preventing unsuitable people from entering the profession, to monitoring psychologists to make sure they were meeting standards and continuing to develop appropriately in regards to fitness and propriety. Participants believed that there were several means of monitoring psychologists, shown in Table 13. They considered that each met with varying degrees of success, and that it was during this stage of career development that the responsibility for ensuring fitness and propriety began to diversify.

Table 13

Protecting Fitness and Propriety—Emergent Themes in Monitoring

Themes
Mandated supervision
Renewal of registration
Ongoing supervision or performance management
Responsibility for self and others

Mandated supervision.

When psychologists began working, participants considered the legislated supervision required either to obtain registration as a psychologist or to be eligible for specialist title (as per the then Psychologists Act (WA), 2005) to be the first method of promoting, monitoring and maintaining fitness and propriety:

What can we do to ensure people are fit and proper? Pick people up early; you've got a window of opportunity usually. The first two years that someone is out practising under supervision—whether it's a four-year-trained or a six-year-trained psychologist—are crucial (P8).

If psychologists were not developing appropriately and demonstrating fitness and propriety then it was reasonable in some circumstances, participants thought, for supervisors to direct them out of the profession:

Well, if it's a characterological problem, and one that's severe, I think that we have to be honest with individuals and say *look, this isn't the right path for you and you'll do better in another field and you can't continue*. It's a very hard thing to have to say but there have been times when I've had to tell people *this is not the profession for you, you need to leave*. Unfortunately it's always been at a time when they've already gone out and worked and you now have to say to them *this was not a good career move for you....* the most striking case, was one that, someone that worked for me, and a patient didn't complain, but certainly everyone supervising her was complaining. Just saying this person just is not practising at the level she should be and doesn't seem to understand this and is doing things that are unsafe and unethical and a whole list of things (P5).

As with interviews in the selection process, participants felt that supervision for registration or specialist title was an existing process that was potentially very useful in monitoring fitness and propriety, but that it was not always as efficacious as it could be. This was because the process of supervision depended on the knowledge of the supervisor for its effectiveness: “You are only as good at this stuff [being fit and proper] as your supervisor” (P8).

Renewal of registration.

Once a psychologist has completed the legislated supervision requirements there are few formal methods of monitoring fitness and propriety remaining to ensure that it is maintained, or that those psychologists who never attained fitness and propriety are identified. The annual process of renewing registration as a psychologist was not considered by participants to be an effective safeguard for fitness and propriety:

I know when the box comes and says *am I a fit and proper person to practise psychology* from the Registration Board renewal, I, there are a lot of serious mental illnesses and people don't have insight so they are going to tick the box anyway (P4).

Ongoing supervision or performance management.

Participants recognised ongoing supervision or, in larger organisations, performance management, as potentially useful in monitoring and assisting in the maintenance of fitness and propriety. They highlighted, however, the same issue as for legislatively required supervision—its effectiveness depended on the supervisor's or manager's understanding of fitness and propriety:

There are heaps of things in government departments that allow these sorts of things to be addressed, through supervision and performance management. They do rely on the people doing the supervision or performance management processes knowing what is fit and proper for psychologists (P8).

Responsibility for self and others.

Participants therefore felt that upon completion of all training, when psychologists should have attained a beginning level of fitness and propriety, each individual needed to continue to maintain and demonstrate fitness and propriety and to take personal responsibility for monitoring that: “By the time someone has got specialist title it should be safe to assume that they are fit and proper and that they are capable of managing themselves so that they can maintain it” (P3).

There was also an element of assisting other psychologists to maintain their fitness and propriety:

I'm a very, very strong supporter of doing less professional development in the area ... and rather focusing on self-development. For psychs. to do that as professional development, to actually get that ticked off as their PD points but it has a much stronger self-replenishment, self-management component, where this level of peer review and peer supervision and peer sharing can actually happen. Because I often think that we, as psychologists are at risk of burnout, and we take on a lot of stuff and we struggle sometimes with boundaries, and that would be a forum where we could be mindful of our functioning and others'; that would help psychs stay fit and proper (P7).

This suggests that participants believed that once psychologists were fully qualified, monitoring fitness and propriety became both a personal responsibility for self and a responsibility to the profession for assisting other psychologists to maintain their fitness and propriety. This was of particular importance, participants felt, when psychologists were in private practice. Participants identified the isolation that was sometimes inherent in being a solo practitioner as a threat to fitness and propriety:

You need to make sure you are looking after yourself and mindful of your practice, and I think, mindful of other people's too, because it can be very isolated [in private practice] and no-one checks to see if you're okay, if you're fit and proper (P3)!

By improving the selection of potential psychologists and the monitoring of psychologists throughout their development as professionals, participants thought the profession would be better able to ensure that all psychologists were fit and proper: "I really think that if we get better at selecting the right people and monitoring them when they're qualified, then we'll have more psychologists who are fit and proper and we'll be providing better services to clients more consistently" (P7). They considered that this would be of benefit to the profession and its clients.

Regulation

Participants felt that formal action through a regulatory body needed to be taken when psychologists were not fit and proper and were not responding to remedial action initiated through monitoring processes such as supervision or performance management, where they were available. They also believed that such action was warranted when psychologists behaved in an unfit or improper manner and were aware, or should have been aware of the nature of their conduct:

In some cases people don't function as they need to, and don't learn to take responsibility for their own functioning, even if we're supervising them or performance managing them, and then they wouldn't be fit and proper. That's when you need to get the Board involved; then and when people know, or should know, they are doing the wrong thing but do it anyway (P8).

Despite the recognition that involving regulatory bodies was at times necessary, participants' views on regulatory bodies and processes were generally negative, with two ideas becoming apparent: effectiveness and consequences (see Table 14).

Table 14

Protecting Fitness and Propriety—Emergent Themes in Regulation

Themes	Sub-themes
Regulatory bodies	Psychologists Registration Board of WA APS
Under-reporting of problems	

Regulatory bodies.

The majority of participants expressed doubt about the efficacy of regulatory bodies such as the Psychologists Registration Board of WA (as it was when Stage One data were collected) or the APS and their ability or willingness to protect fitness and propriety.

Psychologists Registration Board of WA.

With the exception of the participant who is a former Board member, participants considered that little, if any, action was taken when a psychologist had been brought to the attention of the Psychologists Registration Board of WA: “I know the Psych. Board knows about people and they don’t, there’s no action” (P9). Participants also felt that the Board only acted in limited circumstances:

A person who is not considered to be a fit and proper person is usually a person about whom complaints are made by either the public or their supervisors or their managers in the job or working environment, and the complaint has to be fairly substantial for action to be taken (P3).

Australian Psychological Society.

All participants regarded the APS as the provider of professional standards and norms that contributed to fitness and propriety but felt that it did not necessarily do a good job of this:

Oh, useless; I mean, to be honest, I’m a member of the APS for one and only one reason, that being that I get a reduction in my professional indemnity insurance and if that wasn’t the case I wouldn’t consider being a member of the APS; because what does it do? It sends me out a journal ... yet it’s the keeper of standards so it should be a respected, active body (P12).

Participants appeared to misunderstand the roles of both the Registration Board and the APS. This may explain why, with a single exception, their opinions regarding the efficacy of both bodies in relation to the protection of fitness and propriety were so low.

Under-reporting of complaints and difficulties.

Participants thought that psychologists rarely reported colleagues who were not behaving in a fit and proper manner but neither did they admit to having problems of

their own. They felt that that this prevented regulatory processes designed to safeguard fitness and propriety from working as well as they might:

So I think that most often no, it's not reported and if it's not reported then nothing can be done about it and then it doesn't matter how good the processes are at upholding standards or disciplining people, or whatever. If a psych is not fit and proper and doesn't say so or no-one reports them, well they're probably not going to suddenly improve without some intervention (P9).

Participants identified three reasons for this under-reporting. The first was linked to the perception that the Psychologists Registration Board of WA was punitive: "I think the Board goes overboard and acts like the inquisition and is really punitive" (P4). They perceived that the corollary of admitting any personal shortcomings or lack of fitness and propriety would be harmful: "... if you are up front [with the Board], as good as being up front as you can be, you sign your own death warrant, professionally wise" (P7). The second reason related to concern about the personal consequences of reporting another psychologist: "People bury their heads in the sand, *it's not my problem, I might get in trouble, I don't want to get involved*, you know; it's the fear of the repercussions" (P10). The third reason identified by participants related to the nature of people who were psychologists and their concern about what would happen to the people they reported: "I think they are afraid to dob them in and get them in trouble" (P5).

Prevention and Remediation

Having examined the problems with maintaining fitness and propriety in practising psychologists, participants then explored what could be done to prevent, remedy, or alleviate those problems. Generally participants found it difficult to identify who would be responsible for the suggested improvements. The solutions discussed by participants addressed the issue from two angles. The first includes those ideas that would assist practising psychologists who had attained an appropriate level of fitness and propriety to maintain it on a personal level. The second angle comprised ideas that might strengthen the system's ability to safeguard fitness and propriety. Table 15 summarises the suggested solutions.

Table 15

Protecting Fitness and Propriety—Emergent Themes in Prevention and Remediation

Themes	Sub-themes
Individual remedies	Establish Balint groups
	Establish retreats
	Encourage individual psychological therapy
	Encouragement of help-seeking behaviour
Systemic remedies	Increase minimum qualification
	Increase re-registration requirements
	Train supervisors
	Increase trust
	Improve clarity and standardisation

Individual remedies.

Participants identified means of promoting and safeguarding fitness and propriety in established psychologists. These methods would, they felt, assist in minimising the dangers of isolated practice, serve as a non-threatening way of assessing fitness and propriety on an ongoing basis, and help to ameliorate any problems.

Balint groups.

One suggestion was for the establishment of balint groups:

You know, there used to be balint groups for GPs, if a GP was struggling they could go off and talk to other GPs about it. I had in mind that the Institute, you know, clinical psychologists here, had some process like that so that psychologists would be prepared to be in a position where if other psychologists were struggling then they could come and talk to that psychologist as a kind of, like a service that the institute offers. I think that's

missing in the profession at this stage and I think that would help psychologists look after themselves and avoid trouble.... But I would like to see something like that set up for the profession, I think it would be something really healthy and positive for the profession, I think it would help psychologists stay fit and proper (P4).

It was thought that such groups would provide a form of self-care and allow psychologists to consult one of their own without fear of stigma or sanction and potentially improve fitness and propriety.

Retreats.

Another suggestion was for it to be mandated that psychologists attend retreats:

If we want to take a more legal approach, it would come in handy to actually say *it would be a requirement that you at least attend two retreats a year*, where you can sort of focus on yourself, have some individual sessions with a qualified psychologist to talk about the year, and where you are now in your journey, like a soundboarding, and if we want to make anything formal, then make that formal because it will still have a nurturing, getting better component, under the umbrella of professional development (P7).

It is likely, however, that this suggestion would have to be a voluntary professional development activity as the difficulties in making a residential retreat a mandatory event would be both practical and legal. It is quite possible that the benefit of a period of reflection and discussion with colleagues would translate into an increase in fitness and propriety, however, and might even have a preventative effect.

Individual psychological therapy.

Participants also identified having individual therapy as a potentially useful way of fostering personal development and maintaining fitness and propriety:

I think it [therapy for psychologists] needs to be part of the ongoing registration requirement, that as part of registration you should have to show a certain

amount of time spent in personal reflection or development or something where you're actually following through there, in order to be fit to practise (P10).

This suggestion recognises that psychologists are human too and subject to the same issues and problems as clients. It is a form of self-care, and like retreats, may not only improve fitness and propriety, but also prevent burn-out and personal issues interfering with a psychologist's ability to work with clients.

Encouraging help-seeking behaviour.

It was also suggested that by encouraging psychologists who were experiencing difficulties to seek help, fewer psychologists would get into trouble. In turn this would protect fitness and propriety. One way of helping this to happen was thought to be through educating psychologists on how to access assistance:

I think maybe just getting more education out to psychologists around how to access help for either themselves or colleagues. That and encouraging psychologists to seek professional support; I think that would stop some psychologists getting into trouble (P5).

Systemic remedies.

Whilst participants did not generate responses to every area of perceived systemic weakness in protecting fitness and propriety, they had clear ideas about ways to potentially improve some areas. They also raised ideas about how to improve the system that did not relate directly to problems identified in the areas of monitoring or regulation.

Increase minimum qualification.

An increase in minimum training levels was strongly endorsed by participants. They considered such an increase a way of improving capability and protecting fitness and propriety:

I think the APS was wise, I know a lot of people argued against this, to bring in the six-year qualification to be a full member, and I think the board should follow suit and make it a six year qualification.... That's probably the simplest way of protecting fitness and propriety (P3).

Increase re-registration requirements.

Stricter re-registration requirements and more monitoring of those requirements were needed, according to participants, to ensure standards intrinsic to fitness and propriety were maintained. They thought that responsibility for this would lie with the WA Psychologists Board:

But after supervision I think there needs to be some stricter guidelines and requirements to show that you've maintained your level of training, your skills, your knowledge, your competence, and that you are okay to work, and that should be at a WA Psych Board level. And also maybe part of that as well is ongoing, that you have to show that you've been part of an ongoing peer supervision group (P2).

Participants saw an additional benefit to the increased personal accountability that increasing re-registration requirements would engender—they felt that it would assist in maintaining fitness and propriety in private practitioners:

... we can pick up private practitioners this way; if there's something they need to do once a month to help them meet their registration requirements (P8).

Train supervisors.

Two aspects of supervision would contribute to the protection and maintenance of fitness and propriety, participants felt. The first related to training supervisors to supervise:

They [supervision or performance management] do rely on the people doing the supervision or performance management processes knowing what is fit and proper for psychologists; so where a psychologist is involved in making those

kinds of assessments or forming goals with the person and all those kinds of things, it's not a difficult process providing the person doing it knows how to do it, has had some supervision about how to do it, consults about it, talks about it, knows how to do it collaboratively, knows how to do it fairly, and includes the person involved (P8).

The second aspect focused on the type of approach that a supervisor employed when supervising. Participants felt that a supportive, developmental approach was most efficacious in promoting fitness and propriety and in assisting supervisees to learn to self-regulate:

I naturally gravitate towards the more supportive/coaching approach because once the person has achieved the necessary outcomes they are up and running and going while with the policing/monitoring process will be an ongoing process so you are actually working against something. It's almost *I must/I must not*, which has a sense of punishment, whereas *I would like to*, or *I want to* has an almost internal locus of control ...(P7).

Such an approach also fitted with participants' idea that becoming a fit and proper psychologist was an incremental process, that followed a developmental trajectory linked to training and career development.

Increase trust.

Participants considered that increasing the amount of trust that psychologists had in the system would assist in the maintenance of fitness and propriety. At present, it was felt that psychologists not trusting the system caused some of the problems with identifying and reporting unfit and/or improper behaviour:

I think essentially what I'm talking about is trust, on a deeper level then, in the sense that if we can trust the system not to ostracise us but to support us, if that message can be put forward maybe that will change [the reluctance of psychologists to identify unfit or improper behaviour].... So, that's a change in philosophy and we quite probably need more of a change in philosophy to

assist psychs to come forward and see that as a learning and coaching experience and not as *a you don't know what you're doing, or you're doing the wrong thing and you need punishment* (P7).

Trust might be improved, participants believed, by the systemic adoption of a more caring and supportive approach toward psychologists:

I noticed when I was in the States there were some papers presented on how psychologists can care for themselves and how the profession can care for psychologists. I don't think we've got that far at this stage and I think that if we had then that would certainly eliminate some of the problems [with maintaining fitness and propriety] (P4).

Improve clarity and standardisation.

Participants felt that the systemic maintenance of fitness and propriety was beleaguered by a lack of clarity. First, clarity was required about what criteria needed to be met in order to be fit and proper:

I think it's really important that the level of training that you put people through should give them the benchmarks and the criteria for what makes you okay and acceptable. And that perhaps could be more explicit and clearer, and even that clause in the Psych. Act could be perhaps less vague to actually give some parameters as a guideline (P7).

There was also an expressed requirement for clarity about how the criteria would be monitored and who would monitor them:

We can't expect other professions or the public to understand or respect us if we don't have clear requirements for ourselves. I still think it's down to the Psych. Board in each State to make those requirements clear and then monitor them (P9).

Participants thought that having consistent national standards would provide the profession with an opportunity to strengthen the maintenance of fitness and propriety: “It would strengthen the standards if they were consistent nationally” (P9). There was concern expressed, however, that the profession would be damaged if such strengthening and consistency were not introduced:

We’ve got the opportunity to promote fitness and propriety, to make the profession into a proper and respected profession that’s standardised across the country, that’s well run and transparent, that has a clear framework and well-defined roles for everyone, that has a clear disciplinary system etc. and adequate support, adequate checks to ensure that we are okay, that we are looking after ourselves as well as our clients – or we can just degenerate (P10).

Although the process of clarification and change would be difficult, participants considered, it was probably inevitable given what was happening to psychology in the rest of the world:

I think it’s going to be very hard to change that culture [of inclusion and discomfort with hierarchy] in this country but I think it eventually will, I think it has to because of what’s happening in the rest of the world with the globalisation of psychology. Eventually we’ll all be able to move anywhere and practise (P5).

Ultimately, participants identified the need for change in order to better protect and maintain fitness and propriety. This was important both for clients and for psychologists:

You know I hear a lot of friends and so on that have the therapy experience, for example, and it’s actually quite damaging.... So something has got to change. Ultimately, everyone’s got to be fit and proper to protect our clients and ourselves (P10).

Intentionally blank

CHAPTER 5: STAGE ONE DISCUSSION

In response to the question, “What does it mean to be a fit and proper psychologist?” participants’ answers resulted in the identification of two components and seven categories within the components. See Figure 1 for an overview. A constructionist epistemology was chosen and a grounded theory approach utilised to analyse the data provided by 16 semi-structured interviews with WA psychologists.

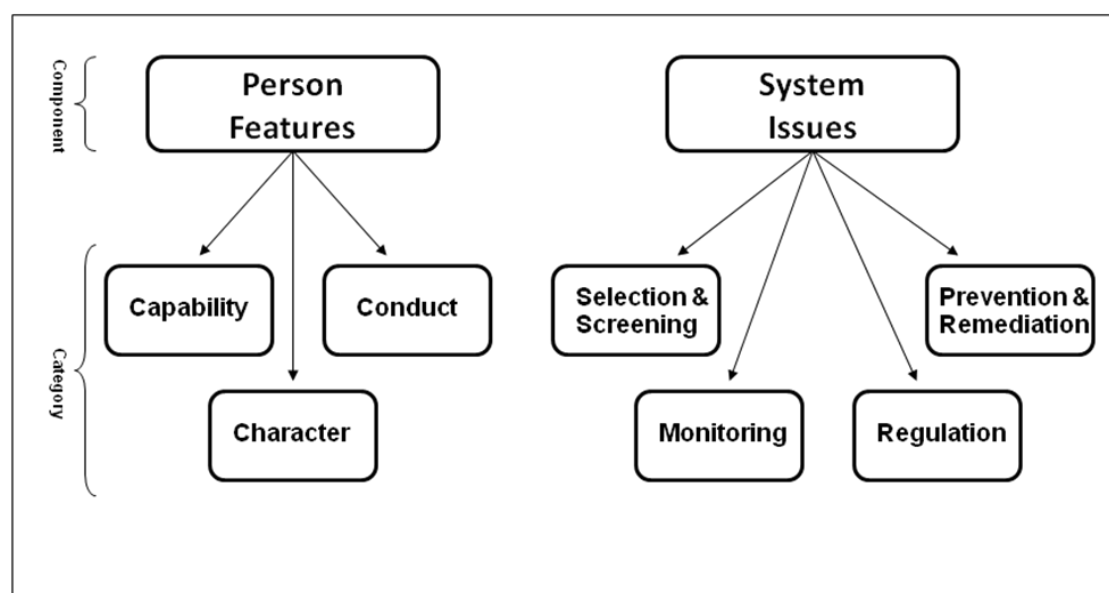


Figure 1. The Components and Categories Identified in Stage One

Results indicate that there are two overarching components to fitness and propriety in practising psychologists: The first relates to aspects of the person, termed person features; the second relates to contextual influences on psychologists’ fitness and propriety, termed system issues. Based on participant reports, seven broad categories were identified under the components of a fit and proper psychologist. There are three categories under person features: capability, character, and conduct. System issues contains four categories: selection and screening, monitoring, regulation, and prevention and remediation. The results allowed the researcher to construct a detailed profile of the contents of these categories and the many themes and in some cases sub-themes and sub-sub-themes contained therein.

Individually, each category represents a constituent part of a fit and proper psychologist. When taken collectively, however, the categories and their respective themes, etcetera, are often inter-related. This inter-relationship suggests that the whole of fitness and propriety is greater than the sum of its parts. The perspectives of all Stage One participants were utilised to construct the constituent parts of a fit and proper psychologist.

Person Features

The first component of a fit and proper psychologist, person features, relates to things about the person of the psychologist that are necessary for fitness and propriety. Participants considered aspects of person features to be either innate or something that developed with training, experience, and exposure to the norms of the profession. Results indicate that aspects of person features exist on a developmental trajectory, so a fit and proper trainee psychologist will be different to a fit and proper graduate psychologist and both will be different from a fit and proper psychologist with 20 years' experience. This means that the concept of a fit and proper psychologist is dynamic rather than static. Scholars have also identified the existence of a developmental trajectory for psychologists (see for example Spruill et al., 2004).

Capability

Capability represents the requisite abilities and knowledge of a fit and proper psychologist. It refers to the ability of psychologists to do their job in the required manner. The capability category contains the themes of health and education.

Health.

Participants saw health as enabling capability and considered that the concept of health encompassed all aspects of functioning, including physical and psychological health in their broadest senses. Results separate psychological and physical health as participants viewed them as separate but related entities, despite discussing them together. The importance of health to capability and to fitness and propriety is illustrated by its inclusion in the Code (Australian Psychological Society, 2007). Standard B.1.2(e) tasks psychologists with “ensuring that their emotional, mental, and

physical state does not impair their ability to provide a competent psychological service” (p. 19). All psychologists therefore have an imperative to ensure that they are healthy enough to practise competently. Many authors who write in the area have also described the maintenance of health as an ethical imperative (see for example, Baker, 2007; Barnett, 2007c; Barnett & Cooper, 2009).

Participants recognised the importance of overall health but were uncertain about how the appropriate level of health would be determined and what sort of health issue would render psychologists unfit and improper. Their reports indicate that there are three considerations relevant to this determination: The first is how well psychologists can perform their job. The second relates to how aware psychologists are of their health and whether or not this awareness, or a lack of it, affects the performance of their jobs. The third consideration is whether clients are aware of a health issue or the consequences of a health issue. These considerations are summarised as effectiveness, awareness, and impact on clients, and together propose that fit and proper psychologists regularly reflect on their health and are cognisant of the influence of any such issues on their professional effectiveness and on their clients (see also, Coster & Schwebel, 1997).

The health theme provides an illustration of the inter-relationship between the dimensions of the construct of a fit and proper psychologist, both within and between categories of person features. Although effectiveness and impact on clients appear to be similar, if not identical, a psychologist’s effectiveness can deteriorate without a client becoming aware of it or suffering any harm because of this deterioration. Participants made this demarcation clear. Thus, these two ideas are presented separately to acknowledge their delineation. There is a relationship between the two ideas, however, since it is likely that a decrease in effectiveness will have an impact on the client, even if the client does not notice it or experience any harm. Further, the idea of being either under- or over-aware of a health issue has a clear relationship to the idea of self-awareness, which is a theme in the character category of person features.

Education.

Participants believed that education is the key to acquiring and maintaining the skills and knowledge that create capability. The education theme is very broad and

based on participants' reports, it would appear there are two major facets to the theme: university and career-long learning. Participants endorsed the idea that education in a fit and proper psychologist is a career-long endeavour, beginning at university but extending far beyond the formal training obtained there. The idea of a developmental trajectory is particularly obvious in this theme as it proposes that skills and knowledge increase with experience and over time in a fit and proper psychologist (see also, Rodolfa, et al., 2005).

University.

Participants reported that gaining a high quality and accredited education at university was necessary to be a fit and proper psychologist. They suggested that the most important aspect of university education is what is learnt and how long it takes to learn what is required. These ideas are presented as foundational achievements and minimum requirements.

Based on participant reports, foundational achievements are further broken down into the ability to think critically, basic knowledge and skills, and ethical awareness. Critical thinking was considered by participants to be the basis for learning and thinking and would include, for example, being able to question information presented. Acquiring basic psychological knowledge and skills, such as active listening, appears to go beyond academic knowledge. Ethical awareness, like critical thinking, reflects a way of thinking about issues and information. Participants considered that this awareness surpassed learning ethical principles and standards as contained in the Code (Australian Psychological Society, 2007) and involved being able to apply that knowledge to practice as well as knowing when a situation required ethical reflection. Based on participant reports it appears that these foundational achievements provide the capability to begin working with clients in a fit and proper manner. Foundational educational achievements have been mentioned frequently in the literature (for example see Fouad et al., 2009; Kaslow et al., 2004; Rodolfa et al., 2005; Spruill et al., 2004) and critical thinking, basic skills and knowledge, and ethical awareness all feature as requirements. More often known as foundational competencies, these ideas reflect the accelerating trend toward competency-based education in psychology (DeMers, 2009; Nelson, 2007; Rubin et al., 2007; Voudouris, 2010).

The idea of minimum requirements reflects participants' opinions on how long it takes to attain the foundational educational achievements. A four-year degree was considered insufficient to equip trainee psychologists with the foundational achievements and a six-year minimum was endorsed. This was because the undergraduate degree was not considered a practically oriented degree, and the applied learning and skill acquisition required was thought to occur in postgraduate courses.

Participants reported that postgraduate education allowed them to link what they had learnt and had thought critically about to advice and analysis in practice. Their reports indicate that, in a fit and proper psychologist, the link between learning and practice develops into a reflexive style of practice whereby credible and validated approaches are applied and the psychologist is then able to think critically about their practice and to evaluate whether scientifically sound and efficacious methods have been utilised.

In order to acquire the foundational achievements and develop the capability necessary for graduate fitness and propriety, participants believed that the requisite knowledge and skills, and the link between knowledge and practice should be in place before leaving university. This is consistent with the opinion expressed by Fouad et al., (2009), and suggests that the length of time spent at university is not as important as what is learnt and practised whilst there (Beutler & Kendall, 1995; Dyck & Donovan, 2003). The competency-based education movement goes further, advocating the specification of required educational outcomes over a focus on the content or length of programmes (Fouad et al., 2009; Nelson, 2007; Roberts et al., 2005; Rubin et al., 2007). Although Australia supports such an approach, the reality of implementation is not keeping pace with the desire to teach, train, and credential in this way (Pachana, et al., 2011).

Career-long learning.

Participants considered career-long learning essential to fitness and propriety because university education only prequalified someone for practice as a psychologist. This view is reinforced by the dynamic nature of the field necessitating frequent updating of knowledge to maintain currency (see Falender & Shafranske, 2012) and the need for life-long learning being well accepted in the field (see Wise et al., 2010).

Based on participants' reports, there appear to be three types of career-long learning: required supervision, ongoing supervision, and professional development.

Required supervision encompasses supervision obtained for general registration or endorsement. Participants felt that this supervision provided the opportunity to refine and hone practice. Their comments indicate that attitudes toward the process, supervisor qualities, and the nature of the supervisory relationship determine the success of required supervision.

Ongoing supervision refers to any supervision obtained after required supervision is completed. Participants regarded it as necessary for all psychologists, regardless of experience or seniority. The mode and frequency of this supervision was flexible, however, and might include having peers available to consult with when required, one-on-one supervision, or peer supervision groups. Participants identified numerous benefits to ongoing supervision, for example, avoiding isolation and encouraging personal reflection. These benefits indicate an inter-relationship between different parts of fitness and propriety, namely career-long learning and connectivity to the profession, and career-long learning and self-awareness respectively. The importance of ongoing supervision to fitness and propriety is buttressed by other researchers who have found that it assists with maintaining competence (Wise et al., 2010), aids in problem solving (Shaw, 2010), propagates self-awareness and reflection (Barnett, 2007c), and avoids isolation (Rupert & Kent, 2007).

Participants believed that fit and proper psychologists completed professional development activities because it helped psychologists keep up to date with their discipline, facilitated knowledge of developments in their area of practice, and aided skill maintenance considered important for professional confidence. Participants also believed that professional development assisted with delivering the best possible service to clients. Neimeyer et al., (2009) suggested that professional development is key to maintaining current and ethical practice. The mandatory requirements for professional development and supervision in the National Act (2009) reflect the importance of career-long learning to the profession.

Character

The category of character contains the themes criminal history, traits, self-awareness, personal responsibility, and other orientation. They all identify characteristics that participants considered critical to fitness and propriety in practising psychologists. The character requirements of a fit and proper psychologist are difficult to define. They encompass external expectations of the psychologist together with internal aspects of the person. Establishing character and creating parameters for the character of a fit and proper psychologist involve defining a person and predicting behaviour, as described by Sockett (2009). The process goes further though, also involving the consideration of any action performed and the intent and perception of that action by the person whose character is being evaluated .

Criminal history.

Participants considered the presence of a criminal history potentially relevant to the determination of fitness and propriety, with the type and recency of any offence important to ascertaining relevance. They believed that each case would need to be considered individually. Participant considerations are in keeping with the PsyBA's Criminal history registration standards clients (Psychology Board of Australia, n.d.-a). Sockett (2009) proposed that character comprises not just action but also intention and motivation. If this is the case, then in addition to type and recency of offence, it may be prudent to consider what the psychologist intended, how the act is perceived by the psychologist, and the reasons for acting when deciding whether a criminal history affects a psychologist's character to the extent that the psychologist is not fit and proper.

Traits.

Participants considered functioning far more indicative of fitness and propriety than the assessed or inferred presence or absence of particular personality traits. They felt that having a required set of traits to be fit and proper was unnecessary because diversity and individuality were more important. The results incorporate traits because there were some that participants considered desirable or helpful to fitness and propriety. One such trait was empathy, which participants considered to be the single most important trait, to the extent that they considered a lack of empathy potentially

sufficient to render a psychologist unfit and improper (see also, Eisenberg & Morris, 2001).

Self-awareness.

Self-awareness is another internal aspect of a person that participants reported as critical to the character of a fit and proper psychologist. In this context, participants saw self-awareness as a multi-faceted construct that emerged from and expanded with maturity, life experience, and personal growth. Based on participant reports, it appears that self-awareness contributes to fitness and propriety in three ways: choosing the right profession, personal boundaries, and strengths and limitations.

The importance of self-awareness to fitness and propriety is mirrored in the competency literature, where scholars such as Kaslow et al. (2007), Barnett et al. (2007), and Kuittinen et al. (2014) have discussed the importance of self-awareness and self-assessment in the maintenance of competence, and continued personal and professional development. The shift from knowledge-based determinations of readiness for practice to a more holistic assessment, reported by authors such as Donovan and Ponce (2009), Lichtenberg et al. (2007), and Roberts et al. (2005), may account for the increasing prominence of self-awareness or related concepts.

Self-awareness is also interrelated with several other themes. As discussed earlier, it relates to health and career-long learning. There is also a relationship between self-awareness and personal responsibility, self-care, and connectivity to the profession. An exploration of these relationships will occur during the discussion of those themes.

Personal responsibility.

Although participants thought that trainee psychologists learnt about the right and wrong things to do, they did not believe trainees always understood the concept of taking responsibility for their own actions. Results suggest that it is not enough to be aware of the concept of personal responsibility; to be fit and proper it appears necessary for psychologists to take ownership of the concept by taking responsibility for themselves and their practice. Sherman (1996) suggested that a lack of ownership of personal responsibility may happen because of a belief in the myth of psychologist

invulnerability, denial or minimisation of responsibility due to fear of the consequences, or a lack of autonomy when ownership of responsibility is accepted .

Results indicate that a lack of self-awareness would preclude the taking of responsibility. Thus self-awareness is a pre-requisite for the ability to take personal responsibility. Further, and as established in the discussion on the theme of health, under- or over-awareness can compromise fit and proper practice. If under-awareness about a health issue occurs, participants believed that a psychologist would be unable to take responsibility for that health issue.

Other orientation.

Participants considered there were things about the person of a fit and proper psychologist that could not be taught, and this theme encompasses that idea. The idea that there is something of a person's character that cannot be taught is not new; it is discussed in the literature on ethics, particularly virtue ethics (see for example, Bersoff, 1996; Meara et al., 1996). Based on participants' reports it, appears that the aspect of a psychologist's character that cannot be taught but is critical to fitness and propriety is captured in the theme orientation toward others and that it has four aspects to it.

Results indicate that the first sub-theme of an orientation toward others, genuine interest, refers to the need to be authentically interested in other people, what they do, and why they do it. A genuine interest in others relates to the idea of choosing the right profession, a sub-theme of self-awareness. The second sub-theme, respect, involves having respect for others including clients, colleagues, and associated people, together with respect for the position of psychologist and its inherent power. Wanting to help, the third sub-theme, captures the perceived necessity of having a desire to help other people in some capacity. The last sub-theme is doing the right thing. Although a subjective attitude, this indicates that a psychologist must consider the client, the profession, and their own values in determining what the right thing is professionally.

The theme of other orientation and particularly the sub-theme of doing the right thing exemplify the link between the categories of character and conduct. Results suggest that a psychologist's character will influence their conduct. Baer and Corneille (1992) documented this influence in lawyers and Papdakis et al. (2005) in doctors, both finding that those people who had characterological issues identified prior to commencement of professional practice were more likely to appear before disciplinary

committees after commencing practice. Participants felt strongly that in order for psychologists to be fit and proper they required an orientation to others. Based on their reports, it is suggested that this is because it is necessary to possess a character that is predisposed to conduct demonstrative of fitness and propriety.

Conduct

Conduct is the category that relates to the behaviour of a fit and proper psychologist. Its attendant themes are self-care, principled and virtuous behaviour, connectivity through involvement, and promoting the profession. These themes represent different levels of behaviour requisite in a fit and proper psychologist, from intrapersonal conduct moving up to conduct related to the profession as a whole. Although it is possible to consider conduct simply as an expression of the former two categories, capability and character, in fact participants felt that it went further than that. Results suggest that behaviour is an indicator of capability and of character but that it is also a way of improving and contributing to fitness and propriety.

Self-care.

Fit and proper psychologists are careful to engage in behaviours designed to foster a sense of physical and psychological well being, participate in a range of interests apart from psychology, and delineate between the professional persona and the private persona, according to participants. They considered decreased stress levels and increased effectiveness to be the benefits of role delineation, stress management, work–life balance, help seeking, and other self-care oriented activities. The importance of self-care is mentioned frequently in scholarly literature, reflecting the increasing recognition that self-care is critical to efficacious service provision and adaptive management of the self as a professional (Baker, 2007; Barnett, 2007b; Barnett & Cooper, 2009; Elman, 2007; Good et al., 2009; P. L. Smith & Moss, 2009; Stevanovic & Rupert, 2004). Of note, self-care behaviours have also been found to contribute to career sustenance and high job satisfaction (Stevanovic & Rupert, 2004).

The enumerated benefits of self-care demonstrate an inter-relationship between it and health. Results indicate that enacting self-care behaviours is related to self-awareness and the taking of personal responsibility because some parts of fitness and propriety are reciprocally influential. For example, self-care behaviours demonstrate a

taking of personal responsibility. According to participants, self-care behaviours also fostered a sense of perspective and facilitated acknowledgement of all aspects of the psychologist as a person. This indicates self-care promotes and assists with self-awareness. Conversely, being self-aware is likely to prompt psychologists to recognise the need to look after themselves, and taking personal responsibility will allow them to enact self-caring behaviours when warranted. These relationships exemplify the complexity of the concept of fitness and propriety and underline that the whole of the concept is bigger than its parts. The inter-relationship of these parts also demonstrates how conduct is a way of developing and maintaining fitness and propriety, and not just a way of expressing the requisite character and capability.

Principled and virtuous behaviour.

Participants believed that in order to be fit and proper, psychologists needed to behave in accordance with “principles” (P11) and that this involved adhering to the standards and guidelines established by the profession (Australian Psychological Society, 2007, 2010) and other bodies. Some participants, however, went further, identifying that being fit and proper involved the addition of “virtue” (P7) or value-based behaviour. They felt that psychologists needed to be able to reflect on the best course of action by balancing sometimes competing interests, having a rationale for their decision so that it was defensible, and then acting accordingly.

To pursue this process of reflection and decision making demonstrates that a psychologist has taken the tenets of principle ethics, which in part outlines what professional obligations psychologists have to their clients (Allan, 2010), and has internalised them, such that they become virtues – external expectations of moral ideals that psychologists can aspire to personify (Allan, 2008). It is also in keeping with Kelman’s (2006) idea of value internalisation, whereby the values of the profession are internalised and become indistinguishable from personal values. Based on participant reports, a fit and proper psychologist behaves in both a principled and virtuous manner by not just following the rules, but also by reflecting on available information, differentiating among several options according to what is defensible, and then acting on the product of those reflections. Scholars suggest this practice of ethical reflection is a crucial element of professional development and practice (Allan, 2010; Burke et al., 2007; Jordan & Meara, 1990). The process is likely to be helpful in

situations where standards and guidelines do not provide a clear path of action, and would assist in maintaining best practice by facilitating principled and virtuous behaviour even in difficult or ambiguous circumstances.

It seems that principled and virtuous behaviour is important to fitness and propriety because of the fiduciary relationship that exists between clients and psychologists. Participants believed that it was up to psychologists to be responsive to the trust clients place in them and do their best for the client. This point further illustrates the link between character and conduct. The preliminary construction of a fit and proper psychologist proposes that principled and virtuous behaviour comprises the behavioural element of being other oriented, which is part of character. This proposition supports the idea that when a psychologist demonstrates principled and virtuous behaviour, the principles have been internalised as virtues. It is acknowledged, however, that aspects of character that pre-date formal training in psychology may facilitate the expression of virtues. Of note, participants' use of the terms principle and virtue could be interchanged with ethical and moral; based on their reports, their overall intention was to convey the idea that there are external and (some identified) internal influences involved in determining fit and proper behaviour.

Connectivity through involvement.

Participants thought that each psychologist was part of a system by virtue of belonging to the profession of psychology and it was important to fitness and propriety that psychologists be aware of and experience a sense of connection to their profession. They considered this sense of connection achievable through becoming involved with professional organisations such as the APS, having or being a role model or supervisor, engaging in peer supervision, and attending professional development activities. Whether through involvement in organisations, networks, or events, participant reports indicate that connectivity through involvement in the profession helps to propagate knowledge and information, cultivate cohesion, and maintain standards. Similarly Kuittinen et al. (2014) found that connectivity to peers and colleagues is important to competence, and the competence constellation model (Johnson et al., 2013) discusses layers of connections to support, maintain and enhance competence.

The results suggest that connectivity through involvement relates to capability through the sub-theme of life-long learning and to character through awareness of strengths and limitations. Connectivity will assist self-awareness of strengths and limitations if psychologists are active in participating in peer supervision and discussing issues with colleagues, which in turn facilitates connectivity. Further, connectivity through involvement is also linked to self-care where discussing issues with colleagues is a form of help seeking. Finally, connectivity and promotion of the profession's wellbeing are related.

Promotion of the profession.

How a psychologist behaves, both with clients and in the wider world, influences the public's perception of individual psychologists and the profession. In order to safeguard the future of psychology and the careers of psychologists, participants considered that fit and proper psychologists needed to be mindful of how their behaviour might reflect on themselves and the profession, and to take an active role in promoting the profession. This promotion might be internal or external to the profession and involve everything from networking across disciplines, to supervising, being a role model, or acting if another psychologist's behaviour, health, or performance is of concern. Participants believed that being mindful of how individual and collective behaviour impacted on the profession, and working in the profession's best interests was a requisite part of being a fit and proper psychologist.

Results suggest that promotion of the profession relates to connectivity to the profession, since supervision, being a role model, or intervening if another psychologist's behaviour is of concern require a connection to and involvement with the profession. Promotion of the profession is related to health because psychologists' health will influence their ability to promote the profession. Lastly, results suggest that how a psychologist behaves will influence other psychologists' perceptions of the profession and that this has the potential to influence the fitness and propriety of both the acting and the observing psychologist.

The person features discussed above are the product of 16 WA psychologists' perspectives. They provide the answer to the research question. The results, however, do not establish whether the person features are more broadly relevant to Australian

psychologists or how accurate a representation of the constituent parts of a fit and proper psychologist they are.

System Issues

The second component of fitness and propriety is system issues. This component refers to the non-person features that contribute to fitness and propriety in individual psychologists through the system that they operate in and therefore to the well-functioning of the profession as it is experienced and as it is perceived. Although, previous authors have identified that the system plays a role in the maintenance of standards (Johnson et al., 2012; Rodolfa et al., 2005; Roe, 2002), the elicitation of data about the system that psychologists operate in was an unexpected consequence of the initial research question for this thesis. It became clear early in the interview process that psychologists saw the context they worked in as affecting fitness and propriety in individual psychologists. One of the first ways this became apparent was when participants discussed examples of what was not fit and proper and went automatically to how they saw that this lack of fitness and propriety had occurred—the flaws they saw in the system.

As the importance of system issues became apparent, their role in fitness and propriety was actively explored and this led to the construction of the following understanding: there are four major categories, selection and screening, monitoring, regulation, and prevention and remediation. Selection and screening refers to the way that the profession determines suitability and administers admittance to training. Monitoring relates to the methods of quality assurance that the profession employs to assist in the maintenance of fitness and propriety. Regulation refers to mechanisms and bodies designed to police and protect fitness and propriety. The last category, prevention and remediation, outlines ways to avoid problems with fitness and propriety and potentially restore it when it is not maintained.

To provide some context for the discussion of the four categories in system issues, it is necessary to first look at where participants identified a lack of fitness and propriety in psychologists and the perceived flaws in the system that gave rise to this lack of fitness and propriety. Participants generated numerous examples, spanning the developmental trajectory, of psychologists or students that they did not consider fit and

proper. The identification of a lack of fitness and propriety across stages of professional development prompted an exploration of how this might have occurred. Participants believed there were mechanisms in the system that should prevent unfit and improper people from entering the profession or from remaining undetected. These mechanisms included university staff, external supervisors, or sources of ongoing supervision. Participants did not consider these mechanisms as effective as they could have been at any stage of the developmental pathway (see also, Marley & Carman, 1999).

From this premise, participants explored what the profession does and what it could do to improve the development and maintenance of fitness and propriety, and safeguard the public and the profession from psychologists who were not fit and proper. Of note, there is a strong relationship between the person features and system issues. However, the focus of each is different. It is proposed that person features relate to the requisite elements of fitness and propriety in individual psychologists. In contrast, system issues relate to the characteristics, functions, and processes of the professional system that facilitate or hinder the establishment, development, and maintenance of fitness and propriety. The connection between the two major components identified is supportive of reciprocal relationships between the well-functioning of the professional system, its quality assurance and risk management processes, and the fitness and propriety of its members (see also, Johnson, et al., 2013).

Selection and Screening

Participants felt that strong selection mechanisms were necessary to screen out unsuitable potential psychologists and select people with potential for training as fit and proper psychologists (see also, Schwartz-Mette, 2009). They considered these mechanisms critical in protecting the individual from entering an unsuitable career path, and later the public and the profession from unfit and improper psychologists. There were two themes associated with this category. The first, selection content, relates to what about the individual should be considered when selecting people for training or for entry to the profession. Results indicate that a holistic approach to selection is preferred over the perceived over-reliance on academic measures. Results suggest that considering capability, character, and conduct is the most accurate method of gauging fitness and propriety and its potential for further development.

The second theme, selection timing and methods, refers to the when and how of applicant selection for entry to the profession or training for the profession. Data indicate that selection could occur at a number of points, including fourth year and postgraduate course entrance, during placements, or before registration. Selection could utilise a variety of methods: Examples include performance-based assessment, personality testing as an adjunct to other methods, entrance interviews, and references.

Monitoring

When psychologists achieve some form of registration and commence practice, participants considered that the system's role in fitness and propriety changed from safeguarding entrance to the profession to monitoring psychologists to ensure they were meeting standards and continuing to develop appropriately. Based on participant reports, monitoring embodies the system's efforts at quality assurance through the maintenance and progression of fitness and propriety in accordance with experience and career progression. Several means of monitoring psychologists were suggested, namely required supervision, ongoing supervision or performance management, renewal of registration, and responsibility for self and others.

Participant reports indicate that at this point in the developmental trajectory responsibility for ensuring fitness and propriety transfers from university and placement supervisors to individual psychologists themselves, their managers, colleagues, and peers. Monitoring fitness and propriety thus becomes both a personal responsibility for self and a responsibility to the profession for assisting other psychologists to maintain their fitness and propriety. This is in keeping with Johnson et al.'s. (2013) competence constellation model that promotes an extended personal and professional support network that collaborates to encourage self-care and care for others in the profession. Other authors point out, however, that psychologists often ignore problems they observe in colleagues (see for example, Floyd et al., 1998; Good et al., 1995). To address this, the system of psychology and its members may need to become less individualised and more community oriented such that the burden of responsibility converts to a collective and interdependent endeavour (Johnson, Barnett, Elman, Forrest, & Kaslow, 2012). This supports the idea that instead of responsibility for the maintenance and development of fitness and propriety being a solely individual enterprise, the professional system has a valid role.

Regulation

This category of system issues covers the mechanisms or bodies designed to protect fitness and propriety when monitoring processes have not ameliorated the problem, or psychologists are doing things that they know or should know jeopardise fitness and propriety. The first theme in this category, regulatory bodies, refers to the organisations participants identified as responsible for regulating the profession, namely the Psychologists Registration Board of WA (prior to the national transition to the PsyBA) and the APS. The second theme, under-reporting of problems, relates to participants' perception that regulation lacked efficacy because problems with fitness and propriety were under-reported.

Based on participants' reports it appears the role of the recognised regulatory bodies are commonly misunderstood. This misunderstanding arises because the primary function of these bodies is to protect the public (Australian Health Practitioners Regulation Agency, n.d.). However, many psychologists appear to believe that the function of these bodies is to protect or punish them. The lack of clarity about the principal function of regulatory bodies may contribute to the identified problem of under-reporting. As raised in the monitoring category, colleagues are often wary of involvement with a problematic peer (see Floyd et al., 1998). Results suggest three possible reasons for under-reporting: First, the Psychologists Registration Board of WA is overly punitive, second, there will be negative ramifications for reporting someone, and third, reporting goes against the nature of psychologists, who want to help. Scholars have also acknowledged similar reasons for not seeking assistance or not notifying regulatory bodies of a peer's unfit and improper behaviour (Barnett & Hillard, 2001; O'Connor, 2001; P. L. Smith & Moss, 2009). They suggest a systemic response with a focus on prevention through graduate education as a remedy (Baker, 2007; Barnett, 2007c; Elman, 2007; Schoener, 2007).

Prevention and Remediation

The next category in system issues relates to what participants thought would prevent or remedy problems with fitness and propriety. Generally, participants found it difficult to identify who would be responsible for the suggested improvements. Based on participants' reports, it is proposed that there are two types of solutions. The

first, termed individual remedies, relates to what individual psychologists can do to prevent or ameliorate issues with fitness and propriety. Strongly related to the person feature of self-care and to connectivity through involvement, they include establishing Balint groups, attending retreats, obtaining individual therapy, and encouraging help seeking (Wise, et al., 2012). Participants considered these actions would assist with the ownership of personal responsibility, minimise the dangers of isolated practice, serve as a non-threatening way of assessing fitness and propriety on an ongoing basis, and help to ameliorate any problems with fitness and propriety.

The second type of solution, termed systemic remedies, addresses aspects of the system participants considered sub-optimally supportive of fitness and propriety. Results indicate that ways to address this include increasing minimum educational and re-registration requirements, providing training for supervisors, and improving trust in the system by, for example, promoting a supportive approach to psychologists with health issues. Lastly, participants thought that improving clarity and standardisation in the system and about its expectations of psychologists was likely to assist with prevention and remediation of issues. Results suggest that maximising the efficacy of systemic contributors to fitness and propriety will facilitate its development and maintenance in individual psychologists (see also, Johnson, et al., 2012).

Summary and Limitations of Stage One Research

Stage One of this research has provided comprehensive information about the constituent parts of a fit and proper psychologist that is generic in nature. Results indicate that fitness and propriety is not only about the person of the psychologist; the professional system within which psychologists work also contributes to fitness and propriety. To the best of the author's knowledge, this is the first time that experiential research has identified the role of both the person and the system in the development and maintenance of a required standard.

The finding that aspects of an individual psychologist contribute to fitness and propriety is in keeping with the idea of individual competence frequently written about by scholars in psychology (see for example, Barnett et al., 2007; Belar, 2009; Donovan & Ponce, 2009; Fouad et al., 2009; Kaslow, 2004; Rodolfa et al., 2005; Roe, 2002). In contrast, while authors of models of competence such as Rodolfa et al. (2005) and Roe

(2002) have pointed out that the context and system that psychologists work in contribute to competence, the role of the system is generally less prominent in the literature than aspects of the individual. As interview participants identified the importance of the system to fitness and propriety, the concept of a fit and proper psychologist had to be expanded. This expansion created an unanticipated multidimensionality to the constituent parts of a fit and proper psychologist. This multidimensionality, however, allowed for the construction of a more complete understanding of the concept.

Although these findings contribute to the literature, the small size and homogenous geographical origin of the sample, together with the qualitative nature of the data, mean that the results cannot be generalised to all Australian psychologists. In addition, although identification of the person features of a fit and proper psychologist has occurred, it is unknown how important each of them is to fitness and propriety or where they rank relative to each other. Finally, the lack of anonymity for participants in Stage One and the primarily generic nature of the data obtained may mean that some nuances of meaning concerning the understanding and application of fitness and propriety to Australian psychologists require further elicitation. Addressing these issues requires additional data be sought from psychologists across the country, using a different method of data collection.

The second stage of this research took place after the introduction of national regulation by way of the National Act (2009) and further investigated the person features of a fit and proper psychologist constructed from Stage One findings. Two points informed the decision to focus on this aspect of fitness and propriety. The first related to the need to contain the amount of data generated. The second was that the National Act (2009) requires a psychologist to be a fit and proper *person*, so it was decided to focus on the aspects of the person identified as contributing to fitness and propriety – the person features. An additional consideration was that it is possible the system issues identified and the criticism that the professional system in general attracted from participants in Stage One may have been ameliorated by the change in regulatory structure. One example of an issue that has been resolved by the regulatory changes is the PsyBA's introduction of training for supervisors. Further exploration of the role of the system in fitness and propriety will be important for future research.

Intentionally blank

CHAPTER 6: STAGE TWO METHODOLOGY

The objectives for Stage Two were threefold: one, to confirm the results about person features from the interviews conducted in Stage One and to establish if the results are generalisable to psychologists across Australia; two, to establish the relative and comparative importance of the person features of a fit and proper psychologist; and three, to elicit personalised data to add detail and hone the person features component of the constituent parts of fitness and propriety. A quantitative method was chosen to address the objectives because this approach involves considering the concepts to be examined prior to gathering data so it is usually used with known variables (see Neuman, 2011), in this case the already identified person features of a fit and proper psychologist. Further, quantitative methodology more easily integrates data from larger sample sizes (Neuman, 2011).

For the current study, a qualitative design in the form of interviews was used in Stage One and a quantitative survey design in the form of a questionnaire was selected for use in Stage Two. There are specific strengths associated with this kind of mixed methods research (Neuman, 2011). A quantitative stage following a qualitative stage is helpful as it allows the qualitative results to be confirmed, converged, or expanded upon by employing a larger sample size that aims to be representative of a larger population (Creswell, 2007). In this case, a larger sample size was sought to increase representation from only WA to psychologists nationally. Additionally, this approach facilitates the triangulation of method and of measures thereby increasing the number of perspectives employed to look at the research questions and associated concepts, which increases the comprehensiveness of the obtained data (Neuman, 2011). By following a qualitative design with a quantitative design, the study is richer and the rigour of the findings enhanced (Creswell, 2007).

Research Questions

In keeping with the stated objectives for Stage Two of the study, the research questions formulated were designed to confirm the preliminary person features of the constituent parts of a fit and proper psychologist that resulted from the previous stage

and assess their generalisability. The questions also sought to establish numerical importance scores for the person features. Additionally, the questions were formulated to allow any new or inconsistent information to emerge, which has been identified as important in refining information (see Neuman, 2011), and address the limitation of generalised questions and a lack of anonymity that existed with Stage One methodology. The research questions for Stage Two are listed in Table 16, below.

Table 16

Stage Two Research Questions

-
- Are the person features identified by this research generalisable to all Australian psychologists?
 - What is the absolute and comparative importance of the person features identified in this research to fitness and propriety?
 - Is there anything else about person features not elicited in Stage One?
-

Questionnaire Development

The preliminary understanding of the person features of a fit and proper psychologist obtained from the interviews conducted in Stage One provided the foundation for the construction of the questionnaire. The questionnaire was developed in accordance with the guidelines provided by de Vaus (2002), Neuman (2011), and Saris and Gallhofer (2007). To begin developing the questionnaire, it was necessary to consider what information was needed to answer the research questions and operationalise the relevant concepts (see de Vaus, 2002) and Stage One interview data assisted with this.

Having identified what information was required from the questionnaire, a list of possible questionnaire items designed to address the research questions was generated. There were three sections of questions. The first was designed to provide demographic information about respondents, which would enable an assessment of population representativeness and thus generalisability to be made, along with intra-sample comparisons (see de Vaus, 2002; Saris & Gallhofer, 2007). The second section

focused on asking about the person features of a fit and proper psychologist and their importance to fitness and propriety. The second section also asked about some of the sub-themes and other associated ideas. The third section contained additional questions that provided further information on the topic of fitness and propriety.

A pilot study is sometimes used to ensure elicitation of the desired information and to add rigour to the construction process (de Vaus, 2002; Neuman, 2011). For survey methodology utilising a questionnaire, a cognitive interviewing strategy has become one of the leading means of piloting the efficacy of a questionnaire and refining it (Beatty & Willis, 2007; Garcia, 2011). For the current study, employing a cognitive interviewing strategy was not only best practice in questionnaire development, it also allowed for the provision of feedback about the person features obtained from the interviews conducted in Stage One. This was particularly important as interview participants did not suggest any changes when they were provided with a summary of the results and interpretation of Stage One data and asked to give feedback. The cognitive interviewing process therefore also served as a member checking exercise and an opportunity to verify the themes identified (see Crotty, 1998). The rest of this chapter will outline the cognitive interviewing process and results, and explain the survey method.

Cognitive Interviewing

Cognitive interviewing is useful for detecting and rectifying issues with survey questions (Beatty & Willis, 2007; Conrad & Blair, 2009). It is used to refine questionnaire items; to test whether the questions ask what they intend to, avoid ambiguity, and are sensitive to variation; and to check that the questionnaire flows in a logical and understandable manner (Willis, 2005). The process of cognitive interviewing involves the administration of draft questionnaire items to a small number of participants and the collection of additional verbal feedback about the answers provided (Beatty & Willis, 2007; Conrad & Blair, 2009; Garcia, 2011). During a cognitive interview, the interviewer goes through the questionnaire items and asks the interviewee to think aloud when answering them (Willis, 2005). The think aloud method is intended to elicit the mental processes involved in answering the item and has a long history in psychology (Conrad & Blair, 2009). Additional information is also commonly sought to facilitate the identification of item problems (Beatty &

Willis, 2007; Conrad & Blair, 2009; Willis, 2005). The questioning process allows the interviewer to assess whether each item is working as intended, whether the question is too broad or too narrow, whether it is tapping the concept intended, and whether there are any ambiguous terms in the item (Beatty & Willis, 2007; Willis, 2005).

Participants

A convenience sampling method was used to identify potential participants for the cognitive interviews. Convenience sampling is a nonprobability sampling method where a sample is selected because of convenience. This method enabled pilot testing to be conducted quickly and inexpensively (Creswell, 2007). The 10 participants in the cognitive interviews were all registered psychologists. They had a variety of qualifications from four year degrees to PhDs. There were two males and eight female participants with a variety of work experience and current fields of work spanning organisational, clinical and forensic psychology. Participants received an information sheet (Appendix E) and signed a consent form, provided as Appendix F.

Procedure

Willis (2005) suggests that at least two rounds of cognitive interviews be conducted, with amendments made between each round. This allows for bigger, more global issues such as necessity or appropriateness of items to be addressed first, moving to refinement of individual items and their wording in later rounds. For this study, three rounds of interviews were conducted, with three, four, and three participants respectively. This involved holding the first three cognitive interviews then considering participant feedback and amending the questionnaire protocol to ameliorate the problem identified. The next four participants repeated this process. The final group of three participants' feedback related to wording and other minor modifications so further rounds of interviewing were deemed unnecessary.

At the completion of cognitive interviewing, two research supervisors then independently reviewed the questionnaire. Both supervisors have experience in questionnaire design; they have conducted research in the area, and have published that research in peer-reviewed journals. This review focused on checking the clarity of the items, the flow of the survey, the correct use of contingency questions, and the completion time of the survey.

Results and Interpretation

Using the cognitive interview process resulted in the deletion of some items from the questionnaire, the rearrangement and rewording of other items, and the addition of further items to the questionnaire. The most notable changes were made in response to feedback from participants that the original person feature themes of health and education were too broad, containing too many ideas relevant to fitness and propriety. Feedback indicated that the sub-themes included under these themes were also of different importance to fitness and propriety. To address this feedback and reduce the breadth of the person feature theme of health, it was removed and the attendant sub-themes of physical and psychological health were elevated to theme level, and therefore classified as person features in their own right. The same was done for the education theme and the attendant sub-themes of university and career-long learning. These changes aimed to improve the specificity of the questionnaire and resulted in the number of person features increasing from 11 to 13. Table 17 shows how the preliminary person features altered following the cognitive interviewing process.

Following its review by research supervisors, further changes to the questionnaire were made. Some of the questionnaire items were deleted to shorten the questionnaire, and to make the likely amount of data generated more manageable. This was considered necessary given the inclusion of both qualitative and quantitative questions in the questionnaire. The final questionnaire items are provided in Appendix G.

Table 17

Person Feature Changes

Preliminary person features	Amended person features
1. Health	1. Physical health
2. Education	2. Psychological health
3. Criminal history	3. University education
4. Traits	4. Career-long learning
5. Self-awareness	5. Criminal history
6. Personal responsibility	6. Traits
7. Other orientation	7. Self-awareness
8. Self-care	8. Personal responsibility
9. Principled & virtuous behaviour	9. Other orientation
10. Connectivity through involvement	10. Self-care
11. Promotion of the profession	11. Principled & virtuous behaviour
	12. Connectivity through involvement
	13. Promotion of the profession

Survey

A survey design was chosen as it is acknowledged as being suitable for systematically gathering data from a large number of participants and is especially useful when eliciting opinions, beliefs, and attitudes (see Neuman, 2011). The questionnaire that resulted from the cognitive interview process was used as the data collection tool. Using a questionnaire allowed for the collection of both structured quantitative data and unstructured qualitative data that provided added depth to the overall data yield (see Brace, 2008; de Vaus, 2002). It also facilitated multiple methods of data analysis.

Instrument

The final version of the questionnaire was put into Qualtrics questionnaire software (Qualtrics, 2009) and an electronic online version of the questionnaire created. Upon completion of the questionnaire, the software allowed for the generation of a unique link to the questionnaire. This link was utilised in advertising the survey and disseminated to potential participants.

Participants

Participants for the survey were obtained in several ways. Details of the research and the online link to the questionnaire were advertised on the Research Opportunities section of the APS website. Additionally, the link was listed in the APS Matters email that was forwarded to members on 8 November, 2011. Further, judgement sampling, a type of convenience sampling, followed by snowball sampling was employed (see Creswell, 2007). This method resulted in the commencement of 250 questionnaires with 199 of those completed. In order to protect participant confidentiality, the Qualtrics software was set so no identifying information was recorded and the participants were anonymous. An information sheet was provided to participants (see Appendix G).

Procedure

The APS was contacted and the required information submitted so that the unique Qualtrics link to the questionnaire could be published on their website and in the online newsletter. An email containing the unique link to the questionnaire, an invitation to participate, and a request to forward the email to other psychologists, researchers and teachers of psychology was then written. The email was sent to fifteen registered psychologists who it was thought were likely to forward the link to their contacts and were judged representative of psychologists nationally. The Qualtrics software automatically records and tabulates responses and allows a closing date to be listed. The closure date for this study was set as 20 January, 2012. To allow for the completion of any questionnaires commenced prior to the closure date, two further weeks were allowed. This meant final results were available on 4 February, 2012.

The demographic data collected by the questionnaire were then analysed in Qualtrics to check the representativeness of the sample. The results from the remainder of the questionnaire were split into quantitative and qualitative data. The quantitative data were entered into Excel spreadsheets and analysed using descriptive statistics. The use of inferential statistics was considered, however, this would have further increased the amount of data generated. Results of inferential analyses would have added little to the descriptive results, and such analysis would have been difficult as some cell sizes would have been prohibitively small. The qualitative data were analysed thematically to assess for fit with Stage One interview results and the amended person features. Special attention was given to any variation or difference from the Stage One interview results and any contextual information, in order to provide greater depth of information about each person feature. Close attention was paid to any comment on the (amended) person features.

CHAPTER 7: STAGE TWO RESULTS AND INTERPRETATION

Quantitative Results and Interpretation

The questionnaire contained two parts. The first part sought demographic information in order to describe the sample and enable comparison between different groups. The second part contained the items related to the person feature constituent parts of a fit and proper psychologist. Part two provided both quantitative results, in the form of importance scores, and qualitative results.

Presented first in this chapter are the demographic data, followed by the quantitative data. Descriptive statistics were used to establish three things. First, they confirm and establish the generalisability of the person features of fitness and propriety that resulted from the interviews conducted in Stage One. Second, they provide a numerical indication of the importance of each person feature to fitness and propriety. Third, they allow the ranking of the person features in relation to each other.

The second part of this chapter presents the qualitative results. The purpose of the qualitative items in the questionnaire was to obtain further data about the person features. This occurred in three ways: first, by providing additional confirmation of the person features' place in the construction of fitness and propriety; second, by providing contextual data about the importance ranking and scores obtained by each person feature; and third, by asking personalised questions and providing anonymity. The latter was an attempt to address the limitation identified earlier—that of generalised question style and lack of anonymity that was a feature of the interviews conducted in Stage One.

Demographic Data

Of the 251 people who opened the questionnaire, 24 provided only demographic data or did not provide any data, necessitating their exclusion from further analysis. One of the remaining 227 participants gave his age as 110 years and was excluded from the data set. This left 226 participants who provided valid responses and answered at least one of the non-demographic questions. Table 18 provides a description of the sample.

Table 18

Demographic Information for the Total Sample

N	Age ^a	Exp ^b	Sex		Australian jurisdiction								Geographical location			
			M ^c	F ^d	ACT ^e	NSW ^f	NT ^g	QLD ^h	SA ⁱ	Tas ^j	Vic ^k	WA ^l	Metro	Regional	Rural	Multiple ^m
226	42.9	12.6	48	178	6	69	5	37	15	4	58	32	142	50	7	27

Note.^a Mean age in years.^b Mean years of experience in psychology either as a psychologist, researcher, or academic.^c Males.^d Females.^e Australian Capital Territory.^f New South Wales.^g Northern Territory^h Queenslandⁱ South Australia^j Tasmania^k Victoria^l Western Australia^m Participants who worked in more than one geographical location, including those who did some work overseas.

Representativeness.

In assessing the representativeness of the sample, the AHPRA and PsyBA snapshot of the profession provided in the Annual Report 2010-2011 (Australian Health Practitioners Regulation Agency, 2011) was used as the comparison measure. In this snapshot, it was reported that 78% of the 29,142 registered psychologists in this country were female. This sample is 79% female. The largest age group amongst registered psychologists in the snapshot is the 35-39 year old group, representing 14.2% of the total. The same age group also represents 14.2% of the sample but it is not the largest age group. In this sample, the 30-34 year age group and the 40-44 year age group each represent 15.9% of the sample and are tied for largest age group. The proportion of participants from each State is representative of the national spread, the only anomaly being the rank of two areas: Nationally, the Northern Territory has the smallest number of registered psychologists, whereas in this sample Tasmania does. Details are shown in Table 19. Comparison information was not available for years of experience in the profession or geographical location, that is metropolitan, regional, or rural. Despite minor differences, overall it is possible to say that the sample obtained in the current research is representative of the profession nationally.

Table 19

Proportion of Registered Psychologists by Australian Jurisdiction

State	National proportion (%)	Sample proportion (%)
New South Wales	34.36	30.53
Victoria	26.54	25.66
Queensland	17.40	16.37
Western Australia	10.29	14.16
South Australia	4.91	6.64
Australian Capital Territory	2.55	2.65
Tasmania	1.73	1.77
Northern Territory	0.68	2.21

Note. The national proportions do not total 100%.

Demographic data by education type.

The sample's demographic information was also analysed according to education type. This was done because level of qualification obtained is a controversial topic in Australia and one that has to some extent divided the profession (A Solicitor v Council of the Law Society (NSW), 2004). It was thought possible that educational differences may provide variation in the rated importance of person features of fitness and propriety and it was thus considered useful to have demographic information pertaining to each type of qualification. This information is presented in Table 20.

Analysed this way, the sample is not so representative. Nationally, 24,442 psychologists hold general registration and of those 6,391 or 26% have an area of endorsement (Australian Health Practitioners Regulation Agency, 2011). While registration and endorsement status were not enquired about in the questionnaire, qualifications can be used as an approximation for general or endorsed registration status. In this sample, 59 participants or 26% have a four-year or non-postgraduate qualification. In other words, the proportion of postgraduate qualified and non-postgraduate qualified psychologists is reversed when compared to psychologists nationally. In this sample the biggest group is MPsyched qualified psychologists. Nevertheless, four-year qualified psychologists comprise the second largest group in the sample. Further, it is important to consider that there are a number of psychologists who completed postgraduate qualifications but did not then go on to complete the supervision required to obtain specialist title or, as it is now known, endorsement (personal communication, A. Allan, May, 2012). This means that the current sample is likely to have more psychologists with general registration than their qualifications would indicate.

Table 20

Demographic Information by Education Type

Education type	<i>n</i>	Sex				Age ^c	Exp ^d	Geographical location							
		M ^a	%	F ^b	%			Metro	%	Reg ^e	%	Rural	%	Multi ^f	%
4 years	59	14	24	45	76	45.6	13.6	30	51	18	30	0	0	11	19
MA/MSc	8	2	25	6	75	46.4	17.9	5	62	1	13	0	0	2	25
MPsych	73	13	18	60	82	41.6	12.3	50	68	16	22	2	3	5	7
DPsych	20	3	15	17	85	42.8	13.0	12	60	5	25	2	10	1	5
Research PhD	17	6	35	11	65	52.2	20.3	12	70	2	12	2	12	1	6
Coursework PhD	10	1	10	9	90	43.7	13.0	6	60	2	20	0	0	2	20
Currently Completing	39	9	23	30	77	36.2	6.8	28	72	6	15	1	3	4	10
PGR+CCR ^g	33	13	39	20	61	48.4	17.9	23	70	4	12	2	6	4	12
PGC+CCC ^h	134	21	16	113	84	39.8	10.8	89	66	28	21	5	4	12	9

Note.^a Males.^b Females.^c Mean age in years.^d Mean years of experience in psychology either as a psychologist, researcher, or academic.^e Regional.^f Participants who work in more than one geographical location.^g Participants who have a postgraduate research degree (PGR) plus those currently completing a postgraduate research degree regardless of previous degree type (CCR).^h Participants who have a postgraduate coursework degree (PGC) plus those currently completing a postgraduate coursework degree regardless of previous degree type (CCC).

Importance Scores

Of the 226 participants who answered the first item in the questionnaire, on average one participant ceased responding after each item in part two of the questionnaire. This meant that 216 people responded to all items. Outliers for each question were identified based on scores of more than 3 *SD* above or below the mean. Those scores that were classified as outliers were excluded from the calculation of the importance score for that person feature. Additionally, several other scores that were not statistical outliers were excluded from calculations where the accompanying qualitative response indicated that the question had been misunderstood or the factors considered in providing a score were not related to being a fit and proper psychologist. For example, a participant considered a psychologist's extra-marital affair as a factor in scoring the importance of principled and virtuous behaviour, despite the questionnaire being focused only on the importance of each person feature to professional behaviour. Each participant allocated an importance score to each person feature based on five categories of importance. The range and labels for the rating scale are provided in Table 21.

Table 21

Importance Score Rating Scale

Range	Label
0-20	Totally unimportant
21-40	Of little importance
41-60	Of some importance
61-80	Important
81-100	Critically important

Total sample.

The importance scores for each person feature of fitness and propriety, as presented in the questionnaire, for the total sample are provided in Table 22. The total number of participants who entered a score for each person feature is presented followed by the number of outliers deducted from the number of responses.

Table 22

Mean Importance Scores for each Person Feature of Fitness and Propriety for the Total Sample in Descending Order

Person feature	<i>N</i>	No. of outliers	<i>M</i>	<i>SD</i>
Self-awareness	220	5	93.65	8.00
Personal responsibility	219	4	92.59	8.78
Career-long learning	224	4	91.34	10.97
Orientation to others	219	6	90.92	11.20
Psychological health	226	3	90.45	10.15
Principled & virtuous behaviour	218	3	89.14	12.05
Self-care	219	1	85.74	12.98
University education	225	2	84.24	14.43
Connectivity through involvement	217	3	78.76	17.28
Physical health	226	4	75.18	15.49
Criminal history	223	1	74.79	20.35
Traits	222	4	70.33	19.84
Promotion of the profession	216	3	70.16	20.17

Of particular significance, eight of the 13 mean scores fall into the critically important range. The remaining five mean scores are all in the important range of the rating scale. Notably, the importance scores for physical and psychological health are 15.27 points different. Likewise, the difference between university education and career-long learning is 7.10. These score differences indicate that the decision to elevate those sub-themes to theme level and include them in the questionnaire as person features was justified, since there are clearly differences in the importance of these ideas to fitness and propriety. Overall, however, the scores obtained confirm that the person features identified in the preliminary construction of fitness and propriety are constituent parts of a fit and proper psychologist.

Beyond the mean scores, the standard deviations provide another source of information. In general, the higher the mean score obtained, the smaller the standard deviation. Figure 2 demonstrates this graphically. This suggests that the more important a person feature of fitness and propriety was considered by participants to be, the more of them agreed on this and the more closely their scores aligned. Tables 23 and 24 show the person features ranked from most to least important and the person features ranked from the smallest to the largest standard deviation, respectively. Whilst not identical, there is similarity in the lists. Of note, this similarity extends to those person features rated critically important and those rated as important.

As the standard deviations are smaller for the most important person features, it implies that there was greater homogeneity of opinion regarding those person features. It also indicates that it is possible to consistently apply greater import to the person features with high importance scores and small standard deviations. To better understand the person features scores and the pattern of standard deviations the qualitative data are required. These will assist with identifying the considerations involved in the scoring of individual person features, help to assess the factors determining the importance of a person feature in the construction, and provide insight into those person features that rated as important but had larger standard deviations.

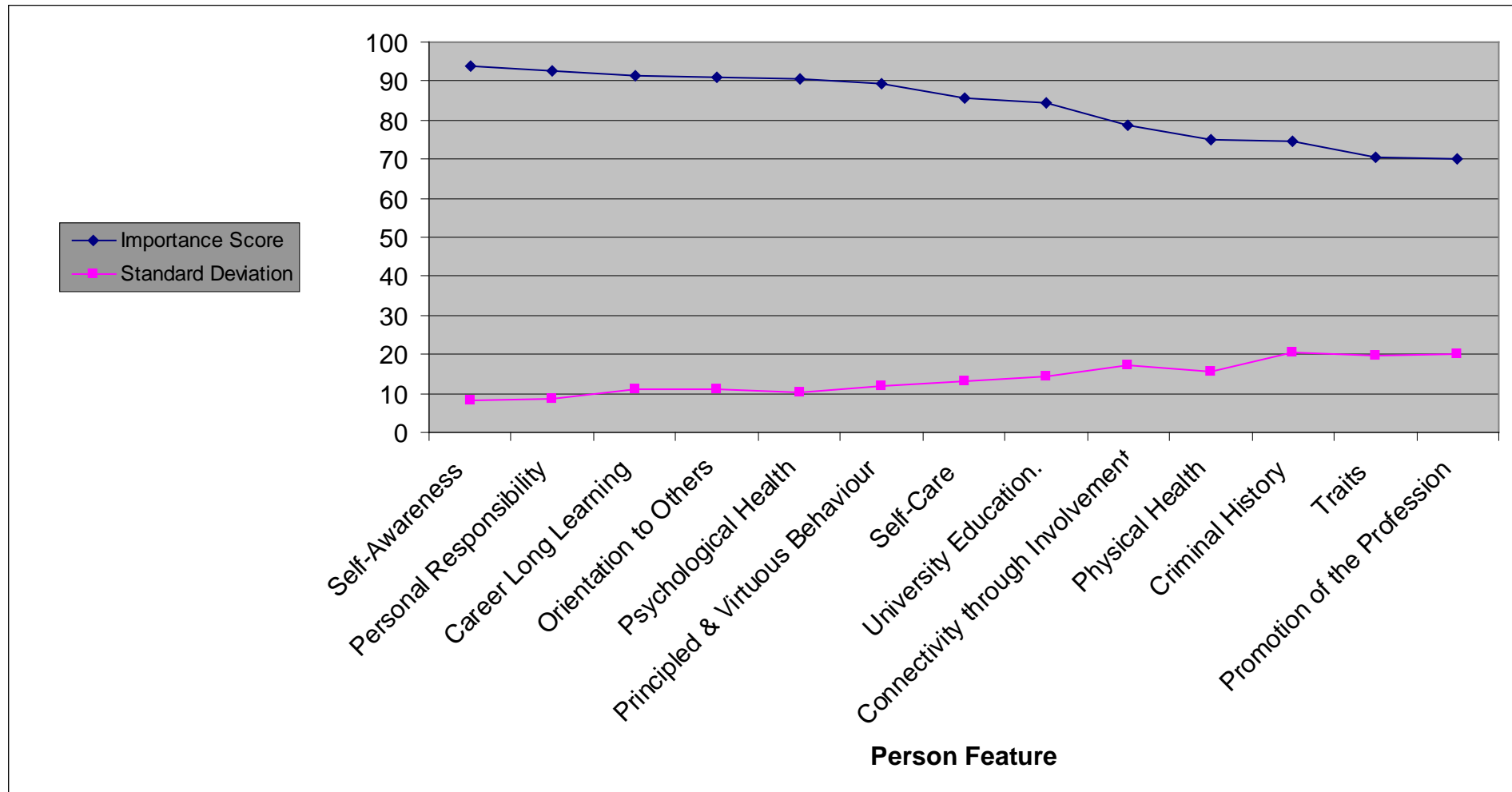


Figure 2. Mean importance scores and standard deviations for the whole sample.

Table 23

Person Feature Importance Scores Ranked by Mean

Person feature	<i>M</i>
Self-awareness	93.65
Personal responsibility	92.59
Career-long learning	91.34
Orientation to others	90.92
Psychological health	90.45
Principled & virtuous behaviour	89.14
Self-care	85.74
University education	84.24
Connectivity through involvement	78.76
Physical health	75.18
Criminal history	74.79
Traits	70.33
Promotion of the profession	70.16

Table 24

Person Feature Importance Scores Ranked by Standard Deviation

Person feature	<i>SD</i>
Self-awareness	8.00
Personal responsibility	8.78
Psychological health	10.15
Career-long learning	10.97
Orientation to others	11.20
Principled & virtuous behaviour	12.05
Self-care	12.98
University education	14.43
Physical health	15.49
Connectivity through involvement	17.28
Traits	19.84
Promotion of the profession	20.17
Criminal history	20.35

To test thoroughly the person features in the construction of fitness and propriety for validity and to test for generalisability, each person feature's importance score was further analysed. The sample was reanalysed four times, using years of experience, geographical location of practice, area of work in psychology, and education type as the grouping variables. This enabled a finer examination of the importance scores, to establish whether and how any of the specified variables affected the score for each person feature, if the ranked order of the person features varied, and whether the overall category of importance for each person feature was changed. The four variables chosen are considered factors that affect the work and experience of work of psychologists in Australia see (Presidential Initiative Taskforce, 2012). Further, participant questionnaire responses indicated that each variable was a potential source of difference in the importance of each person feature to fitness and propriety. Table 25 shows the person feature rankings by mean importance score for the total sample and by variable.

Years of experience.

This analysis was conducted to see if the mean importance scores for each person feature varied according to the number of years of experience a participant had in the field. To establish this, the sample was split into six groups representing different years of experience. The range of the groups is uneven. However, it was thought that the groups, as chosen, better represent the different levels of confidence, exposure, and responsibility that develop over time in the profession. It also allows for a more even distribution of participants per group. The mean importance scores and standard deviations by years of experience are presented in Table 26.

There are two major points of interest provided by the mean scores. The first is that the score for personal responsibility shows a linear increase the more experience a participant has, although the difference between the minimum and maximum scores is less than five points. The second is that the score for traits increases in an almost linear fashion; however, the difference in importance scores from those with 1-3 years experience to those with 21 years plus experience is 10 points. The bigger difference suggests that experience provides notably greater insight into the importance of personality traits to fitness and propriety. However, as for all results related to experience, cohort effects may also be influential.

Table 25

Rank Order of Person Feature Mean Importance Scores for Total Sample and for Each Variable

Person feature	Total sample	Years of experience						Location		Area of work						Education type			
		1-3	4-6	7-10	11-15	16-20	21+	Metro	Regional & rural	Multi ^a	A&R ^b	Clin ^c	Couns ^d	Ed&D ^e	Forensic	4 yr ^f	PGR ^g	PGC ^h	CC ⁱ
Self-awareness	1	3	2	1	1	1	1	1	4	1	1	1	1	2	6	2	1	1	1
Personal responsibility	2	5	3	2	2	2	2	3	1	2	2	3	2	3	3	1	2	2	3
Career-long learning	3	1	1	4	4	5	6	2	6	4	6	4	4	6	1	3	6	4	2
Orientation to others	4	2	4	5	3	3	5	4	2	5	3	2	3	9	5	4	4	5	4
Psychological health	5	4	5	3	7	4	3	5	3	3	7	6	5	1	2	5	3	3	5
Principled and virtuous behaviour	6	6	6	6	5	6	4	6	5	6	4	5	6	4	8	6	5	6	6
Self-care	7	7	7	7	6	8	7	8	7	7	8	7	7	8	7	7	7	8	7
University education	8	8	8	8	9	7	8	7	8	8	5	8	8	5	4	8	8	7	8
Connectivity	9	9	10	9	8	10	10	9	10	9	9	9	9	11	9	9	10	9	9
Physical health	10	10	11	10	12	9	12	11	9	10	12	12	11	7	10	10	11	10	11
Criminal history	11	11	9	11	10	12	9	10	13	11	11	10	10	10	13	12	9	11	10
Traits	12	13	13	12	13	11	11	12	11	12	13	11	12	13	11	13	12	12	13
Promotion	13	12	12	13	11	13	13	13	12	13	10	13	13	12	12	11	13	13	12

Note.^a Multiple areas of work.^b Academia and research area of work.^c Clinical area of work.^d Counselling area of work.^e Educational and developmental area of work.^f 4 years at university.^g Completed a postgraduate research course.^h Completed a postgraduate coursework course.ⁱ Currently completing a postgraduate course.

Table 26

Mean Importance Scores for each Person Feature of Fitness and Propriety by Years of Experience

Person feature	1-3 years (<i>n</i> = 27)		4-6 years (<i>n</i> = 52)		7-10 years (<i>n</i> = 42)		11-15years (<i>n</i> = 34)		16-20 years (<i>n</i> = 32)		21 years + (<i>n</i> = 39)	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Self-awareness	92.64	10.15	91.00	9.14	95.02	6.97	94.12	6.00	94.62	8.21	95.03	6.74
Personal responsibility	89.72	8.82	90.06	12.51	92.95	8.15	93.41	8.18	94.03	7.83	94.27	7.22
Career-long learning	94.19	10.18	91.54	10.17	91.07	11.55	92.62	11.33	89.52	10.70	89.74	11.87
Orientation to others	93.35	7.10	87.85	12.06	90.34	10.62	93.00	8.73	91.94	12.51	90.97	11.53
Psychological health	91.60	9.36	87.35	11.89	91.71	9.37	87.59	11.18	91.19	9.63	94.18	6.65
Principled & virtuous behaviour	88.23	9.44	86.40	15.14	89.78	11.39	91.26	9.02	86.68	13.91	91.65	11.83
Self-care	86.27	11.08	83.75	13.62	86.80	13.50	88.50	10.90	81.91	14.61	87.64	12.70
University education.	85.88	13.50	83.00	15.83	84.48	14.90	84.32	14.15	86.10	13.31	82.90	14.35
Connectivity through involvement	84.81	11.08	74.43	14.85	77.82	19.42	84.71	15.19	75.47	20.68	78.38	18.46
Physical health	73.77	19.40	72.37	15.22	77.52	16.80	73.68	16.47	78.48	15.84	73.18	15.03
Criminal history	70.54	21.26	74.90	19.46	75.15	21.05	75.03	20.11	72.06	21.07	81.05	19.55
Traits	63.19	19.31	67.78	19.81	72.08	20.62	73.09	16.23	72.90	19.61	73.61	20.75
Promotion of the profession	68.42	17.26	70.00	15.88	67.55	24.40	74.68	22.76	69.50	24.20	70.78	19.11

Note. The maximum number of participants for each experience range is given. However, this varies by person feature according to outliers and missing values.

In terms of ranking, participants with seven or more years of experience deemed self-awareness most important and personal responsibility to be the second most important person feature in fitness and propriety. For the group with the least amount of experience, self-awareness ranked third and personal responsibility fifth. For the group with 4-6 years of experience, self-awareness ranked second and personal responsibility third. A clear trend emerges – self-awareness and personal responsibility become more important in relation to fitness and propriety, the more experience a psychologist has in the profession.

A second trend is also apparent - the ranked importance of career-long learning decreased as years of experience in the profession increased. For those with 1-3 or with 4-6 years experience, it ranked as the most important person feature in fitness and propriety. For the other groups with more experience, career-long learning was replaced by self-awareness and personal responsibility as most important. These results indicate that those with the least experience deem career-long learning most important.

Also of interest is that for the group with 21 or more years of experience, their three highest ranked mean scores were higher than any of the other groups' equivalently ranked scores. Further, the third ranked score provided by the most experienced group is higher than any of the other groups' second ranked mean score. This suggests that the most important person features increase in importance with greater experience. In contrast, the group with the least experience provided the lowest mean score overall, being 63.19 for traits. This is the lowest overall mean score by over four points.

There are two other person features where the ratings for different groups were substantially different. First, connectivity through involvement in the profession: For those with 1-3 and 11-15 years experience in the profession, the mean importance scores for this person feature differed by only 0.10. In contrast, scores for the other groups for this person feature were between 6.43 and 10.38 points less. This indicates that connectivity through involvement was considerably more important to those with 1-3 and 11-15 years experience. Further, their scores were in the critically important range, whereas scores for the other groups were in the important range. The reason for this difference is unclear.

The other person feature where large differences in mean importance scores by years of experience were apparent was criminal history. The mean importance score for this person feature was highest for participants with 21 or more years of experience and lowest for those with 1-3 years of experience. The score of the most experienced group was between 5.90 and 10.51 points higher than that of the other groups. The most experienced group's score was in the critically important range, whereas the scores of the other groups were in the important range. The differences in mean importance scores may imply that the considered importance of criminal history to fitness and propriety increases with experience in the profession. This explanation is weakened, however, as the increase in importance scores by years of experience is not linear. An alternative explanation is that the age and generation of those with more than 21 years of experience in the profession has given them a different opinion on the importance of criminal history to fitness and propriety compared to the other groups with less experience, who are likely to be younger.

Overall, when the mean scores for each person feature and each group are compared graphically, it is clear that there is a high degree of convergence in both the mean scores and the ranked importance of each person feature for each experience group. Figure 3 illustrates this. Additional information is available by looking at the standard deviation scores (see Figure 4). There is a discernible pattern among them that indicates that, generally, the lower the standard deviation score, the higher the mean score and vice versa. The standard deviation score for each person feature showed little variation for the different groups. Figure 4 demonstrates this.

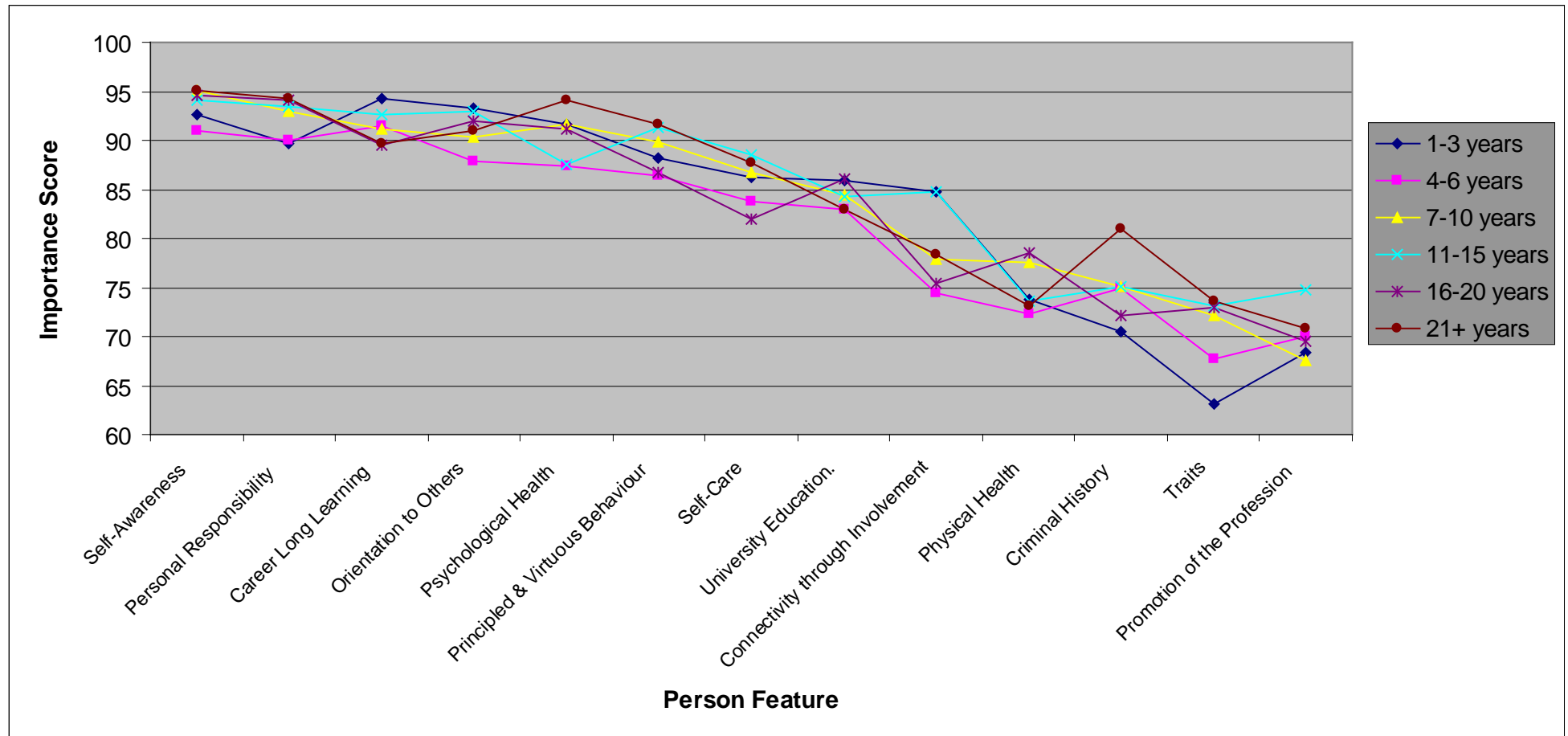


Figure 3. Mean importance score for each person feature by grouped years of experience.

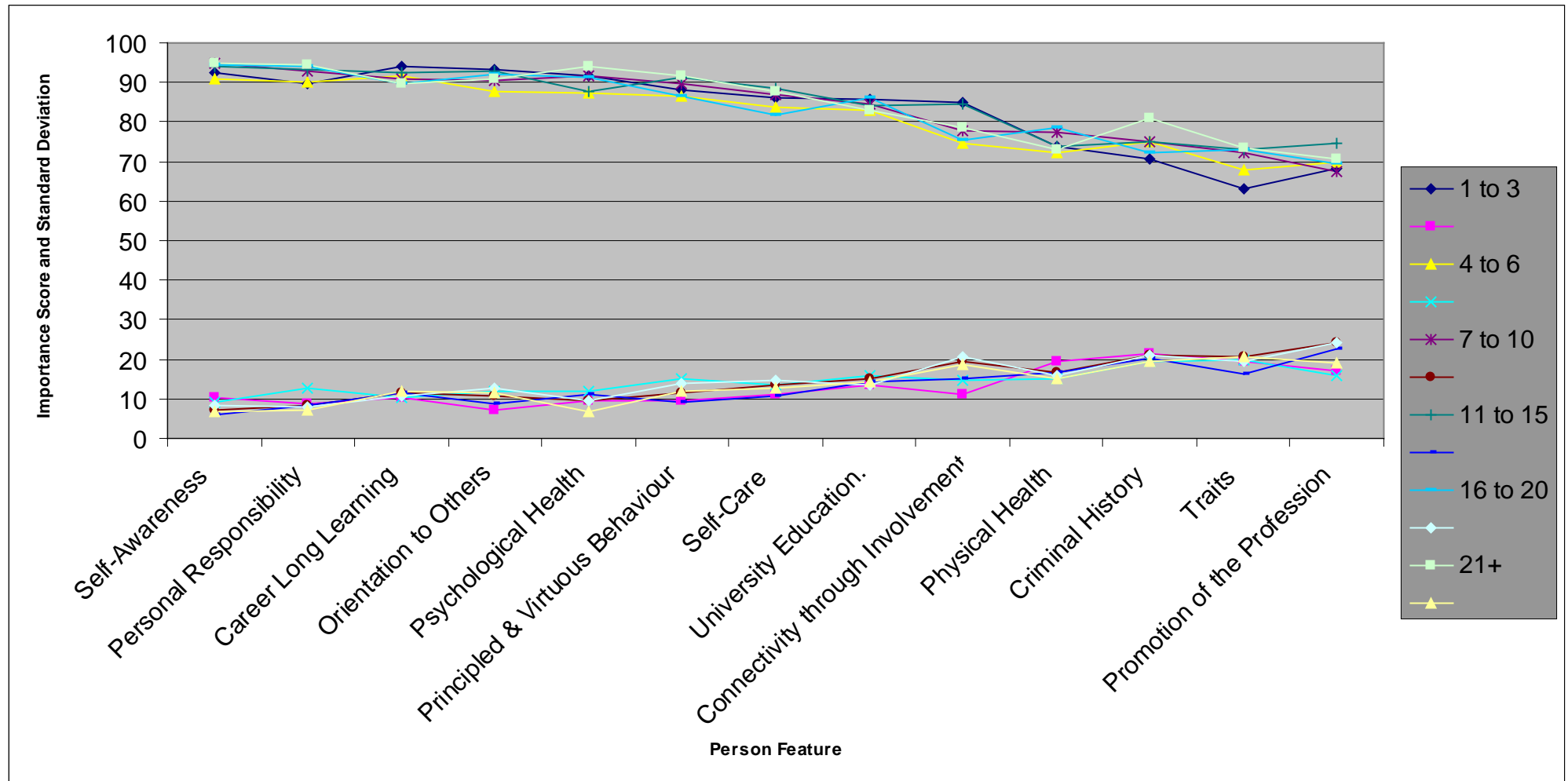


Figure 4. Mean importance score (top) and standard deviation (bottom) for each person feature by grouped years of experience.

Geographical location of practice.

This analysis was conducted to see if the mean importance scores for each person feature varied according to the geographical location of a participant's practice. To accomplish this, the sample was split into two groups – metropolitan, and regional and rural. The regional and rural groups were collapsed as the rural group had only seven members. Those participants who identified that they worked in more than one location were excluded from the analysis. This left 199 participants to be grouped. Table 27 shows the mean importance scores and standard deviations.

In relation to the mean importance scores, there was a small difference between the two groups for traits and promotion of the profession, with the rural and regional group rating both as more important than the metropolitan group rated them. Conversely, the metropolitan group rated career-long learning as more important than the rural and regional group rated it. The mean score for connectivity through involvement showed a categorical difference between the two groups, with the metropolitan group rating it as critically important, whereas the rural and regional groups rated it as important.

When looking at the rankings of the person features, the rural and regional group ranked personal responsibility as most important. This is in contrast to the total sample and the metropolitan group, for both of which self-awareness was most important. For the rural and regional group, self-awareness dropped to fourth most important. Criminal history was the least important person feature for this group. The biggest difference between the groups in relation to ranked importance was for career-long learning, which was second for the metropolitan group but sixth for the rural and regional group.

The standard deviations follow a similar pattern in relation to the mean importance scores as previously established, that is, the higher the importance score, the lower the standard deviation and vice versa. Overall, there remains a high degree of convergence between the standard deviation scores of both location groups (see Figure 5) and those of the whole sample.

Table 27

Mean Importance Scores for each Person Feature of Fitness and Propriety by Geographical Location of Practice

Person feature	Metro ^a (<i>n</i> = 142)		Rural and regional ^b (<i>n</i> = 57)	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Self-awareness	93.89	9.00	92.45	8.29
Personal responsibility	91.69	9.97	93.25	7.28
Career-long learning	92.78	9.72	87.91	13.21
Orientation to others	90.42	11.50	92.70	10.30
Psychological health	89.51	11.17	92.65	7.88
Principled & virtuous behaviour	89.18	12.13	90.15	12.05
Self-care	85.46	14.37	87.53	11.84
University education	85.82	13.64	83.79	14.15
Connectivity through involvement	80.69	15.46	76.89	19.45
Physical health	74.56	15.39	77.75	15.48
Criminal history	75.86	20.57	74.61	18.21
Traits	69.39	21.44	75.42	16.39
Promotion of the profession	69.35	19.84	74.87	20.58

Note. The Rural and regional categories have been collapsed due to the small number of participants in the Rural category (*n* = 7). Participants who work in multiple areas have also been excluded from the table (*n* = 27). The maximum number of participants for each geographical location is given. However, this varies by person feature according to outliers and missing values.

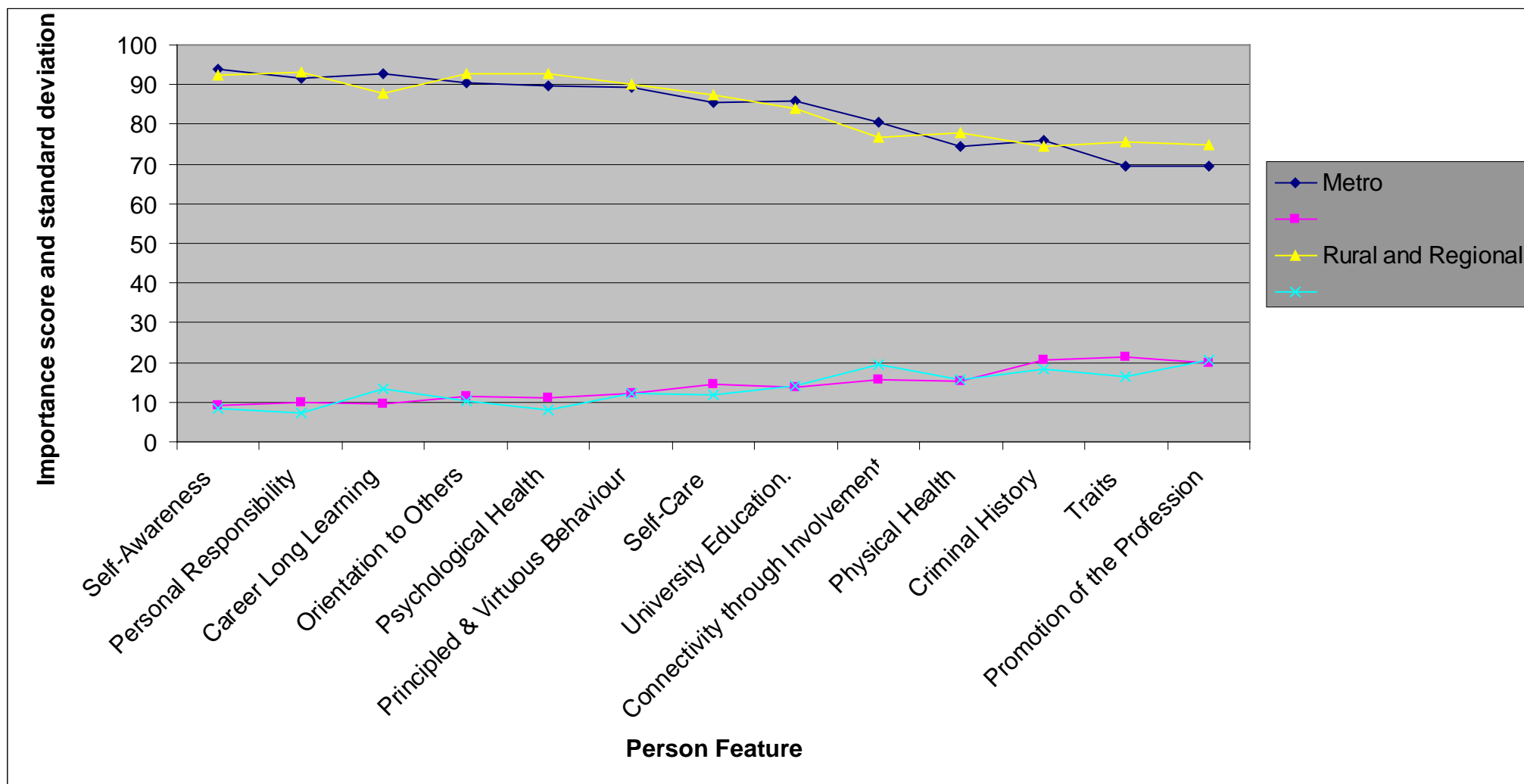


Figure 5. Mean importance score (top) and standard deviation (bottom) for each person feature by geographical location of practice.

Area of work in psychology.

To establish if the mean importance scores for each person feature varied according to the area of psychology participants worked in, the sample was split into the groups represented by the APS colleges with the addition of a group representing academia and research. Participants had the option of selecting multiple areas of work. Those who selected this option formed a separate group. No participants worked only in the area of Sports and Exercise psychology. This is consistent with information for the profession in Australia provided in the Annual Report 2010-2011 (Australian Health Practitioners Regulation Agency, 2011). Table 28 shows the mean importance scores and standard deviations for these groups.

Unfortunately, there were four very small groups: the Community and Neuropsychology groups had only two participants each, the Health group five and the Organisational group eight. As a result, in some instances there was only one participant providing a score so there was no standard deviation. It also meant that the results were too skewed to be usefully comparable to the other groups. For this reason those groups were excluded from the graphical representation of the mean importance scores and standard deviations, shown in Figure 6. The remaining groups each had 10 or more participants.

When examining the mean scores for the remaining areas of work in psychology, it became apparent that many of the scores clustered and that there were some noticeable differences in mean scores for the different areas of work for specific person features. These are shown in Table 29. Taking the clusters first, for psychological health the Educational and Developmental group and the Forensic group had higher mean scores than did the Academia and Research, Clinical, or Counselling groups. However, the Multiple group's score was approximately half way between the two clusters for this person feature. For principled and virtuous behaviour, the Educational and Developmental, Clinical, and Academia and Research groups had higher mean scores than did the Counselling, Multiple, and Forensic groups. For university education, the Academia and Research, Educational and Developmental, and Forensic groups had higher mean scores than did the Multiple, Clinical, and Counselling groups. For this person feature, there was also a noticeable difference: The Counselling group's mean importance score was between 5.32 and 15.01 points lower than those of the other groups.

Table 28

Mean Importance Scores for each Person Feature of Fitness and Propriety by Area of Work in Psychology

Person feature	Multiple (<i>n</i> = 67)		Academia & Research (<i>n</i> = 13)		Clinical (<i>n</i> = 66)		Community (<i>n</i> = 2)		Counselling (<i>n</i> = 42)		Educational & Developmental (<i>n</i> = 11)		Forensic (<i>n</i> = 10)		Health (<i>n</i> = 5)		Neuropsych (<i>n</i> = 2)		Organisational (<i>n</i> = 8)	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Self-awareness	93.61	8.02	95.75	8.08	94.56	7.93	73.00	-	93.13	7.49	94.64	7.30	90.70	11.64	96.80	4.87	86.00	5.66	86.75	11.47
Personal responsibility	92.77	8.70	92.08	7.50	93.02	7.89	87.00	-	91.31	10.72	93.27	7.95	93.30	5.96	93.60	9.21	84.00	22.63	89.43	10.92
Career-long learning	91.30	12.14	89.83	12.00	92.82	10.42	90.50	13.44	89.44	8.91	88.36	13.06	95.80	6.32	87.20	19.79	90.00	14.14	92.75	8.48
Orientation to others	89.76	11.42	91.00	12.46	93.52	10.48	90.00	-	91.18	10.33	82.36	12.73	91.30	10.53	84.40	23.96	89.00	1.41	80.86	12.68
Psychological health	92.02	7.90	89.77	11.18	89.77	11.17	62.50	0.71	87.90	13.10	95.82	5.90	94.90	6.15	93.00	5.52	80.50	0.71	82.38	13.82
Principled & virtuous behaviour	88.75	11.40	90.50	13.80	91.51	11.22	80.00	-	86.59	14.16	93.18	8.29	87.90	11.52	85.60	17.84	89.00	-	81.86	9.99
Self-care	84.88	12.73	82.75	15.98	87.83	11.97	80.00	-	85.22	13.89	83.64	16.08	90.10	10.96	91.50	11.21	86.50	19.09	76.86	10.85
University education	83.22	15.13	90.31	6.81	86.21	14.55	65.00	22.63	77.90	14.00	92.91	10.59	91.30	9.15	78.20	11.30	95.00	7.07	82.75	14.71
Connectivity	80.15	17.70	72.72	16.14	80.02	18.56	77.00	-	76.30	17.04	75.91	18.14	83.30	10.15	71.80	21.09	77.50	24.75	82.57	9.09
Physical health	76.09	15.14	70.85	18.12	74.41	16.07	60.00	14.14	71.20	15.40	83.73	17.43	77.50	9.79	74.60	26.02	65.00	0.00	76.88	11.39
Criminal history	72.74	19.28	71.17	21.28	78.50	19.21	70.50	2.12	72.75	24.65	81.45	14.59	67.30	18.89	76.40	19.28	70.50	28.99	78.00	24.65
Traits	69.03	19.81	69.33	21.78	75.33	15.55	36.50	10.61	70.34	19.11	68.45	27.79	73.10	23.72	62.40	31.07	60.50	14.85	58.00	20.63
Promotion	67.94	21.59	71.33	12.12	73.03	21.39	70.00	-	68.78	16.88	75.64	24.97	68.80	21.79	67.20	24.19	61.50	16.26	69.29	18.75

Note. The maximum number of participants for each area of work is given. However, this varies by person feature according to outliers and missing values. No participant worked only in the area of Sports & Exercise psychology..

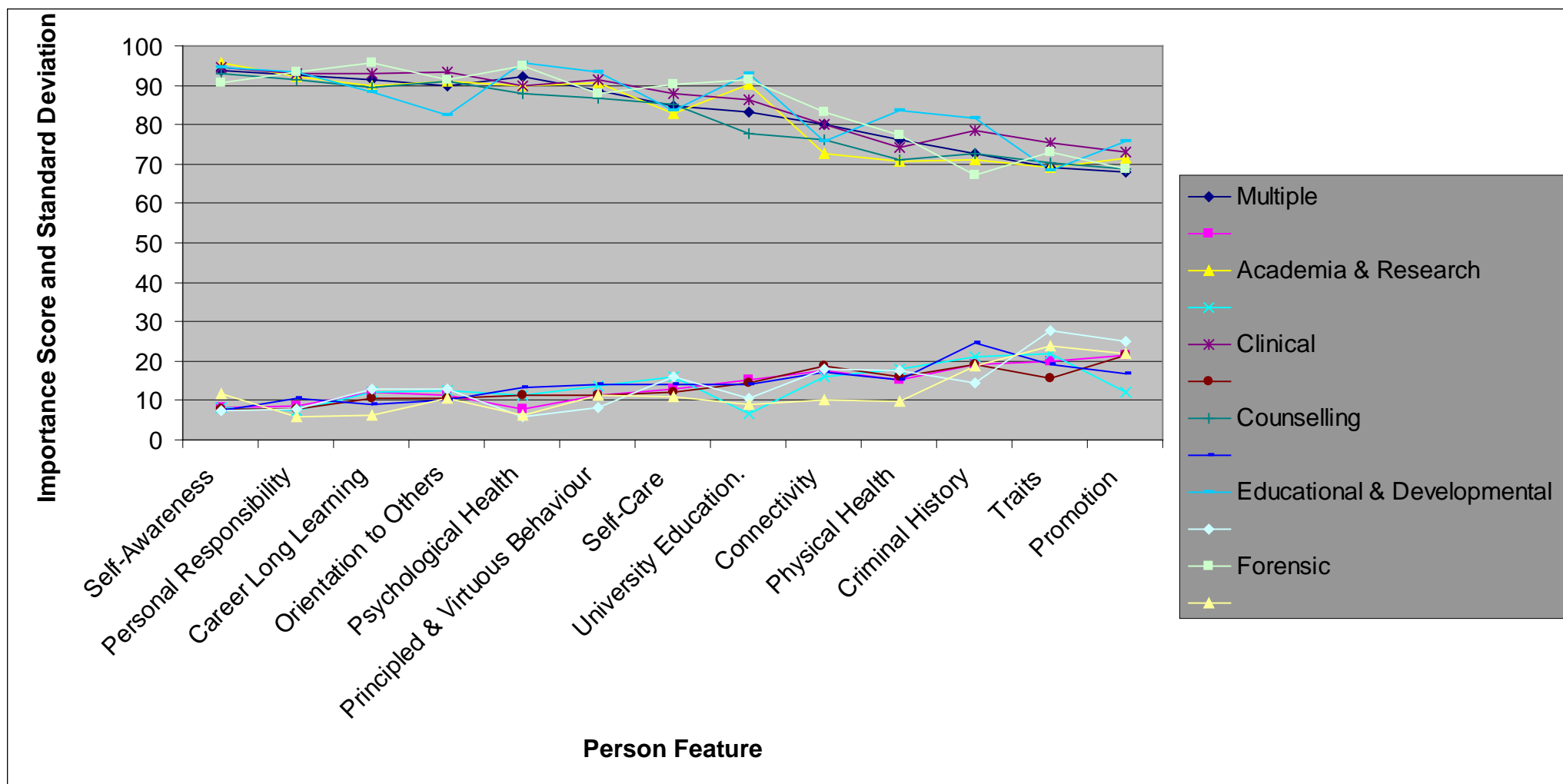


Figure 6. Mean importance score (top) and standard deviation (bottom) for each person feature by area of work in psychology.

Table 29

Ranked Mean Importance Scores for each Person Feature of Fitness and Propriety by Area of Work in Psychology

	Multiple (<i>n</i> = 67)	Academia & Research (<i>n</i> = 13)	Clinical (<i>n</i> = 66)	Counselling (<i>n</i> = 42)	Educational & Developmental (<i>n</i> = 11)	Forensic (<i>n</i> = 10)
Colour coded person feature	<i>M</i>	<i>M</i>	<i>M</i>	<i>M</i>	<i>M</i>	<i>M</i>
Self-awareness	93.61	95.75	94.56	93.13	95.82	95.80
Personal responsibility	92.77	92.08	93.52	91.31	94.64	94.90
Psychological health	92.02	91.00	93.02	91.18	93.27	93.30
Career-long learning	91.30	90.50	92.82	89.44	93.18	91.30
Orientation to others	89.76	90.31	91.51	87.90	92.91	91.30
Principled & virtuous behaviour	88.75	89.83	89.77	86.59	88.36	90.70
Self-care	84.88	89.77	87.83	85.22	83.73	90.10
University education	83.22	82.75	86.21	77.90	83.64	87.90
Connectivity	80.15	72.72	80.02	76.30	82.36	83.30
Physical health	76.09	71.33	78.50	72.75	81.45	77.50
Criminal history	72.74	71.17	75.33	71.20	75.91	73.10
Traits	69.03	70.85	74.41	70.34	75.64	68.80
Promotion of Profession	67.94	69.33	73.03	68.78	68.45	67.30

Note. Community, Health, Neuro, and Organisational psychology have been excluded from this table, as the number of participants in these groups was too small to provide comparable data. The horizontal lines in the body of the table represent the categorical cut-offs where the mean scores go from being critically important to important. See Table 28 for the *SD* scores.

Those person features with noticeable differences in mean importance scores also included career-long learning, with the Forensic group's mean score of 95.80 being a noticeably higher score than those of the other groups by up to seven points. The Educational and Developmental group had a lower score for orientation to others than the other groups by between 7.40 and 11.16 points. Conversely, they had a higher score for physical health than the other groups by between 6.23 and 12.88 points. For criminal history, there were noticeable differences at both ends of the spectrum. The Forensic group thought this person feature less important than the other groups did, whereas the Educational and Developmental group considered this person feature more important than the other groups did. The same phenomenon occurred with connectivity to the profession, with the Academia and Research group considering this person feature less important than the other groups did, whereas the Forensic group had a noticeably higher score than the other groups.

There was also some notable consistency, with self-awareness and personal responsibility being the most consistently scored person features among work groups. The scoring for traits was also relatively consistent among the groups, with the Clinical group showing a slightly higher mean score than the others. Likewise, promotion of the profession was scored relatively consistently; however, the Educational and Developmental group had a slightly higher mean score than the others. The pattern was the same for self-care, where there was relative consistency of scoring apart from the Forensic group's score being slightly higher than those of the other groups.

In relation to ranking across work groups, two groups stood out as diverging from the general pattern. First, the Forensic group, which rated career-long learning as most important while self-awareness was ranked sixth, was also at odds with the total sample where self-awareness was ranked first. For this group, criminal history was the least important person feature, ranking thirteenth, whereas the other groups ranked it tenth or eleventh. Psychological health ranked second for the Forensic group and personal responsibility was third. Second, the Educational and Developmental group ranked psychological health as most important. However, this group then returned to the general pattern of other work groups and ranked self-awareness and personal responsibility second and third respectively. This group also ranked physical health as seventh most important, unusually high for this person feature in comparison to the

other work groups. Overall, it was the Forensic group that appeared most at odds with the pattern of ranking demonstrated by the other work groups.

It is important to remember that rankings are often deceptive as the mean score for a lower ranked person feature in one group can be higher than a higher ranked person feature in another group. This is illustrated by the categorical cut-offs for the importance score rating scale. For the Multiple, Academia and Research, and Clinical groups, the person features rated as critically important and also those rated as important were the same as for the total sample. For the Counselling group, however, university education was rated as important, as compared to critically important for the other groups and for the whole sample. For the Educational and Developmental group, physical health and criminal history were critically important to fitness and propriety, in contrast to the other groups and the total sample where those person features were categorised as important. For the Forensic group, connectivity through involvement was critically important, in contrast to the other work groups and the total sample where it was only rated as important to fitness and propriety.

The standard deviations (see Table 28 and Figure 6) follow the established pattern with criminal history, traits, and promotion of the profession generally having the highest standard deviations. Self-awareness and personal responsibility have the smallest standard deviations overall. It should be noted that the Forensic group had low standard deviation scores for 10 of the 13 person features, which is unusual and suggests that this work group had remarkably consistent views about the importance of most of the person features to fitness and propriety.

When comparing areas of work in psychology, the mean importance scores for each person feature show greater variation than for the other variables examined so far. However, the standard deviation scores remain relatively consistent. Although there is some variation in the mean importance scores of the person features, their ranking and their level of categorical importance between work groups and in relation to the total sample, overall, the continued convergence and consistency of pattern amongst the person features—which continues to reflect that of the total sample—is more striking.

Education type.

This analysis was conducted to see if the mean importance scores for each person feature varied according to the level of education participants had. This was achieved by collapsing the different qualification types into four groups: those who had four years of education, those with a postgraduate research degree, those with a postgraduate coursework degree, and those who were currently completing a postgraduate degree of any type. The last group was not split into research and coursework degree groups as the number of participants in the currently completing postgraduate research degree group was too small for useful comparison. The mean importance scores and standard deviations are presented in Table 30.

When examining the mean importance scores, there are three points of interest. University education had a noticeably higher score for the postgraduate coursework group than the other groups but it was also noticeably lower in the four-year group. For criminal history, there was a noticeable difference between the highest mean score, found for the postgraduate research group, and the lowest mean score, found for the four-year group. Last, for traits, the group that was currently completing a coursework degree had a noticeably lower mean score than the other groups.

Turning to the rankings, there is a clear similarity in the ranked importance of the person features across the four education groups. Self-awareness and personal responsibility followed the standard pattern of first and second respectively for the postgraduate research and coursework groups. They ranked the other way around for the four-year group, and for the currently completing group self-awareness was first, career-long learning came second and personal responsibility was third.

In relation to categorical importance, the established pattern is observable, except for the four-year group where the score for university education was in the important category, as compared to the other education groups and the total sample where it was in the critically important category. Considering standard deviations, more variation is evident. However, the pattern for higher mean score and lower standard deviation holds. The lower mean scores tend toward a higher standard deviation (see Figure 7). This pattern, however, is not as clear with the education variable as it is for the total sample.

Table 30

Mean Importance Scores for each Person Feature of Fitness and Propriety by Collapsed Education Type

Person feature	4 ^a (<i>n</i> = 59)		PGR ^b (<i>n</i> = 25)		PGC ^c (<i>n</i> = 103)		CC ^d (<i>n</i> = 39)	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Self-awareness	92.73	7.36	94.48	6.97	93.75	7.82	93.36	10.11
Personal responsibility	92.91	8.22	92.62	8.39	92.65	8.48	91.89	8.22
Career-long learning	90.46	11.04	89.13	14.22	91.62	10.76	93.27	9.07
Orientation to others	90.37	12.13	92.39	10.36	90.94	10.33	90.73	10.87
Psychological health	88.75	10.49	92.52	10.48	91.68	9.01	88.38	11.88
Principled & virtuous behaviour	88.45	13.39	90.87	12.11	88.59	10.45	88.16	14.15
Self-care	85.91	13.27	85.88	13.08	85.73	12.86	85.45	13.32
University education	78.95	15.37	84.96	14.00	88.08	12.30	81.47	15.90
Connectivity through involvement	77.25	17.34	75.71	18.83	79.36	17.94	79.38	14.38
Physical health	73.36	15.20	75.04	14.45	77.27	15.36	73.56	15.60
Criminal history	70.70	22.93	79.04	19.53	75.50	19.45	76.21	18.86
Traits	69.70	21.25	70.14	22.58	73.30	17.99	64.51	18.74
Promotion of the profession	71.22	18.81	70.04	17.17	69.85	23.05	69.50	16.70

Note. The maximum number of participants for each education type is given. However, this varies by person feature according to outliers and missing values.

^a All four- year or equivalent courses, leading to general registration.

^b Postgraduate research courses (MA/MSc and PhD by research).

^c Postgraduate coursework courses (MPsych, DPsych, PhD by coursework).

^d Those currently completing a postgraduate course.

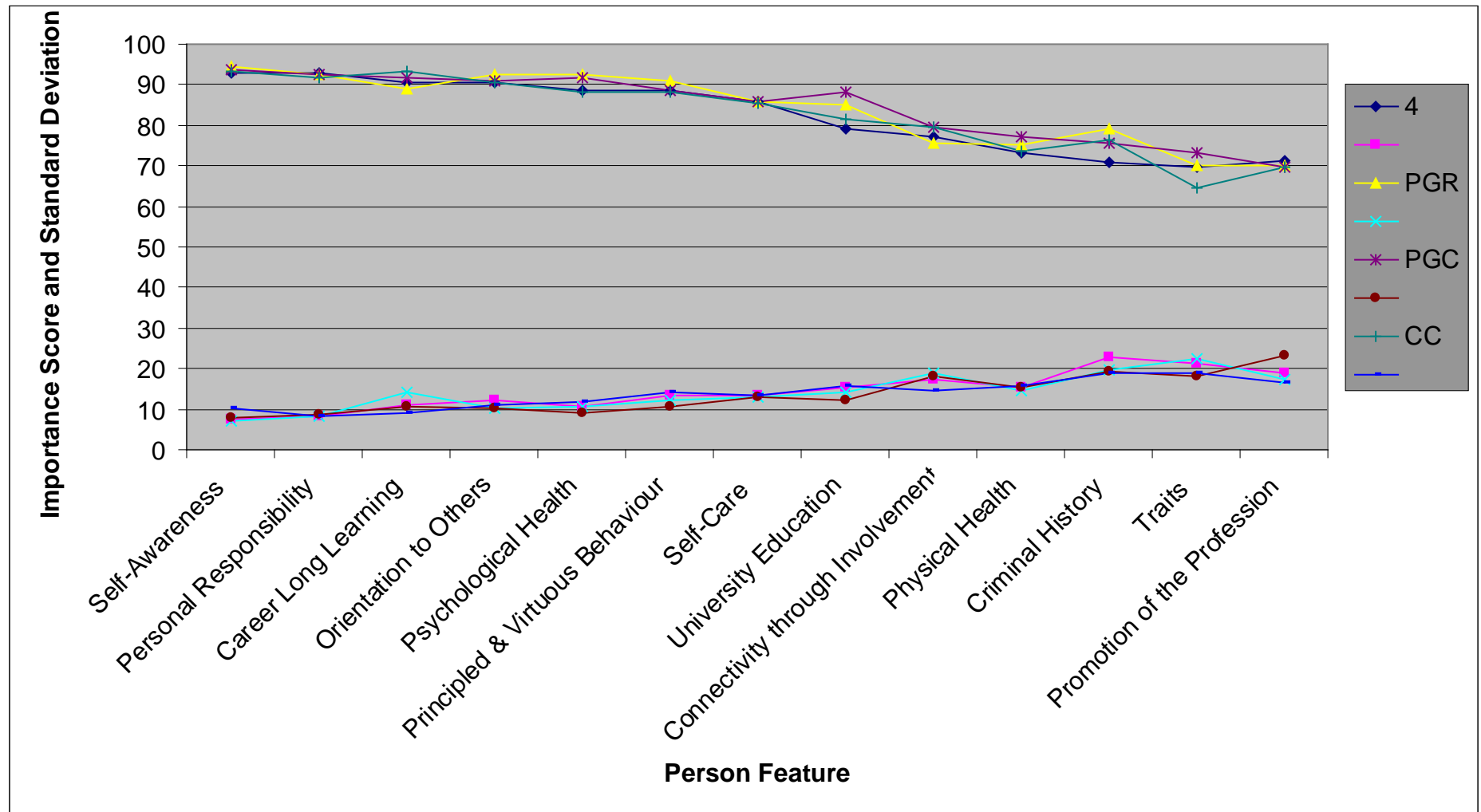


Figure 7. Mean importance score (top) and standard deviation (bottom) for each person feature by collapsed education type.

Again, the general convergence of scores for each person feature across education groups, and the similarity in the pattern of score distribution for the different groups as compared to the total sample are apparent and the robustness of the construction is evident.

Minimum Required University Education

The questionnaire also sought information from participants concerning the minimum number of years of university education they believed was required to begin practice as a psychologist. This was done because it is another currently controversial question in the profession in this country, and presently undergoing revision (Littlefield, 2012b). This information was grouped according to education type and the results are provided in absolute numbers and the percentage of each participant group that endorsed each minimum education option. Table 31 illustrates this.

There are two points of interest in this data. The first is that the preferred option is for a six-year master's degree to be the minimum university education required in order to begin practice. The second point is that the five-year option received the support of 20% of the sample, which appears low but is nevertheless surprising given this option had not been well publicised at the time the questionnaire was published. When the distribution of preferences is examined, the results are even more remarkable. These data are shown in Figure 8.

The six-year MPpsych degree was the preferred option for all participant education types except those with four years' education and those with a master's by research degree, MA or MSc. Continuing with that trend, those participants who held or were currently completing a postgraduate research degree were more in favour of a four-year minimum than those participants who had or were currently completing a postgraduate coursework degree. There was no support for a five-year minimum among those participants with a coursework PhD degree, and there was no support for a seven-plus-year minimum among those with a four-year degree, or those with a MA or MSc. A seven-plus-year minimum requirement received most support from those with a DPsych degree. The five-year option receives most support from those currently completing a postgraduate coursework degree, closely followed by those who were currently completing a postgraduate research degree and those who held a master's by

Table 31

Minimum Amount of University Education Required to Obtain Foundational Abilities by Education Type

Education type	4 years ^a		5 years ^b		6 years ^c		7+ years ^d	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
4 years	42	71	12	20	5	9	0	0
MA/MSc	4	50	2	25	2	25	0	0
MPsych	12	16	15	21	44	60	2	3
DPsych	2	10	3	15	11	55	4	20
Research PhD	6	35	1	6	9	53	1	6
Coursework PhD	1	10	0	0	8	80	1	10
CCR ^e	2	25	2	25	3	38	1	12
CCC ^f	7	23	9	30	13	43	1	4
Total	76	34	44	20	95	42	10	4

Note. One participant discontinued the questionnaire prior to answering this question.

^a At least four years at university.

^b At least five years at university.

^c At least six years at university.

^d At least seven years at university.

^e Currently completing a postgraduate research course.

^f Currently completing a postgraduate coursework course.

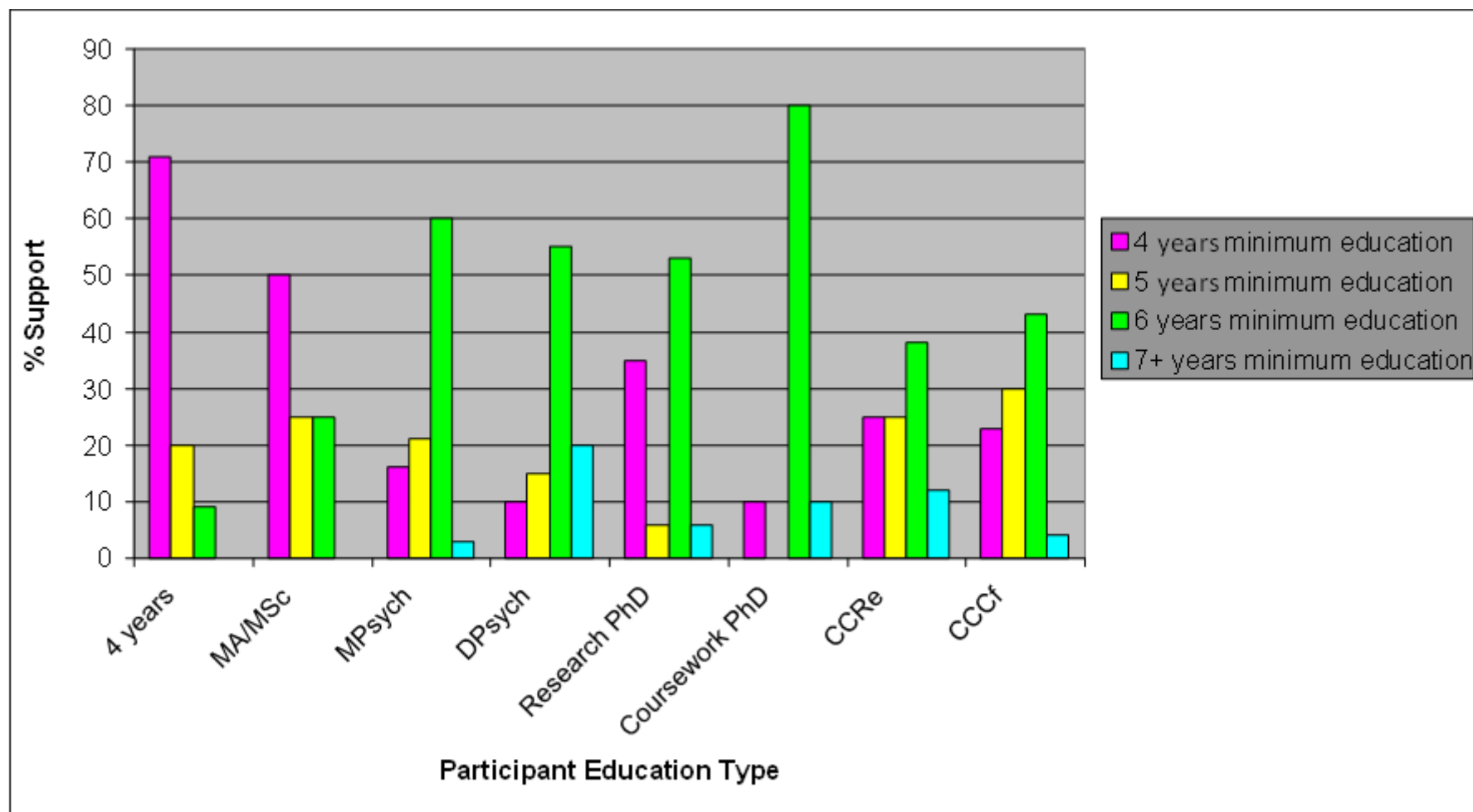


Figure 8. Percentage support for minimum required education type by participant education type

research. The five-year option appears most popular amongst those who would get greatest benefit from its institution. Generally, beliefs about minimum education requirements are in line with the respondents' own levels of education. Of note, however, 29% of those who had completed a four-year course supported a higher minimum; either a five-year or a six-year course. This suggests that some participants with the minimum years of university education recognised that this was insufficient to begin practice in a fit and proper way.

Qualitative Results and Interpretation

The number of responses to the qualitative questions varied from 36 to 129, with a mean response rate of 71 per question. The unexpected depth and volume of the data obtained resulted in a comprehensive thematic analysis being conducted on the data. Appendix H outlines this process.

The person feature themes established in Stage One of this research re-emerged, confirming their place as constituent parts of a fit and proper psychologist. Specifically notable were the presence and number of comments related to system issues, despite the questionnaire asking only about person features. This underlines the importance of the system as a constituent part of a fit and proper psychologist, and provides further evidence of the interactive nature of the constituent parts.

Moderating Factors

The thematic analysis of the qualitative data revealed a number of themes that appeared to qualify the application of the person features to an individual psychologist and influence fitness and propriety. Taking each person feature in turn, the qualitative data were read and re-read multiple times. It became apparent that some of the responses were tapping into a similar theme. When this occurred, the theme was labelled and all subsequent responses incorporating the same theme similarly labelled. Upon completion of this process for each person feature, the themes were re-analysed and it was found that some of them were very similar and could be collapsed (see Appendix H).

The extensive analysis just described produced additional data in the form of new themes that necessitated the creation of another component of a fit and proper

psychologist, termed *moderating factors (moderators)*. Moderators are themes that allow the apportionment of a metaphorical weight to each person feature by providing more detail about the content and considerations of each person feature. The moderators assist individual psychologists to assess what contribution each person feature makes to their personal fitness and propriety at any point in time, given their life circumstances. There were two types of moderators, *general moderators* and *specific moderators*.

General moderators.

Looking across the moderators, there were 10 themes that were common to more than one person feature and these were termed general moderators. Table 32 shows each general moderator and provides an example quotation related to a particular person feature to illustrate the meaning of the moderator.

Some of the general moderators applied to most of the person features, whereas others might only have related to two person features. All the general moderators had the potential to modify or mediate the relevance or importance of a related person feature to fitness and propriety, depending on individual circumstances. *Impact on practice* was associated with the most person features and allowed individual psychologists to consider how a relevant person feature might affect their psychological practice given their individual history and circumstances. *Work context* encouraged a psychologist to evaluate the effect of their work role and environment on an associated person feature. *Consistency* referred to the idea that psychologists needed to behave as they would have others behave and embody the associated person features to be consistent with their profession. *Own therapy* highlighted the importance of having done personal psychological work to be able to fully embody or make the most of the associated person features. *Values* highlighted how personal values influence the approach taken to associated person features and their meaning. *Protection* referred to how the associated person features can assist psychologists to do their best for (and avoid harm to) clients, the profession, and themselves. *Humanity* suggested that it is important to recognise the psychologists are human and thus imperfect and that the associated person features and their role in fitness and propriety must acknowledge that humanity. *Awareness* highlighted how the best outcomes for

Table 32

General Moderators with Example Quotation

General moderator	Example quotation	Person feature illustrated
Impact on practice	<i>Rehabilitated or petty crime, particularly if having occurred many years ago may actually add to the psychologist's knowledge and ability to empathise/work with disadvantaged individuals.</i>	Criminal history
Work context	<i>Especially in private practice – you are it.</i>	Personal responsibility
Consistency	<i>The best thing you can ever do is model appropriate behaviour and practise what you preach.</i>	Self-care
Own therapy	<i>As part of the US training model it was mandated that we undertake our own psychotherapy in order to address this very issue – it could not have been more valuable.</i>	Self-awareness
Values	<i>There seems to be some belief that if the codes and guidelines are followed then good practice will be the result. This is simply not true. Obviously there are some ethical issues that are very clear, but most are not so, and decisions about what to do are difficult, and very often there are no right answers.</i>	Principled & virtuous behaviour
Protection	<i>It helps to keep you from wandering down an incorrect path.</i>	Career-long learning
Humanity	<i>Like the rest of the population, psychologists can and do have a wide range of physical and mental health conditions across the course of their work as psychologists/during their lifetime.... Like the rest of the population, during those periods of less than ideal health, it can be reasonable and necessary to work and work can still be performed to a high standard.</i>	Health
Awareness	<i>As a fit and proper psychologist, we need to be aware of our own traits and how they can be helpful/unhelpful.</i>	Traits
Interactive support	<i>Connectivity promotes and supports other key factors such as self-awareness.</i>	Connectivity through involvement
Balance	<i>It is also necessary to be mindful of self-care when being oriented to others.</i>	Other orientation

fitness and propriety can be obtained from the associated person features. *Interactive support* illustrated the reciprocity that exists between person features where participants have explicitly commented on this. Finally, *balance* allowed for mediation of person features that might appear conflicting.

Some general moderators, such as awareness, balance, values, and protection, are closely aligned with individual person features. Notably, the general moderators are not necessarily associated with the person features that they most resemble. For example, awareness is not associated with self-awareness. This indicates that the general moderators are not merely a reappearance of the person features. Instead, it suggests that not only are the person features reciprocally influential and interactive to varying degrees, but that the moderating factors help to mediate or facilitate the interactivity. The interactive support general moderator that highlights the interactivity between the person features, where participants have provided specific data to illustrate this, further supports this proposition.

In some instances, the mediatory role that general moderators play between person features and system issues in relation to fitness and propriety was also illustrated. For example, the own therapy general moderator demonstrated this. In the quotation, in Table 33, associated with the person feature of self-awareness, it is evident that the participant felt that having therapy enhanced personal self-awareness and that this was positive for fitness and propriety. It is also evident that personal therapy was a mandated part of that participant's training. The idea of personal therapy is related to the system issues category of prevention and remediation. Thus in order to prevent or remediate problems of fitness and propriety, self-awareness is key and requiring personal therapy can facilitate self-awareness and serve to prevent or remediate problems with fitness and propriety. This circular proposition clearly illustrates how interrelated the components of a fit and proper psychologist are.

Specific moderators.

The remaining moderating feature themes that were germane to only one person feature were termed *specific moderators*. The person features of traits and self-care did not have any specific moderators associated with them. For the other person features, the associated specific moderators are detailed below. Example quotations to illustrate the specific moderators can be found in Appendix H.

Health.

The person feature of health was originally divided into the sub-themes of physical and psychological health. Those sub-themes, however, were elevated to thematic level for inclusion in the questionnaire following feedback received from the cognitive interview process. The quantitative data in the form of importance scores bore out the wisdom of doing this, as did the qualitative data. Notable, however, was that when the thematic analysis was conducted on the qualitative data, the moderating factors, both general and specific, could be applied to both physical and psychological health. This suggests that whilst they are separate entities in terms of importance to fitness and propriety, the themes that moderate their importance and interactivity are the same. The responses for health contained in Appendix H illustrate this. This is why the moderating factors for physical and psychological health are presented together.

The specific moderating factors related to physical and psychological health were *avoidance of discrimination* and *management*. The former suggested that health issues might impact on fitness and propriety. However, any health issue had to be dealt with in a respectful manner, such that it was clear that there was no element of discrimination toward a psychologist with a health issue that was compromising or might compromise fitness and propriety. Management referred to the idea that taking responsibility for and managing a health issue mediated the issue's effect on fitness and propriety.

University.

There were six specific moderators associated with university education. The first, *breadth*, referred to the idea that learning and thinking about a broad range of topics adds to fitness and propriety because psychological knowledge was then located in a broader context. *Wisdom* suggested that university education in psychology was most beneficial to those who had both life experience and maturity. *Over-reliance* mediated the idea that university education alone prepared someone to be a psychologist. The *career path* specific moderator encouraged consideration of what type of university education was most likely to enhance fitness and propriety, and suggested that this was likely to depend on the career path someone wished to pursue. *Learning experience* related to the idea that the value of university education to fitness

and propriety was mediated by what is taught, who taught, and how things were taught. Finally, *global relevance* indicated that university education contributed maximally to fitness and propriety when it was in keeping with international standards and content.

Career-long learning.

There were four specific moderators associated with career-long learning. *Best way to learn* indicated that immediate direct application of new learning was most beneficial to fitness and propriety. *Stage of career* mediated the importance of different types of career-long learning to fitness and propriety according to the stage of a psychologist's career. *Efficacy* cautioned that the value of career-long learning to fitness and propriety was mediated by the quality of the learning and the teaching. Lastly, *attitude* referred to the idea that the presence or absence of a personal investment and belief in professional growth mediated the value of career-long learning to fitness and propriety.

Criminal history.

Criminal history had three specific moderators. *Offending variables* suggested that several factors were important in determining the importance of a criminal history to fitness and propriety: They were the circumstances in which an offence was committed, the age of the perpetrator at the time of offence, whether an offence was part of a pattern of behaviour, the circumstances of conviction, and whether someone other than the perpetrator was harmed by the offence. The second specific moderator, *rehabilitation*, suggested that rehabilitation after any offending was a key consideration in ascertaining the importance of a criminal history to fitness and propriety. Lastly, *representative accuracy* suggested that the presence or absence of a criminal history was not necessarily a reliable way of ascertaining whether someone had offended.

Self-awareness.

The two specific moderators associated with self-awareness were *not age related* and *ongoing endeavour*. The former suggested that the level of self-awareness psychologists possess was not necessarily mediated by their age. The latter, ongoing endeavour, indicated that self-awareness was not something that could be attained, but was something that psychologists needed to work on throughout their careers.

Personal responsibility.

Limited ownership was the first specific moderator associated with personal responsibility. This indicated that psychologists must guard against taking on personal responsibility for things that were outside their domain of influence or control as this would likely hinder fitness and propriety. The other specific moderator associated with personal responsibility was *connection facilitates*. This demonstrated the interactivity of person features by suggesting that connection to the profession assisted with recognising and taking personal responsibility.

Other orientation.

The only specific moderator associated with other orientation was *non-egocentric*. This referred to the idea that being oriented to others facilitated fitness and propriety if it was for and in the service of others and not for and in the service of the self.

Principled and virtuous behaviour.

Principled and virtuous behaviour also had a single associated specific moderator, *behavioural alignment*. This suggested that personal and public behaviour, and not just professional conduct, influenced fitness and propriety. It was therefore important that a degree of alignment existed between behaviour in all areas of a psychologist's life.

Connectivity through involvement.

There were three specific moderators associated with connectivity through involvement. *Reassurance* suggested that the reassurance that could be obtained from connection to the profession facilitated fitness and propriety. *Type dependent*

indicated that not all forms of connection through involvement were equal in terms of fitness and propriety. Lastly, *affirm career choice* posited that connectivity to the profession assisted with gauging if psychology was the right career choice and this was positive for fitness and propriety.

Promotion of the profession.

Promotion of the profession had only specific moderating factors. They were *formal versus informal* and *individual ability*. The former related to the idea that everything a psychologist did had the potential to influence opinions and knowledge about the profession. However, some activities were more formal, organised, or intended to promote the profession than others. The latter specific moderator suggested that the relationship between a psychologist's promotion of the profession and that psychologist's fitness and propriety was mediated by that psychologist's ability to engage in those activities or behaviours.

The complexity of the moderating factors is such that a summary table of the general and specific moderators associated with each person feature is provided in Table 33.

Table 33

Moderating Themes by Person Feature

Person feature	General moderators	Specific moderators
Health (physical and psychological)	Impact on practice Own therapy Humanity Work context Consistency	Avoidance of discrimination Management
University	Own therapy	Breadth Wisdom Over-reliance Career path Learning experience Global relevance
Career-long learning	Impact on practice Own therapy Protection Awareness	Best way to learn Stage of career Efficacy Attitude
Criminal history	Impact on practice Work context Values	Offending variables Rehabilitation Representative accuracy
Traits	Impact on practice Work context Awareness Values	-
Self-awareness	Impact on practice Own therapy Protection Consistency Interactive support Work context	Not age related Ongoing endeavour
Personal responsibility	Work context Consistency	Limited ownership Connection facilitates
Other orientation	Work context Values Balance	Non-egocentric
Self-care	Impact on practice Balance Consistency	-
Principled & virtuous behaviour	Impact on practice Protection Humanity Values	Behavioural alignment
Connectivity through involvement	Interactive support	Reassurance Type dependent Affirm career choice
Promotion of the profession	-	Formal vs informal Individual ability

Intentionally blank

CHAPTER 8: STAGE TWO DISCUSSION

Stage Two of this research was limited to the person features of a fit and proper psychologist because the National Act focuses on the person and because of space and time considerations. The purpose of the second stage was threefold: first, to ascertain if the person features were generalisable to all Australian psychologists; second, to establish the absolute and comparative importance of the person features; and third, to elicit any nuances of meaning about the person features or additional data not obtained from Stage One.

A cognitive interview process was employed to help with the development of the questionnaire. This process resulted in two major adjustments to the questionnaire. The first involved the rationalisation of the questionnaire. The second involved modification of the person features because feedback from cognitive interview participants indicated that the health and education person feature themes were too complex compared to the other person feature themes. To address this, the questionnaire included the sub-themes for both health and education in the questionnaire by elevating them to thematic level, with the intention of eliciting the maximal amount of detail about the elevated themes. The questionnaire allowed for the provision of both quantitative data to provide triangulation (see Neuman, 2011) and qualitative data to add depth to Stage One findings and elude any additional information, thus accomplishing the three aims of this stage. Each of the Stage Two research questions will be addressed in turn.

Generalisability

The questionnaire asked about 13 person features, including physical health and psychological health instead of just health, and university education and career-long learning instead of just education. The generalisability of the person features depended on the representativeness of questionnaire respondents and the categorical importance of each person feature. There were 226 valid responses to the questionnaire and those respondents were remarkably representative of the profession nationally. To confirm the person features as constituent parts of a fit and proper psychologist, the questionnaire sought a numerical importance score for each. The range of possible

scores was set on a rating scale that was divided into categories. Each category represented a level of importance to fitness and propriety, varying from *totally unimportant* to *critically important*. This resulted in each person feature in the questionnaire being assigned a level of importance to fitness and propriety. Of the 13 person features, eight were in the critically important category and the remaining five were in the important category. Table 34 shows which person features were critically important and which were important.

Table 34

Categorical Rating of Questionnaire Person Features for the Whole Sample

Person features by category	Critically important	Important
Capability		
Physical health		X
Psychological health	X	
University education	X	
Career-long learning	X	
Character		
Criminal history		X
Traits		X
Self-awareness	X	
Personal responsibility	X	
Orientation to others	X	
Conduct		
Self-care	X	
Principled and virtuous behaviour	X	
Connectivity through involvement		X
Promotion of the profession		X

These results confirm that the 13 person features are constituent parts of a fit and proper psychologist and are generalisable to all Australian psychologists.

Absolute and Comparative Importance

The absolute importance scores allow the ranking of each person feature in order of importance to fitness and propriety and relative to each other. The comparative rankings help to prioritise the three categories of person features. In the questionnaire, the person feature themes were presented in categorical and thematic order, starting with capability, then character, and finally conduct. After calculating mean person feature importance scores for the whole sample and rank ordering them, the order of presentation had changed noticeably. Table 35 illustrates the person features' importance to fitness and propriety in descending order and the category that the person feature belongs to.

Table 35

Rank-Ordered Person Features with Category of Person Feature

Rank-ordered person features	Category of person feature
Self-awareness	Character
Personal responsibility	Character
Career-long learning	Capability
Orientation to others	Character
Psychological health	Capability
Principled and virtuous behaviour	Conduct
Self-care	Conduct
University education	Capability
Connectivity through involvement	Conduct
Physical health	Capability
Criminal history	Character
Traits	Character
Promotion of the profession	Conduct

The most important category of person features to fitness and propriety is character. This was a firm trend across the sample and remained apparent after the data were reanalysed according to four variables: years of experience, geographical location

of practice, area of work in psychology, and education type. There were some variations. For example, those with 1-3 years work experience rated career-long learning from the capability category as the most important person feature to fitness and propriety, with self-awareness and personal responsibility as third and fifth most important, respectively. One explanation for this is that group's newness to psychological practice. It must also be acknowledged that the sample sizes of some of the groups were very small and the variations from the whole sample may not be representative.

The standard deviation scores support the dominance of character in its importance to fitness and propriety for psychologists. These scores showed a strong tendency to be smaller for the more highly ranked person features and bigger for the lower ranked person features, as illustrated in Table 22 on page 165. This indicates that the person features ranked most important achieved the greatest consensus about importance to fitness and propriety. Conversely, the standard deviation scores showed there was most disagreement over importance for those person features that ranked lowest. The large variation in importance scores explains why traits and criminal history were among the lowest ranked person features, yet overall the mean score places them in the important category of person features.

The qualitative data provide insight into why the lower ranked person features had larger standard deviation scores. For character, results suggest that diversity of traits was valued by participants since there is the same diversity in the general population. Further, traits may be differentially beneficial to different areas of psychology (see Table 29 on page 182) and different roles. Regarding criminal history, it is evident that the importance of criminal behaviour to fitness and propriety depends on numerous factors, and respondents' positions on these factors appeared to influence the importance scores they assigned, leading to a wider range of scores compared to most of the other person features.

Considering the capability category, for promotion of the profession and connectivity through involvement many responses to the qualitative questions indicated that there was anger about divisions in the profession and some of the changes brought about by the new regulatory bodies, for example mandatory professional development (Psychology Board of Australia, 2011b). Based on responses, this anger appears to have led to a disengagement from the profession in some instances and may have

resulted in some participants being unwilling to be involved with or engage in promotion of a profession they were angry with. This is likely to have resulted in the assignation of lower importance scores to these person features by the angry respondents but not necessarily by others who were not angry, creating greater variability in the scores.

Finally, regarding the conduct category, the qualitative data provide insight into the allocation of importance scores for physical health. Several responses indicated that physical health would have attained a lower importance score if cognitive ability were excluded from this person feature. It is possible that this sentiment led to greater disagreement about the importance of this person feature to fitness and propriety. These results suggest that some person features need further investigation and refinement.

Additional Information

The most noteworthy outcome from the data obtained from the questionnaire was the refinement and extension of the Stage One results. Stage Two results indicate that the concept of a fit and proper psychologist is more complex than it first appeared, with a new overarching component to fitness and propriety, and the addition of two person features. The additional knowledge facilitates a more detailed understanding of the person features of a fit and proper psychologist, an enhanced appreciation of the interaction between the parts of a fit and proper psychologist, and a clearer understanding of how those parts apply to the person of a psychologist.

Moderating Factors

The qualitative results from the questionnaire provide a new constituent part of a fit and proper psychologist, termed moderating factors. By providing anonymity and framing the items in the questionnaire to generate personalised responses, participants were able to personalise the concept of fitness and propriety so that it best applied to them and accurately represented what they considered fit and proper for themselves and others as psychologists. These data provide additional, more detailed information, essentially altering each person feature from a black and white concept to a nuanced and more complex one, thus refining the concept of a fit and proper psychologist.

Results indicate there are two types of moderators. The first, *general moderators*, applies to more than one person feature. For example, *impact on practice* relates to both health and traits (amongst others) because a health issue or a particular trait may affect fitness and propriety depending on how much the health issue or trait impacts on a psychologist's practice. The second, *specific moderators*, applies only to a single person feature. An example of a specific moderator is the *individual ability* of a psychologist to promote the profession. This means that a psychologist who works part time, has young children, and cares for an elderly parent may not be as able to formally promote the profession as someone who is semi-retired with no dependents.

Moderators create in the understanding of a fit and proper psychologist a capacity for flexibility that reflects the dynamic nature of psychologists' life circumstances. The moderating factors assist individual psychologists to establish which person feature is most important for them at any point in time, given their life circumstances. They also assist individual psychologists to maintain fitness and propriety regardless of their life stage or circumstance.

Additional Person Features

As a result of the cognitive interviews, the number of person features listed in the questionnaire increased to 13. The new person feature themes related to health, physical and psychological health, had different categorical ratings of importance. Further, of the new person feature themes related to education, career-long learning is considered much more important to fitness and propriety than university education. Results from the qualitative data corroborate that the new person feature themes are indeed themes in their own right. This is in keeping with the feedback received from cognitive interview participants. The restructuring of the capability category to incorporate the new person feature themes represents a refinement of the Stage One results concerning the constituent parts of a fit and proper psychologist.

CHAPTER 9: GENERAL DISCUSSION

The overarching purpose of the current study was to explore what Australian psychologists thought constituted a fit and proper psychologist so as to be able to provide guidance to the legislator and courts. In Stage One, psychologists were asked what they thought constituted a fit and proper psychologist and their answers formed the foundation for the development of the questionnaire in Stage Two. Stage Two focussed on the person features of a fit and proper psychologist as the National Act (2009) states that a psychologist must be a fit and proper *person*. The Stage Two questions were designed to refine the emergent understanding of the person features component. Overall, what emerged was a very complex answer. There are three components to a fit and proper psychologist: person features, moderating factors, and system issues, depicted with their attendant categories, in Figure 9.

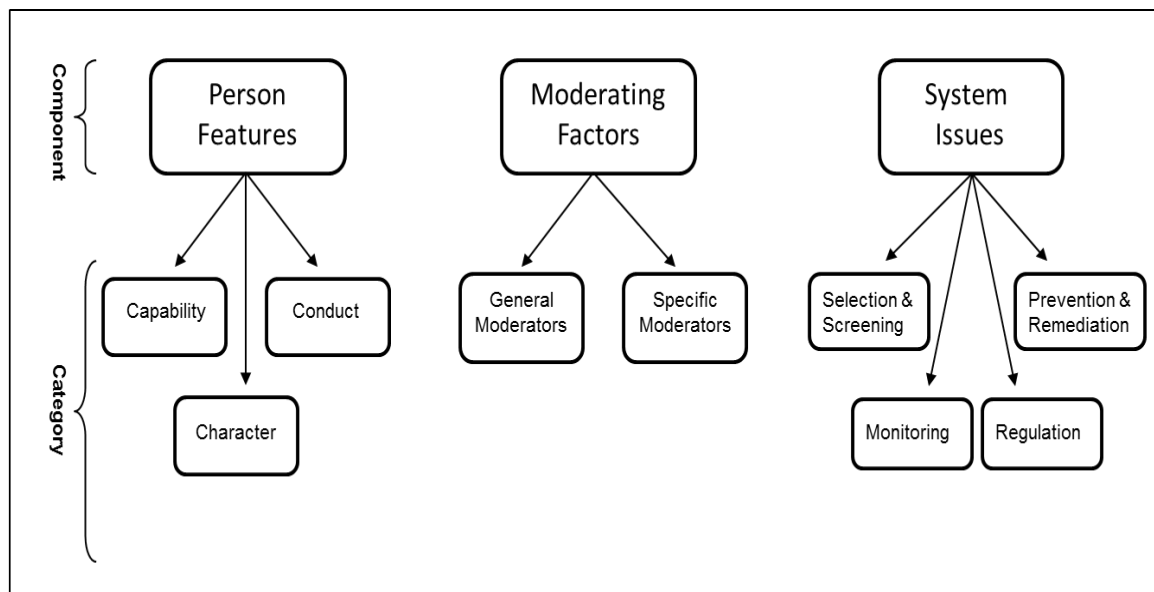


Figure 9. The parts of a fit and proper psychologist

Person features represent the things about an individual psychologist that contribute to their fitness and propriety. System issues identify the areas or issues within the system that support or hinder psychologists' fitness and propriety, and provide contextual information about psychologists' professional operating

environment. Moderators provide flexibility for psychologists in relation to the person features and help to inform psychologists about what adjustments might be necessary to maintain fitness and propriety given changing life circumstances. Moderators also mediate the relationship between person features and system issues. This mediatory role assists individual psychologists to best align with the professional system. The components of a fit and proper psychologist are reciprocally influential and the categories of person features also influence each other and interact with the component parts. This interactivity further complicates the concept of a fit and proper psychologist. Figure 10 shows the interaction between the components of a fit and proper psychologist.

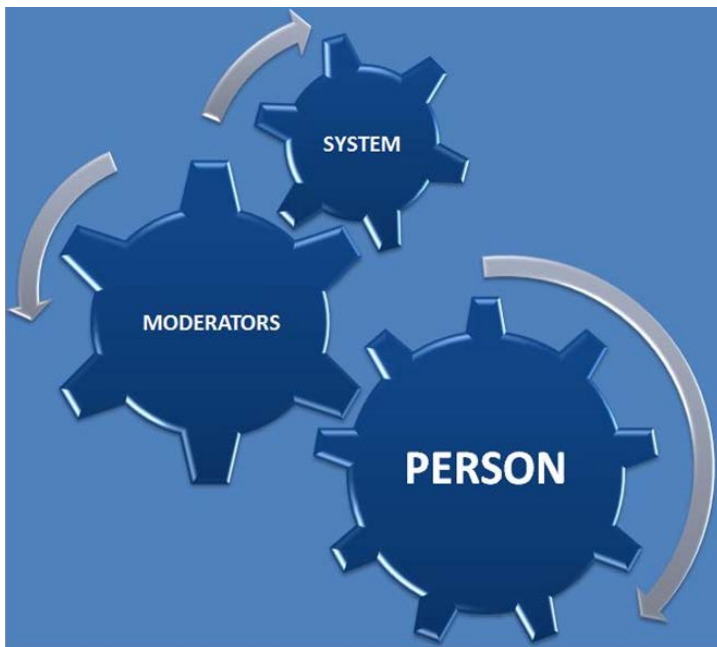


Figure 10. The interactivity between the components of a fit and proper psychologist.

The complexity of the constituent parts of a fit and proper psychologist may make it unwieldy for the courts to work with and this is demonstrated by examining the categories of person features. The capability category is sometimes intangible, fluctuates, and is subject to both external system influences and internal characterological influences. Conduct is the only observable manifestation of capability and character, and this is why it is conduct that the law usually uses as a reference point

for decision making (Toohey and Gaudron JJ in *Australian Broadcasting Tribunal v Bond and Ors*, [1990]); however, conduct does not necessarily demonstrate capability or intention. Character is also intangible and is increasingly thought to be subject to change (see for example, Edmonds, Jackson, Fayard, & Roberts, 2008).

The difficulty associated with the complexity of the character category is compounded by the finding that character is the most important person feature category, as illustrated in Table 35 on page 203. The importance of character to fitness and propriety raises further concerns about the concept's utility for the judiciary. It is the construct of character that the courts have been moving away from, principally because of its subjectivity and the tendency for it to be viewed as a dichotomous concept (McHugh J in *Melbourne v The Queen*, [1999]) that has little ability to incorporate ambiguity or apparently contradictory ideas (Kirby J in *Melbourne v The Queen*, [1999]). In place of character, fit and proper was proposed as a more encompassing and tolerant alternative (Freckelton, 2008a), yet the centrality of character to fitness and propriety creates a circular and possibly unhelpful thesis for the judiciary and regulators.

The primacy of character cannot be ignored, however. In addition to this research, the literature too is replete with references to the character of psychologists being key to their success in the profession (see for example, Burke et al., 2007; Johnson & Campbell, 2002, 2004; Meara et al., 1996; Powis, 2009). As the person of the psychologist is the professional tool (Elman, 2007), it may be that the importance of character to fitness and propriety is unique to psychologists. As noted in Chapter 1 (p. 2), Toohey and Gaudron JJ (in *Australian Broadcasting Tribunal v Bond and Ors*, [1990]) acknowledge the importance of context and professional purpose in determining the meaning of fitness and propriety. This suggests that the importance of character to fitness and propriety may lie on a continuum both within this profession and between it and others.

The dominance of character in this research is in contrast to the historical emphasis on capability, predominantly through academic performance at university, to assess the development and maintenance of the required standard for practice (see O'Gorman, 1994; Voudouris, 2009). Although there is an intention to amend this situation to incorporate a more holistic assessment of psychologists and trainees, it is likely to take some time for the system to change (Littlefield, 2012b). This is in part

due to the inherent difficulties associated with measuring and assessing intangible constructs (Voudouris, 2010) such as character. This suggests that regulatory authorities, including the courts, will have to continue grappling with the notion of character when determining whether a psychologist is fit and proper.

Though the complexity of the findings of the current research may restrict its utility to the judiciary, the real value of these findings is in their professional implications and their potential for adding to the competence literature (see Chapter Two). This is demonstrated by the identification of system issues by respondents, despite system questions not being included in the questionnaire. There are several notable implications related to the professional system arising from this unanticipated result. The first is the provision of further support for the importance of the professional system to fitness and propriety. Second, the manner in which the system was mentioned by respondents suggests a degree of frustration with and misunderstanding of aspects of the system. Education about the roles and limitations of the parts of the professional system may improve understanding and facilitate co-operation with the system. Third, a reluctance to support, intervene or report other psychologists if concern arises about fitness and propriety, despite the finding that peers are a part of the professional system by this research and recent literature (Johnson et al. 2013), presents an opportunity to consider how we can better foster reciprocal responsibility for fitness and propriety within the system.

Moving to university education, minimum standards of psychological education is a contentious issue in Australia, yet the importance score assigned to it suggests it is critically important to fitness and propriety. One of the major problems is likely to be that psychologists with only the minimum level of education cannot know what they have missed so cannot compare who they are and what they know as psychologists with others who have completed more education. It is notable that those who practised after four-years at university and then went back to study felt that further education had enhanced their ability and confidence. The results of this study show that those with more than a four-year university education think the minimum level of education should be increased and even among those with a four-year university education, more than a quarter do not believe it is enough. While it may cause further controversy, the majority of participants in this study considered that an increase in minimum education standards would be beneficial to fitness and propriety.

The primacy of character has exposed the underlying need to focus more on values and the degree of coherence between personal values and those of the profession. This might be encouraged if lecturers recognise the importance of consciously teaching self-awareness, self-reflection, and personal responsibility. Further, given the importance of character and results suggesting that personal therapy has been very useful during training and later, it may be constructive to consider mandating self-care hours, which might incorporate personal therapy, as suggested by a number of participants in both stages of the current research, at least for trainees in some areas of psychology.

The implications of this study include a reconsideration of minimum standards for registration as a psychologist. Consideration might be given to changes in postgraduate education to incorporate teaching about the person features of a fit and proper psychologist and their development. To raise awareness and educate psychologists who have completed their training, a professional development course could be developed on fitness and propriety and how to maintain it. There is also the possibility that the concept of a fit and proper psychologist might assist in the standardisation of requirements for the profession as it advances its goal of globalisation.

A possible methodological limitation of the study is that all Stage One participants were from WA and given the previous existence of specialist title in that State, it may have influenced some of their ideas about a fit and proper psychologist. It is acknowledged that sampling in the study was not random and that this may have influenced the results obtained. A clear limitation is having very few or no respondents in some of the cells during the Stage Two quantitative analysis, particularly in relation to area of work. This means that the results related to those analyses should be interpreted with great care and replications of the affected analyses are indicated. Also of note, it is possible that the temporal context prevailing during the conduct of this study has influenced the generalisability of the research. Psychology as a profession in Australia has undergone substantial change as a result of national registration and both the anticipation and reality of change can be destabilising and tumultuous, as demonstrated by participants' expression of strong feelings and divergent attitudes, for example about the APS and minimum levels of education. This strength of feeling, also evident in the media (Cresswell, March 20, 2010), may have influenced some of the

ratings, suggestions and comments provided for the current research, possibly leading to an over- or understatement of some results.

A detailed exploration of each person feature would assist in identifying if the temporal context affected any of the current results. Such research would also refine the sub-themes and related ideas included in each person feature and ensure they were equally important to fitness and propriety. This would be useful with physical health, for example, which may still be too broad and contain ideas of differing importance. Further research into the individual person features would also facilitate the development of operational definitions. These definitions would elucidate how the person features could more easily be utilised by the judiciary and by psychologists themselves to maintain their fitness and propriety.

Authors have identified that the meaning of the phrase fit and proper is influenced by norms and expectations in society and is thus changeable (Pue, 2009; Slabbert, 2011), while Toohey and Gaudron JJ have commented that the general public must have confidence in professionals' conduct (*Australian Broadcasting Tribunal v Bond and Ors* [1990]). These opinions suggest that contemporary public expectations of professionals are relevant to their practice standards. If this is the case, then a more holistic understanding of fitness and propriety would be obtained if insight were sought into how the Australian public and other professions gauge and assess the fitness and propriety of psychologists. Conducting research into what these groups expect of psychologists and their perception of psychology and psychologists would provide additional data for incorporation into the new understanding of fitness and propriety.

Despite the lack of questions about system issues in the questionnaire, the qualitative responses contained many comments about the professional system. This suggests that a more detailed understanding of the nature and role of the professional system to fitness and propriety in Australian psychology is required. The utility of such information is highlighted since the potential importance of the professional system to competence is emerging in the literature (see Johnson et al., 2012, 2013).

The identification of the role of the professional system in competence is just one of the significant similarities between the concept of competence and that of fit and proper highlighted by this research. The extent and significance of these similarities could usefully be explored further. Such exploration would assist with minimising

confusion and duplication between the regulatory term fit and proper and the more familiar term competence in relation to standards and quality control in the profession. It is likely, however, that this research makes a contribution to the competency literature by virtue of the similarities identified.

In conclusion, the National Act (2009) requires that a psychologist must be a fit and proper person. To the researcher's knowledge, this is the first study that has explored what the requirement to be fit and proper means to psychologists. The results of this study indicate that being self-aware is the most important feature of psychologists and that their characters contribute most to their fitness and propriety. The person features are not absolute, all-or-nothing concepts, however, but rather they occur on a continuum with moderators providing flexibility so that psychologists can attain and maintain fitness and propriety across the professional life span and whilst operating within the professional system.

Who and what a fit and proper psychologist is at any point along the developmental trajectory remains difficult to define, particularly given the role of the system and the presence of moderators in its determination. These components indicate that fit and proper is a dynamic construct. The results of this study show, however, that fit and proper psychologists are people who operate within the professional system and are able to balance the persons they are with the requirements of the profession, and the fluid and mutable aspects of their work and their life circumstances, in order to provide best practice service. While the complexity and dynamism of the concept of a fit and proper psychologist means that it may be difficult for the judiciary to use, the information obtained does provide empirical evidence about the kinds of considerations that need to be taken into account when determining who is fit and proper. Further, it assigns weight in terms of relative importance to those considerations, allows for flexibility and reflection on an individual's level of development and life circumstances, and facilitates differentiation between unsuitability, lack of capability, and aberrant behaviour. This is potentially useful to the judiciary and regulatory authorities. While not definitive, a better understanding of the legislated standard for the practice of psychology in Australia is a positive step toward the betterment of the profession and for all who engage with its practitioners.

Intentionally blank

REFERENCES

- 5th International Congress on Licensure Certification and Credentialing of Psychologists. (2013). *Competence as a common language for professional identity and international recognition*. Report, Part 1. Copy of report on file with author. Stockholm, Sweden.
- A Solicitor v Council of the Law Society (NSW) [2004] 216 CLR 253
- Abbott, A. (1981). Status and status strain in the professions. *American Journal of Sociology*, 86(4), 819-835. doi: 10.2307/2778344]
- Aldridge, A. (2012). Series editor's preface in essays on professions. In A. Aldridge (Series Ed.) *Ashgate Classics in Sociology* (pp. vii-viii): Ashgate Publishing, Ltd. Retrieved from <http://site.ebrary.com.ezproxy.ecu.edu.au/lib/ecu/docDetail.action?docID=10215583>.
- Allan, A. (2008). Law and ethics in psychology: An international perspective doi:10.1080/10508422.2014.952006
- Allan, A. (2010). The principles that underlie the 2007 Code. In A. Allan & A. Love (Eds.), *Ethical practice in psychology: Reflections from the creators of the APS Code of Ethics* (pp. 61-76). Melbourne, Australia: Australian Psychological Society. doi: 10.1002/9780470660041
- Altmaier, E. M., & Hall, J. E. (2008). Introduction to international quality assurance for psychology. In J. E. Hall & E. M. Altmaier (Eds.), *Global promise: Quality assurance and accountability in professional psychology* (pp. 3-15). New York: Oxford University Press. doi: 10.1093/acprof:oso/9780195306088.001.0001
- Alvesson, M., & Sköldbberg, K. (2009). Reflexive methodology: New vistas for qualitative research doi:10.1080/13642531003746857
- American College of Physicians. (1984). American College of Physicians Ethics Manual: Part I: History of medical ethics, the physician and the patient, the physician's relationship to other physicians, the physician and society. *The Annals of Internal Medicine*, 101(1), 129-137. doi: 10.7326/0003-4819-101-1-129]
- Australian Broadcasting Tribunal v Bond and Ors (1990) 170 CLR 321
- Australian Health Practitioners Regulation Agency. (2011). The Australian Health Practitioner Regulation Agency and the National Boards, reporting on the National Registration and Accreditation Scheme - Annual Report 2010-11 Retrieved from <http://www.ahpra.gov.au/News/2011-11-1-AHPRA-annual-report-released.aspx>

- Australian Health Practitioners Regulation Agency. (2014a). AHPRA FAQ Retrieved 20 August, 2014, from <http://www.ahpra.gov.au/Support/FAQ.aspx>
- Australian Health Practitioners Regulation Agency. (2014b). Student registration Retrieved 15 November, 2014, from <http://www.ahpra.gov.au/Registration/Student-Registrations.aspx>
- Australian Health Practitioners Regulation Agency. (n.d.). Regulatory principles for the national scheme Retrieved 16 October, 2014, from <http://www.ahpra.gov.au/About-AHPRA/Regulatory-principles.aspx>
- Australian Psychological Society. (2007). *Code of Ethics*. Melbourne, Australia: Author.
- Australian Psychological Society. (2010). *Ethical guidelines* (9th ed.). Melbourne, Australia: Author.
- Australian Psychological Society. (2014). About the APS. Retrieved 12 September, 2014, from <https://www.psychology.org.au/about-the-APS>
- Australian Psychology Accreditation Council. (2009). Rules for accreditation and accreditation standards for psychology courses Retrieved 22 March, 2014, from http://www.psychologycouncil.org.au/Assets/Files/APAC-Rules_Standards_%2031_07_09.pdf
- Australian Psychology Accreditation Council. (2012). About APAC Retrieved 12 September, 2014, from <https://www.psychologycouncil.org.au/about/>
- Australian Psychology Accreditation Council. (2013). Update on review of APAC standards Retrieved 21 March, 2014, from <https://www.psychologycouncil.org.au/Assets/Files/UPDATE%20ON%20REVIEW%20OF%20APAC%20STANDARDS%20FINAL%2004%20June%202013.pdf>
- Australian Psychology Accreditation Council. (n.d.). APAC standards and guidelines, from <https://www.psychologycouncil.org.au/standards-and-guidelines/>
- Baer, C., & Corneille, P. (1992). Character and fitness inquiry: From bar admission to professional discipline. *The Bar Examiner*, 61, 5-12.
- Baggott, R. (2003). Regulatory politics, health professionals and the public interest. In J. Allsop & M. Saks (Eds.), *Regulating the Health Professions* (pp. 31-46). London, GBR: SAGE Publications Ltd. (UK). doi: [org/10.4135/9781446220047](https://doi.org/10.4135/9781446220047)
- Baker, E. K. (2007). Therapist self-care: Challenges within ourselves and within the profession. *Professional Psychology: Research and Practice*, 38(6), 607-608.

Retrieved from <http://0-search.ebscohost.com.library.ecu.edu.au/login.aspx?direct=true&db=pdh&AN=pro-38-6-607&site=ehost-live&scope=site>

- Barber, B. (1963). Some problems in the sociology of the professions. *Daedalus*, 669-688.
- Barnett, J. E. (2007a). The ethical decision-making process in everyday practice. *Professional Psychology: Research and Practice*, 38(1), 7-9. doi: 10.1037/0735-7028.38.1.7]
- Barnett, J. E. (2007b). In search of competence: Are we there yet? *Professional Psychology: Research and Practice*, 38(5), 510-514. doi: 10.1037/0735-7028.38.5.510]
- Barnett, J. E. (2007c). Who needs self-care anyway? *Professional Psychology: Research and Practice*, 38(6), 603-607. doi: 10.1037/0735-7028.38.6.603]
- Barnett, J. E., & Cooper, N. (2009). Creating a culture of self-care. *Clinical Psychology: Science and Practice*, 16(1), 16-20. doi: 10.1111/j.1468-2850.2009.01138.x]
- Barnett, J. E., Doll, B., Younggren, J. N., & Rubin, N. J. (2007). Clinical competence for practicing psychologists: Clearly a work in progress. *Professional Psychology: Research and Practice*, 38(5), 510-517. doi: 10.1037/0735-7028.38.5.510]
- Barnett, J. E., & Hillard, D. (2001). Psychologist distress and impairment: The availability, nature, and use of colleague assistance programs for psychologists. *Professional Psychology: Research and Practice*, 32(2), 205-210. doi: 10.1037/0735-7028.32.2.205]
- Bauer, W. W. (1955). How medicine became a profession. *Journal of Teacher Education*, 6(3), 206-211. doi: 10.1177/002248715500600310]
- Beatty, P. C., & Willis, G. B. (2007). Research synthesis: The practice of cognitive interviewing. *Public Opinion Quarterly*, 71(2), 287-311. doi: 10.1093/poq/nfm006]
- Becker, H. S. (1951). The professional dance musician and his audience. *American Journal of Sociology*, 57(2), 136-144. doi: 10.2307/2772074]
- Belar, C. D. (2009). Advancing the culture of competence. *Training and Education in Professional Psychology*, 3(4), S63-S65. doi: 10.1037/a0017541]
- Belar, C. D., Brown, R. A., Hersch, L. E., Hornyak, L. M., Rozensky, R. H., Sheridan, E. P., . . . Reed, G. W. (2001). Self-assessment in clinical health psychology: A

model for ethical expansion of practice. *Professional Psychology: Research and Practice*, 32, 135-141. doi: 10.1037/1522-3736.6.1.625a]

- Bemak, F., Epp, L. R., & Keys, S. G. (1999). Impaired graduate students: A process model of graduate program monitoring and intervention. *International Journal for the Advancement of Counselling*, 21, 19-30. doi: 10.1023/A:1005387309472]
- Bent, R. J. (1992). The professional core competency areas. In R. Peterson, J. McHolland, R. Bent, E. Davis-Russell, G. Edwall, K. Polite, D. Singer & G. Stricker (Eds.), *The core curriculum in professional psychology*. (pp. 77-81): American Psychological Association. Retrieved from <http://ezproxy.ecu.edu.au/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=pzh&AN=1991-98926-024&site=ehost-live&scope=site>. doi: 10.1037/10103-024
- Berg, B. L. (2001). *Qualitative research methods for the social sciences* (4th ed.). Needham Heights, MA: Allyn and Bacon.
- Bersoff, D. N. (1996). The virtue of principle ethics. *The Counseling Psychologist*, 24(1), 86-91. doi: 10.1177/0011000096241004]
- Beutler, L. E., & Kendall, P. C. (1995). Introduction to the Special Section: The case for training in the provision of psychological therapy. *Journal of Consulting and Clinical Psychology*, 63(2), 179-181. doi: 10.1037/0022-006X.63.2.179]
- Bieschke, K. J., Bell, D., Davis, C., III, Hatcher, R., Peterson, R., & Rodolfa, E. (2009). Editorial. *Training and Education in Professional Psychology*, 3(4), S1-S4. doi: 10.1037/a0017574]
- Bilsky, W., & Schwartz, S. H. (1994). Values and personality. *European Journal of Personality*, 8(3), 163-181. doi: 10.1002/per.2410080303]
- Bone, A. (2008). The (Scottish) elephant in the corner: Legal ethics in the curriculum. *Legal Ethics*, 11(1). Retrieved from http://heinonline.org/HOL/Page?handle=hein.journals/lethics11&div=5&g_sent=1&collection=journals#11
- Bourgy, E. F., Bent, R. J., Callan, J. E., Jones, N. F., McHollan, J. D., & Stricker, G. (Eds.). (1987). *Standards and evaluation in the education and training of professional psychologists*. OK, USA: Transcript Press.
- Brace, I. (2008). Questionnaire design: How to plan, structure and write survey material for effective market research (2nd Edition) Retrieved from <http://site.ebrary.com/lib/ecu/docDetail.action?docID=10250416>
- Brear, P. D., & Dorrian, J. (2010). Does professional suitability matter? A national survey of Australian counselling educators in undergraduate and post-graduate

- training programmes. *International Journal for the Advancement of Counselling*, 32, 1-13. doi: 10.1007/s10447-009-9084-2]
- Burke, A., Harper, M., Rudnick, H., & Kruger, G. (2007). Moving beyond statutory ethical codes: Practitioner ethics as a contextual character-based enterprise. *South African Journal of Psychology*, 37(1), 107-120. doi: 10.1177/008124630703700108]
- Carless, S. A., Robertson, K., Willy, J., Hart, M., & Chea, S. (2012). Successful postgraduate placement experiences: What is the influence of job and supervisor characteristics? *Australian Psychologist*, 47(3), 156-164. doi: 10.1111/j.1742-9544.2012.00085]
- Carroll, S. L., & Gaston, R. J. (1983). Occupational licensing and the quality of service: An overview. *Law and Human Behavior*, 7(2-3), 139-146. doi: 10.1007/bf01044518]
- Chafe, W. H. (1986). *The unfinished journey: America since World War II*. New York: Oxford University Press.
- Charmaz, K. (2009). Shifting the grounds: Constructivist grounded theory methods. In J. M. Morse, P. Noerager Stern, J. Corbin, B. Bowers, K. Charmaz & A. E. Clarke (Eds.), *Developing grounded theory: The second generation* (pp. 127-193). Walnut Creek, CA: Left Coast Press, Inc.
- Cheetham, G., & Chivers, G. (1996). Towards a holistic model of professional competence. *Journal of European Industrial Training*, 20(5), 20-30. doi: 10.1108/03090599610119692]
- Cheetham, G., & Chivers, G. (1998). The reflective (and competent) practitioner: a model of professional competence which seeks to harmonise the reflective practitioner and competence-based approaches. *Journal of European Industrial Training*, 22(7), 267-276. doi: 10.1108/03090599810230678]
- Cheetham, G., & Chivers, G. (2000). A new look at competent professional practice. *Journal of European Industrial Training*, 24(7), 374-383. doi: 10.1108/03090590010349827]
- Cheetham, G., & Chivers, G. (2001). How professionals learn in practice: an investigation of informal learning amongst people working in professions. *Journal of European Industrial Training*, 25(5), 247-292. doi: 10.1108/03090590110395870]
- Cheetham, G., & Chivers, G. E. (2005). *Professions, competence and informal learning*. Cheltenham, UK: Edward Elgar Publishing Limited.

- Chenitz, W. C., & Swanson, J. M. (1986). Qualitative research using grounded theory. In W. C. Chenitz & J. M. Swanson (Eds.), *From practice to grounded theory: Qualitative research in nursing* (pp. 3-15). Menlo Park, CA: Addison-Wesley.
- Christian, F., Pitt, D. F., Bond, J., Davison, P., & Gomes, A. (2008). Professionalism - connecting the past and the present and a blueprint for the Canadian Association of General Surgeons. *Canadian Journal of Surgery*, 51(2), 88-91. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2386326/>
- Conrad, F. C., & Blair, J. (2009). Sources of error in cognitive interviewing. *Public Opinion Quarterly*, 73(1), 32-55. doi: 10.1093/poq/nfp013]
- Cooke, S. (2000). *A Meeting of minds*. Melbourne: Australian Psychological Society.
- Corbin, J. (2009). Taking an analytic journey. In J. M. Morse, P. Noerager Stern, J. Corbin, B. Bowers, K. Charmaz & A. E. Clarke (Eds.), *Developing grounded theory: The second generation* (pp. 35-54). Walnut Creek, CA: Left Coast Press Inc.
- Corbin, J., & Strauss, A. L. (2008). *Basics of qualitative research: Grounded theory procedures and techniques*. (3rd ed.). Newbury Park, CA: Sage Publications, Inc.
- Coster, J. S., & Schwebel, M. (1997). Well-functioning in professional psychologists. *Professional Psychology: Research and Practice*, 28(1), 5-13. doi: 10.1037/0735-7028.28.1.5]
- Cresswell, A. (March 20, 2010). Medicare rift splits the ranks: Psychologists, *The Australian*. Retrieved from <http://www.theaustralian.com.au/news/health-science/medicare-rift-splits-the-ranks-psychologists/story-e6frg8y6-1225842565269>
- Creswell, J. W. (2007). *Qualitative inquiry and research design: Choosing among five approaches* (2nd ed.). Thousand Oaks, CA: Sage Publications, Inc.
- Crotty, M. (1998). *The foundations of social research: Meaning and perspective in the research process*. St Leonards, NSW, Australia: Allen & Unwin.
- Cruess, R. L., & Cruess, S. R. (2008). Expectations and obligations: Professionalism and medicine's social contract with society. *Perspectives in Biology and Medicine*, 51(4), 579-598. doi: 10.1353/pbm.0.0045.]
- Danish, S. J., & Smyer, M. A. (1981). Unintended consequences of requiring a license to help. *American Psychologist*, 36(1), 13-21. doi: 10.1037/0003-066X.36.1.13]

- Darwall, S. L. (1977). Two kinds of respect. *Ethics & Behavior*, 88(1), 36-49. Retrieved from <http://www.yale.edu/darwall/Two%20Kinds%20of%20Respect.pdf>
- Davies, C. (2000). The demise of professional self-regulation: a moment to mourn? In G. Lewis, S. Gewirtz & J. Clarke (Eds.), *Rethinking Social Policy*. London: Sage Publications Ltd.
- Davis, D. A., Mazmanian, P. E., Fordis, M., Van Harrison, R. R., Thorpe, K. E., & Perrier, L. (2006). Accuracy of physician self-assessment compared with observed measures of competence: A systematic review. *JAMA*, 296(9), 1094-1102. doi: 10.1001/jama.296.9.1094]
- Dawes, R. M. (1994). *House of cards: Psychology and psychotherapy built on myth*. New York: Free Press.
- de Vaus, D. (2002). *Surveys in social research* (5th ed.). Abingdon, UK: Routledge.
- DeMers, S. T. (2009). Real progress with significant challenges ahead: Advancing competency assessment in psychology. *Training and Education in Professional Psychology*, 3(4), S66-S69. doi: 10.1037/a0017534]
- Derbyshire, R. C. (1983). How effective is medical self-regulation? *Law and Human Behavior*, 7(2-3), 193-202. doi: 10.1007/bf01044523]
- DiCaccavo, A. (2006). Working with parentification: Implications for clients and counselling psychologists. *Psychology and Psychotherapy: Theory, Research and Practice*, 79, 469-478. doi: 10.1348/147608305X57978]
- Donovan, R. A., & Ponce, A. N. (2009). Identification and measurement of core competencies in professional psychology: Areas for consideration. *Training and Education in Professional Psychology*, 3(4), S46-S49. doi: 10.1037/a0017302]
- Dyck, M. J., & Donovan, A. (2003). What are the benefits of longer training in psychology? A comment on Helmes and Wilmoth (2002). *Australian Psychologist*, 38(3), 214-215. doi: 10.1080/00050060310001707227]
- Edmonds, G. W., Jackson, J. J., Fayard, J. V., & Roberts, B. W. (2008). Is character fate, or is there hope to change my personality yet? *Social and Personality Psychology Compass*, 2(1), 399-413. doi: 10.1111/j.1751-9004.2007.00037.x]
- Edwards, W. R., & Schleicher, D. J. (2004). On selecting psychology graduate students: Validity evidence for a test of tacit knowledge. *Journal of Educational Psychology*, 96(3), 592-602. doi: 10.1037/0022-0663.96.3.592]

- Ehmer, J. (2001). Artisans and guilds, history of. *International Encyclopedia of the Social and Behavioral Sciences*, 2, 816-821. doi: 10.1016/B0-08-043076-7/02706-6]
- Eisenberg, N., & Morris, A. S. (2001). The origins and social significance of empathy-related responding: A review of empathy and moral development: Implications for caring and justice by M. L. Hoffman. *Social Justice Research*, 14(1), 95-120.
- Elman, N. S. (2007). Who needs self-care anyway? We all do! *Professional Psychology: Research and Practice*, 38(6), 608-610. doi: 10.1037/0735-7028.38.6.603]
- Elman, N. S., & Forrest, L. (2007). From trainee impairment to professional competence problems: Seeking new terminology that facilitates effective action. *Professional Psychology: Research and Practice*, 38(5), 501-509. doi: 10.1037/0735-7028.38.5.501]
- Elman, N. S., Illfelder-Kaye, J., & Robiner, W. N. (2005). Professional development: Training for professionalism as a foundation for competent practice in psychology. *Professional Psychology: Research and Practice*, 36(4), 367-375. doi: 10.1037/0735-7028.36.4.367]
- Epstein, R. M., & Hundert, E. M. (2002). Defining and assessing professional competence. *Journal of the American Medical Association*, 287, 226-235. doi: 10.1001/jama.287.2.226]
- Eva, K., Cunningham, J., Reiter, H., Keane, D., & Norman, G. (2004). How can I know what I don't know? Poor self assessment in a well-defined domain. *Advances in Health Sciences Education*, 9, 211-224. doi: 10.1023/B:AHSE.0000038209.65714.d4]
- Eva, K., Reiter, H., Rosenfeld, J., & Norman, G. (2004). The relationship between interviewers' characteristics and ratings assigned during a multiple mini-interview. *Academic Medicine*, 79(6), 602-609. doi: 10.1097/00001888-200406000-00021]
- Evetts, J. (2002). New directions in state and international professional occupations: Discretionary decision-making and acquired regulation. *Work, Employment & Society*, 16(2), 341-353. doi: 10.1177/095001702400426875]
- Falender, C. A., & Shafranske, E. P. (2004). *Clinical supervision: A competency based framework*. Washington, USA: American Psychological Association.
- Falender, C. A., & Shafranske, E. P. (2007). Competence in competency-based supervision practice: Construct and application. *Professional Psychology: Research and Practice*, 38(3), 232-240. doi: 10.1037/0735-7028.38.3.232]

- Falender, C. A., & Shafranske, E. P. (2012). The importance of competency-based clinical supervision and training in the 21st century: Why bother? *Journal of Contemporary Psychotherapy*, 42, 129-137. doi: 10.1007/s10879-011-9198-9]
- Feather, N. T. (1992). Values, valences, expectations, and actions. *Journal of Social Issues*, 48, 109-124. doi: 10.1111/j.1540-4560.1992.tb00887.x]
- Fishman, D. B., & Neigher, W. D. (1982). American psychology in the eighties: Who will buy? *American Psychologist*, 37(5), 533-546. doi: 10.1037/0003-066X.37.5.533]
- Floyd, M., Myszka, M. T., & Orr, P. (1998). Licensed psychologists' knowledge and utilization of a state association colleague assistance committee. *Professional Psychology: Research and Practice*, 29, 594-598. doi: 10.1037/0735-7028.29.6.594]
- Forrest, L. (2010). Linking international psychology, professional competence, and leadership: Counseling psychologists as learning partners. *The Counseling Psychologist*, 38(1), 96-120. doi: 10.1177/0011000009350585]
- Forrest, L., Elman, N. S., Gizara, S., & Vacha-Haase, T. (1999). Trainee impairment: A review of identification, remediation, dismissal, and legal issues. *The Counseling Psychologist*, 27(5), 627-686. doi: 10.1177/0011000099275001]
- Fouad, N. A., Grus, C. L., Hatcher, R. L., Kaslow, N. J., Hutchings, P. S., Madson, M. B., . . . Crossman, R. E. (2009). Competency benchmarks: A model for understanding and measuring competence in professional psychology across training levels. *Training and Education in Professional Psychology*, 3(4), S5-S26. doi: 10.1037/a0015832]
- Freckelton, I. (2008a). Good character and the regulation of medical professionals. *Journal of Law and Medicine*, 16(3), 488-512. Retrieved from http://www.westlaw.com.au.ezproxy.ecu.edu.au/maf/wlau/app/document?&src=search&docguid=Iace422e8cfd911e08eefa443f89988a0&epos=snippets=true&f_cwh=true&startChunk=1&endChunk=1&nstid=std-anz-highlight&nsds=AUNZ_AU_JLMEDICINE&isTocNav=true&tocDs=AUNZ_AU_JOURNALS_TOC&context=17&extLink=false#
- Freckelton, I. (2008b). Trends in regulation of mental health practitioners. *Psychiatry, Psychology and Law*, 15(3), 415-434. doi: 10.1080/13218710802480785]
- Freckelton, I. (2010). Regulation of health professionals: National reform in Australia. *Journal of Law and Medicine*, 18(2), 207-220. Retrieved from http://www.westlaw.com.au.ezproxy.ecu.edu.au/maf/wlau/app/document?src=document&docguid=Ia5a63f7ecfde11e08eefa443f89988a0&epos=1&snippets=true&startChunk=1&endChunk=1&nstid=std-anz-highlight&nsds=AUNZ_AU_JLMEDICINE&isTocNav=true&tocDs=AUNZ_AU

U_JOURNALS_TOC&parentinfo=&details=most&originates-from-link-before=false

- Freidson, E. (1983). The reorganization of the professions by regulation. *Law and Human Behavior*, 7(2-3), 279-290. doi: 10.1007/bf01044529]
- Freidson, E. (1985). The Reorganization of the medical profession. *Medical Care Research and Review*, 42(1), 11-35. doi: 10.1177/107755878504200103]
- Friedson, E. (1970). Profession of medicine. *New York: Dodd, Mead*, 81.
- Fromm-Reichmann, F. (1949). Notes on the personal and professional requirements of a psychotherapist. *Psychiatry: Interpersonal and Biological Processes*, 12, 361-378. doi: 10.1521/00332747.1949.11022748]
- Garcia, A. A. (2011). Cognitive interviews to test and refine questionnaires. *Public Health Nursing*, 28(5), 444-450. doi: 10.1111/j.1525-1446.2010.00938.x.]
- Gardner, H., & Shulman, L. S. (2005). The professions in America today: Crucial but fragile. *Daedalus*, 134(3), 13-18. Retrieved from <http://ezproxy.ecu.edu.au/login?url=http://search.proquest.com/docview/210572091?accountid=10675http://kx7gx4pm8t.search.serialssolutions.com/?&genre=article&sid=ProQ:&title=The+professions+in+America+today%3A+crucial+but+fragile&title=Daedalus&issn=00115266&date=2005-07-01&volume=134&issue=3&page=13&author=Gardner%2C+Howard%3BShulman%2C+Lee+S>
- Garton, A. F. (1995). *Registration of psychologists in Australia*. manuscript. Department of Psychology, University of Tasmania.
- Garton, A. F. (2004). Psychology in Australia. In M. J. Stevens & D. Wedding (Eds.), *Handbook of international psychology* (pp. 437-451). New York: Brunner-Routledge.
- Garton, A. F., & Allan, A. (2012). Psychological ethics in Oceania: Convergence and divergence. . In M. M. Leach, M. J. Stevens, A. Ferrero, Y. Korkut & G. Lindsay (Eds.), *The Oxford international handbook of psychological ethics* (pp. 358-371). New York: Oxford University Press.
- Gauthier, J. (2008). Universal Declaration of Ethical Principles for Psychologists. In J. E. Hall & E. M. Altmaier (Eds.), *Global promise: Quality assurance and accountability in professional psychology* (pp. 98-105). New York: Oxford University Press.
- Geffen, G. (2002). Raising the standard for registration of psychologists. *InPsych*, 27, 28-30.

- Gilroy, P. J., Carroll, L., & Murra, J. (2001). Does depression affect clinical practice? A survey of women psychotherapists. *Women & Therapy*, 23(4), 13-30. doi: 10.1300/J015v23n04_02]
- Gilroy, P. J., Carroll, L., & Murra, J. (2002). A preliminary survey of counseling psychologists' personal experiences with depression and treatment. *Professional Psychology: Research and Practice*, 33(4), 402-407. doi: 10.1037/0735-7028.33.4.402]
- Glaser, B. G., & Strauss, A. L. (1967). *The discovery of grounded theory: Strategies for qualitative research*. Chicago, IL: Aldine.
- Good, G. E., Khairallah, T., & Mintz, L. B. (2009). Wellness and impairment: Moving beyond noble us and troubled them. *Clinical Psychology: Science and Practice*, 16(1), 21-23. doi: 10.1111/j.1468-2850.2009.01139.x]
- Good, G. E., Thoreson, R. W., & Shaughnessy, P. (1995). Substance use, confrontation of impaired colleagues, and psychological functioning among counseling psychologists: A national survey. *Counseling Psychologist*, 23, 703-721. doi: 10.1177/0011000095234010]
- Gray, L. A., Ladany, N., Walker, J. A., & Ancis, J. R. (2001). Psychotherapy trainees' experience of counterproductive events in supervision. *Journal of Counseling Psychology*, 48(4), 371-383. doi: 10.1037/0022-0167.48.4.371]
- Greenberg, S., & Smith, I. L. (2008). Methods to evaluate competency and enhance quality assurance internationally and across professions. In J. E. Hall & E. M. Altmaier (Eds.), *Global Promise : Quality Assurance and Accountability in Professional Psychology* (pp. 51-72). Cary, NC, USA: Oxford University Press, USA. Retrieved from <http://site.ebrary.com/lib/ecu/docDetail.action?docID=10254445>.
- Gross, S. J. (1978). The myth of professional licensing. *American Psychologist*, 33, 1009-1016. doi: 10.1037/0003-066X.33.11.1009]
- Hall, J. E., & Altmaier, E. M. (Eds.). (2008). *Global promise: Quality assurance and accountability in professional psychology*. New York: Oxford University Press.
- Hall, J. E., & Boucher, A. (2003). Professional mobility for psychologists: Multiple choices, multiple opportunities. *Professional Psychology: Research and Practice*, 34(5), 463-467. doi: 10.1037/0735-7028.34.5.463]
- Hall, J. E., & Lunt, I. I. (2005). Global mobility for psychologists: The role of psychology organizations in the United States, Canada, Europe, and other regions. *The American Psychologist*, 60(7), 712. doi: 10.1002/jclp.20033.]

- Hays, R. B., Jolly, B. C., Caldon, L. J. M., McCrorie, P., McAvoy, P. A., McManus, I. C., & Rethans, J. J. (2002). Is insight important? measuring capacity to change performance. *Medical education*, 36(10), 965-971. Retrieved from <http://0-search.ebscohost.com.library.ecu.edu.au/login.aspx?direct=true&db=cmedm&AN=12390465&site=ehost-live&scope=site>
- Health & Care Professions Council. (n.d.). Standards of education and training Retrieved 18 March, 2014, from <http://www.hcpc-uk.org/assets/documents/1000295EStandardsofeducationandtraining-fromSeptember2009.pdf>
- Health Education and Training Institute. (2012). Learning and supervising: A guide for participants and supervisors in the professional development process pilot, from <http://www.heti.nsw.gov.au/Global/HETI-Resources/HSP/learning%20and%20supervision%20a%20guide%20for%20in%20the%20professional%20development%20process%20pilot%20hsp%202012.pdf>
- Health Practitioners Regulation National Law Act (Qld). (2009).
- Helmes, E., & Pachana, N. A. (2006). Issues in training in clinical psychology in Australia: Interplay between training goals and legal standards of practice. *Australian Psychologist*, 41(2), 104-111. doi: 10.1080/00050060600647179.]
- Helmes, E., & Wilmoth, D. (2002). Training in clinical psychology in Australia: A North American perspective. *Australian Psychologist*, 37(1), 52 - 55. doi: 10.1080/00050060600647179]
- Hennock, E. P. (1973). *Fit and proper persons: Ideal and reality in nineteenth-century urban government*. London, UK: Edward Arnold.
- Hogan, D. B. (1983). The effectiveness of licensing: History, evidence, and recommendations. *Law and Human Behavior*, 7(2-3), 117-138. doi: 10.1007/bf01044517]
- Hogan, J. D., & Vaccaro, T. P. (2007). International perspectives on the history of psychology. In M. J. Stevens & U. P. Gielen (Eds.), *Toward a global psychology: theory, research, intervention, and pedagogy* (pp. 39-67). Lawrence Erlbaum Associates, Inc.: New Jersey.
- Hughes & Vale Pty Ltd v New South Wales (No 2) (1955) 93 CLR 127
- Hughes, E. C. (1960). The professions in society. *The Canadian Journal of Economics and Political Science / Revue canadienne d'Economie et de Science politique*, 26(1), 54-61. doi: 10.2307/138818]

- Hunsley, J., & Barker, K. K. (2011). Training for competency in professional psychology: A Canadian perspective. *Australian Psychologist*, 46(2), 142-145. doi: 10.1111/j.1742-9544.2011.00027.x/full]
- Jennings, B., Callahan, D., & Wolf, S. M. (1987). The professions: Public interest and common good. *Hastings Center Report*, 17(1), 3-10. doi: 10.2307/3562447]
- Johns, C. H. W. (1904). Babylonian and Assyrian laws, contracts and letters. *The Library of Ancient Inscriptions* Retrieved 24 March, 2014, from <http://www.commonlaw.com/Hammurabi.html>
- Johnson, W. B., Barnett, J. E., Elman, N. S., Forrest, L., & Kaslow, N. J. (2012). The competent community: Toward a vital reformulation of professional ethics. *American Psychologist*, 67(7), 557-569. doi: 10.1037/a0027206]
- Johnson, W. B., Barnett, J. E., Elman, N. S., Forrest, L., & Kaslow, N. J. (2013). The competence constellation model: A communitarian approach to support professional competence. *Professional Psychology: Research and Practice*, 44(5), 343-354. doi: 10.1037/a0033131]
- Johnson, W. B., & Campbell, C. D. (2002). Character and fitness requirements for professional psychologists: Are there any? *Professional Psychology: Research and Practice*, 33(1), 46-53. doi: 10.1037/0735-7028.33.1.46]
- Johnson, W. B., & Campbell, C. D. (2004). Character and fitness requirements for professional psychologists: training directors' perspectives. *Professional Psychology: Research and Practice*, 35(4), 405-411. doi: 10.1037/0735-7028.35.4.405]
- Johnson, W. B., Porter, K., Campbell, C. D., & Kupko, E. N. (2005). Character and fitness requirements for professional psychologists: An examination of state licensing application forms. *Professional Psychology: Research and Practice*, 36(6), 654-662. doi: 10.1037/0735-7028.36.6.654]
- Jones, C. M. (2008). From novice to expert: Issues of concern in the training of psychologists. *Australian Psychologist*, 43(1), 38-54. doi: 10.1080/00050060601089470/full]
- Jordan, A. E., & Meara, N. M. (1990). Ethics and the professional practice of psychologists: The role of virtues and principles. *Professional Psychology: Research and Practice*, 21(2), 107-114. doi: 10.1037/0735-7028.21.2.107]
- Kaslow, N. J. (2004). Competencies in professional psychology. *American Psychologist*, 59(8), 774-781. doi: 10.1037/0003-066x.59.8.774]
- Kaslow, N. J., Borden, K. A., Collins Jr, F., Forrest, L., Illfelder-Kaye, J., Nelson, P. D., . . . Willmuth, M. E. (2004). Competencies conference: Future directions in

education and credentialing in professional psychology. *Journal of Clinical Psychology*, 60(7), 699-712. doi: 10.1002/jclp.20016]

- Kaslow, N. J., Grus, C. L., Campbell, L. F., Fouad, N. A., Hatcher, R., & Rodolfa, E. (2009). Competency assessment toolkit for professional psychology. *Training and Education in Professional Psychology*, 3(4 (Suppl.)), S27-S45. doi: 10.1037/a0015833]
- Kaslow, N. J., Rubin, N. J., Forrest, L., Elman, N. S., Van Horne, B. A., Jacobs, S. C., . . . Thorn, B. E. (2007). Recognizing, assessing, and intervening with problems of professional competence. *Professional Psychology: Research and Practice*, 38(5), 479-492. doi: 10.1037/0735-7028.38.5.479]
- Kavanagh, D. (2011). Training clinical psychologists: The current situation and a way forward. *Australian Psychologist*, 42(2), 65-66.
- Kelman, H. C. (2006). Interests, relationships, identities: Three central issues for individuals and groups in negotiating their social environments. *Annual Review of Psychology*, 57, 1-26. doi: 10.1146/annurev.psych.57.102904.190156]
- Kerl, S. B., Garcia, J. L., McCullough, S., & Maxwell, M. E. (2002). Systematic evaluation of professional performance: Legally supported procedure and process. *Counselor Education and Supervision*, 41(4), 321-334. doi: 10.1002/j.1556-6978.2002.tb01294.x]
- Kitchener, K. S. (2000). *Foundations of ethical practice, research, and teaching in psychology*. Mahwah, NJ: Lawrence Erlbaum Associates.
- Knapp, S., Gottlieb, M., Berman, J., & Handelsman, M. M. (2007). When laws and ethics collide: What should psychologists do? *Professional Psychology: Research and Practice*, 38(1), 54-59. doi: 10.1037/0735-7028.38.1.54]
- Kohlberg, L., & Hersh, R. H. (1977). Moral Development: A Review of the Theory. *Theory into Practice*, 16(2), 53-59. doi: 10.2307/1475172]
- Koocher, G. P., & Keith-Speigel, P. (2008). *Ethics in psychology: Professional standards and cases* (3rd ed.). New York: Oxford University Press.
- Korman, M. (1974). National conference on levels and patterns of professional training in psychology: The major themes. *American Psychologist*, 29(6), 441-449. doi: 10.1037/h0036469]
- Krause, E. (1996). *Death of the guilds: Professions, states, and the advance of capitalism, 1930 to the present*. New Haven: Yale University Press.

- Kronus, C. L. (1976). The evolution of occupational power: an historical study of task boundaries between physicians and pharmacists. *Work and Occupations*, 3(1), 3-37.
- Kuittinen, M., Meriläinen, M., & Rätty, H. (2014). Professional competences of young psychologists: the dimensions of self-rated competence domains and their variation in the early years of the psychologist's career. *European Journal of Psychology of Education*, 29(1), 63-80. doi: 10.1007/s10212-013-0187-0]
- Kultgen, J. (1988). *Ethics and professionalism*. Philadelphia: University of Pennsylvania Press.
- Kutz, S. L. (1986). Defining "impaired psychologist". *American Psychologist*, 41(220). doi: 10.1037/0003-066X.41.2.220.a.]
- Lalotitis, D. A., & Grayson, J. H. (1985). Psychologist heal thyself: What is available for the impaired psychologist? *American Psychologist*, 40(1), 84-96. doi: 10.1037/0003-066X.40.1.84]
- Lamb, D. H., Presser, N. R., Pfost, K. S., & Baum, M. C. (1987). Confronting professional impairment during the internship: Identification, due process, and remediation. *Professional Psychology: Research and Practice*, 18(6), 597-603. doi: 10.1037/0735-7028.18.6.597]
- Law, M. T., & Kim, S. (2005). Specialization and regulation: The rise of professionals and the emergence of occupational licensing regulation. *The Journal of Economic History*, 65(3), 723-756. doi: 10.3386/w10467]
- Layman, M. J., & McNamara, J. R. (1997). Remediation for ethics violations: Focus on psychotherapists' sexual contact with clients. *Professional Psychology: Research and Practice*, 28(3), 281-292. doi: 10.1037/0735-7028.28.3.281]
- Le Deist, F. D., & Winterton, J. (2005). What Is competence? *Human Resource Development International*, 8(1), 27-46. doi: 10.1080/1367886042000338227]
- Leigh, I. W., Smith, I. L., Bebeau, M. J., Lichtenberg, J. W., Nelson, P. D., Portnoy, S., . . . Kaslow, N. J. (2007). Competency assessment models. *Professional Psychology: Research and Practice*, 38(5), 463-473. doi: 10.1037/0735-7028.38.5.463]
- Liamputtong, P., & Ezzy, D. (2005). *Qualitative research methods* (2nd ed.). Melbourne, Australia: Oxford University Press.
- Lichtenberg, J. W., Portnoy, S. M., Bebeau, M. J., Leigh, I. W., Nelson, P. D., Rubin, N. J., . . . Kaslow, N. J. (2007). Challenges to the assessment of competence and competencies. *Professional Psychology: Research and Practice*, 38(5), 474-478. doi: 10.1037/0735-7028.38.5.474]

- Lichtman, M. (2014). *Qualitative research for the social sciences*. Thousand Oaks, CA: Sage Publications.
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Beverley Hills, CA: Sage Publications, Inc.
- Littlefield, L. (2012a). Accreditation arrangements for the psychology profession under review. *InPsych*, 34, 6-7.
- Littlefield, L. (2012b). New APS model of psychology education under consideration. *InPsych*, 34, 6-9.
- Littlefield, L., Giese, J., & Geffen, G. (2009). Future directions for Australian psychology education and training. *InPsych*, 31, 9-16.
- Lunt, I. (2008). Psychologist qualifications in Europe: Common standard for quality and mobility. *Australian Psychologist*, 43(4), 222-230. doi: 10.1080/00050060802488026.]
- Maher, B. A. (1999). Changing trends in doctoral training programs in psychology: A comparative analysis of research-oriented versus professional-applied programs. *Psychological Science*, 10(6), 475-481. doi: 10.1111/1467-9280.00192]
- Maringe, F. (2006). University and course choice: Implications for positioning, recruitment and marketing. *International Journal of Educational Management*, 20(6), 466-479. doi: 10.1108/09513540610683711.]
- Marley, J., & Carman, I. (1999). Selecting medical students: A case report of the need for change. *Medical education*, 33(6), 455-459.
- Marsella, A. J. (2007). Education and training for a global psychology: Foundations, issues, and actions. In M. J. Stevens & U. P. Gielen (Eds.), *Toward a Global Psychology: theory, research, intervention, and pedagogy* (pp. 333-361). New Jersey: Lawrence Erlbaum Associations, Inc., Publishers.
- Matarazzo, R. (1978). Research on the teaching and learning of psychotherapeutic skills. In S. L. Garfield & A. E. Bergin (Eds.), *Handbook of Psychotherapy and Behavior Change: An Empirical Analysis* (2nd ed., pp. 941-966). New York: John Wiley & Sons.
- May, K. A. (1986). Writing and evaluating the grounded theory report. In W. C. Chenitz & J. M. Swanson (Eds.), *From practice to grounded theory: Qualitative research in nursing* (pp. 146-154). Menlo Park, CA: Addison Wesley.
- May, T. (1997). *Social research – issues, methods and process*. . Buckingham, England: Open University Press.

- May, W. F. (1975). Code, covenant, contract, or philanthropy. *Hastings Center Report*, 5(6), 29-38. doi: 10.2307/3560994]
- Maykut, P., & Morehouse, R. (1994). *Beginning qualitative research: A philosophic and practical guide*. London: The Falmer Press.
- McClelland, C. (1991). *The German experience of professionalization: modern learned professions and their organizations from the early nineteenth century to the Hitler era*. Cambridge, UK: Cambridge University Press.
- McGaghie, W. C. (1991). Professional competence evaluation. *Educational Researcher*, 20(1), 3-9. doi: 10.3102/0013189X020001003]
- McManus, S. E., & Russell, J. E. A. (2007). Peer mentoring relationships. In B. R. Ragins & K. E. Kram (Eds.), *The handbook of mentoring at work: Theory, research, and practice* (pp. 273-297). Thousand Oaks, CA: Sage.
- Meara, N. M., Schmidt, L. D., & Day, J. D. (1996). Principles and virtues: A foundation for ethical decisions, policies, and character. *Counseling Psychologist*, 24(1), 4-77. doi: 10.1177/0011000096241002]
- Medin, D. L., & Lee, C. D. (2012). Diversity makes better science Retrieved 04/04/14, 2014, from <https://www.psychologicalscience.org/index.php/publications/observer/2012/may-june-12/diversity-makes-better-science.html>
- Melbourne v The Queen (1999) 198 CLR 1
- Miles, M. B., & Huberman, A. M. (1994). *Qualitative data analysis: An expanded sourcebook* (2nd ed.). Thousand Oaks, CA: Sage Publications, Inc.
- Milne, D. (2009). Evidence-based clinical supervision: principles and practice Retrieved from <http://site.ebrary.com/lib/ecu/docDetail.action?docID=10346174>
- Moran, M. (2003). The health professions in international perspective. In J. Allsop & M. Saks (Eds.), *Regulating the Health Professions* (pp. 19-30). London, GBR: SAGE Publications Ltd. (UK). Retrieved from <http://site.ebrary.com/lib/ecu/docDetail.action?docID=10076709>.
- Morris v Psychologists Registration Board (unreported, Supreme Court of Victoria, 19 November 1997)
- Morse, J. M. (1994). Designing funded qualitative research. In N. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (pp. 2230-2235). Thousand Oaks, CA: Sage Publications, Inc.

- Morse, J. M., Clarke, A. E., Bowers, B., Charmaz, K., Corbin, J., & Noerager Stern, P. (2009). Grounded theories: On solid ground. In J. M. Morse, P. Noerager Stern, J. Corbin, B. Bowers, K. Charmaz & A. E. Clarke (Eds.), *Developing grounded theory: The second generation* (pp. 236-250). Walnut Creek, CA: Left Coast Press, Inc.
- Myyry, L., Juujärvi, S., & Pessa, K. (2010). Empathy, perspective taking and personal values as predictors of moral schemas. *Journal of Moral Education*, 39(2), 213 - 233. doi: 10.1080/03057241003754955]
- Nagy, S., & Viney, L. (1994, September). *The rigorous application of qualitative methods to constructivist research*. Paper presented at the Australian Psychological Society Conference, Wollongong, Australia.
- Nassif, C., Schulenberg, S., Hutzell, R., & Rogina, J. (2010). Clinical supervision and logotherapy: Discovering meaning in the supervisory relationship. *Journal of Contemporary Psychotherapy*, 40(21-29). doi: 10.1007/s10879-009-9111-y]
- Neimeyer, G. J., Taylor, J. M., & Cox, D. R. (2012). On hope and possibility: Does continuing professional development contribute to ongoing professional competence? *Professional Psychology: Research and Practice*, 43(5), 476-486. doi: 10.1037/a0029613]
- Neimeyer, G. J., Taylor, J. M., Wear, D., & Linder-Crow, J. (2012). Anticipating the future of CE in psychology: A Delphi poll. . In G. J. Neimeyer & J. M. Taylor (Eds.), *Continuing professional development and life-long learning: Issues, impacts and outcomes* (pp. 377-394)). Hauppauge, NY: Nova Science Publishers.
- Neimeyer, G. J., Taylor, J. M., & Wear, D. M. (2009). Continuing education in psychology: Outcomes, evaluations, and mandates. *Professional Psychology: Research and Practice*, 40(6), 617-624. doi: 10.1037/a0016655]
- Nelson, P. D. (2007). Striving for competence in the assessment of competence: Psychology's professional education and credentialing journey of public accountability. *Training and Education in Professional Psychology*, 1(1), 3-12. doi: 10.1037/1931-3918.1.1.3]
- Nelson, P. D., Belar, C. D., Grus, C. L., & Zlotlow, S. (2008). Quality assessment in higher education through accreditation. In J. Hall & E. M. Altmaier (Eds.), *Global promise: Quality assurance and accountability in professional psychology* (pp. 16-37). New York: Oxford University Press.
- Neuman, W. L. (2011). *Social research methods: Qualitative and quantitative approaches* (7th ed.). Boston: Allyn & Bacon.

- Newton, L. H. (1988). Lawgiving for professional life: Reflections on the place of the professional code. In A. Flores (Ed.), *Professional ideals*. Belmont, CA: Wadsworth.
- Nixon, M. (1990). Professional training in psychology: Quest for international standards. *The American Psychologist*, 45(11), 1257-1262. doi: 10.1037/0003-066X.45.11.1257]
- Nixon, M. (1994). Practices and needs in psychological training: a survey of 28 countries. *Australian Psychologist*, 29(3), 166-173. doi: 10.1080/00050069408257345]
- Norcross, J. C. (2005). The psychotherapist's own psychotherapy: Educating and developing psychologists. *American Psychologist*, 60(8), 840-850. doi: 10.1037/0003-066X.60.8.840]
- Nutt, R. L. (2010). Are we meeting public expectations for competence? *Professional Psychology: Research and Practice*, 41(4), 294-295.
- O'Connor, M. F. (2001). On the etiology and effective management of professional distress and impairment among psychologists. *Professional Psychology: Research and Practice*, 32(4), 345-350. doi: 10.1037/0735-7028.32.4.345]
- O'Donovan, A., Halford, W. K., & Walters, B. (2011). Toward best practice supervision of clinical psychology trainees. *Australian Psychologist*, 46(2), 101-112. doi: 10.1111/j.1742-9544.2011.00033.x.]
- O'Gorman, J. G. (1994). A commentary on the observations of Nixon, of Sheehan, and of Gillam on practices and needs in psychological training. *Australian Psychologist*, 29(3), 181-183. doi: 10.1080/00050069408257348 ...]
- O'Gorman, J. G. (2007). *Psychology as a profession in Australia*. Brisbane, Australia: Australian Academic Press.
- Oliver, M. N. I., Bernstein, J. H., Anderson, K. G., Blashfield, R. K., & Roberts, M. C. (2004). An exploratory examination of student attitudes toward 'impaired' peers in clinical psychology training programs. *Professional Psychology: Research and Practice*, 35(2), 141-147. doi: 10.1037/0735-7028.35.2.141]
- Orr, P. (1997). Psychology impaired? *Professional Psychology: Research and Practice*, 28(3), 293-296. doi: 10.1037/0735-7028.28.3.293]
- Overholser, J. C., & Fine, M. A. (1990). Defining the boundaries of professional competence: Managing subtle cases of clinical incompetence. *Professional Psychology: Research and Practice*, 21(6), 462-469. doi: 10.1037/0735-7028.21.6.462]

- Pachana, N. A., Sofronoff, K., & O'Brien, M. (2008). Focus on clinical psychology postgraduate training: Taking the curriculum into the next decade. *Australian Psychologist*, 43(4), 219-221. doi: 10.1080/00050060802475270]
- Pachana, N. A., Sofronoff, K., Scott, T., & Helmes, E. (2011). Attainment of competencies in clinical psychology training: Ways forward in the Australian context. *Australian Psychologist*, 46(2), 67-76. doi: 10.1111/j.1742-9544.2011.00029.x.]
- Papadakis, M. A., Teherani, A., Banach, M. A., Knettler, T. R., Rattner, S. L., Stern, D. T., . . . Hodgson, C. S. (2005). Disciplinary action by medical boards and prior behavior in medical school. *The New England Journal of Medicine*, 353(25), 2673-2682. doi: 10.1056/NEJMs052596]
- Parker, M. H., Turner, J., McGurgan, P., Emmerton, L. M., McAllister, L. L., & Wilkinson, D. (2010). The difficult problem: assessing medical students' professional attitudes and behaviour. *Medical Journal of Australia*, 193(11/12), 662-664.
- Parsons, T. (1968). Professions *International encyclopedia of the social sciences* (Vol. 12, pp. 536-547).
- Patton, M. Q. (2002). *Qualitative research and evaluation methods* (3rd ed.). Thousand Oaks, CA: Sage.
- Peiro, J. M., & Lunt, I. (2002). The context for a European framework for psychologists' training. *European Psychologist*, 7(3), 169-179. Retrieved from Special Section: Education and Training for Psychologists in Europe. website: <http://ezproxy.ecu.edu.au/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=pdh&AN=2002-11404-003&site=ehost-live&scope=siteJose.M.Peiro@uv.es> doi:10.1027//1016-9040.7.3.169
- Pellegrino, E. D. (2002). Professionalism, profession and the virtues of the good physician. *Mount Sinai Journal of Medicine*, 69(6), 378-384. Retrieved from <http://faculty.ksu.edu.sa/hisham/Documents/Medical%20Education/English/Medical%20Education/159.pdf>
- Pellegrino, E. D., & Pellegrino, A. A. (1988). Humanism and ethics in Roman medicine: translation and commentary on a text of Scribonius Largus. *Literature and medicine*, 7, 22-38. doi: 10.1353/lm.2011.0164]
- Peterson, D. R. (1997). Essentials of quality in the education of professional psychologists *Educating professional psychologists: History and guiding conception*. (pp. 137-156): American Psychological Association.

- Peterson, D. R. (2003). Unintended consequences: ventures and misadventures in the education of professional psychologists. *American Psychologist*, 58(10), 791-800. doi: 10.1037/0003-066X.58.10.971]
- Pettifor, J. L. (2004). Professional ethics across national boundaries. *European Psychologist*, 9(4), 264-272. doi: 10.1027/1016-9040.9.4.264]
- Powis, D. (2009). Personality testing in the context of selecting health professionals. *Medical Teacher*, 31(12), 1045-1046. doi: 10.3109/01421590903390601]
- Presidential Initiative Taskforce. (2012). Psychology 2020: The 2011-2012 Presidential Initiative on the future of psychological science in Australia: Australian Psychological Society.
- Price, D. (2003). Legal aspects of the regulation of the health professions. In J. Allsop & M. Saks (Eds.), *Regulating the health professions* (pp. 47-61). London, GBR: SAGE Publications Ltd. (UK). Retrieved from <http://site.ebrary.com/lib/ecu/docDetail.action?docID=10076709>.
- Psychological Practices Act (SA). (1973).
- Psychologists Act (WA). (2005).
- Psychologists Registration Board of Western Australia. (n.d.). *Form 10*. Retrieved 6 February 2010 from www.psychboard.wa.gov.au. Copy on file with author.
- Psychology Board of Australia. (2011a). Area of practice endorsements registration standard Retrieved 19 March 2014, 2014, from <http://www.psychologyboard.gov.au/Standards-and-Guidelines/Registration-Standards.aspx>
- Psychology Board of Australia. (2011b). Guidelines on continuing professional development Retrieved 15 November, 2014, from <http://www.psychologyboard.gov.au/Standards-and-Guidelines/Codes-Guidelines-Policies.aspx>
- Psychology Board of Australia. (2012). Provisional registration standard Retrieved 15 November 2014, 2014, from <http://www.psychologyboard.gov.au/Registration/Provisional.aspx>
- Psychology Board of Australia. (2013). Guidelines for supervisors and supervisor training providers Retrieved 15 November, 2014, from <http://www.psychologyboard.gov.au/Standards-and-Guidelines/Codes-Guidelines-Policies.aspx>

- Psychology Board of Australia. (2014a). About the Board. Retrieved 13 September, 2014, from <http://www.psychologyboard.gov.au/About/Board.aspx>
- Psychology Board of Australia. (2014b). Guidelines for mandatory notifications Retrieved 15 November, 2014, from <http://www.psychologyboard.gov.au/Standards-and-Guidelines/Codes-Guidelines-Policies/Guidelines-for-mandatory-notifications.aspx>
- Psychology Board of Australia. (2014c). Presentation at Victorian Forum Retrieved 16 October, 2014, from <http://www.psychologyboard.gov.au/Standards-and-Guidelines/Presentations.aspx>
- Psychology Board of Australia. (2014d). Registration Retrieved 15 November, 2014, from <http://www.psychologyboard.gov.au/Registration.aspx>
- Psychology Board of Australia. (n.d.-a). Criminal history registration standard Retrieved 24 April, 2014, from <http://www.psychology.org.au/Assets/Files/Psychology-Criminal-History-Registration-Standard.pdf>
- Psychology Board of Australia. (n.d.-b). General Registration Standard Retrieved 19 March, 2014, from <http://www.psychologyboard.gov.au/Standards-and-Guidelines/Registration-Standards.aspx>
- Psychology Board of Australia. (n.d.-c). General Registration Standard Retrieved 11 March, 2014, from <http://www.psychologyboard.gov.au/Registration/General.aspx>
- Psychology Board of Australia. (n.d.-d). National Psychology Exam Retrieved 11 March, 2014, from <http://www.psychologyboard.gov.au/Registration/National-psychology-exam/Overview-and-background-of-examination.aspx>
- Public Interest Advocacy Centre. (2013). Deep sleep tragedy. Retrieved 5 September, 2014, from <http://www.piac.asn.au/news/2013/02/deep-sleep-tragedy>
- Pue, W. W. (2009). Banned from lawyering: William John Gordon Martin, communist1. *BC Studies*, (162), 111-136, 214. Retrieved from <http://ezproxy.ecu.edu.au/login?url=http://search.proquest.com/docview/196909266?accountid=10675http://kx7gx4pm8t.search.serialssolutions.com/?&genre=article&sid=ProQ:&atitle=BANNED+FROM+LAWYERING%3A+William+John+Gordon+Martin%2C+Communist1&title=BC+Studies&issn=00052949&date=2009-07-01&volume=&issue=162&spage=111&author=Pue%2C+W+Wesleyhttp://ezproxy.ecu.edu.au/login?url=http://search.proquest.com.ezproxy.ecu.edu.au/docview/196909266?accountid=10675>
- Qualtrics. (2009). Qualtrics Research Suite (Version 22,379). Provo, Utah.

- Rawson, D. (1994). Models of inter-professional work: likely theories and possibilities. In A. Leathard (Ed.), *Going Inter-Professional : Working Together for Health and Welfare*. Florence, KY, USA: Routledge. Retrieved from <http://site.ebrary.com/lib/ecu/docDetail.action?docID=10017763>.
- Re Wingate [2007] NSWMT 2
- Re Zaidi [2006] NSWMT 6
- Rehm, L. P., & DeMers, S. T. (2006). Licensure. *Clinical Psychology: Science and Practice*, 13(3), 249-253. doi: 10.1111/j.1468-2850.2006.00032.x.]
- Rétfalvi, T., & Simon, N. P. (1996). Licensing, certification, registration, chartering, and credentialing. In, *Professional conduct and discipline in psychology*. (pp. 39-51). Washington, DC, US; Montgomery, AL: American Psychological Association.
- Ritchie, P. (2008). Codes of ethics, conduct, and standards as vehicles of accountability. In J. E. Hall & E. M. Altmaier (Eds.), *Global promise: Quality assurance and accountability in professional psychology* (pp. 73-97). New York: Oxford University Press.
- Roberts, M. C., Borden, K. A., Christiansen, M. D., & Lopez, S. J. (2005). Fostering a culture shift: Assessment of competence in the education and careers of professional psychologists. *Professional Psychology: Research and Practice*, 36(4), 355-361. doi: 10.1037/0735-7028.36.4.355]
- Rodolfa, E., Bent, R., Eisman, E., Nelson, P., Rehm, L., & Ritchie, P. (2005). A cube model for competency development: Implications for psychology educators and regulators. *Professional Psychology: Research and Practice*, 36(4), 347-354. doi: 10.1037/0735-7028.36.4.347]
- Rodolfa, E., Schaffer, J. B., & Webb, C. (2010). Continuing education: the path to life-long competence? *Professional Psychology: Research and Practice*, 41(4), 295-297.
- Roe, R. A. (2002). What makes a competent psychologist? *European Psychologist*, 7(3), 192-202. doi: 10.1027//1016-9040.7.3.192]
- Rose, J. (1983). Professional regulation: The current controversy. *Law and Human Behavior*, 7(2-3), 103-116. doi: 10.1007/bf01044516]
- Rubin, N. J., Bebeau, M., Leigh, I. W., Lichtenberg, J. W., Nelson, P. D., Portnoy, S., . . . Kaslow, N. J. (2007). The competency movement within psychology: An historical perspective. *Professional Psychology: Research and Practice*, 38(5), 452-462. doi: 10.1037/0735-7028.38.5.452]

- Rupert, P. A., & Kent, J. S. (2007). Gender and work setting differences in career-sustaining behaviors and burnout among professional psychologists. *Professional Psychology: Research and Practice*, 38(1), 88-96. doi: 10.1037/0735-7028.38.1.88]
- Saks, M. (2013). Regulating the English healthcare professions: zoos, circuses or safari parks? *Journal of Professions and Organization*. doi: 10.1093/jpo/jot001]
- Saris, W. E., & Gallhofer, I. N. (2007). Design, evaluation, and analysis of questionnaires for survey research Retrieved from <http://ECU.ebib.com.au/patron/FullRecord.aspx?p=309785>
- Savin-Baden, M., & Howell Major, C. (2013). *Qualitative research : the essential guide to theory and practice*. Oxford, UK: Abingdon Routledge
- Schoener, G. R. (2007). Do as I say, not as I do. *Professional Psychology: Research and Practice*, 38(6), 610-612.
- Schulte, A. C., & Daly, E. J., III. (2009). Operationalizing and evaluating professional competencies in psychology: Out with the old, in with the new? *Training and Education in Professional Psychology*, 3(4, Suppl), S54-S58. doi: 10.1037/a0017155]
- Schwandt, T. A. (1994). Constructivist, Interpretivist approaches to human inquiry. In N. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (pp. 118-137). Thousand Oaks, CA: Sage.
- Schwartz-Mette, R. A. (2009). Challenges in addressing graduate student impairment in academic professional psychology programs. *Ethics & Behavior*, 19(2), 91 - 102. doi: 10.1080/10508420902768973]
- Schwartz, S. H. (1992). Universals in the content and structure of values: Theoretical advances and empirical tests in 20 countries. *Advances in experimental social psychology*, 25(1), 1-65. Retrieved from <http://citeseerx.ist.psu.edu/viewdoc/download;jsessionid=9E9D4F494D83C81EA111DD1E098E6544?doi=10.1.1.220.3674&rep=rep1&type=pdf>
- Schwebel, M., & Coster, J. (1998). Well-functioning in professional psychologists: As program heads see it. *Professional Psychology: Research and Practice*, 29(3), 284-292. doi: 10.1037/0735-7028.29.3.284]
- Scott, T., Pachana, N. A., & Sofronoff, K. (2011). Survey of current curriculum practices within Australian postgraduate clinical training programmes: Students' and programme directors' perspectives. *Australian Psychologist*, 46(2), 77-89. doi: 10.1111/j.1742-9544.2011.00030.x]

- Shaw, E. (2010). Supervisors: The buck stops here? *Psychotherapy in Australia*, 16(2), 33-34. doi: 10.1300/J001v22n02_05]
- Sheehan, P. W. (1994). Psychology as a science and a profession: an Australian perspective. *Australian Psychologist*, 29(3), 174-177. doi: 10.1080/00050069408257346]
- Sherman, M. D. (1996). Distress and professional impairment due to mental health problems among psychotherapists. *Clinical Psychology Review*, 16(4), 299-315. doi: 10.1016/0272-7358(96)00016-5]
- Simpson, D. P. (Ed.) (1971) Cassell's New Latin-English Dictionary (5th ed.). London, UK: Cassell.
- Sinclair, C., Simon, N. P., & Pettifor, J. L. (1996). The History of ethical codes and licensure *Professional conduct and discipline in psychology*. (pp. 1-15): American Psychological Association, Association of State and Provincial Psychology Boards.
- Slabbert, M. (2011). The requirement of being a "fit and proper" person for the legal profession. *PER: Potchefstroomse Elektroniese Regsblad*, 14(4), 209-231. Retrieved from <http://heinonline.org.ezproxy.ecu.edu.au/HOL/Page?handle=hein.journals/per14&id=865&collection=journals>
- Smith, D. J. (2004). *Fifth Report - Safeguarding Patients: Lessons from the Past - Proposals for the Future*. The Stationery Office. Retrieved from http://webarchive.nationalarchives.gov.uk/20090808154959/http://www.the-shipman-inquiry.org.uk/5r_page.asp.
- Smith, D. J. (2006). Public Interest Responsibilities of Professionals: Lecture given for Public Concern at Work on 13 October 2005. *Medicine, Science and the Law*, 46(2), 93-98. doi: 10.1258/rsmmsl.46.2.93]
- Smith, P. L., & Moss, S. B. (2009). Psychologist impairment: What is it, how can it be prevented, and what can be done to address it? *Clinical Psychology: Science and Practice*, 16(1), 1-15. doi: 10.1111/j.1468-2850.2009.01137.x]
- Soanes, C., & Stevenson, A. (Eds.). (2005) Oxford Dictionary of English (2nd ed, revised ed.). Oxford, UK: Oxford University Press.
- Sobey v Commercial and Private Agents [1979] 22 SASR 70
- Sockett, H. (2009). Dispositions as virtues. *Journal of Teacher Education*, 60(3), 291-303. doi: 10.1177/0022487109335189]

- Sofronoff, K., Helmes, E., & Pachana, N. A. (2011). Fitness to practice in the profession of psychology: Should we assess this during clinical training? *Australian Psychologist*, 46(2), 126-132. doi: 10.1111/j.1742-9544.2011.00031.x]
- Spruill, J., Rozensky, R. H., Stigall, T. T., Vasquez, M., Phillips Bingham, R., & De Vaney Olvey, C. (2004). Becoming a competent clinician: basic competencies in intervention. *Journal of Clinical Psychology*, 60(7), 741-754. doi: 10.1002/jclp.20011]
- Stark, A. (2012). *Supervisors and supervisor training*. Paper presented at the 47th APS Annual Conference, Perth, Western Australia.
- Stern, S. (1984). Professional training and professional competence: A critique of current thinking. *Professional Psychology: Research and Practice*, 15(2), 230-243. doi: 10.1037/0735-7028.15.2.230]
- Stevanovic, P., & Rupert, P. A. (2004). Career-sustaining behaviors, satisfactions, and stresses of professional psychologists. *Psychotherapy: Theory, Research, Practice, Training*, 41(3), 301-309. doi: 10.1037/0033-3204.41.3.301]
- Stevens, M. J. (2007). Orientation to a global psychology. In M. J. Stevens & U. P. Gielen (Eds.), *Toward a Global Psychology: theory, research, intervention, and pedagogy* (pp. 3-33). New Jersey: Lawrence Erlbaum Associates, Inc.
- Stewart, A. (1895). The Medical Guild. *British Medical Journal*, 1(1786), 675.
- Strauss, A. L. (1987). *Qualitative analysis for social scientists*. New York: Cambridge University Press.
- Stricker, G. (2008). Quality assurance in professional psychology education. In J. E. Hall & E. M. Altmaier (Eds.), *Global promise: Quality assurance and accountability in professional psychology* (pp. 199-215). New York: Oxford University Press.
- Sturm, C. A. (2010). Challenges in implementing continuing professional education. *Professional Psychology: Research and Practice*, 41(4), 292-294.
- Swanson, D. B., Norman, G. R., & Linn, R. L. (1995). Performance-based assessment: Lessons from the health professions. *Educational Researcher*, 24(5), 5-11. doi: 10.3102/0013189x024005005]
- Taylor, G. R. S. (2008). *Guild State: Its principles and possibilities*. Norfolk, VA, USA: I H S Press.

The Council of the New South Wales Bar Association v Franklin (No 2) [2014]
NSWCA 428

Therapeutic Goods Administration. (2014). Fifty years of independent expert advice on prescription medicines: The thalidomide tragedy. Retrieved 5 September, 2014, from <http://www.tga.gov.au/about/committees-pm-50years-02-thalidomide.htm>

Thorne, F. C. (1945/2000). The field of clinical psychology: Past, present, and future. *Journal of Clinical Psychology*, 56(3), 257-274. doi: 10.1002/(SICI)1097-4679(200003)]

Tipton, R. M. (1996). Education and training *Professional conduct and discipline in psychology*. (pp. 17-37): American Psychological Association
Association of State and Provincial Psychology Boards.

Trebilcock, M. J., & Shaul, J. (1983). Regulating the quality of psychotherapeutic services: A Canadian perspective. *Law and Human Behavior*, 7(2-3), 265-278. doi: 10.1007/bf01044528]

Velde, C. R. (Ed.). (2009). *International perspectives on competence in the workplace: Implications for research, policy and practice* (2nd ed.). New York: Springer.

Von Treuer, K., Sturre, V., Keele, S., & Feenstra, F. (2011). When the rubber hits the road: How do we know our graduates are competent? *InPsych*, 33, 30-31.

Voudouris, N. J. (2009). On defining competence in the training of Australian psychologists. *InPsych: The Bulletin of the Australian Psychological Society Ltd*, 31, 32-33.

Voudouris, N. J. (2010). Towards assessment of professional competence in Australian psychology. *InPsych: The Bulletin of the Australian Psychological Society Ltd* 32, 24-26.

Waddington, I. (1990). The movement towards the professionalization of medicine. [Journal Article]. *British Medical Journal*, 301(6754), 688-690. doi: 10.1136/bmj.301.6754.688]

Walker, J. S. (1990). The decision to use the Bomb: A Historiographical Update. *Diplomatic History*, 14(1), 97-114. doi: 10.1111/j.1467-7709.1990.tb00078.x.]

Walliman, N. (2006). *Social research methods*. London: Sage Publications Ltd.

Want, R. L. (1966). Qualification for membership of the Australian Psychological Society: A viewpoint. *Australian Psychologist*, 1(1), 2-12. doi: 10.1080/00050066608256202]

- Waring, T. (2008). The regulation of psychology in Australia. In J. E. Hall & E. M. Altmaier (Eds.), *Global promise: Quality assurance and accountability in professional psychology* (pp. 164-185). New York: Oxford University Press.
- Weiss, B. J. (1992). Toward a competency-based core curriculum in professional psychology: A critical history. In R. Peterson, J. McHolland, R. Bent, E. Davis-Russell, G. Edwall, K. Polite, D. Singer & G. Stricker (Eds.), *The core curriculum in professional psychology*. (pp. 13-21): American Psychological Association.
- Weissman, H. N. (1984). Professional standards from the perspective of the sociology of professions. *Professional Psychology: Research and Practice*, 15(4), 471-472. doi: 10.1037/0735-7028.15.4.471]
- Westwood, M. A., Nunn, L. M., Redpath, C., Mills, P., & Crake, T. (2008). Applicants regard structured interviews as a fair method of selection: an audit of candidates. *Journal Of The Royal Society Of Medicine*, 101(5), 252-258. doi: 10.1258/jrsm.2007.070155]
- Williams, B. E., Pomerantz, A. M., Segrist, D. J., & Pettibone, J. C. (2010). How impaired is too Impaired? Ratings of psychologist impairment by psychologists in independent practice. *Ethics & Behavior*, 20(2), 149 - 160. doi: 10.1080/10508421003595968]
- Willis, G. B. (2005). Cognitive interviewing. Retrieved from SAGE Research Methods database doi:http://dx.doi.org/10.4135/9781412983655
- Wise, E. H. (2008). Competence and scope of practice: ethics and professional development. *Journal of Clinical Psychology*, 64(5), 626-637. doi: 10.1002/jclp.20479]
- Wise, E. H., Hersh, M. A., & Gibson, C. M. (2012). Ethics, self-care and wellbeing for psychologists: Re-envisioning the stress--distress continuum. *Professional Psychology: Research and Practice*, 43(5), 487-494. doi: 10.1037/a0029446]
- Wise, E. H., Sturm, C. A., Nutt, R. L., Rodolfa, E., Schaffer, J. B., & Webb, C. (2010). Life-long learning for psychologists: Current status and a vision for the future. *Professional Psychology: Research and Practice*, 41(4), 288-297. doi: 10.1037/a0020424]
- Yates, A. J. (1966). Comments on submission by R. L. Want. *Australian Psychologist*, 1(1), 13-16. doi: 10.1080/00050066608256203]
- Young, S. N. (2005). Universities, governments and industry: Can the essential nature of universities survive the drive to commercialize? *Journal of Psychiatry & Neuroscience*, 30(3), 160-163.

- Zemlick, M. J. (1980). Ethical standards: Cosmetics for the face of the profession of psychology. *Psychotherapy: Theory, Research & Practice*, 17(4), 448-453. doi: 10.1037/h0085945]
- Zerubavel, N., & O'Dougherty Wright, M. (2012). The dilemma of the wounded healer. *Psychotherapy*, 49(4), 482-491. doi: 10.1037/a0027824]
- Zhai, X. (2012). Medicine: business or profession? *Journal International de Bioéthique*, 23(2), 25-32, 173-174. doi: 10.1016/S0002-9378(98)70487-9]

APPENDICES

Appendix A

INFORMATION SHEET

What Constitutes a Fit and Proper Psychologist?

Dear Participant

My name is Francesca Bell and I am a Doctor of Psychology candidate at Edith Cowan University, Joondalup.

The current exploratory study aims to establish what WA psychologists understand by the phrase *fit and proper* as contained in the *Psychologists Act 2005 WA* (s. 26 [2][a]).

The research involves participation in an interview, which will be audio recorded. You will be able to discuss what you believe constitutes a fit and proper psychologist. Once the audio tape has been transcribed, it will be erased.

All data will be de-identified to ensure confidentiality. All material, including consent forms, will be kept securely and will be accessible only by the researcher. No identifying information will be included in any thesis or publication that arises from this research.

Participation in this research is completely voluntary and you are free to withdraw at any point, up until the data are de-identified. If you withdraw your consent prior to this point, then any data already collected will not be used in the study.

The research has been approved by the Edith Cowan University Human Research Ethics Committee. If you are prepared to participate in this research you are required to complete a consent form prior to your participation.

If you have any questions regarding this research you may contact the researcher on 6304 5022, or the principal supervisor, Professor Alfred Allan on 6304 5536. If you have any concerns or complaints about the research project and wish to talk to an independent person, you may contact:

Research Ethics Officer
Edith Cowan University
100 Joondalup Drive
Joondalup WA 6027
Phone: (08) 6304 2170
Email: research.ethics@ecu.edu.au

Your assistance in making this research possible would be greatly appreciated.

Yours sincerely,
Ms Francesca Bell

Appendix B

CONSENT FORM

I (please print full name) _____ agree to participate in the research being conducted by Francesca Bell exploring what it means to be a fit and proper psychologist.

I understand that this research requires my participation in an individual interview.

I am aware that the interview will be recorded on audio tape but the recording will be destroyed after transcription. Further, I understand that all the data will be de-identified, in order to protect confidentiality.

I also understand that my participation is voluntary, and that I may withdraw my consent at any point up until the data have been de-identified.

I give permission for the information obtained from me to be used in the development of a doctoral thesis and any publication that is derived from it, as long as I am not identified therein.

Signature of participant:

Date:

Signature of researcher:

Date:

Appendix C

Semi-structured Interview Schedule

- Gender: M / F
- Education/Qualifications:
 - 4 + 2
 - Master's
 - D.Psych
 - Ph.D
 - Other
 - Specialist title registration: Y / N
- Ongoing supervision: Y / N If yes, frequency: _____
- Years registered: _____
- Years with specialist title registration: _____
- Specialisation or principal area of practice: _____
- Work setting: _____
- APS Membership: Y / N If yes, grade: _____
- APS College member: Y / N If yes, which college(s)?: _____

- We are all subject to the *Psychologists Act 2005* WA; in it, it states that in order to be registered as a psychologist, a person must be *fit and proper* (s. 26[2][a]).
What does it mean to be a fit and proper psychologist?
- What are the constituent parts of a fit and proper psychologist?
- Other States have different wording in their Acts for example, NSW says “good character”(*Psychologists Act 2001* NSW [s. 11(1)]) is required for registration, and Tasmania states that you must be “of good fame and character” (*Psychologists Registration Act 2000* Tas [s. 23 (1)(c)]). Are these phrases different from *fit and proper*?
- How can we ensure that psychologists or potential psychologists are fit and proper?
- Do you think that there are any aspects to being a fit and proper psychologist that are unique or particularly important to your work setting or principal area of practice?
- Is there anything else about fitness and propriety in psychologists that you would like to say or comment on?

Appendix D

Examples of Generated Interview Questions

What might a fit and proper psychologist be like?

What does fit and proper mean in relation to other psychologists?

What might a psychologist who is not fit and proper be like?

How does someone become a fit and proper psychologist?

Is there a certain sort of person who could be a fit and proper psychologist?

What qualities would a fit and proper psychologist have?

What values would a fit and proper psychologist have?

What would stop someone from being a fit and proper psychologist?

What education does a fit and proper psychologist need?

What are the key areas in training a fit and proper psychologist?

How can fitness and propriety be maintained?

Does the profession do a good job of regulating fitness and propriety?

How could the profession select people who are fit and proper or who have the capacity to be?

How can we ensure psychologists are maintaining fitness and propriety?

What can be done if a psychologist is not fit and proper?

Who is responsible for stopping unfit and improper people from becoming registered psychologists?

Appendix E

Information Sheet and Consent Form
Edith Cowan University
School of Psychology and Social Science



Pilot Study of Questionnaire - Cognitive Interview

What Constitutes a Fit and Proper Psychologist?

Information about the pilot study:

Thank you for your interest in participating in my research. This is a pilot study of the questionnaire that will be used in the second stage of my PhD. The aim of this pilot study is to identify any overt or covert problems in the wording of the questions contained in the questionnaire to avoid any unintended interpretation of them.

Your participation in this pilot study would involve you taking part in a cognitive interview. In this interview you will read or be read each of the questions that make up the questionnaire and you will be asked to talk through your thought processes while answering each question. At times you will also be asked specific questions about the terms or phrases in the questions and what you think the question is asking about. The interview should take approximately one hour of your time to complete.

Notes will be taken during the interview so that interpretations or suggestions that you make during this interview can be recorded. The findings of the pilot study will be used to make changes to the questionnaire before it is released to Australian psychologists.

Participation is voluntary and you will be asked to sign a consent form before participating in the pilot study. If you decide to participate, you are free to withdraw your consent and discontinue your participation at any time during the interview.

If you have any questions, please feel free to contact the researcher or her supervisor using the contact details supplied below. If you have any concerns or complaints about the research project and wish to talk to an independent person, you may contact the Research Ethics Officer by calling (08) 6304 2170 or emailing research.ethics@ecu.edu.au

Researcher
Francesca Bell
School of Psychology and Social Science
Edith Cowan University
270 Joondalup Drive
Joondalup 6027
fbell@our.ecu.edu.au

Supervisor
Professor Alfred Allan
School of Psychology and Social Science
Edith Cowan University
270 Joondalup Drive
Joondalup 6027
(08) 6304 5536

Appendix F

Consent Form

Consent to participant in the pilot study:

By signing this consent form you are confirming that you:

- have read and understood the information provided
- have been given the opportunity to ask questions and have had any questions answered to your satisfaction
- are aware that if you have any additional questions you can contact the researcher, her supervisor, or the research ethics officer
- understand that the information provided will be kept confidential, and that your identity will not be disclosed
- understand that the information provided will only be used for the purposes of refining the questionnaire to be used in this research project
- understand that you are free to withdraw from further participation at any time, without explanation or penalty
- freely agree to participate in the research

I _____ have read the information above and have been informed about all aspects of the above research project. Any questions I have asked have been answered to my satisfaction.

I agree to participate in this activity, realising that I may withdraw at any time. I agree that the research data gathered for this study may be published provided I am not identifiable.

Participant Signature: _____ Date: _____

Appendix G

Questionnaire – Participant version

Instructions

Thank you for your interest in completing the following questionnaire.

The questionnaire has been developed as part of a Psychology PhD thesis being completed at Edith Cowan University. It is based on qualitative data collected in a previous stage of this research. These data resulted from interviews that explored psychologists' understanding and perceptions of what constitutes a fit and proper psychologist.

The questionnaire is aimed at psychologists registered in Australia. It has two parts: The first part asks for some demographic information. The second part contains questions related to elements of fitness and propriety that interview participants identified.

It is estimated that this questionnaire will take approximately 10-20 minutes to complete, depending on how much you wish to comment.

Your participation in this questionnaire is anonymous, as you will not be asked to provide any identifying information. By beginning this questionnaire you are providing your consent to participate in this research and acknowledging that you understand the data collected will form part of a PhD thesis and may be published. You may stop participating at any stage during your completion of the questionnaire.

If you have any queries, please feel free to contact the researcher or her supervisor:

Researcher
Francesca Bell
School of Psychology and Social Science
Edith Cowan University
270 Joondalup Drive
Joondalup 6027
fbell@our.ecu.edu.au

Supervisor
Professor Alfred Allan
School of Psychology and Social Science
Edith Cowan University
270 Joondalup Drive
Joondalup 6027
a.allan@ecu.edu.au
(08) 6304 5536

DEMOGRAPHICS

Please tick the appropriate boxes and provide information where relevant.

1. How many years have you been working as a psychologist? (Please include any time you worked as a provisionally registered psychologist)

2. Please indicate your sex:

Female

☐

Male

☐

3. How old are you in years?

4. What qualifications in psychology do you currently hold? (Tick all applicable)

4 yr degree

☐

Mpsych (coursework)

☐

Mpsych (research)

☐

Dpsych

☐

PhD (with Mpsych coursework)

☐

PhD (research only)

☐

5. If you are currently studying, which qualification are you completing?

Mpsych (coursework)

☐

Mpsych (research only)

☐

DPsych

☐

PhD (with MPsych coursework)

☐

PhD (research only)

☐

6. What is your primary area of work?

Clinical

☐

Community

☐

Counselling

☐

Educational/Developmental

☐

Forensic

☐

Health

☐

Neuropsychological

☐

Organisational

☐

Sports

☐

Other: _____

☐

7. How would you describe your current primary place of work as a psychologist?

Private Practice
Government
Private Sector

8. In which Australian jurisdiction do you perform most of your work as a psychologist?

Australian Capital Territory
New South Wales
Northern Territory
Queensland
South Australia
Tasmania
Victoria
Western Australia

9. Which of the following areas have you worked in as a psychologist? (Please tick all applicable)

Rural
Regional
Metropolitan

QUESTIONS

Capability

The following questions ask about things related to capability. Capability, as it relates to fitness and propriety, incorporates health and education.

- How important is **physical health** to being a fit and proper psychologist?
Physical health incorporates things like hearing, cognitive functioning, and motor skills.

0	10	20	30	40	50	60	70	80	90	100
Totally Unimportant		Of little importance			Of some importance		Of much importance			Critically Important

- How important is **psychological health** to being a fit and proper psychologist?
Psychological health incorporates mental, spiritual, and emotional health. This includes things like being free of mental illness or personality disorder, being addiction free, having a balanced view of the world, and not allowing your own issues to overwhelm you.

0	10	20	30	40	50	60	70	80	90	100
Totally Unimportant		Of little importance			Of some importance		Of much importance			Critically Important

- In relation to being a fit and proper psychologist, is there anything about physical or psychological health that you would like to comment on?

4. How important do you think **university education** is to being a fit and proper psychologist? Examples of the foundational abilities that university education provides are critical thinking, basic knowledge and skills, and ethical awareness.

0	10	20	30	40	50	60	70	80	90	100
Totally Unimportant		Of little importance			Of some importance		Of much importance		Critically Important	

5. What is the minimum number of years of **university education** required to obtain the foundational abilities?

1	2	3	4	5
4 years university education	5 years university education	6 years university education	7 or more years university education (research only postgrad.)	7 or more years university education (coursework and research postgrad.)

6. In relation to being a fit and proper psychologist, is there anything about university education that you would like to comment on?

7. How important is **career-long learning** to being a fit and proper psychologist? Career-long learning incorporates the required supervision process necessary for registration or specialist endorsement, any type of ongoing supervision, and professional development activities.

0	10	20	30	40	50	60	70	80	90	100
Totally Unimportant		Of little importance			Of some importance		Of much importance		Critically Important	

8. In relation to being a fit and proper psychologist, is there anything about career-long learning that you would like to comment on?

Character

The following questions ask about things related to character. Character, as it pertains to fitness and propriety, incorporates criminal history, traits, self-awareness, personal responsibility, and an orientation to others.

9. How important is the presence of absence of a criminal history to the determination of fitness and propriety in psychologists?

0	10	20	30	40	50	60	70	80	90	100
Totally Unimportant	Of little importance			Of some importance		Of much importance			Critically Important	

10. In relation to being a fit and proper psychologist, is there anything about criminal history that you would like to comment on?

11. How important do you think **personality traits** are to being a fit and proper psychologist?

0	10	20	30	40	50	60	70	80	90	100
Totally Unimportant		Of little importance			Of some importance		Of much importance		Critically Important	

12. In relation to being a fit and proper psychologist, is there anything about traits or personalities that you would like to comment on?

- 13.** How important is **self-awareness** to being a fit and proper psychologist? Some of the things self-awareness incorporates for psychologists are clarity about the personal suitability of the profession, about personal boundaries, and about strengths and weaknesses.

0	10	20	30	40	50	60	70	80	90	100
Totally Unimportant		Of little importance			Of some importance		Of much importance			Critically Important

- 14.** In relation to being a fit and proper psychologist, is there anything about self-awareness that you would like to comment on?

15. How important is being able to take **personal responsibility** for oneself to being a fit and proper psychologist? This incorporates being able to take personal responsibility for functioning, decisions, and practice.

0	10	20	30	40	50	60	70	80	90	100
Totally Unimportant		Of little importance			Of some importance		Of much importance		Critically Important	

16. In relation to being a fit and proper psychologist, is there anything about personal responsibility that you would like to comment on?

- 17.** How important is being **oriented to others** to being a fit and proper psychologist? This incorporates a genuine interest in other people, respect for others, a desire to assist, and a desire to do the right thing by other people.

0	10	20	30	40	50	60	70	80	90	100
Totally Unimportant		Of little importance			Of some importance		Of much importance			Critically Important

- 18.** In relation to being a fit and proper psychologist, is there anything about having an orientation to others that you would like to comment on?

Conduct

The following questions ask about conduct. Conduct, as related to fitness and propriety, incorporates self-care, principled and virtuous behaviour, connectivity to the profession through involvement, and promotion of the profession.

- 19.** How important is **self-care** to be a fit and proper psychologist? Self-care incorporates regular measures to ensure work-life balance and physical and psychological health.

0	10	20	30	40	50	60	70	80	90	100
Totally Unimportant	Of little importance			Of some importance		Of much importance			Critically Important	

- 20.** In relation to being a fit and proper psychologist, is there anything about self-care that you would like to comment on?

- 21.** How important is **principled and virtuous behaviour** to being a fit and proper psychologist? Principled and virtuous behaviour incorporates following applicable codes and guidelines (principled behaviour), and being able to select the most appropriate and defensible course of action in a specific situation and act accordingly (virtuous behaviour).

0	10	20	30	40	50	60	70	80	90	100
Totally Unimportant		Of little importance			Of some importance		Of much importance		Critically Important	

- 22.** In relation to being a fit and proper psychologist, is there anything about principled and virtuous behaviour that you would like to comment on?

- 23.** How important is **connectivity through involvement** in the profession to being a fit and proper psychologist? Connectivity through involvement relates to the idea that each practitioner is part of a system by virtue of being part of the profession. A sense of connection to the profession might be fostered by being involved in professional organisations such the APS or it's colleges, being part of group professional development activities, being or having a mentor, being part of a peer supervision group, or through the act of supervision.

0	10	20	30	40	50	60	70	80	90	100
Totally Unimportant		Of little importance			Of some importance		Of much importance			Critically Important

- 24.** In relation to being a fit and proper psychologist, is there anything about connectivity through involvement in the profession that you would like to comment on?

25. How important is **promoting the profession** to being a fit and proper psychologist? How a psychologist behaves may influence not only how the individual practitioner is perceived but also how the profession is perceived. Promoting the profession incorporates endeavouring to promote the profession's interests. This might occur by working to ensure the profession is thriving, by being willing to raise problems with other psychologists or appropriate authorities, by networking across professions, or by expanding the areas where psychologists work.

0	10	20	30	40	50	60	70	80	90	100
Totally Unimportant		Of little importance			Of some importance		Of much importance			Critically Important

26. In relation to being a fit and proper psychologist, is there anything about promoting the profession that you would like to comment on?

27. Is there anything else about the elements in this questionnaire, or the idea of fitness and propriety in psychologists that you would like to comment on?

THANK YOU

Thank you for taking the time to complete this survey. Your contribution to my research is very much appreciated.

If you have any queries, please feel free to contact the researcher or her supervisor using the contact details supplied below. If you have any concerns or complaints about the research project and wish to talk to an independent person, you may contact the Research Ethics Officer by calling (08) 6304 2170 or emailing research.ethics@ecu.edu.au

Researcher

Francesca Bell
School of Psychology and Social Science
Edith Cowan University
270 Joondalup Drive
Joondalup 6027
fbell@our.ecu.edu.au

Supervisor

Professor Alfred Allan
School of Psychology and Social Science
Edith Cowan University
270 Joondalup Drive
Joondalup 6027
a.allan@ecu.edu.au
(08) 6304 5536

Appendix H

Health

Table H1 provides the themes relevant to the person feature of health, both physical and psychological. Physical and psychological health were combined into one table because of the number of comments made by participants that mentioned both psychological and physical health together. Table H2 shows the collapsed themes for health, and Table H3 lists the final moderating themes for health.

Table H1

Moderating Themes Related to the Person Feature Health

Moderating feature theme	Example quotation
Recency of issue	<i>If a person has a permanent disability e.g. blind, I do not think this would impact on their capability to function as a psychologist; my concerns are related to short to mid term disabilities where the psychologist may be adjusting to change.</i>
Avoidance of discrimination	<i>Being physically fit and mentally well are both important but having a history of say diabetes or a mental health diagnosis should not preclude being a fit and proper psychologist. There needs to be a careful balance between discrimination and legitimate impairment that makes one unfit to practise.</i>
Own therapy	<i>It is obvious to me through that [PhD research] and also my practical experience, that until a psychologist gets their own emotional issues out of the way they are incapable of effective helping.</i>
Importance of cognitive functioning	<i>Re physical health, I believe cognitive functioning is substantially important but I don't believe that things like poor motor skills or some physical disabilities are barriers to being a fit and proper psychologist.</i>
Recognition of humanity	<i>Like the rest of the population, psychologists can and do have a wide range of physical and mental health conditions across the course of their work as psychologists/during their lifetime.... Like the rest of the population, during those periods of less than ideal health, it can be reasonable and necessary to work and work can still be performed to a high standard.</i>
Personal responsibility	<i>It is crucial as a psychologist to seek to manage and monitor your own physical and psychological health ... the need to ensure you seek to maintain your own wellness is vital.</i>
Impact on practice	<i>Having experience of mental health conditions such as depression or anxiety certainly increases your ability to feel empathy for patients.</i>
Face validity	<i>I work largely in the area of behaviour change around smoking cessation and healthy eating. It is difficult to have 'face validity' with these clients if one is quite overweight.</i>
Practise what we preach	<i>That we apply the tools to our own lives that we use in the work with our clients.</i>
Role of psychologist	<i>The level of fitness required to some degree depends on the type of work and research you are undertaking. I work with a client group that can require high levels of physical fitness including undertaking a fitness test.</i>
Work setting	<i>The actual importance of physical health will differ from the context in which psychologists work. With modern technology a person with impaired hearing could, for instance, still do online therapy, but not be able to do psychological testing.</i>
Management	<i>I think a physical or mental health problem is only problematic when it is not managed well and when symptoms interfere with a person's ability to perform their duties.</i>

Table H2

Collapsed Moderating Themes Related to the Person Feature Health

Moderating feature themes	Collapsed theme
Recency of issue	Impact on practice
Impact on practice	
Importance of cognitive functioning	
Avoidance of discrimination	
Own therapy	Management
Personal responsibility	
Management	
Humanity	Consistency
Face validity	
Practise what we preach	Work context
Role of psychologist	
Work setting	

Table H3

Moderating Themes for Health

Themes
Impact on practice
Avoidance of discrimination
Own therapy
Management
Humanity
Validity
Work context

University Education

Table H4 shows the moderating feature themes that emerged in relation to the person feature university education. Table H5 shows the collapsed themes and Table H6 provides a list of the final moderating themes for university education.

Table H4

Moderating Themes Related to the Person Feature University Education

Moderating feature theme	Example quotation
Breadth	<i>I feel that psychologists should be knowledgeable about others' culture, history, religion, etc., as they are about their own. Philosophy also links into psychology. While it is not always possible to get someone to be open to experience/learning, learning at university should never be narrow.</i>
Life experience	<i>Although I am aware that university education varies between institutions, I believe that very young people, very often (not always), do not have the life experience to be able to integrate many of the psychological phenomena, client presenting issues, and basic counselling skills that are required of a practising psychologist.</i>
Own therapy	<i>Psychotherapy during university training should be a 'must'!</i>
Maturity	<i>University education will provide academic knowledge. What is vital when working with clients is maturity and adult experience – 'Life Experience' – I consider that young graduates with a PhD in psychology may have the education but they do NOT have mature life experience and wisdom that only age and life can deliver.</i>
Over-reliance	<i>As a previous academic, I know many students who were intellectually accomplished and socially inept as well as students who were academically average but extremely canny at dealing with people. Basic academic knowledge is needed to be a good psychologist—mainly to make one aware of how much one doesn't know and to equip one with skills to find information about diverse topics. However, academic achievement absolutely does not equip one to be a fit and proper psychologist.</i>
Career path	<i>I think the career path you want to follow should determine the type and length of education you complete.</i>
What is taught	<i>The value of education is critically dependent on what is taught, not simply having been taught something.</i>
Who teaches	<i>Skilled, credible lecturers and course controllers—often psychologists working outside the university with real life experience—make a big difference to how much you learn and the value of your education.</i>
Method of teaching	<i>The courses that have most benefited me had a practical component.</i>
Global relevance	<i>I think that in this global community Australia needs equivalent qualifications to other countries. This appears to be emerging as an important aspect of the profession. Due to this need it is irrelevant what I feel are necessary years required for basic knowledge.</i>

Table H5

Collapsed Moderating Themes Related to the Person Feature University Education

Moderating themes	Collapsed theme	
Breadth	}	Wisdom
Life experience		
Maturity		
Own therapy	}	Learning experience
Over-reliance		
Career path		
What is taught		
Who teaches		
Method of teaching	}	Learning experience
Global relevance		

Table H6

Moderating Themes for University Education

Themes
Breadth
Wisdom
Own therapy
Over-reliance
Career path
Learning experience
Global relevance

Career-long Learning

Table H7 shows the moderating themes that emerged in relation to the person feature career-long learning. Table H8 shows the collapsed themes and Table H9 provides a list of the final moderating themes for career-long learning.

Table H7

Moderating Themes Related to the Person Feature Career-long Learning

Moderating theme	Example quotation
Protection	<i>It helps to keep you from wandering down an incorrect path.</i>
Avoid complacency	<i>Mitigates egocentric complacency.</i>
Impact on practice	<i>In my opinion any psychologist who does not engage in reflective practice and career-long learning is likely to be delivering sub-optimal services.</i>
Best way to learn	<i>I think this is the best way to learn – attending workshops and master classes while you are seeing clients so you can apply your learning directly.</i>
Connection	<i>Connection with your profession and its ethics and values through PD and supervision is most likely to protect you when you are vulnerable from poor decisions and poor practice.</i>
Own therapy	<i>I believe that personal therapy should be required on top of the regular supervision process.</i>
Stage of career	<i>I think that ongoing learning is very important but there comes a time in one's career where the benefit of 'supervision' from peers is less an issue than collegial discussion and debate. At this stage of my career and in the field of work I'm in, I find it difficult to find someone who I think I would benefit from being 'supervised' by, in the strict sense of the word. The usual understanding of supervision fits better for those who are at an early stage in their career. I'm very happy to discuss cases and approaches though.</i>
Efficacy indeterminate	<i>It is often difficult to determine quality and standardise this and attending lots of courses doesn't always equate to being proficient to practise in those areas.</i>
Attitude	<i>Career-long learning involves far more than supervision and accruing PD points! It is an attitude to professional growth, which can't be easily measured.</i>
Awareness	<i>Personal and professional awareness is critical to the role and PD and supervision help with that.</i>

Table H8

Collapsed Moderating Themes Related to the Person Feature Career-long Learning

Moderating themes		Collapsed theme
Protection	}	Protection
Connection		
Avoid complacency	}	Awareness
Awareness		
Impact on practice		
Best way to learn		
Own therapy		
Stage of career		
Efficacy		
Attitude		

Table H9

Moderating Themes for Career-long Learning

Themes
Protection
Awareness
Impact on practice
Best way to learn
Own therapy
Stage of career
Efficacy
Attitude

Criminal History

Table H10 shows the moderating themes that emerged in relation to the person feature criminal history. Table H11 shows the collapsed themes and Table H12 provides a list of the final moderating themes for criminal history.

Table H10

Moderating Themes Related to the Person Feature Criminal History

Moderating theme	Example quotation
Circumstances of offence	<i>Criminal history can obviously be due to individual circumstances and experience and does not have to indicate deep character and personality flaws, which would render an individual unfit to practise.</i>
Rehabilitation	<i>It is possible for a person to have a criminal history and to become rehabilitated and a fit and proper person to practise again as a psychologist.</i>
Impact on practice	<i>Rehabilitated or petty crime, particularly if having occurred many years ago may actually add to the psychologist's knowledge and ability to empathise/work with disadvantaged individuals.</i>
Age at offence	<i>Age of crime – young people more impulsive/still developing..</i>
Pattern of behaviour	<i>Pattern of offending (ie multiple vs single offences).</i>
Work setting	<i>I would say it is dependent on ... the work environment.</i>
Circumstances of conviction	<i>Often the nature of the law determines whether an individual should plead guilty or innocent. This is a far more complex question than would seem at first blush.</i>
Harm	<i>Whether any person was harmed by those actions.</i>
Role	<i>Convicted of child or sexual abuse and working with survivors of abuse or with kids would be a definite no.</i>
Role model	<i>We need to be positive role models to our clients.</i>
Values	<i>Psychologists should have an internal locus of control and a genuine belief that rules/laws are necessary. Psychologists should WANT to do the right thing by others, not be governed by how likely they are to be caught out and what the negative consequences of this would be.</i>
Representative accuracy	<i>The absence of a criminal history does not necessarily mean that an individual has not partaken in criminal activities.</i>

Table H11

Collapsed Moderating Themes Related to the Person Feature Criminal History

Moderating themes	Collapsed theme
Circumstances of offence	Offending variables
Age at offence	
Pattern of behaviour	
Circumstances of conviction	
Harm	
Work setting	Work context
Role	
Impact on practice	
Rehabilitation	
Values	
Representative accuracy	

Table H12

Moderating Themes for Criminal History

Themes
Offending variables
Work context
Impact on practice
Rehabilitation
Values
Representative accuracy

Traits

Table H13 shows the moderating themes that emerged in relation to the person feature of traits. Table H14 shows the collapsed themes and Table H15 provides a list of the final moderating themes for traits.

Table H13

Moderating Themes Related to the Person Feature Traits

Moderating theme	Example quotation
Severity	<i>In terms of being a fit and proper psychologist, it's a question of balance. We all to some extent have personality traits, i.e. some narcissism levels, some abandonment levels. It is when these become extreme that can cause problems.</i>
Impact on practice	<i>The impact of personality traits on practice would vary depending on the type of trait and how much the psychologist allowed these traits to influence their work with clients.</i>
Awareness	<i>As a fit and proper psychologist, we need to be aware of our own traits and how they can be helpful/unhelpful.</i>
Role	<i>Whilst some traits may be ideal, the profession is very broad and there could not possibly be an "ideal" profile for a psychologist, let alone a specific role.</i>
Work setting	<i>This again relates to the area of practice. Some of the brightest do not have traits or personality suitable for different areas of practice. Go to any university and see this!</i>
Values	<i>How one applies self in any vocation is more important than measured traits. Character includes values, commitment and application. These are much more important than personality.</i>

Table H14

Collapsed Moderating Themes Related to the Person Feature Traits

Moderating themes		Collapsed theme
Severity	}	Impact on role
Impact on practice		
Awareness		
Role	}	Work context
Work setting		
Values		

Table H15

Moderating Themes for Traits

Themes
Impact on practice
Awareness
Work context
Values

Self-Awareness

Table H16 shows the moderating themes that emerged in relation to the person feature self-awareness. Table H17 shows the collapsed themes and Table H18 provides a list of the final moderating themes for self-awareness.

Table H16

Moderating Themes Related to the Person Feature Self-Awareness

Moderating Theme	Example Quotation
Client focus	<i>The ability to know your own beliefs, likes, dislikes and prejudices is extremely important so you can control their impact on the therapeutic relationship you have with your clients.</i>
Avoid burn-out	<i>Their own psychological wellbeing relies on them having the self-awareness to know when they need self-care, so that burn-out can be avoided.</i>
Consistency	<i>If we can't be self-aware in our practice how can we expect that from our clients.</i>
Ongoing endeavour	<i>Self-awareness is very important but also always developing and ever-changing and although I think it is 100% critically important to continually strive for self-awareness for effective practice as a psychologist, it is never 100% attained.</i>
Not age related	<i>It is not age related, that is, being older doesn't necessarily mean 'wiser'. I have met many younger psychologists who have much more highly enhanced sense of self and boundaries than some more experienced psychs.</i>
Impact on practice	<i>I have seen some diabolical breaches of what I believe and have been trained to consider good practice as a result of lack of self-awareness on the part of trainees and experienced colleagues.</i>
Work context	<i>In clinical or counselling psych. this is critically important but perhaps it is somewhat less important in organisation, sport or academic psych.</i>
Interactive support	<i>Self-awareness compensates for most other deficits if it is backed up by a willingness and ability to change.</i>
Own therapy	<i>As part of the US training model it was mandated that we undertake our own psychotherapy in order to address this very issue – it could not have been more valuable.</i>

Table H17

Collapsed Moderating Themes Related to the Person Feature Self-Awareness

Moderating themes		Collapsed theme
Client focus	}	Protection
Avoid burn-out		
Impact on practice		
Ongoing endeavour		
Not age related		
Consistency		
Work context		
Interactive support		
Own therapy		

Table H18

Moderating Themes for Self-Awareness

Themes
Protection
Impact on practice
Ongoing endeavour
Not age related
Consistency
Work context
Interactive support
Own therapy

Personal Responsibility

Table H19 shows the moderating themes that emerged in relation to the person feature of personal responsibility. There were no collapsed themes for personal responsibility so table H20 provides a list of the final moderating themes for personal responsibility.

Table H19

Moderating Themes Related to the Person Feature Personal Responsibility

Moderating theme	Example quotation
Limited ownership	<i>It is very important to take personal responsibility for one's functioning, decisions and practice as a psychologist but it can be an occupational hazard to sometimes take on too much personal responsibility, and it is important to recognise any outside factors that may be influencing those domains.</i>
Consistency	<i>It's all about personal responsibility. How do we expect our clients to take responsibility when we, as psychologists, aren't prepared to do the same.</i>
Connection facilitates	<i>I believe we need to maintain contact with trusted friends and colleagues who will give us honest advice in this regard if needed.</i>
Work context	<i>Especially in private practice.</i>

Table H20

Moderating Themes for Personal Responsibility

Themes
Limited ownership
Validity
Connection facilitates
Work context

Other Orientation

Table H21 shows the moderating themes that emerged in relation to the person feature of other orientation. There were no collapsed themes for other orientation so Table H22 provides a list of the final moderating themes for other orientation.

Table H21

Moderating Themes Related to the Person Feature Other Orientation

Moderating theme	Example quotation
Balance	<i>It is also necessary to be mindful of self-care when being oriented to others.</i>
Non-egocentric	<i>Extremely important. One caution. Psychologists can project a need to help others, which is really a need to help themselves. It needs to come from heart or passion rather than ego needs.</i>
Work context	<i>Again, depends on the areas of practice. If you are an academic stats person, it is probably not necessary to have all the human relationship skills required of clinical practice. However, for most, if you are not interested in people, don't like helping people, are judgmental, try to rescue others, think you 'know it all', have poor personal boundaries, you are in the wrong job as a psychologist!</i>
Values	<i>I think one has to have a fully evolved moral hierarchy and be oriented to doing the right thing by your clients, community and profession. You have too much influence and power to not be really scrupulous about those things. However, as an organisational psychologist I am not compelled to do this because I have needy clients, rather my clients are executives, politicians, and unionists – and they are certainly far from being needy or vulnerable. Rather I need these qualities so that I can maintain my own standards of professionalism.</i>

Table H22

Moderating Themes for Other Orientation

Themes
Balance
Non-egocentric
Work context
Values

Self-care

Table H23 shows the moderating themes that emerged in relation to the person feature of self-care. Table H24 shows the collapsed themes and Table H25 provides a list of the final moderating themes for self-care.

Table H23

Moderating Themes Related to the Person Feature Self-Care

Moderating theme	Example quotation
Consistency	<i>The best thing you can ever do is model appropriate behaviour and practise what you preach.</i>
Impact on practice	<i>This is very important. Lack of self-care leads quickly to burn-out, which affects the individual significantly and will undermine their work with clients.</i>
Balance	<i>Whilst extremely important it is something that is a difficult balance for many psychologists to achieve as we are prone to being helpful, and therefore putting self further down the priority list.</i>
Undervalued	<i>This is an area often neglected by psychologists and the organisations that they work for.</i>

Table H24

Collapsed Moderating Themes Related to the Person Feature Self-Care

Moderating themes	Collapsed theme	
Consistency		
Impact on practice		
Balance	}	Balance
Undervalued		

Table H25

Moderating Themes for Self-Care

Themes
Consistency
Impact on practice
Balance

Principled and Virtuous Behaviour

Table H26 shows the moderating themes that emerged in relation to the person feature of principled and virtuous behaviour. Table H27 shows the collapsed themes and Table H28 provides a list of the final moderating themes for principled and virtuous behaviour.

Table H26

Moderating Themes Related to the Person Feature Principled and Virtuous Behaviour

Moderating theme	Example quotation
Humanity	<i>It is important but we are only human; so long as we change if we make a mistake.</i>
Reputation of profession	<i>I think this is critically important in order to maintain the propriety and reputation of the profession.</i>
Risk to psychologist	<i>My first supervisor advised (warned?) me that every person that comes through the door has the potential to report/sue – therefore principled and virtuous behaviour is essential for a practitioner.</i>
Risk to clients	<i>Vital to protect the interests of your clients.</i>
Trust	<i>For me, this is one of the most important issues because our clients put their trust in us to do the right thing – we need to be worthy of that trust.</i>
Values	<i>There seems to be some belief that if the codes and guidelines are followed then good practice will be the result. This is simply not true. Obviously there are some ethical issues that are very clear, but most are not so, and decisions about what to do are difficult, and very often there are no ‘right’ answers.</i>
Impact on practice	<i>The guidelines are the lowest common denominator, and our belief systems may actually hold us to a higher standard. These are important and it is vital that we are aware of them to ensure they impact our work in a positive way.</i>
Private behaviour	<i>We are guided by the standards and ethical codes of our profession, work hard to seek to gain membership of this profession, and then need to seek to uphold these standards in both our personal and professional lives. Living and working in rural and remote community, this is of significant importance.</i>
Public behaviour	<i>I think it is important that this be seen in the public arena as well – I have recently been involved in a dispute with another psychologist over unpaid rent.... In this instance the mediator of the dispute expressed to me his concern that someone who was capable of such spiteful and vengeful actions was actually working in the field of psychology.</i>

Table H27

Collapsed Moderating Themes Related to the Person Feature Principled and Virtuous Behaviour

Moderating themes	Collapsed theme
Humanity	
Reputation of profession	Protection
Risk to psychologist	
Risk to clients	
Trust	
Values	
Impact on practice	
Private behaviour	Behavioural alignment
Public behaviour	

Table H28

Moderating Themes for Principled and Virtuous Behaviour

Themes
Humanity
Protection
Values
Impact on practice
Behavioural alignment

Connectivity through Involvement

Table H29 shows the moderating themes that emerged in relation to the person feature of connectivity through involvement. Table H30 shows a list of the final moderating themes for connectivity through involvement, as there were no collapsible themes.

Table H29

Moderating Themes Related to the Person Feature Connectivity Through Involvement

Moderating theme	Example quotation
Interactive support	<i>Connectivity promotes and supports other key factors such as self-awareness.</i>
Reassurance	<i>Regular contact with colleagues and formal supervision with a more experienced psychologist has assisted me enormously in my career and I have always debriefed and consulted others as needed. Obtaining reassurance about clinical decisions and/or another perspective makes my work much easier.</i>
Type dependent	<i>I personally don't consider it important to be a member of groups such as the APS (although I am), I believe supervision/peer consultation is important for a number of different reasons though.</i>
Affirm career choice	<i>Connectivity helps reaffirm our career choice (why we decided to become a psychologist). However, I find this more through PD activities rather than through membership of the APS.</i>

Table H30

Moderating Themes for Connectivity Through Involvement

Themes
Interactive support
Reassurance
Type dependent
Affirm career choice

Promotion of the Profession

Table H31 shows the moderating themes that emerged in relation to the person feature promotion of the profession. Table H32 shows a list of the final moderating themes for promotion of the profession, as there were no collapsible themes.

Table H31

Moderating Themes Related to the Person Feature Promotion of the Profession

Moderating theme	Example quotation
Formal vs informal	<i>Everything we do will affect how others perceive our profession. I am not much involved in formal promotion of our profession but respect others who do this.</i>
Individual ability	<i>This is important for the profession, as we have not always been so good at promoting ourselves professionally in the past. However, it is also about understanding where individuals are at in relation to their career development, and life, in that many psychologists are working part-time, juggling family commitments with ongoing PD, work and the rest of their life – placing additional and at times onerous expectations will not necessarily benefit the individual or the profession.</i>

Table H32

Moderating Themes for Promotion of the Profession

Themes
Formal vs informal
Individual ability

General and Specific Moderators

Upon review, it became apparent that some of the moderating themes were common to more than one of the person features. These common themes were termed general moderators. The remaining moderating themes that were germane to only one person feature were termed specific moderators. Table H33 shows the general moderators and the person features that they each related to.

Table H33

General Moderating Themes and Related Person Features

General moderators	Related person features
Impact on practice	Health Career-long learning Criminal history Traits Self-awareness Self-care Principled and virtuous behaviour
Work context	Health Criminal history Traits Self-awareness Personal responsibility Orientation to others
Consistency	Health Criminal history Self-awareness Personal responsibility Self-care
Own therapy	Health University Career-long learning Self-awareness
Values	Criminal history Traits Orientation to others Principled and virtuous behaviour
Protection	Career-long learning Self-awareness Principled and virtuous behaviour
Humanity	Health Principled and virtuous behaviour
Awareness	Career-long learning Traits
Balance	Orientation to others Self-care
Interactive support	Self-awareness Connectivity through involvement