Reflecting on the Stage 2 health psychology independent training route: In-training and graduate experiences of employability

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Introduction

One of the most common questions we may encounter from psychology students thinking about their career choices is: *"What roles are there in health psychology?"* and *"How do I become a health psychologist?"* Our discipline has made many advances into diverse spheres of employment, which then often leads to a response: *"How long have you got?!"* Health psychologists offer their knowledge and skills in psychological intervention, research, training and consultancy to improve health and wellbeing in a wealth of different settings, working at all levels from one-to-one with patients/clients, to groups, whole communities and populations. An increasingly wide range of stakeholders are recognising that they may benefit from collaborating with and employing a Health Psychologist. With Health Psychologists working in health and social care, educational, cultural, justice, and military, as well as working within global health partnerships through volunteering collaboratives (e.g. Byrne-Davis et al. 2017). The development of the Health Psychology and Public Health Network (HPPHN: Chater, 2014; McManus, 2014; Chater & McManus, 2016; now Behavioural Science and Public Health Network, BSPHN) is also importantly strengthening our links with public health colleagues and creating new opportunities. Recent initiatives have also had success in raising the profile of Health Psychologists working in diverse areas, nationally and internationally. Some of these include Health Psychology Update's new *'Teaching, training and consultancy'* section (Cross, 2020), accounts of trainees' experiences (e.g. Smith, 2018), the British Psychological Society (BPS) Division of Health Psychology's (DHP) social media hashtag #DayInLifeOfHealthPsychology, the Oral History of UK Health Psychology project (Chater, Quinn & Morrison, 2019; Quinn, Morrison & Chater, *in press*) and the BPS DHP Scotland's case studies of Health Psychologists.

As a profession, we must prepare our graduates for employability in increasingly diverse fields and landscapes of research, training and practice. Part of this includes continually monitoring and updating our professional training routes and qualifications. Funding for Stage 2 training, enhancing career pathways, and Health Psychologist employability have been highlighted as key concerns for members (Chater & Hart, 2019). Consequently these are strategic priorities for the current DHP committee (Chater, 2020; DHP AGM 2019). To assist with this, and to shape the qualification going forward, it is important to understand the views of current BPS Stage 2 independent route trainees and recent graduates.

Therefore in Summer 2019, with the support of the BPS, members of the DHP committee and DHP Qualifications Board who oversee the qualification, the authors conducted a survey to gather employability experiences of current health psychologists in training (often termed 'trainees' however, officially known as 'candidates' such like a PhD candidate) and those who had graduated within the past five years. The findings are discussed here in the context of other DHP work surrounding employability of health psychologists. Recommendations are then presented regarding ways the Stage 2 training committee, DHP committee and wider health psychology community can support employability of graduates, particularly in applied settings. Stage 2 training standards and competencies have been refined several times since originally developed in 2001 and a new edition is planned for 2020/2021 with a focus on refining the psychological interventions competence. This

survey also aimed to inform the training committee and qualification working group's thinking and we invite HPU readers to continue the discussion.

Routes to BPS Chartership and HCPC Registration in the UK

In the UK, after undertaking a BPS-accredited undergraduate degree majoring in psychology (or accredited equivalent), that confers Graduate Basis for Chartership (GBC), there are three main routes of further training to become a full member of the BPS Division of Health Psychology and a Chartered Psychologist. Two of these routes secure the standards of proficiency (SOPs) required for registration with the Health and Care Professions Council (HCPC), enabling legal use of the titles: 'Practitioner Psychologist' and 'Health Psychologist'. These routes require a BPS-accredited MSc in Health Psychology, known as Stage 1 training. The three routes are as follows:

- Route 1 (PhD route): GBC, and a period of research to doctoral level (usually a PhD), in a Health Psychology area
    - (may or may not include an MSc, does not currently allow for registration with HCPC)
- Route 2 (university route): GBC, and MSc in Health Psychology (Stage 1), and BPS-accredited university Stage 2 training programme (usually a Doctorate in Psychology, DHealthPsy or a PhD in Health Psychology)
    - (the university is accredited, this route includes the title Dr, allows BPS Chartership and HCPC registration in health psychology)
- Route 3 (independent route): GBC, and MSc in Health Psychology (Stage 1), and a period of two years supervised training (or part-time equivalent), enrolled on the BPS Stage 2 Qualification in Health Psychology, under the supervision of an approved Stage 2 supervisor registered on the BPS RAPPS (Register of Applied Psychology Practice Supervisors)
    - (the supervisor is 'accredited', this allows BPS Chartership and HCPC registration as Health Psychologist, is a doctoral-equivalent qualification but does not include the title Dr, as the BPS is not a degree-awarding institution.)
    - (Can be studied alongside a PhD, with work used for both awards that would lead to Dr and Stage 2)

The fundamental administrative differences between each route are around quality assurance and assessment. For route 1, quality assurance and assessment for suitability lie with an application direct to the BPS DHP for full membership. In route 2, enrolment and assessment are both kept within the university programme and the BPS quality assure the programme with external examiners quality assuring the candidates' work and the university environment. In route 3, enrolment and assessment are housed within the BPS and the BPS arrange the quality assurance of supervisors, training plans, progress and examination. PhD and doctorate routes (route 1 and 2) are often favoured within academia and research settings, whereas, roles within the NHS and private practice require HCPC registration (Routes 2 and 3). See McSharry, Chater, Lucanin, Hofer, Paschali & Warner (2017) on UK educational credits and expected hours of training and under supervision.

Focusing specifically on Routes 2 and 3 that provide the requirements for both Chartership with the BPS and Registration with the HCPC, both routes require an MSc in Health Psychology (Stage 1) which provides foundation health psychology knowledge, theory and research methods (180 UK credits, university level 7/M level). They then require Stage 2 (university level 8/doctoral level), which

develops applied skills in five core competencies, specifically: 1) generic professional skills, 2) conducting psychological interventions, 3) research, 4) consultancy and 5) teaching and training. Both routes involve candidates preparing a doctoral-level portfolio of evidence, including an empirical research project, systematic review, case studies, reflective reports, consultancy contracts and teaching materials, before submitting and defending their work at an oral viva. Candidates within the university route (route 2) are supported within the infrastructure of the university, however, those on the independent route (route 3) are supported predominantly by their co-ordinating supervisor (from RAPPS) and workplace supervisor where relevant.

Methods

Design: A survey design was employed.

Participants: Given the lack of university infrastructure for the independent route candidates, this survey was focussed specifically on their views. A total of 45 candidates were eligible.

Materials: An online survey was designed by EB, TC, NA and AC using a mixture of open questions, closed questions and likert scales to explore: a) roles and career destinations, b) views and attitudes towards the Stage 2 qualification, c) perceived barriers and facilitators to progression in employment and d) ideas for the next phase of the qualification's development and enhancing support during and beyond the qualification.

Procedure: The BPS invited registered Stage 2 independent route candidates and graduates from the past 5 years to participate, via email, in Summer and Autumn 2019. The invitation emphasised that the survey was anonymous and voluntary. The survey was administered online and took approximately 20 minutes to complete. Given the purpose in aiming to help inform BPS activities, this activity did not require ethical approval.

Analysis: Responses to closed and open questions were analysed descriptively (using percentages and content analysis) and are summarised at group level, including illustrative quotes, with identifying details removed.

Findings

Responses: The survey was completed by 26 respondents (response rate 58%); 10 current Stage 2 independent route candidates and 16 graduates. Graduate respondents included those having graduated from across the past five years; all current trainees expected to graduate within the next three years.

Roles held during Stage 2:

Trainees held a variety of full or part-time roles including roles specifically titled as Trainee Health Psychologist, research roles (research assistant, research fellow, and research associate), PhD student (both full and part-time), university teaching positions (e.g. tutor, lecturer) and other roles in healthcare (healthcare assistant, health-related manager). Trainees described being employed by the NHS, universities, on externally funded research projects, and in the voluntary sector whilst completing their Stage 2 portfolio. Some described also working in hospitality or other roles to help fund their training.

Graduate destinations:

The 16 graduates in the survey reported a total of 30 roles held since graduating (some were the same roles they held during their Stage 2). For the majority of these, the employer was a university or NHS institution, as in Figure 1.

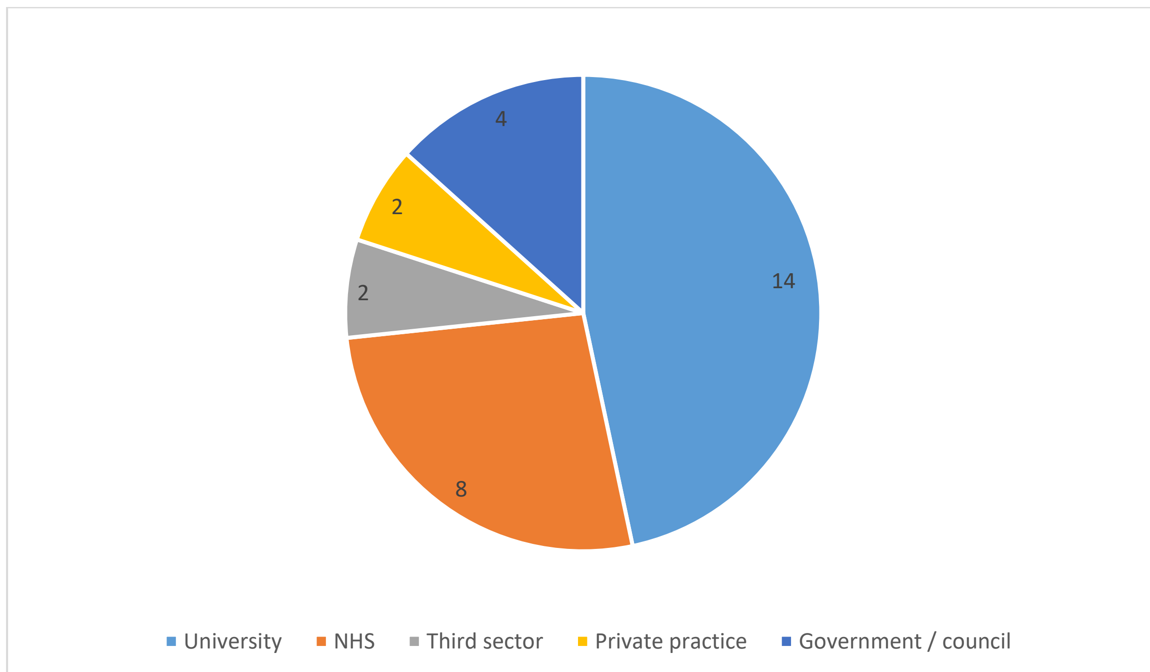

Figure 1: Employers of independent Stage 2 health psychology graduates

Graduates were employed by universities as senior lecturers, lecturers, researchers or teaching fellows. In the NHS, graduates held several roles including those entitled Health Psychologist or Principal Health Improvement Educator. Those in government and third sector organisations described jobs as Behavioural Scientist, Public Involvement Advisor, Behaviour Change Advisor, Parole Board Psychologist and Public Health Analyst. Graduates in private practice described their job role as a Health Psychologist and Research Consultant respectively. Two graduates described now pursuing further study, either a Clinical Psychologist doctorate or PhD. In many cases, graduates had held more than one role since graduating or more than one role simultaneously. In approximately half of cases, graduates reported that Stage 2 was required for the job described, in a further three cases they felt it helped them secure the role.

Attitudes towards the Stage 2 qualification:

Figure 2 summarises participants' ratings towards seven aspects of the independent route Stage 2 qualification. The majority (85%) of respondents 'strongly agreed' or 'agreed' that the qualification was helping/helped them to meet their career goals, meet their training and development needs (65%) and become more employable (70%). A high proportion also would recommend the qualification to others (65%), although the picture was more mixed regarding respondents' views on whether the qualification was value for money (38%). However, regarding respondents' views of employers' attitudes, substantial proportions 'strongly disagreed' or 'disagreed' that Stage 2 is recognised (50%) or valued (42%) by employers.

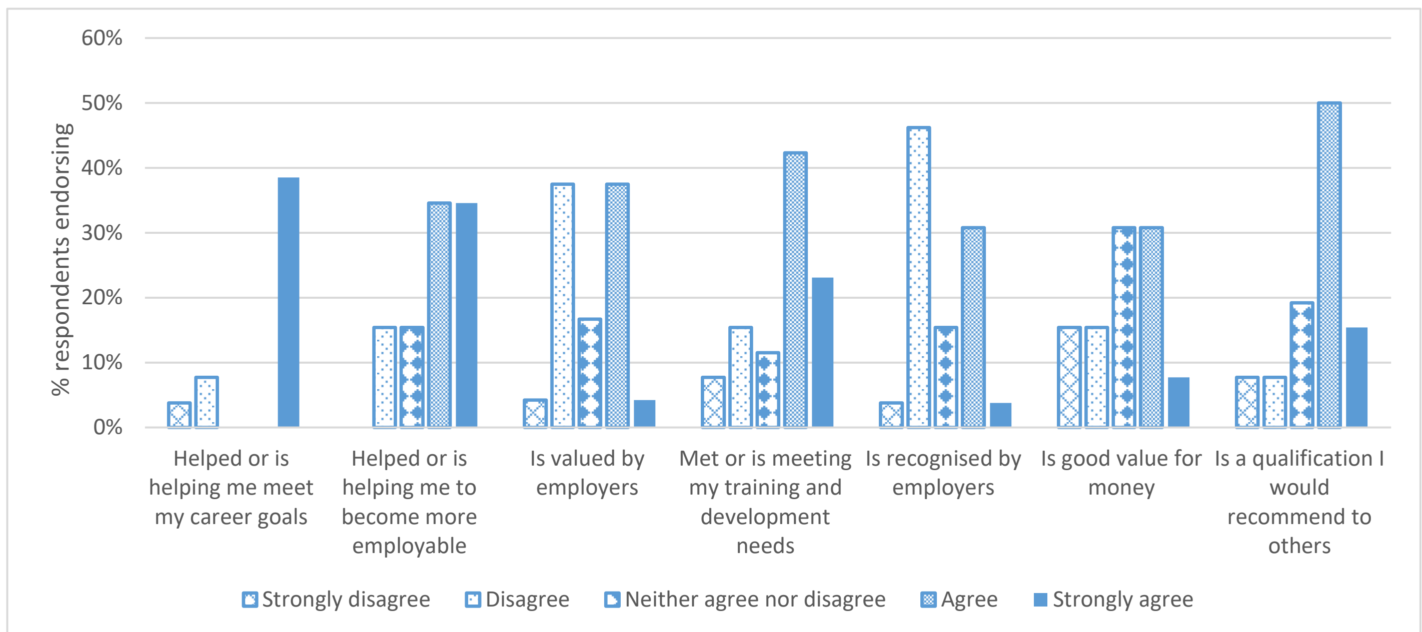

Figure 2: Trainee and graduate views of the health psychology Stage 2 qualification (strongly disagree-strongly agree) (n=26)

When asked to expand on their views in a free text comments box, respondents commented that the Stage 2 qualification was useful for becoming freelance, working in academia or in more senior health psychology lecturing roles, where the skills they developed were considered essential. However, respondents indicated they felt that employers were not aware of their skills and that after qualifying they were often in competition with clinical and counselling psychologists for NHS roles,

> *"It's rather disheartening to think that at the end of Stage 2 I am not always considered equally as qualified as a clinical/counselling psychologist, or will constantly be having to defend my training pathway".*

The qualification was sometimes perceived to be expensive and unsupported, especially in the case of those who had young families or those already in demanding jobs,

> *"I have a very demanding job, two young children. I do not feel that this qualification has been set up to actually support those wanting/trying to complete it, particularly not in my current situation."*

Some respondents commented that it had been difficult to source placements and experience for themselves and managing the demands of Stage 2 alongside a PhD was also felt to be challenging. Lack of guidance about the competencies, and the need for further training was also felt to be a barrier. For those who did not undertake their qualification whilst working in an academic setting, some suggested that it had been difficult to access resources such as library databases and journal articles, that would be needed for tasks such as the systematic review.

Barriers and facilitators to health psychologists gaining and progressing in employment

In response to the question 'What do you feel are the top three barriers practitioner Health Psychologists face in gaining and progressing in such employment?', nearly all trainees/graduates

highlighted that a lack of availability of job roles health psychologists can apply for was a top barrier. For example,

> "*Job descriptions stating clinical psychology as a requirement"*
>
> "*Limited understanding from employers about the Stage 2 qualification or health psychologists' skills*".

Many candidates also felt that limitations with the psychological intervention competence of the qualification formed a barrier to progressing in employment, with key barriers from one respondent seen as: *"Lack of therapeutic opportunities with face-to-face patients"*

Other barriers identified included a lack of health psychology supervisors working in practice settings to provide applied supervision and the lack of the Dr title,

> "*Whilst old-fashioned & in no means a true reflection of a person's competence to practice, it* [the Dr title] *still seems to carry a level of 'credibility' in clinical settings"*

However, many facilitators to employment were also identified by respondents. Networking and collaboration was seen as helpful, with supportive employers and supervisors a key benefit. Promotion of health psychology and capitalising the strengths, the range of skills and competencies of health psychologists was highlighted by those in-training and graduates as an essential facilitator. Alongside the QHP, further training, volunteering, and HCPC registration were all believed to be important facilitators. Reflective practice, as well as the persistence and work ethic developed in Stage 2 training were felt to be useful when seeking further employment and a strength of health psychologists in general. Furthermore, while there were challenges in highlighting to others their skills and the benefit of their qualification, respondents felt that,

> *"Health psychologists have a unique and valuable set of skills and experiences which should be more widely recognised."*

Priorities for support

In-training and graduate respondents highlighted a variety of ways that the BPS and health psychology community could further support Stage 2 independent route training (Figure 3).

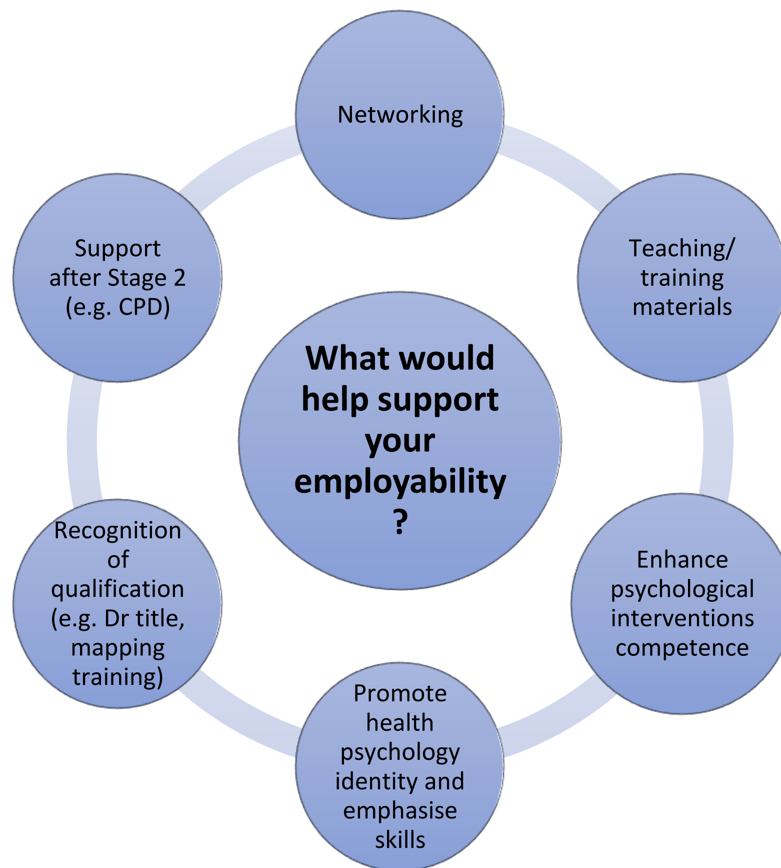

Figure 3: Visual representation of health psychology Stage 2 trainee and graduate's key messages for enhanced support

Changes to the qualification:

With regards to the independent route, respondents suggested ways the qualification could evolve. Most comments focussed on the psychological intervention competence. It was felt that a minimum number of client contact hours should be specified, and guidelines in relation to delivery to enhance consistency between graduates' skills. Respondents felt more guidance for supervisors would also be helpful. Several respondents suggested that more support, guidance, low-cost training opportunities and teaching materials during enrolment on the qualification would be useful. This was particularly around training in therapeutic competencies and consultancy. Respondents felt a database of placement and other opportunities would benefit those in training. Furthermore, there was a desire for the BPS to become a degree-awarding institution to be able to confer the doctoral award on graduates, allowing the use of the Dr title. Finally, wider opportunities to access databases (e.g. for journals) and other resources through the BPS were seen as necessary.

Other activities to enhance employability:

More widely, respondents suggested that the DHP and health psychology community could engage further with other divisions like the Division of Clinical Psychology (DCP) to explore,

"what we can learn from each other, embrace how we are different and network with heads of psychology who have the means to promote the profession and create new jobs".

Respondents wished to facilitate specialties learning about each other. They suggested further networking between trainees and qualified health psychologists could build local communities and reduce in-training isolation. Ideas such as a symposium focussing on issues surrounding practice within the DHP conference were provided, to,

"Give health psychology practice more visibility and promotion"

Opportunities for networking, CPD and career support post-qualification was also mentioned by several respondents, alongside a strong voice surrounding fair recruitment practices in the NHS and further promoting the excellent work that Health Psychologists do in applied settings among potential employees. This would thus enhancing health psychology identity.

Additionally, respondents were asked for their views on a series of suggestions already elicited through the authors' work with other key stakeholders (experienced Health Psychologists, supervisors and employers of Health Psychologists). Table 1 below includes the percentage of respondents endorsing each of these. These suggest there is good consensus between stakeholder groups of means to support and develop Health Psychologist employability.

Table 1: Priority areas for the further development of the Stage 2 Qualification in Health Psychology

Possible priority for development of qualification and support	% endorsing
Practitioner skills training online or face-to-face	77%
A minimum number of hours of client contact for psychological interventions work	69%
Seek degree awarding power from the Quality Assurance Agency to confer the 'Dr.' title	69%
Continued advocacy for funded Stage 2 pathways	69%
More guidance about expected levels of micro-skills e.g. using Cognitive Therapy Rating Scale or Motivational Interviewing Treatment Integrity scale	65%
More information about expected formulation frameworks	62%
Lists of types of training courses relevant to Stage 2 health psychology candidates	62%
Signposting to resources such as client assessment, independent practice or setting up Health Psychology services	58%
Assignment structure guidance e.g. access to example anonymised pieces of work	50%
Opportunities or guidance on opportunities to rotate to different placements	50%
Better online/in-person Stage 2 health psychology candidate networks	46%
Intervention skill assessment e.g. role play	42%
Continued advocacy for fee reductions	39%
Minimum numbers of audio-recorded/live supervised sessions	35%
Training for supervisors in supervising practitioner skills	35%
A client log book as an assessed piece of work	23%
Online/in-person supervisor networks	8%
Enhanced guidance on supervisor fees and time	4%

Discussion

Our survey respondents viewed the independent route Stage 2 qualification as helpful in meeting their career goals and becoming more employable. They described working in a range of health psychology roles in NHS, local authority and academic settings. However, respondents highlighted and expanded on significant challenges to employability for those in training and following completion of the qualification.

Opportunities and barriers during Stage 2 training

With regards to funding and opportunities during Stage 2, this resonates with the BPS 2019 members survey (n= approx. 6000) on experiences of work. This reported that 'barriers in the training routes' were a major challenge for psychologists of all specialities, but that 'unclear pathways' and 'financial barriers' were particularly reported by DHP members, alongside those from occupational, counselling, and sport and exercise psychology backgrounds. This likely reflects that clinical psychology trainees are currently the only psychology trainees supported by a nationwide publicly-funded UK training scheme. An area of success is the NHS Education for Scotland (NES) Health Psychologist in Training Programme (Gillinsky et al. 2010; Swanson, 2017), heralded for its pioneering approach to offering several funded Trainee Health Psychologist places per year. This funding allows for enrolment and supervision through the independent route qualification, whilst working as an NHS band 6 trainee health psychologist on health improvement and inequalities projects within Scottish NHS Health Boards. There is currently no equivalent national or regional scheme in England, Wales or Northern Ireland and candidates often self-fund the significant costs of the doctorate or independent route and any coordinating supervisor fees.

Financial barriers are also likely limiting diversity and representation in our health psychology community and workforce. However, encouragingly, employers and universities have been increasingly offering matched funding and bursaries to support candidate training. DHP helps raise awareness of all opportunities we learn about, via Twitter and its newsletter, albeit these channels have limitations in reach and responsiveness. Organisations such as SCCH Consulting are also valuably raising awareness of and creating opportunities for Health Psychologists. Employability and funded Stage 2 opportunities are strategic priorities for DHP. We are working with Public Health England and Health Education England on establishing positions for in-training members to contribute to solving some of the major health challenges facing the English population. As an example, in response to the recent coronavirus (COVID-19) pandemic, health psychologists are coming together as a collective to donate expertise to health and social care colleagues, through the Health Psychology Exchange, (healthpsychologyexchange@outlook.com) taking a similar approach to the Change Exchange (Byrne-Davis et al.,2017) to support the health of the nation.

Opportunities and barriers for graduates

Stage 2 via Routes 2 and 3 is designed for graduates to become HCPC-registered and BPS-chartered health psychologists to work within the NHS, private sector, local government, third sector, academic institutions and/or self-employed in private practice. The barriers highlighted by trainees and graduates reflect the wider BPS member survey findings (BPS, 2019). Health Psychologists were amongst the most likely groups to report difficulties securing employment and continuing professional development, with some reporting struggling with stress and burnout due to working more hours than contracted. One challenge is undoubtedly health psychology's relatively recent evolution as a discipline, meaning that we are often at the pioneering forefront of creating new roles in applied settings such as within public health departments. Whilst this can be impactful and rewarding, these roles can involve much work to establish and embed. They often involve fixed-term contracts and potentially feelings of professional isolation compared to roles in more well-established psychology teams. Local and national peer support networks and access to supervision may be particularly important in these circumstances.

Further employability barriers are experienced where roles suitable for a Health Psychologist are not advertised as being open to applications from Health Psychologists. This is most often reported for roles for psychologists within NHS long-term conditions and physical health settings. This recruitment inequality continues despite BPS guidance for health boards, trusts and HR departments in 2008 and again in 2011 to ensure that jobs are advertised by competency and not professional title for fair

recruitment practice. A recent audit of all NHS jobs advertised in one month was conducted by the BPS Workforce Planning Advisors Standing Committee including DHP member Dr Hannah Dale. This found that there were 90 jobs advertised for psychologists within physical settings, but only 31% of these included broad and inclusive terms like 'applied psychologist' or included 'health psychologist' in the title. Fewer still were open to applicants with a health, rather than clinical or counselling psychology doctoral qualification (BPS, 2019).

Work is continuing by the Workforce Planning and DHP committee to produce updated guidance, agreed by all divisions. This hopes to more thoroughly address this issue and we would encourage our members to contribute to the forthcoming BPS consultation on the new guidance. In enhancing the identity of health psychology, it is important to highlight the great contributions health psychologists are making in research and practice settings. DHP Scotland have produced an excellent series of case studies highlighting Health Psychologists' work, and UK-wide initiatives are in progress in this respect in 2020. The DHP would be keen to receive any case studies of health psychology work that can be used to promote this agenda.

Next steps

The DHP are keen to support the membership including our in-training members and supervisors. This has led to a series of CPD and networking events, the first of which is on the topic of Open Science; others are under development. DHP members are also now representing the views of our members on the BPS Education Board and Practice Board, Health Education England Psychological Professions Network, and at parliamentary events. Health Psychologists continue to co-lead the Behavioural Science and Public Health Network and work with other relevant stakeholders. To further strengthen the visibility of health psychology, we are celebrating leaders in the field, through successful nominations for prestigious awards and are contributing to policy and consultations regularly. We look to the health psychology community to further disseminate our field's key messages and impact and strengthen local and national peer and mentoring networks. We encourage readers to let the DHP know how they are connecting with others locally to support those in research and applied settings at all training levels feel part of one health psychology community. This is especially important now as at the time of writing this article we are all getting used to working in physical isolation as part of the UK's response to the COVID-19 pandemic.

This survey provided an initial examination of the views of a sample of candidates and recent graduates of the independent route. Quotes presented are taken from individuals, rather than representing the diverse views, skills and experiences of all trainees and Health Psychologists. The survey questions were based on conversations with key stakeholders such as Health Psychologists, course leaders, supervisors and employers, as well as on our own experiences in these roles and helpful discourse on this issue (e.g. Hilton and Johnston, 2017 and replies). We continue to seek others' views on these important issues for the evolution of our field and hope that our university colleagues leading Route 1 and 2 health psychology qualifications may wish to repeat this survey with their students and graduates. We also hope to further explore supervisors' views in the coming months. Nevertheless, we welcome these excellent suggestions by respondents to help with the next iteration of the Stage 2 qualification. Finally, you will notice that we use both the terms candidate and trainee. Candidate is the term used in the BPS Stage 2 Qualification in Health Psychology handbook, and we have heard some of our members undertaking their doctoral-level training in multi-disciplinary workplaces feel they are seen as more junior to other professionals with a level 7 qualification due to the term 'trainee'. This is something worthy of future discussion.

In sum, we suggest several recommendations for the Stage 2 training committee and qualification working group as follows:

1. Ensure that the qualification has sufficient focus on the psychological interventions competence, with guidance on minimum therapeutic hours specified and guidance for employers on contexts and intensity levels of work, so that graduates are better prepared to move into entry level practitioner psychology roles following completion
2. Produce guidance for expected levels and assessment of psychological intervention competence and formulation frameworks to be used
3. Create a bank of training resources and opportunities on consultancy and therapeutic skills, ethical issues in practice, private practice guidance, to include crisis management, professional indemnity and self-assessment taxation
4. Enhance guidance and training for supervisors
5. Facilitate access to databases and journals
6. Seek degree-awarding powers to confer the Dr title
7. Facilitate further networks and events for Stage 2 candidates to connect
8. Consider the use of the terms 'trainee' 'candidate' and other appropriate alternatives to describe our D-level Health Psychologists-to-be.

We would be glad to hear readers' views on these suggestions, either at practiceleadDHP@outlook.com or EducationTrainingDHP@outlook.com.

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Author team

This was a collaborative project conducted in the context of the DHP's strategic priorities to support Stage 2 health psychology funding and Health Psychologist employability. The team was Eleanor Bull, DHP Practice Lead, Professor Tony Cassidy, DHP Qualifications Board, Dr Kristina Newman, DHP Trainee Lead, Niall Anderson, DHP Education and Training Lead, and Dr Angel Chater, DHP Chair.