

Registered counsellors and professional work in South African psychology

Esther Abel

Department of Psychology, University of Cape Town

Johann Louw

Department of Psychology, University of Cape Town, Rondebosch, 7701, South Africa

Johann.Louw@uct.ac.za

All registered counsellors on the database of the Professional Board for Psychology of the Health Professions Council of South Africa were surveyed to establish their demographic characteristics and the nature of their employment. A relatively low number of counsellors ($N = 256$) have registered since the creation of the category "registered counsellor", and not many register each year. Responses were received from 82 counsellors (response rate 32.8%). Of the sample, only 46% are actually working as registered counsellors. The majority are white women who work in urban areas. Results also indicate that only 12 of them are working as full-time registered counsellors, while the rest work in some part-time capacity. The majority are quite negative about their chosen profession and about the role of the Professional Board. These results cast serious doubt on the likelihood that the category will live up to initial expectations.

Keywords: profession; psychology; registered counsellor; South Africa

Since its recognition as a fully-fledged profession in 1974, with the promulgation of the Medical, Dental, and Supplementary Health Service Professions Act, No. 56, South African psychology has accepted the need for another tier of professional practitioner, second to that of psychologist. Up to the late 1990s, there were three tiers of professional practice in South African psychology: psychologists, psychometrists and psychotechnicians. Psychotechnicians were persons with a Bachelor's degree in psychology and six months' practical training. This category was closed in 2002 and no further registrations were accepted (Professional Board for Psychology, 2008). The other two categories still exist: psychologists qualify on the basis of a Master's degree and 12 months' supervised practice; psychometrists with a four-year degree in psychology and six months' practical training. The core competencies of psychologists, as defined by the Professional Board for Psychology of the Health Professions Council of South Africa (HPCSA), are psychological assessment, psychological intervention, and expertise in referral. Psychometrists administer, score, interpret and give feedback on test results (Professional Board for Psychology, 2005a).

At the end of the 1990s, the Professional Board put forward a new practice framework (see Professional Board for Psychology, 2006), adding the category of "registered counsellor" at the same professional level as the psychometrist category. Registered counsellors are the focus of the present study.

Although direct comparisons are difficult to make, other countries also make provision for one or more levels of professional practice in psychology. In the Canadian province of Ontario, for example, the College of Psychologists of Ontario regulates both psychologists and "psychological associates" as health service providers (College of Psychologists of Ontario, 2007). The College does not distinguish between psychologists and psychological associates with respect to scope of their practice or controlled/authorized acts. The only difference is in their training. Psychological associates have a Master's degree in psychology and psychologists a doctorate. In the Netherlands, the Dutch Institute for Psychologists recognises training for three levels of such professionals who act in support of psychologists. Test assistants provide the most basic services and administer and score psychological tests. Psychological associates work more independently, as they are permitted to

compile, administer, score, and interpret psychological test batteries, and also provide feedback to clients. Psychological-pedagogical assistants provide support to psychologists typically working in the educational domain. Training is based on practice rather than higher education (Nederlands Instituut van Psychologen, 2007).

The category of registered counsellor was launched in South Africa in 2003. As in the case of the category “psychometrist”, four years’ training in psychology as well as a six months’ practicum in a designated practice area are required. The required qualification is an accredited four-year degree, either B.Psych or an equivalent Psychology Honours degree. At present the practice fields are Career Counselling, Trauma Counselling, Community Mental Health, Family Counselling, School Counselling, Sport Counselling, HIV&AIDS Counselling, Human Resources, Pastoral Counselling and Employee Well-Being (Professional Board for Psychology, 2005b). The Board also lists the core competencies associated with the category in the same document, and these are summarised in Table 4. Recently the Professional Board proposed to change the title from “registered counsellor” to “psychological counsellor” (Elkonin & Sandison, 2006).

The category was created to make basic primary psychological counselling services available to previously disadvantaged communities in South Africa. The Board conceptualised counsellors as persons working at a primary and community level to provide psychological services to those who would be under-served in this regard. Their scope of practice is therefore constrained when compared to what a psychologist may do, e.g. the “execution of more formalised, structured and short-term interventions at the primary curative/preventative levels across the scope of psychology”. These require the “application of concrete and pre-determined decision-making rules, and are likely to comprise the bulk of services offered in psychology in the country” (Professional Board for Psychology, 2005b, p. 2). The registered counsellor is furthermore allowed to identify symptoms for referral and to conduct basic, short-term psychological interventions such as supportive counselling.

Given the introduction of a new practice framework, and the ambitious expectations the local psychological community has for these practitioners (see Health Professions Council of South Africa, 2001), it is essential to obtain rapid feedback on who they are and what they are doing in order to judge the success of the experiment. As far as could be ascertained, only two studies have addressed this question: Elkonin and Sandison (2006), and Kotze and Carolissen (2005). Both studies have focused on employment patterns, success in registering and finding work. The findings that emerged from their studies raise early warning signals about the functioning of the category. Elkonin and Sandison’s survey of B. Psych graduates of the Nelson Mandela Metropolitan University (NMMU) revealed that of 62 respondents, only 26% ($n = 16$) had written the Professional Board examination and 19% ($n = 12$) had successfully registered with the Board. Even more worrying was the fact that only six were working as registered counsellors.

Kotze and Carolissen’s (2005) survey revealed that of the 69 B.Psych. graduates from the University of Stellenbosch and the University of the Western Cape, only 15% were employed as registered counsellors. None was employed in the public health sector — the opposite of what the Board envisaged. More than half of the respondents had continued with studies outside the profession of Psychology because of a perceived lack of work opportunities, professional and public ignorance concerning the competencies of registered counsellors and problems with the Professional Board examination.

In the present study we attempt to extend the surveys conducted by the four authors mentioned above by including all counsellors registered with the Professional Board for Psychology in 2007. The survey attempted to provide answers to two questions:

- Who are the registered counsellors?
- What kinds of work do they do?

METHOD

Procedure

A list of registered counsellors was obtained from the HPCSA in May 2007. The list included names,

postal addresses, registration numbers, registration dates, gender, and race. All registered counsellors ($N = 256$) were contacted via an initial letter that was sent to their postal addresses, inviting them to participate in the study. They were directed to a website where they could complete the questionnaire, and the majority of respondents ($n = 44$) completed the survey online. The letter also contained the e-mail address of the first author, and some asked for the questionnaire to be emailed ($n = 25$) or posted to them in hard copy ($n = 10$). Extra efforts were made to encourage counsellors to participate: it was possible to locate the telephone numbers of many of them by means of the online White Pages telephone directory. They were contacted and three respondents preferred to be interviewed telephonically.

Participants

Of the 256 letters, five were returned as undelivered. Eighty-two counsellors (32.8%) responded and agreed to participate in the study. Table 1 shows the sample and population characteristics, and indicates that the sample is not substantially different from the population in terms of available demographic data concerning race, gender and region where living.

Table 1. Demographic characteristics of registered counsellors

	Population ($N = 256$)		Sample	
	Percentage	n	Percentage	n
Gender				
Males	14.8 %	(38)	14.6 %	(12)
Females	85.2 %	(218)	85.4 %	(70)
Race				
White	59.8 %	(153)	65.9 %	(54)
African	22.7 %	(58)	18.3 %	(15)
Coloured	9.0 %	(23)	9.8 %	(8)
Asian/ Indian	7.0 %	(18)	6.1 %	(5)
Other	1.6 %	(4)	0 %	(0)
Region				
Gauteng	49.2%	(126)	50.0%	(39)
Western Cape	19.1%	(49)	20.5%	(16)
Eastern Cape	9.8 %	(25)	11.5 %	(9)
Northern Province/Limpopo	7.4 %	(19)	5.1%	(4)
Kwa-Zulu Natal	6.6 %	(17)	5.1%	(4)
Free State	2.7%	(7)	1.3%	(1)
Mpumalanga	2.0 %	(5)	1.3%	(1)
Northern Cape	2.0 %	(5)	1.3%	(1)
North West	1.2 %	(3)	3.8%	(3)

Instrument

A survey instrument was constructed to address the main research questions, and included sections on demographic details, work environment, the scope of their jobs, income and their perceptions of the registration category. The studies of Benjamin and Louw-Potgieter (2008), Elkonin and Sandison (2006), and Gardner (2006) provided useful starting points. The full questionnaire is available from the second author.

RESULTS AND DISCUSSION

The first significant finding is simply the overall *number of counsellors who had registered* after four years, namely, 256. This is a relatively low number, given the declared intention with which the category was created, which was to make basic primary psychological counselling services available to

previously disadvantaged communities in South Africa. The Professional Board records further reflect that the rate at which new counsellors register each year is low, although on a rising trajectory: 20 in 2005 and 35 in 2006. By contrast, in 2002 alone 433 psychologists were registered for the first time (Skinner & Louw, in press). On average, approximately 320 psychologists register every year as newly qualified practitioners. Thus registered counsellors are added to the profession at a much lower rate than psychologists.

The *characteristics* of the population (Table 1) reveal a familiar pattern in South African psychology (Skinner & Louw, in press): women, and whites, dominate (85% and 59%, respectively). Women also form a substantial majority among registered psychologists (67% in 2004), as do whites (82%) (Shefer, Shabalala, & Townsend, 2004). Fifty-eight (22.7%) of the registered counsellors were African, 23 (9%) coloured, and 18 (7%) Indian. When race and gender were disaggregated further, 131 (51%) were white women and 50 (20%) were African women. Furthermore, nearly half of the counsellors resided in Gauteng (49.2%, $n = 126$), with a further 19.1% ($n = 46$) in the Western Cape. Once again, this trend corresponds to the geographical distribution of registered psychologists: the records of the Professional Board (Skinner & Louw, in press) show that of the 5 431 psychologists registered in 2004, half were located in Gauteng (50.7%, $n = 2752$) and 22% ($n = 1195$) in the Western Cape. It should be of some concern that counsellors are concentrated in two provinces, and in relatively urban areas, as it creates uncertainty concerning the prospects of their being able to supply primary psychological services to previously disadvantaged communities.

A second finding of note was that only 38 (46%) out of the total of 82 registered counsellors were *working as registered counsellors*. At national level, this trend echoes the findings of Elkonin and Sandison (2006) at NMMU, who found that only 16 (26%) of their graduates had written the examination of the Professional Board, and that only 12 (19%) had actually registered. In both studies, the main reason was the difficulty they experienced in finding employment as registered counsellors. Some ($n = 9$) were continuing with their studies, as Kotze and Carolissen (2005) also found. Those who had failed to find employment within their profession were working in employee health and wellness programmes, as change managers, human resources practitioners, administrative clerks, reading therapists, and teachers of life orientation. Many stated that despite the fact that they were not working within their profession, they felt that their training had given them useful skills to use in their work environment. Elkonin and Sandison's respondents also found the skills and abilities they acquired in their training useful in alternative forms of employment.

The *practice domains* in which the respondents specialise are reflected in Table 2. Trauma counselling (21.5%, $n = 26$) and Community Mental Health (21.5%, $n = 26$) were the most prominent practice domains. These results suggest that most registered counsellors specialise in the health and education sectors, with the domain of organisational psychology, as represented by Employee Wellbeing and Human Resources, lagging far behind. (This hints at an underlying issue that is not well-researched in South African psychology, namely, the question of how appropriate is regulation via a *health professions act* for research psychology and organisational psychology? The formulation of the Act and its description of psychological services reflect the concerns of a discipline active in the health field, which is often an uneasy fit for the activities of these two sub-disciplines.)

The majority of the respondents spoke English as a first language (57.3%, $n = 47$), followed by Afrikaans speakers (24.4%, $n = 20$). Only 18% ($n = 14$) had an African language as home language. As may be expected, the majority were young: 67% ($n = 55$) were between the ages of 21 and 30. Most of them (63.4%, $n = 52$) had qualified via the B. Psych route, and 16 (19.5%) had entered with an accredited general Psychology Honours degree. Fourteen respondents (17.1%) had obtained their degree at the University of Johannesburg, 12 (14.6%) at the NMMU and 11 (13.4%) at the University of the Western Cape. The remainder were from the University of Cape Town (2), Midrand Graduate Institute (3), the University of Venda (3), the University of KwaZulu-Natal (4), the University of the Witwatersrand (4), the University of Stellenbosch (5), North-West University (7), the University of South Africa (8), and the University of Pretoria (9).

Table 2. Distribution of practice domains of the registered counsellor sample

Practice domains	%	<i>n</i>
Trauma Counselling	21.5	26
Primary Mental Health	21.5	26
School Counselling	14.9	18
HIV&AIDS Counselling	19.4	18
Career Counselling	9.1	11
Family Counselling	7.4	9
Employee Well-Being	5.0	6
Human Resources	2.5	3
Sport Counselling	1.7	2
Pastoral Counselling	1.7	2

Note: As the number of practice domains by each participant varied, the total frequency exceeds the 82 respondents to the survey. $N = 121$.

The remainder of this section deals with the 38 respondents in this study who worked in their professional capacity.

As one could expect from the overall geographic distribution, the 38 respondents who work as registered counsellors were found mostly in urban areas: Johannesburg (34.2%, $n = 13$), followed by Cape Town (23.7%, $n = 9$), Port Elizabeth (15.8%, $n = 6$) and Pretoria (10.5%, $n = 4$). Counsellors (and psychologists) are concentrated in urban areas for a reason — this is where the “friends and supporters” of the psychological disciplines are congregated (Kadushin, 1969). Put differently, it is in urban areas where people increasingly interpret their lives in psychological terms, where they are “psychologised” (Jansz & Van Drunen, 2004).

A substantial part of the questionnaire covered the working life of registered counsellors: their practice domain, type of employment, job title, etc. Many respondents (61.7%, $n = 45$) indicated that it had been “very difficult” or “fairly difficult” to find employment as registered counsellors. Elkonin and Sandison’s (2006) graduates stated it had been “nearly impossible” to find work as registered counsellors.

Five out of 15 African respondents were working as counsellors. This is worrying, since it implies that African counsellors had more difficulty finding employment within their profession than others. There was no specific advantage for counsellors in graduating from specific universities, at least not as far as the present data are concerned. In this group the practice domains of Trauma Counselling ($n = 15$, 25.9%) and Community Mental Health ($n = 10$, 17.2%), dominated, although HIV&AIDS Counselling was also well-represented ($n = 10$, 17.2%). It would seem that it was most difficult to find employment in Community Mental Health (10 out of 26 who qualified worked as such), School Counselling (7 out of 18 who qualified), and Career Counselling (5 out of 11 who qualified). None of the respondents worked in the domain of Human Resources.

In terms of employment area, the 38 respondents who worked as registered counsellors gave 60 responses (Table 3). Nineteen (31.7%) indicated that most of their work was in private practice, and 18 (30%) in the public sector. In the present sample the educational domain (universities and high schools) was best represented as a work setting — 41% of responses. This suggests that this sector has been better informed about the work that counsellors can do. As may be expected, volunteer work is done mainly in the public sector or for NGOs. Examples of NGOs were Family Life Centres, Life Line, Rape Crisis, FAMSA and victim empowerment programmes. Elkonin and Sandison (2006) established that NGOs “expressed positive acceptance and keen interest” (p. 601) towards the registration category.

When asked what their job titles were, the answers covered a wide range: school counsellor (typically in schools); junior student counsellor (at university); and registered counsellor, registered psychological counsellor and psychological counsellor (in private practice). Those working in NGO

settings referred to themselves as trauma counsellors, registered counsellors, or simply counsellors. In private organisations, professionals took the label of their area of clientele and added “counsellor”, such as addiction, support group, or performance wellness counsellor. Although one can understand the need for accepting such a range of titles, in the long run this does not contribute to a stable and recognised identity for this particular group of professionals, especially when the recognisability factor among its prospective clients is reportedly low. Registered counsellors report to a variety of superiors: psychologists, school principals, directors or heads of department and social workers.

Table 3. Sector of employment where registered counsellors work

	<i>n</i>	%		<i>n</i>	%
Private Practice			NGO		
Full Time	9	15.0	Full Time	7	11.7
Part Time	10	16.7	Part Time	3	5.0
Volunteer	0	0.0	Volunteer	2	3.3
Public Sector			Private Sector		
Full Time	10	16.7	Full Time	9	15.0
Part Time	4	6.7	Part Time	2	3.3
Volunteer	4	6.7	Volunteer	0	0.0

Note: As the number of employment sectors by each participant varied, the total frequency exceeds the 38 respondents who were working as registered counsellors ($n = 60$).

In terms of *work content*, only 12 of the 38 respondents worked full-time as registered counsellors, while a further eight worked half-time. The rest worked less than 10 hours per week in their chosen professional category. Almost all of them indicated that they worked with clients — some saw as many as 20 clients per week and some as few as five clients per week. When a rough calculation was done, it was estimated that the 38 counsellors in this section of the study provided psychological services to approximately 420 clients per week. Almost three-quarters of these clients were women. It was interesting to observe that very few counsellors saw clients of one race group exclusively. Almost all of them had some mixture of white, African, coloured and Indian clients. Their clients also tended to be young, as nearly 60% of them were under the age of 30.

Table 4 presents data on the extent to which registered counsellors perform the core competencies specified by the Professional Board for Psychology. Referrals to peer professionals and senior specialists occurred less often than the other competencies. In addition, 25 of the registered counsellors engaged in various types of training activities, and 22 were involved in project implementation. The practice framework further directs registered counsellors to engage in training, to be able to implement and manage projects and to conduct research on a general basis (Professional Board for Psychology, 2005b). Almost predictably, some (14) registered counsellors engaged in research activities, something that few psychologists do. Viljoen, Beukes and Louw (1999) found that about 63% of psychologists who had graduated from the University of the Free State did not spend ‘any’ time doing research. Gardiner (2006) found an even higher percentage (87%) of clinical psychologists graduating from the University of Cape Town not spending time on research activities.

Respondents ($n = 26$) indicated that they used a range of psychological tests, including the South African Vocational Interest Inventory, the Differential Aptitude Test, the Junior and Senior South African Individual Scales, the Myers-Briggs Type Indicator, Raven’s Progressive Matrices, the 16PF, and the Bender Visual Motor Gestalt Test. The scope of practice for registered counsellors excludes the use of projective, specialist neuropsychological and diagnostic tests. One would have to know more about these practices before stating that counsellors transgress the boundaries of their scope of practice.

For many, registration as a counsellor was a stepping-stone towards becoming a psychologist: half of them ($n = 19$) intended to qualify as a psychologist at a later stage. Forty percent of Elkonin

and Sandison's (2006) sample of B. Psych graduates of NMMU had the same objective, and 23% were already in Master's programmes.

Table 4. Registered counsellors engaging in core competencies specified by the Professional Board for Psychology

	Never (with no client)		Sometimes (with less than half clients)		Often (with more than half clients)		Always (with every client)		N/A	
	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>
	General screening/ interpretation of psychological functioning	13.9%	5	27.8%	10	25.0%	9	27.8%	10	2.8%
Identification of symptoms for referral	0.0%	0	31.4%	11	28.6%	10	40.0%	14	0.0%	0
Referral to peer professionals	11.4%	4	62.9%	22	5.7%	2	14.3%	5	5.7%	2
Referral to senior specialists	2.9%	1	54.3%	19	25.7%	9	17.1%	6	0.0%	0
Basic psycho-education	2.9%	1	20.0%	7	45.7%	16	25.7%	9	5.7%	2
Promotion of psycho- social well-being	0.0%	0	5.7%	2	34.3%	12	57.1%	20	2.9%	1

Note: Three of the respondents who were identified as not working within their profession did not answer this question ($n = 35$).

All respondents were asked to give their impressions of the *registration category* itself, and of their experiences with the *Professional Board*. The vast majority of comments (75%) on the category itself were negative, and dealt mainly with the lack of recognition by the public and by other professionals, as well as the need for marketing of the profession. Two-thirds of the responses expressed dissatisfaction with the Professional Board, although 21% were completely satisfied. Critical comments varied from "unhelpful", "inefficient" and "difficult to get hold of telephonically", to "forms getting lost" and "poor communication". In these respects, the findings confirm those of Elkonin and Sandison (2006), and Kotze and Carolissen (2005).

Despite the overwhelmingly negative impressions reported above, some respondents (70%) still felt they had benefited from their training. The practical experiences they had gained from training and working in the field were of value to those who furthered their studies, especially towards the Master's degree in clinical psychology. Many experienced personal development and growth as an important benefit associated with their training and/or profession. Positive perceptions of training in particular also emerged from Elkonin and Sandison (2006). They also valued the opportunity for private practice, and for being self-employed.

CONCLUSION

The picture emerging from this study, of the records of the Professional Board for Psychology and a survey of registered counsellors, gives much cause for concern regarding the viability of this category of professional registration. Furthermore, the findings are substantially in line with recent studies of graduates from specific universities, and there is little doubt that they reflect the current state of practitioners.

We know from earlier studies that very few counsellors are being registered by the Board, despite the relatively large numbers of students accepted into the B. Psych programmes (e.g. 84 at

NMMU between 2002 and 2004, and 69 up to 2004 at the Universities of Stellenbosch and Western Cape combined). The present study, like those conducted previously, shows that of those graduates who do in fact register with the Board, fewer than half end up working within their profession. This rate of attrition can only be described as a serious loss to the profession. These statistics also reflect a misalignment with intended policy when one takes into account the fact that many more psychologists than registered counsellors are produced annually. Psychology is a very popular study area at both undergraduate and postgraduate levels, and applications outnumber positions for Master's level training in psychology every year, especially in clinical psychology (see Richter, Griesel, Durrheim, Wilson, Surendorff, & Asafo-Agyei, 1998, for an early identification of psychology's graduate potential). It is clear that the category "registered counsellor" has not been able to make inroads into this "market". The chances of turning this situation around seem slim, as universities generally appear to be disillusioned with the B. Psych degree. In an informal survey, conducted among 12 heads of department of psychology, it emerged that only four departments were admitting students to B. Psych degrees in 2008, the degree aimed specifically at training registered counsellors.

The difficulty, therefore, appears to be the second tier of professional registration, and not the category "psychologist". Indeed, many see the category "registered counsellor" as a stepping-stone towards becoming a psychologist. The other second-tier category, that of psychometrist, is not doing too well either: in 2002, 2 153 psychometrists were registered with the Professional Board, and this number decreased to 2 010 in 2005 (Health Professions Council of South Africa, 2005, p. 45). Yet the Board is considering a practice framework where a further level of practice is envisaged, namely, that of mental health assistant. A two-year diploma is proposed as a suitable qualification (Professional Board for Psychology, 2006). In this proposed framework, four kinds of registrations would be possible: psychologists, psychometrists, registered counsellors, and mental health assistants.

Psychology as a professional practice has an interesting feature: people (and organisations) have to recognise their problems, or the difficulties they face, as *psychological* problems which can be addressed by a psychologist. The Dutch sociologist, De Swaan (1990), calls this process "proto-professionalisation", in which lay people "adopt the basic stances and fundamental concepts of the profession as means of orientation in their everyday life" (p. 14). The professional achievements of a discipline are therefore not simply the result of internal processes to the discipline, but also of the public's recognition of and response to the discipline's expertise. De Swaan argues that this process does not take place at the same pace everywhere, or to an equal degree within all segments of society. As a result, the supply and demand of psychological services are not simple matters. It is open to question whether South African society is presently sufficiently "professionalized" to support a professional structure as fine-grained as the four-tiered structure under discussion. The experience with regard to registered counsellors thus far speaks to the contrary. The difficulties they report in terms of recognition of their profession directly emphasise this point.

From the work done by registered counsellors, it is clear that nothing — or at best very little — came of the idea that they would find employment in the public sector. From the responses of the counsellors in this survey, one has to conclude that the promise of public sector jobs simply did not materialise for them. The Professional Board made the same observation in 2005: "Unfortunately, the Board is facing a number of challenges as it appears that there are limited job opportunities within the public sector for registered counsellors" (Health Professions Council of South Africa, 2005, p. 34). Furthermore, although we do not have direct evidence, one can infer from their responses that their work, in the main, does not serve low income communities.

As far as psychology in this country is concerned, the question remains: How can psychological services be expanded to the potential benefit of more South Africans? So far, judging by the results of this and other studies, one can only conclude that the strategy of adding a second tier of professional practice to achieve this has not been successful. It is time to revisit the issue, and to ask whether this is the most feasible strategy to pursue in terms of solving the overall dilemma of limited psychological services.

One way to address the issue of the provision of psychological services could be to produce more fully-fledged psychologists, rather than registered counsellors or psychometrists. The demand for training positions in psychology shows no signs of abating, and every year universities turn away large numbers of applicants for their professional training degrees. The bottleneck preventing more psychologists from qualifying and registering can be identified fairly accurately — it is the limited number of positions for interns available. Were it not for this problem, all universities could probably increase the number of people they train. The obvious question would be how to increase the number of placements for interns were universities able to accept more students into their training programmes. Moves are already afoot to separate the internship or practical training from the university-based part of the training, as the Professional Board wants students to complete the Master's degree (coursework as well as dissertation) prior to commencing an internship (Professional Board for Psychology, 2007). It is possible that such a move could make more placements available for interns. However, more flexibility with regard to what constitutes the internship is also needed. One way of increasing the availability of internships could be to follow the Australian example. In Western Australia, applicants with an accredited four-year degree may apply for provisional registration. If employed in a psychological capacity and under Board-approved supervision for two years, the person receives full recognition as a psychologist (Psychologists Board of Western Australia, 2007).

Elkonin and Sandison (2006, p. 610) acknowledge that the introduction of the registered counsellor category “was a genuine response to an obvious need” and that its worth was “undeniable”. They went on to recommend “a concerted effort on the part of graduates, universities, the Psychological Society of South Africa and the Professional Board to increase public and professional knowledge” (p. 610). We do not necessarily disagree with these recommendations, but there is a real possibility that it is too late to try and rescue the category in this manner. The results of this survey and the discussion point towards the need for a more fundamental reflection on the position and feasibility of a second tier of psychological professionals in this country. If such reflection were to take place, we would recommend that it addresses a wider range of strategies to achieve the same ends.

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