Reflections on the Health Service Psychology Education Collaborative Blueprint

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The Blueprint for Education and Training developed by the Health Service Psychology Education Collaborative (2013) articulates a series of critical recommendations made by an interorganizational group that was convened to address both the changing nature of professional psychology and the current concerns in professional education and training. The Collaborative examined the preparation of health service psychologists in the context of scientific foundations, societal needs, and the 21st century health care system. This article provides a brief overview of that effort as a preface to further commentary in subsequent papers in this series.

Keywords: competency, health service psychology, education and training

The American Psychologist recently published an article entitled “Professional Psychology in Health Care Services: A Blueprint for Education and Training” (Blueprint) by the Health Service Psychology Education Collaborative (HSPEC, 2013; see also HSPEC, 2012). This Blueprint provides seven recommendations for professional education and training that are seen as critical to psychology’s future as a health profession. The Blueprint was the result of an interorganizational initiative that reviewed existing literature, collected its own data, and digested feedback sought from students, faculty, governance groups, education and training organizations, and a public comment process. Its development was an iterative process lasting for more than two years, yet its roots were much earlier, stemming, first, from psychology having broadened its role from that of a mental health profession to that of a health profession and, second, from continuing concerns about problems in professional education and training that had not been resolved. The final impetus for the creation of HSPEC was a request from the Council of Chairs of Training Councils (CCTC) to the American Psychological Association (APA) Board of Educational Affairs (BEA) to address a number of pressing issues. In response, BEA authorized support for an interorganizational group including CCTC, APA, and the Council of Graduate Departments of Psychology in March 2010.

I was privileged to work closely in this collaboration over the years; the experience reaffirmed my long-held belief that commitment to a higher order goal can help unite rather than divide a profession. It was also my first experience in over 35 years where mentoring to a higher order goal can help unite rather than divide a profession. It was also my first experience in over 35 years where the experience reaffirmed my long-held belief that commitment to a higher order goal can help unite rather than divide a profession. It was also my first experience in over 35 years where the experience reaffirmed my long-held belief that commitment to a higher order goal can help unite rather than divide a profession.
are more fully described in the full article in the American Psychologist (HSPEC, 2013). More detailed commentary is provided in subsequent articles in this issue, a group of publications designed to promote the national conversation required in such change efforts. Despite the diversity of perspectives represented in the Collaborative itself, HSPEC was unanimous in believing that these recommendations were essential for psychology to advance as a health profession.

Recommendation 1. The competencies of psychologists who provide health services should be clearly articulated and understood by faculty, students, regulators, and the public

There was significant concern that current policies and processes do not articulate the student learning outcomes expected of programs preparing future health care providers in psychology. This is neither consistent with competency-based education models nor the demands for accountability in higher education. Moreover, this lack has served to obscure the identity of psychology among other health professions. A core feature of the competencies articulated in the Blueprint (reprinted in their entirety in the Appendix of this article and in the American Psychologist article) is the reliance on a biopsychosocial model that emphasizes the need for an approach to education and training that focuses on biological, psychological, social, and cultural aspects of health and behavior regardless of whether one proceeds to practice with traditional mental health populations or in other areas of health. A distinctive feature is the emphasis on preparation for interprofessional and collaborative practice as described in the APA- and HSPEC-endorsed Core Competencies for Interprofessional Collaborative Practice (Interprofessional Education Collaborative Expert Panel, 2011). Other core features are knowledge of health policy and health care systems as well as competencies in conducting practice-based research (e.g., for quality improvement efforts), self-assessment, teaching, supervision, and advocacy. Readiness for further professional development in leadership skills was seen as essential. HSPEC also recommended that the APA Commission on Accreditation (CoA) consider these competencies in its review of HSP training programs.

It is noteworthy that the Blueprint does not prescribe any specific courses or mechanisms, but depends on a qualified faculty and the availability of appropriately supervised health care settings. There already exist models and resources for this kind of education and training, and, with advances in technology and the willingness to share resources, any gaps that exist could be filled. For example, the APA Education Directorate recently developed a series of learning modules on quality improvement that it has made available free-of-charge to all programs, as well as webinars on topics such as preparation for primary care.

Recommendation 2. There should be guidelines for minimal qualifications to enter doctoral programs that prepare health service psychologists

HSPEC believed that, despite the popularity of psychology as an undergraduate major, not all those who want to pursue doctoral study in psychology are qualified for admission. Moreover, the Collaborative members were concerned about the disconnect between undergraduate and graduate education that exists in the United States. Members believed that those with strong broad and general backgrounds in core psychological science at the undergraduate level were ready for more specialized study. The Collaborative called for clearer articulation of cognitive and noncognitive factors that could be assessed using multiple methods, as well as collaboration with test developers regarding assessments for advanced placement in doctoral education.

Recommendation 3. Psychology needs to articulate and evaluate the competencies for each level of education and training of health service psychologists, as well as examine the sequence itself

HSPEC called for identifying the developmental sequence for the acquisition of HSP competencies in the context of a culture of continuous quality assurance. The issue of the placement of the internship was discussed without any specific recommendation. Some believed that doctoral programs should refocus on what was more within their control, a goal of readiness for internship rather than preparation for entry to practice (although a subsequent internship would still be maintained as a requirement for entry to practice). Others believed that maintaining the goal of entry to practice as an outcome of doctoral preparation (in which the internship was then an integral component) was preferable. HSPEC’s recommendation calls for an examination of the entire sequence of education and training, including the connection to undergraduate education.

Recommendation 4. There needs to be increased focus on competency assessment in psychology education and training for the delivery of health care

Advances in competency-based education are inextricably linked to advances in the assessment of competence, a topic of previous issues of this journal. Anecdotally, I have witnessed a change in the culture of assessment over the last decade. When the use of standardized patients (common in medicine) was introduced at an early APA Education Leadership Conference, we received a number of comments expressing concern and dismay as to their appropriateness and feasibility. Such methods are now being actively studied within professional psychology education and training to assess their utility in both formative and summative assessment.

Recommendation 5. The integration of science and practice requires health service psychologists to implement evidence-based procedures, use a sophisticated degree of scientific mindfulness, and do more than “consume” research findings

The Collaborative believed that all psychologists who provide health care services must be competent in conducting research
designed to apply existing knowledge to a practical problem. At minimum, practice-based research skills, such as those required for quality improvement and program evaluation activities, are essential. Neither competence in only basic research nor competence in the interpretation of research findings relevant to practice was seen as sufficient.

**Recommendation 6. Psychology needs to engage in self-regulation for the education and training of health service psychologists by adopting a national standard of accreditation**

A core feature of a profession is that it “professes” to the public its standards for which it should be held accountable, and that it is self-regulating (Institute of Medicine, 2013). Accreditation is the recognized peer review system for education and training, just as the journal review process is the mechanism for research. The APA BEA had already adopted the position that preparation of health service psychologists should occur in accredited doctoral and internship programs, and HSPEC was in full agreement. To promote accreditation as a standard, HSPEC, along with other groups, wrote to the APA Commission on Accreditation (CoA) requesting that new categories be developed for regarding eligibility for accreditation. In early 2013, the CoA implemented categories related to eligibility for internship and postdoctoral programs; it is now in the process of reviewing all of its standards. In August 2013, the APA Council affirmed that “graduation from an APA/CPA [Canadian Psychological Association] accredited doctoral and APA/CPA internship training program, or programs accredited by an accrediting body that is recognized by the U.S. Secretary of Education for the accreditation of professional psychology education and training in preparation for entry to practice, be a prerequisite for licensure for independent practice as health service psychologists.” (APA, 2013) This policy was designed to go into effect in 2018 for doctoral programs and 2020 for internships.

Accreditation as a standard for internships is a complex issue because of the internship imbalance, for which other initiatives are underway (Grus, McCutcheon, & Berry, 2011), including a 2012 allocation by the APA Council of Representatives for up to $3 million to facilitate the accreditation of internship programs. Suffice it to say that a policy promoting the standard of accreditation will not correct the internship imbalance, but, if psychology had had such a policy in place over the past 20 years, we would not be experiencing the imbalance that plagues us at this time.

**Recommendation 7. Psychology needs more research relevant to the preparation and roles of health service psychologists and must have an ongoing, comprehensive workforce analysis**

Although authorized by the APA Council of Representatives in 2006, psychology has yet to complete a workforce analysis that considers supply, demand, societal needs, and contextual factors in the health care system. APA is partnering with various groups such as Association of State and Provincial Psychology Boards, the Health Services Resource Administration, and the Association of Psychologists in Academic Health Centers to obtain relevant data, but the lack of comprehensive analyses is a significant impediment to an informed education and training community and federal advocacy efforts.

The Future

Implementation of the HSPEC Blueprint depends on a wide range of stakeholders in the discipline and profession. Related efforts are underway. For example, BEA and the Council of University Directors of Clinical Psychology have initiated projects to examine prerequisites for doctoral education and training. The APA CoA has adopted new categories to facilitate the accreditation process for internships, and is considering other HSPEC recommendations in its current revision process of its criteria for accreditation. The APA Council of Representatives recently adopted its Resolution on Accreditation (APA, 2013). Yet there is much that needs to be done.

HSPEC also asserted that psychology needs a formal mechanism for periodic review of the preparation of health service psychologists; it recommended that a similar group be convened every 5 years for such purpose. Many believe that progress with respect to these recommendations is essential to quality in education and training as well as psychology's future role in health care.

**References**


(*Appendix follows*)
Advances in psychological science have moved the part of professional psychology that provides health care services from a primary focus on mental health problems to a focus on being a health professional in which mental health remains an important area of practice, but in which practice is construed much more broadly across the health care spectrum. This changing face of professional psychology requires a clear articulation of what constitutes broad and general training for its providers of health care services. Our increased understanding of health and disease in all areas has highlighted the need for an approach to education and training that focuses on biological, psychological, social, and cultural aspects of health and behavior regardless of whether one proceeds to practice with traditional mental health populations or in other areas of health.

Although a biopsychosocial focus has been foundational in many graduate programs, other programs must evolve from a primarily psychosocial focus to a biopsychosocial focus in terms of the substantive knowledge base if psychologists are to provide appropriate health care services, including assessment, screening, psychotherapy, counseling, diagnosis, treatment, prevention, remediation, consultation, and supervision.

Despite the definitions of health service providers that exist in American Psychological Association (APA, 1996, 2011b) policy and the various models of education and training used in programs that graduate psychologists who provide health care services, there has been no clear statement of the core learning outcomes expected of all programs that have as a goal the preparation of health service psychologists (HSPs). Although useful, the Guidelines and Principles for Accreditation of Programs in Professional Psychology (APA, 2009) were designed to be generic for all professional psychology and not specific to programs that prepare psychologists for the provision of health care services.

This document describes the competencies expected from education and training programs preparing psychologists for the provision of health care services regardless of work setting or health or mental health problem being addressed. The initial draft was available for public comment from December 20, 2011, until May 4, 2012, and was circulated to graduate department chairs (via the Council of Graduate Departments of Psychology electronic mailing list) and all training councils of the Council of Chairs of Training Councils. It was on the agendas of the midwinter meetings of the education and training organizations, and on the March 2012 cross-cutting agenda for APA boards and committees. The Health Service Psychology Education Collaborative (HSPEC) reviewed all comments, made revisions, and developed this final document in July 2012.

The delineation of the core competencies for HSPs demonstrates the discipline’s commitment to accountability in higher education and to the various publics served, including students, employers, and consumers of services. It also informs policymakers about the distinctive competencies psychologists bring to health care practice and affirms psychologists’ readiness for practice in the health care system of the 21st century. HSPEC acknowledges the wide implications of this work, given that a significant proportion of professional psychology education and training is related to preparation to provide health care services. HSPEC also notes the following:

- These competencies are intended to describe the goals of education and training for preparation of HSPs in general and are not specific to locations of practice, such as primary care settings or to practice specialties such as clinical health psychology that may require additional competencies.
- The HSP competencies are described in a manner based on the cluster system adopted in 2011 professional psychology competency benchmarks model (Hatcher et al., 2011).
- Specific courses and training experiences are not described, as each doctoral program or internship is expected to develop its own curriculum to promote attainment of the competencies noted.
- As in previous documents, the term “patient” is used “to refer to the child, adolescent, adult, older adult, couple, family, group, organization, community, or other population receiving psychological services in health care delivery systems. However, we recognize that in many situations there are important and valid reasons for using such terms as “client” or “person” in place of ‘patient’ to describe the recipient of services” (APA, 2011a, p. 4).
- Peer review through a recognized quality assurance mechanism to ensure that professional standards have been met is essential to a mature profession. Psychologists trained to provide health care services should complete APA/Canadian Psychological Association (CPA)—accredited doctoral and APA/CPA—accredited internship programs.

2 There have been a number of national cross-disciplinary efforts to articulate core competencies for all health professionals (Institute of Medicine, 2003; Interprofessional Education Collaborative Expert Panel, 2011).
3 As examples, relevant work in specific areas of practice include American Psychological Association (APA) guidelines for practice with older adults (APA, 2004); practice with lesbian, gay, and bisexual clients (APA, 2012c); evaluation of dementia and age-related cognitive change (APA, 2012b); and assessment of and intervention with persons with disabilities (APA, 2012a). Examples of work in broader areas include competencies for clinical health psychology as described in France et al. (2008) and the guidelines developed by the Interorganizational Task Force on Cognitive and Behavioral Psychology Doctoral Education (Klepac et al., 2012) that were adopted by the Association of Behavioral and Cognitive Therapy in 2012.
4 There has been considerable consensus within the Council of Chairs of Training Councils in collaboration with the Board of Educational Affairs regarding competencies to be expected from graduate education and training in professional psychology, but these competencies have not been specific to health care psychology. See Fouad et al. (2009).

(Appendix continues)
• There needs to be increased focus on competency assessment in graduate education for health service psychology.
• Because knowledge evolves over time, psychologists already in the field may not have had the specific background training required to enter today’s health care environment; however, many of them gain the necessary knowledge and develop additional skills through continuing professional development. HSPEC recognizes the importance of grandparenting for any related credentialing system.

Health Service Psychology Competencies

I. SCIENCE

A. Scientific Knowledge and Methods

Be knowledgeable about the biological, cognitive, affective, social, and life span developmental bases of behavior; be able to critically evaluate relevant literature, and apply that knowledge in practice.

Be knowledgeable about psychological research methods, techniques of data collection and analysis, and apply that knowledge in practice.

Be knowledgeable about psychological clinical research findings fundamental to the provision of health care services, and apply that knowledge in practice.

Be knowledgeable about current information technology and apply that knowledge in practice.

Be familiar with research on how biological, psychological, social, cultural, and economic factors affect health and behavior, disease, treatment outcomes, and wellness, and how to apply that knowledge in practice.

Commentary. HSPs must have a firm grounding in psychological science and statistics, but this is not sufficient. They also need to have a basic familiarity with knowledge from other disciplines such as anatomy, physiology, genetics, pharmacology, anthropology, sociology, and economics. This is not intended to train “mini physicians” or “mini pharmacists,” but to prepare psychologists to be able to appropriately assess and treat problems in their areas of expertise as well as ensure whole person care in collaboration with other health professions, including when to refer. This knowledge base is fundamental to the biopsychosocial model of care, although psychologists’ strengths will remain in the psychological/behavioral aspects and their interactions with other components.

B. Research/Evaluation

Critically evaluate relevant health and behavior research related to populations to be served.

Conduct research that contributes to the scientific and professional knowledge base or evaluates the effectiveness of various professional activities in health care and health promotion.

Use research skills for program development and evaluation as well as for quality improvement related to health care services.

Be familiar with health research methods.

Commentary. Cross-cutting themes of research relevant to HSPs are related to outcomes assessment, treatment efficacy, effectiveness, patient satisfaction, and quality improvement methods. HSPs must be more than consumers of research; they must have skills in conducting practice-based research relevant to quality improvement efforts. They must also understand human subjects and consent issues related to health research.

II. PROFESSIONALISM

A. Professional Values and Attitudes

Behave in ways that reflect the values and attitudes of psychology, including integrity, accountability, lifelong learning, and concern for the welfare of others.

Value principles of safe, effective, patient-centered, timely, and equitable care, and use them as guidelines for health care practice.

Value and communicate to the public and other health professionals one’s identity as a psychologist.

Value collaboration with other health professions and team-based care.

Commentary. The values of safe, effective, patient-centered, timely, equitable, and collaborative care are central to a reformed health care system to serve the public welfare. They must be clearly modeled and communicated in graduate education in psychology.

B. Individual and Cultural Diversity

Exhibit awareness, sensitivity, and skills to work professionally with diverse individuals, groups, and communities that represent various cultural and personal backgrounds and characteristics defined broadly and consistent with relevant APA practice guidelines.

Be knowledgeable about the literature on diversity factors and health disparities and apply that knowledge in practice.

Commentary. In addition to guidelines developed for multicultural education, training, practice, and research (APA, 2003), there have been numerous guidelines developed related to services for different populations (some of which are noted in footnote 2). HSPs need to be aware of the diversity of health belief models and attitudes toward care held by patients and health care providers and have skills in collaborating with relevant others, including linguistic, visual, and hearing interpreters in providing services. Knowledge of health disparities particularly as it applies to vulnerable populations is important.

C. Ethical and Legal Standards and Policy

Abide by the current version of the APA Ethical Principles of Psychologists and Code of Conduct 5 and engage in ethical decision-making in collaboration with others.

5 At the time of this writing, the version is APA Ethical Principles of Psychologists and Code of Conduct (APA, 2010).

(Appendix continues)
Be knowledgeable about the professional standards associated with health care practice.
Be knowledgeable about and adhere to the local, state, and federal laws governing health care practice.
Be knowledgeable about health care policies that are relevant to health care systems and the delivery of services.

Commentary. There are distinctive ethical and legal issues that arise in health care related to issues such as confidentiality, teamwork, interdisciplinary business partnerships, telehealth, malpractice risks, safety, and so forth. HSPs also must understand the wide variety of national and local policies that impact the delivery of services, such as credentialing, insurance and billing, use of electronic medical records, and policy development.

D. Reflective Practice/Self-Assessment/Self Care
Engage in reflective practice conducted with personal and professional self-awareness, including attention to one’s health behaviors and well-being and their potential impact on practice. Conduct self-assessments designed to continuously improve health services offered.

Commentary. HSPs need to be aware of how their own health behaviors and well-being may impact services offered, and need to engage in regular self-assessments designed to improve services offered.

III. RELATIONAL: Interpersonal Skills and Communication
Relate effectively and professionally with patients, colleagues, and communities.
Relate effectively with professionals from other disciplines and demonstrate competence in interprofessional collaborative practice.
Communicate clearly and appropriately in written and oral form with patients, colleagues, other health professionals, and the public.

Commentary. The delivery of services is predicated on the ability to form effective working and therapeutic relationships. The more specific core competencies for interprofessional collaborative practice are listed in Section VI.A of these competencies and described more fully in Core Competencies for Interprofessional Collaborative Practice (Interprofessional Education Collaborative [IPEC] Expert Panel, 2011). Health care settings can provide distinctive challenges, such as time constraints for feedback to referral source, and require an understanding of the culture within which services are provided.

IV. APPLICATIONS
A. Evidence-Based Practice
Engage in evidence-based practice that integrates “the best available research with clinical expertise in the context of patient characteristics, culture, and preferences” (APA Presidential Task Force on Evidence-Based Practice, 2006, p. 273).
Incorporate local population-based information and relevant research findings in the provision of health care services.

Commentary. Evidence-based practice is essential to all health care services and has been described more fully with respect to psychology (APA Presidential Task Force on Evidence-Based Practice, 2006). HSPs need to know the evidence base for the most common psychological practices to treat health problems. Also, HSPs need to know how to incorporate local population-based information in their services.

B. Assessment
Conduct assessments of psychological and behavioral components of physical and mental health to diagnose problems and assess strengths as a basis for planning prevention, treatment, or rehabilitation.

Use an assessment approach model that includes attention to biological, psychological, social, life span, and cultural components of health.
Provide assessments grounded in the science of measurement and psychometrics and the clinical research related to the assessment of health, behavior, and psychosocial aspects of physical conditions.
Communicate findings from psychological assessments in language appropriate for the patient, family, and health care professionals.
Be able to conceptualize cases integrating common medical, dental, and other health findings, including their potential impact on assessment and interpretation of psychological data for populations to be served.

Commentary. Psychological assessments include measures of cognitive, behavioral, affective, and interpersonal functioning as well as health belief models. HSPs address the full range of health problems, including substance abuse and mental health disorders, acute illness and chronic disease, psychological conditions that manifest somatically, organic conditions that manifest psychologically, behavioral risk factors for illness, psychological adjustment to health conditions, and psychological effects of medications. HSPs need to understand the relevance of common health care measures (e.g., blood pressure, laboratory assays, radiological studies) and know how to quickly access information about other health assessments. Information required will vary depending on disorders assessed, such as eating disorders, anxiety, or vascular dementia. HSPs must be able to appropriately tailor their communications to the health care setting and patients served, for example, to a mental health setting versus a primary care setting.

C. Intervention
Provide evidence-based psychological approaches in the prevention, treatment, and rehabilitation of common health, mental health, and developmental problems.

(Appendix continues)
Be knowledgeable about theories, models, and effective practice in psychotherapy.
Monitor patient’s response to delivered interventions and modify as needed.
Educate patients, families, caregivers, and communities about health and behavior to facilitate behavior change, including promotion and prevention.
Seek consultation and refer to other health care professionals for problems outside one’s training and experience.
Provide health promotion services in individual, group, and community settings.
Be knowledgeable about effectiveness and costs of psychological treatment options appropriate to the particular clinical context.
Be familiar with common medical, dental, and other health treatments, as well as complementary and alternative treatments, and their sequelae for the populations to be served.

Commentary. Although HSPs cannot be competent in every form of psychological intervention, they must be competent in a variety of the most commonly used ones, be skilled in monitoring progress, and know when to seek consultation, including with other psychologists. They must be aware of how other health care interventions (including common over-the-counter and prescription medications) and sociocultural factors can impact the patient and services provided.

D. Consultation

Provide consultative psychological services to patients and their families, other health care professionals, and systems related to health and behavior.

Commentary. HSPs are familiar with evidence-based consulting skills and methods. HSPs often help other providers manage the psychological and behavioral components of presenting problems. They develop competencies in delivering patient- and situation-specific consultation for health care enhancement targeted at the individual, group, intergroup, and organizational levels. This requires skills in interprofessional functioning and can present distinctive issues with regard to confidentiality, communication, and multiple relationships. HSPs also foster effective relationships among providers, patients, and others.

V. EDUCATION

A. Teaching

Provide training and supervision to psychology trainees and to other health professionals in relevant health care services.
Provide training in the application of psychological science to the delivery of health care services and the improvement of the health care system.

Commentary. As the scientific knowledge base related to behavior and health has increased, so has the need for its inclusion in the curricula of other health professions.

B. Supervision

Be knowledgeable about theories, models, and effective practices in supervision.
Apply this knowledge to the supervision of direct service delivery by psychology trainees, trainees from other health professions, and, as appropriate, of services provided by other health care professionals.

Commentary. Supervision is a required competency for HSPs and is currently the focus of a number of groups working to articulate the competencies and guidelines for effective supervision. As the health care system focuses on practice at the highest level of training, HSPs are increasingly called on to supervise other professionals in the delivery of services, including nondoctoral behavioral health providers. HSPs need to know professional credentials, licensure, and ethical standards across health professions in order to select appropriate supervisors in health services settings. Competence in supervision includes knowledge, collaborative skills, and attitudes.

VI. SYSTEMS

A. Interdisciplinary/Interprofessional Systems

Be knowledgeable about the core competencies for interprofessional practice, including values/ethics across professions as well as those for interprofessional practice, roles/responsibilities, interprofessional communication, and teams/teamwork. Apply that knowledge in collaborative practice.

Be knowledgeable about the outcomes literature associated with the delivery of services by health care teams.

Use health informatics, including electronic health records, to communicate with other health professionals and patients as appropriate.

Be familiar with various types of health care systems and service delivery models and their implications for practice.

Commentary. The Core Competencies for Interprofessional Collaborative Practice (IPEC Expert Panel, 2011) detail the skills required for teamwork and effective interdisciplinary functioning. It is also important to note that there are distinctive issues that vary by type of setting (e.g., mental health, primary care, tertiary, inpatient, outpatient, rehabilitation, dental, independent practice, institutional practice, school, justice) and type of delivery system (e.g., capitated, fee-for-service). Although it would not be expected that at entry to practice, HSPs are fully competent in all systems, they need familiarity with the range of possibilities and competence in the self-assessment and lifelong learning skills required to work in any health care setting. HSPs also need to be aware of evolving models in health care (e.g., in 2012 the concepts of “patient-centered medical home” and “accountable care organization” have currency).

B. Professional Leadership Development

Appreciate the role of a psychologist as an autonomous, knowledgeable team member and leader in health care.

(Appendix continues)
Be familiar with professional roles in management and administration of health care research, services, and systems, and be prepared for further leadership development.

**Commentary.** HSPs often provide leadership in team management, administration, conflict resolution, and bringing psychosocial issues to the forefront in health care services. Identifying areas for further leadership development is an important aspect of professional preparation.

**C. Advocacy (Local, State, and National)**

Advocate for psychology’s role as a science and a profession in health care.

Advocate for research that contributes to the evidence base to support practice and for evidence-based practice.

Advocate for quality health care at the individual, institutional, community, and systems level in public and private sectors.

Advocate for equity and access to quality health care services for patients.

**Commentary.** Although an important component, advocacy is not confined to legislative activities. It also includes advocacy for patient’s rights, equity in health care services, and quality of care.

**Summary**

A clear statement of competencies to be obtained through education and training is essential given the need for psychologists to be competent to work in 21st century health care systems, the increased demands for accountability in higher education, and psychology’s commitment to advance quality education and training. This statement of competencies serves to inform

- the public and policymakers so as to promote understanding of the distinctive features of psychologists’ knowledge and skills that prepare them for participation in the health care system
- the expectations of prospective employers about the knowledge and skills of psychologists providing health care services
- education and training programs in their assessment of goals and design of curricula
- prospective students in their review of program offerings in the context of anticipated career paths, and
- the APA Commission on Accreditation, which may use national consensus criteria in establishing its policy and review processes

Compared with current guidelines for the accreditation of education and training in professional psychology, the competencies for health service psychologists articulated here have an increased focus on basic biological, psychological, and social knowledge of health and disease as relevant to problems addressed. They require practice-based research skills (including quality improvement methods and outcomes measurement), as neither skills in basic research nor training as a consumer of research, while important, is seen as sufficient. They require competence in interprofessional collaborative practice and skills in teaching/supervision with other health professions. They specifically incorporate the values of safe, effective, patient-centered, timely, and equitable care, and highlight the need for understanding of health policy and relevant health care delivery systems. They also bring attention to issues of leadership and advocacy for future roles of health service psychologists.

This document has significant implications for both education and training programs and current practitioners who want to update their skills for better integration in health care delivery systems. The Collaborative welcomes a dialogue about implementation from the field. More specifically, this work is being provided to the participating organizations of HSPEC as part of its blueprint for the future (HSPEC, 2012), to the multiple education and training organizations in psychology, and to the APA Commission on Accreditation for determination of next steps.

Received July 6, 2013
Revision received October 7, 2013
Accepted October 9, 2013