Health Psychology in Practice
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This book heralds a coming of age for the development of professional health psychology. Over the past 20 or so years, health psychology has made huge strides as a discipline but the emergence of a consensus about the professional roles and training needs of health psychology practitioners has inevitably been a slower process. An important early step in this process was the publication of an influential volume called *Health Psychology: A Discipline and a Profession* (ed. G.C. Stone et al.; Chicago: University of Chicago Press, 1987). This book reported papers from a conference which brought together leading US health psychologists in order to focus on training-related issues, not only to define the knowledge and skills base but also to identify the contexts and populations where these could be applied.

Since that time, health psychology has progressed as a discipline in a rapid and exciting way in many countries. The knowledge base has been established by a tide of research that has generated new journals such as *Health Psychology*, the *Journal of Behavioural Medicine*, the *British Journal of Health Psychology* and *Psychology and Health*. Findings and developments have been consolidated in major textbooks and the research base continues to be refined and developed in journals devoted to the discipline, as well as in other psychological and health-related journals.

Founded on this research base, professional development is now clearly taking shape and the present volume makes an important contribution to this developmental process. The authors have used the tripartite model of professional training, which originated in the UK, with its primary conceptualization of professional practice in terms of research, teaching and training, and consultancy as the core for planning this book. In addition, they have acknowledged that professional practice includes a range of other roles involving interventions at different levels, from delivering primary prevention to providing support and behaviour change initiatives.
in people with major health problems. Thus, there is something here for all health psychologists concerned with professional training, whether as trainers or trainees. There is a distinct UK flavour in the underlying model of professional training because the book is focused upon the competencies that must be acquired by those wishing to practise in the UK. However, as well as being an invaluable guide to those involved in training in the UK, the book also includes important contributions from authors in Europe, the United States and Australia, as well as commentaries from leading psychologists in a range of countries developing health psychology training. Between them, the authors and the commentators have succeeded in providing overviews of the key professional roles and applications for health psychologists wherever they practise.

As health psychology now gets to grips with the reality of professional training, and as professional roles emerge and consolidate, we will begin to get a greater understanding of what health psychologists across the world can and should be doing to improve health and healthcare. This book will provide us with a very important starting point for this process and I am sure that it will play a key role in facilitating the training process. It is also likely to result in many more editions, which will not only take account of future changes in the knowledge base but also of the development of professional roles and responsibilities of health psychologists in the years ahead.
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The publishers apologize for any errors or omissions in the above list and would be grateful to be notified of any corrections that should be incorporated in the next edition or reprint of this book.
Chapter 1

HEALTH PSYCHOLOGY IN PRACTICE: INTRODUCTION

Susan Michie and Charles Abraham

The importance of health psychology practice is recognized internationally and many countries have professional health psychology training programmes. The UK training programme developed by the British Psychological Society (BPS) Division of Health Psychology specifies training in core areas of competence that are also included in other national training programmes. Chapter 3 of the book explores the relationship between training in the UK and other countries through commentaries by health psychologists from Europe, Australia and the USA.

This is the first book to describe the health psychology competences (that is, knowledge and skills) required to qualify as a health psychologist in the UK. The book aims to do two things: give a broad overview of the topics and competences involved in professional health psychology training and offer sufficient detail and explanation to help trainees and trainers put theory and knowledge into practice. Chapters provide ‘how to do it’ guidelines and practical examples and show how their topics relate directly to specific competences specified by the BPS, stage 2 qualification. The book will be useful to those considering or undertaking health psychology training, those organizing and delivering health psychology training and those supervising trainees in practice.

The book is divided into five parts:

1 Training Models
2 Research
3 Consultancy and Interventions
4 Training and Teaching
5 Professional Roles and Practice.

Part 1 describes models of training. Chapter 2 (Michie, Abraham & Johnston) outlines the UK training model in detail, considering the historical development of health psychology, the need for trained health psychologists, the content of the British Psychological Society’s training programme
and the steps required to become a trained health psychologist. Chapter 3 provides an international context and perspectives. The European ‘Common Framework’ for education and training in psychology, which will regulate professional training across Europe, is introduced (McIntyre). This forms the basis of the European Diploma in Psychology, which is being developed by the European Federation of Psychologists Associations (EFPA). Commentaries on health psychology training in other countries come from the United States (Folkman), Australia (Paxman), the Netherlands (de Ridder and Schreurs), Portugal (McIntyre) and Ireland (McGee).

The ability to design, undertake, evaluate and apply research is central to the competence of a health psychologist and a high level of research expertise is required by the UK training programme. Trainees must complete and write up a systematic review and a major empirical study to the standards set by peer-reviewed journals relevant to health psychology. This corresponds to minimum standards for the attainment of a doctor of philosophy degree in the UK (BPS, 2000). In Chapter 4, Abraham explains the importance of theory to describing, explaining, predicting and changing people’s experience and behaviour. This chapter illustrates the way in which theory development, hypotheses derivation and empirical testing build psychological knowledge and establish effective theory-based behaviour-change techniques. The chapter demonstrates the need for health psychologists to be theoretically knowledgeable and to be involved in continuing professional development to update their knowledge of theory and empirical tests of theory. In Chapter 5, Sutton and French focus on the skills involved in research design. They explain how psychology researchers progress from initial questions that highlight the need for research through the process of research design to selecting measures and samples. These authors illustrate how health psychologists can develop research protocols that explain the nature of proposed research and guide research practice. In Chapter 6, Wright and Kelly discuss the way in which quantitative analysis is used to summarize data and evaluate hypotheses and theory. The chapter explains how researchers should examine and report data, describing and describing popular statistical procedures such as regression, t-tests, ANOVA, cross-tabulation and meta-analysis.

There is a recognition that, while much health psychology research involves the collection of quantitative data, important developments have been taking place in qualitative research and systematic reviewing. In Chapter 7, Payne considers the circumstances in which qualitative methods are appropriate, the importance of a ‘good’ research question, the nature of qualitative data and how to generate high quality data. Payne discusses the transformation of data for analysis, explores a particular example of analyses and illustrates the results. The important question of criteria by which to judge the quality of qualitative research is also discussed. Petticrew
Introduction

and Gilbody introduce the main stages in carrying out a systematic literature review (Chapter 8), including defining the review question, locating and selecting the studies, appraising and synthesizing them (by means of a meta-analysis if appropriate), and finally writing up the completed review. The next two chapters are very much ‘how to do it’ chapters, focusing on two key areas of academic life, writing successful grant applications and writing for publication. In Chapter 9, Newman emphasizes the importance of familiarizing oneself with the agendas of potential funders and addressing them convincingly. The task is not only to outline what needs to be done in sufficient detail and rigour, but also to make the case for why the applicants are the people to do it. Michie and West, in Chapter 10, address the common pitfalls in writing journal articles and give tips for avoiding them. They stress the importance of being clear, from the beginning, about what the paper is trying to achieve, who the audience is and which journal is being targeted. A section by section guide to writing a paper is provided.

Part 3 is concerned with health psychology consultancy and the design and evaluation of behaviour-change interventions. In Chapter 11, Kok and Schaalma discuss the application of psychological theory to the development of health promotion programmes (e.g., in smoking cessation). The authors describe and illustrate the ‘Intervention Mapping’ framework which provides guidelines and tools for the selection and application of theory and the translation of theory into programmes and materials. Earll and Bath (Chapter 12) define and describe the process of health psychology consultancy. They identify key tasks that must be undertaken when providing consultancy and highlight the competences required. The process is illustrated by discussion of a variety of case studies. In Chapter 13, Ferguson and Kerrin consider the roles of health psychologists in organization settings. The authors focus on organizational change and the impact of organizational change on employee health. They discuss how organizational theory, particularly theories dealing with organizational change, stress management and safety at work, can inform the practice of health psychologists in organizations. Bennett, Conner and Godin (Chapter 14) examine a variety of behaviour change theories and techniques that health psychologists can use to change individual behaviour. They explain and illustrate approaches based on learning theory, communication theory, social learning theory, social cognition theories and cognitive models of therapy. This chapter complements that by Kok and Schaalma and provides a useful guide to how health psychologists understand and effect behaviour change. Finally, drawing on issues covered in a number of earlier chapters, Walker (Chapter 15) discusses how health psychologists can study and intervene to change the behaviour of healthcare professions. Walker points out that evidence-based healthcare depends upon the
behaviour of healthcare professionals and that providing information on best practice (e.g., in national guidelines) may not be enough to establish evidence-based practice. Walker considers interventions to improve the quality of healthcare that target individual health professionals, groups or teams, organizations (e.g., the National Health Service in the UK) and the wider environment in which organizations operate.

Part 4 of the book focuses on teaching and training. In Chapter 16, Winefield considers principles and models of learning, preparations required for teaching, competences for different kinds of teaching and training (e.g., small and large group teaching, workshops and lectures), and different types of audience. She also addresses the important issue of evaluating the processes and outcomes of teaching and training. In Chapter 17, Horn discusses supervised practice, as an effective way of developing professional competences. Horn discusses practical aspects of setting up supervision, the nature and process of supervision, the supervisory relationship and the rights and responsibilities of supervisors and trainees.

Part 5 considers professional issues and practice. Chapter 18 deals with professional issues faced by health psychologists working in a national health service. Professional roles considered include direct patient care and education, training of healthcare professionals, undertaking research and providing consultancy. Using case examples, Hallas addresses some of the pressures, problems and opportunities faced by health psychologists when developing a health psychology service within secondary care. In Chapter 19, Michie describes the development of professional psychology in different parts of the world and some of the issues faced by health psychologists working to have an impact on society, as well as trying to understand it. Professional roles within public health and areas beyond healthcare are addressed. These include working with others in a position to influence health, whether through policy, legislation or redistribution of wealth. The chapter concludes with a call for the content and form of our professional activity to be shaped by an awareness of inequalities in wealth and health, and by a commitment to work to try to reduce them.

FEEDBACK TO AUTHORS

If there are topics that you would like to see included in a future edition of this book, or improvements you would like to see in its form or content, please send your comments to s.michie@ucl.ac.uk or s.c.s.abraham@sussex.ac.uk

REFERENCE

Part I

TRAINING MODELS
Chapter 2

HEALTH PSYCHOLOGY TRAINING: THE UK MODEL

Susan Michie, Charles Abraham and Marie Johnston

The World Health Organization defines health as:

a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (World Health Organization, 1948).

This definition, which has not been amended since its adoption in 1948, challenges psychologists to define, assess and identify the determinants of 'mental and social well-being'. In addition we know that physical health is shaped by our psychology and behaviour. For example, the Alameda County study which followed nearly 7,000 people over 10 years revealed that sleep, exercise, drinking alcohol and eating habits have measurable effects on mortality (Belloc & Breslow, 1972). Finally, the delivery of healthcare depends on behaviour, the behaviour of healthcare professionals and their patients. Thus the domain of health psychology is extensive.

Health psychology practice includes research, teaching (e.g., health education and training of healthcare professionals), assessment of individuals, groups and organizations and the design and evaluation of health-related interventions. Much of this work involves the application of research findings in organizational settings and so also depends upon an understanding of organizational development and change.

In recognition of the developing body of research and practice in health psychology, the American Psychological Association (APA) established a division of health psychology in 1978. The British Psychological Society established a Health Psychology section with similar functions in 1986. This developed into a Special Group in Health Psychology (SGHP) and then the Division of Health Psychology (DHP) in 1997. Membership of the BPS DHP is a prerequisite for qualifying as a health psychologist in the UK. This chapter describes the UK training programme set up by
2.1 The Need for Trained Health Psychologists

Health psychologists apply psychological theory and methods and research findings to the prevention and management of disease; the promotion and maintenance of health; the identification of psychological factors in physical illness and disability; the improvement of the healthcare systems; and the formulation of health policy. At the same time, demographic changes over the last century have shifted healthcare priorities. For example, there were 9 million people over 65 in the UK in 1991 but this is expected to rise to 12.4 million by 2021 (Matheson & Pullinger, 1999). People over 65 use health services more than others (Department of Health, 2001). They are hospitalized three times as often as younger people, stay in hospital 50 per cent longer and use twice as many prescription drugs (Haber, 1994). Reducing disability and promoting health among older people is, therefore, a primary target for healthcare services. We know that behaviour change interventions can reduce disability in elderly populations (Fries, 2000) and that behavioural interventions can reduce healthcare demand (Friedman et al., 1995). This is just one area in which a focus on preventative health and health-related behaviour change has important implications for health promotion practice and healthcare policy.

In affluent societies, there has been a shift from a prevalence of acute diseases, with short timelines and outcomes of either cure or death, to diseases such as myocardial infarction, cancer, diabetes and asthma which often result in ongoing chronic conditions (World Health Organisation, 1999). Such diseases, while benefiting from treatment based on biomedical science, are also affected by what people think and how they live their everyday lives. Behaviour and its management are seen as central to preventing and managing chronic conditions (Matarazzo, 1982). Many healthcare advances have been brought about by changing the behaviour of patients and health professionals and behaviour change can be seen as a primary healthcare goal (Kaplan, 1990). Understanding the processes that regulate such behaviour is crucial to effective delivery and optimal health outcome. Moreover, behavioural interventions have the capacity to enhance the cost effectiveness of healthcare delivery (Friedman et al., 1995). For these reasons, a better understanding of behavioural and
psychological factors is important to the prevention, management and treatment of illness and to the effective delivery of healthcare.

In order to meet a growing demand for evidence-based behavioural interventions in healthcare services, health psychologists need the expertise and capacity to understand and to intervene to change psychological and behavioural processes in health, illness and healthcare. They need to be able to extend the training of medical and other health professionals and also directly apply psychological principles of change at the individual, group and organizational level, focusing both on patients and on healthcare professionals. These competences are distinct from the one-to-one skills required to assess and treat people who are psychologically disturbed or suffering from mental illness and, consequently, require new professional training and standards. Thus health psychologists will need to be able to:

- **conduct research** to develop theory and methods relevant to health-related behaviour;
- **assess**, that is, understand, describe and explain psychological and behavioural processes at individual, group and organization levels;
- **intervene**, that is, generate changes in psychological and behavioural processes that result in improved healthcare and health outcomes;
- **train** health professionals, that is, impart skills of psychological theorizing, assessment and intervention;
- **consult**, for example, advise healthcare service managers on the implementation of psychological and behaviour interventions.

### 2.2 The UK Context

Despite considerable international agreement about the skills required by health psychologists, different countries are developing somewhat different health psychology training procedures, reflecting their historical, material, demographic and political circumstances (see, for example, the international commentaries on UK training included in Chapter 3). The UK is a relatively wealthy industrialized country and its predominant health problems are chronic illnesses such as cardiovascular disease and cancer (Department of Health, 2002). Healthcare is provided by a state-funded National Health Service and client-purchased, private healthcare accounts for only a small percentage of overall healthcare provision. However, the UK currently spends a relatively small proportion of its GDP on healthcare compared to other OECD countries (OECD, 2003). Patients in the UK normally access health services through community-based primary care general medical practitioners (GP) who then refer them to more specialist secondary services.
In the UK, psychological and behavioural aspects of health are addressed, to some extent, in medical and nurse training and also by a variety of applied psychology professions, for example, health, clinical, counselling, occupational, educational and forensic psychologists working within health and related services. Health psychologists work in academic and healthcare settings, teaching students and healthcare professionals, conducting research, assessing patients, developing and managing clinical interventions, informing health promotion and public health policy, and solving particular organizational problems in a consultancy role.

2.3 Developing the UK Training Framework

In the UK, the professional activities of psychologists, including health psychologists, are regulated by the BPS, a professional and scientific organization. The BPS has legal responsibilities for the accreditation of chartered psychologists (that is, those qualified to practice) and for the regulation of their professional training.

In the early 1990s, before the establishment of the BPS DHP, the BPS special group in health psychology planned a training programme for health psychologists in the UK. The SGHP began by specifying a core curriculum covering the basic knowledge required for research and practice in health psychology (Rumsey et al., 1994). This core curriculum provided the foundation for the BPS stage 1 (trainee-level) qualification in health psychology.

The SGHP also discussed the best framework for professional training following acquisition of the (stage 1) knowledge base. The group decided that a qualified (i.e., stage 2) health psychologist would require research skills, teaching skills, consultancy skills and a set of generic practitioner skills. This framework led directly to the development of the BPS stage 2 (practitioner-level) qualification in health psychology.

Below we describe the UK health psychology training programme developed by the DHP. The programme was designed to create a profession that would complement the skills of other healthcare and applied psychology professions by addressing psychological and behavioural aspects of healthcare in the context of a predominantly nationalized healthcare system.

2.4 BPS Qualifications in Health Psychology

The UK professional qualification in health psychology, launched by the BPS in 2002, meets the legal requirement for health psychologists in the
UK to achieve chartered status. In order to become a chartered health psychologist (CHP), candidates must first be full members of the DHP. In order to be admitted to the DHP they must have three qualifications:

- BPS graduate basis of registration. This is usually conferred by taking an accredited Bachelor-level degree at a UK university.
- BPS stage 1 qualification in health psychology (e.g., MSc in health psychology or the BPS Diploma in health psychology).
- BPS stage 2 qualification in health psychology, involving assessment of 21 units of professional competence (19 required and 2 options).

Membership of the DHP allows a psychologist to apply to the BPS to become a chartered health psychologist. The BPS maintains a register of chartered psychologists, all of whom have undertaken to abide by the BPS code of conduct.

From 2004, all psychology professions in the UK will become legally registered under the Health Professionals Council. This will give professional qualifications in psychology an equivalent legal standing to healthcare professional such as nurses and doctors. The regulation of training and qualifications will then come under the auspices of the Department of Health – not just the BPS.

This chapter focuses on the stage 2 qualification but we have also included the core knowledge base covered by all BPS-accredited stage 1 qualifications in Appendix 2.1. The stage 1 qualification builds on the BPS-specified undergraduate curriculum in psychology and normally involves one-year full-time (or equivalent) postgraduate study on a BPS-accredited MSc health psychology or the BPS Diploma in health psychology course. This provides trainees with the knowledge base necessary to begin their practitioner-level, stage 2 training.

### 2.5 Outline of the Stage 2 Qualification in Health Psychology

#### 2.5.1 Two routes to qualification

A trainee health psychologist can study for their stage 2 qualification either through registration with the BPS Board of Examiners in Health Psychology (BoEHP) or by taking a BPS-accredited stage 2 at a UK university. In the former case, the BoEHP is directly responsible for approval of the candidate’s supervision and planned work (the role of the Chief Supervisor) and the examination of the candidate’s work (the role of the
Chief Assessor). In the latter case, the course director of the accredited university course is responsible for approval of supervision, planning and examination of the candidate’s work. In both cases, the candidate will have an individual supervisor approved by the BoEHP and will be examined by two examiners approved by the BoEHP.

BPS accreditation involves inspection of a course and course team by a group representing the training committee of the DHP. The training committee considers the report of the visiting group and, if appropriate, recommends that a course be accredited (sometimes subject to certain changes) by the BPS Membership and Training Board. Once a course has been accredited by the BPS Membership and Training Board then any candidate who passes that course automatically qualifies for the BPS qualification for which the course is accredited. Courses are accredited by the BPS for specified periods of time (e.g., three or five years) but most courses seek to renew their accreditation before this period elapses.

Whether the stage 2 qualification is taken by means of an accredited course or under supervision directly monitored by the BoEHP, it must involve a minimum of two years’ supervised experience in appropriate health-related work environments. Consequently, acquisition of stage 1 and stage 2 qualifications takes a minimum of three years’ full-time (or equivalent) postgraduate work. Note, too, that some university courses may gain accreditation for both stages 1 and 2 so that one university qualification could confer the BPS stage 1 and stage 2 qualifications allowing direct entry into the DHP.

### 2.5.2 Competences to be acquired

Work experience supervised by a CHP who is BoEHP-approved is an integral part of the stage 2 health psychology training. The training requires the development and application of academic knowledge and the demonstration of practical skills.

The stage 2 qualification is competence based, that is, it specifies the competence required for practice. Competence refers to what people can do as well as what they know. By articulating required health psychology competences the BPS has defined a minimum standard of practice which all practitioners must reach before qualification. A competence-based qualification allows flexibility in relation to the acquisition of experience across a variety of work settings and tasks, enabling psychologists to train as part of ongoing employment.

The qualification is divided into *units of competence*. Each unit specifies a group of competences that are likely to be used together in completing
work tasks. To be examined for the stage 2 qualification (by either route) evidence of completion of 21 units of competence must be recorded and submitted in a portfolio for assessment by two BoEHP-approved examiners. Nineteen of these units are core, or compulsory. The other two are optional but must be chosen from a list of eight. The core and optional units are listed in Appendix 2.2.

Each unit is divided into components of competence so that the 19 core units comprise 73 components of competence which describe the basic competences of a UK-trained health psychologist. These are the competences that a health psychologist must acquire to pass the stage 2 examination. The components of competence for all core and optional units are presented in Appendix 2.3.

For each component of competence, guidelines have been prepared. These clarify what skills and activities are involved in acquisition of each component of competence. Guidelines for all components are provided in the BPS Regulations for the Stage 2 Qualification in Health Psychology.1 In Appendix 2.4 we have illustrated these by listing guidelines for each component of competence specified by one core unit, that is, unit 2.3 ‘Conduct psychological research’. There are between four and seven guidelines to help candidates understand and acquire each component of competence. Candidates should read these guidelines and should refer to them when they are unsure what is involved in a particular component of competence or whether they have yet achieved an appropriate level of competence in relation to any particular component.

The core competences specified by the BPS stage 2 qualification define skills and abilities in four areas of work:

1 professional practice (4 units);
2 research (5 units);
3 consultancy (6 units);
4 teaching and training (4 units).

In relation to professional practice, candidates must demonstrate that they have acquired competence in the management of systems relevant to health psychology practice and that they are able to make professional judgments in accordance with current codes of professional legal and ethical conduct.

In relation to research, candidates must demonstrate competence as an independent researcher in health psychology. Competence will be evidenced in: research design, sampling, data collection, data analysis, the evaluation of methods, the discussion of implications of data and the relationship of data to previously published research.
In relation to consultancy, candidates should have an understanding of a range of theories and their application, including theories relevant to communication, organizational development and the management of change as well as systems theory, and theories of group and organizational functioning. Candidates must demonstrate application of a variety of approaches and skills to facilitate, develop and/or enhance the effectiveness of individuals, groups and/or organizations in the maintenance and improvement of health. They must also show their ability to monitor and review consultancy work, using appropriate theoretical frameworks. Their experience must include consultancy with two distinct groups, one of which should be a healthcare professional or group of healthcare professionals. Candidates should demonstrate application of at least two relevant theoretical frameworks and should, ideally, have experience of providing consultancy relating to two of the following: (1) individuals, (2) groups or teams, and (3) organizational systems.

In relation to teaching and training, candidates must be able to assess the learning needs of client groups, design appropriate courses and curricula and demonstrate teaching and training skills including supervision of students. Candidates should be familiar with a variety of teaching methods including lectures, seminars, workshops and role-play sessions and must have experience of both large and small group teaching. They should be able to use a variety of teaching materials including slides (or Powerpoint), video material, handouts, use of booklets, video and audio-taped information and educational packages aimed at the lay population. They should be able to select methods and materials to ensure effective teaching, taking account of their audience and the learning objectives of the course or session. In addition, candidates must have experience of teaching health psychology to a group of healthcare professionals and one other group (e.g., undergraduate students and nurses).

### 2.5.3 Organizing supervised practice

A trainee may undertake supervised practice while occupied in paid or voluntary work, or as a postgraduate student. The total period must be equivalent to a five-day working week for 46 weeks a year over two years. Work contexts are likely to be within: (1) health services, e.g., primary or secondary care; (2) the community, e.g., schools, community projects; (3) organizations, e.g., occupational health units; and (4) academic settings, e.g., research and teaching posts. The work should include: