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Kim, Hee Sun; Yoon, Seowon; Son, Gaeun; Hong, Euntaek; Clinton, Amanda; Grus, Catherine L.; Murphy, David; Siegel, Alex M.; Karayianni, Eleni; Ezenwa, Michael O.; Zara, Georgia; Gutiérrez, Germán; Balva, Daniel; Chey, Jeanyung; Choi, Kee Hong

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## **Regulations Governing Psychologists: An International Survey**

### **Abstract**

This study aimed to examine legal regulations on psychologists worldwide, such as those related to professional status and training models. An online survey was conducted by the Global Psychology Alliance and Asia Pacific Psychology Alliance members. The survey included information on the legal status of psychologists in 55 countries. Representatives of 28 countries provided their responses, whereas the information for 27 European countries' legal status was obtained from research data reported by the European Commission in 2016. We found that 82% of the 55 countries included in this study regulated professions in the field of psychology by law. Regarding the title of the profession, 55% of included countries regulated the general "psychologist" profession. Results pertaining to educational requirements indicated that a master's degree or higher was required in terms of education and training methods for general psychologists, amounting to an average period of 5.6 years. The professions regulated varied by continent- and country-specific circumstances and needs. Given the general overview of the worldwide legal statuses and training models investigated in this study, most countries in North America and Europe already have governmental regulation of the practice and title of psychologists, whereas other regions of the world are in the process of developing their own standards for education and training and may not have achieved legal regulation of psychologists yet.

**Keywords:** psychology, psychologists, legal regulations, global mental health, education and training

## **Introduction**

As the global emphasis on mental health rises, there are increasing demands for early psychological interventions and health services to prevent and manage mental health problems (World Health Organization, 2021). In addition to their role during times of national and international crisis, such as the COVID-19 pandemic, mental health services are critical in a future society as various mental health issues, such as suicide, poverty, health disparities, addiction, and violence, continue to burden individuals and communities worldwide (Collins & Saxena, 2016). As public psychological services are expanding, especially with the availability of online mental health services, there is an increasing need for evidence-based interventions provided by qualified mental health professionals to be regulated by laws and national policy.

Psychologists represent one of the core mental health professions providing specialized psychological services. Thus, legislation and regulations to protect psychologists' titles and professional activities are important. First and foremost, licensure laws are essential for protecting the public from incompetent or unethical practitioners (Schaffer et al., 2013). Legal descriptions of a psychological service provider's qualifications and scope of practice, along with service provider definitions and a code of ethics, can protect patients and clients who receive psychological services (European Commission, 2016). Additionally, service quality can only be guaranteed if a psychologist has obtained appropriate licensure before providing services. As such, a service provider's competence and expertise also need to be defined, evaluated, and verified. Relevant government agencies or associations should allow clients to search for registered psychologists and identify those without sufficient training. Psychologists operating under regulations and codes of ethics should be expected to follow legal regulations to fulfill their commitments, such as confidentiality and continuing efforts to maintain their expertise (Hokkanen et al., 2019).

Historically, there has been criticism and debate about the role of licenses (Hogan, 1979; Hogan, 1980). One criticism was that requiring licenses to protect the public can be detrimental in some circumstances (Danish & Smyer, 1981). Also, there has been debate about the usefulness of tools for various regulations (Gross, 1977). A license may serve to establish and indicate a current level of official authority to the public that the practitioner is a member of an established professional body. However, there is a limitation in that the license, in itself, may not guarantee the quality and competence of a practitioner's psychological service activity (Alberding et al., 1993; Tudor, 2011). This debate on the role of standardization notwithstanding, considerable effort has been made in ensuring minimal competency-based quality in professional psychology (Rozenky, 2013). Competency-based, accredited education and training has been standardized in numerous countries, and efforts are being made to maintain competence throughout practitioner careers through continuous monitoring and evaluation (Gonsalvez et al., 2021).

Additionally, many countries have laws in place to regulate the qualification requirements for practicing psychologists and protect their titles and professional activities. For example, the United States (U.S.) enacted the first state law for the licensure of psychologists in 1945 (Siegel & DeMers, 2016). In a 2010 revision, the Model Act for state licensure of psychologists defined psychological services and the scope of practice, as well as the requirements for a psychologist's qualifications, education, and experience (American Psychological Association, 2011). Additionally, the Association of State and Provincial Psychology Boards (ASPPB), an organization of psychology licensing boards in the US and Canada, limits licensure only to qualified practitioners of psychology (Association of State and Provincial Psychology Boards, 2010, DeMers & Schaffer, 2012). In Europe, the European Certificate in Psychology (EuroPsy), the qualification standard for psychologists, is used as a model that has influenced regulatory content (i.e., level of regulation) in several

countries where regulation has been developed or amended. The educational framework and minimum standards of EuroPsy were accepted in 2001 by the European Federation of Psychologists' Associations (EFPA) (European Federation of Psychologists' Associations, 2013). In Asia, Japan and Taiwan instituted registered psychologist laws and established licensure systems to regulate and manage psychologists' activities (Ito, 2014; Tu & Jin, 2016).

The Organization for Economic Co-operation and Development highlighted that mild to severe mental health problems may become chronic if people's mental health needs are not satisfied, leading to reduced economic productivity (Organization for Economic Co-operation and Development, 2018). Thus, improved community access to qualified psychology services will be necessary for public mental healthcare. To provide quality psychological services, countries without licensure systems need to be aware of the problems associated with non-professionals conducting psychological activities. Additionally, these countries will need to standardize the education and training of psychologists based on licensing systems, and they should establish standards for competent psychological practice.

The current study aimed to review the legal regulations that govern psychological practice to ensure the provision of quality mental health services at a global level. Although previous studies have investigated regulations associated with psychological practice; however, no study has compared these laws and regulations on a global scale. Therefore, we aimed to develop an international roadmap by collecting data from the legal systems of various countries and use these data as guidelines for other countries without relevant laws of psychology. Additionally, the issues considered in this study can provide useful, practical information for the enactment of such laws and regulations. In sum, the current study examined legal regulations that pertain to psychologists worldwide, such as those related to the professional status of psychologists and professional training models.

## **Method**

The current study collected and analyzed data about the legal status of psychologists from a total of 55 countries. Respondents from 28 countries provided information concerning the legal status of psychologists. For 27 other countries, this information was obtained from research data reported by the European Commission (EC) in 2016 (European Commission, 2016). These European Union (EU) data were corroborated using the EU Regulated Professions Database (Regulated Professions Database, 2016). Online survey sections included questions about demographic information (e.g., country, affiliated organization, position, name, licensure title, etc.), a structured questionnaire table, and a section for additional comments. The legal status information from 55 countries was circulated and confirmed by the Global Psychology Alliance (GPA) and Asia Pacific Psychology Alliance (APPA) members.

## **Participants**

The survey participants came from member states of the GPA and APPA. The GPA is an international organization under the American Psychological Association (APA) with more than 60 national, regional, and international psychological associations, and the APPA is an alliance for the development of psychology in the Asia-Pacific region with members from 17 countries. Participants were psychological experts and leaders representing their countries or psychological organizations: 16 participants were former or current presidents of their respective organizations, 12 were secretaries or board members, and 4 were experts of psychological service-related law. This study also utilized a health services sector regulatory framework report prepared by the EC (European Commission, 2016). Information related to laws for psychologists in 27 European countries was collected from the report and included in

this survey data.

### **Survey preparation and administration**

The draft pool of survey questions underwent revisions after several consultation meetings involving members of the Korean Psychological Association (KPA), GPA, and APPA. The authors attended four online meetings with the GPA, APA, and APPA, from October 1, 2020 to October 29, 2020. In the meetings, we shared the current study aims and methods with psychologists around the world. The current survey was administered in an online format using the Qualtrics software (Qualtrics International Inc., Provo, UT, USA). The survey consisted of questions related to demographic information, the presence of related law, protection of title, reserved activities, mandatory traineeship, qualification examinations, continuous professional development (CPD), mandatory registration with professional bodies, and a detailed description of education and training requirements. The survey participants provided information about the total number of years of training and education, and the duration of education and training in ECTS among European countries has changed in terms of the number of years as specified in: <http://www.studyineurope.eu/ects-system>. All questions were written in English. The online survey link was sent to participants using the electronic mailing service, Listserv (L-Soft International Inc., Bethesda, MD, USA). The survey was conducted in November and December 2020, and survey respondents were offered a \$50 Amazon gift card as an honorarium.

## **Results**

### **Regulations governing psychologists by continent**

The regulations governing psychologists in this study of 55 countries were compared

among continents, as shown in Figure 1. The continents with the highest proportions of countries with regulations governing psychologists were North America (US, Canada, and Jamaica, 100%) and Oceania (100%). The continents with the next highest proportions of countries with such regulations were Europe (97%), followed by Central and South America (66.6%), Africa (50%), and Asia (37.5%). In Europe, Bulgaria reported that there are no regulations in the EC's 2016 report, but Bulgaria regulates access to activities of psychologists in healthcare facilities within the national system of healthcare (European Commission, 2016). European countries had varying levels of legal and statutory regulations governing the practice of psychology and related professions in various subfields of psychology (Laireiter & Weise, 2019). Estonia has a law about the education level (occupational qualifications system and Professions Act, not a psychology law). In Germany, there is no law for psychology, but psychotherapy, which is considered separate, is regulated. Lithuania does not have a general law, but it has laws governing school psychology and medical psychology. In Europe, psychotherapy tends to be regulated as a separate profession (the EC 2016 report indicated it as a "related profession"), even if psychotherapy is primarily performed by psychiatrists and psychologists. In the United Kingdom (UK), psychotherapists are regulated entirely separately from psychologists, although the regulation for psychotherapists is not statutory.

Among the eight Asian countries who participated in this study, Japan, the Philippines, and Bangladesh were identified as having formal regulatory statutes governing the profession of psychologists. In contrast, South Korea, Nepal, Pakistan, Singapore, and Uzbekistan have no regulations yet. Of the four African countries who participated in this study, two (Ghana and Senegal) had regulations governing psychologists, and two (Nigeria and Tanzania) did not. However, at the time of completing this survey, it was reported that in Nigeria, the enactment of regulations for psychologists was in progress. Among the six



countries within Central and South America, the countries with regulations were Brazil, Colombia, Ecuador, and Guatemala, while Chile and Nicaragua had no regulations for psychologists.

**[Insert Figure 1]**

### **Categories of professions of psychologists regulated in 55 countries**

Of the 55 participating countries in this study, 45 (82%) had regulatory laws related to psychologists. Table 1 displays the three primary categories of psychologists: psychologist (general), clinical psychologist, and psychotherapist, as well as the other specializations of psychologists regulated within each country. The research confirmed that 30 (55%), 21 (38%), and 16 (29%) countries regulated the professions of psychologist (general), clinical psychologist, and psychotherapist, respectively. The countries without regulations governing psychologists were Nigeria, Nepal, Nicaragua, South Korea, Bulgaria, Singapore, Uzbekistan, Chile, Tanzania, and Pakistan. Other regulated specialized professions in the field of psychology are reported in detail in Table 1.

**[Insert Table 1]**

### **Categories of psychologists regulated within the countries**

The categories of regulated professions related to psychologists are shown in Figure 2. Among the 141 reported regulated professions in the field of psychology, psychologist (general) accounted for 21.3% (n = 30), which was the highest percentage among the licenses in the survey, followed by clinical psychologist (n = 21, 14.9%), psychotherapist (n = 16,

11.3%), health psychologist (n = 12, 8.5%), educational/developmental psychologist (n = 12, 8.5%), counseling psychologist (n = 8, 5.7%), organizational/industry psychologist (n = 8, 5.7%), forensic psychologist (n = 7, 5%), and neuropsychologist (n = 4, 2.8%).

**[Insert Figure 2]**

### **Types of regulations and qualification requirements in the psychologist categories**

#### ***Protected titles and reserved activities***

Protected titles (regulated through the use of professional titles protected by law) and reserved activities (activities that cannot be performed without a required qualification) are types of regulations (European Commission, 2016). Protected titles and reserved activities existed in 76% and 80% of all professions reported in the field of psychology, respectively (Table 2). As shown in Table 2, protected titles for psychologists (general) existed in 90% of the regulated professions in that category, while protected titles existed in 76% of the regulated professions under the clinical psychologist category. Protected titles existed in 69% of the psychotherapists and in 75% of the health psychologists. Additionally, 83% of the regulated psychologist (general) professions included reserved activities, compared with 86% for the clinical psychologist category, 69% for the psychotherapy category, and 83% for the health psychology category.

**[Insert Table 2]**

### **Education and training requirements**

#### ***Methods to obtain qualifications***

As for methods of education and training to obtain qualifications related to

psychology practice, 87% of all identified professions require that graduates have completed a master's degree program or post-master's training (Table 3). As shown in Table 3, regarding the methods for obtaining qualification as a psychologist (general), 74% of the professions mandated a master's degree or higher, while 22% required only a bachelor's degree, and 4% required doctoral degrees; likewise, in the case of clinical psychologists, 80% of the professions required master's degrees or higher. When only a bachelor's degree was required, in some cases, graduates are allowed full access to practice, whereas in other cases, graduates are given very limited permissions and only under supervision of a licensed specialist. Also, 100% of psychotherapist and health psychologist professions required a master's degree or higher.

**[Insert Table 3]**

#### ***Duration (years) of education and training***

The mean required durations of higher education (including postgraduate training) for the regulated professions are shown in Table 3. The overall mean required duration of education and training for regulated professions was 6.5 years (SD 1.6). The mean required duration of education and training for a psychologist (general) was 5.6 years (SD 1.4). The required duration varied between 4 and 10 years. For clinical psychologists, psychotherapists, and health psychologists, the mean durations were 7.4 years (SD 1.6), 7.8 years (SD 2.1), and 6.3 years (SD 1.1), respectively.

#### ***Traineeship (Internship)***

A mandatory traineeship was reported as a requirement in 95% of all regulated professions (Table 3). Similarly, a traineeship was required for 92% of the regulated professions under the psychologist (general) category. Additionally, 100% of the clinical

psychologist professions, 90% of the psychotherapist professions, and 83% of health psychologist professions reported the inclusion of a mandatory traineeship.

### ***Qualification examinations***

Twenty-five percent of the regulated professions had required qualification examinations (Table 3). Qualification examinations were required in 35%, 31%, 33%, and 18% of the regulated professions under the psychologist (general), clinical psychologist, psychotherapist, and health psychologist categories, respectively.

### **Additional requirements**

Mandatory registration with professional bodies was required in 61% of all regulated professions. Additionally, 71% of all professions required CPD, and 38% required professional indemnity insurance (Table 3). Under the psychologist (general) category, 54%, 55%, and 39% of the regulated professions required mandatory registration, CPD, and indemnity insurance, respectively. For the clinical psychologist category, 65%, 79%, and 53% of the regulated professions were reported to require registration, CPD, and indemnity insurance, respectively. Among the psychotherapist professions, 56%, 50%, and 50% required registration, CPD, and indemnity insurance, respectively. Not all countries were able to provide information about additional requirements.

## **Discussion**

This study examined worldwide legal regulations concerning psychologists, such as laws on professional training models and the professional status of psychologists. Of the 55 countries included in this study, 82% regulated professions in the field of psychology by law. Further, 76% of the countries were reported to protect titles for regulated professions, with

80% protecting reserved activities. These findings suggest that as national interests in providing mental health services increase, it is imperative to enact legislation on psychologists to provide quality mental health services to meet population needs and the public demand. Regarding professional titles, 55% of the participating countries regulated the general psychologist profession. However, regulations for subfields of psychology varied by country depending on nation-specific circumstances and needs. This study also confirmed that a master's degree or higher, with a mean higher education and training period of 5.6 years, is required for general psychologists. These results indicate that it is crucial to stipulate a certain level of verified education and training by law to develop and promote psychologists with standardized competency.

### **Regulations for psychologists**

According to this survey, 82% of the countries included in this study bestow legal qualifications related to psychologists. Moreover, 76% of all regulated professions examined in this survey were identified as having a protected title, while 80% were identified as having reserved activities for psychologists. ~~Importantly, findings suggest that the need for legal systems for psychologists is significantly high worldwide.~~

Regulating psychology is vital, both in general as well as in the contexts of natural disasters, climate change, racism, violence, and other important and relevant concerns facing society. For instance, European Union member states declared the following reasons for ongoing proposals to regulate the profession in the EC's 2016 survey: protecting of service users, securing the quality of services, protecting public health and patient safety, public safety, children's safety, and public policy (European Commission, 2016).

When considering the above issues as public health issues and upon adopting a corresponding approach, the above-listed reasons (i.e., public health and safety at all levels)

would hold true for specific contexts as well as overall. These contexts are distinguished by their global reach as well as their common effects on mental health; hence, the need to protect service provision increases. Also, there must be shared approaches to handling such issues. For example, being part of a regulated profession means that one can become a member of a professional community that adopts best practices and follows evidence-based practices to provide the best services available. It also means being held accountable for actions as a mental health service provider (as exemplified by guidelines or codes of ethics, etc.). Regulation might also provide the basis for insurance or state payment and provision of services by professionals. Given that in most countries, the health system is the main employer or user of psychological services, a regulatory system helps to determine the variables used for professional service payment, service availability, and service provision to the public. On these grounds, it can safely be assumed that a complete lack of regulation could potentially pose a great destabilizing threat (Karayianni, 2018).

The arguments supporting legal registration are not limited to a specific issue but concern providing the public with a level of assurance of basic training and competence of mental health professionals and providing a mechanism for complaints of harmful practice or unfitness for practice. To some extent, all professions are affected by these issues. However, we argue that psychology is in a special class requiring legal regulation because it is difficult for the public to judge competence in a highly specialized field. This is especially important as the profession has great potential to cause harm due to the nature of the work (e.g., harm of therapy/failure to manage risk) (Murphy, 2008). Theoretical complexity and variation in psychology add to the difficulty of identifying what is a good psychological service, creating an information vacuum that needs the intervention of governmental agencies to prevent abuse and deceitful practice.

### **Obstacles in implementation of regulations by continent**

As a result of the survey examining the regulations governing psychologists by continents, all countries in North America and Oceania had regulations related to psychologists, whose exclusivity in the related field was also being protected. Most of the European countries included in this survey legislated a related law on regulations for psychologists, and one country was in the process of preparing a bill for the regulation of psychologists. In Central and South America, 67% of the surveyed countries had applicable regulations in effect. However, many African and Asian countries had not yet established relevant legal regulations. These results showed that regulatory efforts to manage and allow people with verified requirements and qualifications as psychologists to be active in the field have been considerably progressing forward in many countries, including those of North America, Europe, and Oceania.

There are various impediments preventing some countries or continents from enacting laws regulating psychologist licenses. In the UK, there were important issues regarding the definition of a “psychologist” when the government attempted to enact regulations to govern “psychotherapists” and “counselors.” The plan was dropped because a working group was unable to clearly set the definitions and specify who should be included or excluded.

According to the 2016 report by the EC, some European countries do not have regulations for the psychology profession. For instance, Luxembourg did not intend to pass such legislation based on the idea that people, not the government, should determine the quality of psychology services and that a consensus could not be reached anyway. Still, some European countries are pushing forward with certain forms of regulation based on the EuroPsy criteria, including Luxembourg and Lithuania, while others, like Switzerland, have already enacted such a regulation. Another obstacle to note is the fact that existing professionals in the related fields, whether licensed or not, could potentially influence

political decisions and stymie legal or regulatory developments. It is important for new laws and regulations to be dealt with in a way that practitioners do not feel discriminated against or threatened, such as with the loss of rights.

Different countries may face varied circumstantial barriers to licensure for psychologists. For example, there may be few psychologists with limited resources; professional suppression from older allied professionals, such as those in the medical field, specifically psychiatry; national psychology associations' leadership not prioritizing or accomplishing the professionalization of psychology during their tenure (or terms); political apathy toward the development of the psychology profession; a lack of understanding of the role of psychologists; and training and competency gaps. Licensing is often the result of the social recognition of a profession, as much as an understanding of the need for public protection. It always results in a conflict of sorts with other professions or trades, including, but not limited to psychiatrists, clergy, or traditional counselors. Additionally, some legislatures or governments might think licensing creates a de facto trade union in an area that could affect the government's budget by forcing the provision of psychological services to a larger population.

### **Categories of professions for regulation**

This study found that 55% of the participating countries regulated the profession of general psychologist, while other countries created a variety of specialized professions in the field of psychology for regulation. These findings showed that the regulatory methods employed by each country are diverse and that regulations governing psychologists are heterogeneous, as differences are greatly affected by national contexts and needs. For example, some countries, like Norway, embrace both unification and specialization by working appropriately within the context of the country.



Extended debates continued on these issues of regulating psychologists' licensure as a psychologist or a specific category of psychologist, such as clinical psychologist or counseling psychologist. Regulations governing psychologists offer them a greater sense of their profession, the feeling of being one with their community, within which each expert practices in varying contexts according to respective competencies. This means that all fields of psychology are regulated under one umbrella, which explains the need to make a bachelor's degree in psychology in which students are exposed to all areas of psychology. This arrangement is similarly applied to other professions, such as medicine, pharmacy, and law.

On the other hand, having context- and content-specific areas named in the regulations could potentially offer greater safety for people receiving services. It would be easier to establish whether a psychologist is competent or suitable for the job in a given context. For instance, in the UK, the specific titles regulated for psychologists are sorted into professional categories based on practice areas, including clinical, counseling, educational, occupational, forensic, and sports psychology (Murphy, 2008). Additionally, the UK has separate standards of proficiency for each protected title, which also accredit training and evaluate the competence of foreign psychologists coming to the UK.

However, this has caused fragmentation of the profession in several cases and division between specializations that are considered "better" or more esteemed than others, leading to several negative consequences for the profession. This division has led to negative views on the profession as a whole, triggering mistrust from the public and government authorities and a devaluation of the profession. Still, identifying specializations can be useful where national regulation regarding health clearly differentiates the context, competencies, and experience needed to practice in a given area, such as an inpatient hospital.

### **Education and training requirements**

This survey showed that the most common education qualification required for psychologists is a master's degree (about 87%). At the moment, the UK (specifically for clinical psychologists) and the U.S. require at least a doctorate-level education (Rehm & DeMers 2006). However, in many European countries and Australia, undergraduate and master's-level training, which takes longer than 5 years combined, is the required basic level of education. In considering other regions of the world, some regulations of South American countries, for example, require a bachelor's degree.

The overall mean period of required education was around 6.5 years, while the actual length of the educational path to become a certified psychologist varies from 4 to 12 years, according to our study findings. Existing studies in neuropsychology also reported varying total length of education period by country, ranging from 3.5 to 11.5 years (Hokkanen et al., 2019). In particular, psychotherapists or clinical psychologists surveyed in this study must complete required training with a minimum education period of about 8 years and must hold at least a master's degree.

Minimum educational requirements vary for a number of reasons. However, minimum requirements should be closely associated with the types of activities that can be performed under the obtained license. While there is likely overlap in activities across education and training levels, it should be expected that with higher levels of training, more types of activities might be permitted and that the licensee might also engage in more specialized practice (Buckman et al., 2018). The varying levels of minimum educational requirements make it essential that the licensure process includes an assessment of the individual's competence to perform the activities covered by the license (Grus, 2019).

Additionally, minimum educational requirements are greatly influenced by national contexts. In Europe, for example, most authorities require practicing psychologists to have

been trained to the master's level (Van Broeck & Lietaer, 2008), and it has been noted that the EFPA and the EuroPsy have influenced the required level of education. Creating a homogeneous educational requirement level by asking certain countries to lower their standards, for instance, to meet global needs for mobility, is impossible. ~~However, nations seem to agree that a bachelor level education as the minimum requirement is insufficient as it strictly provides theoretical education.~~ While the majority of countries support postgraduate or two-year master's education plus supervised experience, there is no global consensus on the level of educational requirements for psychologists (Hall & Lunt, 2005).

### **Global-level competency for psychologists**

As psychologists continue to expand their professional activities across international boundaries, the need to develop a coherent and uniform international professional identity has increased. For years now, there has been an increasing need to formally describe the competencies required to become a psychologist and what it means to practice psychology competently (Hunsley et al., 2016), and this includes, since the Fifth International Congress on Licensure, Certification and Credentialing held in Stockholm in July 2013, efforts to identify and update benchmark competencies that can define professional psychology. Global-level competencies for psychologists are currently defined in the International Declaration of Core Competencies in Professional Psychology (IPCP, 2016). There are several benefits to defining the global competence of a psychologist. It can reduce differences between countries while also providing the expected standards by helping guide the education and training of psychologists. It can also promote national and international mobility while presenting an international model of psychology. Ultimately, this can help reduce confusion with other disciplines and strengthen the professional identity of psychologists (IPCP, 2016). The competencies detailed in the International Declaration are general and not “standard.”

Naturally, the expression, description, and application of universally recognized competencies may vary significantly by national and cultural context. Different regions worldwide have different national standards, such as methods for assessment of core competencies and credentialing organizations (Hall & Lunt, 2005). For instance, in some countries, including in North America, governmental agencies grant licensing and enforce standards upon receipt of complaints. Meanwhile, in other countries, such as South Africa, professional licensing and regulating responsibilities are delegated to and administered by professional societies. Therefore, it is advisable to develop regional translations of competencies related to specific educational and training requirements. Countries worldwide are still in the stage of developing country-specific standards for education and training or regulation of the profession. On the other hand, in certain regions of the United States, Canada, Europe, and Oceania, progress has been made on the definitions of education and training standards and global mobility (Hall & Lunt, 2005).

At the European level, there are the EuroPsy competencies (basic and specialist), and at the time of this study, the EFPA has established working groups to update these competencies in the next few years. The EuroPsy competencies could serve as sufficient models on which professional psychology can be based, especially in countries and continents where these are not clearly defined. The EFPA's EuroPsy has garnered interest in countries that are part of the EFPA but are not part of the European Union (e.g., Russia and Ukraine). In general, the EFPA is consistently working on supporting the development of regulation in its member associations and contributes to discussions on global-level competencies (e.g., previously on the establishment of the International Declaration).

The varying minimum educational requirements and types of activities that can be performed by a licensed psychologist present a significant challenge in the creation of a global competence level. The work of the International Project of Competences in

Psychology (IPCP) has been helpful in creating a shared understanding of the practice of psychology that could be helpful in establishing a mechanism for licensure mobility (IPCP, 2016, Rodolfa et al., 2014). Enabling greater mobility for psychologists globally could be helpful for addressing unmet mental health needs, particularly those arising from the COVID-19 pandemic. Finally, global organizations, projects, or synergies may consider the issue of common accreditation for psychologists, which may begin with regional or sub-regional structures and progress into a global one. Apart from an improvement in standards, this would promote interest in psychological science and improve the mobility of psychologists, especially among those in private practice.

The limitations of this survey should be addressed. First, the current survey and analysis were not designed and implemented as a comprehensive census of psychology practice regulation worldwide. Many countries not represented in this study also regulate the title of psychologist and the practice of psychology. Second, in the analysis of the duration of education and training, content depth and differences in the durations of bachelor's and master's programs were not taken into account even for the same degrees in each country. Finally, this study did not provide information about the comparability of competency standards among nations or regions. Nonetheless, this study provides a broad overview of the scope of legal and regulatory underpinnings of psychology practice around the world.

### **Conclusion**

This study examined legal regulations governing psychologists worldwide, such as regulations related to professional training models and the professional status of psychologists. Given a general overview of the worldwide legal status and training models discussed in this study, in most North American, European, and Oceanic countries, titles such as “psychologist” are already protected by laws and regulations, whereas in other countries,

the process of legal regulation of psychologists is still in its infancy. ~~There is a clear need for legal regulation of core requirements in basic education and training levels to set common global required competencies to protect public health and safety and provide quality mental health services.~~ Psychologists are already dealing with a new set of concerns about public protection in the expanding scope of psychology practice within the COVID-19 era. It is important to note that such roles and responsibilities of psychologists will gradually grow in the future. Although countries that lack relevant laws governing psychology as a profession have potential obstacles within disparate contexts, regulations for psychologists need to be viewed from a broader perspective with consideration of ongoing international efforts to facilitate improvements in public mental health.

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**Tables**

**Table 1**

*Categories of Professions Regulated in 55 Countries (N = 55)*

Countries		Regulated law	Psychologist (General)	Clinical psychologist	Psychotherapist	Other specialized psychologists	
		45	30	21	16		
Asia	1.	Bangladesh	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
	2.	Japan	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
	3.	Nepal				(not regulated)	
	4.	Pakistan				(not regulated)	
	5.	Philippines	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Psychometrician	
	6.	Singapore				(not regulated)	
	7.	South Korea				(not regulated)	
	8.	Uzbekistan				(not regulated)	
Africa	9.	Ghana	<input checked="" type="checkbox"/>			Industrial and organizational psychology	
	10.	Nigeria				(In progress)	
	11.	Senegal	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	Doctor in clinical psychology, school counselor	
	12.	Tanzania				(not regulated)	
Europe	13.	Austria <sup>a</sup>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Health psychologist, work & organizational psychologist
	14.	Belgium <sup>a</sup>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Clinical educationalists
	15.	Bulgaria <sup>a</sup>					Regulates access to activities of psychologists in healthcare facilities
	16.	Croatia <sup>a</sup>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
	17.	Cyprus <sup>a</sup>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Specialist psychologist (the five recognized areas: Clinical psychology, counseling psychology, school psychology, forensic psychology, industrial/organizational psychology)
	18.	Czech Republic <sup>a</sup>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Psychologist in healthcare, psychology consulting and diagnostics, transport psychologist, child clinical psychologist, psychotherapist (assistant behavior analyst, behavior analyst, and behavior technician)
	19.	Denmark <sup>a</sup>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			Authorized psychologist
	20.	Estonia <sup>a</sup>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		School psychologist, counseling psychologist, sport psychologist, clinical psychology specialisms (clinical psychologist–psychotherapist, clinical child psychologist, neuropsychologist, forensic psychologist)
	21.	Finland <sup>a</sup>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
	22.	France	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	Neuropsychologist
	23.	Germany <sup>a</sup>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	Psychological psychotherapist, child and adolescence psychotherapists

Countries		Regulated law	Psychologist (General)	Clinical psychologist	Psychotherapist	Other specialized psychologists	
	24.	Greece <sup>a</sup>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
	25.	Hungary <sup>a</sup>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Neuropsychological professional psychology, addiction specialist clinical psychology, applied psychological health psychology, psychotherapy (clinical psychology), children and youth specialist clinical psychology, adult mental health professional and clinical psychology
	26.	Iceland <sup>a</sup>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Specialist psychologists (in any recognized clinical field)
	27.	Ireland <sup>a</sup>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		Psychologist in sub-specialty areas (clinical, counseling, educational)
	28.	Italy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	Forensic psychologist
	29.	Latvia <sup>a</sup>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Six areas (Educational and school, work and organizational, clinical and health, forensic, counseling, military psychology)
	30.	Liechtenstein <sup>a</sup>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
	31.	Lithuania <sup>a</sup>	<input checked="" type="checkbox"/>				School psychologist, medical psychologist
	32.	Luxembourg <sup>a</sup>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
	33.	Macedonia	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			Psychologist (any license)
	34.	Malta <sup>a</sup>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Psychologist (10 areas of specialization: Clinical, counseling, educational, organizational/occupational, health, sports, forensic, academic, research, social psychology)
	35.	Netherlands <sup>a</sup>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Healthcare psychologist, clinical neuropsychologist
	36.	Norway	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			Psychology specialist
	37.	Poland	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Educational psychologist
	38.	Portugal <sup>a</sup>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
	39.	Romania <sup>a</sup>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	Child psychotherapist (teacher school psychologist)
	40.	Slovakia <sup>a</sup>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		Health psychologist, certificate in traffic and transport psychology, specialties in healthcare (clinical, consulting health psychology, occupational/organizational)
	41.	Slovenia <sup>a</sup>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		Health psychologist
	42.	Spain <sup>a</sup>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		General health psychologist
	43.	Sweden <sup>a</sup>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
44.	Switzerland <sup>a</sup>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
45.	United Kingdom	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		Counseling psychologist, educational psychologist, forensic psychologist, occupational psychologist, health psychologist, sport and exercise psychologist	
America	46.	Canada	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
	47.	United States	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
	48.	Jamaica	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
	49.	Brazil	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Teaching psychology, specialist (13 areas: Health, school/educational, organizational and work, traffic, juridical, sports, clinical, hospital, psychopedagogy, psychometricity, social, neuropsychology)
	50.	Chile					(not regulated)

Countries		Regulated law	Psychologist (General)	Clinical psychologist	Psychotherapist	Other specialized psychologists
	51.	Colombia	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
	52.	Ecuador	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Educational psychology
	53.	Guatemala	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Industrial organizational psychologist, educational psychologist, business psychology, family psychologist
	54.	Nicaragua				(not regulated)
Oceania	55.	Australia	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Counseling psychologist, educational and developmental psychologist, forensic psychologist, health psychologist, clinical neuropsychologist, community psychologist, sports psychologist

Note. <sup>a</sup> The regulated professions information of 27 countries was taken from the European Commission's Regulated Professions Report published in 2016 (European Commission, 2016). Mutual evaluation of regulated professions–Overview of the regulatory framework in the health services sector–Psychologists and related professions (Report GROW/E5). Retrieved from <https://ec.europa.eu/docsroom/documents/16683?locale=en>

**Table 2**

*Regulation of the Psychologist Categories in Terms of Protected Titles and Reserved Activities*

	Protected titles <sup>a</sup>	Reserved activities <sup>b</sup>
Psychologist (n=30)	27 (90%)	25 (83%)
Clinical psychologist (n=21)	16 (76%)	18 (86%)
Psychotherapist (n=16)	11 (69%)	11 (69%)
Health psychologist (n=12)	9 (75%)	10 (83%)
Educational/developmental psychologist (n=12)	7 (58%)	9 (75%)
Counseling psychologist (n=8)	4 (50%)	5 (63%)
Organizational/industrial psychologist (n=8)	6 (75%)	7 (88%)
Forensic psychologist (n=7)	6 (86%)	6 (86%)
Neuropsychologist (n=4)	4 (100%)	3 (75%)
Others (n=23)	19 (83%)	21 (91%)
Total (N=141)	109 (76%)	115 (80%)

Note. <sup>a</sup>Protected title: a professional title that is protected by law. <sup>b</sup>Reserved activities: activities that cannot be performed without a required qualification

**Table 3**

*Regulation of the Psychologist Categories in Terms of Education, Training, and Additional Requirements*

	Methods of qualification (n = 129)			Duration of higher education (years)	Traineeship (Internship)	Qualification examinations	Mandatory <sup>a</sup> registration	Continuous <sup>b</sup> professional development	Indemnity <sup>c</sup> insurance
	Bachelor	Bachelor + MA	Bachelor + Dr	M ± SD (Min–Max) (n = 131)	(n = 127)	(n = 108)	(n = 116)	(n = 116)	(n = 108)
Psychologist	6 (22%)	20 (74%)	1 (4%)	5.6 ± 1.4 (4–10)	24 (92%)	9 (35%)	13 (54%)	12 (55%)	9 (39%)
Clinical psychologist	1 (5%)	16 (80%)	3 (15%)	7.4 ± 1.6 (5–12)	20 (100%)	5 (31%)	11 (65%)	15 (79%)	9 (53%)
Psychotherapist	0	10 (100%)	0	7.8 ± 2.1 (5–11)	9 (90%)	3 (33%)	5 (56%)	3 (50%)	4 (50%)
Health psychologist	0	12 (100%)	0	6.3 ± 1.1 (5–8.5)	10 (83%)	2 (18%)	7 (64%)	9 (75%)	5 (50%)
Educational/developmental psychologist	2 (17%)	9 (75%)	1 (8%)	5.8 ± 1.0 (4–8)	12 (100%)	1 (9%)	5 (45%)	9 (75%)	3 (27%)
Counseling psychologist	1 (14%)	6 (86%)	0	6.3 ± 0.9 (4.5–8)	7 (100%)	1 (14%)	3 (43%)	5 (83%)	3 (50%)
Organizational/industrial psychologist	0	8 (100%)	0	6.1 ± 1.1 (5–8)	8 (100%)	2 (33%)	5 (71%)	7 (88%)	1 (17%)
Forensic psychologist	0	7 (100%)	0	6.3 ± 0.7 (6–8)	7 (100%)	2 (33%)	5 (71%)	6 (86%)	2 (33%)
Neuropsychologist	0	4 (100%)	0	8.1 ± 1.4 (6–10)	4 (100%)	0	4 (100%)	3 (75%)	1 (33%)
Others	2 (9%)	20 (91%)	0	6.7 ± 1.6 (4–11)	20 (95%)	2 (15%)	13 (68%)	13 (65%)	4 (22%)
Total	12 (9%)	112 (87%)	5 (4%)	6.5 ± 1.6 (4–12)	121 (95%)	27 (25%)	71 (61%)	82 (71%)	41 (38%)

Note. <sup>a</sup>Mandatory registration: registration with state regulatory bodies or competent authorities. <sup>b</sup>Continuous professional development: continuous training to develop the knowledge and competencies of professionals. <sup>c</sup>Indemnity insurance: arrangements that secure a practitioner's professional practice