

The development of the profession of general health psychologist and the master's degree in General Health Psychology: challenges, opportunities and threats for Clinical and Health Psychology in Spain

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In the past 30 years, the basic structure of the profession of psychologist in Spain, insofar as professional practice within the sphere of clinical and health psychology, has advanced notably but is still incomplete.

On the one hand, the generic practice of the psychologist profession for all areas (clinical, social, work/organizational, educational, etc.) is acknowledged with the sole requirements of having a title of Licentiate's/Bachelor's degree in Psychology and being registered in the Official Associations of Psychologists (in Spanish, *Colegios Oficiales de Psicólogos* or COP). In Spain, both degrees are undergraduate university degrees with curricula composed of courses exclusively in Psychology that entail access to the professional license, that is, the practice of the profession of psychologist.

On the other hand, in 1998, the official title of Psychologist Specializing in Clinical Psychology was established by law. This involves a higher level of theoretical-practical training and specialization in diagnosis, assessment, treatment, and rehabilitation of mental, emotional, and behavioral disorders. Psychologists can access this title only through a specialized training in clinical psychology via the residency system in the National Health System (training program for the Intern-Resident Psychologist or PIR training¹), although, when this law was passed, there began an extraordinary and temporary process that the psychologists who had been practicing their profession in the clinical sphere before the law was passed could request and obtain the title without having to undergo the PIR training, if they met minimum criteria of theoretical-practical training and years of practice in professional activities within the specialty of clinical psychology. Subsequently, a law was passed in 2003 to regulate health professions, which included among the certified and regulated health professions that of the psychologist who had the title of Specializing in Clinical Psychology, but not

¹ The PIR training is regulated by the Spanish Ministry of Health and the Spanish Ministry of Education, and to access it, students must have a licentiate's/bachelor's degree in Psychology and have passed the selective test held at the national level. The PIR training program lasts 4 years and is based on the occupational integration of the resident in hospitals and health centers of the National Health System through an occupational training contract to provide health care and simultaneously receive training.

the licentiate/bachelor in Psychology who did not have this title. Lastly, also in 2003, another law established that only health professionals could work in health centers and health services, either public or private, of any type and nature.

Leaving aside the debate about whether or not the profession of psychologist without a specialist title can be considered a health profession (Duro Martínez, 2004), these legal regulations have led to the consolidation of clinical psychology in Spain. Moreover, the demand of a high level of training and specialization to practice clinical psychology is no doubt a guarantee of quality for society.

Nevertheless, these laws have also caused a series of problems and conflicts that have affected an large number of psychologists who work in the clinical sphere, Psychology students who graduated after 1998, and the future of psychological care of the Spanish population, and they have also confronted the COP, representatives of the academic institutions, and the delegates of the Psychology students with the diverse Spanish governments.

Up to 2003, Psychology graduates without a specialist title could open a consulting office, clinics, or clinical psychology center and register it without any trouble in the health center registry. After passing these laws, these psychologists were put in a difficult situation regarding work and juridical insecurity, because these laws affected both the centers and services of the public health system, as well as the private consulting offices, clinics, and centers, where 80% of the Spanish psychologists who practice their profession in the clinical sphere are estimated to be working (Santolaya Ochando, Berdullas Temes, & Fernández Hermida, 2001).

Of course, a large number of these psychologists had undergone the extraordinary process to obtain the title of Specializing in Clinical Psychology (more than 14,500 requests were presented) and, therefore, their work situation was regulated insofar as they achieved the title (more than 7,000 until now) and, as health professionals, they could continue to work in health centers as they had before.

However, the Psychology students who had finished their studies after 1998 were even worse off because, although most of them were interested in working in the clinical sphere, the only possibility to do so was through access to the PIR training, the only pathway as of that year to obtain the title of Specializing in Clinical Psychology and, therefore, to be considered health professionals and be able to work legally in consulting offices, clinics, and health centers. Currently, there are more than 56,000 students enrolled in the Psychology faculties and, in those that provide specific

curricular itineraries, 40-50% of the students choose the curricular itinerary of clinical and health psychology. However, from 1998 to 2012, only between 60 and 141 places to access the PIR training have been convoked yearly. This high student-to-place ratio could be interpreted in terms of a misfit between the high number of Psychology students and the actual possibilities of labor insertion in Spain. In fact, this misfit is quite real, but it is also obvious that such a low number of PIR places cannot ensure either the generational takeover of the clinical psychologists or the psychotherapeutic care of a population that already exceeds 47 million inhabitants.

Therefore, although at short term the high number of psychologists who until now have passed the extraordinary process to obtain the title of Psychologist Specializing in Clinical Psychology ensures that the psychotherapeutic care of the Spanish population is taken care of, at medium and long term, the scanty number of places for the PIR training, the only official pathway to practice in the clinical sphere as a health professional, places such care at serious risk. In this sense, it is important to point out that most of the psychologists who work in the clinical sphere do so in private consulting offices, clinics, and centers, and that there is a scarce number of psychologists who work in the Spanish public network of mental health care. Thus, although the employment of the clinical psychologists in the public sector has not ceased to grow in the last 25 years, it is still far from the standards of other developed countries that, like Spain, have an important public health system. In 2003, the Spanish public network of mental health care had 4.3 clinical psychologists for every 100,000 inhabitants (Salvador, 2005), whereas the median for high income countries was 14 psychologists for every 100,000 inhabitants in 2005 (World Health Organization, 2005).

To solve those problems caused by the 2003 laws aimed to regulate health professions and centers, in 2006 and, later, in November 2011, the Spanish Government passed two laws which allowed psychologists to open or work in clinical psychology consulting offices, clinics, and centers even if they did not have the title of Specializing in Clinical Psychology (and were therefore not officially considered health professionals), inasmuch as they accredited having studied Psychology following a curricular itinerary qualified by its link with the teaching area of personality, assessment, and psychological treatment or clinical and health psychology, or they accredited having complementary postgraduate training in these areas of not less than 400 hours, of which at least 100 should be practice supervised by psychologists

specialized in clinical psychology, in centers, institutions, university psychology services, clinical psychology consulting offices or clinics accredited as health centers.

The November 2011 law is currently in force, but it is a temporary solution (until 2014) while a more appropriate solution can be implemented. This solution was also proposed by the November 2011 law and implies the development of a new health profession or health professional title named General Health Psychologist, that requires a specialized training in clinical and health psychology via an official university Master's degree in General Health Psychology within the framework of the European Higher Education Area². Thus, this Master's degree extends the possibility of being legally recognized as health professional and will ensure higher training in clinical and health psychology than does the Licentiate's/Bachelor's degree in Psychology.

This Master's degree, to which only the licentiate/bachelor in Psychology would have access, would last 1.5 years (90 ECTS credits; see footnote 2) and would have national guidelines about the minimum of hours required of supervised clinical practice and theoretical-practical training in certain subjects such as, for example, psychopathology, psychological assessment, psychotherapy, and so on. In fact, to obtain the title of General Health Psychologist, students should have taken a minimum of 180 ECTS credits on health and clinical psychology taking into account both the credits of the Bachelor's degree in Psychology and the Master's degree in General Health Psychology. The Ministry of Health, the Ministry of Education and the professional and academic representatives of Spanish Psychology are collaborating and working on the outline of those guidelines and, in fact, the November 2011 law requires that those guidelines are set by April 2012. Later, based on those guidelines, Spanish universities should develop the curricula of their Master's degrees in General Health Psychology and submit them to an assessment process by a State agency that assesses the quality of the Spanish higher education (the National Agency of Assessment of the Quality and Accreditation: ANECA). This agency is in charge of verifying and accrediting that the university curricula meet the pertinent training goals, for example, the acquisition of the

² The European Higher Education Area (EHEA) is a policy commitment endorsed by 47 European states to improve the quality, mobility, diversity, and competitiveness of university education. This is done by adopting a series of common instruments, for example, a comparable degree system with three cycles (Bachelor, Master, and Doctorate) and a learner-centered system for academic credit accumulation and transfer (European Credit Transfer and Accumulation System or ECTS) based on student workload, that is, the time students typically need to complete all learning activities (such as lectures, seminars, projects, practical work, self-study and examinations) required to achieve the expected learning outcomes of the study program (one ECTS credit corresponds to 25-30 hours of work). Typically, the first cycle includes 180-240 ECTS credits, while the second cycle comprises 60-120 ECTS credits.

basic competences in health and clinical psychology set by the national guidelines for the General Health Psychologist.

Therefore, the Master's degree in General Health Psychologist could begin to be implemented, at the earliest, in the 2012-2013 course, but in any event, its development and the development of the profession of General Health Psychologist pose some challenges that could become threats or opportunities to the Spanish psychology depending on the actions, not only of the politicians in charge, but also of the academics and professionals.

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