Professional Development of Health Psychology in Scotland

Pauline Adair & Vivien Swanson
The emerging role of health psychology in healthcare

• Health psychologists can make a significant contribution to the design, implementation and evaluation of behaviour change intervention programs

• What are the populations served or problems addressed or procedures/theoretical orientations used or settings/systems/contexts within healthcare for those trained as health psychologists? Behaviour change interventions – illness-risk behaviours, chronic illness self-management, health promoting behaviours

• What are the strengths of health psychologists? – scientist-practitioner
Integrating science and practice

• Health psychology training programmes need to offer **practitioner** training (including supervised practice) in addition to **scientist** training if it is to compete in healthcare – foundational and functional competencies of behaviour change interventions

• New curriculum for Stage 2 will achieve this in terms of functional competencies – however need to publicise this – benchmarking document required?
Health Psychology Competencies

- generic professional
- behaviour change interventions
- research
- consultancy
- teaching and training

- Knowledge Dimension — the underpinning knowledge-base
- Research Dimension — the research element of training
- Practice Dimension — a period of supervised practice
Health psychology and healthcare practice

- Clinical psychology
- Clinical health psychology
- Public health
- Health psychology
Overview of HP training in Scotland

- Trainees funded jointly by one Health Board and NES (salary and BPS fees)
- 2-year training programme
- Workplace based
- BPS independent route for HP qualification
Key features: Support structure

• Health psychology trainees have BPS/DHP Approved Stage 2 Supervisor, and NHS based supervision from their line manager or Head of Psychology services as appropriate.

• Regular face to face meetings with DHP supervisor, and joint supervision meetings

• Peer support crucial for trainees - 4 informal meetings a year

• Regular group networking meetings (quarterly - bi-annually)

• Shared space on NHS Knowledge Network
Key features : Funding

Trainee Salary Costs:
• Agenda for Change Band 6 (Equivalent to years 2 and 3 of Clinical Psychology Training) [employment costs not included]

Supervision:
• Fee per student per annum (including University Overheads @FEC)
• ½ Day per month academic supervision

Administrative Costs:
• ½ day per week administrative support
• Consumables : Telephone, photocopy, stationery

Travel Expenses:
• Supervision (Trainee and Supervisor)
• + 4 peer support meetings per annum

BPS Registration Costs:
• Enrolment and supervisory approval
• Annual Maintenance Fee
• Examination of Portfolio Fee

Estimated Total Costs per Trainee: Year 1 : £28K, Year 2 : £30K
<table>
<thead>
<tr>
<th>Month</th>
<th>Event Description</th>
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<tbody>
<tr>
<td>February 2006</td>
<td>DHP-Scotland Working Group on NHS Careers for Health Psychologists; Preliminary discussions with NES Psychology Programme Director.</td>
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<tr>
<td>March 2007</td>
<td>DHP-S Proposal document for creation of training places for 4 health psychologists in NHS Scotland, to address HEAT targets; Included costings and overview of evidence for benefit of health psychology interventions</td>
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<td>April 2007</td>
<td>Meeting with Heads of Psychology Services, Scotland – ‘What is health psychology?’ presentation and briefing document (stage 2 competencies, evidence re HEAT targets)</td>
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<tr>
<td>May 2007</td>
<td>Meeting with NES and other stakeholders to discuss</td>
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<td>May 2007</td>
<td>NES present Resource Prioritisation plan to employ health psychologists in training (joint NES NHS funded)</td>
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<td>June 2007</td>
<td>Bid framework document for NHS Health Boards developed; Potential supervisors approached</td>
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<td>July 2007</td>
<td>Evaluation panel for bids (inc DHP-UK representative)</td>
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<td>August 2007</td>
<td>Job description/person spec for posts written; Advertised</td>
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<tr>
<td>September 2007</td>
<td>Closing date for applications</td>
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<tr>
<td>November 2007</td>
<td>Interviews held; NES, NHS, Supervisors</td>
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<tr>
<td>January 2008</td>
<td>HPiTs in post</td>
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Health Psychologists in Training (Stage 2) – up to 5 posts

Location:
NHS Ayrshire & Arran, NHS Grampian, NHS Lanarkshire, NHS Tayside,

Grade: Agenda for Change Band 6 (entry at point 21, currently £25,528)

NHS Education for Scotland (NES) in partnership with Health Boards in Scotland is funding up to 5 Health Psychologists in Training to explore the contribution health psychology can make in supporting NHSScotland to meet its health improvement targets.

These are two-year fixed term posts designed to allow the Health Psychologists in Training successful completion of the British Psychological Society’s Stage 2 Training while employed by the NHS to undertake a programme of approved work.

Applicants should hold a Stage 1 qualification in Health Psychology (MSc). A good honours Degree in Psychology (2:1 or equivalent) is required as is Graduate Basis for Chartership (GBC).

Candidates will demonstrate knowledge of Health Psychology theory and a clear understanding of its application to the Health Improvement Agenda and Scottish Government Health targets. Knowledge of the Scottish NHS context will be advantageous.

Excellent written and oral communication skills are essential, with a strong emphasis on establishing a rapport and working relationships across a range of contacts. You will be expected to plan and organise work autonomously, balancing the needs of Stage 2 Training with a day to day workload. Excellent organisational, timekeeping and IT skills are therefore expected.

Interviews take place on Tuesday 26th June 2012 with Trainees starting in post from 1st October 2012.

Full details, application packs and online application details are available at:

http://www.nes.scot.nhs.uk/psychology/recruitment/

Any general enquiries should be sent to psychology@nes.scot.nhs.uk

CLOSING DATE: 25th May 2012 (12 noon)
NHS Education for Scotland Programme

- Aims to address government health targets
- Stage 2 ‘Independent route’
- Joint funding (NHS Boards, NHS Education for Scotland)
- Workplace and DHP Stage 2 supervision
- Collaborative network
- Small scale ‘Programme’ from 2010
  - 2007 – 4 trainees
  - 2008 – 3 trainees
  - 2010 – 3 trainees
  - 2012 – 3 joint funded + 2 fully funded
# Summary of Areas of Work for NES Trainees by NHS Health Board or Employer, 2007 to 2014

<table>
<thead>
<tr>
<th>NHS Board</th>
<th>Project</th>
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<tr>
<td>Ayrshire &amp; Arran</td>
<td>Predictors of binge drinking in 18-24 year olds</td>
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<tr>
<td>Ayrshire &amp; Arran</td>
<td>Breastfeeding practices in teenage mothers in socially deprived areas</td>
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<tr>
<td>Ayrshire &amp; Arran</td>
<td>Working with residents and partners in a local community establish a co-production approach to improving health in the area.</td>
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<td>Ayrshire &amp; Arran</td>
<td>Working with the Medical Paediatric Psychology Service at NHS Ayrshire &amp; Arran on a research project that aims to validate the Paediatric Index of Emotional Distress (PI-ED).</td>
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<td>Ayrshire &amp; Arran</td>
<td>Scoping and literature review to inform a structured approach for promoting infant mental health to fathers.</td>
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<td>Ayrshire &amp; Arran</td>
<td>Exploring the factors associated with smoking cessation relapse among postnatal women.</td>
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<tr>
<td>Ayrshire &amp; Arran</td>
<td>Developing postnatal smoking relapse prevention intervention for local smoking cessation services.</td>
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<tr>
<td>Ayrshire &amp; Arran</td>
<td>Developing and Evaluating Distress Management System training for Specialist Nurses in Heart Failure.</td>
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<tr>
<td>Ayrshire &amp; Arran</td>
<td>Exploring midwives attitudes to discussing maternal weight with pregnant women who are obese.</td>
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<tr>
<td>Ayrshire &amp; Arran</td>
<td>Redesigning generic Health Behavior Change training for health professionals.</td>
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<tr>
<td>Borders</td>
<td>Antenatal and postnatal health inequalities</td>
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<td>Borders</td>
<td>Self-management for long term conditions in deprived areas</td>
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<tr>
<td>Dumfries &amp; Galloway</td>
<td>Systematic review and development of an intervention for overweight and obese children in relation to the Child Healthy Weight Strategy.</td>
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<tr>
<td>Dumfries &amp; Galloway</td>
<td>Attitudes to breastfeeding among health professionals</td>
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<tr>
<td>Dumfries &amp; Galloway</td>
<td>Understanding breastfeeding maintenance in new mothers</td>
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<tr>
<td>Dumfries &amp; Galloway</td>
<td>Behaviour change in keep well health checks</td>
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<tr>
<td>Fife</td>
<td>Assessing the needs of single (mainly older) men with cancer</td>
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<tr>
<td>Fife</td>
<td>Sexual health in looked after young people</td>
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Challenges (interim evaluation)

• Location of posts
Trainees preferred psychology base because of support from psychology colleagues (only one of the four trainees from yr 1 was based within psychology). Or split working with a main base in psychology and a day or two a week in a public health or other department?

• Supervision
Better role definition with regard to supervision and line management arrangements. Trainees reported to many different people - responsibilities of each should be explicit from the outset.

• Skill-sets
Some trainees would have liked more opportunity to develop clinical/therapeutic skills which the original design (tasks) of their posts did not incorporate.

• Stress and Pressure:
A lack of ground work at the start of the scheme meant that the setting up the projects was slower in some areas than others. Being a ‘sole health psychologist’ was demanding in terms of workload, responsibility and expectations.
• **Successes**: National programme, unique in UK - 10 + 5 trainees to date - high level of output contribution to Govt health targets – network of trainees and supervisors – raises awareness of applied psychology in NHS Boards

• **Challenges**: Expand across Scotland – increase awareness outside NHS – commissioning – identifying funding streams – network of trainees and supervisors – increase supervision skills – BCTs training – CPD - NHS posts for health psychologists

• **Senior health Psychologist employed at NHS Education for Scotland since 2013 – Dr Vivien Swanson is Lead HP**

• Publications in peer review journals
• Reports
• Conference presentations
• Workshops and training packages
• Successful funding applications
Requirement for progressing – why benchmarking?

- Define standards of training – at qualification – doctoral level threshold?
- Discover gaps in performance
- Recognise not as efficient as other competitors
- Trend in market need to exploit – focus on health improvement
Professional Psychology

- Defined as a healthcare discipline and no longer focuses exclusively on mental health
- Need to establish baseline levels of competency in areas of psychology that have practice components
- Describing the distinct competencies expected of those who complete graduate training in professional psychology – entry level
- Two training options? - Scientist and scientist-practitioner
Identifying and justifying speciality–specific perspectives

• “What differentiates specialities is the way in which the foundational and functional competency domains are shaped by particular configurations of the parameters of practice, notably populations served, problems addressed, procedures and theoretical orientations used, and settings – systems – contexts within which the practice occurs” (Rodolfa et al 2005)
Summary

- Health psychology practice is developing in Scotland since 2008 with buy-in from Health Boards – programme is successful
- Challenges to integration into healthcare workforce exists
- Benchmarking for competence required