

Health Psychology Education and Training in Countries Represented in the EHPS

Jenny Mc Sharry

ND for Ireland,

National University of Ireland, Ireland

Angel Marie Chater

ND for UK,

University of Bedfordshire, UK

Jasminka Despot Lucanin

ND for Croatia,

University of Zagreb, Croatia

Stefan Höfer

ND for Austria,

Medical University Innsbruck, Austria

Antonia Paschali

ND for Greece,

National & Kapodistrian University of Athens, Greece

Lisa Marie Warner

ND for Germany,

MSB Medical School Berlin, Germany

Introduction

The discussion of training, education and professional practice in Health Psychology has been gaining momentum in the European Health Psychology Society (EHPS) in recent years. At the 29th Conference of the EHPS in Cyprus in 2015, over 100 delegates attended a session to discuss education and training leading to the development of a survey completed by 24 EHPS National Delegates (NDs) to further explore this issue (Byrne et al. 2017).

A roundtable discussion at the 30th Conference of the EHPS in Aberdeen Scotland in 2016 provided a forum to discuss the

survey results. The findings highlighted the international variation in Health Psychology training and practice across countries represented in the EHPS.

The overall theme of this special issue is the status quo of Health Psychology, and the implementation of Health Psychology in countries represented in the EHPS. Within this theme, we aim to build on the work of Byrne et al. (2017), by discussing results of a second survey that aimed to

further describe the status of Health Psychology education and training across countries represented in the EHPS. In addition, we aim to reflect on perceived needs for future development, and to provide two case examples from countries represented in the EHPS to facilitate knowledge sharing across the EHPS.

National Delegates Survey: Education Sub-theme

Five questions (4 close-ended, one open ended) addressing training and education were developed by the education sub-theme group and administered to NDs as part of the ND survey. The online survey link was opened by 29 NDs and 27 responded. All survey questions can be found in Box 1.1.

Numbers and Types of Health Psychology Programmes

NDs provided details of the separate full programmes dedicated only to Health Psychology in each country. As shown in Figure 1, NDs from 6 countries (Germany, Japan, Lithuania, Sweden, Turkey and the UK) reported that separate and full programmes dedicated only to Health Psychology were available in their country at undergraduate level (BA/BSc), representing 22% (6/27) of all included countries. Across countries, NDs reported that a total of 44 universities offer BA/BSc programmes in Health Psychology. At masters level (MA/MSc), 59% (16/27) of countries offer

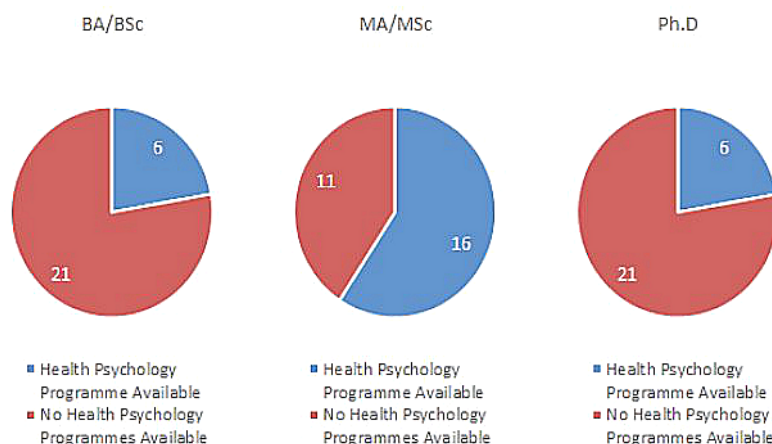


Figure 1: Countries with and without separate and full programmes dedicated to Health Psychology at BA/BSc, MA/MSc and PhD level

programmes dedicated to Health Psychology. Across these 16 countries, 87 universities offer programmes at masters level; the highest number (31) are in the UK. Finally at PhD level, 19% (6/27) of countries have at least one full PhD programme in Health Psychology. Across these six countries, 13 universities in total offer formalised Health Psychology PhD programmes. Again, the highest numbers of these are in the UK, where 7 universities offer specialized and accredited Health Psychology PhD level programmes. Across undergraduate, masters and PhD level programmes NDs reported a focus on a combination of both academic and applied training.

Alongside more formal full courses, Health Psychology was also reported to be either stand-alone post-graduate training or an independent module in undergraduate or masters level courses or as part of other programmes, for example Clinical Psychology (Cyprus) and General Psychology (Slovak Republic).

NDs also reported on the number of programmes dedicated to Health Psychology as a proportion of the total number of psychology programmes in each country. At undergrad level 43 of 599 (7%) universities offer Health Psychology programmes, at masters level 87 of 474 (18%) universities offer

Health Psychology programmes and only 13 of 417 universities (3%) offer PhD programmes in Health Psychology. However, it is acknowledged that Health Psychology topics could be studied at many other universities at PhD level, without being a formal PhD/doctorate programme in Health Psychology.

Perceived Needs and Future Developments

The vast majority (26) of NDs supported the development of European-wide standards for Health Psychology training. When asked to describe specific needs for their country in free text responses, seven NDs explicitly linked training requirements to the issue of Health Psychologist certification and regulation. NDs also saw a need to improve links from training to practice and policy and for a clearer articulation of the services that Health Psychologists could provide to increase status and enhance employability. A need for further development of postgraduate programmes was reported by NDs from the countries lacking well-developed Health Psychology education at this level or lacking an applied module at the graduate

level. Additional perceived needs included continued education programs, better coordination with countries' health policies and educational policies, more international cooperation in study programme development, and potential international research exchange.

The immediate needs for education and training in Health Psychology appear to be related to the legal and professional status of Health Psychology in each country. Moreover, all respondents expressed a desire for further development of existing educational programmes and the profession of Health Psychology.

Reflecting on the Findings from the National Delegates Survey

The results of the ND survey highlight the diversity in training and education across countries represented in the EHPS, supporting the previous reports of Byrne et al (2017). However, differences reported may also be the result of differences in the interpretation of questions by NDs. As reported in the other articles included in this special issue, there is no standard definition of Health Psychology used across countries and only one country, Austria, reported the use of a legal definition (see Plass et al., 2018). This ambiguity in definitions and education systems across countries may have impacted on NDs ability to complete the survey accurately, and a number of *Don't Know* responses were received in response to the education sub-theme questions. For example when answering the question *'How many colleges or universities in your country offer health psychology programmes? Please indicate for each level of education both the number of colleges/universities offering such programmes and the total number of colleges/universities in your country (if known)'*, 17 of the 27 NDs included at least one *Don't Know* response.

Despite variability in terminology used and

country-specific requirements, the need for further development of education in Health Psychology was perceived universally by NDs. The specific nature of this development varied, based on the existing level of education in different countries, reflecting differences in the status of Health Psychology practice and employment possibilities across countries. Differences between countries, and variability in the extent of the education and training development, suggest the possibility to better learn from each other across the EHPS.

In the following section we provide examples of case-studies from two countries represented in the EHPS with strong and well-developed training routes to provide inspiration and practical examples to other countries. Examples are provided from the UK where the greatest number of specialised Masters and PhD level programmes exist, and Austria, where there is a formal and standardised Health Psychology training programme in line with legislation.

Case Examples from Countries Represented in the EHPS

United Kingdom

Health Psychology has been established for over 30 years now in the United Kingdom (UK) (Johnston, Weinman & Chater, 2011). To train as a Health Psychologist in the UK, trainees must complete an undergraduate psychology degree (usually 3 years full-time equating to 360 UK credits/ 180 ECTS points) which offers Graduate Basis for Chartership (GBC) with the British Psychological Society (BPS), followed by a 1 year full-time (or part-time equivalent) BPS accredited MSc in Health Psychology (180 UK credits at M level/ 90 ECTS points) leading to Stage 1 Qualification in Health Psychology. Trainees then complete a period of 2 years full time (equating to 37.5/40 hours per week for 46 weeks per year or part-time equivalent) doctoral level supervised

practice in Health Psychology (Stage 2), whereby trainees must show competency in the key areas of generic professional practice, research, teaching/training, consultancy and psychological interventions/behaviour change. Following completion of Stage 2 training, trainees are eligible to apply for full membership of the Division of Health Psychology (DHP) and Chartered Status with the BPS. This training also meets the Standards of Proficiency (SoPs) needed to register with the Health and Care Professions Council (HCPC), a legal requirement to be able to practice and legally use the term 'Health Psychologist' in the UK. Stage 2 can be achieved through either a university route (Doctorate in Health Psychology [DHealthPsych] or PhD), of which there are 7 BPS accredited university courses in the UK, or via an independent route, whereby the student would be independently supervised by a suitably qualified Health Psychologist to gain the competencies through a BPS-approved training plan. For this, supervisors should be registered on the Register of Applied Practice Psychology Supervisors (RAPPS) and students can study alongside a PhD. Assessment for Stage 2 is via a portfolio of work and an oral viva. Those undergoing the PhD or Doctorate university route will also receive the Dr status; those through the independent route will not, unless they combine with an independent PhD registration.

Austria

Austria has a long tradition of Health Psychology training and education since the first psychology act (1991). In 2014, the second Health Psychology act was implemented, ensuring minimum standards for all Health Psychologists trained in Austria. These minimum standards include a formal degree in psychology (minimum 300 ECTS points) to be eligible to apply for postgraduate Health Psychology education and training. This prior academic training must include a minimum set of 75 ECTS points in the field of Psychopathology, Psychopharmacology, Psychiatry, Neurology, Psychological Diagnostic in particular

regarding Health Behaviour, methods of Health Psychology, disease prevention and rehabilitation, psychological interventions in Health Psychology and Clinical Psychology. In addition, the applicant must provide evidence to be physically able (medically attested by a physician) and mentally eligible (attest by a Health Psychologist, Clinical Psychologist or Psychiatrist) and undergo a motivational interview. Only when all criteria are fulfilled, can a candidate sign up for Health Psychology training. In total, the education curriculum contains 1940 hours of education and training. The 1940 hours are broken down into 255 hours of theoretical course work, 1553 hours of internship and 75 hours of case supervision. In addition 57 hours of self-therapy are mandatory. The education training program includes two formal assessments: a written exam, and a final oral state exam. The psychology act 2014 further regulates the details of the content of the educational and training program (e.g. minimum set of hours with different population groups).

Conclusions

Education and training in Health Psychology does not exist in isolation but overlaps with other issues covered within this special issue of the European Psychologist, in particular employability and legislation. The interaction between education, formal registration of Health Psychologists and job opportunities raises an interesting "chicken and egg" question as to which comes first, does offering formal training and registration trigger the job market to open up roles for Health Psychologists or do we need to start by making Health Psychology more visible to help create jobs in this field? For Health Psychology as a discipline to develop, expand and thrive, there is certainly a need for legal regulation and standardised practice of Health Psychology within the healthcare system which will inform the format of education and

training. Equally, in countries without formal education, training or registration, there may be a need for Health Psychology innovators to start by introducing the topic into educational settings, generating research evidence and providing services, in the belief that formal training and legislation will follow. This would be aligned with how Health Psychology began in the UK (Johnston, Weinman & Chater, 2011).

In navigating the complex relationship between training and employability, the EHPS is ideally placed to advocate for the development of international standards of Health Psychology education. The need for the development of European-wide standards for Health Psychology, including an agreed definition of the profession, agreed core competencies and associated training, was endorsed by nearly all NDs and would facilitate mobility among Health Psychologists across Europe. The current article can be viewed as the first step in this direction by providing an opportunity to explore the current status of Health Psychology education and training, to learn from existing case examples in the UK and Austria and to reflect on the potential to work together to develop the future of Health Psychology education, training and practice across Europe.

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Jenny Mc Sharry

Health Behaviour Change Research Group, School of Psychology, National University of Ireland, Galway, Galway, Ireland
jenny.mcsharry@nuigalway.ie



Angel Marie Chater

Centre for Health, Wellbeing and Behaviour Change; University of Bedfordshire, Polhill Avenue, Bedford, UK
Angel.chater@beds.ac.uk



Jasminka Despot Lucanin

Department of Psychology, Croatian Studies, University of Zagreb, Zagreb, Croatia
jdespot@hrstud.hr



Stefan Höfer

Medical University Innsbruck,
Innsbruck, Austria

stefan.hoefer@i-med.ac.at



Antonia Paschali

School of Health Sciences, Faculty
of Nursing, National &
Kapodistrian University of
Athens, Greece

anpascha@nurs.uoa.gr



Lisa Marie Warner

MSB Medical School Berlin,
Germany

lisa.warner@fu-berlin.de