

---

## **Consultation on changes to the profession-specific standards of proficiency for practitioner psychologists**

### **Contents**

1. Introduction .....	2
2. About the Health and Care Professions Council .....	2
3. About the standards of proficiency .....	2
4. How we use the standards of proficiency .....	4
5. Reviewing the profession-specific standards of proficiency .....	6
6. Your response .....	7
Appendix: Draft standards of proficiency for practitioner psychologists.....	10

## **1. Introduction**

- 1.1 This document seeks the views of stakeholders on proposed changes to the profession-specific standards of proficiency for practitioner psychologists.
- 1.2 We are conducting our review of the profession-specific standards on a rolling basis by reviewing the standards of proficiency for groups of professions at a time. More information about the review process is set out below.
- 1.3 This consultation will be of interest to members of this profession, as well as relevant education providers, employers, professional bodies and those who use the services of practitioner psychologists.
- 1.4 The consultation will run from **Monday, 14 July 2014 to Friday, 17 October 2014**.

## **2. About the Health and Care Professions Council**

- 2.1 We are a regulator and were set up to protect the public. To do this, we keep a register of professionals who meet our standards for their professional skills and behaviour. Individuals on our Register are called 'registrants'.
- 2.2 We currently regulate 16 professions: arts therapists, biomedical scientists, chiropodists/podiatrists, clinical scientists, dietitians, hearing aid dispensers, occupational therapists, operating department practitioners, orthoptists, paramedics, physiotherapists, practitioner psychologists, prosthetists/orthotists, radiographers, social workers in England, and speech and language therapists.

## **3. About the standards of proficiency**

- 3.1 The standards of proficiency are the standards that we consider necessary for the safe and effective practice of each of the professions we regulate. They describe what professionals must know, understand and be able to do at the time they apply to join our Register.
- 3.2 The standards play an important role in public protection. When a professional applies for or renews their registration, or if concerns are raised about their competence while they are registered with us, we use the standards of proficiency to check whether they have the necessary knowledge and skills to be able to practise their profession safely and effectively.
- 3.3 Article 5(2)(a) of the Health and Social Work Professions Order 2001 (the Order) says that we must: "...establish the standards of proficiency necessary to be admitted to the different parts of the Register being the standards [the

Council] considers necessary for safe and effective practice under that part of the Register”.

- 3.4 This means that we must publish standards for each of the professions which are the ‘necessary’ or ‘minimum’ that we consider to be required for safe and effective practice.
- 3.5 There are separate standards of proficiency for each of the professions we regulate. The standards of proficiency complement our other standards as well as policies developed by employers and guidance produced by professional bodies.

### **Structure of the standards**

- 3.6 The standards of proficiency are divided into generic standards (which apply to all the professions) and standards specific to each of the professions regulated. The purpose of the generic standards is to recognise commonality across all the professions that we regulate. The purpose of the profession-specific standards is to set out additional standards for each profession relevant to the generic standard.
- 3.7 We consulted on changes to the generic standards of proficiency between July and October 2010.<sup>1</sup> The new generic standards have now been agreed by our Council and are not the subject of this consultation. Under the new structure, most of the standards of proficiency will be profession-specific, listed under the 15 new generic standards.

### **Order of the standards**

- 3.8 The standards of proficiency are not hierarchical and are all equally important in practice. When we were considering an appropriate order for the generic standards, we felt that there are certain standards—such as the requirement to ‘practise safely and effectively within their scope of practice’—that set the highest-level requirements for all registrants, and should logically be placed at the beginning of the list.
- 3.9 In considering the order of the profession-specific standards of proficiency, we have continued this approach by listing standards that are about more general principles first under the relevant generic standards, followed by standards that address more specific competencies.

### **Language used in the standards**

- 3.10 As mentioned above, the standards of proficiency are the minimum standards for safe and effective practice. This means that they have to be relevant and

---

<sup>1</sup> You can find more information about the consultation on our website here: [www.hcpc-uk.org/aboutus/consultations/closed/index.asp?id=110](http://www.hcpc-uk.org/aboutus/consultations/closed/index.asp?id=110)

applicable to prospective registrants applying to come on to the Register for the first time, as well as existing registrants and their practice.

- 3.11 The language used in the standards plays an important role in ensuring that they meet the above requirements. We intentionally use verbs such as ‘understand’, ‘know’ and ‘be able to’ rather than ‘must’.
- 3.12 For example: *be able to practise within the legal and ethical boundaries of their profession*. By using ‘be able to’ we can ensure that:
- the standard is applicable to prospective registrants - i.e. those who have not yet started practising and are applying to be registered for the first time; and
  - the standard is relevant and applicable to existing registrants. It could also be used in a fitness to practise case where a registrant’s conduct or competence was called in to question.
- 3.13 If we changed the wording of this standard, for example, to ‘registrants must practise within the legal and ethical boundaries of their profession’ it could no longer be met by prospective registrants who have not yet practised in their profession.
- 3.14 We write the standards in a way that means they are relevant to all registrants in a profession, regardless of their area of practice. We also use language that can take into account changes in the law, technology or working practices which might take place over time.
- 3.15 We have received some feedback to suggest that the language and terminology used in the profession-specific standards for some professions needs to be amended to better reflect the practice of those professions. We hope that the new draft standards will address these concerns.

## **4. How we use the standards of proficiency**

### **Approval of education programmes**

- 4.1 The primary role of the standards of proficiency is in articulating the skills, knowledge and abilities necessary to become registered for the first time.
- 4.2 We conduct approval visits to education providers to ensure that the programmes meet the standards. Our standards of education and training cover areas such as admissions, assessment and practice placements, and we approve programmes using these standards. A programme which meets the standards of education and training will also allow a student who successfully completes that programme to meet the standards of proficiency.

## **Registration and renewal**

- 4.3 The standards of proficiency play a central role in how someone becomes and remains registered with us.
- 4.4 Most applicants complete their study within the UK and apply for registration through our UK approved programme route. We assess all approved programmes to ensure that students who successfully complete them meet the standards of proficiency and are therefore eligible for registration.
- 4.5 International applications are also assessed against the standards of proficiency. Each application is considered by assessors from the relevant profession to determine whether the applicant's education, training and experience mean that they meet the standards.
- 4.6 Every time a registrant renews their registration, we ask them to sign a declaration to confirm that they continue to meet the standards of proficiency which apply to them.

## **Fitness to practise**

- 4.7 If a registrant's competence is called into question we may look at the standards of proficiency in deciding whether we need to take any action. This does not mean that we will take action if a registrant does not meet all of the standards, but we may use the standards to decide whether they are practising safely and effectively within their scope of practice.

## **Scope of practice**

- 4.8 As outlined above, when registrants renew their registration they must sign a declaration to state that they meet the standards which apply to them.
- 4.9 Once someone becomes registered, we recognise that their scope of practice may change. We define scope of practice as the area or areas of a registrant's profession in which they have the knowledge, skills and experience to practise lawfully, safely and effectively, in a way that meets our standards and does not pose any danger to the public or to them.
- 4.10 A registrant's scope of practice may change over time and we recognise that the practice of experienced registrants often becomes more focussed and specialised than that of newly registered colleagues. This might be because of specialisation in a particular area of practice or with a particular group, or a movement into roles in management, education or research.
- 4.11 A registrant's particular scope of practice may mean that they are unable to continue to demonstrate that they meet all of the standards of proficiency that apply for the whole of their profession. As long as they make sure that they are practising safely and effectively within their given scope of practice and do

not practise in the areas where they are not proficient to do so, this will not be a problem.

## **5. Reviewing the profession-specific standards of proficiency**

### **The review process**

- 5.1 We have invited the professional body for psychologists, the British Psychological Society, to review the standards of proficiency for the profession and tell us whether they considered any changes were necessary. We have carefully considered their comments and other feedback we have received on the standards and produced a proposed set of draft standards for the profession.
- 5.2 We are now publicly consulting on the draft standards to seek the view of all our stakeholders. After the consultation, we will use the responses we receive to decide if any further amendments are needed.
- 5.3 Once the final set of standards is approved they will be published. We will then work with education providers to implement the new standards after they are published.

### **Updating the profession-specific standards**

- 5.4 In the new structure of the standards of proficiency, most of the standards will be profession-specific. To set out the new draft standards for each profession in the new structure, we mapped all the current standards of proficiency for each profession under the relevant new generic standards. This consultation is not about changes to the approved generic standards, only the profession-specific standards for practitioner psychologists.
- 5.5 The changes to the standards proposed in each set of draft standards are to:
  - reflect current practice or changes in the scope of practice of each profession;
  - update the language where needed to ensure it is relevant to the practice of each profession and to reflect changes in current use of terminology;
  - reflect the standard content of pre-registration education programmes;
  - clarify the intention of existing standards; and
  - correct omissions or avoid duplication.
- 5.6 The review of the profession-specific standards is an opportunity to make sure the standards of proficiency are relevant to each profession. No relevant or useful standards will be lost, but the language used may change to ensure the standards are appropriate and applicable to individual professions. Where it is

appropriate to do so, we also aim to maintain as much consistency as possible in the standards between different professions. Our current standards of proficiency are available to download from our website: [www.hcpc-uk.org/aboutregistration/standards/standardsofproficiency/](http://www.hcpc-uk.org/aboutregistration/standards/standardsofproficiency/)

- 5.7 We are inviting our stakeholders to consider whether the changes we have suggested to the profession-specific standards of proficiency for practitioner psychologists are appropriate. In addition to the changes we have suggested there may be other areas we have not considered that need to be reflected in the standards.

## 6. Your response

### Consultation questions

- 6.1 We would welcome your response to our consultation and have listed some questions to help you. The questions are not designed to be exhaustive and we would welcome your comments on any related issue. Please provide reasons alongside your answers where possible.
- 6.2 The questions are listed below for your reference:
1. Do you think the standards are at a threshold level necessary for safe and effective practice?
  2. Do you think any additional standards are necessary?
  3. Do you think there are any standards which should be reworded or removed?
  4. Do you have any comments about the language used in the standards?
  5. Do you have any other comments on the standards?
- 6.3 As part of your consideration of the language used in the standards we would welcome your comments on two particular areas:
- The use of 'evidence-informed' throughout the standards. It has been suggested that this terminology better reflects the work of practitioner psychologists who work using established evidence-based interventions as well as using their professional judgement to utilise interventions for which there is less of a formal evidence base. We have used 'evidence-informed' to incorporate both of these approaches but we would welcome your comments on this issue.
  - The use of 'service user' and 'client' in the standards. The standards currently refer to 'service user' when a standard applies to all practitioner psychologists. We use the term 'service user' in a broad sense to refer anyone who uses or is affected by the services of registrants. Who service users are for a particular professional will depend on how and where they work and may also include people indirectly affected by a registrant's

practice, such as carers and relatives. However, we are aware that the term 'client' is more commonly used in psychological services, and this is currently reflected in most of the domain specific standards. While we do not want to unduly narrow the standards by using more specific terminology, we want to use terminology relevant to practitioner psychologists throughout the standards. As part of this consultation, we would welcome your comments on our use of terminology referring to those who use and are affected by the services of practitioner psychologists.

## **How to respond to the consultation**

6.4 You can respond to this consultation in the following ways.

- By completing our easy-to-use online survey:  
[www.research.net/s/standardsofproficiencyforpractitionerpsychologists](http://www.research.net/s/standardsofproficiencyforpractitionerpsychologists)
- By emailing us at: [consultation@hcpc-uk.org](mailto:consultation@hcpc-uk.org)
- By writing to us at the following address:

Consultation on changes to the profession-specific standards of  
proficiency for practitioner psychologists  
Policy and Standards Department  
Health and Care Professions Council  
Park House  
184 Kennington Park Road  
London  
SE11 4BU

6.5 We do not normally accept responses by telephone or in person. We normally ask that consultation responses are made in writing to ensure that we can accurately record what the respondent would like to say. However, if you are unable to respond in writing please contact us on +44 (0)20 7840 9815 to discuss any reasonable adjustments which would help you to respond.

6.6 Please complete the online survey or send us your response by **17 October 2014**. We look forward to receiving your comments.

**Please contact us to request a copy of this document in an alternative format, or in Welsh.**

6.7 Once the consultation period is completed, we will analyse the responses we have received. We will then publish a document which details the comments received and explains the decisions we have taken as a result. This will be available on our website.

6.8 If you would prefer your response not to be made public, please indicate this when you respond.

## Appendix: Draft standards of proficiency for practitioner psychologists

### Notes for interpretation

- Domain-specific standards are highlighted in **blue**.
- The generic standards of proficiency are not the subject of this consultation.
- The current standards of proficiency for practitioner psychologists are available to download and view for comparison at: [www.hcpc-uk.org/aboutregistration/standards/standardsofproficiency/](http://www.hcpc-uk.org/aboutregistration/standards/standardsofproficiency/)

New generic standard	New proposed profession-specific standards of proficiency
1. be able to practise safely and effectively within their scope of practice	1.1 know the limits of their practice and when to seek advice or refer to another professional
	1.2 recognise the need to manage their own workload and resources effectively and be able to practise accordingly
2. be able to practise within the legal and ethical boundaries of their profession	2.1 understand the need to act in the best interests of service users at all times
	2.2 understand what is required of them by the Health and Care Professions Council
	2.3 understand the need to respect and uphold the rights, dignity, values and autonomy of service users including their role in the diagnostic and therapeutic process and in maintaining health and wellbeing
	2.4 recognise that relationships with service users should be based on mutual respect and trust, and be able to maintain high standards of practice even in situations of personal incompatibility
	2.5 understand current legislation applicable to the work of their profession

	2.6	understand the importance of and be able to obtain informed consent
	2.7	be able to exercise a professional duty of care
	2.8	understand the complex ethical and legal issues of any form of dual relationship and the impact these may have on clients
	2.9	understand the power imbalance between practitioners and clients and how this can be managed appropriately
	2.10	be able to recognise appropriate boundaries and understand the dynamics of power relationships
	2.11	understand the organisational context for their practice as a practitioner psychologist
	2.12	be able to act ethically to balance the interests of the organisation with respect to individual and group rights and needs
3.	be able to maintain fitness to practise	
	3.1	understand the need to maintain high standards of personal and professional conduct
	3.2	understand the importance of maintaining their own health
	3.3	understand both the need to keep skills and knowledge up to date and the importance of career-long learning
	3.4	be able to manage the physical, psychological and emotional impact of their practice
4.	be able to practise as an autonomous	
	4.1	be able to assess a professional situation, determine the nature and severity of the problem and call upon the required knowledge and experience to deal with the problem

professional, exercising their own professional judgement	4.2	be able to make reasoned decisions to initiate, continue, modify or cease treatment, intervention or the use of techniques or procedures, and record the decisions and reasoning appropriately	
	4.3	be able to initiate resolution of problems and be able to exercise personal initiative	
	4.4	recognise that they are personally responsible for and must be able to justify their decisions	
	4.5	be able to make and receive appropriate referrals	
	4.6	understand the importance of participation in training, supervision and mentoring	
5.	be aware of the impact of culture, equality and diversity on practice	5.1	understand the impact of differences such as gender, sexuality, ethnicity, culture, religion and age on psychological wellbeing and behaviour
		5.2	understand the requirement to adapt practice to meet the needs of different groups and individuals
6.	be able to practise in a non-discriminatory manner		
7.	understand the importance of and be able to maintain confidentiality	7.1	be aware of the limits of the concept of confidentiality
		7.2	understand the principles of information governance and be aware of the safe and effective use of health, social care and other relevant information
		7.3	be able to recognise and respond appropriately to situations where it is necessary to share information to safeguard service users or the wider public
8.	be able to	8.1	be able to demonstrate effective and appropriate verbal and non-verbal skills in communicating

communicate effectively		information, advice, instruction and professional opinion to service users, colleagues and others
	8.2	be able to communicate in English to the standard equivalent to level 7 of the International English Language Testing System, with no element below 6.5 <sup>2</sup>
	8.3	understand how communication skills affect assessment of, and engagement with, service users and how the means of communication should be modified to address and take account of factors such as age, capacity, learning ability and physical ability
	8.4	be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others
	8.5	be aware of the characteristics and consequences of verbal and non-verbal communication and how this can be affected by factors such as age, culture, ethnicity, gender, socio-economic status and spiritual or religious beliefs
	8.6	understand the need to provide service users or people acting on their behalf with the information necessary to enable them to make informed decisions
	8.7	be able to select the appropriate means for communicating feedback to clients
	8.8	be able to provide psychological opinion and advice in formal settings, as appropriate
	8.9	be able to communicate ideas and conclusions clearly and effectively to specialist and non-specialist audiences

---

<sup>2</sup> The International English Language Testing System (IELTS) tests competence in the English language. Applicants who have qualified outside of the UK, whose first language is not English and who are not nationals of a country within the European Economic Area (EEA), must provide evidence that they have reached the necessary standard. Please visit our website for more information.

	8.10	be able to explain the nature and purpose of specific psychological techniques to clients
	8.11	be able to summarise and present complex ideas in an appropriate form
	8.12	understand the need to assist the communication needs of service users such as through the use of an appropriate interpreter, wherever possible
	8.13	recognise the need to use interpersonal skills to encourage the active participation of service users
	8.14	be able to use formulations to assist multi-professional communication and understanding
	8.15	understand explicit and implicit communications in a therapeutic relationship
	8.16	be able to appropriately define and contract work with commissioning clients or client representatives
		<b>Counselling psychologists only</b>
	8.17	understand how empathic understanding can be helped by creativity and artistry in the use of language and metaphor
9.		be able to work appropriately with others
	9.1	be able to work, where appropriate, in partnership with service users, other professionals, support staff and others
	9.2	understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team
	9.3	understand the need to engage service users and carers in planning and evaluating diagnostics, treatments and interventions to meet their needs and goals

	9.4	understand the need to implement interventions, care plans or management plans in partnership with clients, other professionals and carers
	9.5	be able to initiate, develop and end a client-practitioner relationship
	9.6	understand the dynamics present in relationships between clients and practitioners
	9.7	be able to contribute effectively to work undertaken as part of a multi-disciplinary team
	9.8	be able to plan, design and deliver teaching and training which takes into account the needs and goals of participants
	9.9	be able to support the learning of others in the application of psychological skills, knowledge, practices and procedures
	9.10	be able to use psychological formulations with clients to facilitate their understanding of their experience
10.	be able to maintain records appropriately	
	10.1	be able to keep accurate, comprehensive and comprehensible records in accordance with applicable legislation, protocols and guidelines
	10.2	recognise the need to manage records and all other information in accordance with applicable legislation, protocols and guidelines
11.	be able to reflect on and review practice	
	11.1	understand the value of reflection on practice and the need to record the outcome of such reflection
	11.2	recognise the value of case conferences or other methods of review

	11.3 be able to reflect critically on their practice and consider alternative ways of working
	11.4 understand models of supervision and their contribution to practice
	<b>Counselling psychologists only</b>
	11.5 be able to critically reflect on the use of self in the therapeutic process
12. be able to assure the quality of their practice	12.1 be able to engage in evidence-informed practice, evaluate practice systematically and participate in audit procedures
	12.2 be able to gather information, including qualitative and quantitative data, that helps to evaluate the responses of service users to their care or experience
	12.3 be aware of the role of audit and review in quality management, including quality control, quality assurance and the use of appropriate outcome measures
	12.4 be able to maintain an effective audit trail and work towards continual improvement
	12.5 be aware of, and able to participate in, quality assurance programmes, where appropriate
	12.6 be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with the service user
	12.7 be able to revise formulations in the light of ongoing intervention and when necessary reformulate the problem
	12.8 recognise the need to monitor and evaluate the quality of practice and the value of contributing to the generation of data for quality assurance and improvement programmes

	12.9 be able to monitor agreements and practices with clients, users, groups and organisations
13. understand the key concepts of the knowledge base relevant to their profession	13.1 understand the structure and function of the human body, together with knowledge of health, well-being, disease, disorder and dysfunction relevant to their domain.
	13.2 be aware of the principles and applications of scientific enquiry, including the evaluation of treatment effectiveness and the research process
	13.3 recognise the role of other professions and stakeholders relevant to the work of their domain
	13.4 understand the structures and functions of UK service providers applicable to the work of their domain
	13.5 understand the theoretical basis of, and the variety of approaches to, assessment and intervention
	13.6 understand the role of the practitioner psychologist across a range of settings and services
	13.7 understand the concept of leadership and its application to practice
	13.8 understand the application of consultation models to service-delivery and practice, including the role of leadership and group processes
	<b>Clinical psychologists only</b>
	13.9 understand theories and evidence concerning psychological development and psychological difficulties across the lifespan and their assessment and remediation
13.10 understand more than one evidence-informed model of formal psychological therapy	

	<p>13.11 understand psychological models related to how biological, sociological and circumstantial or life-event-related factors impinge on psychological processes to affect psychological wellbeing</p>
	<p>13.12 understand psychological models related to a range of presentations including:</p> <ul style="list-style-type: none"> <li>– clients with presentations from acute to enduring and mild to severe;</li> <li>– problems with biological or neuropsychological aspects; and</li> <li>– problems with mainly psychosocial factors including problems of coping, adaptation and resilience to adverse circumstances and life events, including bereavement and other chronic physical and mental health conditions</li> </ul>
	<p>13.13 understand psychological models related to clients:</p> <ul style="list-style-type: none"> <li>– from a range of social and cultural backgrounds;</li> <li>– of all ages;</li> <li>– across a range of intellectual functioning;</li> <li>– with significant levels of challenging behaviour;</li> <li>– with developmental learning disabilities and cognitive impairment;</li> <li>– with communication difficulties;</li> <li>– with substance misuse problems; and</li> <li>– with physical health problems</li> </ul>
	<p>13.14 understand psychological models related to working:</p> <ul style="list-style-type: none"> <li>– with individual clients, couples, families, carers, groups and at the organisational and community level; and</li> <li>– in a variety of settings including in-patient or other residential facilities with high-dependency needs, secondary health care and community or primary care</li> </ul>

	13.15 understand change and transition processes at the individual, group and organisational level
	13.16 understand social approaches such as those informed by community, critical and social constructivist perspectives
	13.17 understand the impact of psychopharmacological and other clinical interventions on psychological work with clients
	<b>Counselling psychologists only</b>
	13.18 understand the philosophical bases which underpin those psychological theories which are relevant to counselling psychology
	13.19 understand the philosophy, theory and practice of more than one model of psychological therapy
	13.20 understand psychological models related to a range of presentations including: <ul style="list-style-type: none"> <li>– clients with presentations from acute to enduring and mild to severe;</li> <li>– problems with biological or neuropsychological aspects; and</li> <li>– problems with mainly psychosocial factors including problems of coping, adaptation and resilience to adverse circumstances and life events, including bereavement and other chronic physical and mental health conditions</li> </ul>
	13.21 understand the therapeutic relationship and alliance as conceptualised by each model
	13.22 understand the spiritual and cultural traditions relevant to counselling psychology
	13.23 understand the primary philosophical paradigms that inform psychological theory with particular regard to their relevance to, and impact upon, the understanding of the subjectivity and inter-subjectivity of experience throughout human development

	13.24 understand theories of human cognitive, emotional, behavioural, social and physiological functioning relevant to counselling psychology
	13.25 understand different theories of lifespan development
	13.26 understand social and cultural contexts and the nature of relationships throughout the lifespan
	13.27 understand theories of psychopathology and of change
	13.28 understand the impact of psychopharmacology and other interventions on psychological work with clients
	<b>Educational psychologists only</b>
	13.29 understand the role of the educational psychologist across a range of school and community settings and services
	13.30 understand the educational and emotional factors that facilitate or impede the provision of effective learning
	13.31 understand psychological theories of, and research evidence in, child, adolescent and young adult development relevant to educational psychology
	13.32 understand the structures and systems of a wide range of settings in which education, health and care are delivered for children, adolescents and young adults, including child protection procedures
	13.33 understand psychological models related to the influence of school ethos and culture, educational curricula, communication systems, management and leadership styles on the cognitive, behavioural, emotional and social development of children, adolescents and young

	adults
13.34	understand psychological models of the factors that lead to underachievement, disaffection and social exclusion amongst vulnerable groups
13.35	understand theories and evidence underlying psychological intervention with children, adolescents, young adults, their parents / carers, and education and other professionals
13.36	understand psychological models related to the influence on development of children and adolescents from: <ul style="list-style-type: none"> <li>– family structures and processes;</li> <li>– cultural and community contexts; and</li> <li>– organisations and systems</li> </ul>
13.37	understand change and transition processes at the individual, group and organisational level
13.38	understand the theoretical basis of, and the variety of approaches to, consultation and assessment in educational psychology
	<b>Forensic psychologists only</b>
13.39	understand the application of psychology in the legal system
13.40	understand the application and integration of a range of theoretical perspectives on socially and individually damaging behaviours, including psychological, social and biological perspectives
13.41	understand psychological models related to a range of presentations including: <ul style="list-style-type: none"> <li>– clients with presentations from acute to enduring and mild to severe;</li> </ul>

	<ul style="list-style-type: none"> <li>– problems with biological or neuropsychological aspects; and</li> <li>– problems with mainly psychosocial factors including problems of coping, adaptation and resilience to adverse circumstances and life events, including bereavement and other chronic physical and mental health conditions</li> </ul>
	13.42 understand theory and its application to the provision of psychological therapies that focus on offenders and victims of offences
	13.43 understand effective assessment approaches with individuals presenting with individual and / or socially damaging behaviour
	13.44 understand the development of criminal and antisocial behaviour
	13.45 understand the psychological interventions related to different client groups including victims of offences, offenders, litigants, appellants and individuals seeking arbitration and mediation
	<b>Health psychologists only</b>
	13.46 understand context and perspectives in health psychology
	13.47 understand the epidemiology of health and illness
	13.48 understand: <ul style="list-style-type: none"> <li>– biological mechanisms of health and disease;</li> <li>– health-related cognitions and behaviour;</li> <li>– stress, health and illness;</li> <li>– individual differences in health and illness;</li> <li>– lifespan, gender and cross-cultural perspectives; and</li> </ul>

	<ul style="list-style-type: none"> <li>– long-term conditions and disability</li> </ul>
	13.49 understand applications of health psychology and professional issues
	13.50 understand healthcare in professional settings
	<p><b>Occupational psychologists only</b></p> <p>13.51 understand the following in occupational psychology:</p> <ul style="list-style-type: none"> <li>– human-machine interaction;</li> <li>– design of environments and work;</li> <li>– personnel selection and assessment;</li> <li>– performance appraisal and career development;</li> <li>– counselling and personal development;</li> <li>– training;</li> <li>– employee relations and motivation; and</li> <li>– organisational development and change</li> </ul>
	<p><b>Sport and exercise psychology</b></p> <p>13.52 understand cognitive processes, including motor skills, practice skills, learning and perception, and self-regulation</p>
	<p>13.53 understand psychological skills such as:</p> <ul style="list-style-type: none"> <li>– goal setting;</li> <li>– self-talk;</li> <li>– imagery;</li> </ul>

	<ul style="list-style-type: none"> <li>– pre-performance routines;</li> <li>– arousal control, such as relaxation and activation; and</li> <li>– strategies for stress and emotion management</li> </ul>
	<p>13.54 understand exercise and physical activity including:</p> <ul style="list-style-type: none"> <li>– determinants, such as motives, barriers and adherence;</li> <li>– outcomes in relation to affect, such as mood and emotion;</li> <li>– cognition and mental health issues, such as self-esteem, eating disorders, depression and exercise dependence;</li> <li>– lifestyle and quality of life; and</li> <li>– injury</li> </ul>
	<p>13.55 understand individual differences including:</p> <ul style="list-style-type: none"> <li>– mental toughness, hardiness and resilience;</li> <li>– personality;</li> <li>– confidence;</li> <li>– motivation;</li> <li>– self-concept and self-esteem; and</li> <li>– stress and coping</li> </ul>
	<p>13.56 understand social processes within sport exercise psychology including:</p> <ul style="list-style-type: none"> <li>– interpersonal skills and relationships;</li> <li>– group dynamics and functioning;</li> <li>– organisational issues; and</li> </ul>

		– leadership
		13.57 understand the impact of developmental processes, including lifespan issues and processes related to career transitions and termination
14.	be able to draw on appropriate knowledge and skills to inform practice	<p>14.1 be able to apply psychology across a variety of different contexts using a range of evidence-informed and theoretical models, frameworks and psychological paradigms</p> <p>14.2 be able to adapt practice as needed to take account of new developments or changing contexts</p> <p>14.3 be able to conduct appropriate diagnostic or monitoring procedures, treatment, interventions, therapy or other actions safely and effectively</p> <p>14.4 be able to conduct consultancy</p> <p>14.5 be able to formulate specific and appropriate management plans including the setting of timescales</p> <p>14.6 be able to manage resources to meet timescales and agreed project objectives</p> <p>14.7 be able to use psychological formulations to plan appropriate interventions that take the client's perspective into account</p> <p>14.8 be able to direct the implementation of applications and interventions carried out by others</p> <p>14.9 be able to gather appropriate information</p> <p>14.10 be able to make informed judgements on complex issues in the absence of complete information</p> <p>14.11 be able to work effectively whilst holding alternative competing explanations in mind</p>

	14.12 be able to generalise and synthesise prior knowledge and experience in order to apply them critically and creatively in different settings and novel situations
	14.13 be able to select and use appropriate assessment techniques
	14.14 be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment
	14.15 be able to choose and use a broad range of psychological assessment methods, appropriate to the client, environment and the type of intervention likely to be required
	14.16 be able to decide how to assess, formulate and intervene psychologically from a range of possible models and modes of intervention with clients and / or service systems
	14.17 be able to use formal assessment procedures, systematic interviewing procedures and other structured methods of assessment relevant to their domain
	14.18 be able to undertake or arrange investigations as appropriate
	14.19 be able to analyse and critically evaluate the information collected
	14.20 be able to critically evaluate risks and their implications
	14.21 be able to demonstrate a logical and systematic approach to problem solving
	14.22 be able to use research, reasoning and problem solving skills to determine appropriate actions
	14.23 be able to recognise when further intervention is inappropriate, or unlikely to be helpful
	14.24 recognise the value of research to the critical evaluation of practice

14.25	be aware of a range of research methodologies
14.26	be able to evaluate research and other evidence to inform their own practice
14.27	be able to initiate, design, develop, conduct and critically evaluate psychological research
14.28	understand a variety of research designs
14.29	be able to understand and use applicable techniques for research and academic enquiry, including qualitative and quantitative approaches
14.30	be able to use professional and research skills in work with clients based on a scientist-practitioner and reflective-practitioner model that incorporates a cycle of assessment, formulation, intervention and evaluation
14.31	understand research ethics and be able to apply them
14.32	be able to conduct service and large scale evaluations
14.33	be able to use information and communication technologies appropriate to their practice
<b>Clinical psychologists only</b>	
14.34	be able to assess social context and organisational characteristics
14.35	be able to develop psychological formulations using the outcomes of assessment, drawing on theory, research and explanatory models
14.36	be able to identify, review and critically appraise a substantial body of research evidence relevant to clinical psychology practice

	14.37 be able to draw on knowledge of development, social and neuropsychological processes across the lifespan to facilitate adaptability and change in individuals, groups, families, organisations and communities
	14.38 understand therapeutic techniques and processes as applied when working with a range of individuals in distress including those who experience difficulties related to anxiety, mood, adjustment to adverse circumstances or life-events, eating, psychosis, use of substances, and those with somatoform, psychosexual, developmental, personality, cognitive and neurological presentations
	14.39 be able, on the basis of psychological formulation, to implement psychological therapy or other interventions appropriate to the presenting problem and to the psychological and social circumstances of the client
	14.40 be able to implement therapeutic interventions based on a range of evidence-informed models of formal psychological therapy, including the use of cognitive behavioural therapy
	14.41 be able to promote awareness of the actual and potential contribution of psychological services
	14.42 be able to evaluate and respond to organisational and service delivery changes, including the provision of consultation
	<b>Counselling psychologists only</b>
	14.43 be able to contrast, compare and critically evaluate a range of models of therapy
	14.44 be able to draw on knowledge of development, social and neuropsychological processes across the lifespan to facilitate adaptability and change in individuals, groups, families, organisations and communities

	14.45 be able to critically evaluate theories of mind and personality
	14.46 understand therapy through their own life-experience
	14.47 be able to adapt practice to take account of the nature of relationships throughout the lifespan
	14.48 be able to formulate clients' concerns within the chosen therapeutic models
	14.49 be able to critically evaluate psychopharmacology and its effects from research and practice
	14.50 be able to critically evaluate theories of psychopathology and change
	14.51 be able to integrate and implement therapeutic approaches based on a range of evidence-informed psychological interventions
	14.52 be able to promote awareness of the actual and potential contribution of psychological services
	14.53 be able to evaluate and respond to organisational and service delivery changes, including the provision of consultation
	<b>Educational psychologists only</b>
	14.54 be able to develop psychological formulations using the outcomes of assessment, drawing on theory, research and explanatory models
	14.55 be able to carry out and analyse large-scale data gathering, including questionnaire surveys
	14.56 be able to work with key partners to support the design, implementation, conduct, evaluation and dissemination of research activities and to support evidence-informed research
	14.57 be able to formulate interventions that focus on applying knowledge, skills and expertise to

	support local and national initiatives
14.58	be able to develop and apply effective interventions to promote psychological wellbeing, social, emotional and behavioural development and to raise educational standards
14.59	be able to implement interventions and plans through and with other professions and / or with parents / carers
14.60	be able to adopt a proactive and preventative approach in order to promote the psychological wellbeing of clients
14.61	be able to choose and use a broad range of psychological interventions, appropriate to the client's needs and settings
14.62	be able to integrate and implement therapeutic approaches based on a range of evidence-informed psychological interventions
14.63	be able to promote awareness of the actual and potential contribution of psychological services
	<b>Forensic psychologists only</b>
14.64	be able to plan and design training and development programmes
14.65	be able to plan and implement assessment procedures for training programmes
14.66	be able to promote awareness of the actual and potential contribution of psychological services
14.67	be able to assess social context and organisational characteristics
14.68	be able to research and develop psychological methods, concepts, models, theories and

	instruments in forensic psychology
14.69	be able to evaluate and respond to organisational and service delivery changes, including the provision of consultation
14.70	be able to draw on knowledge of developmental and social changes and constraints across an individual's lifespan to facilitate adaptability and change
14.71	be able to implement interventions and care-plans through and with other professionals who form part of the service user care-team
14.72	be able, on the basis of empirically derived psychological formulation, to implement psychological therapy or other interventions appropriate to the presenting maladaptive and / or socially damaging behaviour of the client
14.73	be able to integrate and implement evidence-informed psychological therapy at either an individual or group level
	<b>Health psychologists only</b>
14.74	be able to plan and implement assessment procedures for training programmes
14.75	be able to develop appropriate psychological assessments based on appraisal of the influence of the social and environmental context
14.76	be able to develop psychological formulations using the outcomes of assessment, drawing on theory, research and explanatory models
14.77	be able to carry out and analyse large-scale data gathering, including questionnaire surveys
14.78	be able to draw on knowledge of developmental, social and biological processes across the

	lifespan to facilitate adaptability and change in individuals, groups, families, organisations and communities
	14.79 be able to contrast, compare and critically evaluate a range of models of behaviour change
	14.80 understand techniques and processes as applied when working with different individuals who experience difficulties
	14.81 be able to develop and apply effective interventions to promote psychological wellbeing, social, emotional and behavioural development and to raise educational standards
	14.82 be able to evaluate and respond to change in health psychology and in consultancy and service-delivery contexts
	14.83 be able, on the basis of psychological formulation, to implement psychological therapy or other interventions appropriate to the presenting problem, and to the psychological and social circumstances of the client
	14.84 be able to integrate and implement therapeutic approaches based on a range of evidence-informed psychological interventions
	14.85 be able to choose and use a broad range of psychological interventions, appropriate to the client's needs and settings
	<b>Occupational psychologists only</b>
	14.86 be able to assess individuals, groups and organisations in detail
	14.87 be able to use the consultancy cycle
	14.88 be able to research and develop psychological methods, concepts, models, theories and

		instruments in occupational psychology
		14.89 be able to use psychological theory to guide research solutions for the benefit of organisations and individuals
		14.90 understand and be able to act and provide advice on policy development concerning employees' and job seekers' rights
		14.91 be able to run, direct, train and monitor others in the effective implementation of an application
		<b>Sport and exercise psychologists only</b>
		14.92 be able to assess social context and organisational characteristics
		14.93 be able to develop psychological formulations using the outcomes of assessment, drawing on theory, research and explanatory models
		14.94 be able to formulate clients' concerns within the chosen intervention models
15.	understand the need to establish and maintain a safe practice environment	15.1 understand the need to maintain the safety of both service users and those involved in their care or experience
		15.2 be aware of applicable health and safety legislation, and any relevant safety policies and procedures in force at the workplace, such as incident reporting, and be able to act in accordance with these
		15.3 be able to establish safe environments for practice, which minimise risks to service users, those treating them and others
		<b>Sport and exercise psychologists only</b>

	15.4 be aware of the possible physical risks associated with certain sport and exercise contexts
--	--