

Conference report

The Division of Health Psychology Postgraduate subcommittee: One day conference for Postgraduate Health Psychology trainees and students: April 21st 2006

Sponsored by PsyPAG.

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A one-day conference was held on 21st April 2006 in Derby for postgraduate health psychologists to provide information on Stage 2 training, and to provide a forum for networking and dissemination of research findings. Dr Mark Forshaw (Chief Supervisor and Registrar for Stage 2 and Chair of the DHP Training Committee) outlined the three possible routes for completing Stage 2. All are based on a competency framework and equivalent. The Stage 2 qualification is concerned with gaining and evidencing four core and two optional skills, in order to demonstrate individual competence at a sufficient level to become a Chartered Health Psychologist.

Mark began by explaining the 'PhD route' whereby PhD students can demonstrate some competencies through their PhD work, but in most cases students will also have to seek out additional opportunities and work, in order to complete their Stage 2 portfolio of evidence. The 'university route' consists of a formal taught programme which enables trainees to compile the portfolio of evidence whilst working on placement in a health psychology setting, and in many cases upon completion of the course students gain a Doctorate (although this varies by institution). The 'British Psychological Society (BPS) route' or 'independent route' involves independently working with an approved supervisor, conducting work to meet the competencies and compiling your own portfolio. The latter two options both require that trainees are suitably employed in a job which will provide opportunities to complete the Stage 2 competencies prior to signing up to the routes. All routes require a portfolio of evidence to be submitted at the end of a minimum of two years supervised practice, and the successful performance of the trainee at a viva voce examination. All of the routes are underpinned by a quality control process through the DHP.

The Stage 2 competencies which have to be demonstrated through the portfolio consist of generic professional, research, consultancy, teaching and training, plus a further two optional competencies. Depending upon the route chosen and the area within which the trainee works, it will be easier for some trainees to complete some of these than others. However, generic professional competence should be straightforward for all because it is concerned with behaving in a professional and ethical manner. There is overlap between the competencies and Mark suggested that trainees should attempt to use one piece of work to demonstrate a number of skills, so it is not necessary to complete a separate piece of work for each competency.

Work can be back-dated for up to 6 months and it has recently been agreed that accreditation of prior experience and/or learning (APEL) may be granted if trainees can show they already meet the competencies from earlier work conducted under supervision, normally by a Chartered Health Psychologist.

With regards to the BPS/ independent route, Mark is currently updating the list of approved supervisors to include information on research interests and availability. A new development for this route is that trainees can now take a taught module on a university Stage 2 course in order to fulfil a particular competence (assuming that the module is passed).

Alice Theadom and Dr Emily Buckley, the first two Stage 2 graduates, shared their experiences of completing the qualification. Alice completed Stage 2 via the BPS route, whilst working as a research assistant and in smoking cessation, and conducted her research outside of her employment in an area of personal interest that she hoped to work in, in the future (she has since achieved this). Alice recommended trainees to think about work that they are currently engaged in to see whether it meets any of the requirements, and to try to do additional work in an area of personal interest, as there may be the possibility to make useful contacts for the future.

Alice was positive about her experience, particularly the flexibility of this route to fit around different jobs. She is even positive about her viva; she enjoyed having the time to talk about the work she had done and how she had put it all together. She gave a number of examples of how she completed different competencies and shared some

practical advice such as leaving enough time to compile the final portfolio (getting signatures etc.), taking a copy of the portfolio to the viva to refer to, and including a log of where your competencies are so you can find them easily. She recommends trying to keep it simple when writing the portfolio and state clearly what you did and which competency it covers, in addition to being reflective about your experiences.

Dr Emily Buckley completed Stage 2 on the Staffordshire University Professional Doctorate in Health Psychology. While on the doctorate Emily worked on number of short-term research and consultancy contracts. Emily also gave examples of work she had used for each competency, and advised that trainees do not need to know exactly how they are going to fulfil every competency in advance when registering for Stage 2 (whichever route), but that they need to have an idea of what is required for the portfolio and have enough organised to be getting on with some part of the work. Emily found that her plans changed quite often throughout her time on the course. Emily recommends searching for opportunities and taking any that come your way, which may sometimes mean doing work for free, but it is all of benefit in learning new skills, completing Stage 2, and making useful contacts for the future. Emily agreed with Alice that the viva was not as bad as she thought it might be, and it was good to have an opportunity to discuss her work.

A question and answer session followed, and gave delegates a chance to ask Mark, Alice and Emily questions about the Stage 2 process. One point which was highlighted from a number of questions was that if BPS route trainees are unsure about specific points regarding the Stage 2 qualification they should email the Chief Supervisor (currently Mark) who will be happy to answer them. Mark also recommended that trainees should complete supervision plans in as much detail as possible, so that the Chief Supervisor will be able to understand exactly what they intend to do, when considering them for approval.

Mark was asked whether there is a time-limit on APEL, to which he responded that the work must have been conducted under the supervision of someone suitable, but that there is no time limit as long as the Chief Supervisor is satisfied that you have maintained the competency. He also mentioned that trainees could be questioned in the viva about a competency achieved via APEL.

Mark was next asked how Chartered Health Psychologists can become Stage 2 supervisors. He stated that there is information on the DHP website about the criteria and details of how to contact Mark to arrange undergoing the supervisor's training if deemed suitable.

The question was asked; 'what sort of jobs are good to do while doing Stage 2?'. Alice had worked as a Research Assistant as well as working in a smoking cessation service, and Emily had worked as a Research Associate and Part-Time Lecturer. They stated that there is no ideal post for completing Stage 2, it just needs to be a post where trainees can fulfil the competencies. They suggested that trainees look for jobs on the DHP website, jobs.ac.uk, jobs.nhs.uk and The Guardian on a Wednesday. The value of networking at conferences in order to find supervisors was discussed.

Emily and Alice were asked how they compiled their log-books. They both kept notes as they went along and then used this as the basis of what they submitted. The log-book is a reflection on your development over the course of completing the qualification, e.g. how you dealt with difficulties, what you learnt from them and how they helped you to develop. Mark stated that it is an exercise in doing flawed work, learning from it and knowing how to do it better in the future, rather than an exercise in doing perfect work.

Mark was asked how many teaching sessions, of what length, are required for the teaching and training competence. He responded that it is difficult to define how much is enough to demonstrate the skills. It should be clear at the planning stage and if approved then you can hold Mark accountable to this at the viva stage. Mark said that one session with two different groups would not be enough but that one series of lectures with one group and one lecture with another group would probably be enough. Some courses will specify this more clearly.

The last question was 'who carries out the viva?'. Emily had an Internal Examiner (someone other than her direct supervisor) and an External Examiner who was chosen by her supervisor and herself, and approved by the University, both Chartered Health Psychologists. Alice had two Chartered Health Psychologists who had an interest in her

research area and were willing. Pippa Goodwin added that on the UCL PhD route the viva is carried out by the External Examiner for the Stage 2 programme.

Sasha Cain, a Consultant Health Psychologist at Camden Primary Care Trust, gave the Keynote presentation of the day. Sasha is a committee member for the DHP and Chair Elect of the Workforce Planning Subcommittee, and in these roles is working on identifying and encouraging the development of job opportunities for newly trained health psychologists.

She has been working in the NHS for eight years in a number of different roles. Sasha described how working in the NHS can feel at times confusing. She outlined the current structure of the NHS showing that there are many different organisational bodies between the Government, who make major decisions, and the Trusts, where care is given to patients. This can mean that the policies that Government implement at their level often have little effect on what happens at the level of care. The DHP are working hard to raise the profile of Health Psychology in the NHS, but at the moment there are not that many people on the ground, as there are currently approximately 100 Health Psychologists working in the NHS.

People working in the Trusts are interested in meeting targets, and therefore it is important to keep up to date with relevant white papers (e.g. Choosing Health) as these will show where the money is being focused, and therefore where there may be job opportunities available. Because money is scarce in the NHS, often funding is given for only a short period of time so employers have to advertise short-term posts. Therefore as trainees we have to be flexible and prepared to take on short term contracts.

Sasha discussed a number of positive aspects about the NHS. There is a history of competency based recruitment which makes it easier for us to apply, however it means we need to be clear about what our skills are. There are varied work opportunities available, including the chance to work with other agencies and organisations. Some environments within the NHS have a culture of highly supporting professional development; for example public health departments. Sasha stated that the pay for Health Psychologists within the NHS is the same as for other psychologists, and is higher than many other professions. Preventative work is already a target within the

NHS, for example immunisation, prevention of childhood mortality and smoking are all current priorities, so money is being put into these areas.

Sasha also highlighted some challenges of working within the NHS. There is a constant culture of change and re-configuration both nationally and locally so you have to be flexible and be prepared to move around different organisations within the NHS.

Although there are not many jobs advertised for 'health psychologists', there are many jobs which we can do, so it is important to look at the job description rather than the job title. There has been a commitment from NIMHE (National Institute for Mental Health for England) that all jobs should be competency based and not specific to one profession (e.g. clinical psychology), however commitments at the top do not immediately result in changes at lower levels. Therefore if a job is advertised for a clinical psychologist but you have the skills required in the job description, apply for it anyway and argue your case. Sasha argues that as health psychologists we have many skills beyond those of other health professionals who might be in competition for the same jobs but that we need to be confident and clear about what these are. It is important that we keep our identity as health psychologists even when we may be working as the only psychologist within a department, and Sasha commented that this can be difficult. Sasha is working on ways to make health psychologist working with the NHS feel more connected, such as an email forum which is already running. There will soon be new information on the DHP website about working in the NHS, including information on professional development and supervision for this. She stated that to get a job in the NHS, experience counts for a lot. Therefore it is beneficial to get experience of working in the NHS as early in your career as possible. This might mean doing a placement or volunteering but it is worth it as a CV which has experience on is highly favoured by employers.

Sasha discussed alternative career pathways which may be open to health psychologists. She first mentioned academia and management as options. She discussed within the NHS the possibility of becoming Public Health Specialists. The DHP are working on making this possible through working with the Faculty of Public Health. It will hopefully be possible for senior health psychologists to demonstrate the required skills to become registered. This could lead to positions such as Consultant in Public Health and Director of Public Health.

Next Sasha covered the types of jobs available in the NHS; research jobs available within hospital R&D departments, positions within the area of clinical governance and in management; as well as strategy related jobs in the department of health and the regional authorities. Behaviour change is an area where Health Psychologists are well qualified to work but we have to compete with other health professionals for these jobs. In the area of chronic disease and palliative care we have to compete with clinical psychologists, however we need to show we have the necessary skills we can do this. In the area of public health we do not have to compete with clinical psychologists in the same way and there are a number of potential areas to work in such as health intelligence, health improvement and strategic development. There are also positions within NHS psychology departments, in business in occupational health, in prison services and the charity sector. Sasha suggested looking for jobs in the Health Service Journal, jobs.nhs.uk, the Guardian and the DHP website.

There are also pitfalls when working in the NHS, which Sasha outlined. Often jobs which would be appropriate for Health Psychologists are advertised as clinical psychology positions or for other health professionals outside of psychology. We need to be confident about our own abilities to work in those areas which deal with individual health but are not about mental illness. The DHP are working on this and have had a big impact in explaining to other professions why and how we can do such jobs. We need to apply for such positions in order to challenge the current system. When you get one of these jobs it is important to try to negotiate having 'health psychologist' in your job title. This helps to maintain your identity and gives you more leverage when trying to arrange time for professional development. Having to do certain things in order to remain a member of the BPS helps in arguing it's importance.

From her experience of recruiting Sasha gave advice on how to increase your chances of gaining employment. She suggested emailing people you are interested in working with as they may then keep you in mind when jobs become available. When completing application forms it is imperative that you look at the person specification and address every point in your personal statement, showing how you have the skills that are required to fulfil the role. Sasha encouraged perseverance as it can be hard to get your first post within the NHS but suggested that after this it does get easier. The most

important thing is thorough preparation; finding out about the service you are applying to, knowing how the NHS is structured, reading appropriate white papers and knowing the targets that are of relevance to the job, will all help to convince the employer you are the best person for the job.

She has established three NHS funded trainee health psychologist posts which include a place on the City D.Health Psy course and time to attend this. Sasha has had many applications for these posts; they are paid on the trainee psychologist scale and all course fees are covered. It is required that the employee is doing well on the course for them to keep the job. Sasha is working from the bottom level up, and trying to encourage other trusts to find the money to do a similar thing. The DHP is working towards there being funding for paid training and Sasha believes that this will happen, it is impossible to say how long it will take.

The day also included poster and oral presentations from postgraduate students on their Stage 2 and research work. These were all very interesting and stimulated many interesting conversations. The day was a great experience and we hope to run similar conferences in the future.

The postgraduate subcommittee would like to thank Sasha Cain, Mark Forshaw, and Alice Theadom for their contribution to the workshop. Our thanks also goes to Cornelia Ho, Lesley Halliday, Ann Hamp, Jessica Rapley, Vicki Staples and staff at the University of Derby for their help in organising this mini-conference.

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