

Psichologija praktikai

A EUROPEAN PERSPECTIVE ON REGULATING PSYCHOLOGY: A REVIEW OF THE EUROPEAN COMMISSION'S MUTUAL EVALUATION OF REGULATED PROFESSIONS

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The article provides a summarized review of the current legal status of the profession of psychology across European countries, making a case for the need of a legal status and recognition of the profession. The review is based on comparing and contrasting the results of the European Commission's mutual evaluation of the regulated professions report published in 2016 and the currently available information on the EU Single Market Regulated Professions Database maintained by the European Commission. Results show that, despite the different levels of qualifications required in the Member States, the general requirements tend to follow the Bologna process. The review also focuses on the rationale provided for regulation and the requirement for professional membership.

Keywords: *psychology, Europe, regulation, professional association.*

The regulation of professions and the mutual evaluation of standards has long been the topic for the European Commission to promote cross-border mobility and reduce barriers to entering a profession. Most notable and critical to these actions has been the Mutual Recognition of Professional Qualifications (MRPQ) Directive 2005/36/EC or the European Qualification Directive (EQD). This specific directive, along with subsequent directives and decisions, identifies what consists a “regulated profession.” That is a reference to a set of activities to

which access is restricted by means of legislation, regulation or other administrative provisions awarded to people who possess specific professional qualifications. The use of a professional title can also be restricted in the same context. To this date, automatic recognition only pertains to a small number of professions (e.g., doctors, architects, tour guides). Acknowledging the different and varying levels of regulation across Member States the European Commission has promoted the mutual evaluation for professions across Europe to determine the existing

level of regulation and the needed level of regulation for various professions.

In the world of psychology, the level of regulation attained by the profession in different countries reflects the sociopolitical situations as well as the ability of groups of professionals to organize early on themselves in associations that would advocate for the regulation to be put in place (Roe & Freeman, 2011). At the European level, the European Federation of Psychologists' Associations has been concerned with the varieties of "European psychologies" in existence and has attempted to provide a unifying framework via implementing the EuroPsy certification. Specifically, the EuroPsy at its "basic" level requires that a professional claiming to be a psychologist has to have attained at least five years of academic education with proper scope, at least one year's supervised practice with competence development and ratings, a declaration on ethical behavior and an obligation for continued professional development (CPD). At the same time, the EFPA has attempted to keep abreast of legal developments in addition to influencing them so as to support the European Commission's efforts (Roe & Freeman, 2011).

An attempt to provide a comprehensive overview of the regulation status of psychology in health care and psychotherapy in Europe has been provided by Van Broek and Lietaer (2008). The review was pertained to 17 European countries that have also been member associations in the EFPA. These were Austria, Belgium, Denmark, Finland, France, Germany, Greece, Ireland, Italy, Luxembourg, the Netherlands, Norway, Portugal, Spain, Sweden, Switzerland and the United Kingdom (UK). Of the 17, 11

reported having a law regulating the practice of psychologists in health care. Those without regulation were Belgium, Germany, Ireland, Luxembourg, Switzerland and the UK. It was reported that Switzerland had a regional law, and the UK regulated the profession via the professional association and a Royal Decree. In Germany, Italy and the Netherlands, psychotherapy was reported to be regulated as a specialization of psychiatrists and psychologists, whereas in Austria, Finland, France, the Netherlands and Sweden as a multi-profession activity. Within psychology regulation, supervised practice was part of university training in Finland, France, Greece, the Netherlands, Norway, Portugal, and Spain. In Austria, Denmark, Italy and Sweden, an added internship followed obligatory university training. Regulated titles included psychologist (Finland, France, Greece, Italy, Portugal, Spain and Sweden), clinical and healthcare psychologist (Austria, the Netherlands) and authorized psychologist (Denmark and Norway). The mean number of years of study was 5, with the exception of Greece at 4 years. Since that review, and following political developments at the European level, the regulatory map of psychology in Europe changed significantly.

In a continuous effort to discuss regulation in Europe by facilitating the mutual evaluation of qualifications and to promote the free movement of professionals, the European Commission DG Internal Market, Industry, Entrepreneurship and SMEs (DG GROW) published in April 2016 a report titled *Mutual Evaluation of Regulated Professions: Overview of the Regulatory Framework in the Health Services Sector – Psychologists and Related Professions*. The

report was based on information that was provided by the Member States during a discussion with the European Commission and the statistical results from the Labour Force Survey of 2013. The scope of the report was to provide a comprehensive overview of the regulatory framework in the health services sector. In the particular publication, the focus was on psychologists and related professions. It has to be noted that the results, also partially presented below, while they are not up to date and partially contradict other available data, are fairly representative of the legal status of psychology as a profession in 2016.

The report sites that in Western Europe, there are 100 to 150 psychologists per 100 000 residents, whereas in Eastern Europe, there are 50 per 100 000 residents. These numbers are based the number of practicing psychologists in countries where the profession is regulated and do not necessarily reflect the popularity of psychology as a subject at the academic level, noted in Reddy, Dutke, Papageorgi and Bakker (2014). These numbers also do not reflect the number of people who study psychology but end up either in academia or in a different sector, nor the people who may be practicing illegally in a regulated context or the people practicing in countries where there is no regulation. It is noteworthy that the report confirms anecdotal data with regards to the mobility of psychologists, placing them in the top 16 professions within the most mobility in Europe. This comes as no surprise, since there is frequent mobility for study purposes.

Study duration varies significantly between countries and is dependent upon national regulations. For instance, in Greece,

the minimum number of years is four, and one can gain licensure following graduation with a bachelor's degree in psychology only. Per the EU Single Market Regulated Professions Database, which is maintained by the EU Commission, Slovenia also has a duration of studying of four years, but one also has to complete a mandatory traineeship and an examination. Most often, the minimum number of years of study is five, but there are countries where it can reach a maximum of 12 years. This usually is the case when a psychologist wishes to achieve a specialization, especially in the area of clinical psychology. This differentiation in the level of education is connected to a differentiation on the legal level as well. That is, legal regulation exists to define the level of training required to enter the specialized level of professional psychology.

There are countries that include a form of traineeship or internship within the duration of university studies. However, since most countries have a five-year course of studying to cover the minimum number of ECTS required to graduate and to coincide with the Bologna process (i.e., at least three years of a bachelor level and a two-year master's degree), studying is most commonly followed by mandatory supervised practice in 8 of the 17 countries where there is regulation in place (i.e., Belgium, France, Finland, Iceland, Italy, Liechtenstein, Portugal and Sweden). In addition, the report indicates that in the case of Denmark, Italy and Sweden, a state examination is obligatory in order to enter the profession. The Commission's database indicates that a state examination to enter the profession is also required in Croatia, Hungary, Austria and Slovenia.

According to the 2016 report, legislation exists in 17 countries (even though 16 are listed) for the profession of “psychologist (general).” Namely, these are Belgium, Croatia, Cyprus, Denmark, Finland, France, Greece, Liechtenstein, Iceland, Italy, Norway, Poland, Portugal, Romania, Sweden and Switzerland. It is common that the legislation defines or “reserves activities” for title holders. That is, the law defines specific activities that are exclusive to psychologists and that only psychologists have the exclusive right to perform these duties or activities as identified and described in the law. At the time of the report, there was no legislation regarding the profession of a psychologist in Lithuania, Luxemburg, Estonia, Latvia, Germany and Bulgaria. The report notes that Luxemburg considers that there is no need for legislation, as service users are deemed able to decide on their own on how to choose a professional. However, other countries that do not necessarily have a law relating to the title “psychologist” appear to have other aspects of psychological practice regulated either by law or regulations. For example, Estonia is reported as regulating the education of psychologists and considering voting on a law for clinical psychologists. In Germany, while there is no regulation for psychologists, there is a law for psychological psychotherapists, as well as child and adolescent psychotherapists that can be psychologists. Lastly, in Bulgaria, even though there is no legislation, only people who have a master’s degree in psychology are allowed to practice in the health sector via the national health system. Latvia is reported as being in the process of voting on a new law at the time of the report, but in March 2017, the Latvian parliament

passed the psychologists’ law that is now in effect.

Lithuania does not have a law regarding the title “psychologist.” It is indicated in the Commission’s report that Lithuania is in the process of discussing a law per the *Final National Action Plan of the Republic of Lithuania*, submitted to the European Commission in 2016. The plan identifies that the regulated profession of a psychologist is covered in the health and social service sector of the Republic of Lithuania; thus, the country had participated in the mutual evaluation exercise. It goes further to state that the definition of the profession, as provided in the “Description of the Psychology Field Studies,” was to be approved by the end of 2016 by the Ministry of Education and Science, but that the training of psychologists has been regulated since 2005 by the already approved “Description of the Psychology Field Studies.” School psychologists are legally regulated, while medical psychologists are regulated by means of registration with the Ministry of Health. While the education standards appear to be in line with the standards of other Member States and with EuroPsy, there are difficulties observed due to certain limitations present once a person graduates and enters the profession. Notably, the plan mentions that the Union of Lithuanian Psychologists has an Ethics Committee that can only review and address ethical issues that pertain to its members’ conduct. This significant limitation is discussed further in the present article as it relates to the findings of the European Commission’s report (2016). Despite the plan stating that there is a draft law planned to be adopted in 2017, the law has not been passed. It appears

that the aforementioned difficulties, which may pertain to other countries as well, are holding back the further development of the profession in Lithuania. Issues that arise in this case in terms of public safety and the protection of the profession are discussed further below as they relate to the Commission's report.

In addition to the title "psychologist," the existing legislation covers between one and ten different professional categories within psychology. The title of "healthcare psychologist" exists and is used in nine countries. The title of "clinical psychologist" is used in 13 countries, but since the time of the survey, Belgium has seen recent legal changes that have included the title in the existing legislation, making the total of countries 14. Within the area of clinical psychology, three countries recognize particular subsections, such as clinical neuropsychologist, clinical child psychologist etc. The report notes that there is a clear differentiation between healthcare and clinical psychology in several cases, but where there is, it tends to reflect a difference in the level of education and specialized training. The report also indicated that 11 countries have legislation covering other areas of applied psychology (e.g., traffic, forensic, counseling, organizational, school, sport etc.). The common denominator in certain cases appears to be similarities in educational and legal systems, or a socio-political connection between the countries. An example of this is the recognition of clinical, counseling, forensic, occupational and school/education psychology by the UK, Ireland, Malta and Cyprus.

Much of the data provided by the European Commission's report can be corroborated, but some can also be contradicted by

the Commission's Regulated Professions Database. As of 2018, out of the 32 listed countries of the EU and EEA areas on the database, 26 currently have legislation in place regulating some part of the professional application of psychology. Within those, the title "psychologist" is used in 20 countries, whereas other titles are used elsewhere. Specifically, countries like Italy, Hungary, Austria and the Czech Republic have regulations for multiple titles (i.e., more than one, in some cases including "psychologist"). "Healthcare psychologist" is used in Austria, the Netherlands and Spain, while other titles are used in the UK ("practitioner psychologist"), Denmark ("authorized psychologist") and Lithuania ("psychologist working in an educational institution (pre-primary/primary/lower/secondary)").

When the level or type of regulation is examined, it is apparent from the database that five countries have no regulation (Bulgaria, Germany, Estonia, Latvia, and Luxembourg), confirming the numbers in the 2016 report. However, despite the fact that Latvia has voted for new regulation since 2017, the database continues to indicate that there is no regulation. There are four countries where the title "psychologist" is used noting that there is legislation in place, but they have provided no information to help define the type or level of regulation implemented (Greece, Malta, Romania, Slovenia). Ireland is the only country sited where the title "psychologist" is used, several laws exist that apply to practicing psychologists, but the database notes that the laws pertaining to psychologists do not reserve rights to the title, to activities, or both. What is mentioned is that "employ-

ment in publicly funded health service is restricted to people with the necessary qualifications” and a system of statutory regulation is in progress. With regards to specific types of regulation, the database presents the following:

Protected title (without reserves of activities): 12 countries – “psychologist”: Belgium, Denmark, France, Portugal, Sweden, Norway and Switzerland; Italy for “doctor of psychological techniques,” that appears to refer to a form of psychometrician; Hungary for the titles of “clinical addictions psychology, adult clinical and mental hygiene psychology, applied health psychology, children and youth clinical and mental hygiene psychology, neuropsychology”; Netherlands and Austria for “healthcare psychologist”; United Kingdom for “practitioner psychologist.”

Reserves of activities (without protected title): 9 countries – “psychologist”: Croatia, Italy, Cyprus, Slovakia and Lichtenstein; “general health psychologist” in Spain; “psychologist, psychologist carrying out examination of mental fitness for driving, psychological consulting and diagnostics” in the Czech Republic; “psychologist working in educational institution (pre-primary/primary/lower/secondary)” in Lithuania; “life coach and social counselor” in Austria.

Reserves of activities and protected title: 4 countries – “psychologist”: Poland, Finland and Iceland; “authorized psychologist” in Denmark.

Multiple types of regulation (i.e., a combination of the above three for various titles): 3 countries – Denmark, Italy and Austria.

In many cases where regulation is in place, a professional association was ac-

tively involved either in the development and adoption of the legislation, and often-times in its implementation either by fully or partially participating as a member of the local licensing authority. As a result of this process and taking into consideration the existence of only one or several psychological associations, there are countries that reported having obligatory registration with a professional body and others that do not (European Commission, 2016). Specifically, nine country-members indicated that registration with the professional association is obligatory by law. These were Belgium, Croatia, Denmark, Finland, Italy, Netherlands (clinical and clinical neuropsychologist), Portugal, Poland and Spain. Registration with the professional association is also “strongly encouraged” within the law in Greece; however, this is not indicated in the report. On the other hand, 13 country-members do not impose this obligation on professionals: Austria, Cyprus, Czech Republic, Finland (for psychotherapists), France, Iceland, Ireland, Lichtenstein, Lithuania, Netherlands (healthcare psychologist and psychotherapist), Switzerland, Sweden and the UK.

It is widely recognized that professional membership offers services and resources for professional development. Professional associations also act as trade unions in several countries. Most usually they are nonprofit in nature, seeking to promote the importance of a specific profession and their members (Shethna, 2017). In particular, for individuals who are in professions where one tends to work on his or her own or in small groups rather than organizations, it can offer opportunities for entrepreneurship (Hull, 2013). Such is the case for most

people who enter professional psychology. The most definite conclusion is that the advantages of belonging to a national professional organization far outnumber the disadvantages.

Moreover, an integral part of legally enforcing standards in professional psychology has to do with establishing standards for CPD that are seen as a necessity for an ever-developing profession such as psychology. CPD is mandatory in 15 countries: these are Austria, Belgium, Croatia, the Czech Republic (only for healthcare and clinical psychologists), Cyprus, Finland, Hungary, Italy, Liechtenstein, Malta, the Netherlands (for re-registration every five years for health and clinical psychologists), Slovakia, Slovenia, Poland, and the UK. Portugal is considering CPD requirements for specializations in psychology. However, specializations have not been introduced to their new legislation. Finland and Liechtenstein reported CPD requirements but indicated that in practice, compliance is not “rigorously enforced.” The report also indicated that CPD is voluntary in Ireland, Denmark and Sweden. While not on the database, Latvia’s new law for psychologists also indicated that CPD is obligatory for all psychologists, especially for re-certification every six years.

The differences in reporting between the Commission’s report and the database can be attributed to several factors. In particular, a major factor is the reporting body. That is, the information is different depending on who (i.e., member of a ministry, or member of a professional association or licensing body) or what professional body (i.e., national regulating body or professional association) is providing the information to

the questions posed and their understanding or interpretation of the existing legislation. In addition, it depends on the timing of the gathering of the information and the actual reporting of it. For instance, the data provided in the Commission’s report in 2016 was gathered in 2013 via the Labour Force Survey and up to 2015 with the communications and interviews of the Commission with the Member States’ representatives. The data on the online database is updated at different times. Therefore, few or several changes may have occurred in the meantime and the report or the database is thus rendered outdated. For most reliable and up-to-date information, one ought to contact the national authorities directly.

In line with the directives for regulation at a European level, the Commission (2016) examined the principal reasons that justified the Member States’ regulatory frameworks. The most cited reasons were those related to the protection of consumers and public health. A total of 16 countries – Austria, Belgium, Cyprus, the Czech Republic (for counselling psychologist), Denmark, Spain, Germany, Finland, France, Liechtenstein, Lithuania (school psychologist), Malta, Portugal, Sweden, Switzerland and the UK – cited the protection of consumers/recipients of services (e.g., a need to ensure quality of service provision). Austria, Belgium, Cyprus, the Czech Republic, Spain, Germany, France, Finland, Iceland, Ireland, Italy, Liechtenstein, Norway, Portugal, Slovenia, Slovakia, Sweden and Switzerland (for psychotherapist) – 17 Member States – cited public health and patient safety (e.g., consulting/treating vulnerable individuals) as the main reason for regulating a profession. Public safety and security (e.g., an

assessment for granting the possession of weapons, driving licenses, forensic reports, mental fitness for security, police, public defense services) was the reason noted by the Czech Republic (for psychologists), Spain and Portugal. Lithuania cited child protection as the reason for regulating school psychologists and Belgium cited public policy as the reason for regulating psychologists in general.

A reason not cited in the report also pertains to the protection of the profession. Healthcare services and their quality are a critical issue. The reputation of a profession, confidence in it and the seeking out of services when people are in need are affected greatly by regulation or lack of. Van Broek et al. (2008) mention that professional associations are often called upon to deal with misconduct cases where professionals may have caused or increased human suffering. Unfortunately, the associations may be rendered unable to respond. First, if the person accused of wrongdoing is not a member of the association, especially if registration with an association is not obligatory by law, then they are not subject to the association's code of ethics. In these cases (i.e., no membership), even when there is regulation in place, the individual placing the complaint carries the responsibility of reporting the complaint with the relevant authorities (e.g., police, licensing body) in order for there to be litigation. Unfortunately, individual service users may not be willing to go through the process. Second, even if the person in question is a member, a violation of the code of ethics or revoking certification provided by the association does not constitute a legal limitation to practicing ever again. As a result, society at large may end up

facing a phenomenon where underqualified, non-qualified, or non-certified persons "practice" psychology and/or use the title "psychologist" thus giving the science and profession a bad reputation. Third, if there is legislation, but it is at a level below the minimum level indicated by EU guidelines or the definitions are unclear, then there may be limitations to what can be done.

Koumenta, Humphris, Kloeiner and Pagliero (2014) write that "the introduction of regulation within occupations is justified on the grounds of public interest, health and safety and up-skilling of the workforce" (p. 19). Thus, the protection of patients' rights are placed at the forefront of promoting regulatory initiatives for certain professions. Even though the European Commission promotes the reduction of professional regulation in order to increase mobility, it concurs that the aforementioned reasons, along with restricting possible effects to third parties where a profession is deregulated, are valid in restricting access to a professional title and/or professional activities. It can be asserted that psychology falls clearly under this category, as the services provided most often have to do with the health and safety of individuals, families, groups and organizations.

In conclusion, this paper has reviewed the current status of regulation of the profession of psychology in European Member States as evidenced by the mutual evaluation of regulated professions report published in 2016 and the review of the Regulated Professions Database. Regardless of efforts at European Commission level to promote reduced regulation, the fact that the mobility of psychologists ranks number 16 in professions in Europe would

contradict any argument for the restrictive nature of existing regulations. While there are differences in regulations, the review showcases that at the basic – entry level – of professional practice, the qualifications standards comply with the Bologna process, with only a couple of exceptions. The review also showcases the importance of supervised practice, either during one’s formalized learning experience, or immediately following it, to promote a consolidation of theory and the development of competences. In addition, involvement in a professional association is not mandatory in all countries where regulation exists. However, the benefits outweigh the costs, especially in psychology, where professionals can feel isolated as a result of working on their own and need to stay abreast of recent developments in the field.

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Based on the review, it is evident that since the comprehensive review published on the regulation status of psychology as a profession in 2008, there has been a European-wide wave of adopting and implementing regulation relating to psychological practice. The levels of regulation applied pertain to either use of the title “psychologist” or other relevant titles, to reserved activities for professionals practicing psychology and providing services, or both aspects of practicing. This trend mirrors a cross-border general concern for ensuring quality of services and protecting the general public’s health and safety. Simply abiding by a professional association’s code of ethics would not necessarily be substantial for safeguarding the public. Ultimately, regulation safeguards the reputation of the profession as well.

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PSICHOLOGO PROFESIJOS REGULIAVIMAS EUROPOJE: EUROPOS KOMISIJOS REGLAMENTUOJAMŲ PROFESIJŲ BENDRO VERTINIMO APŽVALGA

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S u m m a r y

Straipsnyje pateikiama bendra dabartinio teisinio profesijos statuso Europos šalyse apžvalga, pagrindžiant teisinio statuso ir profesijos pripažinimo poreikį. Apžvalga remiasi Europos Komisijos reglamentuojamų profesijų bendro vertinimo, paskelbto 2016 m., ir šiuo metu Europos Sąjungos bendrosios rinkos reglamentuojamų profesijų duomenų bazėje (prižiū-

rimoje Europos Komisijos) prieinamos informacijos palyginimu. Rezultatai rodo, kad, nors skirtingos Europos Sąjungos šalys narės reikalauja skirtingo kvalifikacijos lygmens, bendri reikalavimai dažniausiai atitinka Bolonijos proceso reikalavimus. Apžvalgoje taip pat analizuojamas reglamentavimo pagrindas ir reikalavimai, keliami profesinei narystei.

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