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Psychology Board of Australia
via: Ahpraconsultation@ahpra.gov.au

headspace response: Proposed option to redesign the psychology higher degree pathway in Australia

headspace National welcomes the opportunity to comment on the proposed redesign of the psychology higher degree pathway in Australia.

headspace provides early intervention services to young people aged 12 to 25 years, across their mental health, physical and sexual health, alcohol and other drug and work and study needs. headspace has a network of 175 centres nationally, supported by phone and online service delivery. More than 100,000 young people and family access our services each year.

headspace has a strong interest in reforms that will impact the future workforce for youth mental health services. Many services face challenges in recruiting and retaining a multidisciplinary workforce, particularly in regional, rural and remote areas. This includes psychologists, who currently make up approximately 40 per cent of the over 3000 headspace workforce.

Our submission to the Board's consultation on the proposed five-year pathway focuses on the benefits and implications of the option for headspace services. This includes considerations for workforce supply, practice readiness, equity of access and placement and supervision capacity in youth mental health settings.

We note the Board's intention to undertake further work on the psychology assistant role. In our view, any decisions on this role should be guided by safe scope of practice, clear supervision requirements and the need for multidisciplinary teams in youth mental health care.

We would be pleased to provide any further information that may assist the pathway development process.

Yours sincerely,

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headspace National response to proposed psychology pathway redesign option

Introduction

About headspace

headspace provides early intervention mental health and wellbeing services to 12- to 25-year-olds across four core streams: mental health, physical health, alcohol and other drugs, and work and study. headspace has a network of 175 centres across Australia, and offers online and phone support, and digital programs and resources. Each year, headspace supports more than 100,000 young people and their families.

About our submission

As a national youth mental health service provider, headspace services employ a large and diverse workforce. headspace centres also host a significant number of student and graduate placements, including in regional and rural areas. headspace has a strong interest in reforms that strengthen the size, diversity, distribution and preparedness of the future psychology workforce. This interest is shaped by the realities of delivering services across metropolitan, regional, rural and remote settings, recruiting continuously into multidisciplinary teams, and supporting a workforce that includes a substantial proportion of younger and less experienced practitioners.

From this perspective, the proposed redesign presents both potential strategic opportunities and implementation risks for service delivery, workforce development and long-term system sustainability.

While our response focuses on the redesign of the education pathway, whether the intended benefits are realised will depend on broader system arrangements. This includes placement and supervision capacity, equitable access to the five-year pathway, and the support needed for graduates to work as part of multidisciplinary teams in youth mental health service settings.

The headspace workforce

headspace centres and digital programs employ multidisciplinary teams to deliver clinical and non-clinical support for young people and families. These teams include psychologists, social workers, occupational therapists, GPs, nurses, counsellors and alcohol and other drug workers, alongside vocational specialists, peer workers, SEWB and bicultural workers, and youth workers. Staff work collaboratively to provide holistic, integrated care in youth-friendly settings. Across the network, psychologists make up about 40 per cent of the headspace workforce.

Key workforce challenges for headspace include:

- **Recruiting multidisciplinary teams:** Chronic shortages make it hard to recruit the workforce needed for the headspace model of holistic care, including a diverse staff that reflects the local community and priority needs.
- **Retention and workforce maturity:** High turnover among experienced clinicians and growing reliance on early-career staff can reduce capability, increase supervisory burden, and affect service quality and continuity.
- **Workforce development infrastructure:** Gaps in clinical supervision, career pathways, capability frameworks and clarity of scope-of-practice limit the sector's ability to grow and support a graduate-ready workforce.
- **Maldistribution of workforce:** due to urban concentration in the distribution of the psychology workforce, these challenges are especially acute in rural and remote areas.

Redesigning the psychology higher education pathway provides an opportunity to address key headspace workforce challenges, including:

- **Improved workforce supply and distribution:** creating a clearer, more sustainable pipeline of psychologists into youth mental health services, particularly in regional, rural and outer-metropolitan communities where recruitment is hardest.
- **Increased readiness for youth mental health practice:** providing earlier, supported exposure to community-based and multidisciplinary care will help graduates build confidence, capability and positive early-career pathways into the sector.
- **Increased equity and diversity:** reducing barriers created by a fragmented and lengthy training pathway, while making it easier for students from diverse backgrounds to enter, will help more candidates enter and remain in training.
- **Better alignment with service needs:** more integrated planning for placements, supervision and graduate development will produce clinicians that are better prepared for team-based, early intervention care.

The need for positive placements and training experiences for students and graduates

Addressing workforce challenges requires increased capacity to meet the demand for positive placements and training experiences for students and graduates. As the National Mental Health Workforce Strategy notes:

> *There is opportunity to increase the supply of the workforce through increasing access to clinical supervision and quality mental health placements and traineeships*. – National Mental Health Workforce Strategy

Negative placement and training experiences, especially inadequate support and supervision, can discourage students and new graduates from entering mental health careers. Positive, well-supported early-career experiences are critical for attracting people to the sector and reducing attrition. However, training and placement opportunities remain too limited to grow the workforce, often due to limited access to clinical educators and supervisors.

More supervised placements in community settings are particularly important in regional and rural areas, given training in these locations increases the likelihood that health professionals will work there later.

headspace's approach to addressing these challenges

The Board has developed the proposed five-year pathway design to respond to the challenges in building and sustaining the psychology workforce. headspace National has been addressing similar challenges across the youth mental health workforce through the **headspace Early Career Program (ECP).**

The ECP helps build a skilled multidisciplinary mental health workforce by placing psychology and other allied health graduates and students in participating headspace centres with dedicated clinical educator support. Over half (53%) of students are completing psychology higher degrees (clinical placements). These placements provide positive training experiences for graduates, strengthening the future workforce pipeline, while also increasing capacity within services.

The ECP is growing the youth mental health workforce, including in regional communities. Two-thirds of the initial graduate intake moved into youth mental health roles after participating, and more than 80 per cent entered the broader mental health sector.

Our experience in developing, implementing and refining the ECP has provided learnings about the practical features that could strengthen the redesign of the psychology education pathway. The ECP evaluation demonstrates that workforce redesign must address more than qualification structure alone. It must also create conditions for high-quality training, supervision capacity, workforce competence and practice readiness.

An overview of the ECP and evaluation insights that may inform further development of the proposed pathway redesign is provided in the **Appendix**. Key program design features that strengthen training capacity and outcomes include:

- creating additional funded placement capacity in community settings
- proactive enabling of regional and rural participation through geographically distributed placements and relocation support
- embedding dedicated clinical educators in host services to provide consistent support and supervision (avoiding burden on existing senior staff)
- ensuring access to matched-discipline clinical supervision

Key ECP design features that develop competence, confidence and practice readiness include:

- providing positive, supported placement experiences in multidisciplinary teams
- using real-world practice experiences to build clinical judgement, risk assessment and decision-making under supervision
- embedding evidence-based practice and structured education to strengthen capability and quality of care
- supporting transition into sustained mental health employment through a salaried early career pathway with ongoing supervision and development.

Importance of the redesign and design principles

Why is the redesign important for the headspace network?

The redesign has the potential to address the following for headspace services:

- ☒ Workforce supply and demand pressures
- ☒ Inequities in access to training
- ☒ Need for greater equity and diversity in the psychology profession
- ☒ Lack of opportunities for prospective psychologists to progress to general registration
- ☒ Content of training (i.e. 1.5 years+ of non-accredited training in undergraduate degree)
- ☒ Inequities in current student funding arrangements
- ☒ Supervision burden for Board Approved Supervisors

While the redesign presents the above opportunities, further development and operationalisation are required to address the distribution of students and graduates, retention of staff, readiness for practice, supervision and placement availability. These factors are considered further below.

Strengthening design principles for the redesigned psychology training pathway

The proposed design principles provide a foundation for simplifying and modernising the psychology training pathway. However, they may be insufficient to respond to key issues that will shape the success of the reform in practice:

Table 1 outlines suggested refinements to strengthen the existing principles and introduce additional considerations to ensure the redesigned pathway supports a sustainable, high-quality workforce.

Table 1: Responses to proposed principles

Proposed principles	Proposal & rationale
System will continue to support undergraduate psychological science occupational outcomes	This principle could be strengthened to explicitly recognise and support **multiple workforce entry points outside of registration**, including assistant, psychosocial and prevention-oriented roles. This would better align undergraduate pathways with broader opportunities to enter the youth mental health workforce and support a broader, more flexible pipeline into service delivery – with potential to return to the registration pathway in the future.
The qualifications for the different registration categories are aligned to the AQF	Alignment to the AQF should be complemented by an explicit focus on **practice readiness and workforce capability**. Qualification design should ensure graduates are prepared for real-world service contexts—particularly community-based, multidisciplinary youth mental health settings—rather than focusing solely on academic alignment.
The pathway to general registration is the same for every student	The intent of a consistent pathway is supported, but this principle should recognise the need for **flexibility in delivery and progression** to address different student circumstances. A single pathway should not result in a uniform experience; targeted supports and delivery options (e.g. regional, part-time, work-integrated) will be necessary to avoid embedding new inequities.
Practical skill development follows a pedagogical model	This principle should be expanded to recognise that practical training is also a **system capacity issue**, not only a pedagogical one. It should explicitly incorporate requirements for: • sustainable placement models • sufficient supervision capacity • safe and high-quality learning environments Without adequate resourcing and planning, there is a risk that the model places unsustainable pressure on services while compromising training quality.
Industry drives the demand for advanced qualifications	This principle would benefit from clearer definition and safeguards. Demand should be informed not only by employer capacity, but by: • population need • system priorities (e.g. youth mental health, rural access, prevention) This would reduce the risk of uneven access to endorsement pathways and ensure specialist training aligns with areas of greatest need.
Psychology assistant competencies are further scoped	This principle should be strengthened to include: • clear role definition within multidisciplinary teams • alignment with supervision and governance arrangements • structured pathways for progression into registration This will support the development of a safe, effective and scalable assistant workforce that complements, rather than substitutes, qualified clinicians.
Suggested additions	
Workforce capacity and supervision are core system constraints	The redesign should explicitly recognise that **supervision capacity and placement availability are key limiting factors** in the system. This principle should require coordinated investment and planning to ensure that increased training throughput can be supported in practice.
Training design supports multidisciplinary, team-based care	The pathway should explicitly prepare psychologists to work in **multidisciplinary youth mental health environments**, including collaboration with peer workers, family practitioners ,psychosocial supports and coordinated care. This reflects how care is delivered in practice and ensures graduates are prepared for service reality.

Proposed principles	Proposal & rationale
Equity across the full training-to-workforce pathway	Equity considerations should extend beyond entry to include: • cost and affordability of the full pathway (including endorsement) • ability to complete training • access to early-career employment and progression opportunities This will help mitigate the risk of an equity paradox, where increased access is offset by barriers to completion and advancement. Paid student placements would increase the accessibility of training that requires additional placement and practice readiness.
Alignment with prevention and early intervention	The pathway should explicitly support development of **prevention and early intervention capability**, including work in community, education and early-care settings. This is critical to ensuring the future workforce aligns with population need and system sustainability.
Training pathways reflect service system outcomes	A cross-cutting principle is that training design should be judged not only on educational outcomes, but on whether it improves: • service accessibility and responsiveness • continuity of care • workforce distribution across regions and settings This ensures the redesign is anchored in **system outcomes for young people**, not only structural reform of training pathways.
Training pathway supports increased cultural safety and responsiveness	Cultural safety and responsiveness should be included in the design, delivery, supervision and assessment of any redesigned training pathway.

The five-year higher education pathway: benefits and challenges

Potential benefits and compelling aspects of the proposed pathway

For the youth mental health workforce, the key potential benefits are improved supply, readiness and distribution of psychologists entering youth mental health settings. The redesign could help if it simplifies training, removes unnecessary barriers and brings practice exposure earlier, provided the pathway offers graduates education and training that genuinely prepares them for team-based, youth-focused care.

These benefits could include:

- **a clearer pathway:** A simpler route to registration could make training easier to navigate and reduce attrition linked to the complexity and uncertainty of the system.
- **earlier practice exposure:** Earlier and sustained placements could improve readiness for early-career roles and strengthen practical capability, particularly in multidisciplinary, community-based youth mental health settings.
- **workforce supply:** A single, more predictable training pipeline could increase the number of qualified clinicians available to headspace and other youth mental health services, provided supervision and placement capacity expand to avoid bottlenecks.
- **workforce sustainability:** A more coherent pathway could support steadier progression from study to practice, reduce bottlenecks and strengthen transitions into flexible, team-based youth mental health roles.
- **service access:** If workforce supply improves, headspace could be better placed to improve access and service quality for young people, including in regional, rural and remote communities where recruitment is harder.

- **equity and access:** A shorter, more flexible and less fragmented pathway could reduce time, cost and administrative barriers for students from diverse backgrounds, although the benefits will depend on funding settings and whether debt or delayed income create new barriers to completion.
- **workforce planning:** For a national organisation with ongoing growth, placement and graduate training needs, the proposal could support more predictable forecasting for placement infrastructure, program design, and recruitment planning.

What do you see as the potential costs/impacts of the preferred option?

The redesign could also create significant operational pressure for headspace if implementation is not carefully staged and resourced. In particular, increased placement demand, requirements for more supervision or uncertainty about role design would affect service capacity, workforce costs and the ability to sustain safe, effective care.

The potential costs or impacts include:

- **placement demand:** The redesigned pathway could substantially increase already high demand for placements across headspace, with flow-on effects for service capacity, coordination and workforce planning. Because earlier and more embedded practice learning shifts more developmental load onto community-based services, youth mental health settings are likely to feel this pressure most directly. For headspace, having a national training infrastructure and in-reach support to host services has been fundamental to establishing additional, high-standard placement capacity; this proposal would benefit from national support (see Appendix for details).
- **supervision pressure:** The model would place added pressure on clinical supervisors and other staff, particularly if students enter placements at earlier stages in their degree and require more intensive support, oversight and risk management. This may increase the extent to which services carry training responsibilities previously held elsewhere in the pathway. The headspace ECP mitigated this risk by placing dedicated clinical educators in placement services to ensure consistent access to supervision without placing additional demands on existing staff (see Appendix for details).
- **rural and remote feasibility:** The model may be difficult to implement consistently across the network because many headspace services do not have ready access to board-approved psychologist supervisors, with the greatest challenges likely to fall on rural and remote centres.
- **displacement risk:** Without additional investment, increased placement and supervision demand could displace other student placements, extend wait times and reduce capacity for other workforce priorities across headspace.
- **training quality and governance:** Without sufficient supervision capacity, administrative coordination and governance safeguards, training quality and clinical standards may be harder to maintain. In practice, workforce readiness will depend heavily on the quality of placements, supervision and transition support, as reflected in the ECP design (see Appendix), not simply the existence of a shorter pathway.
- **planning uncertainty:** Ongoing uncertainty about detailed pathway design, including curriculum changes and the scope of new roles such as psychological assistants, makes it difficult for headspace to assess operational impacts and plan with confidence, particularly within broader multidisciplinary workforce models.
- **loss of provisional workforce:** Removing the provisional registration pathway could reduce short-term entry-level workforce supply and increase staffing costs for headspace services that rely on this more affordable and flexible tier.

Does the proposed redesign improve equity and access for students from diverse backgrounds?

The redesign could improve equity and access by simplifying the pathway and reducing barriers to entry.

A clearer route to registration may be easier to navigate for students without informal guidance or professional networks, while removing competitive postgraduate bottlenecks could improve access for students facing financial, academic or geographic constraints. A shorter, more integrated pathway may also reduce

administrative burden and delayed workforce entry, particularly for students balancing study with work, caring responsibilities or regional relocation. As one headspace clinical educator noted, *"A single program will increase stability and ability to plan for students from diverse backgrounds to be accepted and continue study, rather than the barriers of multiple streams and application processes"*.

However, there is a risk of an equity paradox, where access improves at entry but inequities re-emerge later through higher cumulative costs, longer periods without stable income, uneven access to placements and supervision, and new barriers to endorsement and early-career progression—especially in regional, rural and underserved areas. Consideration should be given to part-time study, regional access, mature age and disadvantaged learners and paid placement resourcing. Ideally, as in the ECP, the design should anticipate and support transitions into employed roles in regional training locations (see Appendix).

From your perspective, would graduates of the proposed pathway be better prepared for entry-level practice?

Potentially. Graduates of the proposed pathway could be better prepared for entry-level practice if earlier and more integrated placement experiences strengthen the link between theory and real-world care, particularly in community-based and multidisciplinary settings such as youth mental health.

However, improved readiness will depend on the quality of placements, supervision, curriculum design and transition support. Limited investment in supervision and placement may force over reliance on practice simulation which will compromise readiness to practice. Without these conditions, there is a risk that graduates enter practice earlier but with uneven capability and greater support needs.

Do you foresee any risks or unintended consequences with a single, integrated five-year pathway? How could these risks be mitigated?

A single, integrated five-year pathway could create unintended risks if simplification is pursued without enough flexibility and system support. Key risks include pressure on placement and supervision capacity, reduced flexibility for students who need alternative pacing or exit points, and earlier entry into practice with uneven readiness—particularly in regional, rural and service-constrained settings.

These risks can be mitigated through staged implementation, targeted investment in placements and supervision, flexible delivery options, and clear governance around curriculum, scope of practice and transition support.

What key challenges do you foresee in implementing the proposed redesign?

Implementation challenges will be driven mainly by system capacity and the extent to which training responsibility shifts into service settings.

System capacity: The most immediate implementation challenge is the sharp increase in demand for placements and supervision as practical training becomes earlier, longer and more embedded. Community-based services such as headspace are likely to need to absorb much of this demand, increasing pressure on supervisors, service capacity and governance systems. Without targeted investment, this risks creating new training bottlenecks while reducing service availability for young people.

Operational shift and transition: As more of the pathway moves into live service environments, providers will take on greater responsibility for placements, supervision and early-career development, with implications for workload, cost and clinical risk management. Transition will add further complexity: overlapping cohorts, dual pathway structures and uncertainty about timelines could create confusion for students, providers and employers, and disrupt workforce pipelines if not carefully managed.

Equity and funding: Although the redesign may improve access at entry, especially in regional and rural areas, clear and equitable funding will therefore be critical; if costs are shifted onto students or service providers, participation, completion and workforce distribution may be distorted in unintended ways. Funding to

incentivise rural and regional placement, employment, supervision and retention will aid workforce maldistribution.

Workforce capability and support: Earlier general registration may bring more early-career clinicians into the workforce with higher supervision and development needs, increasing reliance on structured graduate programs and team-based care. At the same time, delaying endorsement could constrain specialist supply if access remains limited.

Should the proposed 3-year Bachelor degree be a stand-alone degree, or only be available as an early exit point degree from the proposed 5-year Bachelor of Professional Psychology?

In principle, offering both stand-alone and early-exit options could reduce barriers to entering education and training, support greater equity and workforce diversity, and improve the balance between HECS debt and likely post-graduation pathways for students who may not be ready, willing or able to continue into the registered psychology workforce. These students may benefit from a re-entry option that allows them to continue to full registration at a later date.

These design questions should be considered in terms of their impact on the quality and outcomes of individual and team-based care for service recipients. Decisions should therefore depend on clearly defined competencies, scope of practice and supervision requirements, and on whether these can be supported and applied consistently across training providers and employers.

What impacts might the proposed design have on Area of Practice Endorsement training, supply and demand?

Accessibility and alignment: The model will succeed only if endorsement pathways are accessible, well supported and aligned to service demand, particularly in youth mental health.

Workforce phasing: The redesign shifts part of advanced training into the workforce phase, with generalists entering earlier and specialisation occurring later, part-time and alongside employment. This could support more flexible, portfolio-style careers shaped by career interest and service demand.

Internal capability growth: If well designed, the model could support targeted development of endorsed capability in priority areas such as youth mental health and help services build specialisation internally. This aligns strongly with the headspace ECP, which grows youth mental health expertise across the network and beyond (see Appendix).

Service capacity: Services like headspace may increasingly host early-career staff still progressing toward endorsement, creating greater need for structured supervision, development pathways and role clarity. This has cost and capacity implications, especially for smaller, rural and regional services, that can be anticipated within the design process (see Appendix).

Demand alignment and equity risk: Decoupling endorsement from initial training may better align uptake with labour market demand, but it could also make endorsement more dependent on employer support and access to supervised roles. This may help service providers where workforce development matches service need, but it also risks uneven uptake.

Early-career support: If general registration is achieved earlier but endorsement is delayed, services may employ more early-career practitioners who are still developing advanced capability. This increases the importance of structured development, dedicated high-quality supervision and experienced team support to manage complex presentations safely within team-based care, as reflected in the ECP design (see Appendix).

Do you have any additional feedback, concerns or suggestions that have not been addressed in the questions above?

The proposed design may not fully align with youth mental health workforce needs. Youth mental health care is multidisciplinary, developmentally complex, and often requires blended generalist and specialist capability. A strict separation between generalist entry and specialist endorsement may not reflect how capability develops in

these settings and may reinforce a linear “generalist to specialist” model rather than a team-based capability model.

Our experience of designing and implementing the headspace ECP (Appendix 1) confirms that training reform alone won’t fix workforce gaps. Funded placements, supervision infrastructure, workforce distribution levers, and retention strategies are central to the success of the redesign. Incentives are required to attract and retain psychologists in the public sector.

Appendix: headspace Early Career Program and insights for pathway design

The headspace Early Career Program is designed to build a skilled multidisciplinary youth mental health workforce by supporting psychology, social work and occupational therapy students and graduates to train in real service environments.

The program funds clinical educators, student placements and a two-year salaried graduate program in headspace services. It is supported by national program infrastructure delivered by headspace National, including recruitment and employment processes, structured education, supervision support and ongoing implementation support for centres.

The ECP model strengthens practice readiness by combining supervised clinical experience, structured learning, evidence-based practice and sustained transition support during the early career period.

A central feature of the model is the embedded clinical educator role, which creates a supportive learning environment for students and graduates and ensures access to matched-discipline supervision. This role also helps reduce pressure on senior clinicians, supports consistent training quality, and embeds evidence-based practice and professional learning across the service.

Key features include:

- a senior clinical career pathway that helps retain experienced staff in the sector
- dedicated capability-building that improves quality of care and supports more complex practice
- infrastructure that can be extended to additional disciplines and training pathways
- service-wide benefits for supervision quality, workforce satisfaction, retention and scope-of-practice support.

Commencing in 2021, with the first graduate intake beginning in 2022, the ECP is already contributing to workforce growth, particularly in regional, rural and remote communities. Since the program commenced, it has hosted 1230 allied health student placements (including 678 psychology student placements), with 27% of all student placements located in rural, regional and remote locations[1]. **Nearly three-quarters of the initial graduate cohort moved into roles in youth mental health, including at headspace centres, and more than 80 per cent of graduates from the first two intakes have joined the mental health sector overall.**

The program also strengthens service capacity while building future supply. Students and graduates contribute meaningfully to service delivery, and in some headspace locations the ECP has been the single greatest contributor to reduced treatment wait times.

Learnings from the Early Career Program with insight for pathway planning

Evaluation of The Early Career Program provides insights that could inform the further developmental work required on the pathway redesign proposal. An overview of evaluation findings is available in The Early Career Program evaluation snapshot report.

Findings affirm that workforce supply and growth depends not only on trainee numbers, but also on supervision capacity, structured development, transition support and the broader conditions that support entry into and continuation in practice.

1. Supervision infrastructure is an important determinant of workforce supply

Dedicated funding for clinical educator roles and local supervision support have been integral to the viability of student placements, supporting graduates in practice, strengthening university links and reducing pressure on senior clinicians.

[1] These figures are from 1 January 2022 to 30 April 2026 inclusive.

Application: Supply solutions should treat capacity for supervision and support of students and graduates as core design considerations, rather than assuming services can absorb additional trainees without added support.

2. Positive student placement experiences are powerful in attracting workforce entrants

ECP supported placements have shaped career interest for students and graduates. Supervision, organisational culture and values alignment have contributed to positive experiences.

Application: Effective pathway design should consider demonstratable impact not only on placement volume, but also to placement quality, learner experience and later conversion into employment.

3. Workforce readiness can be supported through structured transition-to-practice arrangements

Salaried employment, service rotations, discipline-specific supervision, staged education and a capability framework were associated with reported gains in knowledge, confidence and career progression.

Application: Pathway design should consider how readiness is defined and developed through the proposed simulated and authentic practice experiences.

4. Place-based training and relocation supports can shift workforce distribution

Regional and rural ECP placements, graduate rotations and relocation support exposed participants to non-metropolitan practice and appear to have supported ongoing employment in those locations.

Application: There is potential for pathway redesign to integrate and facilitate local training pathways and regional rotations, with appropriate supports for students and placement providers. Tracking of post-program location outcomes can demonstrate the impact on geographic maldistribution.

5. Equitable workforce growth requires targeted and culturally responsive pathway design

The ECP evaluation identified a need for stronger community engagement, education and collaboration to support First Nations participation, alongside culturally safe supports and tailored pathways for underrepresented groups.

Application: Equity considerations need to be designed into pathways and reflected in attraction, course entry, supervision, support models and partnership design from the outset**.**

6. Design should identify outcome-related pipeline data to monitor impact and inform adjustments

Formative monitoring and evaluation informed several ECP program enhancements after early intakes. Linked data such as location of pipeline activity, student experiences, supervision access/quality, placement-to-employment conversion, and post-program trajectories should be determined to assess how a pathway is achieving its intentions.

Application: Pathway design requires detailed definition of required outcomes, such as learning experiences, competency levels and practice standards, and identification of how these will be measured and demonstrated.

Taken together, these findings point to a whole-of-pipeline view of workforce supply, including supervision, training quality, practice readiness, transition to practice and distribution.