

The definition of Medical Psychology (which is much more than psychopharmacology proficiency) is on our home page at www.amphome.org, and a link to another on Wikipedia.

The new specialty of Medical Psychology is complex and difficult for some to distinguish from other important specialties in psychology. In part, this is because it requires some of the most extensive training in both medicine and clinical populations in psychology of any specialty in psychology. The most distinguishing factors related to extensive medical and psychological and psychopharmacological training and supervision at a post-doctoral and post licensure level, and training that prepares the Medical Psychologist to function in (or as the required adjunct specialist to) the nation's hospitals, primary care centers, and affiliated facilities and to function in multi-disciplinary, collaborative, healthcare team treatment in Integrated Care Models and Facilities.

As you can see from our Board Certification requirements (ABMP Requirements) where we are similar is that training is post doctorate and post licensure. After that, we require a postgraduate master's degree in the biological and medical sciences and psychopharmacology (preferred) or an equivalent pre-approved CE program. Further, we require a Preceptorship or Post-Doctoral Residency under the supervision of a Medical Psychologist or Physician and it must be related to the evaluation of patients in hospitals or health facilities or patients that are being actively treated in health facilities. Further, we require that both a written and oral examination be completed at a satisfactory level.

Thus, the Medical Psychologist cannot just be a proficiency in Psychopharmacology, though they will be trained to do prescribing (LIII) or Consulting (LII) psychopharmacology as one minor component of their skill set and competency. There is some confusion in the files with a fringe group calling a Psychopharmacologist a Medical Psychologist. A Psychopharmacologist would have one of the necessary, but not sufficient skills to become a Medical Psychologist. The Medical Psychologist must also be capable of assessing and treating patients with medical disorders or co-occurring medical and psychological and/or substance abuse disorders, and with serious and persistent mental illnesses which may warrant them coming into regular interface with psychologists, physicians, and nurse practitioners in Primary Care Centers, Hospitals, Residential Care Centers, and Nursing Homes. Many patients needing interventions by specialists in Medical Psychology are complex cases with components of their comprehensive treatment plan requiring psychological interventions for behavioral aspects of medical disorders

(i.e. Juvenile onset diabetes, Coronary Heart Disease, Pain Management, Somatization Disorders, Hypertension, medical non-compliance problems, dementias and traumatic injury deficits, etc.). Others will need health facility and multi-disciplinary team input and specialized psychology assessment of severe and persistent or moderate mental disorders which merit independent treatment or which exacerbate physician illness. Others need diagnosis and treatment for substance use disorders directly and indirectly affecting physical health.

The Medical Psychologist must have skill sets in evaluating and treating patients with serious and persistently mentally ill (SMI) patients and in formulating psychological, family, and psychopharmacological treatments for these patients. Like psychopharmacology however, skill sets and proficiency in treating SMI patients, while necessary for the Medical Psychologist, would not be sufficient to qualify as a specialist in Medical Psychology.

Medical Psychologists are uniquely prepared for leadership and service in Integrated Care Systems where medical and psychological providers collaborate on complex diagnostic and treatment programs. The Medical Psychologist has the necessary psychological training, medical and basic science training, and special populations training to participate in treatment plans that require both medical and psychological knowledge, competencies, and language and communication and documentation systems. They are uniquely trained to head Behavioral Health and Substance Abuse components of Integrate Care Systems in the nation's hospitals, Primary Care Clinics, nursing homes and assisted living systems, and every graduate faculty in clinical psychology should have a Medical Psychologist. Increasingly, Medical Psychologists will need competencies and skill sets in healthcare law, they use of electronic records systems, telehealth, and evaluation of technodiagnostics such as EEGs, MRIs and CT scans, urine analysis for drug screening, and brief physical screening of patients using related technologies.