

## **Mutual evaluation of regulated professions**

### **Overview of the regulatory framework in the health services sector – psychologists and related professions**

*Report based on information transmitted by Member States  
discussion in the meeting of 6 March 2015*

#### **1. CONTEXT AND AIM OF MUTUAL EVALUATION EXERCISE**

Already in June 2012, in its Communication on the implementation of the Services Directive, the Commission stressed the importance that the framework for professional services needs to remain fit for purpose. Directive 2005/36/EC on the recognition of professional qualifications<sup>1</sup> (“Directive 2005/36/EC”), amended in November 2013, address certain issues and lay the basis for a new strategy that requires each Member State to actively perform a review and to modernize their regulations on qualifications governing access to professions or professional titles.

Following the work plan presented by the Commission in its Communication of 2 October 2013<sup>2</sup> on evaluating national regulations on access to professions, and in particular the idea that Member States should not work in isolation when screening their legislation, but should be able to discuss with other Member States and compare their systems, this report presents an overview of the information communicated to the Commission by EU Member States, Iceland, Liechtenstein, Norway and Switzerland either through specific reports or through information uploaded in the database for regulated professions as well as of the discussions which took place during the meeting on 6 March 2015 on mutual evaluation dedicated to this sector<sup>3</sup>.

This report is established with the aim to facilitate the mutual evaluation exercise and is therefore neither a comprehensive report on the sector nor on the specific profession. Whilst the following focuses upon the profession of psychologist, as an example for professions in the health and social services sector, the experiences and understanding gained from this discussion are meant to be understood across the professional landscape. Observations made may have a general or more meaningful application to the functions and consequences of regulation in other professions and it is hoped, in this way, to lead towards an overall better application of regulatory measures in the professions.

<sup>1</sup> Directive 2005/36/EC of the European Parliament and of the Council of 7 September 2005 on the recognition of professional qualifications, OJ L 255, 30.9.2005, as amended by Directive 2013/55/EU of the European Parliament and of the Council of 20 November 2013 amending Directive 2005/36/EC on the recognition of professional qualifications and Regulation (EU) No 1024/2012 on administrative cooperation through the Internal Market Information System (‘the IMI Regulation’) OJ L 354, 28.12.2013.

<sup>2</sup> Communication from the Commission to the European Parliament, the Council and the European Economic and Social Committee on Evaluating national regulations on access to professions COM(2013)676 final, 2.10.2013.

<sup>3</sup> This report is based on information submitted by the MS to the Database on the Regulated Professions ([http://ec.europa.eu/internal\\_market/qualifications/regprof/index.cfm?lang=en](http://ec.europa.eu/internal_market/qualifications/regprof/index.cfm?lang=en)), on the national reports sent to the Commission in winter/spring 2014 and on the discussions at the meeting of 6 March 2015; it is supplemented by some other clearly indicated sources.

In this context the Commission would like to recall that in order to improve access to professions and to facilitate the mobility of qualified professionals within the internal market as well as the cross-border provision of professional services, a more flexible and transparent regulatory environment in Member States should have a positive impact on the employment situation, in particular for young people, as well as enhancing economic growth.

Based on their conclusions of the review exercise, by 18 January 2016, Member States had to submit a report to the Commission in accordance with Article 59(6) of Directive 2005/36/EC.

## **2. ECONOMIC AND STATISTICAL INFORMATION**

### **2.1. Introduction**

In the NACE classification of economic activities<sup>4</sup>, activities of psychologists are classified under the following category: 86.901 - Activities of psychological psychotherapists. There is no further breakdown of this category available.

In the International Standard Classification of Occupations (ISCO)<sup>5</sup>, the profession of psychologist is classified under section 2 “Professionals”, subsection “263 Social and religious professionals”, category 2634 – psychologists.

ISCO provides the following description of activities for this profession:

Psychologists research into and study the mental processes and behaviour of human beings as individuals or in groups, and apply this knowledge to promote personal, social, educational or occupational adjustment and development.

The tasks include:

- (a) planning and carrying out tests to measure mental, physical and other characteristics such as intelligence, abilities, aptitudes, potentialities, etc., interpreting and evaluating results, and providing advice;
- (b) analysing the effect of heredity, social, occupational and other factors on individual thought and behaviour;
- (c) conducting counselling or therapeutic interviews with individuals and groups, and providing follow-up services;
- (d) maintaining required contacts, such as those with family members, educational authorities or employers, and recommending possible solutions to, and treatment of, problems;
- (e) studying psychological factors in the diagnosis, treatment and prevention of mental illnesses and emotional or personality disorders, and conferring with related professionals;

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[http://epp.eurostat.ec.europa.eu/statistics\\_explained/index.php/Glossary:Statistical\\_classification\\_of\\_economic\\_activities\\_in\\_the\\_European\\_Community\\_\(NACE\)](http://epp.eurostat.ec.europa.eu/statistics_explained/index.php/Glossary:Statistical_classification_of_economic_activities_in_the_European_Community_(NACE))

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<http://www.ilo.org/public/english/bureau/stat/isco/isco08/index.htm>

- (f) preparing scholarly papers and reports;
- (g) formulating achievement, diagnostic and predictive tests for use by teachers in planning methods and content of instruction;
- (h) conducting surveys and research studies on job design, work groups, morale, motivation, supervision and management;
- (i) developing theories, models and methods to interpret and describe human behaviour.

Examples of the occupations classified in this ISCO category include Clinical Psychologist, Educational Psychologist, Organizational Psychologist, Sports psychologist. Psychotherapists are also grouped in the same ISCO category, although they may not in all cases have an academic background in psychology.

## **2.2. Economic and statistical data**

Psychologists are considered as part of the health and social services sector. The sector in itself is wide and covers activities ranging from health care provided by trained healthcare professionals in hospitals to residential care activities that still involve a degree of health care activities to social work activities without any involvement of health care professionals. In the statistical classification NACE, the division Human Health activities (Q 86) cover activities under which psychologists are active<sup>6</sup>. The table hereafter presents the relative importance of this economic sector across countries both in terms of employment and value-added as well as its evolution over the last decade.

At EU level, the sector represents 5,3 % of the total value-added produced by the economy and employs 5,7 % of all those employed according to 2012 figures. The sector has experienced a positive growth both in terms of value-added and employment creation over the last decade which tends to support the idea of the growing importance of these activities in our modern and ageing societies and stresses if need be the importance played by health care professions in this context.

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<sup>6</sup> No data available at the detailed NACE division 86.901

Human health activities	Value added		Total employment	
	Share % 2012	Average annual real growth (%) 2003-2013	share % 2012	Average annual growth (%) 2003-2013
<b>EU-28</b>	<b>5,3</b>	<b>2,2</b>	<b>5,7</b>	<b>1,6</b>
<b>Belgium</b>	5,2	0,9	6,4	1,7
<b>Bulgaria</b>	3,0	5,7	3,6	0,2
<b>Czech Republic</b>	3,7	-3,3	4,6	1,7
<b>Denmark</b>	5,2	1,7	6,1	0,8
<b>Germany</b>	5,4	2,3	6,2	1,6
<b>Estonia</b>	3,0	1,5	4,4	-1,1
<b>Ireland</b>	6,1	:	8,5	3,0
<b>Greece</b>	:	-0,4	:	1,9
<b>Spain</b>	5,1	3,2	5,3	3,2
<b>France</b>	5,9	1,9	6,6	1,3
<b>Croatia</b>	:	:	:	:
<b>Italy</b>	4,8	0,6	4,9	0,6
<b>Cyprus</b>	3,7	3,7	3,1	2,7
<b>Latvia</b>	:	-7,2	4,5	0,9
<b>Lithuania</b>	2,9	2,4	5,5	-2,0
<b>Luxembourg</b>	3,1	1,3	3,8	3,3
<b>Hungary</b>	3,3	-1,7	4,6	0,5
<b>Malta</b>	4,8	:	4,1	1,0
<b>Netherlands</b>	5,6	4	6,1	2,5
<b>Austria</b>	5,0	1,7	6,5	1,8
<b>Poland</b>	:	4,6	:	1,6
<b>Portugal</b>	:	1,4	:	1,5
<b>Romania</b>	3,2	-1,7	:	1,5
<b>Slovenia</b>	4,3	1,1	4,3	1,6
<b>Slovakia</b>	2,8	0,3	4,4	-1,0
<b>Finland</b>	5,8	0,1	7,4	1,2
<b>Sweden</b>	5,7	0,4	:	:
<b>United Kingdom</b>	:	4,2	7,2	1,7
<b>Iceland</b>	:	:	:	:
<b>Liechtenstein</b>	:	:	:	:
<b>Norway</b>	4,4	1,3	6,6	1,2
<b>Switzerland</b>	:	3,0	:	2,7

Cyprus: VA annual growth rate for 2002-2012; Malta, Norway: VA and EMPL shares are for 2013  
Value-added figures for Germany: 2011; Employment figures for Germany and Spain: 2011  
Source: Eurostat National Account Statistics for gross value added and total employment (based on persons).

The information provided by Member States as regards the level of employment in the profession as well as indication about gross salaries for psychologists are summarised in the table below. Sometimes countries have reported only one type of psychologists, e.g. those working in the public sector or have made assumptions on the basis of the number of graduates. These figures are therefore difficult to compare. An indicative concentration ratio was nonetheless calculated by dividing the number of psychologists reported to the population of each country to give an indication of the relative concentration of psychologists at national level. If we exclude the outliers at the bottom end, the concentration of psychologists in the population seems to vary between 100 to

150 psychologists per 100.000 inhabitants in Western Europe while well under 50 in East European Member States. The case of UK merits further investigation as the concentration ratio is only at 32<sup>7</sup>. Gross salaries vary according to the nature of the sector, public or private, in which the psychologist operates, the characteristic of the employment contract, self-employed earning usually more than those employed and also the level of experience of the practitioner.

Country	Number of psychologists	Comments	Psychologists / 100,000 inhabitants*	Monthly gross wage	Remarks
<b>AT</b>	10.089	9.563 registered Clinical psychologists and 9.526 registered healthcare psychologists Number of psychologists not registered is not available.	119	2.630-2.930 EUR	Basic salary, varies between regions
<b>BG</b>	1.000		20	3.000-6.000 EUR	
<b>CH</b>	15.000	Extrapolation based on number of graduates	187		
<b>CY</b>	551	280 Psychologists not registered in an applied specialty registry, 141 Clinical Psychologists, 41 Counselling Psychologists, 87 School Psychologists, 2 Forensic Psychologists		1.530-4.180 EUR	Estimations
<b>CZ</b>	~2213	515 healthcare psychologists and 931 clinical psychologists as of 1.1.2016.  The number of psychologists working with a trade certificate is not known.	8 <sup>8</sup>	19.130-39.780 CZK	Salary in the public sector is governed by the salary categories. From 1.1.2016 Psychologists in health care and clinical psychologists are in 11 <sup>th</sup> - 14 <sup>th</sup> salary category. The income of private providers is not known.
<b>DE</b>	88.000	In 2012	109		
<b>DK</b>	7.731	9.260 registered psychologists but 1.227 of them are retired and 302 are unemployed (unemployment rate is 4%); 55% work in the public sector, 38% as self-employed and 7% in private sector	138		
<b>ES</b>	62.125	As of 08/2014. 36% work in the public sector and 64% in the private sector	133	4.945-5.834 EUR	In public municipalities and regions only. Monthly supplement of 506 EUR for authorised psychologists; of 1.210 EUR for specialists
<b>FI</b>	5.690	Registered in 2015	105	3.800 - 4.400 - 6.400 EUR	Public sector - Private - Self-employed
<b>FR</b>	55.027	Number of professionals registered in the health field in 2013, continuous increase from 35.877 psychologists in 2009	84		

<sup>7</sup> According to the UK authorities, this might probably be explained by the fact that in the UK the general title of 'psychologist' is not protected.

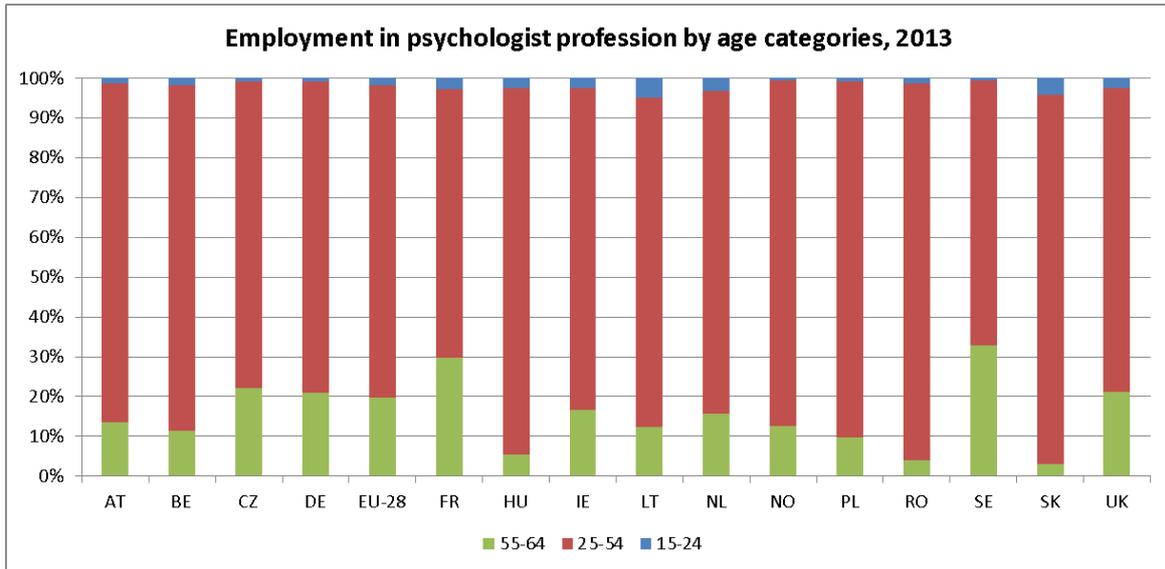
<sup>8</sup> In the context of the reform of psychiatry care, an increase to 20 psychologists per 100.000 inhabitants has been suggested.

<b>HU</b>	1.361	Clinical psychologists licensed to practice in 2007 (2.207 registered), 10.000 graduates in psychology estimated	14		
<b>IE</b>	2.500	Members of the Psychological Society of Ireland (over that number). Membership is however not a prerequisite for practice	54	4.000-6.700 EUR	
<b>IT</b>	93.151	Members of the Consiglio Nazionale dell'Ordine degli Psicologi italiano as of end 2014. Annual increase of 8%	156	1.300 EUR	Average net monthly wage
<b>LT</b>	1.290	Number of working psychologists in 2014	43	540 EUR	
<b>MT</b>	145	Across 10 different specialisations	32	1.670-2.051 EUR (public), > 2.083 EUR (private)	
<b>NL</b>	15.785	In 2013 registered (practising): 10.571 (8.100) healthcare psychologists; 3.093 (2.020) psychotherapists; 2.008 (2.008) clinical psychologists; 113 (113) Clinical (neuro) psychologists	94		
<b>SE</b>	10.000	Active licensed psychologists	105	3.900 EUR	
<b>SI</b>	264	In public sector in 2014	13	1.930-3.280 EUR	
<b>SK</b>				1/ 590 EUR 2/ 956-980 EUR	1/ School psycho. 2/ Psycho. In medical centres within authority of Ministry of Health
<b>UK</b>	20.158	Practitioner psychologist registrants in 2014	32		
<b>NO</b>	8655	Registered psychologists with valid registration as of May 2nd 2016		Approx. a) 58600 and b) 62100 per annum	Per annum average wage for psychologists employed full time in a) municipalities and b) hospitals. Data from Statistics Norway.

\* European Commission calculation  
Source: National sector reports

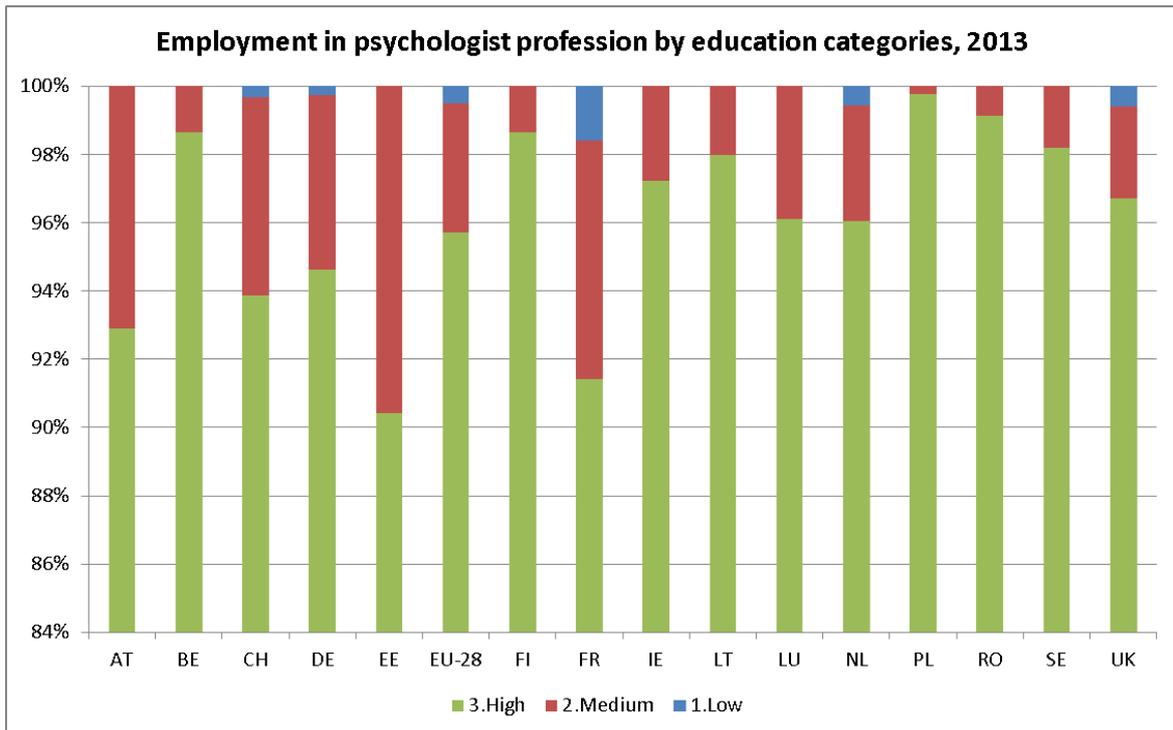
According to data taken from the Labour Force Survey<sup>9</sup> in 2013, 78% of active European psychologists were aged between 25 and 54, about one fifth of them had over 55 and under 2% were not older than 24. The proportion of those aged 55 and over was highest (18%) in **the Netherlands, Norway and Sweden** against less than 4% in **Austria, Hungary and Slovenia**. **Sweden** (33%) and **France** (30%) had the highest proportion of psychologists aged 55 and over. This is in sharp contrast with the situation in countries such as **Estonia, Hungary, Romania and Slovakia** who had not more than 5% of psychologists above that age.

<sup>9</sup> The Labour Force Survey is a household panel run in each Member State. Interpretation of the results should be subject to caution because of limited sample size at this level of disaggregation.



HU, IE, PL, SE, SK: based on 2012 figures  
 Source: Eurostat, Labour Force Survey

The distribution of psychologists employed by education categories shows that the very large majority of them (over 95%) have a higher education level which is not surprising<sup>10</sup>. Differences displayed in the chart below do not indicate significant differences for those countries for which data is available.



HU, IE, LT, PL, RO: based on 2012 figures  
 Source: Eurostat, Labour Force Survey

<sup>10</sup> Please note that this information is based on self-reported statements of the Labour Force Survey. Respondents represent profession as it defined in the ISCO definitions explained in Section 2.1 of this paper.

### 3. REGULATION IN MEMBER STATES

#### 3.1. General overview

Although broadly understood as a 'health' profession, psychologists may work in different fields of public sector (health, education, military, and police) as well as in private/business fields. According to the information provided by the Member States psychologists may practice in various areas, such as clinical and health psychology; work and organizational psychology; educational psychology; and other fields of psychology (e.g., sports, criminal and deviant behaviour, transport). There is also a wide range of other careers in psychology (e.g., cognitive psychology, forensic psychology, etc.), counselling (career counselling, marriage and family counselling, etc.) as well as other types of therapies (arts, music, exercise therapy, etc.).

Based on the information provided by the Member States, the presented picture of the profession of psychologist and related professions (such as psychotherapists) across the European Union appears to be one of significant diversity. Not only do regulatory approaches vary but also the number of regulated professions. Training durations for psychologists and specialised psychologists may vary between 4 and 12 years of post-secondary training, the range of reserved activities fluctuates from very generic scope of activities in the overall field of psychology to the specific activities (e.g., carrying out examinations for mental fitness for driving). Furthermore, Member States differentiate by their reimbursement regimes applicable to the services provided by psychologists (which in turn give varied degrees of financial advantages to professionals). Regulation in Member States may encompass from 1 to 10 separate professional categories.

#### 3.2. Categories of regulated professions in the field of psychology

There are only very few Member States that do not regulate access to some degree in the field of psychology (**Estonia, Latvia and Luxembourg**). **Luxembourg** does not consider it necessary to regulate psychologists at all, as the consumers are able to make well informed choices. However, Luxembourg informed of their intention to regulate the related profession of psychotherapists. **Estonia** regulates only the education for psychologists and has informed about current discussions to introduce regulation of clinical psychologists. **Latvia** currently does not regulate a profession of psychologist, however it is in the preparation of the relevant law.

**Germany** does not regulate psychologists, but has qualification requirements for closely related professions, psychological psychotherapists and child/adolescent psychotherapists.

**Bulgaria** reported it does not regulate the professions of psychologists; though in its report it stated that only those who have graduated with a Master's educational and qualification degree in the major of psychology have the right to exercise the profession of psychologist at healthcare facilities within the national system of healthcare.

Member States that communicated information to the Commission report regulation of professional activities of psychologists in general (**17**), regulation of activities in the health/healthcare areas (**9**), in specialised health related field of clinical psychology (**12**), and other areas of psychology (**11**). The countries also differ in the number of professions they choose to regulate in this field.

Table 1 below presents the 3 main categories of psychologists as well as other specialisations of psychologists regulated according to each Member State. No sector reports were forthcoming from the following countries: **Greece, Croatia and Latvia**.

**Table 1. Categories of professions regulated in the EU/EEA Member States**

MSs <sup>11</sup>	Psychologist (general)	Psychologist in healthcare	Clinical psychologist	Other specialised psychologists and distinctly regulated activities
AT		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
BE	<input checked="" type="checkbox"/>			
HR	<input checked="" type="checkbox"/>			
CY	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	Forensic, counselling, organisational, school/educational psychologist
CZ		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Child clinical psychologist; Transport psychologists (carrying out examination of mental fitness for driving); psychological consulting and diagnostics
DK	<input checked="" type="checkbox"/>			
FI	<input checked="" type="checkbox"/>			
FR	<input checked="" type="checkbox"/>			
EL	<input checked="" type="checkbox"/>			
HU			<input checked="" type="checkbox"/>	Clinical neuropsychologist, child clinical psychologist; addiction psychologists
IS	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	In Iceland, licences are granted for all recognised clinical specialist fields of psychology (which involves direct interaction with patients/clients, as well as diagnosis and treatment). The relevant specialist field shall have a solid theoretical basis, and an equivalent shall exist in a recognised international forum
IE			<input checked="" type="checkbox"/>	Counselling and education psychologists in publicly funded health service.
IT	<input checked="" type="checkbox"/>			
LI	<input checked="" type="checkbox"/>			
LT		<input checked="" type="checkbox"/>		School/educational psychologist
MT		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Forensic; counselling; organisational/occupational; school/educational, sports; academic, research and social psychologists
NL		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Clinical neuropsychologists <sup>12</sup>
NO	<input checked="" type="checkbox"/>			(There is voluntary specialist education administered by professional organisation)
PL	<input checked="" type="checkbox"/>			Transport psychologists
PT	<input checked="" type="checkbox"/>			
RO	<input checked="" type="checkbox"/>			
SK		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Traffic and transport psychologist; counselling and education/school psychologists. Other specialties in health care psychology: consulting, occupational/organisational psychology
SI		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
ES		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
SE	<input checked="" type="checkbox"/>			
CH	<input checked="" type="checkbox"/>			
UK		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Forensic; counselling; occupational; school/educational, sports and exercise psychologist.
BG	Reported no regulation, but regulates access to activities of psychologists in healthcare facilities (within the national system of healthcare).			
DE	Not regulated (but see Section 3.5 "Related professions" concerning psychotherapists)			
EE	Not regulated			
LV	Not regulated			
LU	Not regulated			
<b>TOTAL</b>	<b>17</b>	<b>9</b>	<b>12</b>	<b>11</b>

<sup>11</sup> For country abbreviations, see <http://publications.europa.eu/code/pdf/370000en.htm> .

<sup>12</sup> Clinical neuropsychology is a specialised field focused on the clinical management of patients with brain injury.

17 Member States notified that they regulate the profession of the “psychologists”. **Greece** notified the regulation of “psychologists”, but did not clarify the exact scope of activities in the Database on the Regulated Professions nor submit sectoral report to the Commission. 9 Member States have notified the regulation of psychologists in health/healthcare sectors. 12 Member States have notified the specific regulation of clinical psychologists, of which 3 Member States notified regulation in further specialised fields - clinical neuropsychology (the **Netherlands** and **Hungary**), children/youth clinical psychology (**Hungary**, the **Czech Republic**), adult mental health professional and clinical psychology, addiction specialist clinical psychology, psychotherapy (clinical psychology), applied psychological health psychology (**Hungary**). 11 countries have notified regulation of psychologist specialised in other fields:

- psychologists carrying out examination of **mental fitness for driving or transport psychology** (the Czech Republic, Slovakia and Poland).

**Poland** has argued that ‘transport psychologists’ are not a separate profession from psychologist, because psychologists may get an authorisation to carry out psychological examination in transport psychology after additional postgraduate training. According to sector report, there are further areas of psychologist activity which are subject to separate legal provisions, transport psychologists being only an example.

- **forensic psychology** (Cyprus, the UK, Malta),
- **counselling/consulting** psychologists (Cyprus, the Czech Republic, Ireland, the UK, Malta, Slovakia),
- **organisational/work/occupational** psychologists (Cyprus, the UK, Malta),
- **school/educational** psychologists (Cyprus, Lithuania, Ireland, the UK; Malta, Slovakia), **sports/exercise** psychologists (the UK, Malta),
- **academic, research, and social** psychologist (Malta).

#### *Scope of the regulated activities: similarities and divergences*

For psychologists, the descriptions of the activities provided by the Member States were rather general and encompassing a wide range of activities in psychology (such as “providing psychological diagnosis, giving opinions, psychotherapy, psychological assistance, conducting research or teaching in the field of psychology”). However, several countries (e.g., **Finland, Iceland, Italy, Romania, Sweden** and **Liechtenstein**) notified that they regulate profession of “psychologist” under the health professionals’ acts or consider them as healthcare professionals. By contrast, **Croatia** does not consider psychologists as a health profession nor are they part of the healthcare system; psychologists are rather regarded as a social profession. In **Belgium** and **France**, currently there is no definition or description of the profession of “psychologists”, only the use of title is regulated (however, in 2016 the profession of clinical psychologists will be regulated as health profession in **Belgium**). In **Denmark**, psychologist are considered as social profession, however authorised psychologists often do work within the health care sector.

The distinction between clinical psychologists and other categories of psychologists working in healthcare is not always clear. In regulating countries clinical psychology is understood as a specialised branch of healthcare psychology (in some countries the specialised training takes place as the Master’s level, while in others at a post-Master

level course). However, the relevant definitions of psychologists in healthcare and clinical psychologists differ between them and in addition a clear distinction between health and clinical psychologists cannot always be drawn and suggest a disjointed European professional landscape. Some approaches suggest the distinction is made around proficiency, in others activities and in other still specialisation in particular fields. Additionally in some cases we see further differentiations made between those working in the health (public) sector and those in the private sector.

For example, in **Austria** the activities of psychologist in healthcare cover a very broad range of tasks related to health outcomes: “implementing suitable measures for promoting and maintaining health, identifying risk behaviours, contributing to disease prevention and co-operating in the improvement of the health care system; information/education on health risks; realisation of own risk behaviour (alcohol, drugs, exercise...); life style changes/promoting health; coping mechanisms in critical phases; health promoting behaviours, reduction of stress.” Austria also regulates clinical psychologists, which is understood as a more specialist branch in health psychology. In Austria, clinical psychologists when providing clinical psychological diagnostics, treatment and counselling focus on treatment of mental disorders, physical disorders where mental factors play a role (stroke, myocardia infarction, tinnitus, cancer, multiple sclerosis, chronic pain, sleep disorders, depressions, development disorders, etc.), extreme psychological situations, acute stress and crises (e.g. strain because of ongoing surgery or chemotherapy, dependence on alcohol/drugs).

In **Malta, the Netherlands**<sup>13</sup>, **Slovakia, Spain** and **the UK**<sup>14</sup>, the descriptions for activities of psychologists in healthcare are also wide-ranging and related to the provision of health-care (see Table 3 below) and like **Austria** these countries also regulate clinical psychologists as a specialist field however the cross-overs in clinical psychological activities are unlike and, in addition, the distinction between activities in healthcare and clinical psychology is sometimes ambiguous.

As an example from many, in the **UK**, ‘health psychologists’ apply psychology to the prevention, treatment and management of disease, promoting and maintaining health, and identifying key factors in the causation of illness; while clinical psychologists provide psychological assessment, treatment and evaluation and work in a range of specialities including adult mental health services, child health care, services for people with learning difficulties, HIV / AIDS services, neuropsychology and forensic services. In the **Netherlands**, healthcare psychologists treat mental disorders, problems within patient’s life and mental problems caused by physical illness, disability and handicap. Their main task is diagnosing and treating patients, including counselling relatives of the patients, realising behavioural change to reduce complaints, bring the patient into contact with his emotions; clinical psychologists provide treatment for persons suffering from complex mental disorders and apply diagnostic methods on a specialist level (e.g. transference focused therapy, cognitive therapy). **Cyprus** did not report regulation of healthcare psychologists as an independent specialty. However applicants with such qualifications can be assigned to the specialty of clinical or counselling psychology according to the content of their qualification. Similarly to the Netherlands, clinical psychologists in

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<sup>13</sup> In the Netherlands, health care professionals treat mental disorders, problems within patient’s life and mental problems caused by physical illness, disability and handicap. Their main task is diagnosing and treating patients. This includes counselling relatives of the patients, realising behavioural change to reduce complaints, bring the patient into contact with his emotions (Dutch sector report).

<sup>14</sup> In the UK health psychologists can provide strategic overview of factor influencing the health of the general population; they apply psychology to prevention, treatment and management of disease, promoting health, identifying factors in the causation of illness (UK sector report).

**Cyprus** are described as psychologists that above their general duties provide systematically diagnosis and treatment for persons suffering from severe psychopathologies.

Looking further at the description of activities for clinical psychologists provided by **Slovakia** we find a very generic view, namely that clinical psychologists provide consultancy, research, pedagogic, educational activities in health care; they are focused on psychological prevention, diagnostics, therapy, consulting, give opinions in clinical practice aimed to investigate mental life from health and sickness perspective (description of activities of health psychologists working in health care provided in the sector report is quite similar). In **Malta** only the core competencies (learning outcomes) are laid out in the documents provided<sup>15</sup>, but their report leaves it unclear as to what exact activities and in which setting these are exercised by each psychological field.

Continuing in the **Czech Republic**, a different measure is used whereby psychologists working in healthcare are further distinguished from clinical psychologists by their *level of responsibility* – those who do not have a qualification in clinical psychology work only under supervision of a clinical psychologists (this includes activities regarding preventive, diagnostic, therapeutic, emergency, therapeutic rehabilitative and follow-up care in the area of clinical psychology performed without indication of a physician, except the activities of assessment and revisions that are reserved for clinical psychologists). Similarly, **Slovenia** takes an approach in which the professional distinction appears to be based in levels of proficiency and responsibility. Healthcare psychologists may be part of health teams and may perform only certain less demanding tasks in clinical psychological counselling and psychological assessment. The distinction between each professional category appears to be around the ability to work autonomously in the context of treating more complex mental health problems and disorders. In **Italy**, those with intermediate training (Doctor in psychological techniques) can only work under supervision of fully qualified psychologists.

In **Hungary** those professionals who do not have a qualification in clinical psychology (but have started the specialist training) can work in health care only under supervision. Similar to **Slovenia**, fully qualified clinical psychologists in **Hungary** may work independently; clinical psychologists are those with specialist qualifications in children/youth clinical psychology, adult clinical and mental health psychology, applied health psychology, or neuropsychology and/or two sub-specialisations (clinical addictology and psychotherapy). So beyond the ability to practise autonomously, in **Hungary** the differentiation also seems to be related to specialisation in particular sub-fields of psychological expertise.

Another group of countries regulates health psychology activities in public health care service. In **Denmark** both “authorised psychologists” and unauthorised psychologists can work in public and private sector, however only the former can enter into a collective agreement (apply for contributor number) with the public health insurance fund. In **Ireland**, the activities of clinical psychologists, counselling and education psychologists working in the publicly-funded health services are regulated. In **Spain**, the main distinction between clinical psychologists and general health psychologists is that only clinical psychologists are authorised to practice in the National Health Service and publicly funded private clinics/hospitals. In **Lithuania**, psychologists working in the health care system are required to obtain a formal stamp from the State Health Care Accreditation agency and are thus regulated and registered.

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<sup>15</sup> The document titled “Guidelines for the vetting of warrant applications”.

**Iceland** issues specialist licences in any recognised formal clinical field, understood as a as those which involve direct interaction with patients/clients as well as diagnostics and treatment. However, the law does not describe in detail the fields concerned.

In addition, Member States differentiate by their reimbursement regimes applicable to the services provided by psychologists. Based on the information available, the countries where the services of psychologists can be reimbursed include: **the Netherlands** (health insurance is privately funded, services usually reimbursed if professionals are registered in the Dutch Healthcare Professionals ('BIG') register), **Norway, Portugal, Romania** (10 pre-defined types of services), **Denmark** (for services provided by authorised psychologists with a contributor number, subject to referral from a physician for ten pre-defined categories of mental illness or trauma)<sup>16</sup>, **France** (only in public service), and the **Czech Republic** (psychology and psychotherapy care is covered by public health care insurance). In **Cyprus, Croatia, Estonia, Luxembourg, Germany** the services of psychologists are not reimbursed. In **Belgium**, with the introduction of new law (as of 2016) services of clinical psychologists will be reimbursable.

Although psychologists rank as top 16 amongst the most mobile professions according to the Database on the Regulated Professions, this array of regulatory differences across Member States may potentially constitute a barrier for mobility, jobs and consumers. This can be particularly the case for psychologists moving to a country which defines the regulated activities in psychology differently (e.g. a French psychologist travelling to Hungary would find, unlike in France, multiple categories of regulated professional activities in clinical psychology; in the Czech Republic he may or may not be eligible to work independently, and in Denmark he might need to seek authorisation if he intends to apply for a contributor number for the public health insurance fund).

Member States are invited to reflect upon the effects of their system on the free movement of professionals and whether potential obstacles are justified and if they can be mitigated. In particular, potential barriers to mobility related to the lack of regulatory homogeneity could be eased by further improving clarity of regulatory requirements and their transparency to the professionals.

### **3.3. Levels of regulation in Member States: types of regulation and qualification requirements**

While certain Member States regulate professions in this field by way of reserves of activities (meaning that the profession cannot be exercised without a required qualification), others regulate through the use of professional title. A number of Member States also apply regulatory approaches that combine both, i.e. protection of professional titles as well as a reservation of certain professional activities to the holders of required professional qualifications.

The *training requirements* in most cases include completion of 4-10 years long post-secondary training programmes, which is at times followed by a mandatory traineeship, professional experience and/or state exam.

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<sup>16</sup> Danish Regulation No.663 of 25 June 2012 on subsidies for psychological treatment.

### *Level of regulation within a Member State*

Most countries that regulate “psychologists” generally do not regulate other types of psychologists separately (see [Table 1](#) above). This appears to be the case in **Belgium, Croatia, Denmark, France, Greece, Italy, Liechtenstein, Norway, Poland, Portugal, Romania, Sweden, and Switzerland.**

While some countries choose to regulate “psychologists” generally, others have stressed the need for regulation of more specialised fields. For instance, **Belgium** stated that the lack of regulation of clinical psychologists (and psychotherapists) until the recent proposal of law (entering into force by September 2016) was regarded as problematic for a large number of citizens as well as for the proper functioning of the healthcare system. Similarly, **Portugal** is in the process of introducing specialties colleges in psychology.

**Denmark** regulates both access to the profession of psychologists and that of authorisation. Authorisation is not mandatory for the practice of psychology, but is requested if the psychologist wants to specialize (specialist degree). Also the authorisation is mandatory by law, if a psychologist wants to deal with examination of whether a child or young person is in need of special support requested by the local municipality, e.g. due to impairment in mental function. This result in higher qualification requirements and a more stringent regulatory regime, with reserves on activities (examination of children), compared to psychologists, who are not authorised. Finally authorisation is mandatory if a psychologist (private sector) wants to enter a collective agreement with the public health insurance and apply for a contributor number in order to offer treatment with grants from the public health insurance. These activities include treatment for citizens who have been referred for psychological treatment with grants from the public health insurance under contributor number. The same activities can be offered by psychologists without contributor number, but without grants from the public health insurance.

**Iceland** regulates psychologists as well as specialised psychologists in recognized clinical fields. This results in higher qualification requirements for the latter including specialist post-graduate studies of 60 ECTS and a mandatory 3 years of professional practice resulting in an overall training period of around 8-9 years.

**Spain** has the regulation of general health psychologist and clinical psychologist. This results in higher qualification requirements for clinical psychologists (8 years compared to 5 years required for general health psychologists).

In total, **8** countries regulate both health care psychologists and clinical psychologists (**Austria, the Czech Republic, Malta, the Netherlands, Slovakia, Slovenia, Spain and the UK**). In all, except **Austria, Malta** and the **UK**, this choice of regulation results in much higher qualification requirements for clinical psychologists or sub-specialised clinical psychologists (from between 2 (**Slovakia**) and 5 (the **Czech Republic**) additional years of training on top of 5 or 7 years of training as a health psychologist). More details are presented in Tables 3 and 4 below.

Based on the information provided on qualification requirements for [psychotherapists](#) (more detailed information on psychotherapists is provided in Section 3.5 “Related professions” below), it can be observed that only in two countries psychotherapy is regulated as a speciality or subspecialty reserved exclusively to the holders of qualifications in psychology (namely, this appears to be the case in, **Slovakia** and **Hungary**). In **Hungary** psychotherapy is a sub-specialisation of clinical psychology (it

requires 2-3 years of additional training after Master in psychology and 3-4 years of specialty training), and for **Slovakia** psychotherapy requires certified study of 4 years after obtaining Master in psychology and completing specialty training of 3 years duration.

In other countries that distinctly regulate professional activities in psychotherapy, specialised training in psychotherapy may be open to the holders of qualifications not only in psychology but also in related professions, e.g., holders of qualifications in medicine, psychiatry, psychoanalysis, nursing, or pedagogy, or as independent education and training (this is the case in **Austria, Finland, France, Germany, Italy, the Netherlands, Italy, Sweden** and **Switzerland**). In the countries where activities in psychotherapy are not regulated independently (e.g. in **Slovenia**), practicing psychotherapy is reserved to already existing professions, such as clinical psychologists or psychiatrists.

The regulation of other activities in the field of psychology does not make apparent a tendency for higher qualification requirements to access those specialties. Regulation of psychologists in forensic psychology in **Cyprus** and the **UK**, for example, does not result in higher duration of training compared to other regulated areas of psychology in those countries. This can be explained by the fact that these two countries (together with **Malta**) choose to regulate only specialist domains and to all those domains they apply closely similar training requirements in terms of overall duration, i.e. **Cyprus** (5 domains), **Malta** (10 domains) and the **UK** (7 domains).

The same is true for other specialist areas, such as counselling psychologists in the **UK, Cyprus**; organisational/occupational psychologists in **Cyprus, Malta**, and the **UK**; school/education psychologists in **Cyprus, Lithuania**, the **UK**, and **Malta**. In **Slovakia** counselling psychologists as well as work/organisational psychologists are regulated as specialties in healthcare psychology; access to these specialist areas therefore requires additional 2 years of study compared to basic healthcare psychologists. In the **Czech Republic**, the requirements to access to profession of counselling psychologists (non-therapeutic) are lower compared to those for health psychologists (i.e. only higher education, followed by 1 or 3 years of professional experience, is required).

Exceptions to the above observation are **Slovakia**, the **Czech Republic** and **Poland** where transport psychologists who carry out examinations for mental fitness for driving are subject to higher training requirements. In **Slovakia**, an additional 1,5 years of postgraduate training is required after obtaining a certificate in one of the postgraduate specialties. In the **Czech Republic**, additional 3 years (200 hours) of specialised training in transport psychology is required (including direct teaching, case study seminars, individual consultations and practice) after the Master degree in psychology. In **Poland**, psychologists shall complete post-graduate studies in transportation psychology after having obtained Master in psychology.

## Level of regulation across EU/EEA Member States

**Table 2. Level of regulation: Psychologist**

MSs	Protected title	Reserves of activities	Training duration <sup>17</sup>	Trainee-ship/experience	Sate exam
BE	<input checked="" type="checkbox"/>	-	5 years	<input checked="" type="checkbox"/>	-
CY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Teaching topics on psychology, psychological research, intake assessment exclusively for referral to a registered psychologist and possibly other duties not reserved for registered psychologists.	4 years	-	-
HR	-	<input checked="" type="checkbox"/> Psychological diagnostic, treatment and counselling; psychological research and evaluation of psychological procedures and treatments	[not known]		
DK	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> In certain areas of work, authorisation for psychologists is required (see p. 14 above for description of activities of "Authorised psychologists") - For other psychologists reserved activities are not defined, but it is not possible to work as psychologist without the right to the title.	5 years	- [Authorised psychologists: 2 years]	<input checked="" type="checkbox"/>
FR	<input checked="" type="checkbox"/>	-	5 years	<input checked="" type="checkbox"/> 500h (during or after)	-
FI	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> It is illegal to work as psychologist without a obtaining a title and a license. All psychological assessment of psychological qualities, like intelligence, personality, development level with children is exclusively reserved to licenced psychologists. Psychotherapy and treatment with psychological methods can be shared with other professions.	5 years	<input checked="" type="checkbox"/>	-
EL	[not known]	[not known]	[not known]		
IS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> A psychologist is responsible for the counselling, diagnosis, evaluation and treatment he/she provides or recommends.	5 years	<input checked="" type="checkbox"/> 1 year (after)	-
IT	- <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> For " <u>Doctors in psychological techniques</u> " – "activities indicated in the D.L. May 9, 2003, as converted into Law 105 July 11, 2003 n. 170. ( <b>cannot use the title of psychologist</b> ) For Psychologists - use of cognitive and intervention tools for the prevention, diagnosis, rehabilitation activities and support in the psychological area directed to the person, group, social organizations and communities; the activities of experimentation, research and teaching in this area.	3 years 5 years	<input checked="" type="checkbox"/> 6 months <input checked="" type="checkbox"/> 1 year (after)	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
LI	-	<input checked="" type="checkbox"/> The implementation of psycho-diagnostic assessments, psychological counseling, the establishment of psychological assessment and attestation, and psychological prevention.	4 years	<input checked="" type="checkbox"/>	-
NO	<input checked="" type="checkbox"/>	-	6 years including substantial supervised practice		
PL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Psychological diagnosis and providing psychological assistance	5 years	-	-
PT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Exercising psychology without the title is prohibited by law. One specific reserved activity concerns providing licence tags in evaluation reports for conductors.	5 years	<input checked="" type="checkbox"/>	-
RO	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> the study of human behaviour and mental processes; investigating and recommending ways to solve psychological problem; the development and application of tests for measuring intelligence, abilities, skills and other human characteristics; psychological testing, prevention and psychotherapy emotional and personality	4 years	-	-

<sup>17</sup> Where the Member States provided information on the duration of training in ECTS, the corresponding value was used in the number of years, as set out at: <http://www.studyineurope.eu/ects-system>.

		disorders and maladjustment phenomena of social and professional environment; interpretation of data and drafting recommendations it deems necessary .			
SE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> With a special permit, may carry out or supervise examination of train drivers (shared with medical doctors) (Note: Regulation of these activities results from Directive 2007/59/EC)	5 years	<input checked="" type="checkbox"/> 1 year (after)	<input checked="" type="checkbox"/>
CH	<input checked="" type="checkbox"/>	-	5 years	-	-

**3** Member States regulate psychologists through *reserves of activities*: **Croatia, Italy, and Liechtenstein**. Another **4** countries report the use of *title protection* without any reserve on activities in this category: **Belgium, France, Norway and Switzerland**. **7** Member States protect both the use of title and have certain reserves of activities (it is not possible to work as psychologist without the right to the title): **Cyprus, Denmark, Finland, Iceland, Poland, Portugal and Sweden**. In the **UK**, the title of psychologist is not protected, but those of ‘practitioner psychologist’ and ‘registered psychologists’ are protected without any reserve of activities. No information is available for **Greece**.

*Reserved activities* reported by Member States range from very broad scope of activities (see e.g. **Croatia** or **Iceland** in Table 2) to very limited reserves of activities (see e.g. Sweden and Portugal). No information is available for **Norway** and **Greece**. The report for **Portugal** refers to the existence of special legislation in ‘public health sector’ without giving sufficient details. **Finland, Iceland, Italy, Romania, Sweden and Liechtenstein** reported that they regulate profession of “psychologist” under the health professionals’ acts or consider them as healthcare professionals.

The *training requirements* in most cases include completion of **5** years of a post-secondary training programme (often a Master’s degree in psychology is required, which is then followed by a mandatory traineeship or professional experience). Mandatory traineeship is required in **8 out of 17** countries (**Belgium, France, Finland, Iceland, Italy, Liechtenstein, Portugal, and Sweden**); while state level examination was reported for only **3 out of 17** countries (**Denmark, Italy and Sweden**). No information is available for **Croatia, Norway and Greece**.

**Table 3. Level of regulation: Psychologists in healthcare**

MSs	Protected title	Reserves of activities	Training duration	Traineeship/exp experience	State exam
AT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> [None specified in the Database on the Regulated Professions; but exercise of this profession is reserved to holders of required qualifications]	300 ECTS [5 years] + specialist training of 1940h <sup>18</sup>	-	<input checked="" type="checkbox"/>
CZ	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> The following activities under supervision of a clinical psychologist and without medical indication: preventive, diagnostic, therapeutic, emergency, therapeutic rehabilitative and follow-up care in the field of clinical psychology	5 years	<input checked="" type="checkbox"/> 100h (during)	-
IE	-	The practice of Counselling and Educational Psychology are regulated for the purpose of recruitment to the publicly funded health service	6 years +	<input checked="" type="checkbox"/> (during training)	no
LT	-	<input checked="" type="checkbox"/> Working in the health care system, for obtaining a number for a <b>formal stamp</b> from the State Health Care Accreditation agency	6 years	-	-
MT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Observation, description, evaluation, interpretation, research and, or modification of human behavior by the application of	5 years	<input checked="" type="checkbox"/> 2 years (after)	-

<sup>18</sup> [http://www.bmg.gv.at/cms/home/attachments/2/9/2/CH1002/CMS1286285894833/gesundheitsberufe\\_\\_\\_engl\\_20140905.pdf](http://www.bmg.gv.at/cms/home/attachments/2/9/2/CH1002/CMS1286285894833/gesundheitsberufe___engl_20140905.pdf)

		psychological principles, methods or procedures for the purpose of preventing or eliminating symptomatic behavior and of enhancing interpersonal relationships, work and life adjustments, personal effectiveness, learning, behavioral and, or mental health (this general definition applies to all types psychologists in Malta).			
NL	<input checked="" type="checkbox"/>	-	7 years	-	-
SK	-	<input checked="" type="checkbox"/> Psychotherapy, psychological examinations, <b>family and marital counseling</b>	5 ½ years	-	-
SI	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Perform psychological work in health care, which includes clinical-psychological evaluation, psychological formulation of the problem, psychotherapy, psychological rehabilitation and other forms of psychological help.	4/5 years	<input checked="" type="checkbox"/> 1 year (after)	<input checked="" type="checkbox"/>
ES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Carrying out in private health sector psychological studies, assessments, and intervention related to all aspects of behavior on the field of health. Confirming in health care examination centers the fulfilment of the psychological requirements in order to obtain different <b>licenses and permits</b> (shared with clinical psychologists).	5 years	<input checked="" type="checkbox"/>	-
UK	<input checked="" type="checkbox"/>	-	6 years	-	-

In the area of psychology in healthcare **5** Member States reported regulation by way of *reserves of activities*, namely **Finland, Slovakia, and Iceland**. Other **2** countries reported the use of *title protection* without any reserve of activities: the **Netherlands, the UK**. **5** Member States (**Austria, the Czech Republic, Malta, Slovenia and Spain**) protect both the use of the *title* and *have reserve of activities* in this profession.

*Reserved activities* reported by the Member States are mostly generic, but in a few instances they are rather specific (see e.g. **Slovakia** concerning family and marital counselling, and **Spain** concerning issuance of various licences and permits). In **Lithuania** reserves of activities relate to provision of publicly funded health care services. In the **Czech Republic** activities are those in clinical psychology, but under supervision of clinical psychologists.

The *training requirements* in most cases include completion of 4 to 7 years of a post-secondary training programme (often a Master's degree in psychology/ or health psychology is required, which is at times followed by a mandatory traineeship, professional experience, or additional qualification course). Mandatory traineeship is required in **5 out of 9** countries (**Czech Republic, Malta, Slovenia and Spain**); while state level examination was reported for only **2 out of 9** countries (**Austria and Slovenia**).

**Table 4. Level of regulation: Clinical psychologist**

MSs	Protected title	Reserves of activities	Training duration	Trainee-ship/experience	State exam
AT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Examination, counselling and treatment of individuals, couples, families and groups with regard to mental as well as social and physical conditions and disorders, in particular mental disorders, physical disorders in which mental factors play a role, extreme psychological situations, psychological consequences of acute stress, development crises and mental crises	300 ECTS [5 years] and specialist training of: 2500 h <sup>19</sup>	-	<input checked="" type="checkbox"/>
CY	-	<input checked="" type="checkbox"/> general duties and diagnosis and treatment of persons suffering from severe psychopathology	6 years	<input checked="" type="checkbox"/> 1000h (during)	-
CZ	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Activities within preventive, diagnostic, treatment, emergency, therapeutic rehabilitative and follow-up care in the field of clinical psychology performed without doctor's indication and assessment and revision activities (i.e., all activities of psychologists in healthcare as well as the activities of assessment and revision carried out without supervision). Pediatric clinical psychologists carry out activities with children and teenagers, as well as assessment and revision activities, methodological and conceptual, research and educational activities in health care..	<b>10 years</b>  12 for pediatric clinical psychologist	<input checked="" type="checkbox"/> 400h	-
IE	-	<input checked="" type="checkbox"/> Clinical psychology for the purpose of recruitment in <b>publicly funded health service</b> .	7 years	<input checked="" type="checkbox"/> (during training)	-
HU	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Participating in health care activities independently. Protected titles exist for specialists in children/youth clinical psychology, adult clinical and mental health psychology, applied health psychology, or neuropsychology and/or two sub-specialisations (clinical addictology and psychotherapy).	<b>8-12 years</b>	<input checked="" type="checkbox"/>	-
IC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> [There is no specific list of activities reserved to psychologists specialised in clinical fields]. A psychologist is responsible for the counselling, diagnosis, evaluation and treatment he/she provides or recommends.	7 years	<input checked="" type="checkbox"/> 3 years (after)	-
MT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Observation, description, evaluation, interpretation, research and, or modification of human behaviour by the application of psychological principles, methods or procedures for the purpose of preventing or eliminating symptomatic behaviour and of enhancing interpersonal relationships, work and life adjustments, personal effectiveness, learning, behavioural and, or mental health (applies to all types psychologists in Malta).	5 years	<input checked="" type="checkbox"/> 2 years (after)	-
NL	<input checked="" type="checkbox"/>	-	<b>11 years</b>	<input checked="" type="checkbox"/>	-
SK	-	<input checked="" type="checkbox"/> [not known]	7 years	-	-
SI	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Activities of clinical psychology (treatment, diagnostics, psychotherapy and rehabilitation).	<b>8-9 years</b>	-	-
ES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Carrying out in health institutions of the National Health System or in semiprivate health care institutions the actions needed to implement the health benefits of that system in the field of psychology. Shared reserved activity with general practitioner: Authorizing the diagnosis of <b>gender dysphoria</b> for the amendment of registration in relation to a person's sex. Shared reserved activities with general health psychologists: all the activities reserved for that profession	<b>8 years</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
UK	<input checked="" type="checkbox"/>	-	6 years	-	-

Regulation by way of *reserves of activities* is also common for **clinical psychologists**. **3** Member States report *reserves of activities* in this category, namely **Cyprus, Ireland and Slovakia**, while **2** countries report the use of *title protection* without any reserve on activities to this profession: the **Netherlands** and the **UK**. **7** countries, i.e. **Austria, the Czech Republic, Iceland, Malta, Hungary, Slovenia and Spain** to a certain extent protect both the use of the *title and have reserve of activities* in this profession.

<sup>19</sup> [http://www.bmg.gv.at/cms/home/attachments/2/9/2/CH1002/CMS1286285894833/gesundheitsberufe\\_\\_\\_engl\\_20140905.pdf](http://www.bmg.gv.at/cms/home/attachments/2/9/2/CH1002/CMS1286285894833/gesundheitsberufe___engl_20140905.pdf)

*Reserved activities* reported by the Member States are mostly related to clinical diagnosis and treatment of individuals suffering from psychopathologies; however the exact cross-overs in clinical psychological activities are divergent in Member States. In **Malta, Hungary and Iceland** reserves of activities are very broadly defined. In **Spain** reserved activities relate to provision of publicly funded health care services and include a very specific activity of diagnosing gender dysphoria. In **Ireland**, there is no specific list of activities reserved, but the regulation concerns the activities for the purpose of recruitment in publicly funded health service. For **Slovakia**, there is no information on reserved activities for this specialty in the Database on the Regulated Professions, however based on the sector report activities covered are rather broad (i.e. consultancy, research, educational or pedagogic activities in health care; focused on psychological prevention, diagnostics, therapy, and consulting and giving expert opinion in clinical practice aimed to investigate mental life from the health and sickness perspective).

The *training requirements* vary greatly, i.e. from **5** to up to **12** years of a post-secondary training programme (often a postgraduate degree in clinical psychology is required, which is at times followed by a mandatory traineeship, professional experience, and/or additional qualification courses).

The highest training requirements are in the **Netherlands, Hungary, the Czech Republic, Slovenia and Spain**. In **Hungary**, specialized qualification in clinical psychology can be obtained after completion of basic studies (7 types for Master in psychology) and lasts for 3-4 years; in case of sub-specialties other 2-3 years of training is required. In the **Czech Republic** the qualification can only be obtained after having completed a qualification of psychologist in healthcare (5 years), followed by an a specialised course in clinical psychology of additional 5 years (and further 2 years course for paediatric clinical psychologists). In the **Netherlands and Slovenia** the specialist course for clinical psychologists last for 4 years, this follows after 5 or 7 years of studies for health psychologists. In **Spain**, clinical psychologists follow a special intern programme after graduating in psychology.

Mandatory traineeship or practical experience is required in **7 out of 12** countries (**Cyprus, the Czech Republic, Hungary, Iceland, Malta, the Netherlands, and Spain**); while state level examination was reported for only **2 out of 12** countries (**Austria and Spain**). The longest practical experience requirements are in **Iceland** (3 years) and **Malta** (2 years).

#### *Other categories of psychologists*

The **Czech Republic** and **Slovakia** have notified regulation of psychologist carrying out examination of mental fitness for driving. In both cases the professions are regulated by way of reserve of activities and total duration of training together with mandatory practice is around 8 years. In **Slovakia** the relevant training takes 1,5 years after completion of specialist training (i.e. around 7 years is required to obtain a specialisation). In **Czech Republic**, the duration of basic training is 5 years, which has to be followed by at least 3 years of professional experience in the field. Other information about the training (e.g. state level examination) was not reported and is not known.

In, **Poland** a psychologist may get an authorisation to carry out psychological examination in transport psychology after additional postgraduate training.

**Cyprus, Malta** and the **UK** have notified regulation of psychologist specialised in forensic psychology. In **Cyprus** and **Malta** the profession is regulated by reserves of

activities, while in the **UK** only the title is protected. Duration of specialist studies is of total duration of **6** years in both countries. Mandatory traineeship is required in **Cyprus** and **Malta**, but not in the **UK**. There is no requirement of state level examination in all three countries.

**5** Member States notified regulation of psychologist specialised in counselling/consulting psychology, but the activities covered vary significantly: **Cyprus** (consulting on problems not connected with severe psychopathology), the **Czech Republic** (consulting without therapeutic objective; only individual private practices are regulated as trade professions), the **UK** (therapeutic work concerning variety of problems or symptoms of psychological disorders), **Malta** (therapeutic work), **Slovakia** (consulting activities in health care; counselling activities outside the health protection of persons). The profession is regulated by *reserves of activities* in all countries, except the **UK** where only the *title* is protected. Duration of studies is of total duration of approximately **5** years in the **Czech Republic**, **Malta** and **Slovakia** (counselling outside the health care area), **6** years in **Cyprus** and the **UK**, **8** years in **Slovakia** (consulting psychology in healthcare). In **3 out of 5** countries there is a requirement of either mandatory traineeship or professional experience (**Cyprus**, the **Czech Republic** and **Malta**). Training durations for Ireland are not known.

**Cyprus**, the **UK**, **Malta** also notified regulation of psychologist in organisational/work/occupational psychology. The profession is regulated by reserves of activities in **Cyprus** and **Malta**, while in the **UK** only the title is protected. Duration of specialist studies is of total duration of **5** years in **Malta** and **6** years in **Cyprus** and the **UK**. In **2 out of 3** countries there is a requirement of either mandatory traineeship or professional experience (**Cyprus** and **Malta**).

**Cyprus**, , **Lithuania**, the **UK**, **Malta**, **Slovakia** notified regulation of psychologist in school/educational psychology. The profession is regulated by reserves of activities in **Cyprus**, **Lithuania**, **Malta**, and **Slovakia**, while in the **UK** only the title is protected. Duration of studies is of total duration of **5** years in **Malta**, **Slovakia** and **Lithuania**, **6** years in **Cyprus** and the **UK**. In **2 out of 5** countries there is a requirement of either mandatory traineeship or professional experience (**Cyprus** and **Malta**).

The **UK** and **Malta** notified regulation of psychologist in sports/exercise psychology. In **Malta** the profession is regulated by reserves of activities, while in **UK** only the title is protected. Duration of specialist studies is of total duration of **6** years in both countries. In **Malta** there is a general requirement of professional experience of **2** years.

**Malta** reported regulation of psychologist working in academic, research, social fields. The profession is regulated by way of reserve of activities; duration of studies is **5** years and it is followed by **2** years of professional practice.

Given the diversity of regulation Member States are invited to check whether conditions for granting partial access to activities of psychologists are in place.
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### 3.4. Additional requirements

*Mandatory registration with professional bodies*

**9** Member States report mandatory registration with professional bodies: **Belgium**, **Croatia**, **Denmark** (only authorised psychologist), **Finland** (psychologist), **Italy**, the

**Netherlands** (clinical psychologists, clinical neuropsychologists), **Portugal**, **Poland** (provided in the law, but does not work in practice), **Slovakia**, and **Spain**. A slightly higher number of Member States (**13**) do not require mandatory registration with professional bodies: **Austria**, **Cyprus**, the **Czech Republic**, **Finland** (psychotherapist), **France** (psychologists), **Iceland**, **Ireland**, **Liechtenstein**, **Lithuania**, the **Netherlands** (health psychologist, psychotherapist), **Sweden**, **Switzerland** and the **UK**.<sup>20</sup>

#### *Continuous Professional Development(CPD)*

Mandatory CPD is required in **15** Member States that provided information to the Commission: **Austria**, **Belgium**, **Croatia**, the **Czech Republic** (only healthcare and clinical psychologists), **Cyprus**, **Finland**, **Hungary**, **Italy**, **Liechtenstein**, **Malta**, the **Netherlands** (for re-registration every 5 years for health and clinical psychologists), **Slovakia**, **Slovenia**, **Poland**, and the **UK**. **Portugal** is considering CPD requirements for specialties in psychology (once specialties will be introduced). **Finland** and **Liechtenstein** reported CPD requirement, but explained in the meeting that in practice compliance with this requirement is not rigorously enforced. CPD is voluntary in **Ireland**, **Denmark** and **Sweden**.

Member States that impose mandatory CPD requirements, but do not oversee compliance as well as Member States who do not prescribe minimum contents for such continuous training, are invited to reassess whether their regulatory measures serve the attainment of the pursued objectives.

#### *Professional indemnity insurance*

**10** Member States communicated a requirement for professional indemnity insurance in establishment cases: **Austria**, **Belgium**, **Spain**, **Italy**, **Sweden**, **Norway**, the **UK**, **Liechtenstein**, **Switzerland** (psychotherapists), **Iceland**. A slightly higher number (**9**) of Member States have reported that they do not require professional indemnity insurance for establishment in this field: **Cyprus**, the **Czech Republic**, **Finland**, **France** (psychologist), **Denmark** (authorised psychologist), the **Netherlands**, **Poland**, **Portugal**, **Switzerland** (psychologist). In the **Czech Republic** and **Sweden**, the requirement rather applies to the healthcare service providers (legal persons), not to the individual professionals.

For **cross-border provision** of services professional indemnity insurance is reported by **7** Member States: **Austria**, **Ireland**, **Spain**, **Liechtenstein**, and **Switzerland** (psychotherapists). A much larger number (**13**) of Member States do not require professional indemnity insurance for cross border provision of services: **Cyprus**, the **Czech Republic** (psychologist carrying out examination of mental fitness for driving), **Denmark** (authorised psychologist), **Finland**, **France** (psychologist), **Italy**, the **Netherlands**, **Poland**, **Portugal**, **Sweden**, the **UK**, **Iceland**, and **Switzerland** (psychologist).

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<sup>20</sup> However, registration with state regulatory bodies or competent authorities may be required, e.g. in **Austria** a registration is required with the Federal Ministry of Health, or in the **UK** with the Health and Care Professions Council.

### Other requirements

Member States that communicated information to the Commission did not report any limitations as to the number of licenses being issued to professions in this field or prohibitions of joint practices.

**Liechtenstein** has reported corporate form restrictions, shareholder/voting rights restrictions (100%) for psychologists and a prohibition of forming joint practices with other professions.

Member States that reported restrictions related to mandatory indemnity insurance or other additional requirements (limitation of the corporate form, shareholder/voting rights, prohibition of joint practices) are invited to assess them in the light of proportionality principles (and any relevant EU legislation, such as Directive 2011/24/EU on the application of patients' rights in cross-border healthcare), and in particular to consider whether they do not go beyond to what is necessary to attain the general interest objectives.

### 3.5. Related professions

#### Psychotherapists

**11** Member States have notified the regulation of psychotherapists. **Liechtenstein** notified in the Database on the Regulated Professions regulation in this field without clarifying exact scope of activities. **Germany** regulates professions of psychological psychotherapists and child and adolescence psychotherapists, who can practice therapeutic psychotherapy.

**Table 5. Level of regulation: psychotherapist**

MSs	Protected title	Reserves of activities	Training duration	Trainee-ship/exp experience
AT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Treatment [by an independent therapeutic method] of mental, psychosocial or psychosomatic behavioral disorders and conditions, healing or mitigating mental distress, helping in personal crises and changing disturbed behaviors and attitudes.	222 ECTS [4 years] - Preparatory training of 1315h, or Qualification in social work, pedagogy, marriage and family counselling, music therapy, university studies in medicine, pedagogy, philosophy, psychology, publishing and communication science or theology; and -Specialist training of 1900h	-
FI	<input checked="" type="checkbox"/>	-	- Degree in psychology, medicine, nursing, social work, theology or pedagogy (3/4 years), and Specialist training of 60 ECTS (1 year)	<input checked="" type="checkbox"/> 2 years
FR	<input checked="" type="checkbox"/>	-	Degree in medicine (6 years), Mater in psychology or Master in psychoanalysis (5 years); and - Specialist training requirement depend on candidate profile (up to 400 h)	<input checked="" type="checkbox"/> up to 5 months
DE	[not known]	<input checked="" type="checkbox"/> Practicing medical psychotherapy (Note: activities similar to those of clinical psychologists; services are reimbursable)	Degree in medicine or psychology (5 years) or in education science or social education science for child psychotherapists; and - Specialist training of 3 years (full time) or 5 years (part time)	<input checked="" type="checkbox"/>
HU	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Participating in health care activities independently. Psychotherapy is a sub-	- <b>Master in psychology (5 years); and</b> - <b>Specialisation in clinical psychology (3-4</b>	-

		specialisation of clinical psychology.	<b>years); and</b> <b>- Subspecialty training of 2-3 years</b>	
IT	-	<input checked="" type="checkbox"/> The psychotherapist, through the use of techniques that vary according to the theory of reference, psychopathological disorders is different in nature and scope, ranging from small personal discomfort to severe symptoms, and symptoms that may occur with neurotic or psychotic detrimental in varying degrees to the welfare of the individual. Work to eliminate the symptom, discomfort and helps the person to move toward a state of higher awareness. They deal with the quality of the relationship that the individual has internalized and that brings into play in interpersonal relationships, and is able to help develop the social skills needed in the affective and relational in general.	-Degree in psychology , medicine or surgery' (5/6 years) and  - Specialty training (theory and practice) of at least 4 years	-
LI	[not known]	<input checked="" type="checkbox"/> [not known]		
NL	<input checked="" type="checkbox"/>	-	- Degree in psychology, pedagogy, or mental health; and (4 years) Specialty training of 2 years	-
SK	-	<input checked="" type="checkbox"/> [not known]	- <b>Degree in psychology (5 years), and specialty training in psychology (2 years) and</b> <b>- psychotherapy training of 5 years</b>	-
SE	<input checked="" type="checkbox"/>	-	- Specialisation in psychiatry, degree in psychology or social work or other relevant degree (5 years), and - Specialist training of minimum 3 years	<input checked="" type="checkbox"/>
CH	-	<input checked="" type="checkbox"/> Regulates only independent private practice: psychologists specialized in psychotherapeutic diagnostics use non-drug therapy techniques to independently treat disorders as well as psychological and psychosomatic diseases. Relationship specialists, they address difficulties that disrupt children, adolescents or adults in their everyday lives and in their relationships with others. Psychotherapy sessions may be one-on-one, group or family and they always involve an ongoing relationship between the therapist and patients. Patients consult psychologists on the advice of their usual doctor or spontaneously.	- Degree in psychology (5 years) or medicine; and - Specialty training of 2 years	-

5 Member States report *reserves of activities* to psychotherapists, namely **Austria, Germany, Italy, Slovakia, and Switzerland**. 3 countries report the use of *title protection* without any reserve of activities to this profession (**Finland, France, the Netherlands, and Sweden**), while **Hungary** protects both the use of the title and has certain reserves of activities (only clinical psychologists can carry out certain activities in health care independently). No information is available for **Liechtenstein** and limited information is available for **Slovakia**. In **Ireland**, it is planned to regulate the profession of psychotherapist as a separate profession by means of the protection of title.

Psychotherapy in most regulating Member States (**Austria, France, Germany, Italy, the Netherlands, Slovakia, Sweden and Switzerland**) is generally understood as independent therapeutic method used to treat mental, psychosocial or psychosomatic behavioural disorders and conditions by talking with a mental health provider. It is an example of multi-professional activity, which in a number of countries can be performed by practitioners with different qualifications, including those in medical psychiatry and psychology (e.g. Germany, Italy, France, Slovenia, the **Czech Republic, Slovenia, Hungary, Poland** – doctors of medicine, in **France and Poland** - general psychologists, in **Slovakia and Slovenia** – health psychologists, in **Hungary, Ireland, the Netherlands and Slovenia** – clinical psychologists). In **Hungary**, psychotherapy is a regulated as sub-specialty of clinical psychology.

In **Cyprus** under the power given by the law for registration of psychologists to the Council or Registration of Psychologists to propose further specialties for regulation, criteria were set for regulation of psychotherapy for psychologists, which are currently pending review.

The *training requirements* vary greatly, i.e. from **4** to up to **12** years of a post-secondary training programme. For **Hungary** and **Slovakia** total duration of over 10 years of training can be explained by the fact that psychotherapy training is possible only after having obtained specialist training in psychology (e.g. clinical psychology). In **Italy**, one must follow a specialist training of 4 years after obtaining basic qualification in psychology (or medical doctor). In **Germany**, the **Netherlands**, **Sweden**, **Switzerland**, one must follow minimum 2-3 years course after obtaining basic qualification<sup>21</sup>. In **France**, training requirements depend on the candidate profile with some exemptions for psychiatrists, psychologists, doctors specialised in other fields and psychoanalysts. Only for holders of a Master in psychology or psychoanalysis, 400 hours of theoretical training is required. In **Finland**, a 60 ECTS (1 year) course is required after obtaining a relevant degree in social and health sciences (access is also possible for nurses specialised in psychiatry) and at least 2 year of professional experience in mental health services. In **Austria** after the completion of a secondary education, psychotherapists first follow a special psychotherapeutic preparatory course of 1315 h and then specialist training of 1900 h. For **Liechtenstein**, due to limited information available in the Database on the Regulated Professions and/or sector reports, it is not possible to draw definitive conclusions on the levels of training.

Mandatory traineeship is required in only **4 out of 12** countries (**Finland**, **Germany**, **Italy**, and **Poland**); while state level examination was reported only for Italy.

### *Psychiatrists*

Based on the Database on the Regulated Professions, all EU/EEA countries regulate one or more of medical specialties in psychiatry.

Although clinical psychologists and psychiatrists focus on treatment of mental disorders, their training and the methods used differ. Psychiatrists are medical doctors specialised in the diagnosis and treatment of mental disorders. They evaluate patients to determine whether their symptoms are the result of a physical illness, a combination of physical and mental, or a strictly psychiatric one. Psychiatrists prescribe medicine as the main method addressing the illness, but may also use psychotherapy, or refer patients to psychologists or or another specialized therapists. Often psychiatrists and psychologists collaborate for the care of the patient.

Psychosocial evaluations can also be carried out by occupational therapists, psychiatric nurses or social workers in specific contexts.

There is also a wide range of other types of therapies (arts, music, exercise therapy, etc.). For instance, music therapist is a regulated profession in Austria. They carry out treatment of persons with behavioural disorders and conditions induced by emotional, somatic, intellectual or social factors by means of musical interventions.

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<sup>21</sup> E.g. generally Master in psychology, but also in the Netherlands - Master degree in pedagogic science or mental health care, in Switzerland – qualification of doctors of medicine, in Sweden – qualification as a social worker.

#### 4. RESULTS OF TRANSPARENCY/SCREENING EXERCISE

According to Article 59(3) of Directive 2005/36/EC, Member States must examine whether regulatory requirements are compatible with the principles of non-discrimination, necessity and proportionality.

##### 4.1. Non discrimination

Member States should ensure that professionals can access regulated professions without being a national of the host country and without having to reside in its territory. The requirements under the national legal system can be neither directly nor indirectly discriminatory on the basis of nationality or residence.

Those Member States that communicated information to the Commission on this issue did not report any existing discrimination based on nationality or residence.

##### 4.2. Justifications and proportionality

Under EU law, in order to be maintained, measures restricting access to a profession must not only be non-discriminatory; they must also be justified by overriding reasons of general interest<sup>22</sup>, be suitable for securing the attainment of the objective which they pursue and must not go beyond what is necessary in order to attain it. Therefore, one should also assess whether there are other less restrictive means than the measure in question capable to attain the same objective.

Member States were asked to report overriding reason(s) in the general interest which justified their regulatory frameworks. The most cited reasons were those related to protection of consumers and public health, in particular:

- *Protection of consumers/recipients of services* (e.g. a need to ensure quality of service provision): **Austria, Belgium, Cyprus, the Czech Republic** (for counselling psychologist), **Denmark, Spain, Germany, Finland, France, Liechtenstein, Lithuania** (school psychologist), **Malta, Portugal, Sweden, Switzerland**, the **UK** - **16** Member States.
- *Public Health and patient safety* (e.g. consulting/treating vulnerable individuals): **Austria, Belgium, Cyprus, the Czech Republic, Spain, Germany, France, Finland, Iceland, Ireland, Italy, Liechtenstein, Norway, Portugal, Slovenia, Slovakia, Sweden, Switzerland** (psychotherapist) – **17** Member States.
- *Public security* (e.g. granting assessment for possession of weapons, driving licenses, forensic reports, fitness for security, police, public defence services): the **Czech Republic** (psychologist), **Spain, Portugal** - **3** Member States.
- *Child protection*: **Lithuania** (school psychologist).
- *Public policy*: **Belgium**.

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<sup>22</sup> For instance, on grounds of public policy, public security or public health. It should be noted that these are EU law concepts which stem directly from Article 52 of the TFEU. These concepts have been consistently interpreted by the Court of Justice of the EU in a narrow sense, meaning that there must be a genuine and serious threat to a fundamental interest of society and it is for the Member State invoking these public interest objectives to demonstrate the risks involved (see Case C-72/83 *Campus Oil* [1984] ECR 2727, paragraph 34; Case 348/96 *Calfa* [1999] ECR I-00011, paragraph 21; Case C-158/96 *Kohll v Union des caisses de maladie*, [1998] ECR I-01931, paragraph 51).

By invoking a justification of *protection of consumers* Member States aim to ensure that consumers are not misled in the pursuit of the profession of psychologists. Formal qualification requirements are seen to ensure high quality standards; regulation prevents consumers from excessive damage claims. According to Member States those consumers are vulnerable and it is therefore vital to ensure their safety.

The same justification has been cited by Member States, who (amongst other things) regulate access to the activities of psychologists in the fields where the client population cannot be considered as vulnerable as, for instance in cases of persons that suffer from severe problems of psychosocial nature or children. **Malta**, as an example, regulates access to the activities in academic, research, social psychology as well as organisational/occupational psychology<sup>23</sup> and sports psychology<sup>24</sup>. Similarly, **Cyprus** regulates access to activities in organisational/occupational psychology. Occupational psychologists are also regulated in **the UK**, albeit only by way of protection of profession title. This observation is equally relevant to those Member States that regulate access to professional activities of psychologists in general, i.e. without making a clear distinction among activities covered.

By invoking a justification of protection of *public health* Member States aim to ensure patient safety in health related fields of psychology; ensuring trust in health care personnel and health systems, guaranteeing quality of services and adequate professional standards. People with mental health disorders are considered as particularly vulnerable. Member States argue that health-psychological counselling and care are based on a broad range of research results. Due to the complexity of these and other tasks (such as clinical psychological diagnostics and treatment) a proven knowledge standard is required; as well as control of professional practices (e.g. by way of codes of ethics and risk of disciplinary sanctions).

However, it can be observed that the justification of *public health* has been cited not only by those Member States that regulate psychologists working in health care sector in particular, but also by those who provided for a much wider description of activities for psychologists (e.g. **France, Iceland, Portugal**), as well as Member States who regulate activities of psychologists without therapeutic objectives (e.g. **Cyprus, the Czech Republic**).

Member States were therefore invited to consider during discussions of the meeting of 6 March 2015 whether the risks involved for these professions are equally serious and therefore can justify the same level of regulation as for psychologists providing services to patients or to other vulnerable groups of population (children). Member States showed little appetite to seek improvements and total satisfaction with their current systems. Some have put forward the argument that the same level of regulation can cover an extensive range of risk levels, including the risks in non-clinical settings which can still be quite important and that indirect impact of psychologists in such other fields can be tremendous or even more profound.

For instance, organisation/occupational psychologists may strongly affect major decisions such as to hire or fire someone (or not). Furthermore, the definition of health care may include any kind of prevention, diagnosis and treatment including mental health

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<sup>23</sup> This area concerns evaluation of persons for selection of personnel, management of dysfunction of an institution, motivation for work, development of human resources.

<sup>24</sup> This area concerns psychological aspects of sports, exercise and human performance. The science of psychology can be applied in the context of sports education, information and research services for teachers, coaches, trainers, groups and individuals.

(a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community). If looked broadly, e.g. the services of occupational psychologists can also be considered as health services.

Similarly, it was argued that academics train future psychologists and thus can have a tremendous indirect impact. Research in psychology can endanger the wellbeing of patients both during the research phase for the participants and if the findings did not follow recognized methodologies may potentially harm the consumers. Equally, sports psychologists are often required to also be able to touch upon health and well-being, not to mention preventing team conflicts.

Member States, and in particular those that regulate psychologists carrying out activities without therapeutic objectives by fixing specific qualification requirements, are invited to reconsider, in the light of proportionality and necessity principles, whether there are other less restrictive means to achieve the same public interest objectives (e.g., whether recourse to competition, criminal or contract laws, could serve as less restrictive means helping to avoid misleading of consumers).

Furthermore, a few Member States invoked the justification of *public security* aiming to safeguard the safety of persons in the process of granting driving licenses (the **Czech Republic, Spain and Portugal**), permits to use weapons, decisions as to the suitability of persons to take part in security, defence or police services, ownership of dangerous animals, membership in civil aeroplane and helicopter crews (**Spain**). In this regard, and more specifically concerning the process of granting driving licenses, it shall be stressed that the concept of ‘public security’ implies the existence of threats posed to the internal and external security of the State in terms of the continued existence of the State with its institutions and important public services, the survival of the population, foreign relations etc.

Member States concerned are invited to re-consider whether the justification by the interest of ‘public security’ is appropriate in the context of granting permits for driving.

In invoking a justification of *child protection*, Member States aim to safeguard the needs of a child in need of support and its parents by ensuring high quality standards through education. However it may be worth considering what other safe guards exist alongside those of a sector specific nature to meet this safeguard (e.g., such as criminal record checks or others).

### *Effects of the measures*

Most countries did not provide concrete data justifying effect of the regulatory measures. **Portugal** has referred to a cost-benefit report prepared by the Order of Psychologists demonstrating that reduction of expenses due to early interventions of psychologists and avoidance of costly medication. However this does not address the questions we now consider, namely the impact of regulatory barriers, but rather the cost efficiency of timely psychological interventions ipso facto. **Austria and Malta** referred to very few instances of complaints against regulated professionals. The **UK** has reported that they have contributed to a Department of Business, Innovation and Skills (BIS) / Queen Mary University of London project which intends to provide an economic analysis of licensing occupations in the UK. The UK reported that it is continuing to see an increase in the total number of fitness to practise allegations as a whole. That said the UK believes that the current system is fit for purpose and achieves its objectives.

Only few Member States informed us about planned modifications in the current system.

In particular, the **Czech Republic** states it is open to reconsider the level of qualification requirements for clinical psychologists and to impose mandatory registration for non-health psychologists. **Portugal** foresees a re-organization of various regulated fields into three broader areas and some advanced specialties. The aim is to allow for mobility within the key areas of practice and facilitate professional transition between those areas.

**Denmark** is considering some procedural alterations (digitalization of the application process). **Malta** has indicated a willingness to improve their current system so as to reflect new developments in the profession, but they did not specify further details on neither the proposed improvements nor the relevant developments. In **Poland** the regulatory system based on professional self-governance has failed to work in practice (to date regional chambers have not been constituted, there are no bodies to perform registration and organise postgraduate internships) and is in the process of being replaced with an alternative mechanism.

Proportionality information is lacking in the Database on the Regulated Professions for several countries: **Croatia**, **Germany** (psychotherapists), **Greece**, **Romania**, **Slovenia**, and **Liechtenstein** (psychotherapists).

## 5. VOLUNTARY CERTIFICATION SYSTEMS AND OTHER MECHANISMS TO PROTECT A GENERAL INTEREST

National voluntary certification systems were reported by 7 countries and for the following sectors:<sup>25</sup>

- **Belgium:** certification in clinical psychology, by the largest non-governmental federation of psychologists. However since this was set up very recently, the impact is still rather limited.
- **Cyprus:** Certification in different schools of psychotherapy, specific psychometric evaluations, addiction counselling, counselling relevant food intake disorders, etc. Cyprus could not report any specific data on how many psychologists use these certificates, but estimated that nearly half of professionals possess at least one of the above.
- **Estonia:** certification system run by Qualifications Authority, based on EQF based professional standards used for developing curricula and issuing professional certificates. The aim is to inform the market of the quality for services of clinical psychologists. The programme started in 2014 and the level of popularity is still low.
- **Finland:** certification system for personnel assessment in work and organisational psychology and psychological coaching in sports psychology. No information about the effectiveness of the system is available.
- **Luxembourg:** on a non-governmental level, Luxembourgish Society of Psychologists provides for voluntary observance of quality standards (Master in psychology is required to access the association). No information about the effectiveness of the system is available.

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<sup>25</sup> Slovakia has also notified various certification systems, however they do not appear to be as voluntary.

- **The Netherlands:** In 1994, the Netherlands has deregulated the sub category of basic psychologist. The aim of ‘safeguarding the quality of the health care performer’ is being reached by the private and non-mandatory certification system NIP PSYCHOLOG (NIP PSYCHOLOGIST) provided by “Nederlands Instituut van Psychologen”, also known as NIP (Dutch Institute of Psychologists). For NIP certification, one must be either a registered psychologist or fulfil the following conditions: (1) be a member of NIP, (2) be in the possession of a psychology degree, (3) 1440 working hours as a psychologist, and (4) possess two statements of two PSYCHOLOG NIP who have the certification for at least three years. There are disciplinary rules in place, professional code, and disciplinary rules enforced by respective NIP tribunals.

**Dutch** authorities deregulated basic psychologists in 1994. The aim of ‘safeguarding the quality of the health care performer’ is secured by the above mentioned private and non-mandatory certification system.

- **Poland:** certification/recommendations by professional organisations in the given practice area (sport psychologists, court expert, intervention certificate, etc.). No information about the effectiveness of the system is available.
- **Spain:** The Council of Spanish Psychological Associations oversees various processes of certification, accreditation and training. Recent years have seen the development of accreditation systems in specific areas of psychology, such as neuropsychology, sports psychology or work and organizational psychology. Committees and/or commissions have been set up comprising expert professionals in each of the areas, responsible for developing the training programmes and setting the assessment criteria. In parallel various associations are developing specific training processes for professionals that meet the appropriate criteria, so that they can obtain the corresponding accreditation. No information about the effectiveness of the system available.

While currently there are no standards for psychologists developed and agreed by the European Committee for Standardization (CEN), which is an officially recognized European Standardization Organisation, a number of Member States have referred in the sector reports to the European Federation of Psychologists’ Association (EFPA), which provides for certification in general psychology and specialist fields, namely the European Certificate in Psychology (EuroPsy), and specialist certificates in two fields (psychotherapy and work & organisational psychology).<sup>26</sup> It is a qualification standard for psychologists, which aims to supplement national standards and to help the public to identify whether a psychologist can be considered competent to practice in a particular area at basic level (clinical and health psychology; work and organizational psychology; educational psychology; or other field (as specified, e.g. forensic, sport, traffic etc.), or has a specialist expertise (psychotherapy; or work and organizational psychology). Psychologists in possession of a EuroPsy Certificate are entered in the Register of European Psychologists for seven years; but it does not give automatic rights to practice in other countries.

According to the report of **Spain**, EuroPsy certification constitutes a guarantee of quality and has expressed hopes that in the future it could serve as a basis to establish the basis of more automatic recognition and in this way facilitate mobility. EuroPsy Basic and/or

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<sup>26</sup> <http://www.efpa.eu/>; <http://www.europsy-efpa.eu/sites/default/files/uploads/EuroPsy%20Regulations%20July%202013.pdf>

Specialist certification is not available in the following EU/EEA countries<sup>27</sup>: **Belgium, Bulgaria, Croatia, Ireland, Luxembourg, Malta, Poland, Portugal, Romania, Slovakia, Sweden, Liechtenstein, Iceland, and Switzerland.**

In the meeting of 6 March 2015, delegates were asked for their view on the effects of the abovementioned certification scheme. Most delegates did not have sufficient information to do so, or had no view about it. In the meeting of 6 March 2015, delegates were asked for their view on the effects of the abovementioned certification scheme. Most Member States did not have sufficient information to do so, or had no view about the effects of the above certification scheme on market access. Of those delegates who did express a view, some (**Belgium, Cyprus, Portugal**) expressed a positive view or plans to implement it EuroPsy certification soon.

In some Member States, where the profession is not regulated (anyone may use the title of psychologists as a professional designation in a business context), **competition, criminal or contract law** provide alternative means that help to avoid misleading of consumers. This appears to be the case in **Germany**, where anyone who uses the title of psychologists in business context without having obtained the relevant qualifications would be in breach of competition law, as this behaviour would be considered as misleading consumers. *This measure albeit meant to safeguard the same public interest objectives is therefore less restrictive compared to the regulation of professional activities by pre-defined qualification requirements, mandatory registration, CPD and other conditions common in regulating Member States.*

In **Ireland**, private practice of psychology is currently not regulated as such. However, psychologists working in private practice are subject to consumer legislation, competition, contract and criminal law. However, **Ireland** is in the process of changing its regulatory regime applicable to psychologists, which will lead to regulation of psychologists by way of protection of title by 2019.

## **6. RECENT, ONGOING AND PLANNED REFORMS**

There are several recent (as of 2011) or ongoing/planned reforms that point towards upgrading the training requirements to the needs of modern psychology, which is constantly undergoing transformation, i.e.:

In **Austria** current reforms have entered into force in July 2014. They have extended the possibilities to exercise the professions of health and clinical psychologists and adopted their scope of activities to the requirements of the profession and to the structural reforms in the health sector. Training and education have been adapted to the demands of modern psychology; reform was based on broad consultation of the stakeholders concerned.

In **Cyprus**, the nature of exclusive duties of each of the regulated specialties of applied psychology was set by the Cyprus Council of Psychologists. In December 2014 a law was voted in order to achieve harmonization of national law with Directive 2005/36/EC.

In **the Czech Republic**, under the Licensing Act of 2011, the level of qualification requirements for healthcare/clinical psychologists was adjusted to allow persons to prove professional qualifications by way of state exam proving that required level of qualification was achieved through lifelong learning and one year of work experience.

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<sup>27</sup> <http://www.euopsy-efpa.eu/countries>

Recently, in the context of amendments to the Law on Education in **Czech Republic**, the shortening of specialized education for clinical psychologists from 5 to 4 years has been considered. Clinical psychologists have a legal obligation of life-long learning. For consulting and diagnostics psychologists, the requirements for mandatory professional experience (regulated as self-employed trade profession) have been decreased in 2008 by 2 years.

In **Malta**, the Maltese psychology Profession Board (MPPB) is currently looking into upgrading the laws in order to bring them in line with recent development in the profession. Proposed changes still to be discussed with relevant stakeholders. No details were provided about the intended changes.

In **Spain**, the regulation of general health psychologist was introduced by the Law 33/2011 on General Public Health (until then general health psychologists were not regulated as healthcare professionals). In addition to this general framework, specific regulations have clarified participation of psychologists in various other fields (forensic, road safety, treatment of victims of crime or gender violence, granting of licenses for weapons).

In **Slovenia**, in 2013, the content and duration of mandatory traineeships was published for health psychologists, and the requirement that health psychologists are entered into the special register was introduced (however the register for psychologists has not been established yet). The training programmes for clinical psychologists were amended in 2013 (exclusion of subjects related to psychiatry).

In the **UK**, based on the comments received from the professional body for practitioner psychologists (the British Psychological Society) and other feedback, the Health and Care Professions Council (HCPC) reviewed the standards of proficiency (competency-based standards) for this profession during 2014-15. These standards were subject to public consultation and the revised standards were published in July 2015.

Member States have also notified several recent (as of 2009) and ongoing/planned reforms that point towards more regulation in this field, i.e.:

**Belgium** has approved a proposal of Law in 2014 that will (starting at the latest in September 2016) regulate the profession of clinical psychologist as an autonomous health profession. The same proposal of Law will also introduce regulation of the profession of psychotherapist.

**Irish** authorities are in the process of introducing a regime of protected title with entry level qualifications, which would apply to both public and private practices (currently conditions apply only to clinical, counselling and educational psychologists working in the publicly funded health service). The act foresees statutory registration, entry level requirements, conduct restrictions (ethical codes, fitness to practice proceedings) and CPD requirements.

**France** has indicated that professional and academic organisations are willing to raise the training requirements by introducing 1 year of supervised professional practice after completion of studies, mandatory CPD requirements and introduction of the deontological code into the legislation.

**Latvia** is in the process of preparing a new law introducing regulation for the profession of psychologists; the draft has already been submitted to the Parliament.

**Luxembourg** is considering introducing the regulation of psychotherapists (draft law to be adopted in coming months), but not health psychologists. Luxembourg does not consider it necessary to regulate psychologist, because consumers are able to make well informed choices.

In the light of ever increasing number of specialisations in the field of psychology, the MPPB of **Malta** is currently establishing competences for applications in new areas of specialist practice.

The regulatory system in **Poland** is under revision, because it does not work in practice. Despite the Act of 8.6.2001, psychologists still cannot obtain “official” right to practice as foreseen under the law. The right to practice as a psychologist should come into being at the moment of entry into the list of psychologists kept by the Regional Chamber of Psychologists. However, the above-mentioned regional chambers have not been constituted so far, so there are no bodies entitled to perform the process of the registration and postgraduate internship is not organised. For the same reason, decisions on the recognition of professional qualifications for the profession of psychologist are not being issued, and no declarations of psychologists concerning provision of cross-border services are submitted.

**Portugal** currently regulated psychologists in general, but planned introducing a two level system (the idea is that areas that are adjacent professionally are integrated into broad specialties and specificity is recognized in an advanced level): (1) broad expertise (Work, social and organisational psychology, Education psychology, Clinical and health psychology) and (2) advanced specialisation areas (Psychotherapy, Forensic/Justice, Neuropsychology, Community Psychology, Other). According to the sector report, such re-organization into the three main areas would allow the mobility between them and should facilitate a professional transition between areas.

**Slovenia** has a system based on protected title only, but is considering revising and the possibility of introducing more cumulative requirements, including reserves on activities and registration with a professional body as well as improved supervision for health and clinical psychologists.

In **Slovakia** a new condition for registration into the chambers was introduced in 2010 in order to get overview of health workers further education (CPD). In addition, psychologists who intend to operate their own medical facilities have to demonstrate that they have a licence for the job performance and ownership/lease of the premises in which the medical treatment will be performed. For school psychologists, the Act of 2009 has determined four staff categories of school psychologists, laid down the types of CPD, and introduced the register for school staff.

**The Czech Republic** has opened a political discussion about the need for a Chamber for non-medical health work staff, such as psychologists; however this proposal was not largely accepted by non-medical professions. There are ongoing discussions concerning extended attestation in psychotherapy for clinical psychologists and mainly for psychiatrists. There are also discussions to move the clinical psychology area into the Act on medical professions. Potentially, after changes to the Act on medical professions, the discussions on the establishment of the Chamber for clinical psychologists might start.

Several Member State have notified reforms that promise less stringent regulation compared to current situation and/or simplification of authorisation processes in this field, i.e.:

**Denmark** in the context of its competition policy programme of 2012 has examined the possibilities of simplification of application procedures for authorised psychologists (authorisation is voluntary, except for few reserved activities). However, eventually it was concluded only to proceed with a proposal of digitalizing the application process in order to make it easier to apply for an authorisation.

In **Lithuania** a draft law to regulate medical psychologists (qualified in health or clinical psychology) remains not adopted (albeit it was submitted for consideration back in 2010). There might be come slight changes in the qualification requirements for school psychologists based on research conclusions/innovation. **Switzerland** since 2013 introduced legislation at a federal level, whereby only the title of psychologist is now protected, while psychotherapists (acting on their own responsibility in private sector) remain subject to regulation by reserve of activities if they work independently.<sup>28</sup>

**Iceland** has reformed its legislative framework applicable to health professionals in 2013. The aim of this reform was to bring all the regulated health professions under one act, to simplify and make requirements more coherent.

## 7. CONCLUSIONS

Based on the information provided by Member States, it can be concluded that the overall aim is to protect the same general interest objectives, namely protection of public health and consumers.

However, the wide array of diverse regulatory requirements may be observed across Member States. A distinction could be made between countries that regulate psychologist in generally, those who mostly regulate psychologists working in the provisions of health care (health and clinical psychologists) and those who additionally focus on a range of professional specialties (occupational, education, counselling) or choose to regulate very distinct professional activities (carrying out examination for mental fitness for driving). The Member States also differ as regards duration of trainings (especially in the area of clinical psychology and psychotherapy) and on the number of professions they choose to regulate.

Although, based on the Database of Regulated Professions, psychologists appear as relatively highly mobile profession, the range of regulatory differences may potentially constitute a barrier for mobility, jobs and consumers, especially for psychologists moving to a country which defines the regulated activities differently, has distinct training or other additional requirements.

Member States are invited to reflect upon the effects of their system on the free movement of professionals and whether potential obstacles are justified and if they can be mitigated. For instance, potential barriers to mobility related to lack of regulatory homogeneity could be eased by further improving clarity and transparency of regulatory measures to professionals as well as by applying, within the limits of proportionality, the conditions for partial access.

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<sup>28</sup> Prior to entry into force of a federal law 4 cantons had authorisation procedure for autonomous activities of psychologists; canton of Geneva – an authorization procedure for clinical psychologists and neuropsychologists; all cantons except Uri –an authorisation procedure for independent activities of psychotherapists; 4 cantons - authorisation procedure for dependent activities of psychotherapists. Geneva and Tessin continue to apply requirements for clinical psychologist or neuropsychologists.

Finally, it was observed that most Member States demonstrated little appetite to seek improvements and overall satisfaction with their current systems. Furthermore, based on the information available, certain reforms which tend towards an increase in requirements are not always supported by a clear rationale and/or concrete data justifying effects of the regulatory measures.

As set out in the introduction to this report, reforms must ensure that the needs of professionals and consumers are best served and in the most effective manner possible.

**Annex I**

<b>Country</b>	<b>Profession</b>	<b>Reserved activities</b>	<b>Training duration</b>	<b>Method to obtain qualification</b>	<b>Trainee ship</b>	<b>State exam</b>	<b>Registration in professional bodies</b>
<b>Austria</b>	Healthcare psychologist	<input checked="" type="checkbox"/> and protected title	300 ECTS (5 years) + 1940 h	General post-secondary (Bachelor + Master + postgraduate education and training of 1940 h)	-	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Clinical psychologist	<input checked="" type="checkbox"/> and protected title	300 ECTS (5 years) +2500 h	General post-secondary (Bachelor + Master + postgraduate education and training of 2500 h)	-	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Psychotherapists	<input checked="" type="checkbox"/> and protected title	222 ECTS (4 years)	Vocational post-secondary education - Preparatory training of 1315 h, or Qualification in social work, pedagogy, marriage and family counselling, music therapy, university studies in medicine, pedagogy, philosophy, psychology, publishing and communication science or theology; and -Specialist training of 1900 h	-	-	<input checked="" type="checkbox"/>
<b>Belgium</b>	Psychologist	Protected title	5.0 years	General post-secondary education	<input checked="" type="checkbox"/>	-	<input checked="" type="checkbox"/>
<b>Bulgaria</b>	NOT REGULATED (questions about healthcare psychologist)						
<b>Croatia</b>	Psychologist	<input checked="" type="checkbox"/>	?	?	?	?	?
<b>Cyprus</b>	Psychologist	<input checked="" type="checkbox"/> and protected title	4 years	General post-secondary education (bachelor)	-	-	-
	Registered Psychologist (in any of 5 specialised fields)	<input checked="" type="checkbox"/>	6 years	General post-secondary education (Bachelor degree + postgraduate specialisation in psychology, including 1000 h of supervised practice)	<input checked="" type="checkbox"/>	-	-
<b>Czech Republic</b>	Psychologist in healthcare	<input checked="" type="checkbox"/>	5 years	General post-secondary education (Bachelor and Master's degree in psychology, and accredited qualification course for "psychologist in healthcare)	<input checked="" type="checkbox"/>	-	-
	Clinical psychologist	<input checked="" type="checkbox"/>	10 years	See training for psychologist in healthcare +specialisation in clinical psychology;	<input checked="" type="checkbox"/>	-	-

	Child clinical psychologist	<input checked="" type="checkbox"/>	10+2 years	See training for clinical psychologist + specialised training in paediatric clinical psychology			
	Transport psychologist (carrying out examination of mental fitness for driving)	<input checked="" type="checkbox"/>	5+3 years	General post-secondary (Bachelor and Master degree in psychology and post-graduate studies in transport psychology)	<input checked="" type="checkbox"/>	-	-
	Psychology counselling and diagnostics		5 (+2) years	General post-secondary (5 years of post-secondary education and experience of 2 years)	<input checked="" type="checkbox"/>	-	-
<b>Denmark</b>	Psychologist	<input checked="" type="checkbox"/> + Protected title [it is not possible to work as psychologist without the right to the title]	5 years	General post-secondary (Master's degree or equivalent)	-	<input checked="" type="checkbox"/>	-
	Authorised psychologist	<input checked="" type="checkbox"/>	5+2 years	General post-secondary Master's degree + 2 years' supervised practice	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Estonia</b>	NOT REGULATED						
<b>Finland</b>	Psychologist	<input checked="" type="checkbox"/>	330 ECTS (5-6 years)	General Postsecondary education	<input checked="" type="checkbox"/>	-	<input checked="" type="checkbox"/>
	Psychotherapist	<input checked="" type="checkbox"/> + Protected title	60 ECTS (1 year)	2 years' experience in mental health services or corresponding service + psychotherapist training at university, including a total of 30 credits of studies in psychology or psychiatry; or post-secondary nurse education + specialisation in psychiatry; or other corresponding training abroad.	<input checked="" type="checkbox"/>	-	-
<b>France</b>	Psychologist	Protected title	5 years	Bachelor in psychology + Master in psychology	<input checked="" type="checkbox"/>	-	-
	Psychotherapist	Protected title	5/6 years	Degree of doctor in medicine or Master 2 in psychology or Master 2 in psychoanalysis. Training requirements depend on the candidate profile: - psychiatrists and psychologists, who completed their 500 h training in the clinical field in order to be allowed to use the protected title "psychologist", are exempted from any additional training requirement;	<input checked="" type="checkbox"/>	-	-

				<ul style="list-style-type: none"> <li>- for professionals allowed to use the protected title “psychologist” but who did not complete their training in the clinical field : 2 months of traineeship;</li> <li>- for doctors non specialised in psychiatry : 200 hours of theoretical training and 2 months of traineeship;</li> <li>- for psychoanalysts regularly recorded in their directories, 200 hours of theoretical training and 200 hours of traineeship;</li> <li>- for holders of a Master in psychology or psychoanalysis : 400 hours of theoretical training and 5 months of traineeship</li> </ul>			
<b>Germany</b>	Psychological psychotherapist Child and adolescence psychotherapists.	<input checked="" type="checkbox"/>	8 years	General post-secondary Master’s degree in psychology	<input checked="" type="checkbox"/>	-	<input checked="" type="checkbox"/>
<b>Greece</b>	Psychologist	?	?	?	?	?	?
<b>Hungary</b>	Neuropsychological professional psychology Adult mental health professional and clinical psychology Children and youth specialist clinical psychology Applied psychological health psychology Addiction specialist clinical psychology Psychotherapy (Clinical Psychology)	<input checked="" type="checkbox"/> + Protected title	5 + 3/4 years  5+3/4+2/3 years	Master level in psychology + relevant specialisation in clinical psychology  For psychotherapy and clinical addictology – additional straining as a subspecialty of 2 or 3 years duration	<input checked="" type="checkbox"/>	-	<input checked="" type="checkbox"/>
<b>Ireland</b>	Psychologist in sub-speciality areas of Clinical, Counselling or Educational psychology	<input checked="" type="checkbox"/>	6-8 years	PhD for Clinical Psychologists M.A/M.Sc. for Counselling & Educational Psychologists	<input checked="" type="checkbox"/> (during the training )	-	-
<b>Italy</b>	Psychologist	<input checked="" type="checkbox"/>	5 (3+2) years	Bachelor degree in psychology + Master degree	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

				in psychology			
	Doctor of psychological techniques	<input checked="" type="checkbox"/>	3 years	Bachelor degree in psychology	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Psychotherapist	<input checked="" type="checkbox"/>	5/6+ 4 years	Specialisation course after degree in psychology, medicine or surgery	<input checked="" type="checkbox"/>	-	<input checked="" type="checkbox"/>
<b>Lithuania</b>	School psychologist	<input checked="" type="checkbox"/>	6 years	BA in psychology + Master's degree (4 levels of attestation)	<input checked="" type="checkbox"/>	-	-
	Medical psychologists	<input checked="" type="checkbox"/>	6 years	BA in psychology + Master's degree	<input checked="" type="checkbox"/>	-	-
<b>Latvia</b>	NOT REGULATED						
<b>Luxembourg</b>	NOT REGULATED						
<b>Malta</b>	Psychologist 10 areas of specialization: Clinical, counselling, educational, organisational/occupational, health, sports, forensic, academic, research, and social psychology	<input checked="" type="checkbox"/> + Protected title	5+2 years	Vocational post-secondary (Master's degree in psychology + 2 years' supervised experience)	<input checked="" type="checkbox"/>	-	-
	Health care psychologist	Protected title	6 years	Vocational post-secondary (Master degree in psychology, pedagogy or mental health care + 2 years course)	-	-	-
<b>The Netherlands</b>	Clinical psychologist	Protected title	6+4 years	Vocational post-secondary (qualification as a health care psychologist + 4 years course)	<input checked="" type="checkbox"/>	-	<input checked="" type="checkbox"/>
	Clinical neuropsychologist	Protected title	6+4 years	Vocational post-secondary (qualification as a health care psychologist + 4 years course)	<input checked="" type="checkbox"/>	-	<input checked="" type="checkbox"/>
	Psychotherapist	Protected title	6 years	Vocational post-secondary Master degree in psychology, pedagogy or mental health care + 2 years course	-	-	-
<b>Poland</b>	Psychologist	<input checked="" type="checkbox"/> + protected title	5 years	General post-secondary (Master of psychology)	<input checked="" type="checkbox"/>	-	<input checked="" type="checkbox"/>
<b>Portugal</b>	Psychologist	<input checked="" type="checkbox"/> + Protected title [providing psychologist's licence tag in evaluation reports of conductors]	5 years	General post-secondary education	<input checked="" type="checkbox"/>	-	<input checked="" type="checkbox"/>

<b>Romania</b>	Psychologist	<input checked="" type="checkbox"/> + Protected title	4 years	Undergraduate degree in psychology or similar specialty	-	-	?
<b>Slovenia</b>	Health psychologist	<input checked="" type="checkbox"/> + Protected title	5/6 years	Post-secondary education (Bachelor's degree in psychology or 2 cycles of studies under Bologna system + 12 months traineeship)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	?
	Clinical psychologist	<input checked="" type="checkbox"/> + Protected title	5/6+4 years	Post-secondary education: Basic health psychology qualification + 4 years specialised course	?	?	?
<b>Slovakia</b>	Health psychologist	<input checked="" type="checkbox"/>	5 years	Vocational post-secondary education (Master degree in psychology)	-	-	<input checked="" type="checkbox"/>
	Specialties in healthcare: clinical, consulting health psychology, occupational/organisational	<input checked="" type="checkbox"/>	5+3 years	Vocational post-secondary education (Master degree in psychology + specialty training)	?	?	?
	Certificate in traffic and transport psychology	<input checked="" type="checkbox"/>	5+3+1.5 years	Vocational post-secondary education (Master degree in psychology + specialty training + certified study programme)	?	?	?
	Psychotherapist	-	5+3+4 years	Vocational post-secondary education (Master degree in psychology + specialty training + certified study programme)	?	?	?
<b>Spain</b>	General health psychologist	<input checked="" type="checkbox"/> + Protected title	330 ECTS (5 years?)	General post-secondary education (Graduate in psychology + Master's in general health psychology)	<input checked="" type="checkbox"/>	-	<input checked="" type="checkbox"/>
	Clinical psychologist	<input checked="" type="checkbox"/> + Protected title	8 years	General post-secondary education Graduate in psychology + Intern programme for specialists in clinical psychology.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Sweden</b>	Psychologist	<input checked="" type="checkbox"/> (examination of train drivers) + Protected title	5 years	Vocational post-secondary education	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	-
	Psychotherapist	Protected title	3 years	Vocational post-secondary education	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	-
<b>United Kingdom</b>	Practitioner psychologist Protected titles: Clinical psychologist, Counselling psychologist, Educational psychologist, Forensic psychologist, Health psychologist, Occupational psychologist, Practitioner	Protected title	6 years	PhD for clinical psychologists PhD for counselling psychologists PhD for educational psychologists MA for forensic psychologists MA for health psychologists	-	-	<input checked="" type="checkbox"/>

	psychologist, Registered psychologist, Sport and exercise psychologist.			MA for occupational psychologists MA for sports and exercise psychologists			
<b>Liechtenstein</b>	Psychologist	<input checked="" type="checkbox"/>	4 years	General post-secondary education	<input checked="" type="checkbox"/>	-	-
	Psychotherapist	?	?	?	?	?	?
<b>Iceland</b>	Psychologist	<input checked="" type="checkbox"/>	3+2 +1 years	General post-secondary education (bachelor +postgraduate studies) + 12 months of practice	<input checked="" type="checkbox"/>	-	-
	Specialist psychologists (in any recognised clinical field)		+1 (min.60 ECTS) + 3	+ specialist postgrad studies + 3 years of experience (during or after) + 50h of professional guidance			
<b>Switzerland</b>	Psychologist	Protected title	300 ECTS (5 years)	Vocational post-secondary - Master in psychology	-	-	-
	Psychotherapists	<input checked="" type="checkbox"/>	5+2 years	Vocational post-secondary - Master in psychology + postgraduate specialty training Also open to graduates in medicine	-	-	-
Norway	Psychologist	Protected title	6 years	Vocational post-secondary	-	-	-

Source: Database on the Regulated Professions 28/08/2015 and Sector reports



<b>Germany</b>	Psychological psychotherapist	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	-	?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	?
	Child and adolescence psychotherapist	?	?	?	?	?	?	?
<b>Greece</b>	Psychologist	?	?	?	?	?	?	?
<b>Hungary</b>	Neuropsychological professional psychology							
	Adult mental health professional and clinical psychology							
	Children and youth specialist clinical psychology	?	?	?	?	?	?	<input checked="" type="checkbox"/>
	Addiction specialist clinical psychology							
	Psychotherapy (Psychology) Applied psychological health psychology							
<b>Ireland</b>	Psychologist (public health service)	-	-	-	-	-	<input checked="" type="checkbox"/>	-
<b>Italy</b>	Psychologist	-	-	-	-	<input checked="" type="checkbox"/>	-	<input checked="" type="checkbox"/> <sup>29</sup>
	Doctor of psychological techniques	-	-	-	-	<input checked="" type="checkbox"/>	-	<input checked="" type="checkbox"/>
	Psychotherapist	-	-	-	-	<input checked="" type="checkbox"/>	-	?
<b>Lithuania</b>	School psychologist	-	-	-	-	-	-	-
	Medical psychologist	-	-	-	-	-	-	-
<b>Luxembourg</b>	Not regulated							
<b>Latvia</b>	Not regulated							
<b>Malta</b>	Psychologist (10 specialisations)	-	-	-	-	-	-	<input checked="" type="checkbox"/>
<b>Netherlands</b>	Health care psychologist	-	-	-	-	-	-	<input checked="" type="checkbox"/>
	Clinical psychologist	-	-	-	-	-	-	<input checked="" type="checkbox"/>
	Clinical neuropsychologist	-	-	-	-	-	-	<input checked="" type="checkbox"/>

<sup>29</sup> Mandatory only for psychologists working in the or in NHS accredited companies.

	Psychotherapist	-	-	-	-	-	-	?
<b>Poland</b>	Psychologist	-	-	-	-	-	-	☑
<b>Portugal</b>	Psychologist	-	-	-	-	-	-	?
<b>Romania</b>	Psychologist	?	?	?	?	?	?	?
<b>Slovenia</b>	Health psychologist	-	-	-	-	☑	☑	☑
	Clinical psychologist	-	-	-	-	☑	☑	☑
<b>Slovakia</b>	Health care psychologist Specialties in Healthcare	-	-	-	-	?	?	☑
	Non-health psychologists (school, counselling)	-	-	-	-	-	-	-
<b>Spain</b>	Psychologist	-	-	-	-	☑	☑	?
	General health psychologist	-	-	-	-	☑	☑	?
	Clinical psychologist	-	-	-	-	☑	☑	?
<b>Sweden</b>	Psychologist	-	-	-	-	☑	-	?
	Psychotherapists	-	-	-	-	☑	-	?
<b>UK</b>	Practitioner psychologist	-	-	-	-	☑	-	☑
<b>Switzerland</b>	Psychologist	-	-	-	-	-	-	?
	Psychotherapist	-	-	-	-	☑	☑	?
<b>Iceland</b>	Psychologist	-	-	-	-	☑	-	?
	Specialised psychologist (clinical fields)	-	-	-	-	☑	-	?
<b>Liechtenstein</b>	Psychologist (health only?)	-	☑	☑ (100%)	-	☑	☑	-
<b>Norway</b>	Psychologist	-	-	-	-	☑	-	-

Source: Database on the Regulated Professions 28/08/2015 and Sector reports.