

THE BRITISH PSYCHOLOGICAL SOCIETY

Division of Health Psychology



A SURVEY OF THE DIVERSITY AND VARIABILITY OF EMPLOYMENT OF HEALTH PSYCHOLOGISTS IN THE U.K

A SUMMARY

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INTRODUCTION & BACKGROUND

The profession of Health Psychology has developed considerably since the introduction of the Stage 1 (MSc) and Stage 2 (doctoral level) qualifications and training programmes. All Chartered Health Psychologists are now required to demonstrate four core competences in professional skills, research, consultancy and teaching and training with additional options in areas such as health policy, health-behaviour interventions, health communication and service development. As a consequence, Health Psychologists have a range of skills, training and employment and their role has extended from purely academic practice to applied work within the NHS, private sector and industry.

This is a summary of the first Division of Health Psychology (DHP) Workforce Planning (WFP) Sub-committee survey of the diversity of employment and practice of Health Psychologists in the UK. Data was sought by the DHP on training routes and employment within both academic and applied practitioner contexts in order to supply employers (HEFCE and the Department of Health (DOH)) with accurate information on the current status of Health Psychology nationally.

The survey, conducted at the end of 2004, had five objectives:

- to gain information about the levels of Health Psychology training and experience of DHP members
- to ascertain the areas of practice and grading of Health Psychology posts
- to gather information on the supply in the current Health Psychology workforce
- to determine members' views on their retention within academia and applied practice
- to identify the sources of careers advice obtained by members of the DHP.

THE SURVEY

All 1111 members of the DHP were surveyed and 23% (N = 256) responded. The sample was representative of the DHP in terms of age (mean = 40 yrs; sd = 10.4), gender (73% female) and membership status (67% full membership; 31% affiliate members; 2% corresponding members).

RESULTS

Professional Status

58% of respondents were Chartered Health Psychologists (N = 148) and had held chartered status for between 1 and 28 years (mean = 6.74, S.D = 7.17). The majority obtained their chartered status through the PhD route of study and 24% (N = 61) were also chartered in another discipline of psychology.

Trainee Health Psychologists & MSc Graduates

37% (N = 94) had completed a Stage 1 MSc in Health Psychology, with 27% (N = 26) of these undertaking Stage 2 training whilst working in placements, including the University research sector (38%), NHS clinical posts (35%) (eg. smoking cessation, health promotion, rehabilitation and chronic illness services) and settings such as the civil service and charities (15%).

Career Pathway and Current Employment

Overall, 54% (N = 138) were currently working within the university sector and 29% in the NHS in secondary healthcare services and clinical (direct patient contact) posts. A further 6% (N = 15) were working in areas including the prison service, charities, the civil service, research councils and self-employment.

Of those in academic posts, 13% (N = 18) were appointed on the Professorial scale, 5% (N = 7) as Readers, 27% (N = 38) as Senior Lecturers, 16% (N = 23) on Lecturer A or B scales and 26% (N = 36) in positions such as teaching and research fellows, research associates and assistants. However, it was unclear whether

respondents were employed by “old” or “new” universities and the grading systems within these different institutions vary considerably.

Of those working in the NHS, 37% (N = 28) were Grade B Consultant Psychologists (pre Agenda for Change Bandings), 20% (N = 21) were Grade A Psychologists, 12% were on trainee scales and 4% on Assistant Psychology scales. Of the Grade B Consultant Psychologist posts, 68% (N = 19) were Chartered Health Psychologists.

Roles within Post

Respondents based in academia reported spending half (49%) of their time on research activities and 20% teaching. Those working in the NHS spent most time (43%) on clinical practice, with 17% on research. Those in academia spent 15% of their time on administrative duties (10% for NHS staff). Those in the NHS spent 16% on managerial activities (9% for academic staff). Time spent on CPD activities varied between the two groups (2.6% of time amongst academic staff, 6.1% amongst NHS staff).

Regarding areas of speciality, general health psychology theory was taught by 41% of those based in academia, with chronic illness management and health behaviours being researched by 22% and 12% respectively. Of those in the NHS 69% conducted a clinical service, mostly in chronic illness management (35%) whilst others worked in health promotion, consultancy, education and training, health service research, public health and non-physical health-related practice (e.g. mental health, counselling, learning disabilities).

Health Psychology Careers Advice

49% reported that careers advice had been insufficient and unsatisfactory, with 21% wanting more information about career pathways into applied and academic posts and access to Stage 2 training courses.

Retention of Posts

50% of those in academic posts (N = 69) were satisfied working in the University sector, and the majority expected to work within this setting for another 5 years. However 18% (N = 25) thought they were unlikely to do so, due to the loss of clinical contact with patients or health populations.

77% (N = 20) of the Trainee Health Psychologists thought it was very likely that they would work as a Health Psychologist in the NHS for two years or more (73% for 5 years or more). 9% thought this was unlikely (15% for 5 years or more) due to lack of opportunities, funding for Stage 2 training, poor pay and conditions in the NHS.

SUMMARY

Workforce Qualification and Experience

The workforce is currently dominated by senior and experienced Health Psychologists and there appears to be a dearth of qualified Health Psychologists in more junior and newly qualified roles (in both academic and applied practice). This survey suggests low numbers of trainees are completing the postgraduate training route.

There is clearly an “expert tier” of knowledge and practice at a professional level in academic settings (Professors, Readers and Senior Lecturers). However, the relatively small number of senior level Consultant posts within the NHS is a particular concern since assistants, trainees and Grade A Psychologists are required to receive appropriate management and effective supervision and support from those at a higher level.

Meeting the Public Health Agenda

The emphasis on physical health self-management, preventative health maintenance and chronic illness amongst academics was also mirrored amongst NHS-based Health Psychologists who were typically working

in secondary NHS care settings managing secondary prevention. This is a concern since it suggests that the skills and expert competences of Health Psychologists are not being focussed in other settings (eg Primary Care) where the DOH is targeting its early intervention programmes (see *Choosing Health*).

Issues regarding Postgraduate Funding and Placements

Results indicated that there were only a small number of Stage 2 trainees nationally, and that they had concerns about the funding of training, pay conditions within the NHS and applied areas of practice. Formal centralised funding for Stage 2 Health Psychology training could alleviate this situation and expedite the transition of trainees to qualified staff within the profession and into the workplace.

Most trainees were working in posts without protected training titles and job descriptions and that may not be supervised, managed or supported by Health Psychologists. The current lack of Health Psychology training posts means these trainees do not have protected study time away from the workplace or the conditions of service and recognition afforded to them under the new DOH Agenda for Change trainee job profile.

RECOMMENDATIONS & COMMENTS

- There is a need to increase the number of qualified Health Psychologists working in areas of their expertise particularly within public health, health promotion and primary care in order to meet the targets set out in NSF's, White Papers and NICE guidance.
- The DHP should continue to prioritise its professional role (with AMICUS) in determining issues relating to pay, conditions of service and expectations for the employment of Health Psychologists within applied settings in order to maximise opportunities for good practice and service development.
- The DHP should provide guidance on the professional management, supervision and support needs for junior Health Psychologists (both qualified and unqualified) in practice.
- Funding for postgraduate training in Health Psychology is critical for the long-term future of the profession and in order to develop and sustain the training workforce.
- The DHP should ensure that trainees are facilitated efficiently through the process of qualification, with attention to the quality of training relevant to both academic and applied careers. This may involve reviewing the length of both Stage 1 and Stage 2 qualifications and the overall training programme required in Health Psychology.
- The DHP should continue to draw upon its strong academic membership of senior level, experienced professionals in order to maintain the evidence-based quality research that underpins the profession.
- The DHP Training committee should consider including within course accreditation criteria, the provision of clear guidance appropriate to a variety of career pathways.
- The DHP should consider CPD support for a profession that has variable academic and applied interests.
- The DHP should continue to monitor the diversity of its membership and their training and employment.

CONCLUSION

There are considerable strengths in having a senior and experienced workforce in both academic and applied settings, with a strong and defined commitment to health psychology research and teaching. However, the low number of newly qualified Health Psychologists is a concern for the future of the profession and is a reflection of the time taken to complete training, the lack of a clear career path and the financial implications of training. However, developments have taken place since this survey was conducted and these are outlined below:

Developments since the Survey of the Diversity and Variability of Employment of Health Psychologists in the U.K was Conducted

There have been a number of important developments since the survey of the diversity and employment of health psychologists in the UK was conducted in 2004.

Specifically:

- The number of Stage 2 Training Courses available in the UK has increased to 6.
- The DHP has continued to support the excellent work being carried out by then Division of Health Psychology Postgraduate Committee, in particular by providing support for Postgraduate workshops prior to the annual DHP conference and a Postgraduate conference in Derby held in April 2006.
- The DHP has undertaken a detailed review of Stage 1 and Stage 2 training, due for completion in 2007.
- The DHP continues to actively engage in discussions regarding the employment and training of Health Psychologists in the UK, including with regards to New Ways of Working and BPS/AMICUS initiatives to gain funding for training.
- The DHP Committee has agreed to engage with University Health Psychology Programme Directors regarding approaches to securing funding for training places.
- The Workforce Review Team have made recommendations about the funding of Health Psychology Trainees and has given guidance on the number of training places.
- The DHP Committee has agreed to develop promotional resources for national distribution. These will include details of Health Psychology career and training pathways.
- The DHP Committee has identified Public Health as a potential place for employment of Health Psychologists and, in negotiation with the Faculty of Public Health, has secured Specialist group status, which allows Health Psychologists to apply to become accredited as a Public Health Consultant.