

# Reflecting on the Stage 2 health psychology independent training route: A survey of trainee and graduate experiences of employability

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## Introduction

A couple of the most common questions we may encounter from psychology students thinking about their career choices are: “*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/healthcare professionals, 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, education, culture, 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; renamed the Behavioural Science and Public Health Network, BSPHN in 2018) 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 (Quinn, Morrison & Chater, 2020) and the BPS DHP Scotland’s case studies of Health Psychologists. Reflecting this diversity, in the UK there are currently several different options for training in health psychology.

## 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 two routes also require a BPS-accredited MSc in Health Psychology, known as Stage 1 training. The three routes are as follows:

- Route 1 (university route): GBC, and MSc in Health Psychology (Stage 1), and BPS-accredited university Stage 2 training programme (usually a Professional Doctorate in Health Psychology, DHealthPsy or a PhD in Health Psychology)
  - (the university is accredited, this route includes the title Dr, allows BPS Chartership and HCPC registration as Health Psychologist)

- 41 • Route 2 (independent route): GBC, and MSc in Health Psychology (Stage 1), and a period of  
42 two years supervised training (or part-time equivalent), enrolled on the BPS Stage 2  
43 Qualification in Health Psychology (QHP), under the supervision of an approved Stage 2  
44 supervisor registered on the BPS RAPPS (Register of Applied Psychology Practice Supervisors)
- 45 ○ (the supervisor is 'accredited', this route allows BPS Chartership and HCPC registration  
46 as Health Psychologist, is a doctoral level qualification but does not include the title  
47 Dr, as the BPS is not a degree-awarding institution.)
- 48 ○ (Can be studied alongside a PhD, with work used for both awards that would lead to  
49 Dr title, BPS Chartership and HCPC registration)
- 50 • Route 3 (PhD route): GBC, and a period of research to doctoral level (usually a PhD), in a Health  
51 Psychology area
- 52 ○ (may or may not include an MSc, does not include registration with HCPC, but allows  
53 for BPS Chartership; PhD confers the title Dr)

54

55 The fundamental administrative differences between each route are around quality assurance and  
56 assessment. For route 3, quality assurance and assessment for suitability lie with an application direct  
57 to the BPS DHP for full membership. In route 1, enrolment and assessment are both kept within the  
58 university programme and the BPS and HCPC quality-assure each programme with external examiners  
59 quality assuring the candidates' work and the university environment. In route 2, enrolment and  
60 assessment are housed within the BPS and the BPS arrange the quality assurance of supervisors,  
61 training plans, progress and examination, with the qualification training route as a whole approved by  
62 [HCPC](#) to ensure candidates meet the Standards of Proficiency (SoPs). Doctorate and PhD routes (route  
63 1 and 3) are often favoured within academia and research settings, whereas, roles within the NHS and  
64 private practice require HCPC registration (Routes 1 and 2). See McSharry, Chater, Lucanin, Hofer,  
65 Paschali & Warner (2017) on UK educational credits and expected hours of training and under  
66 supervision.

67 Focusing specifically on routes 1 and 2 that provide the requirements for both Chartership with the  
68 BPS and Registration with the HCPC, both routes require an MSc in Health Psychology (Stage 1) which  
69 provides foundation health psychology knowledge, theory and research methods (180 UK credits,  
70 university level 7/M level). They then require Stage 2 (university level 8/doctoral level), which  
71 develops applied skills in five core competencies, specifically: 1) generic professional skills, 2)  
72 conducting psychological interventions, 3) research, 4) consultancy and 5) teaching and training. Both  
73 routes involve candidates preparing a doctoral-level portfolio of evidence, including an empirical  
74 research project, systematic review, case studies, reflective reports, consultancy contracts and  
75 teaching materials, before submitting and defending their work at an oral viva. Candidates within the  
76 university route (route 1) are supported within the infrastructure of the university, however, those on  
77 the independent route (route 2) are supported predominantly by their co-ordinating supervisor (from  
78 RAPPS) and workplace supervisor where relevant. Stage 2 training via both routes 1 and 2 follows the  
79 BPS Standards for the accreditation of Masters and Doctoral programmes in health psychology (BPS,  
80 2019).

## 81 **Supporting employability of graduates**

82 As a profession, we must prepare and train our graduates for employability in increasingly diverse  
83 fields and landscapes of research, training and practice. This includes routinely monitoring and  
84 updating where necessary our professional training routes and qualifications. Funding for Stage 2  
85 training, enhancing career pathways, and Health Psychologist employability have been highlighted as  
86 key concerns and areas for development (Chater & Hart, 2019). Consequently, these are strategic  
87 priorities for the current DHP committee (Chater, 2020; DHP AGM 2019). To assist with this, and to  
88 help shape the BPS Standards for routes 2 and 3 going forward, it is important to understand the views  
89 of current trainees and recent graduates. Fewer trainees embark on route 2 than route 1 each year,  
90 but this 'independent' group do not have as many structured opportunities to provide feedback as  
91 trainees enrolled within universities. It was, therefore, a pressing priority to ensure their voices were  
92 represented in these important discussions.

93 In Summer 2019, with the support of the BPS, members of the DHP committee and DHP Qualifications  
94 Board and Training Committee who oversee UK health psychology training, a survey was conducted.  
95 This aimed to gather employability experiences of current independent-route (route 2) health  
96 psychologists in training (often termed 'trainees' however, officially known as 'candidates' such like a  
97 PhD candidate), and those who had graduated within the past five years. The findings are discussed  
98 here in the context of other DHP work surrounding employability of health psychologists.  
99 Recommendations are then presented regarding ways the Stage 2 training committee, DHP  
100 committee and wider health psychology community can support employability of graduates,  
101 particularly in applied settings. The BPS standards for doctoral programmes have been refined several  
102 times since originally developed in 2001 and a new edition is planned for 2020/2021 with a focus on  
103 refining the psychological interventions competence. This survey aimed to inform the Qualification  
104 Board and Training Committee's on relevant issues and we invite HPU readers to continue the  
105 discussion.

106

## 107 **Methods**

108 *Design:* A survey design was employed.

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

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

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

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

124

## 125 Findings

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

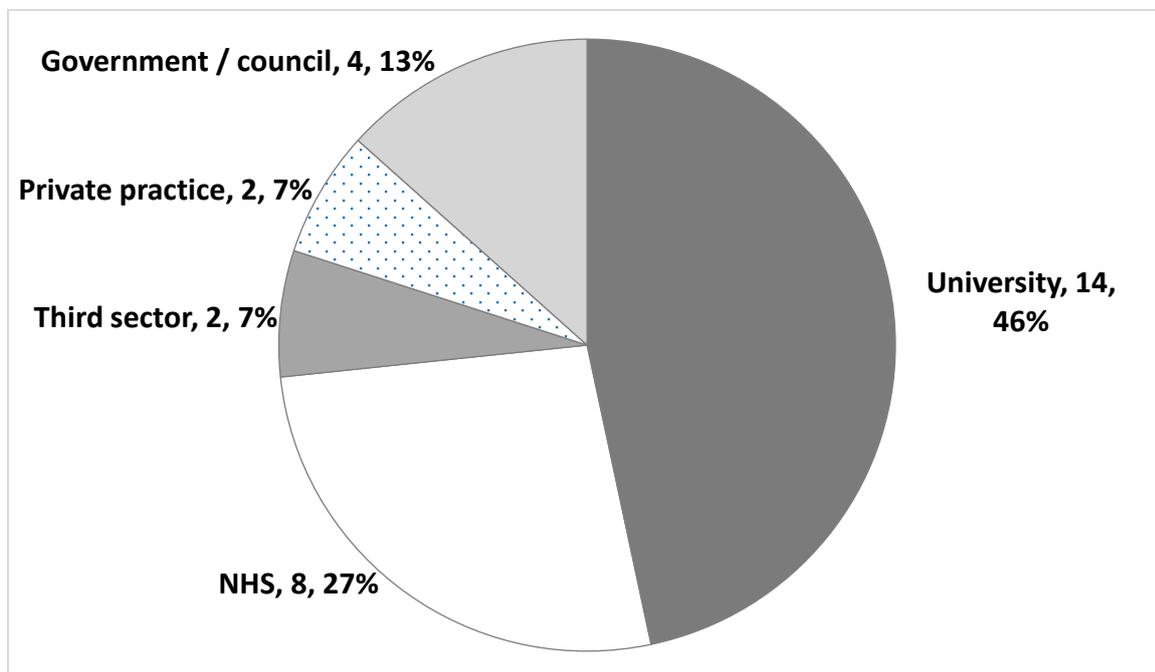
### 130 Roles held during Stage 2:

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

### 138 Graduate destinations:

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

142



143

144 *Figure 1: Employers of independent Stage 2 health psychology graduate respondents (30 roles held by*  
145 *16 graduates)*

146 Graduates were employed by universities as senior lecturers, lecturers, researchers or teaching  
147 fellows. In the NHS, graduates held several roles including those entitled Health Psychologist or  
148 Principal Health Improvement Educator. Those in government and third sector organisations

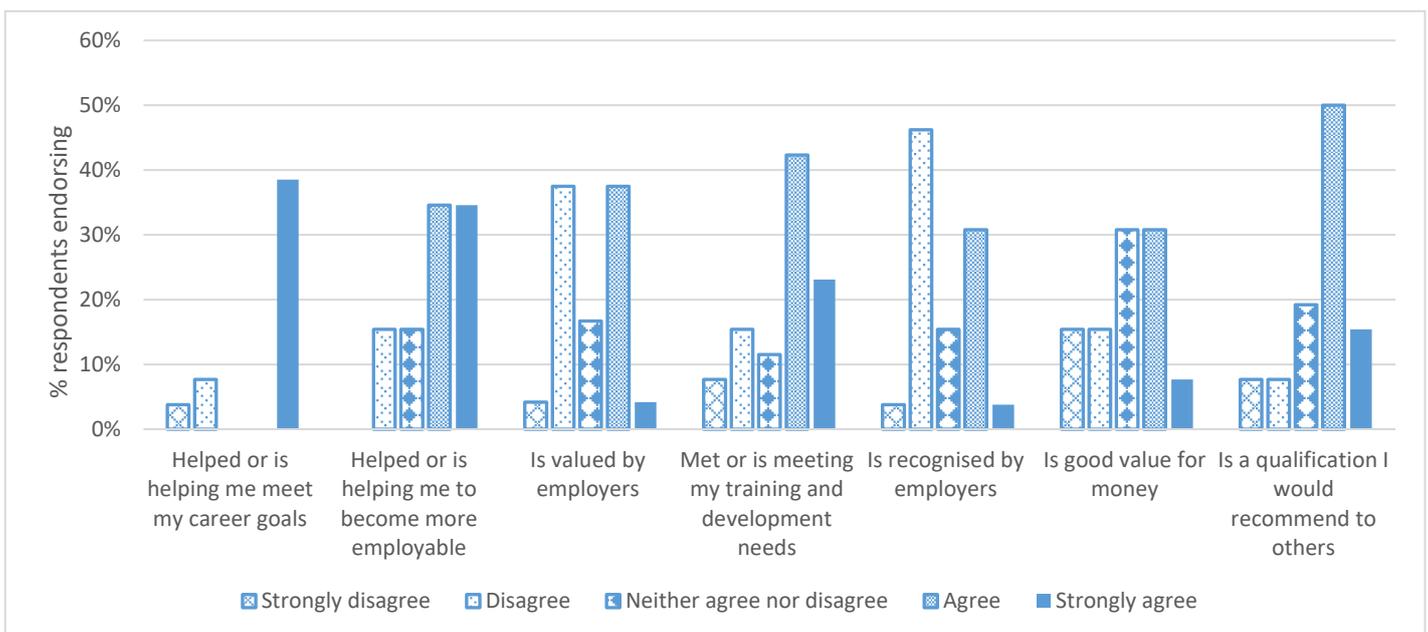
149 described jobs as Behavioural Scientist, Public Involvement Advisor, Behaviour Change Advisor, Parole  
 150 Board Psychologist and Public Health Analyst. Graduates in private practice described their job role  
 151 as a Health Psychologist and Research Consultant respectively. Two graduates described now  
 152 pursuing further study, either a Clinical Psychologist doctorate or PhD. In many cases, graduates had  
 153 held more than one role since graduating or more than one role simultaneously. In approximately half  
 154 of cases, graduates reported that Stage 2 was required for the job described, in a further three cases  
 155 they felt it helped them secure the role.

156 **Attitudes towards the Stage 2 qualification:**

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

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166



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

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

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

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

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

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

### 199 **Barriers and facilitators to health psychologists gaining and progressing in employment**

200 In response to the question 'What do you feel are the top three barriers practitioner Health  
201 Psychologists face in gaining and progressing in such employment?', nearly all trainees/graduates  
202 highlighted that a lack of availability of job roles health psychologists can apply for was a top barrier.  
203 For example,

204 *"Job descriptions stating clinical psychology as a requirement"*

205 *"Limited understanding from employers about the Stage 2 qualification or health*  
206 *psychologists' skills".*

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

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

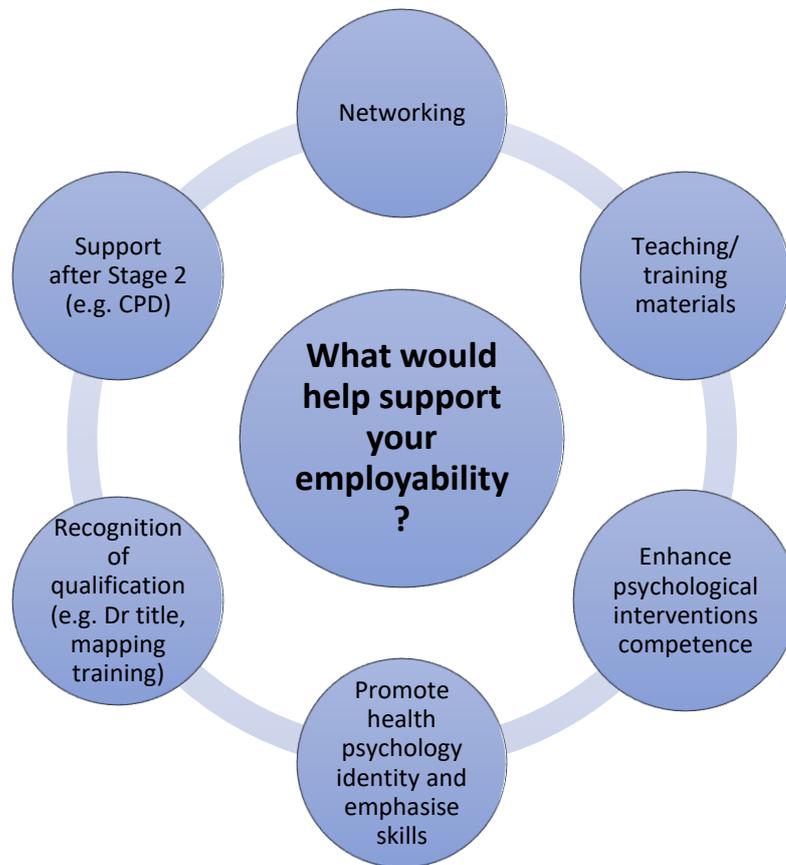
212 *"Whilst old-fashioned & in no means a true reflection of a person's competence to*  
213 *practice, it [the Dr title] still seems to carry a level of 'credibility' in clinical settings"*

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

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

### 225 **Priorities for support**

226 In-training and graduate respondents highlighted a variety of ways that the BPS and health psychology  
227 community could further support Stage 2 independent route training (Figure 3).  
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233 *Figure 3: Visual representation of health psychology Stage 2 trainee and graduate’s key messages for*  
234 *enhanced support*

235 *Changes to the qualification:*

236 Respondents suggested ways the stage 2 qualification could evolve. Most comments focussed on the  
237 psychological intervention competence. It was felt that a minimum number of client contact hours  
238 should be specified, and guidelines in relation to delivery to enhance consistency between graduates’  
239 skills. Respondents felt more guidance for supervisors would also be helpful. Several respondents  
240 suggested that more support, guidance, low-cost training opportunities and teaching materials during  
241 enrolment on the qualification would be useful. This was particularly around training in therapeutic  
242 competencies and consultancy. Respondents felt a database of placement and other opportunities  
243 would benefit those in training. Furthermore, there was a desire for the BPS to become a degree-  
244 awarding institution to be able to confer the doctoral award on graduates, allowing the use of the Dr  
245 title. Finally, wider opportunities to access databases (e.g. for journals) and other resources through  
246 the BPS were seen as necessary.

247 *Other activities to enhance employability:*

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

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

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

257 *“Give health psychology practice more visibility and promotion”*

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

262 Additionally, respondents were asked for their views on a series of suggestions already elicited  
263 through the authors’ work with other key stakeholders (experienced Health Psychologists, supervisors  
264 and employers of Health Psychologists). Table 1 below includes the percentage of respondents  
265 endorsing each of these.

266 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%

267

## 268 Discussion

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

#### 274 **Opportunities and barriers during Stage 2 training**

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

289 Financial barriers are also likely limiting diversity and representation in our health psychology  
290 community and workforce. However, encouragingly, employers and universities have been  
291 increasingly offering matched funding and bursaries to support candidate training. DHP helps raise  
292 awareness of all opportunities we learn about, via Twitter and its newsletter, albeit these channels  
293 have limitations in reach and responsiveness. Organisations such as the BSPHN and SCCH Consulting  
294 are also valuably raising awareness of and creating opportunities for Health Psychologists.  
295 Employability and funded Stage 2 opportunities are strategic priorities for DHP. We are working with  
296 Public Health England and Health Education England on establishing positions for in-training members  
297 to contribute to solving some of the major health challenges facing the population health. As an  
298 example, in response to the recent coronavirus (COVID-19) pandemic, health psychologists are coming  
299 together as a collective to donate expertise to health and social care colleagues, through the Health  
300 Psychology Exchange, ([healthpsychologyexchange@outlook.com](mailto:healthpsychologyexchange@outlook.com)) taking a similar approach to the  
301 Change Exchange (Byrne-Davis et al., 2017) to support the health of the nation. Whilst supporting the  
302 health and social care systems, this collective approach has also raised the profile of health psychology  
303 and created a collaborative hub that members value (Watson, 2020).

#### 304 **Opportunities and barriers for graduates**

305 Stage 2 via routes 1 and 2 is designed for graduates to become HCPC-registered and BPS-chartered  
306 health psychologists to work within the NHS, private sector, local government, third sector, academic  
307 institutions and/or self-employed in private practice. The barriers highlighted by trainees and  
308 graduates reflect the wider BPS member survey findings (BPS, 2019). Health Psychologists were  
309 amongst the most likely groups to report difficulties securing employment and continuing professional  
310 development, with some reporting struggling with stress and burnout due to working more hours than  
311 contracted. One challenge is undoubtedly health psychology’s relatively recent evolution as a  
312 discipline (Quinn et al., 2020), meaning that we are often at the pioneering forefront of creating new  
313 roles in applied settings such as within public health departments. Whilst this can be impactful and

314 rewarding, these roles can involve much work to establish and embed. They often involve fixed-term  
315 contracts and potentially feelings of professional isolation compared to roles in more well-established  
316 psychology teams. Local and national peer support networks and access to supervision may be  
317 particularly important in these circumstances.

318 Further employability barriers are experienced where roles suitable for a Health Psychologist are not  
319 advertised as being open to applications from Health Psychologists. This is most often reported for  
320 roles for psychologists within NHS long-term conditions and physical health settings. This recruitment  
321 inequality continues despite BPS guidance for health boards, trusts and HR departments in 2008 and  
322 again in 2011 to ensure that jobs are advertised by competency and not professional title for fair  
323 recruitment practice. A recent audit of all NHS jobs advertised in one month was conducted by the  
324 BPS Workforce Planning Advisors Standing Committee including DHP member Dr Hannah Dale. This  
325 found that there were 90 jobs advertised for psychologists within physical settings, but only 31% of  
326 these included broad and inclusive terms like 'applied psychologist' or included 'health psychologist'  
327 in the title. Fewer still were open to applicants with a health, rather than clinical or counselling  
328 psychology doctoral qualification (BPS, 2019).

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

### 337 **Next steps**

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

352 This survey provided an initial examination of the views of a sample of candidates and recent  
353 graduates of the independent route. Quotes presented are taken from individuals, rather than  
354 representing the diverse views, skills and experiences of all trainees and Health Psychologists. The  
355 survey questions were based on conversations with key stakeholders such as Health Psychologists,  
356 course leaders, supervisors and employers, as well as on our own experiences in these roles and  
357 helpful discourse on this issue (e.g. Hilton and Johnston, 2017 and replies). We continue to seek  
358 others' views on these important issues for the evolution of our field and hope that our university

359 colleagues leading Route 1 qualifications may wish to repeat this survey with their students and  
360 graduates. We also hope to further explore supervisors' views. Nevertheless, we welcome these  
361 excellent suggestions by respondents to help with the next iteration of the BPS Standards. Finally, you  
362 will notice that we use both the terms candidate and trainee. Candidate is the term used in the BPS  
363 Stage 2 Qualification in Health Psychology handbook, and we have heard some of our members  
364 undertaking their doctoral-level training in multi-disciplinary workplaces feel they are seen as more  
365 junior to other professionals with an MSc-level qualification or equivalent years of training due to the  
366 term 'trainee'. This is something worthy of future discussion.

367 In sum, we suggest several recommendations for the Qualifications Board and Training Committee in  
368 their work to review the BPS standards for health psychology training:

- 369 1. Ensure that the qualification has sufficient focus on the psychological interventions  
370 competence, with guidance on minimum therapeutic hours specified and guidance for  
371 employers on contexts and intensity levels of work, so that graduates are better prepared to  
372 move into entry level practitioner psychologist roles following completion. This may mean  
373 reducing the assessment demands of other competencies e.g. consultancy.
- 374 2. Produce guidance for expected levels and assessment of psychological intervention  
375 competence and formulation frameworks to be used.
- 376 3. Create a bank of training resources and opportunities on consultancy and therapeutic skills,  
377 ethical issues in practice, private practice guidance, to include crisis management,  
378 professional indemnity and self-assessment taxation.
- 379 4. Enhance guidance and training for supervisors.
- 380 5. Facilitate access to databases and journals for route 2 candidates.
- 381 6. Seek degree-awarding powers to confer the Dr title for route 2 candidates.
- 382 7. Facilitate further networks and events for Stage 2 candidates (routes 1 and 2) to connect
- 383 8. Revisit the relative merit of terms such as 'trainee' 'candidate' and other appropriate  
384 alternatives such as 'pre-reg' or 'registrar' to demonstrate equivalence of our D-level Health  
385 Psychologists-to-be to multi-disciplinary colleagues with similar years of training and  
386 qualifications.

387 Of course, whilst refining the qualification to enhance employability, we must ensure it remains  
388 feasible for candidates, in terms of opportunities available to them in their workplace settings and  
389 qualification workload. We would be glad to hear readers' views on these suggestions, either at  
390 [practiceleadDHP@outlook.com](mailto:practiceleadDHP@outlook.com) or [EducationTrainingDHP@outlook.com](mailto:EducationTrainingDHP@outlook.com).

391

## 392 **References**

393 British Psychological Society (2019). *Member Survey Report*. Available at:  
394 [https://www.bps.org.uk/sites/www.bps.org.uk/files/Policy/Policy%20-](https://www.bps.org.uk/sites/www.bps.org.uk/files/Policy/Policy%20-%20Files/BPS%20Briefing%20-%202019%20Member%20Survey.pdf)  
395 [%20Files/BPS%20Briefing%20-%202019%20Member%20Survey.pdf](https://www.bps.org.uk/sites/www.bps.org.uk/files/Policy/Policy%20-%20Files/BPS%20Briefing%20-%202019%20Member%20Survey.pdf)

396 British Psychological Society (2019). *Standards for the accreditation of*  
397 *Masters & Doctoral programmes in health psychology*. Available at:  
398 [https://www.bps.org.uk/sites/www.bps.org.uk/files/Accreditation/Health%20Accreditation](https://www.bps.org.uk/sites/www.bps.org.uk/files/Accreditation/Health%20Accreditation%20Handbook%202019.pdf)  
399 [%20Handbook%202019.pdf](https://www.bps.org.uk/sites/www.bps.org.uk/files/Accreditation/Health%20Accreditation%20Handbook%202019.pdf)

400 Byrne-Davis, L. M., Bull, E. R., Burton, A., Dharni, N., Gillison, F., Maltinsky, W., ... & Byrne, G. J.  
401 (2017). How behavioural science can contribute to health partnerships: the case of The  
402 Change Exchange. *Globalization and health*, 13(1), 30. [https://doi.org/10.1186/s12992-017-](https://doi.org/10.1186/s12992-017-0254-4)  
403 [0254-4](https://doi.org/10.1186/s12992-017-0254-4)

404 Chater, A (2020). Welcome from the Chair: DHP Strategic objectives. *DHP Newsletter, Feb, 1 (1)*, 1.  
405 [Accessed on 24-05-2020  
406 [https://www.bps.org.uk/sites/www.bps.org.uk/files/Member%20Networks/Divisions/DHP/](https://www.bps.org.uk/sites/www.bps.org.uk/files/Member%20Networks/Divisions/DHP/DHP%20Newsletter%20-%20February%202020%20%28Updated%29.pdf)  
407 [DHP%20Newsletter%20-%20February%202020%20%28Updated%29.pdf](https://www.bps.org.uk/sites/www.bps.org.uk/files/Member%20Networks/Divisions/DHP/DHP%20Newsletter%20-%20February%202020%20%28Updated%29.pdf)]

408 Chater, A. (2014). Improving the health of the nation: Health Psychology's role in Public Health.  
409 *Health Psychology in Public Health Newsletter*, 1, (1), 2. [Accessed on 24-05-2020  
410 [https://www.bsphn.org.uk/ data/site/54/pg/364/HPPHN-Publication-2014-Issue-2.pdf](https://www.bsphn.org.uk/data/site/54/pg/364/HPPHN-Publication-2014-Issue-2.pdf)]

411 Chater, A. & Hart, J. (2019). Building capacity in behavioural science and public health using the  
412 Stage 2 training route: Ideas for the development of a funded model. *Behavioural Science*  
413 *and Public Health*, 1,(1), 40-42. [Accessed on 24-05-2020  
414 [https://www.bsphn.org.uk/ data/site/54/pg/364/BSPHNWinter-Spring-2019-volume-3-](https://www.bsphn.org.uk/data/site/54/pg/364/BSPHNWinter-Spring-2019-volume-3-issue-1.pdf)  
415 [issue-1.pdf](https://www.bsphn.org.uk/data/site/54/pg/364/BSPHNWinter-Spring-2019-volume-3-issue-1.pdf)]

416 Chater, A. & McManus, J. (2016). Health psychology and the public health agenda. *The Psychologist*,  
417 29, (1), 7. [Accessed on 24-05-2020 [https://thepsychologist.bps.org.uk/volume-29/january-](https://thepsychologist.bps.org.uk/volume-29/january-2016)  
418 [2016](https://thepsychologist.bps.org.uk/volume-29/january-2016)]

419 Gilinsky, A.S., Dombrowski, S.U., Dale, H. *et al.* Partnership work between Public Health and Health  
420 Psychology: introduction to a novel training programme. *BMC Public Health* 10, 692 (2010).  
421 <https://doi.org/10.1186/1471-2458-10-692>

422 Hilton, C. E., & Johnston, L. H. (2017). Health psychology: It's not what you do, it's the way that you  
423 do it. *Health Psychology Open*, 4(2): 2055102917714910. doi: 10.1177/2055102917714910.

424 Lewis-Smith, H., Jenkinson, E. & Chater, A. (2014). Do you want to be a Health Psychologist? A survey  
425 of further education students' knowledge of and interest in health psychology as a future  
426 career. *Health Psychology Update* 23(1), 37-43 [Accessed on 24-05-2020  
427 [https://www.researchgate.net/profile/Elizabeth\\_Jenkinson/publication/262764129\\_Do\\_you](https://www.researchgate.net/profile/Elizabeth_Jenkinson/publication/262764129_Do_you_want_to_be_a_Health_Psychologist_A_survey_of_further_education_students'_knowledge_of_and_interest_in_health_psychology_as_a_future_career/links/548051290cf250f1edc03054/Do-you-want-to-be-a-Health-Psychologist-A-survey-of-further-education-students-knowledge-of-and-interest-in-health-psychology-as-a-future-career.pdf)  
428 [\\_want\\_to\\_be\\_a\\_Health\\_Psychologist\\_A\\_survey\\_of\\_further\\_education\\_students'\\_knowledg](https://www.researchgate.net/profile/Elizabeth_Jenkinson/publication/262764129_Do_you_want_to_be_a_Health_Psychologist_A_survey_of_further_education_students'_knowledge_of_and_interest_in_health_psychology_as_a_future_career/links/548051290cf250f1edc03054/Do-you-want-to-be-a-Health-Psychologist-A-survey-of-further-education-students-knowledge-of-and-interest-in-health-psychology-as-a-future-career.pdf)  
429 [e\\_of\\_and\\_interest\\_in\\_health\\_psychology\\_as\\_a\\_future\\_career/links/548051290cf250f1edc0](https://www.researchgate.net/profile/Elizabeth_Jenkinson/publication/262764129_Do_you_want_to_be_a_Health_Psychologist_A_survey_of_further_education_students'_knowledge_of_and_interest_in_health_psychology_as_a_future_career/links/548051290cf250f1edc03054/Do-you-want-to-be-a-Health-Psychologist-A-survey-of-further-education-students-knowledge-of-and-interest-in-health-psychology-as-a-future-career.pdf)  
430 [3054/Do-you-want-to-be-a-Health-Psychologist-A-survey-of-further-education-students-](https://www.researchgate.net/profile/Elizabeth_Jenkinson/publication/262764129_Do_you_want_to_be_a_Health_Psychologist_A_survey_of_further_education_students'_knowledge_of_and_interest_in_health_psychology_as_a_future_career/links/548051290cf250f1edc03054/Do-you-want-to-be-a-Health-Psychologist-A-survey-of-further-education-students-knowledge-of-and-interest-in-health-psychology-as-a-future-career.pdf)  
431 [knowledge-of-and-interest-in-health-psychology-as-a-future-career.pdf](https://www.researchgate.net/profile/Elizabeth_Jenkinson/publication/262764129_Do_you_want_to_be_a_Health_Psychologist_A_survey_of_further_education_students'_knowledge_of_and_interest_in_health_psychology_as_a_future_career/links/548051290cf250f1edc03054/Do-you-want-to-be-a-Health-Psychologist-A-survey-of-further-education-students-knowledge-of-and-interest-in-health-psychology-as-a-future-career.pdf)]

432 McManus, J. (2014). What health psychology brings to the public health table. *Health Psychology in*  
433 *Public Health Newsletter*, 1, (1), 1. [Accessed on 24-05-2020  
434 [https://www.bsphn.org.uk/ data/site/54/pg/364/HPPHN-Publication-2014-Issue-1.pdf](https://www.bsphn.org.uk/data/site/54/pg/364/HPPHN-Publication-2014-Issue-1.pdf)]

435 McSharry, J., Chater, A., Lucanin, J. D., Hofer, S., Paschali, A. & Warner, L. M. (2017). Health Psychology  
436 education and training in countries represented by the EHPS. *The European Health*  
437 *Psychologist*. 19, (6), 375-380. [Accessed on 24-05-2020  
438 <file:///C:/Users/achater/Downloads/2467-Article%20Text-1408-1-10-20180119.pdf> ]

439 Quinn, F., Chater, A. & Morrison, V. (*in press*). An oral history of health psychology in the UK. *British*  
440 *Journal of Health Psychology*. Early online access. Apr <https://doi.org/10.1111/bjhp.12418>

441 Smith, J. (2018). Health psychology and acronyms: Defining a well-PACED profession and an AZ guide  
442 to Stage 2 health psychology training. *Health Psychology Update*, 27(2), 32. [Accessed 24-05-  
443 2020 [https://shop.bps.org.uk/publications/health-psychology-update-vol-27-no-2-autumn-](https://shop.bps.org.uk/publications/health-psychology-update-vol-27-no-2-autumn-2018.html)  
444 [2018.html](https://shop.bps.org.uk/publications/health-psychology-update-vol-27-no-2-autumn-2018.html)]

445 Swanson, V. (2017). Adding value to health in Scotland: Big contributions from a small training  
446 programme for health psychologists. *Health Psychology in Public Health*. 1, (2), 3-4.  
447 [Accessed on 24-05-2020 [https://www.bsphn.org.uk/ data/site/54/pg/364/HPPHN-](https://www.bsphn.org.uk/data/site/54/pg/364/HPPHN-Publication-Autumn-2017-Volume-1-Issue-2.pdf)  
448 [Publication-Autumn-2017-Volume-1-Issue-2.pdf](https://www.bsphn.org.uk/data/site/54/pg/364/HPPHN-Publication-Autumn-2017-Volume-1-Issue-2.pdf)]

449

450 Watson, D. (2020). How will you help to sustain collective efficacy? The Psychologist blog. [Accessed  
451 24-05-2020 [https://thepsychologist.bps.org.uk/how-will-you-help-sustain-collective-  
453 efficacy](https://thepsychologist.bps.org.uk/how-will-you-help-sustain-collective-<br/>452 efficacy)]

454 **Author team**

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