

Education and Training Committee, 20 May 2009

Practitioner psychologists – Standards of proficiency

Executive summary and recommendations

Introduction

The Standards of proficiency are the threshold standards necessary for safe and effective practice.

A consultation was held between 9 November 2007 and 8 February 2008 on draft Standards of proficiency for practitioner psychologists.

This paper presents the Committee with Standards of proficiency and a document outlining the decisions made following the consultation.

The Standards were discussed at the Committee's meeting on 25 March 2009. It was agreed that the paper would be reconsidered at this meeting of the Committee.

A verbal summary of the Committee's discussion and recommendations to the Council will be provided to the Council meeting on 20 May.

Decision

The Committee is invited to:

- discuss the consultation responses document and draft Standards of proficiency; and
- recommend the text of the consultation responses document and Standards of proficiency to Council.

Background information

Consultation document on proposed standards of proficiency for practitioner psychologists:

http://www.hpc-uk.org/assets/documents/10002004education_and_training_committee_20071204_enclosure11.pdf

Resource implications

None

Financial implications

Printing of the Standards of proficiency once the publication process has been completed.

Appendices

- Appendix 1: Background paper
- Appendix 2: Consultation responses on the generic standards

Date of paper

29 April 2009

Date	Ver.	Dept/Cmt	Doc Type	Title	Status	Int. Aud.
2008-09-11	a	POL	PPR	Student FtP draft ethical guidance cover paper	Draft DD: None	Internal RD: None

Registrant practitioner psychologists must:

Ref	Standard
	Professional autonomy and accountability
1a.1	<p>be able to practise within the legal and ethical boundaries of their profession</p> <ul style="list-style-type: none"> - understand the need to act in the best interests of service users at all times - understand what is required of them by the Health Professions Council - understand the need to respect, and so far as possible uphold, the rights, dignity, values and autonomy of every service user including their role in the diagnostic and therapeutic process and in maintaining health and wellbeing - be aware of current UK legislation applicable to the work of their profession
	<i>- understand the complex ethical and legal issues of any form of dual relationship and the impact these may have on clients</i>
CP, CoP, EP and FP	<i>- understand the power imbalance between practitioners and clients [replace 'clients' with 'service users' for EP] and how this can be managed appropriately</i>
CoP	<i>- be able to recognise appropriate boundaries and understand the dynamics of power</i>
HP and SEP	<i>- understand the power imbalance between practitioners and clients and how this can be minimised</i>
OP	<i>- be able to act ethically to balance the interests of the organisation with respect to individual rights</i>
1a.2	be able to practise in a non-discriminatory manner
1a.3	understand the importance of and be able to maintain confidentiality
1a.4	understand the importance of and be able to obtain informed consent
1a.5	be able to exercise a professional duty of care
1a.6	<p>be able to practise as an autonomous professional, exercising their own professional judgement</p> <ul style="list-style-type: none"> - be able to assess a situation, determine the nature and severity of the problem and call upon the required knowledge and experience to deal with the problem - be able to initiate resolution of problems and be able to exercise personal initiative - know the limits of their practice and when to seek advice or refer to another professional

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	- recognise that they are personally responsible for and must be able to justify their decisions
1a.7	recognise the need for effective self-management of workload and resources and be able to practise accordingly
1a.8	understand the obligation to maintain fitness to practise - understand the need to practise safely and effectively within their scope of practice - understand the need to maintain high standards of personal conduct - understand the importance of maintaining their own health - understand both the need to keep skills and knowledge up to date and the importance of career-long learning
	- <i>be able to manage the physical, psychological and emotional impact of their practice</i>

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	Professional relationships
1b.1	<p>be able to work, where appropriate, in partnership with other professionals, support staff, service users and their relatives and carers</p> <ul style="list-style-type: none"> - understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team - understand the need to engage service users and carers in planning and evaluating diagnostics, treatments and interventions to meet their needs and goals - be able to make appropriate referrals
CP and CoP	<i>- understand the dynamics present in therapeutic and other relationships</i>
CP	<i>- be able to understand therapy from the perspective of the client</i>
HP	<i>- understand the dynamics present in health professional – client relationships</i>
OP	<i>- understand the contractual relationship with clients</i>
SEP	<i>- understand the dynamics present in dealing with clients and their environment</i>
1b.2	be able to contribute effectively to work undertaken as part of a multi-disciplinary team
1b.3	<p>be able to demonstrate effective and appropriate skills in communicating information, advice, instruction and professional opinion to colleagues, service users, their relatives and carers</p> <ul style="list-style-type: none"> - 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 - understand how communication skills affect the assessment of service users and how the means of communication should be modified to address and take account of factors such as age, physical ability and learning ability - be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others - be aware of the characteristics and consequences of non-verbal communication and how this can be affected by culture, age, ethnicity, gender, religious beliefs and socio-economic status - understand the need to provide service users (or people acting on their behalf) with the information necessary to enable them to make informed decisions - understand the need to use an appropriate interpreter to assist service users whose first language is not English,

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	<p>wherever possible</p> <ul style="list-style-type: none"> - recognise that relationships with service users should be based on mutual respect and trust, and be able to maintain high standards of care even in situations of personal incompatibility
	<ul style="list-style-type: none"> - <i>be able to select the appropriate means for communicating feedback to clients</i> - <i>be able to provide psychological opinion and advice in formal settings, as appropriate</i> - <i>be able to communicate ideas and conclusions clearly and effectively to specialist and non-specialist audiences</i> - <i>be able to explain the nature and purpose of specific psychological techniques to clients</i> - <i>be able to summarise and present complex ideas in an appropriate form</i>
CP, EP, FP, HP and SEP	<ul style="list-style-type: none"> - <i>be able to plan, design and deliver teaching and training which takes into account the needs and goals of the participants</i>
CP, EP, FP, HP and SEP	<ul style="list-style-type: none"> - <i>be able to support the learning of others in the application of psychological skills, knowledge, practices and procedures</i>
CP and CoP	<ul style="list-style-type: none"> - <i>understand explicit and implicit communications in a therapeutic relationship</i>
CoP	<ul style="list-style-type: none"> - <i>understand how empathic understanding can be helped by creativity and artistry in the use of language and metaphor</i>
FP and HP	<ul style="list-style-type: none"> - <i>be able to plan and implement assessment procedures for training programmes</i>
FP	<ul style="list-style-type: none"> - <i>be able to plan and design development programmes</i> - <i>be able to promote awareness of the actual and potential contribution of psychological services</i>
OP	<ul style="list-style-type: none"> - <i>be able to promote psychological principles, practices, services and benefits</i>
1b.4	<p>Understand the need for effective communication throughout the care of the service user</p> <ul style="list-style-type: none"> - recognise the need to use interpersonal skills to encourage the active participation of service users
	<ul style="list-style-type: none"> - <i>be able to initiate, develop and end a client-practitioner relationship</i>
OP	<ul style="list-style-type: none"> - <i>be able to appropriately define and contract the work with commissioning clients or client representatives</i>

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	Identification and assessment of health and social care needs
2a.1	be able to gather appropriate information
2a.2	be able to select and use appropriate assessment techniques - be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment
	<i>- 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</i>
CP, FP, HP, OP and SEP	<i>- be able to use formal assessment procedures (standardised psychometric instruments) [reference to psychometric instruments not for OP], systematic interviewing procedures and other structured methods of assessment</i>
CP, FP & SEP	<i>- be able to assess social context and organisational characteristics</i>
CoP	<i>- be able to conduct psychological assessments and make formulations of a range of presentations - be able to reflect critically on their practice and consider alternative ways of working</i>
EP	<i>- be able to critically evaluate the need for, and be competent in, a range of methods that contribute to the psychological assessments and inform the interventions</i>
HP	<i>- be able to develop appropriate psychological assessments based on appraisal of the influence of the social and/or environmental context</i>
OP	<i>- be able to assess individuals, groups and organisations in detail - be able to use the consultancy cycle</i>
2a.3	be able to undertake or arrange investigations as appropriate
2a.4	be able to analyse and critically evaluate the information collected
CP, EP, HP and SEP	<i>- be able to develop psychological formulations using the outcomes of assessment, drawing on theory, research and explanatory models</i>
CP, FP, HP and SEP	<i>- be able to conduct risk assessment</i>
CoP and EP	<i>- be able to critically evaluate risks and their implications</i>
CoP	<i>- understand the use and interpretation of tests and other assessment procedures</i>

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	Formulation and delivery of plans and strategies for meeting health and social care needs
2b.1	<p>be able to use research, reasoning and problem solving skills to determine appropriate actions</p> <ul style="list-style-type: none"> - recognise the value of research to the critical evaluation of practice - be able to engage in evidence-based practice, evaluate practice systematically, and participate in audit procedures - be aware of a range of research methodologies - be able to demonstrate a logical and systematic approach to problem solving - be able to evaluate research and other evidence to inform their own practice
	<ul style="list-style-type: none"> - <i>be able to initiate, design, develop and conduct psychological research</i> - <i>understand a variety of research designs</i> - <i>be able to understand and use applicable techniques for research and academic enquiry, including qualitative and quantitative approaches</i> - <i>understand research ethics and be able to apply them</i>
CP, CoP, FP, HP and SEP	<ul style="list-style-type: none"> - <i>be able to conduct service evaluations</i>
CP	<ul style="list-style-type: none"> - <i>be able to identify, review and critically appraise a substantial body of research evidence relevant to clinical psychology practice</i>
CoP	<ul style="list-style-type: none"> - <i>be able to design, conduct, critically evaluate and report on research</i>
EP and HP	<ul style="list-style-type: none"> - <i>be able to carry out and analyse large scale data gathering including questionnaire surveys</i>
EP	<ul style="list-style-type: none"> - <i>be able to work with key role partners to support the design, implementation, conduct, evaluation and dissemination of research activities and to support evidence-based research</i>
FP	<ul style="list-style-type: none"> - <i>be able to research and develop psychological methods, concepts, models, theories and instruments in forensic psychology</i>
OP	<ul style="list-style-type: none"> - <i>be able to conduct systematic review</i> - <i>be able to research and develop psychological methods, concepts, models, theories and instruments in occupational psychology</i> - <i>be able to use psychological theory to guide research solutions for the benefit of organisations and individuals</i>

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2b.2	<p>be able to draw on appropriate knowledge and skills in order to make professional judgements</p> <ul style="list-style-type: none"> - be able to change their practice as needed to take account of new developments - be able to demonstrate a level of skill in the use of information technology appropriate to their practice
	<ul style="list-style-type: none"> - <i>be able to apply psychology across a variety of different contexts using a range of evidence-based and theoretical models, frameworks, and psychological paradigms</i> - <i>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</i> - <i>be able to make informed judgements on complex issues in the absence of complete information</i> - <i>be able to work effectively whilst holding alternative competing explanations in mind</i> - <i>be able to recognise when (further) intervention is inappropriate, or unlikely to be helpful</i> - <i>be able to generalise and synthesise prior knowledge and experience in order to apply them critically and creatively in different settings and novel situations</i> - <i>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</i>
CP	<ul style="list-style-type: none"> - <i>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</i> - <i>understand therapeutic techniques and processes as applied when working with a range of different 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</i>
CoP	<ul style="list-style-type: none"> - <i>be able to contrast, compare and critically evaluate a range of models of therapy</i> - <i>be able to critically evaluate theories of mind and personality</i> - <i>understand therapy through their own life experience</i> - <i>be able to adapt practice to take account of the nature of relationships throughout the lifespan</i> - <i>be able to formulate clients' concerns within the chosen therapeutic models</i> - <i>be able to critically evaluate psychopharmacology and its effects from research and practice</i> - <i>be able to critically evaluate theories of psychopathology and change</i>
EP	<ul style="list-style-type: none"> - <i>be able to formulate interventions that focus on applying knowledge, skills and expertise to support local and national initiatives</i> - <i>be able to develop and apply effective interventions to promote psychological well-being, social, emotional and</i>

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	<i>behavioural development and to raise educational standards</i>
FP	<ul style="list-style-type: none"> - <i>be able to evaluate and respond to organisational and service delivery changes, including the provision of consultation</i> - <i>be able to draw on knowledge of developmental and social changes and constraints across an individual's lifespan to facilitate adaptability and change</i>
HP	<ul style="list-style-type: none"> - <i>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</i> - <i>be able to contrast, compare and critically evaluate a range of models of behaviour change</i> - <i>understand techniques and processes as applied when working with different individuals who experience difficulties</i> - <i>be able to develop and apply effective interventions to promote psychological well-being, social, emotional and behavioural development and to raise educational standards</i> - <i>be able to evaluate and respond to change in health psychology and in consultancy and service delivery contexts</i>
OP	- <i>understand and be able to act and provide advice on policy development concerning employees and job seekers legal rights</i>
SEP	- <i>be able to formulate clients' concerns within the chosen intervention models</i>
2b.3	<p>be able to formulate specific and appropriate management plans including the setting of timescales</p> <ul style="list-style-type: none"> - understand the requirement to adapt practice to meet the needs of different groups distinguished by, for example, physical, psychological, environmental, cultural or socio-economic factors
CP, FP, HP and SEP	- <i>be able to use psychological formulations to plan appropriate interventions that take the client's perspective into account</i>
CP, FP, HP and SEP	- <i>be able to use psychological formulations with clients to facilitate their understanding of their experience</i>
CP, EP and FP	- <i>be able to use formulations to assist multi-professional communication and the understanding of clients and their care [replace 'understanding of clients and their care' with 'understanding of service users, their development and learning' for EP only]</i>
CP	- <i>understand the need to implement interventions and care plans in partnership with clients, other professionals and carers</i>
CoP	- <i>be able to formulate clients' concerns within the specifically chosen therapeutic model</i>

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EP	- understand the need to implement interventions and plans in partnership with service users, other professionals and parents/carers
FP	- understand the need to adapt and to implement interventions and care plans in partnership with clients, other professionals and carers
HP	- understand the need to implement interventions and action plans in partnership with clients, groups and other professionals and carers
OP and SEP	- be able to manage resources to meet timescales and agreed project objectives
2b.4	be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely and skilfully
	- understand the need to maintain the safety of both service users and those involved in their care
	- be able to conduct consultancy
CP, CoP, and HP	- 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
CP	- understand the need to and be able to implement interventions and care plans through and with other professionals and/ or with individuals who are formal (professional) carers for a client, or who care for a client by virtue of family or partnership arrangements - be able to implement therapeutic interventions based on a range of evidence-based models of formal psychological therapy, including the use of cognitive behavioural therapy
EP, FP, OP and SEP	- be able to direct the implementation of applications and interventions carried out by others [remove 'and interventions carried out by others' for OP and SEP]
EP and HP	- be able to choose and use a broad range of psychological interventions, appropriate to the client's needs and setting
EP	- be able to implement interventions and plans through and with other professions and/or with parents/ carers - be able to adopt a pro-active and preventative approach in order to promote the psychological wellbeing of clients
FP	- understand the need to and be able to implement interventions and care plans through and with other professionals who form part of the service user care team - 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 - be able to integrate and implement evidence-based psychological therapy, including cognitive behavioural therapy

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	<i>techniques, at either an individual or group level</i>
HP	<ul style="list-style-type: none"> - <i>be able to implement psychological interventions appropriate to the presenting problem and to the psychological and social circumstances of the client and/or group</i> - <i>be able to integrate and implement therapeutic interventions based on a range of evidence-based models of formal psychological therapy, including the use of cognitive behaviour therapy</i>
OP	<ul style="list-style-type: none"> - <i>be able to run, direct, train and monitor others in the effective implementation of an application</i>
2b.5	<p>be able to maintain records appropriately</p> <ul style="list-style-type: none"> - be able to keep accurate, legible records and recognise the need to handle these records and all other information in accordance with applicable legislation, protocols and guidelines - understand the need to use only accepted terminology in making records

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	Critical evaluation of the impact of, or response to, the registrant's actions
2c.1	<p>be able to monitor and review the ongoing effectiveness of planned activity and modify it accordingly</p> <ul style="list-style-type: none"> - be able to gather information, including qualitative and quantitative data, that helps to evaluate the responses of service users to their care - be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with the service user - 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 - be able to make reasoned decisions to initiate, continue, modify or cease treatment or the use of techniques or procedures, and record the decisions and reasoning appropriately
	<i>- be able to revise formulations in the light of ongoing intervention and when necessary re-formulating the problem</i>
HP and OP	<i>- be able to monitor agreements and practices with clients, users, groups and organisations</i>
2c.2	<p>be able to audit, reflect on and review practice</p> <ul style="list-style-type: none"> - understand the principles of quality control and quality assurance - be aware of the role of audit and review in quality management, including quality control, quality assurance and the use of appropriate outcome measures - be able to maintain an effective audit trail and work towards continual improvement - participate in quality assurance programmes, where appropriate - understand the value of reflection on practice and the need to record the outcome of such reflection - recognise the value of case conferences and other methods of review
	<i>- understand models of supervision and their contribution to practice</i>
CoP	<i>- be able to critically reflect on the use of self in the therapeutic process</i>

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	Knowledge, understanding and skills
3a.1	<p>know and understand the key concepts of the bodies of knowledge which are relevant to their profession-specific practice</p> <ul style="list-style-type: none"> - understand the structure and function of the human body, relevant to their practice, together with knowledge of health, disease, disorder and dysfunction - be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process - recognise the role of other professions in health and social care - understand the theoretical basis of, and the variety of approaches to, assessment and intervention
	<p><i>- understand the impact of differences such as gender, sexuality, ethnicity, culture, religion and age on psychological wellbeing or behaviour</i></p>
CP	<ul style="list-style-type: none"> - <i>understand the role of the clinical psychologist across a range of settings and services</i> - <i>understand theories and evidence concerning psychological development and psychological difficulties across the lifespan and their assessment and remediation</i> - <i>understand more than one evidence-based model of formal psychological therapy</i> - <i>understand psychological models related to how biological, sociological and circumstantial or life-event related factors impinge on psychological processes to affect psychological well-being</i> - <i>understand psychological models related to a range of presentations including:</i> <ul style="list-style-type: none"> • <i>clients with presentations from acute to enduring and mild to severe</i> • <i>problems with biological or neuropsychological causation</i> • <i>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</i> - <i>understand psychological models related to:</i> <ul style="list-style-type: none"> • <i>clients from a range of social and cultural backgrounds</i> • <i>clients of all ages</i> • <i>clients across a range of intellectual functioning</i> • <i>clients with significant levels of challenging behaviour</i> • <i>clients with developmental learning disabilities and cognitive impairment</i>

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	<ul style="list-style-type: none"> • <i>clients with communication difficulties</i> • <i>clients with substance misuse problems</i> • <i>clients with physical health problems</i> <p>- <i>understand psychological models related to:</i></p> <ul style="list-style-type: none"> • <i>working with individual clients, couples, families, carers, groups and at the organisational and community level</i> • <i>working in a variety settings including in-patient or other residential facilities with high dependency needs, secondary health care, and community or primary care</i> <p>- <i>understand change processes in service delivery systems</i></p> <p>- <i>understand social approaches such as those informed by community, critical and social constructivist perspectives</i></p> <p>- <i>understand leadership theories and models, and their application to service delivery and clinical practice</i></p> <p>- <i>understand the impact of psychopharmacological and other clinical interventions on psychological work with clients</i></p>
CoP	<p>- <i>understand the philosophical bases which underpin those psychological theories which are relevant to counselling psychology</i></p> <p>- <i>understand the philosophy, theory and practice of more than one model of psychological therapy</i></p> <p>- <i>understand the therapeutic relationship and alliance as conceptualised by each model</i></p> <p>- <i>understand the spiritual and cultural traditions relevant to counselling psychology</i></p> <p>- <i>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</i></p> <p>- <i>understand theories of human cognitive, emotional, behavioural, social and physiological functioning relevant to counselling psychology</i></p> <p>- <i>understand different theories of lifespan development</i></p> <p>- <i>understand social and cultural contexts and the nature of relationships throughout the lifespan</i></p> <p>- <i>understand theories of psychopathology and of change</i></p> <p>- <i>understand the impact of psychopharmacology and other interventions on psychological work with clients</i></p>

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EP	<ul style="list-style-type: none"> - understand the role of the educational psychologist across a range of settings and services - understand psychological theories of, and research evidence in, child and adolescent development relevant to educational psychology - understand the structures and systems of a wide range of settings in which education and care are delivered for children and young people - 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 and young people - understand psychological models of the factors that lead to underachievement, disaffection and social exclusion amongst vulnerable groups - understand theories and evidence underlying psychological intervention with children and young people, their parents/carers, and education and other professionals - understand psychological models related to the influence on development of children and young people from: <ul style="list-style-type: none"> • family structures and processes • cultural and community contexts • organisations and systems - understand the theoretical basis of, and the variety of approaches to, consultation and assessment in educational psychology
FP	<ul style="list-style-type: none"> - understand the application of psychology in the legal system - understand the application and integration of a range of theoretical perspectives on socially and individually damaging behaviours, including psychological, social and biological perspectives - understand theory and its application to the provision of psychological therapies that focus on offenders and victims of offences - understand effective assessment approaches with individuals presenting with individual and/or socially damaging behaviour - understand the application of consultation models to service delivery and practice, including the role of leadership and group processes - understand the development of criminal and anti-social behaviour - understand the psychological interventions related to different client groups including victims of offences, offenders, litigants, appellants and individuals seeking arbitration and mediation

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HP	<ul style="list-style-type: none"> - <i>understand context and perspectives in health psychology</i> - <i>understand the epidemiology of health and illness</i> - <i>understand:</i> <ul style="list-style-type: none"> • <i>biological mechanisms of health and disease</i> • <i>health-related cognitions and behaviour</i> • <i>stress, health and illness</i> • <i>chronic illness and disability</i> • <i>individual differences in health and illness</i> • <i>lifespan, gender and cross-cultural perspectives</i> • <i>long term conditions and disability</i> - <i>understand applications of health psychology and professional issues</i> - <i>understand healthcare in professional settings</i>
OP	<ul style="list-style-type: none"> - <i>understand the following in occupational psychology:</i> <ul style="list-style-type: none"> • <i>human-machine interaction</i> • <i>design of environments and work</i> • <i>personnel selection and assessment</i> • <i>performance appraisal and career development</i> • <i>counselling and personal development</i> • <i>training</i> • <i>employee relations and motivation</i> • <i>organisational development and change</i>
SEP	<ul style="list-style-type: none"> - <i>understand motor skills, practice skills and cognition, learning and perception and their impact on performance</i> - <i>understand psychological skills such as:</i> <ul style="list-style-type: none"> • <i>arousal and anxiety;</i> • <i>confidence;</i> • <i>copng and techniques such as relaxation, goal setting, biofeedback, imagery, stress, inoculation</i> - <i>understand exercise and physical activity including:</i> <ul style="list-style-type: none"> • <i>determinants, e.g. motives, barriers and adherence;</i> • <i>outcomes in relation to mood, self-esteem and cognition;</i> - <i>understand individual differences including:</i>

Generic standards are in black. **Profession specific standards are in blue.** Domain specific standards are in green.

CP= Clinical Psychologists, CoP = Counselling Psychologists, EP = Educational Psychologists, FP = Forensic Psychologists, HP = Health Psychologists, OP = Occupational Psychologists, SEP = Sport and Exercise Psychologists

	<ul style="list-style-type: none"> • <i>personality;</i> • <i>motivation;</i> • <i>gender;</i> • <i>special groups;</i> • <i>talent identification</i> <p>- <i>understand social processes within sport and exercise psychology including:</i></p> <ul style="list-style-type: none"> • <i>interpersonal and communication skills;</i> • <i>team cohesion;</i> • <i>group identity;</i> • <i>trust;</i> • <i>co-operation and competition;</i> • <i>leadership</i> <p>- <i>understand the impact of lifespan issues</i> - <i>understand the problems of dependence and injury</i></p>
3a.2	know how professional principles are expressed and translated into action through a number of different approaches to practice, and how to select or modify approaches to meet the needs of an individual, groups or communities
3a.3	understand the need to establish and maintain a safe a practice environment - be aware of applicable health an safety legislation, and any relevant safety policies and procedures in force in the workplace, such as incident reporting, and be able to act in accordance with these - be able to work safely, including being able to select appropriate hazard control and risk management, reduction or elimination techniques in a safe manner in accordance with health and safety legislation - be able to select appropriate protective equipment and use it correctly - be able to establish safe environments for practice, which minimise risks to service users, those treating them, and others, including the use of hazard control and particularly infection control
SEP	- <i>be aware of the possible physical risks associated within certain sport and exercise contexts</i>

Generic standards are in black. Profession specific standards are in blue. Domain specific standards are in green.

CP= Clinical Psychologists, CoP = Counselling Psychologists, EP = Educational Psychologists, FP = Forensic Psychologists, HP = Health Psychologists, OP = Occupational Psychologists, SEP = Sport and Exercise Psychologists

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Introduction

We consulted for three months between 9 November 2007 and 8 February 2008 on draft standards of proficiency for practitioner psychologists.

We sent a copy of the consultation document to key stakeholders including professional bodies and education providers. The consultation document was also available to download from our website and we sent out copies of the document on request.

In this document, we firstly consider the comments we received which related more generally to the role of the standards and our role as a regulator. The remainder of the document is structured around the standards of proficiency. Both the generic standards and profession-specific standards are reprinted with comments relating to that section below. We then go on to explain the decisions we have taken following your comments.

We would like to thank all those who took the time to respond to the consultation.

You can download a copy of the consultation document from our website: www.hpc-uk.org/aboutus/consultation

About regulation

In February 2007, the government published a white paper on the future of regulation, 'Trust, Assurance and Safety – The Regulation of Health Professionals, in the 21st Century'.

The white paper said:

'The government is planning to introduce statutory regulation for applied psychologists...' (p. 81).

'Psychologists...will be regulated by the Health Professions Council...' (p. 85).

The White Paper also indicated that psychotherapists, counsellors and other psychological therapists would be priorities for future regulation.

On 5 March 2009, the Section 60 Order necessary to bring practitioner psychologists into statutory regulation, The Health Care and Associated Professions (Miscellaneous Amendments and Practitioner Psychologists) Order 2009, was published.¹

The Section 60 Order confirms that the following domains of psychology practice are to become regulated (subject to parliamentary approval):

- Clinical Psychologists

¹ www.opsi.gov.uk/si/dsi05-03

- Counselling Psychologists
- Educational Psychologists
- Forensic Psychologists
- Health Psychologists
- Occupational Psychologists
- Sport and Exercise Psychologists

The Standards of proficiency

Function

Article 5(2)(a) of the Health 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 it considers necessary for safe and effective practice under that part of the register”

This means that we must publish standards for each of the professions that we regulate which are the ‘necessary’ or ‘threshold’ that we consider to be essential for safe and effective practice.

The standards play a central role in how someone becomes registered and remains registered with us.

We approve education programmes to make sure that they allow students to meet these standards when they graduate. We also assess applications from applicants who have trained outside of the UK and some applications via our grandparenting process against these standards. If an applicant meets these standards they are eligible to be registered.

If a registrant’s competence is called into question we will look at these standards in deciding whether we need to take any action.

Every time a health professional registered with us 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.

Structure

The standards of proficiency are divided into generic standards and profession-specific standards which apply only to that part of the Register.

The generic standards were not the subject of this consultation. Comments about the generic standards have been included in an appendix to this paper. However, the generic standards are incorporated within this paper to demonstrate the interaction between the generic and profession specific standards where comments are made about the profession specific standards.

Standards of proficiency and scope of practice

Once someone becomes registered with HPC, 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.

A registrant's scope of practice may change over time and we recognise that the practice of experienced registrants often becomes more focused and specialised than that of newly registered colleagues. This might be because of specialisation in a certain clinical area or with a particular group, or a movement into roles in management, education or research.

A registrant's 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.

Threshold level of qualification for entry to the Register

We also consulted on draft standards of proficiency alongside a consultation on the threshold level of qualification for entry to the practitioner psychologists part of the Register. You can download a copy of that consultation from our website: www.hpc-uk.org/aboutus/consultation

Analysing your responses

Now that the consultation has ended, we have analysed all the responses we received.

We considered carefully each suggestion we received, taking account whether similar comments were made by other respondents. Our considerations were to ensure that the standards:

- were set at an appropriate level for threshold standards for safe and effective practice; and
- reflect the standard content of pre-registration education and training programmes;

We received a number of comments from specific domains or committees within the BPS. Unless the comment mentioned a specific domain or was only relevant to a particular domain, all comments from the domains are recorded as coming from the BPS.

About this document

This document summarises the responses we received to the consultation.

The terminology used in this document is that used in the Department of Health (UK) consultation document and the Section 60 Order:

- We refer to the part of the Register as the 'Practitioner psychologists' part of the Register.
- We use the term 'domain' rather than discipline to refer to each area of psychology practice.
- We use the term 'practitioner psychologists' rather than 'applied psychologists' to refer collectively to the seven domains of practice.

In this document, references to 'our' or 'we' are references to the Health Professions Council (HPC).

Executive summary

The following is a summary of the comments we received in response to the consultation and also the general principles we have used in making decisions in response to their comments.

General

- General points raised included the function of the standards, the suitability of the generic standards, terminology used, English language requirements, regulation of occupational psychologists and comments about HPC's regulatory processes and functions.

The Standards of proficiency

The majority of comments related to specific standards. However, the general themes raised are outlined below.

- Concerns about terminology, including the terminology in the generic standards.
- Areas where respondents felt that the standards did not reflect training in all domains across the UK.
- Whether additional standards were necessary for some domains to ensure consistency.
- Whether the standards were necessary or already incorporated within the existing standards.

We made decisions about each comment made in response to the consultation individually. However, when making decisions we considered the following:

- The interaction between the generic, profession and domain specific standards.
- The importance of consistency between the domains.
- The role of the Standards of proficiency as threshold standards for safe and effective practice.
- HPC's role as a UK wide regulator.

General comments

In this section we consider general comments made about the standards. This includes comments about the layout of the standards, their links with the threshold level of qualification for entry to the Register and whether the standards are set at the threshold for safe and effective practice.

We received several comments welcoming the standards including comments from the Department of Health and the Picker Institute. The BPS commented: 'The Society acknowledges the collaborative way in which the proposed profession-specific standards have been developed and this is reflected in the quality of the standards which have been produced.' However, the British Association of Arts Therapists commented that '...this document needs to be edited down with a focus on what needs to be included for public protection and a better understanding of what a threshold means'. They claimed that many standards did not protect the public but instead seemed '...more aimed at the protection of the Psychology professions'.

In our consultation document, we asked respondents whether they believed that the standards were set at the threshold level necessary for safe and effective practice. The Board of Community Health Councils in Wales commented that regular review would be necessary to ensure that the standards remained at a suitable level. The BPS commented that occupational psychologists did not believe that the standards were at the threshold because they did not focus on '...maximizing the effectiveness of organisational interventions' which was a central part of practice for occupational psychologists.

The Scottish Division of Educational Psychology in the BPS commented that the standards were not at the threshold because they did not cover all the functions undertaken by educational psychologists identified in the Currie review. These were '...Assessment, Intervention, Consultation, Training and Research, across the levels of individual, child and family, school or establishment and authority-wide'. They commented that the standards were inadequate as they did not sufficiently cover the five roles outlined above and only focussed on practice at the level of individual child and family. These comments were supported by the BPS who said that for educational psychologists the client could be an organisation, such as a local authority, as well as an individual.

NHS Lothian commented that their main concern was how the standards might be used in regulating individuals and in providing guidance to potential litigators on what could be considered 'appropriate professional practice'. They acknowledged that in both circumstances, the standards should be set at the necessary threshold. They suggested that for clarity HPC should hold the generic and profession specific standards whilst the professional body should be responsible for laying out the detailed competencies expected within each domain.

We received comments from several respondents about the membership of the Professional Liaison Group and its impact on how the standards were drafted. The Department of Health suggested that 'more consideration' was needed for the standards relating to educational, forensic, health, occupational and sport and exercise psychology. They said: 'It is possible that some of these domains have not been fully engaged in the PLG if they felt that the emphasis was on clinical and counselling psychology'. These comments were echoed by the BPS and one individual respondent.

The BPS suggested that the profession specific standards for psychologists could be based on occupational standards that they had developed, with some minor amendments. This would help to create standards which accurately reflected the roles of some domains, in particular occupational psychologists. This would, they said, '...ensure that there would be no danger of lowering standards in moving from voluntary to statutory regulation'.

We received several comments about the structure of the standards which are organised into generic standards, profession specific standards and domain specific standards. Several respondents stated that the way of organising standards into three levels of proficiency, with two levels related to psychologists was 'appropriate' to the way in which psychologists practice. Both NHS Education for Scotland and the Scottish Government commented that some changes could be made to the way in which the document was laid out to improve the clarity of the standards.

Several respondents commented about potential inconsistencies within the standards. The BACP, the BPS and NES all commented that there were several domain specific standards which could be made into profession specific standards as the standards were relevant to all practitioner psychologists. In addition, there were several domain specific standards which applied to most professions with slightly different wording. One individual commented that many standards applying to clinical psychology also apply to counselling psychology and that it was important to recognise the areas of overlap.

We received comments from several respondents about the interaction between the standards of proficiency and the threshold level of qualification for entry to the Register. Some respondents called for the threshold to be set at a doctorate level. The BPS suggested that unless the standards included a reference to the threshold level set at Doctorate level the standards would not ensure competence and would not therefore protect the public. These comments were echoed by the Psychology Directorate Management Group. However, The BACP commented that if the threshold was set at a Masters level then some of the standards would need to be amended as they were related to QAA level descriptors and learning outcomes at a Doctorate level. NES commented on the link between the threshold level of entry and the standards based upon their experience in Scotland where some psychologists are trained to a Masters level. They suggested that the profession specific standards for psychologists could be articulated at a Masters level, with the domain specific standards then set at a doctoral level of attainment.

Our comments

We would like to thank all those who responded to the consultation. We have made a number of amendments in response to the comments we received. We have also revised some of the standards to ensure consistency across the profession and to improve the clarity of the standards.

We consulted separately on the threshold level of qualification for entry to the Register. This is articulated as a threshold level. We need to set the threshold level at the level necessary for people who successfully complete a pre-registration education and training programme to meet all the standards of proficiency.

In setting the threshold level of qualification for entry, the Council is setting the threshold academic level of qualification which it would normally accept for the purposes of an approved programme which leads to registration. As the threshold is the 'minimum', programmes above the threshold academic level may be approved. Our primary consideration in approving a programme, whether at or substantially above the threshold, is that the programme meets the standards of education and training and will allow students to meet the standards of proficiency on completion.

When setting the Standards of proficiency, we set them at the threshold necessary for safe and effective practice. Our starting point is the threshold standards and we consider the level of qualification separately. It is important that the standards are written with the focus on what is necessary for safe and effective practice. The threshold includes the minimum level to deliver the standards of proficiency but the standards do not work backwards from the academic level. Please also see the comments about terminology below.

The Standards of proficiency are written in a broad way so that they can be met in more than one way. This enables innovation in the way that they are met and also means that they do not need constant revision to remain up to date with changes within the profession.

However, it is important to draw a distinction between the Standards of proficiency and more detailed curriculum guidance. Curriculum guidance is often based on the Standards of proficiency and provides more detail and learning outcomes associated with the standards. The area of curriculum guidance (or curriculum outline or framework) is one where many of the professional bodies for each profession are particularly involved. Professional bodies may be involved in designing curricular or similar detailed work around the philosophy, core values, skills and knowledge for their profession.

Introduction

We received comments from the BPS about the introduction. They said that HPC's definition of itself as a regulator of health professionals did not suggest that HPC was the wholly appropriate body to regulate some psychologists who were not health professionals. They suggested that HPC should change

this definition to show that it was ready to regulate professionals not working within the health sector.

One individual asked questions about information within the introduction. This included what processes a registrant would undergo when they renewed their registration, for example around Continuing Professional Development (CPD), and how those processes then linked with the Knowledge and Skills Framework (KSF) process. The individual also asked how the standards of proficiency were linked to the education and training programmes which lead to registration.

Our comments

When a registrant renews their registration, they are asked to complete a registration renewals form. This form includes a professional declaration which registrants must sign to say that they have been practising in their profession, that there have been no changes to their health or character and that they meet our standards for CPD. We have published information about our CPD standards on our website: www.hpc-uk.org

We understand the comment from one respondent about the link between our standards and the KSF. We believe it is important to recognise that the standards of proficiency have a very specific regulatory function. Other frameworks and standards have different function. For example, the NHS KSF is about learning and development of staff within the NHS. Not all registrants work within the NHS and it is important that we produce standards which apply to all registrants, not just those who work within the NHS. The NHS Staff Council has undertaken work to map the standards of proficiency and standards of conduct, performance and ethics against the NHS KSF. You can find out more information by visiting: www.e-ksfnw.org

We approve education and training programmes against our standards of proficiency and standards of education and training. The approvals process means that we can make sure that the programmes allow students to meet the standards of proficiency when they graduate. However, we do not prescribe how the programme meets the standards as we recognise that the standards can be met in more than one way.

Generic standards

We received a number of comments from respondents regarding the generic standards. Although these standards were not within the scope of the consultation, we have recorded these comments below. Comments about the individual standards have been recorded with the specific standards.

Several respondents raised concerns about the ethos of the generic standards which they believed was based on the 'dysfunction/treatment' model. The BPS commented that this problem was partly about the use of health related terminology but also '...relates to the underlying assumptions on which the standards appear to be based and the philosophy of the Council

itself, which is clearly oriented towards health professionals'. They highlighted that this bias meant that issues which psychologists face might not be included within the standards. This might include forensic psychologists who might work towards goals that are against the clients' perceptions of their own interests '...but do represent the public interest, such as those working towards the arrest and detention of the client'. In these circumstances, generic standards such as those on confidentiality and consent could be more complicated. These concerns were echoed both by individuals and by the Association of Heads of University Psychology Departments.

Respondents also commented that the generic standards focussed too much upon the health and social care fields when many of the psychology domains (including occupational and forensic psychologists) do not work within either a health or social care environment. One individual respondent commented that the standards were too focussed on the NHS and did not reflect the competencies that might be required for work in other environments. As a result of these arguments about the health and social care focus, the BPS commented that they felt able to support many of the profession specific standards but not the generic standards which underpinned them.

Respondents commented that the idea that the generic standards might not apply to all registrants undermined the very purpose of the generic standards. Consequently, several respondents including the BACP, Polish Psychologists Club, NES and the BPS all called for a review of the generic standards to ensure that the standards applied to all psychologists and reflected the environments in which they worked. In addition to the review of the standards, the BPS also called for a review of HPC's 'self-definition' which focuses on its role as a regulator of health professionals. However, they recognised that the removal of all references to health and social care would not '...be seen positively by those professions for which this is the underlying aim' and it might be difficult to find common ground.

Several respondents suggested that one way of addressing the issues with the generics would be to have a preamble or explanatory note at the beginning of the standards for practitioner psychologists. The preamble would explain the issues and outline the inappropriateness of the generic standards for certain domains. It could state that practitioner psychologists would not be required to have competencies which would lie outside their scope of practice and that education programmes would not be required to reflect these competencies. The BPS commented that they would like HPC to state that '...none of the generic standards which are considered to be inappropriate for some branches of psychology will be imposed on the profession, either as part of course approvals or of individual conduct cases'. These comments were supported by the Association of Heads of University Psychology Departments who commented that the health focus of the generic standards might mean that existing BPS courses would not cover all the generic standards. They provided examples from occupational psychology courses which might not cover working in partnership with relatives and carers (standard 1b.1) or teaching an understanding of the structure and function of

the human body (standard 3a.1) because these skills are not relevant to their professional practice.

Our comments

We understand the concerns expressed about whether the generic standards are relevant to all domains within practitioner psychology. We recently consulted on changes to the generic standards and published the revised generic standards in November 2007.

However, as part of our plan of revising the standards regularly, we will be reviewing the generic standards in 2009. We are very grateful for the comments that we received about the generic standards. We will consider the comments we received as part of our review of the generic standards in 2009.

In the meantime, we will add information to the introduction to the standards of proficiency for psychologists to explain the role of the generic standards.

The standards are used as the basis of decision making in our key processes, for example in making decisions about international applicants. It is members of the professions who apply these standards in a way which is specific to the individual profession.

Terminology

For clarity, we have grouped all the comments we received about terminology here. Many comments focussed on terminology that respondents believed was too focussed on health and social care, such as 'diagnostic', 'therapeutic process' and 'care'. We received comments from several respondents about the meaning of 'assessment'. The BPS commented that for occupational psychologists assessment could be either the assessment of a client (organisation) need or the assessment of the individual. The BPS also commented that for educational psychologists, the language in the standards missed the importance concept of 'minimum intrusiveness' when undertaking assessments or interventions. The BPS also commented that much of the terminology used focused on interventions with an individual. However, occupational psychologists often provided services to organisations and this was not reflected in the terminology used.

We also received comments about other terminology used in the standards. The Scottish Government commented that the language in the standards did not appear to reflect the threshold level of entry to the Register. They commented that '...some of the verbs are set at a very low cognitive level, e.g. "understand"'. The BACP asked for clarification of the use of the word 'teaching' throughout as '...doctoral level qualifications do not confer teaching status'.

Our comments

The concerns expressed about the 'health and social care' terminology usually related to the generic standards and will be considered as part of the review of these standards. Where concerns were raised about the language in the profession or domain specific standards, we have amended them where necessary.

Terminology was an area which we considered carefully when we drafted these standards. The terminology used is to a large extent dictated by the legal function of the standards. The primary function of the standards is in determining entry to the register – they are the threshold competencies necessary for safe and effective practice. Therefore they describe the abilities ('be aware of current UK legislation applicable to the work of their profession') and understanding ('understand a variety of research designs') it is necessary to possess in order to become registered. They do not however, reflect the threshold level for entry to the Register as this is distinct from the standards of proficiency.

English language requirements

The standards of proficiency include the English language requirements for entry to the practitioner psychologist part of the Register in 1b.3. In the consultation document we did not suggest an English language requirement and sought the views of stakeholders on an appropriate level for practitioner psychologists.

The majority of responses we received supported an IELTS level of 8 with no score below 7.5 because of the way in which psychologists use language as a tool for assessment and service delivery. The BPS said that they '...strongly urge the Council to recognise the central role that language plays in the delivery of psychological services.' They commented that consultation with their divisions had confirmed that the language competence was so central '...to the safe, effective and autonomous practice of psychology' that the minimum level should be level 8.

The consultation document stated that a minimum overall IELTS score of 7 is the current requirement for pharmacists, doctors, dentists and nurses. Several respondents drew distinctions between these groups and psychologists based on the way in which different professions use tools to undertake assessments. As a result they suggested that the proficiency level for psychologists should be set higher. Psychology Directorate Management Group commented that whilst these groups identified do use language as part of their assessment process, each group also had other tools and data to rely on, including physical examinations. For psychologists however, this was not the case as: '...language is the tool used for assessment and service delivery. Psychologists must have a language competence which is sufficient to make sophisticated judgements and inferences based on information collected this way'. This comment was supported by a number of respondents including the

BACP, NHS Lanarkshire and the Department of Health, as well as several individuals. The Department of Health said that a proficiency level of 8 was appropriate because psychologists': '... ability to engage with their clients orally, and to access and interpret complex nuances in oral communication as a basis for assessing and formulating psychological intervention and in delivering that intervention, calls for a high level of linguistic competence'.

Several respondents raised concerns based upon the IELTS level descriptors. They commented that they felt unease that at IELTS level 7 grammatical errors might be expected alongside occasional inaccuracies and misunderstandings. They commented that these errors might prevent an individual from being able to meet the other standards of proficiency on communication. The level 7 descriptors were also considered to be problematic because many psychologists interact with individuals who may have some difficulty communicating, perhaps because of age or educational levels. Concerns were expressed that psychologists might not be able to communicate as effectively with those individuals, which might in turn cause frustration and damage a therapeutic relationship. One individual commented '...I am aware that HPC cannot remove human failing. But it strikes me as inappropriate to permit "occasional inaccuracies" as a desired level of public protection'.

Several respondents commented that an IELTS level of 8 was necessary because the work that psychologists undertook required a higher level linguistic ability. The BACP and BPS supported level 8 because psychologists often drafted written reports where precision in language might be crucial. NES and the BACP highlighted the role that psychologists might play in assessing and analysing language development and also in disorders of language. These skills meant that psychologists should have an IELTS level of 8.

Several respondents suggested it might be appropriate to set different IELTS levels for different domains. The Scottish Government said that they believed the higher level of language proficiency was necessary for clinical, counselling and educational psychologists. One individual respondent agreed although they suggested that the group should include forensic psychologists. NHS Lothian however suggested that the higher IELTS level should apply only to clinical and counselling psychologists.

However, we also received comments from several respondents in support of an IELTS level of 7.5 with no score below 7 for all practitioner psychologists. BAAT supported this and commented that in their experience, applicants from abroad who met the level 7 standards were able to work safely and effectively with their clients. They commented that it was important to understand that this was a threshold level and that they could see no justification for a different level to that used by other professionals. BAAT was supported by the Polish Psychologists Club who commented that the IELTS level 7 was used for doctors and nurses, including psychiatrists and psychiatric nurses and therefore the level was also appropriate for practitioner psychologists. They added that setting it at 8.0 might stop qualified psychologists working in their

clients' own language from practicing. These comments were echoed by an individual respondent as well.

In addition to comments about the level of language proficiency, we also received comments more generally about language proficiency. NHS Lothian raised concerns about the reliability of IELTS testing in indicating linguistic ability. They suggested that there was growing concern within the higher education sector that candidates might be arranging for other people to sit tests on their behalf.

Several respondents commented that there was an 'inconsistency' in the requirement for language proficiency testing as HPC is able to test non-EEA applicants but can not test EEA applicants. NHS Lothian said this inconsistency then placed pressure on employers to test EEA citizens during the recruitment process. Both the BPS and UEA suggested that HPC should explore whether language testing should be mandatory for practitioner psychologists applying from within EEA. The BPS suggested that this was necessary because it is a 'core professional skill'.

Our comments

Under European legislation, applications from applicants with 'mutual recognition' rights are treated differently compared to those from applicants from outside of the European Economic Area (EEA).

In order to obtain mutual recognition rights, an applicant has to be a national of a country within the EEA and have the right to practise in an EEA country. We assess the applications of such applicants in the same way as other applications. However, if we find that there is a shortfall between the applicant's education and experience and the standards required for registration, we are able to ask them to undertake a 'period of adaptation' to make up this shortfall. A period of adaptation is a period of supervised practice and/or academic training which allows an EEA applicant to reach the standard required to be registered with us.

Under the legislation, HPC is unable to require EEA applicants exercising mutual recognition rights to undergo a language test (except for applicants for speech and language therapy, please see below). Additionally, HPC does not language test other applicants for whom English is their first language.

HPC is able to require evidence of language proficiency from international applicants who is not a resident national or exempt person.

HPC currently requires applicants to achieve an overall score in the academic test of the International Language Testing System (IELTS) of at least 7.0, with no element below 6.5. A number of other tests are also approved at levels equivalent to the IELTS.

This requirement, however, is higher for speech and language therapists. The rationale behind this is that communication is a core professional skill for this

profession. As such, for this profession, the Council is able to require both EEA and non-EEA applicants to undergo this test.

We have carefully considered the comments that we received about the English language requirements for international applicants. The English language requirement is set at the threshold necessary for safe and effective practice. After considering the comments, we believe that the level should be set at 7 with no level below 6.5.

It is important to remember that any English language requirements, as with the rest of the standards of proficiency, are set a threshold level. Therefore, registration cannot be a guarantee of English language competence. Nor can it be a guarantee that a registrant will be suited to a particular employment role. Employers also have responsibilities in ensuring that they employ registrants who are fit for purpose, including assuring themselves that the registrant possesses an appropriate ability in the English language.

Regulation

In this section we have recorded all comments we received about regulation. This includes comments about HPC's functions, regulatory processes and protected titles.

We received comments from two respondents about regulation. One respondent commented that they were pleased to see that the framework for regulation builds upon the systems established by the BPS in its role as professional body and voluntary regulator. The BPS commented that: 'The Division of Occupational Psychology strongly believes that the work of occupational psychologists should be regulated'. They highlighted that other professions which provide services to businesses, such as accountancy, were regulated and that this should not be a barrier to the regulation of occupational psychology. However, they stressed that for occupational psychologists: '...the move to regulation by a body which sees itself as regulating health professionals is frustrating and potentially commercially damaging'.

We received comments from two individuals about two of HPC's functions, approval of education courses and handling complaints about health professionals (fitness to practise). One individual said that they hoped that HPC would recognise the work that BPS had undertaken to regulate education to a very high standard and that HPC would work in partnership with the BPS in this regard. Two individuals asked how HPC would handle complaints made about psychologists. One individual asked how the public would complain to HPC and whether the investigation and appeals process would be as rigorous as that of the BPS. A second respondent asked whether the panel considering the complaint against the psychologist would include a representative from the psychologist's domain to provide a profession specific perspective.

We also received comments from the Polish Psychologists Club about the process for registering applicants from overseas. They called for more clarity in the routes to 'professional accreditation' for psychologists trained outside the UK so that the demand for psychological help amongst certain communities could continue to be met.

We received comments from one respondent about the links between the standards and the government's intention to explore whether revalidation should be introduced for the non-medical professions. The Scottish Government commented that the potential introduction of revalidation meant that the standards should be set at the threshold level and that the '...revalidation implications of more than one level of practice are acknowledged'.

We received comments from several respondents about the titles that would be protected. The Polish Psychologists Club commented that if the title 'psychologist' was protected rather than domain specific titles then this might have a negative effect on a number of psychologists who are not chartered with the BPS but are practising as psychologists. One individual respondent suggested that 'Generic Psychologist' should be protected as this would cover individuals currently registered with the BPS but without an adjectival title because they do not fit into the current BPS criteria for chartered status with a particular adjectival title. They warned that without this title, experienced chartered psychologists would not be able to register and added that this group should not have to go through the grandparenting process.

We received comments from one individual asking why business psychologists were not included within the list of practitioner psychologists that would be registered. They said that Business Psychologists were an important group of practitioner psychologists who often come from other psychology career routes such as occupational psychology and should not be excluded.

The Association of Business Psychologists (the ABP) commented on the process of voluntary register transfer. They stated that those members of the ABP who did not transfer on to HPC from the BPS's voluntary register would instead have to go through a '...complex and bureaucratic process of demonstrating their competence, with payment of a substantial fee'. The ABP believe that their members are of equivalent skill, competence and professionalism to chartered members of the Division of Occupational Psychology within the BPS and therefore should also be part of the voluntary register transfer.

Our comments

The Department of Health (UK) consultation proposes that seven domains of practitioner psychology practice should be statutorily regulated, including the regulation of occupational psychologists. In our response to the consultation, we supported the regulation of the seven domains, but noted that concern had been raised with us, chiefly concerning whether occupational psychologist,

who work with and deliver services to organisations, should be regulated by HPC.

We approve education and training programmes against our standards of education and training. This process is a crucial way in which we can protect members of the public by making sure that those who complete the programme can meet the standards of proficiency and will therefore be eligible to become registered.

After statutory regulation is introduced, professional bodies sometimes continue to play a role in the accreditation of education and training programmes for membership purposes. They are often also involved in encouraging innovation and good practice in education, and in the development of curricula. We believe that it is important that we carry out our role in approving pre-registration education and training, using appropriate expertise and input, and where possible taking account of the role played by other organisations, such as professional bodies, in quality assurance and accreditation. However, it is important that we carry out our role with impartiality so that we reach a fair and independent decision that ensures that the public is protected.

We can consider complaints made by members of the public as part of our fitness to practise process. We have produced guidance on this process called 'How to complain about a health professional' which is available on our website: www.hpc-uk.org. The panel which looks at the complaint will contain a member of the registrant's profession as well as a lay member and a panel chair.

Applicants from overseas can apply to join our Register through the international application route. Applicants demonstrate that they meet the standards of proficiency for their profession through a combination of education, training and experience. Our website contains more information about the international application process: www.hpc-uk.org

The Department of Health (UK) has recently consulted on the titles that should be protected and on which domains within practitioner psychologists should be regulated by HPC. Any decision about protected titles or which domains should be regulated is one for the Department of Health and beyond the scope of our consultation.

Whenever a new profession is statutorily regulated, there will normally be a one-off transfer, on the day regulation is introduced, from an existing voluntary register or registers to the HPC Register. Anybody whose name appeared on the voluntary register would become registered with HPC.

The Department of Health (UK) consultation document says that BPS Chartered Psychologists with membership of a division relating to one of the seven domains of practice will automatically transfer to the HPC Register. In addition, the register of the Association of Educational Psychologists will also transfer to HPC. Any decision about which registers should or should not

transfer is a decision for the Department of Health, and a matter for legislation.

Scope of practice

We received comments from several respondents about how we define a registrant's scope of practice. We say that a registrant's scope of practice may change over time and in a way which means that they no longer need to meet all the standards of proficiency for their profession. NES commented that this reflected the situation in Scotland where clinical associates meet the '...same standards for safe and effective practice as for clinical psychologists but within a circumscribed area of practice'. They added that after a period of supervised practice the clinical associates would be '...safe competent autonomous practitioners within that area of competence'.

One respondent was concerned by our statement about a change in a registrant's scope of practise, perhaps because of specialisation within a clinical area. They commented that this statement assumed that all registrants worked within a clinical area, whereas many psychologists do not work in this area. They asked how somebody could be 'proficient' if the individual never had the clinical background of some other professions. The individual then commented that our definition of scope of practice meant that '...as long as somebody is in their own scope of practice, they can do whatever they like. A "business consultant" can call themselves a psychologist and as long as they stick to business etc'. They called on HPC to rethink what 'competence' meant.

The BPS asked for assurances that the psychologists who join HPC's Register through the voluntary register transfer will be accepted within their current scope of practice and without the need to '...undertake additional qualifications in areas in which they have no intention of practising'.

Our comments

We define a registrant's scope of practice as 'the area or areas of your profession in which you have the knowledge, skills and experience to practise lawfully, safely and effectively, in a way which meets our standards and does not pose any danger to the public or to themselves'.

We recognise that a registrant's scope of practice may change over time perhaps because of specialisation in a certain clinical area or because of a movement into roles in management or education. This does not mean that an individual has to have a clinical background in order to be proficient in their profession.

Psychologists on the BPS' voluntary register with a practising certificate and membership of a relevant division will transfer to our Register on the day that our Register opens. These individuals will not have to complete additional courses and will be able to work within their current scope of practise.

How we analysed the responses to the standards

We have carefully considered the comments we received about the standards themselves. We have made decisions taking into account a number of factors, which are outlined below.

The generic standards are not subject to this consultation and therefore we have not provided comments in response to the comments about the generic standards. However, as outlined above the comments made by respondents about the generic standards will feed into the review of these standards. In addition, we have considered the interaction between the standards when making decisions about the profession and domain specific standards.

The standards of proficiency are threshold standards for safe and effective practice and their primary role is their use in our process for approving education and training programmes. We need to ensure that those who pass an approved programme have the abilities described in the standards. They are therefore competencies rather than a list of tasks that registrants might undertake once they are registered. When making decisions about the standards, it is important that we ensure that they are consistent with this principle.

HPC is a UK wide regulator. This means that we can not set different standards for different parts of the UK. Where different standards have been proposed depending on geographical area we have adopted the suggestion which best reflects the proposed standards.

We have also made amendments to ensure consistency between the standards in the different domains.

Profession specific standards

This section contains comments from respondents relating to the profession specific and domain specific standards as a whole. Comments relating to the individual standards can be found in the next section.

UEA commented that many of the profession specific standards were taken from the clinical psychology accreditation criteria, with minor adaptations. Whilst UEA were pleased that these standards would apply to clinical psychologists they were concerned that the standards might not apply across all domains. They suggested that these standards might need to be removed for the other domains and instead added as domain specific standards for clinical psychologists. These comments were supported by two individual respondents.

The BPS raised concerns about the 'granularity' of the standards. They commented that the standards contained elements which were marginal to occupational psychologists, such as working in a team, but that other areas which might be equally as marginal were not incorporated, such as working

within an organisational context. They commented that this created ambiguities about the practice of occupational psychologists.

Our comments

We have considered the comments we received above alongside the comments that we received in relation to specific standards. We have amended the standards where necessary or added additional standards.

Standards of proficiency

In this section, we detail the comments made in relation to both the generic standards and the profession-specific standards for practitioner psychologists. Where appropriate, the comments have been divided into three sections based upon whether the comment applies to the generic standards, profession specific standards or domain specific standards. Comments about the domain specific standards have then been grouped by domain.

1a. Professional autonomy and accountability

1a.1 be able to practise within the legal and ethical boundaries of their profession

- understand the need to act in the best interests of service users at all times
- understand what is required of them by the Health Professions Council
- understand the need to respect, and so far as possible uphold, the rights, dignity, values and autonomy of every service user including their role in the diagnostic and therapeutic process and in maintaining health
- be aware of current UK legislation applicable to the work of their profession

Clinical psychologists

- *understand their duty of care with regard to safeguarding children and young people*
- *understand the power imbalance between practitioners and clients and how this can be minimised*
- *understand the complex ethical and legal issues of any form of dual relationship and the impact these may have on clients*

Counselling psychologists

- *be able to recognise appropriate boundaries and understand the dynamics of power*
- *understand the power imbalance between practitioners and clients and how this can be minimised*
- *understand the complex ethical and legal issues of any form of dual relationship and the impact these may have on clients*

Educational psychologists

- *understand their duty of care with regard to safeguarding children and young people*
- *understand the power imbalance between practitioners and clients and how this can be minimised*
- *understand the complex ethical and legal issues of any form of dual relationship and the impact these may have on clients*

1a.1 continued

Forensic psychologists

- *understand the power imbalance between practitioners and clients and how this can be minimised*
- *understand the complex ethical and legal issues of any form of dual relationship and the impact these may have on clients*

Sport and exercise psychologists

- *understand their duty of care with regard to safeguarding children and young people*
- *understand the power imbalance between practitioners and clients and how this can be minimised*
- *understand the complex ethical and legal issues of any form of dual relationship and the impact these may have on clients*

Domain specific standards

- Both the BACP and NHS Lothian suggested that the domain specific standards could be amended slightly and made into profession specific standards. NHS Lothian asked whether there was really ‘...any need to separate the 5 groups out for what should be a common set of standards around autonomy and accountability’.
- The BPS suggested that all psychologists needed ‘...to understand their duty of care to their client group’. They suggested the domain specific standard about duty of care for educational psychologists should be replaced with an additional profession specific standard:
 - ‘understand their duty of care to their client group and are able to act in appropriate safeguarding roles when required’
- One respondent suggested that ‘understand the power imbalance’ could be changed to ‘understand the possible power imbalances’.
- Both the BPS and UEA suggested that ‘understand the power imbalance between practitioners and clients and how this can be minimised’ should be replaced with ‘understand the power imbalance between practitioners and clients and how abuse of this can be minimised’. UEA commented that: ‘...the power imbalance is inevitable but that attempts to minimise its impact are important’.
- One respondent asked for clarification of the phrase ‘dual relationship’ and asked whether this was: ‘...between two people, professionals and family groups or two organisations?’
- The BPS and UEA suggested one additional domain specific standard for clinical psychologists:
 - ‘understand the impact of one’s own value base on psychology’.

- NHS Lanarkshire said that the duty of care for clinical psychologists should be expanded from only 'with regard to children and young people'. This was because there were other vulnerable clinical populations to whom clinical psychologists have a duty of care. This commented was supported by one individual and also by UEA who suggested that 'and vulnerable adults' should be added to this standard.
- The BPS suggested one amendment to the domain specific standards for counselling psychologists:
 - 'understand the power imbalance between practitioners and clients and how this can be minimised' should be amended to 'understand the power imbalance between practitioners and clients and how this can be managed appropriately'
- The BPS suggested one amendment to the domain specific standards for educational psychologists:
 - replace 'clients' with 'service users' in the second domain specific standard
- The BPS suggested one additional domain specific standard for forensic psychologists:
 - 'understand their duty of care with regard to safeguarding children and young people'
- The BPS commented that the standard 'understand the power imbalance between practitioners and clients and how this can be minimised' could be mapped against the core competencies of the Health Psychology Stage 1 and Stage 2 training curricula.
- The BPS suggested four domain specific standards should be added for health psychologists:
 - 'understand the power imbalance between practitioners and clients and how this can be minimised'
 - 'understand the complex legal and ethical issues of any form of dual relationships and the impact these may have on clients'
 - 'understand their duty of care with regard to safeguarding vulnerable groups'
 - 'be able to manage the physical, psychological and emotional impact of their practice'
- The BPS suggested that two domain specific standards should be added for occupational psychologists:
 - 'be able to act ethically to balance the interests of the organisation with respect to individual rights'
 - 'understand and be able to act and provide advice on policy development concerning employees and job seekers legal rights'

- One respondent commented that for occupational psychologists there was often more than a dual relationship as occupational psychologists could be paid by an organisation but also have to work with individuals within that organisation. The best interests of these different groups might not always be the same. The BPS supported this and emphasised the importance of the organisation as the client that occupational psychologists might be working for.
- One respondent commented on the absence of domain specific standards for occupational psychologists within this standard, which they found surprising.

Our comments

- We have reviewed this standard based on the comments we have received. We have considered carefully the suggestion that there should be a profession specific standard around duty of care. However, we do not believe that it is appropriate for all domains of psychologists and therefore it will remain as a domain specific standard. In addition, duty of care is also covered within 1a.5. We will add the following standard as a profession specific standard, taken from the domain specific standards for Clinical psychologists:
 - understand the complex ethical and legal issues of any form of dual relationship and the impact these may have on clients
- We have carefully considered the suggestion that there should be standards around safeguarding vulnerable groups. We believe that these standards are incorporated within the existing generic standards and also within the Standards of conduct, performance and ethics. Therefore we will not add additional domain specific standards.
- We have taken into account the suggestion that there should be a domain specific standard for clinical psychologists around value base. However, we believe that this is incorporated within the existing standards and also within the Standards of conduct, performance and ethics which every registrant must adhere to. Therefore, we will not add the proposed standard. However, we will amend the domain specific standards for clinical psychologists to:
 - understand the power imbalance between practitioners and clients and how this can be managed appropriately
- We will amend one of the domain specific standard for counselling psychologists to:
 - understand the power imbalance between practitioners and clients and how this can be managed appropriately
- We will replace the word 'clients' with 'service users' in the second domain specific standard for educational psychologists.

- We have considered the proposed domain specific standards for health psychologists. The last proposed standard around managing the 'physical, psychological and emotional impact of practice' is already covered in 1a.8. However, we will add one domain specific standard to ensure consistency with the other domains:
 - understand the power imbalance between practitioners and clients and how this can be minimised
- We have considered the proposed domain specific standards for occupational psychologists. We will add the second standard to 2b.2 as we believe that it is more appropriate there. We will add one domain specific standard for occupational psychologists:
 - be able to act ethically to balance the interests of the organisation with respect to individual rights

1a.8 understand the obligation to maintain fitness to practise

- understand the need to practise safely and effectively within their scope of practice
- understand the need to maintain high standards of personal conduct
- understand the importance of maintaining their own health
- understand both the need to keep skills and knowledge up to date and the importance of career-long learning
- *be able to manage the physical, psychological and emotional impact of their practice*

Profession specific standards

- The BPS commented that the standard 'be able to manage the physical, psychological and emotional impact of their practice' could be mapped against the core competencies of the Health Psychology Stage 1 and Stage 2 training curricula.

Domain specific standards

- The BPS and UEA both suggested that there should be an additional domain specific standard for clinical psychologists about the supervision process. The BPS suggested the standard because: '...newly qualified clinical psychologists are expected to provide supervision and support to psychology assistants and to other professionals within their team on a range of psychological activities'. They suggested the standard:
 - 'understand the supervision process for both supervisor and supervisee'

Our comments

- We have carefully considered the suggestions around supervision. We believe that the proposed suggestion is incorporated within 2c.2 and therefore will not incorporate the proposed amendment.

1b. Professional relationships

1b.1 be able to work, where appropriate, in partnership with other professionals, support staff, service users and their relatives and carers

- understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team
- understand the need to engage service users and carers in planning and evaluating diagnostics, treatments and interventions to meet their needs and goals
- be able to make appropriate referrals

Counselling psychologists

- *be able to understand therapy from the perspective of the client*
- *understand the dynamics present in therapeutic and other relationships*

Domain specific standards

- The BPS, UEA and one individual respondent suggested that the domain specific standard for counselling psychologists 'understand the dynamics present in therapeutic and other relationships' was also relevant to clinical psychologists.
- BACP suggested that the phrase 'and other relationships' be removed from the second domain specific standard above for counselling psychologists and that the standard should become a profession specific standard.
- NHS Lothian asked why only counselling psychologists were particularly mentioned with regard to issues between professionals and patients.
- Wigan MBC Educational Psychologists suggested a domain specific standard for educational psychologists:
 - 'be able to take objective perspectives, taking into account the views of all key people involved' for educational psychologists'
- One individual said that this standard needed a section for educational psychologists: '...that reflects the partnership work with school staff, parents and other professionals where the psychologist works as an agent of empowerment, and an expert in charge'.
- The BPS suggested that three domain specific standards should be added for health psychologists:

- 'identify the competencies of professionals conducting psychological work and allocate work according to level of competence'
- 'understand the dynamics present in health professional-client relationships'
- 'engage in effective supervisory relationships'
- The BPS commented on the professional relationships expressed within this standard and their relevance to the work of occupational psychologists. They said that the standard '...does not address some of the groups of people with whom occupational psychologists do interact e.g. employees of organisations... but lists many groups of people with whom occupational psychologists generally do not interact e.g. relatives and carers'. They suggested that there should be several additional standards:
 - One standard should refer to the contractual relationship with clients.
 - The other standard should '...explicitly enumerate' other aspects of professional relationships, such as those with clients.
- The BPS suggested one domain specific standard should be added for sport and exercise psychologists:
 - 'understand the dynamics present in dealing with clients and their environment'

Our comments

- We have considered the comments that we received around the second domain specific standard for counselling psychologists and whether it could be made into a profession specific standard. We believe that the relationships are different depending upon the domains. Therefore, we will add the following as domain specific standards:
 - understand the dynamics present in therapeutic and other relationships (clinical psychologists)
 - understand the dynamics present in health professional – client relationships (health psychologists)
 - understand the contractual relationship with clients (occupational psychologists)
 - understand the dynamics present in dealing with clients and their environment (sport and exercise psychologists)
- We have taken into account the proposed domain specific standards for educational psychologists. We believe that both of the proposed standards are incorporated in both the existing generics and profession specific standards around partnership working.

- We have considered the proposed standards for health psychologists. We have added a standard around supervision in 2c.2 and therefore will not add an additional standard here.

1b.2 be able to contribute effectively to work undertaken as part of a multi-disciplinary team

Generic standards

- The BPS and UEA both said that ‘provide supervision at an appropriate level within own sphere of competence’ should be added as a domain specific standard for clinical psychologists (see also the comment about 1a.8).
- The BPS suggested two additional domain specific standards for health psychologists:
 - ‘contribute to professional education, training and decision making by highlighting wider multi-level determinants of health’
 - ‘apply an understanding of interpersonal and group dynamics to managerial decision making’

Our comments

- We have carefully considered the proposed domain specific standards for clinical psychologists and health psychologists. It is important to remember that the standards must be set at the threshold level necessary for safe and effective practice. We have decided it is not necessary to add these additional standards as supervision is already outlined at the threshold level in 2c.2. In addition, training and professional education are incorporated within the domain specific standards for health psychologists in 1b.3

1b.3 be able to demonstrate effective and appropriate skills in communicating information, advice, instruction and professional opinion to colleagues, service users, their relatives and carers

- be able to communicate in English to the standard equivalent to level [x] of the International English Language Testing System, with no element below [x]
- understand how communication skills affect the assessment of service users and how the means of communication should be modified to address and take account of factors such as age, physical ability and learning ability
- be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others
- be aware of the characteristics and consequences of non-verbal communication and how this can be affected by culture, age, ethnicity, gender, religious beliefs and socio-economic status
- understand the need to provide service users (or people acting on their behalf) with the information necessary to enable them to make informed decisions
- understand the need to use an appropriate interpreter to assist service users whose first language is not English, wherever possible
- recognise that relationships with service users should be based on mutual respect and trust, and be able to maintain high standards of care even in situations of personal incompatibility
- *be able to select the appropriate means for communicating feedback to clients*
- *be able to provide psychological opinion and advice in formal settings, as appropriate*
- *be able to communicate ideas and conclusions clearly and effectively to specialist and non-specialist audiences*

Clinical psychologists

- *be able to plan, design and deliver teaching and training which takes into account the needs and goals of the participants*
- *be able to support the learning of others in the application of psychological skills, knowledge, practices and procedures*
- *be able to explain the nature and purpose of specific psychological techniques to clients*
- *be able to summarise and present complex ideas in an appropriate form*

Counselling psychologists

- *understand how empathic understanding can be helped by creativity and artistry in the use of language and metaphor*
- *understand explicit and implicit communications in a therapeutic relationship*

1b.3 continued

Educational psychologists:

- *be able to plan, design and deliver teaching and training which takes into account the needs and goals of the participants*
- *be able to support the learning of others in the application of psychological skills, knowledge, practices and procedures*
- *be able to explain the nature and purpose of specific psychological techniques to clients*
- *be able to summarise and present complex ideas in an appropriate form*

Forensic psychologists:

- *be able to plan, design and deliver teaching and training which takes into account the needs and goals of the participants*
- *be able to support the learning of others in the application of psychological skills, knowledge, practices and procedures*
- *be able to plan and implement assessment procedures for training programmes*
- *be able to plan and design training and development programmes*
- *be able to promote awareness of the actual and potential contribution of psychological services*
- *be able to provide psychological advice to aid policy decision making*

Health psychologists:

- *be able to plan, design and deliver teaching and training which takes into account the needs and goals of the participants*
- *be able to support the learning of others in the application of psychological skills, knowledge, practices and procedures*
- *be able to plan and implement assessment procedures for training programmes*

Occupational psychologists:

- *be able to promote psychological principles, practices, services and benefits*
- *be able to provide psychological advice to aid policy decision making*

Sport and exercise psychologists:

- *be able to promote psychological principles, practices, services and benefits*

Profession specific standards

- The British Association of Arts Therapists said that this standard needed to be edited and amended to meet the aims of the document. They commented that ‘...the long list of desired abilities is one that is appropriate on a course curriculum document, but does not amount to statements that address public safety’.
- The BACP suggested that the following profession specific standards should be added:
 - ‘be able to plan and implement assessment procedures for training programmes’
 - ‘be able to plan and design training and development programmes’
 - ‘be able to promote awareness of the actual and potential contribution of psychological services’
 - ‘be able to promote psychological principles, practices, services and benefits’
 - ‘be able to explain the nature and purpose of specific psychological techniques to clients’

Domain specific standards

- BACP proposed that two domain specific standards should be made profession specific. They were:
 - ‘be able to support the learning of others in the application of psychological skills, knowledge, practices and procedures’
 - ‘be able to provide psychological advice to aid policy decision making’
- The BPS suggested that ‘be able to summarise and present complex ideas in an appropriate form’ was applicable to all psychologists and should be a profession specific standard.
- NHS Lothian commented that although the standard was about communication skills, the profession and domain specific standards concentrated more on ‘...formal teaching, supervision, design of treatment and evaluation of treatment’.
- The BPS and UEA both suggested that ‘understand explicit and implicit communications in a therapeutic relationship’ should also be added as a domain specific standard for clinical psychologists.
- The BPS suggested two additional domain specific standards for counselling psychologists:
 - ‘be able to present and communicate professional knowledge and information’
 - ‘be able to manage professional relationships, including appropriate liaison’

- NHS Lothian asked why counselling psychologists should have emphasis placed on their empathic understanding rather than being able to plan and evaluate treatment. They commented that the ability to practice critically was important for all psychologists.
- The BPS suggested several additional domain specific standards for health psychologists:
 - 'be able to select the appropriate means for communicating feedback to clients'
 - 'be able to provide psychological opinion and advice in formal settings as appropriate'
 - 'be able to communicate ideas and conclusions clearly and effectively to specialist and non-specialist audiences'
 - 'understand and facilitate the information flow between health professionals and their clients'
 - 'be able to tailor and design communication using an evidence base and with a sensitivity to context'
 - 'be able to explain the nature and purpose of specific psychological techniques in clients'
 - 'be able to summarise and present complex ideas in an appropriate form'
 - 'be able to provide psychological advice to aid policy decision making'
 - 'be able to manage small teams (sic) of psychological assistants'
- The BPS said that the standard does not '...reflect the main communication requirements of occupational psychologists. Communication is predominantly to commissioning clients and to individuals involved in assessments and interventions'. The BPS said that additional domain specific standards were required for occupational psychologists including a standard about:
 - communication with commissioning clients and individual;
 - the provision of feedback; and
 - written communication.
- The BPS suggested several amendments to the domain specific standards for sports and exercise psychologists:
 - Delete 'be able to promote psychological principles, practices, services and benefits'
 - Add 'be able to plan, design and deliver teaching and training which takes into account the needs and goals of the participants'
 - Add 'be able to support the learning of others in the application of psychological skills, knowledge, practices and procedures'
 - Add 'be able to explain the nature and purpose of specific psychological techniques to clients'
 - Add 'be able to summarise and present complex ideas and in an appropriate form'
 - Add 'be able to initiate, develop and end a purposeful client-practitioners relationship'

Our comments

- We have carefully considered the comments that we received in response to this standard, in particular suggestions that more standards should be made profession specific, rather than domain specific. We have decided to add two profession specific standards as the standards were recognised as important to all domains and they also incorporated a number of suggestions from respondents. We will add:
 - be able to explain the nature and purpose of specific psychological techniques to clients
 - be able to summarise and present complex ideas in an appropriate form
- We will add the following standard, taken from the standards for counselling psychologists, to the domain specific standards for clinical psychologists:
 - understand explicit and implicit communications in a therapeutic relationship
- We have carefully considered the proposed domain specific standards for counselling psychologists. We believe that both standards are already incorporated within the existing generic and profession specific standards.
- We have taken into account the proposed additional domain specific standards for health psychologists. We believe that the majority of proposed standards are incorporated elsewhere or are not set at the threshold level. However, we will include an additional standard:
 - be able to provide psychological advice to aid policy decision making
- We have reflected upon the comments from the BPS around additional standards for occupational psychologists. We believe that the proposed standards are already incorporated and therefore will not add additional standards.
- We have considered the comments from respondents suggesting domain specific standards for sport and exercise psychologists. We believe that the last proposed standard is incorporated within 1b.4 and that several of the other standards are incorporated already within 1b.3. However, we will delete the existing domain specific standard and add the following two domain specific standards:
 - be able to plan, design, and deliver teaching and training which takes into account the needs and goals of the participants
 - be able to support the learning of others in the application of psychological skills, knowledge, practices and procedures

1b.4 understand the need for effective communication throughout the care of the service user

- recognise the need to use interpersonal skills to encourage the active participation of service users

Clinical psychologists:

- be able to initiate, develop and end a purposeful therapeutic alliance

Counselling psychologists:

- be able to initiate, develop and end a purposeful therapeutic alliance

Domain specific standards

- The BACP, UEA and NHS Lothian said that other psychologists should be able to initiate, develop and end a purposeful therapeutic alliance, not just clinical and counselling. BACP said that the domain specific standards should be removed and that 'be able to initiate, develop and end a purposeful therapeutic alliance' should be added as a profession specific standard.
- The BPS suggested that two domain specific standard should be added for counselling psychologists:
 - 'be able to reflect critically on their practice and consider alternative ways of working'
 - 'be able to respond appropriately to complex demands of clients'
- The BPS suggested that one domain specific standard should be added for forensic psychologists:
 - 'be able to initiate, develop and end a purposeful therapeutic alliance'
- The BPS suggested that one domain specific standard should be added for health psychologists:
 - 'be able to initiate, develop and end purposeful professional relationships with clients and/or service users'
- The BPS suggested that three domain specific standards should be added for occupational psychologists:
 - 'be able to appropriately define and contract the work with commissioning clients or client representative(s)'
 - 'be able to design and plan organisational and individual interventions with the client to meet agreed aims'
 - 'be able to communicate effectively with others including clients, employees, job seekers and the public to explain the nature of the intervention and its potential impact'

Our comments

- We have considered the comments we received and revised the domain specific standard for clinical psychologists and counselling psychologists and made it profession specific. The amended standard will say:
 - be able to initiate, develop and end a client-practitioner relationship

- We have taken into account the proposed additional domain specific standards for counselling psychologists. The first domain specific standard falls under 2a.2 whilst the second standard is already incorporated within 1b.3.

- We have considered the suggestions we received for domain specific standards for occupational psychologists. We believe that the second two proposed standards are incorporated within the generic standards but we will add the following as a domain specific standard:
 - be able to appropriately define and contract the work with commissioning clients or client representatives

2a. Identification and assessment of health and social care needs

We received a number of comments about the title of this group of standards. Several respondents commented that the title did not include educational psychologists and that health and social care were over represented. They suggested that the title of the section should be amended to 'identification and assessment' or that 'educational' should be added after 'health' in the title. Sport and exercise psychologists at the BPS recommended that the title should be changed to 'identification of client needs' whilst occupational psychologists at the BPS suggested adding 'strategies for meeting individual, workplace and organisational needs'

The BPS said that the identification and assessment of health and social care needs was not something that occupational psychologists did. They commented that this standard is based on assessment of an individual, which for occupational psychologists is only part of a larger intervention as part of the '...problem analysis phase'.

2a.1 be able to gather appropriate information

Generic standards

- The BPS said that additional standards, based on Unit 2.1 in the occupational standards, were required for occupational psychologists. They commented that these were needed because occupational psychologists need to gather information from various sources. These sources included identifying the expectations of clients, understanding the context within which the need exists and gathering information from research and other sources to inform their understanding of the problem.

Our comments

- We have considered the comments made by the BPS about this standard. We believe it is important to strike a balance between providing sufficient information and being too prescriptive in these standards. We believe that the phrase 'appropriate' information would incorporate the different types of information outlined in the comments above.

2a.2 be able to select and use appropriate assessment techniques

- be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment

Clinical psychologists

- 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

- be able to use formal assessment procedures (standardised psychometric instruments), systematic interviewing procedures and other structured methods of assessment

- be able to assess social context and organisational characteristics

Counselling psychologists

- be able to conduct psychological assessments and make formulations of a range of presentations

Educational psychologists

- 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

- be able to use formal assessment procedures (standardised psychometric instruments), systematic interviewing procedures and other structured methods of assessment

- be able to develop appropriate psychological assessments based on an appraisal of the influence of the ecology of the learning environment on the experiences of thinking, learning and behaving in a range of educational and other settings for both individuals and groups

Occupational psychologists

- be able to choose and use a broad range of psychological assessment methods, appropriate to the client, environment and they type of intervention likely to be required

- be able to use formal assessment procedures (standardised psychometric instruments), systematic interviewing procedures and other structured methods of assessment

- be able to assess individuals, groups and organisations in detail

Domain specific standards

- The British Association of Arts Therapists said that the standard was too long and that it needed to be rewritten: ‘...with the concept of “threshold” in mind’ as the competencies were not those that newly qualified registrants would be expected to have.
- The BACP suggested several changes to the domain specific standards:

- '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' should be a profession specific standard
 - 'be able to use formal assessment procedures (standardised psychometric instruments), systematic interviewing procedures and other structured methods of assessment' is already covered within the generic standards and should be removed
 - all domain specific standards for clinical, counselling, educational and occupational psychology should be removed as they believed they were already covered by the generics and the addition of two profession specific standards
- One individual said that it would be useful to add a domain specific standard for clinical psychologists relating to '...the assessment of the needs of carers and families'.
 - The BPS suggested two additional domain specific standards for counselling psychologists:
 - Add 'be able to reflect critically on their practice and consider alternative ways of working'
 - Add 'be able to operate safely and professionally in a range of modalities, contexts and time-frames of therapeutic practice' (Modalities are defined as work with individuals, couples, groups, families, organisations)
 - Scottish educational psychologists within the BPS suggested three amendments to the domain specific standards for educational psychologists:
 - 'be able to critically evaluate the need for, and be competent in, a range of methods that contribute to the psychological assessments and inform the interventions' should replace the three domain specific standards within our consultation draft
 - 'be able to use formal assessment procedures (standardised psychometric instruments), systematic interviewing procedures and other structured methods of assessment' should be removed as it does not apply to all services within Scotland and is adequately covered by the first and third profession-specific standards
 - 'be able to conduct appropriate psychological assessments and most effective, least intrusive interventions or other actions safely and skilfully' should be added for Scottish educational psychologists
 - Wigan MBC Educational Psychologists suggested several amendments to the domain specific standards for educational psychologists:
 - Change 'be able to use formal assessment procedures (standardised psychometric instruments), systematic interviewing procedures and other structured methods of assessment' to 'be able to use a range of appropriate formal assessment procedures

- (e.g. time-sampled observation, criteria referenced assessment, standardised psychometric instruments), systematic interviewing procedures and other structured methods of assessment' for educational psychologists only
- Add 'over a period of time' at the end of 'and other settings for both individuals and groups' for educational psychologists
 - One individual said that many educational psychologists do not use psychometric assessment instruments due to concern over their validity and suggested that the standard should be amended.
 - The BPS suggested that there should be three domain specific standards for forensic psychologists:
 - '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'
 - 'be able to use formal assessment procedures (standardised psychometric instruments), systematic interviewing procedures and other structured methods of assessment'
 - 'be able to assess social context and organisational characteristics'
 - The BPS suggested that there should be three domain specific standards for health psychologists:
 - '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'
 - 'be able to use formal assessment procedures (standardised psychometric instruments) and other structured methods of assessment (e.g. interviews)'
 - 'be able to develop appropriate psychological assessments based on appraisal of the influence of the social and/or environmental context'
 - The BPS suggested one amendment to the domain specific standards for occupational psychologists:
 - Add 'be able to use the consultancy cycle'
 - The BPS commented that this standard only made sense in the context of assessing an individual, which was not usually relevant for occupational psychologists.
 - The BPS commented that occupational psychologists were not currently required to have the ability to use psychometric instruments.
 - The BPS suggested that there should be three domain specific standards for sport and exercise psychologists:
 - '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'

- 'be able to use formal assessment methods (standardised psychometric instruments) systematic interviewing procedures and other structured methods of assessments'
- 'be able to assess social context and organisational characteristics'

Our comments

- Having considered the comments we received, we have added the following standard as a profession specific standard:
 - 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
- We have added the following as a domain specific standard for counselling psychologists:
 - be able to reflect critically on their practice and consider alternative ways of working
- We have considered the amendments proposed by Scottish educational psychologists and will replace the existing domain specific standards with the following standard:
 - be able to critically evaluate the need for, and be competent in, a range of methods that contribute to the psychological assessment and inform the interventions
- We have added two domain specific standards for forensic psychologists:
 - be able to use formal assessment procedures (standardised psychometric instruments), systematic interviewing procedures and other structured methods of assessment
 - be able to assess social context and organisational characteristics
- We have added two domain specific standards for health psychologists:
 - be able to use formal assessment procedures (standardised psychometric instruments) and other structured methods of assessment (e.g. interviews)
 - be able to develop appropriate psychological assessments based on appraisal of the influence of the social and/or environmental context
- Following comments we received, we have removed the phrase 'standardised psychometric instruments' from the first domain specific standard for occupational psychologists. We have also added the following domain specific standard:
 - be able to use the consultancy cycle
- We have added two domain specific standards for sport and exercise psychologists:

- be able to use formal assessment methods (standardised psychometric instruments) systematic interviewing procedures and other structured methods of assessment
- be able to assess social context and organisational characteristics

2a.3 be able to undertake or arrange investigations as appropriate

Generic standards

- The BPS said that it was unclear what the standard would mean within the context of occupational psychology. They suggested a domain specific standard for occupational psychologists:
 - 'to have the capacity to understand and draw on different appropriate forms of investigation and psychological approaches to understand a client[s] needs and what is practicable'

Our comments

- We have considered the comments we received about occupational psychology. We believe that the proposed standard is already incorporated within a number of existing standards and therefore will make no changes.

2a.4 be able to analyse and critically evaluate the information collected

Clinical psychologists:

- be able to develop psychological formulations using the outcomes of assessment, drawing on theory, research and explanatory models
- be able to conduct risk assessment

Counselling psychologists:

- understand the use and interpretation of tests and other assessment procedures

Educational psychologists:

- be able to develop psychological formulations using the outcomes of assessment, drawing on theory, research and explanatory models
- be able to conduct risk assessment

Forensic psychologists:

- be able to conduct risk assessment

Sport and exercise psychologists:

- be able to conduct risk assessment

Domain specific standards

- The BACP suggested that the following two domain specific standards should be made profession specific as they were relevant to all practitioner psychologists:
 - 'be able to develop psychological formulations using the outcomes of assessment, drawing on theory, research and explanatory models'
 - 'be able to conduct risk assessment'
- NHS Lothian said that the focus of 2a was assessment and evaluation. They commented that many of the domain specific standards were not necessary. They said: 'We believe we should be asking for a critical approach to all assessment work – and whilst it may be the case that some groups are/are not qualified to use specific tests and assessments – or are yet to have the required training – its probably not necessary to go through these differences here. So an emphasis on the generic standards should be sufficient here.'
- One respondent asked for clarification of what was meant by 'be able to conduct risk assessment' as it could mean different things within different professions.
- The BPS suggested that there should be three domain specific standards for counselling psychologists:
 - 'be competent, reflective, ethically sound, resourceful and an informed practitioner of counselling psychology'
 - 'be able to work in therapeutic and non-therapeutic contexts'
 - 'be able to apply ethical principles in reasoning and decision making'
- The BPS suggested that there should be an amendment to the domain specific standards for educational psychologists:
 - For England, Wales and Northern Ireland 'be able to conduct risk assessment' is better represented as 'be able to conduct risk assessment and subsequent risk reduction'
 - For Scottish educational psychologists the standard 'be able to conduct risk assessment' should be removed as 'Risk Assessment' is not part of the curriculum and should be replaced with 'be able to critically evaluate risks and their implications'
- The BPS suggested that there should be one additional domain specific standards for forensic psychologists:
 - 'be able to develop empirically informed psychological formulations which attend to assessment outcomes, theory and research'
- The BPS suggested that there should be three domain specific standards for health psychologists:

- 'be able to develop psychological formulations using the outcomes of assessment drawing on theory, research and explanatory models'
- 'be able to conduct risk assessment'
- 'understand the use and interpretation of tests and other assessment procedures'
- The BPS suggested that there should be one domain specific standards for occupational psychologists:
 - 'be able to interpret and analyse information to compare the effectiveness of different interventions, both from published literature and from researched and analysed results, to inform professional practice, policy and decision making'
- The BPS said that this standard is central to the majority of the work undertaken by occupational psychologists whether at the diagnostic or intervention phase. They suggested that the standard should be moved to 3a.
- The BPS suggested that there should be two domain specific standards for sport and exercise psychologists:
 - 'be able to develop psychological interventions using the outcomes of assessment, drawing on theory, research and explanatory models'
 - 'understand the use, limitations and interpretation of tests and other assessment procedures'

Our comments

- We have carefully considered the suggestion to make the two domain specific standards for clinical psychologists into profession specific standards. However, we do not believe that the standards are appropriate to all seven domains and therefore have not made them profession specific.
- We will add the following as a domain specific standard for counselling psychologists:
 - be able to critically evaluate risks and their implications
- We will amend the second domain specific standards for educational psychologists to:
 - be able to critically evaluate risks and their implications
- We have considered the proposed standard for forensic psychologists. We believe that it is incorporated within 2b.1 and therefore will not make this amendment to the standard.
- We have taken into account the proposed standards for health psychologists. We believe that the last standard is already covered in

2a.2 but we will add two domain specific standards for health psychologists:

- be able to develop psychological formulations using the outcomes of assessment drawing on theory, research and explanatory models
- be able to conduct risk assessment

- We have considered the proposed standard for occupational psychologists. We believe that it is incorporated within 2b.1 and therefore will not make this amendment to the standard.

- We have taken into account the proposed domain specific standards for sport and exercise psychologists. We believe that the second domain specific standard is incorporated elsewhere. However, we will add one domain specific standard for sport and exercise psychologists:
 - be able to develop psychological interventions using the outcomes of assessment, drawing on theory, research and explanatory models

2b. Formulation and delivery of plans and strategies for meeting health and social care needs

We received a number of comments from the BPS about the title of this section. Sport and exercise psychologists suggested that the title should be changed to 'meeting client needs' whilst educational psychologists and occupational psychologists suggested that 'health and social care' should be deleted from the title. Occupational psychologists made a number of comments about this standard because they believed that this standard did not represent something that occupational psychologists did. They commented that the standard conflates '...activities which are about meeting specific client needs and research activities which are aimed at developing the science'. They explained that practitioners were expected to undertake both of these activities within psychology.

2b.1 be able to use research, reasoning and problem solving skills to determine appropriate actions

- recognise the value of research to the systematic evaluation of practice
- be able to engage in evidence-based practice, evaluate practice systematically, and participate in audit procedures
- be aware of a range of research methodologies
- be able to demonstrate a logical and systematic approach to problem solving
- be able to evaluate research and other evidence to inform their own practice

- be able to initiate, design, develop and conduct psychological research

- understand a variety of research designs

- be able to understand and use applicable techniques for research and academic enquiry, including qualitative and quantitative approaches

- understand research ethics and be able to apply them

Clinical psychologists:

- be able to conduct service evaluation

Educational psychologists:

- be able to carry out and analyse large scale data gathering including questionnaire surveys

- be able to work with key role partners to support the design, implementation, conduct, evaluation and dissemination of research activities and to support evidence-based research

Forensic psychologists:

- be able to research and develop psychological methods, concepts, models, theories and instruments in forensic psychology

Health psychologists:

- be able to conduct systematic review

Occupational psychologists:

- be able to conduct systematic review

-be able to research and develop psychological methods, concepts, models, theories and instruments in occupational psychology

- be able to use psychological theory to guide research solutions for the benefit of organisations and individuals

Profession specific standards

- One respondent suggested additional standards for practitioner psychologists undertaking research:
 - 'conduct a thorough literature review of the area under investigation'
 - 'write a detailed research protocol and obtain ethical approval'
 - 'provide a formal statement of the aims and objectives of the study'
 - 'use valid and reliable instruments, including questionnaires and rating scales'
 - 'use control groups or statistical norms, as required'
 - 'use statistical procedures appropriate to the aims and objectives'
 - 'write a detailed report of the work, discussing the results in relation to the aims and objectives'
 - 'keep proper records of all correspondence, reports, and dealings in relation to the study'
 - 'comply with relevant legislation such as the Data Protection Act 1998 and the Freedom of Information Act (where necessary)'
- Another respondent suggested that two standards should be added to the profession specific standards to reflect the fact that all '...applied psychologists must be able to apply scientific, psychological, research findings to their practice'. They suggested the following standards:
 - 'be able to identify, review and critically appraise a substantial body of research evidence relevant to psychological practice'
 - 'understand applicable techniques for clinical research and advanced enquiry, including quantitative and qualitative approaches'
- The BPS supported the emphasis on research competencies within the standards. They said that a variety of research skills was '...an absolutely core professional competence for all applied psychologists and it is vital, therefore, that there is no reduction in standard in this area'.

Domain specific standards

- The BACP proposed a number of amendments to this standard. They:
 - made 'be able to work with key role partners to support the design, implementation, conduct, evaluation and dissemination of research activities and to support evidence-based research' into a profession specific standard rather than a domain specific standard;
 - removed all domain specific standards for clinical psychologists except 'be able to conduct service evaluation';
 - removed 'be able to carry out and analyse large scale data gathering including questionnaire surveys' as this was already covered by the other standards;
 - removed 'be able to research and develop psychological methods, concepts, models, theories and instruments in forensic psychology'

- from forensic psychology as it was already covered in the generic standards; and
- removed 'be able to research and develop psychological methods, concepts, models, theories and instruments in occupational psychology' from the domain specific standards for occupational psychology as it was already covered in the generic standards.
- One respondent said that there were 'significant issues' which needed addressing within this standard in relation to the research competencies of clinical psychologists during their training which are then used in the workplace. They commented that: 'The research competence is a vital part of our practice, complementing therapeutic skills'. As a consequence, they suggested the following standards for clinical psychologists:
 - 'be able to identify, review and critically appraise a substantial body of research evidence relevant to clinical psychology practice'
 - 'understand applicable techniques for clinical research and advanced enquiry, including quantitative and qualitative approaches'
- The same individual respondent also suggested that the following standards should be added to the domain specific standards for clinical, educational and forensic psychologists:
 - 'be able to conduct service evaluation and small n research'
 - 'be able to conceptualise, design and conduct original research that contributes to the development of psychological practice: including identifying research questions, demonstrating an understanding of ethical issues, choosing appropriate research methods and analysis and reporting outcomes appropriately'
- The BPS suggested several additional domain specific standards for clinical psychologists based upon Committee for Training for Clinical Psychologists (CTCP) accreditation criteria. They commented that whilst some of these elements were included, the proposed standards reflected the requirements of newly qualified clinical psychologists. They proposed:
 - 'be able to identify, review and critically appraise a substantial body of research evidence relevant to clinical psychology practice'
 - 'understand applicable techniques for clinical research and advance enquiry, including quantitative and qualitative approaches'
 - 'be able to conduct service evaluation and small n research'
 - 'be able to conceptualise, design and conduct original research that contributes to the development of clinical psychology practice, including identifying research questions, demonstrating an understanding of ethical issues, choosing appropriate research methods and analysis and reporting outcomes appropriately'
- Another respondent commented that the standards on research reflected the competencies of clinical psychology but could be made

more operational. They suggested that for clinical psychologists 'be able to initiate, design, develop and conduct psychological research' should be reworded to 'be able to plan and conduct independent psychological research i.e. to identify research questions, understand ethical issues, choose and implement appropriate research methods and methods of data analysis, identify appropriate pathways for dissemination and report findings effectively'.

- UEA commented that there were issues with the level of research competency required, which for clinical psychology is a doctorate. They suggested that the standards for clinical psychology should reflect the QAA descriptors for doctoral degrees. They commented that this was important because newly qualified psychologists were often asked to design and develop services, which requires a different set of skills to that involved in delivering psychological therapies. These comments were supported by the BPS.
- NHS Lothian commented that all practitioner psychologists should be able to use and conduct research. They asked why '...clinical psychologists should in addition be able to undertake "service evaluation" whilst health psychologists only need to be able to conduct "systematic reviews"'. They commented that this was puzzling, especially given that health psychologist often undertake service evaluation in the NHS.
- The BPS suggested three domain specific standards should be added for counselling psychologists:
 - 'be able to devise and evaluate research questions and select an appropriate methodology'
 - 'be able to design, conduct, critically evaluate and report on research'
 - 'be able to conduct service evaluations'
- One respondent said that the first domain specific standard for educational psychology should not mention just one method of data gathering. They suggested that it could also include '... discourse analysis, observation and other research methodologies'.
- BPS said that educational psychologists often applied a principle of minimum intrusiveness when selecting interventions. They commented that this standard should include indirect work as well as direct work.
- Wigan MBC Educational Psychologists said that for educational psychologists 'be able to carry out and analyse large scale data gathering including questionnaire surveys' should be replaced with 'be able to carry out and analyse large scale data gathering using a range of methods of a quantitative and qualitative nature'.

- Wigan MBC Educational Psychologists suggested that 'collaboratively' should be added to the phrase 'be able to work with key role partners'.
- Wigan MBC Educational Psychologists suggested two additional domain specific standards for educational psychologists:
 - 'be able to research and develop psychological methods, concepts, models, theories and instruments'
 - 'be able to use psychological theory to guide research solutions for the benefit of organisations and individuals'
- The BPS suggested one additional domain specific standards for forensic psychologists:
 - 'be able to conduct service evaluations'
- The BPS suggested several amendments to the domain specific standards for health psychologists:
 - Delete 'be able to conduct systematic review'
 - Add 'be able to conduct service evaluations'
 - Add 'be able to carry out and analyse large scale data gathering including questionnaire surveys'
 - Add 'be able to work with key role partners to support the design, implementation, conduct, evaluation and dissemination of research activities and to support evidence-based research'
 - Add 'be able to conduct systematic review of extant literature and/or research'
 - Add 'be able to research and develop psychological methods, concepts, models, theories and instruments in health psychology'
 - Add 'be able to use psychological theory to guide research solutions for the benefit of groups and individuals in health contexts'
 - Add 'be able to evaluate research findings and make recommendations based on research findings'
- The BPS suggested one additional domain specific standards for occupational psychologists:
 - 'be able to understand how research and theory on relevant related fields may impact on occupational psychology intervention and practice such as Human Resource Management, Classical Test Theory, Theories of Organisational Functioning and Change'
- The BPS commented that this standard should include other assessment work that occupational psychologists undertake including coaching, training and team building.
- The BPS suggested three domain specific standards should be added for sport and exercise psychologists:
 - 'be able to research and develop psychological methods, concepts, models, theories and instruments to meet client needs'
 - 'be able to use psychological theory to guide research solutions for the benefit of clients'

- 'be able to conduct service evaluation'

Our comments

- We have carefully considered the comments we received in response to this section, bearing in mind the function of the Standards of proficiency and the interaction between the existing generic standards and profession specific standards.
- We have taken into account the proposed domain specific standards for clinical psychologists based on the CTCP accreditation criteria. Some of these are already incorporated within the existing standards but we will add the following standard:
 - be able to identify, review and critically appraise a substantial body of research evidence relevant to clinical psychology practice
- We will add one additional standard for counselling psychologists:
 - be able to design, conduct, critically evaluate and report on research
- We will add one standard to the domain specific standards for counselling psychologists, forensic psychologists, health psychologists and sport and exercise psychologists:
 - be able to conduct service evaluations
- We will add two standards for health psychologists:
 - be able to carry out and analyse large scale data gathering including questionnaire surveys
 - be able to work with key role partners to support the design, implementation, conduct, evaluation and dissemination of research activities and to support evidence-based research
- We have considered the proposed standards for occupational psychologists. We believe that the first standard is already incorporated within 3a.1 and therefore will not make any additional changes to the domain specific standards.

2b.2 be able to draw on appropriate knowledge and skills in order to make professional judgements

- be able to change their practice as needed to take account of new developments
- be able to demonstrate a level of skill in the use of information technology appropriate to their practice

- *be able to apply psychology across a variety of different contexts that draws creatively and flexibly from a range of evidence-based and theoretical models, frameworks, and psychological paradigms*
- *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*
- *be able to make informed judgements on complex issues in the absence of complete information*
- *be able to work effectively whilst holding alternative competing explanations in mind*
- *be able to recognise when (further) intervention is inappropriate, or unlikely to be helpful*
- *be able to establish requirements for and the benefits of applications and interventions*

Clinical psychologists:

- *be able to generalise and synthesise prior knowledge and experience in order to apply them critically and creatively in different settings and novel situations*
- *be able to decide how to assess, formulate and intervene psychologically from a range of possible models and modes of intervention with clients, carers and service systems*
- *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*
- *understand therapeutic techniques and processes as applied when working with a range of different 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*
- *be able to adapt practice to take account of organisational and cultural contexts*

2b.2 continued

Counselling psychologists

- *be able to contrast, compare and critically evaluate a range of models of therapy*
- *be able to critically evaluate theories of mind and personality*
- *understand therapy through their own life experience*
- *be able to adapt practice where necessary to take account of social and cultural factors and the nature of relationships throughout the lifespan*
- *be able to formulate clients' concerns within the chosen therapeutic models*
- *be able to critically evaluate psychopharmacology and its effects from research and practice*
- *be able to critically evaluate theories of psychopathology and change*

Educational psychologists:

- *be able to generalise and synthesise prior knowledge and experience in order to apply them critically and creatively in different settings and novel situations*
- *be able to formulate interventions that focus on applying knowledge, skills and expertise to support local and national initiatives*
- *be able to develop and apply effective interventions to promote psychological well-being, social, emotional and behavioural development and to raise educational standards*
- *be able to decide, using a broad range of evidence and knowledge, how to assess, formulate and intervene psychologically, from a range of possible models and modes of intervention*
- *be able to adapt practice to take account of organisational and cultural contexts*

Forensic psychologists:

- *be able to evaluate and respond to change in forensic psychology and in consultancy and service delivery contexts*

Profession specific standards

- The BACP suggested that a profession specific standard should be added which was taken from the domain specific standards for forensic psychologists:
 - 'be able to evaluate and respond to change in the discipline in consultancy and service delivery contexts'
- The BPS commented that the profession specific standards could be mapped against the core competencies of the Health Psychology

Stage 1 and Stage 2 training curricula. However, they commented that 'be able to work effectively whilst holding alternative competing explanations in mind' was an unusual and ambiguous statement. They suggested that this should be removed.

Domain specific standards

- NHS Lothian asked whether all the domain specific standards were necessary. They commented that this standard was '...one of the key defining standards of any professional group' and therefore the domain specific standards were unnecessary.
- The BACP proposed several amendments to the domain specific standards for clinical psychologists. They:
 - removed all domain specific standards except 'understand therapeutic techniques and processes' as they believed that the other domain specific standards were covered in the profession specific standards;
 - amended the domain specific standard 'understand therapeutic techniques' by removing the rest of the standard after 'including those who experience difficulties' as they believed the standard was too detailed; and
 - suggested adding 'be able to critically evaluate psychopharmacology and its effects from research and practice' and 'be able to critically evaluate theories of psychopathology and change' as two domain specific standards.
- The BACP proposed several amendments to the domain specific standards for counselling psychologists:
 - Remove 'be able to contrast' and 'be able to critically evaluate' as they are already covered by the generic standards
 - Add 'understand therapeutic techniques and processes as applied when working with a range of different individuals in distress'
 - Remove 'be able to adapt practice' and 'be able to formulate clients' as they are already covered by the other standards
- One respondent asked why counselling psychologists are involved in evaluating psychopharmacology within chosen therapeutic models but clinical psychologists are not.
- The BACP proposed several amendments to the domain specific standards for educational psychologists:
 - Remove all domain specific standards as already covered by other profession specific and generics
 - Add 'be able to critically evaluate psychopharmacology and its effects from research and practice'
- The BPS suggested one additional domain specific standards for educational psychologists:

- For England, Wales and Northern Ireland add 'be able to work collaboratively interpreting theory and relating it to practice across disciplines'
- The BACP proposed several amendments to the domain specific standards for forensic psychologists:
 - Add 'be able to critically evaluate psychopharmacology' and 'be able to critically evaluate theories of psychopathology'.
 - Remove the domain specific standard as they suggested it could be made into a profession specific by removing word 'forensic'
- The BPS suggested several domain specific standards for forensic psychologists:
 - 'be able to evaluate and respond to organisational and service delivery changes, including the provision of consultation'
 - 'be able to generalise and synthesise prior knowledge in order to apply it critically and creatively across novel situations'
 - 'be able to decide how to assess, formulate and intervene psychologically using a range of possible approaches with clients and/or service systems'
 - 'be able to draw on knowledge of developmental and social changes and constraints across an individual's lifespan to facilitate adaptability and change'
 - 'to understand therapeutic techniques and processes as applied to both individual's and/or group therapy, addressing needs that have promoted the expression of maladaptive behaviour in clients'
- The BPS suggested several additional domain specific standards for health psychologists:
 - 'be able to generalise and synthesise prior knowledge and experience in order to apply them critically and creatively in different settings and novel situations'
 - 'be able to decide how to assess, formulate and intervene psychologically from a range of possible models and modes of intervention with clients, carers and service systems'
 - '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'
 - 'be able to adapt practice to take account of organisational and cultural contexts'
 - 'be able to contrast, compare and critically evaluate a range of models of behaviour change'
 - 'understand techniques and processes as applied when working with different individuals who experience difficulties such as: depression, anxiety and mood disorders; adjustment to adverse circumstances or life events; eating disorders and substance misuse'

- 'be able to develop and apply effective interventions to promote psychological well-being, social, emotional and behavioural development and to raise educational standards'
- 'be able to formulate interventions that focus on applying knowledge, skills and expertise to support local and national initiatives'
- 'be able to evaluate and respond to change in health psychology and in consultancy and service delivery contexts'
- The BPS said that additional standards are required for occupational psychologists around meeting individual, workplace and organisational needs, although further discussion should take place to agree the wording.
- The BPS suggested several additional domain specific standards for sport and exercise psychologists
 - 'be able to generalise and synthesise prior knowledge and experience in order to apply them critically and creatively in different settings and novel situations'
 - 'be able to decide how to assess, formulate and intervene psychologically from a range of possible models and modes of intervention with clients, carers, and/or service system'
 - 'be able to formulate clients' concerns within the chosen intervention models'
 - 'be able to adapt practice to take account of organisational and cultural contexts'

Our comments

- We will make a minor amendment to the first profession specific standard replacing 'that draws creatively and flexibly from' with 'using'.
- We will add two profession specific standards drawn from the domain standards:
 - be able to generalise and synthesise prior knowledge and experience in order to apply them critically and creatively in different settings and novel situations
 - 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
- We have carefully considered the suggestion that we should add a professional specific standard around adapting practice to take account of organisational and cultural contexts. However, we think that this is already incorporated within the existing generic standard for 2b.3.
- We have taken into account the proposed domain specific standards for forensic psychologists. To ensure consistency with other domains

we will remove the existing domain specific standard and replace it with:

- be able to evaluate and respond to organisational and service delivery changes, including the provision of consultation
 - be able to draw on knowledge of developmental and social changes and constraints across an individual's lifespan to facilitate adaptability and change
- We have considered the comments we received about domain specific standards for health psychologists. Some of the proposed standards are now incorporated within the generic and profession specific standards. However, we will add the following standards for health psychologists:
 - 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
 - be able to contrast, compare and critically evaluate a range of models of behaviour change
 - understand techniques and processes as applied when working with different individuals who experience difficulties
 - be able to develop and apply effective interventions to promote psychological well-being, social, emotional and behavioural development and to raise educational standards
 - be able to evaluate and respond to change in health psychology and in consultancy and service delivery contexts
 - We will add the following domain specific standard for occupational psychologists taken from the BPS' comments in response to 1a.1:
 - understand and be able to act and provide advice on policy development concerning employees and job seekers legal rights
 - We have considered the proposed standards for sport and exercise psychologists and will add the first three as the fourth has become a profession specific standard.

2b.3 be able to formulate specific and appropriate management plans including the setting of timescales

- understand the requirement to adapt practice to meet the needs of different groups distinguished by, for example, physical, psychological, environmental, cultural or socio-economic factors

Clinical psychologists

- be able to use psychological formulations to plan appropriate interventions that take the client's perspective into account

- be able to use psychological formulations with clients to facilitate their understanding of their experience

- be able to use formulations to assist multi-professional communication and the understanding of clients and their care

- understand the need to implement interventions and care plans in partnership with clients, other professionals and carers

Educational psychologists

- be able to demonstrate effective professional management and organisational skills

- be able to use formulations to assist multi-professional communication and the understanding of clients, their development and learning

- understand the need to implement interventions and care plans in partnership with clients, other professionals and parents/carers

Domain specific standards

- The BACP moved 'understand the need to implement interventions' and 'be able to use formulations to assist' from the domain specific standards to the profession specific standards.
- The BACP suggested that all other domain specific standards should be removed as they were covered by the generics or the additional profession specific standard.
- The BACP suggested that 'be able to demonstrate effective professional management' should be a profession specific standard. However, they asked whether it was a threshold standard or not.
- The BACP suggested that 'be able to use psychological formulations with clients to facilitate their understanding of their experience' should be added as a domain specific standard for counselling psychologists.
- The BPS suggested several domain specific standards for counselling psychologists:
 - 'be able to practice safely and competently in a named model'
 - 'be able to formulate clients' concerns within the specifically chosen therapeutic model'

- 'be able to conduct psychological assessments and make formulations of a range of presentations'
- 'be able to adapt model of practice to fit context (e.g. session number limitation and therapeutic setting)'

- The BPS suggested that the word 'care' should be removed from 'understand the need to implement interventions and care plans in partnership with clients, other professionals and parents/carers' in the domain specific standards for educational psychologists and that 'clients' should be replaced with 'service users'

- One respondent commented that educational psychologists did not usually work with care plans but did work on educational programmes.

- The BPS suggested several domain specific standards for forensic psychologists:
 - 'be able to use psychological formulations to plan appropriate interventions that take the client's perspective into account'
 - 'be able to use psychological formulations with clients to facilitate their understanding of their experience'
 - 'be able to use formulations to assist multi-professional communication and the understanding of clients and their care'
 - 'understand the need to adapt and to implement interventions and care plans in partnership with clients, other professionals and carers.'

- The BPS suggested several domain specific standards for health psychologists:
 - 'be able to use psychological formulations to plan appropriate interventions that take the client's perspective into account'
 - 'be able to use psychological formulations with clients to facilitate their understanding of their experience'
 - 'understand the need to implement interventions and action plans in partnership with clients, groups and other professionals and carers'

- The BPS suggested one domain specific standard for occupational psychologists because they felt that the existing standards did not reflect the project management part of the occupational psychologist's role:
 - 'be able to manage resources to meet timescales and agreed project objectives'

- The BPS suggested several domain specific standards for sport and exercise psychologists:
 - 'be able to use psychological formulations to plan appropriate interventions that take the client's perspective into account'
 - 'be able to use psychological formulations with clients to facilitate their understanding of their experience'

- 'be able to demonstrate effective professional management and organisational skills'

Our comments

- We believe that most of the proposed domain specific standards for counselling psychologists are already incorporated within the generic standards. However, we will add one domain specific standard for counselling psychologists:
 - be able to formulate clients' concerns within the specifically chosen therapeutic model
- We will amend the terminology within the domain specific standards for educational psychologists to remove references to 'clients' and 'care plans'. Instead of 'clients' we will use 'service users'. We will remove the first standard around effective professional management as we do not believe that it is appropriate as a threshold standard.
- We will add all four domain specific standards for forensic psychologist proposed by the BPS.
- We will add all three domain specific standards for health psychologists proposed by the BPS.
- We will add the proposed domain specific standard for occupational psychologists around managing resources.
- We will add the first two of the three domain specific standards for sport and exercise psychologists proposed by the BPS. To ensure consistency within the standards and accurate reflection of the threshold nature of the standards we will add the following domain specific standard instead of the proposed third standard:
 - be able to manage resources to meet timescales and agreed project objectives

2b.4 be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely and skilfully

- understand the need to maintain the safety of both service users and those involved in their care
- *be able to conduct consultancy*

Clinical psychologists:

- *be able to implement interventions and care plans through and with other professionals and/ or with individuals who are formal (professional) carers for a client, or who care for a client by virtue of family or partnership arrangements*
- *understand the need to implement interventions and care plans in partnership with clients, other professionals and carers*
- *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*
- *be able to integrate and implement therapeutic interventions based on a range of evidence-based models of formal psychological therapy, including the use of cognitive behavioural therapy*

Counselling psychologists:

- *be able to implement psychological therapy or other interventions appropriate to the presenting problem and to the psychological and social circumstances of the client*

Educational psychologists:

- *be able to implement interventions and care plans through and with other professions and/or with parents/carers*
- *be able to apply, review and evaluate a range of appropriate counselling and therapeutic skills*
- *be able to adopt a pro-active and preventative approach in order to promote the psychological wellbeing of clients*
- *be able to choose and use a broad range of psychological interventions, appropriate to the client's needs and setting*

Forensic psychologists:

- *be able to direct the implementation of applications and interventions carried out by others*

Occupational psychologists:

- *be able to direct the implementation of applications*

Sport and exercise psychologists:

- *be able to direct the implementation of applications*

Profession specific standards

- The BACP suggested one additional profession specific standard:
 - 'be able to direct the implementation of applications and interventions carried out by others'

Domain specific standards

- NHS Lothian suggested that the domain specific standards were common across all practitioner psychologists. They asked '...what value is there in setting out the minor differences or specific issues in relation to some of the subgroups?'
- The BACP suggested a number of amendments to this standard. They:
 - removed all clinical psychology domain specific standards as they believed that they were repetitious and also suggested that CBT should not be mentioned;
 - removed the counselling psychology domain specific standard as they believed it was already covered by the generics;
 - removed 'be able to apply, review and evaluate' and 'be able to choose and use a broad range...' from the domain specific standards for educational psychology;
 - made the domain specific standard for forensic psychology a profession specific standard; and
 - removed all other domain specific standards.
- One individual commented that the domain specific standard for clinical psychologists made no reference to 'neuropsychological assessment'. They stated that this addition was necessary because the section refers to treatment and therapy actions, of which neuropsychological assessment could be central.
- The BPS suggested two amendments to the domain specific standards for clinical psychologists:
 - Remove 'be able to integrate and implement therapeutic interventions based on a range of evidence-based models of formal psychological therapy, including the use of cognitive behavioural therapy' and replace with 'be able to implement therapeutic interventions based on knowledge and practice in at least two evidence-based models of formal psychological therapy, of which one must be cognitive-behaviour therapy'. This was supported by one individual respondent and UEA. The amendment was suggested because there is not a good evidence base for combining or integrating therapeutic models and one respondent commented that it would be easier to 'operationalise' in the revised format.
 - Add 'be able to provide effective supervision at an appropriate level within their own sphere of competence'. This suggestion was also made by UEA.

- NHS Lanarkshire commented that for clinical psychologists consultancy is a ‘...key model of working and an assessed competency during pre-registration training’. They suggested that the standard ‘be able to conduct consultancy’ could have more detailed added to it.
- The BPS suggested one amendment to the domain specific standards for counselling psychologists:
 - Replace ‘be able to implement psychological therapy or other interventions appropriate to the presenting problem and to the psychological and social circumstances of the client’ with ‘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’
- Wigan MBC Educational Psychologists suggested one amendment to the domain specific standards for educational psychologists:
 - ‘be able to implement interventions and care plans through and with other professions and/or with parents/carers’ should be amended to ‘be able to implement interventions with other professions and/or parents/carers’
- The BPS suggested four amendments to the domain specific standards for educational psychologists:
 - Replace ‘be able to implement interventions and care plans through and with other professions and/or with parents/carers’ with ‘be able to implement interventions and plans through and with other professions and/or with parents/carers’
 - Scottish educational psychologists recommend that ‘be able to apply, review and evaluate a range of appropriate counselling and therapeutic skills’ is removed because it is not part of their current curricula. It should be replaced with ‘be able to apply, review and evaluate a range of appropriate intervention skills in both direct work and indirect work’ as this would better support learning outcomes from training programmes in Scotland.
 - Add ‘be able to direct the implementation of applications and interventions carried out by others’
- The BPS suggested four additional domain specific standards for forensic psychologists:
 - ‘be able to implement interventions and care plans through and with other professionals who form part of the service user care team’
 - ‘be able to understand the need to implement interventions and care plans in partnership with clients and other professionals’
 - ‘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’

- 'be able to integrate and implement evidence-based psychological therapy, including cognitive behavioural therapy techniques, at either an individual or group level'
- The BPS suggested four additional domain specific standards for health psychologists:
 - 'be able to implement psychological interventions appropriate to the presenting problem and to the psychological and social circumstances of the client and/or group'
 - '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'
 - 'be able to integrate and implement therapeutic interventions based on a range of evidence-based models of formal psychological therapy, including the use of cognitive behavioural therapy'
 - 'be able to choose and use a broad range of psychological interventions, appropriate to the client's needs and settings'
- The BPS suggested one additional domain specific standards for occupational psychologists:
 - 'be able to run, direct, train and monitor others in the effective implementation of an application'
- The BPS suggested one additional domain specific standards for sport and exercise psychologists:
 - 'be aware of the possible physical risks associated within certain sport and exercise contexts'

Our comments

- We have taken into account the comments that we received about the domain specific standards for clinical psychologists. We will amend the first standard to remove the reference to integrating therapeutic interventions. However, we believe that the existing standard in 2c.2 is sufficient in setting standards around supervision. We will amend the standard around implementing interventions and care plans to read:
 - understand the need to and be able to implement interventions and care plans through and with other professionals and/or with individuals who are formal (professional) carers for a client, or who care for a client by virtue of family or partnership arrangements
- We have considered the proposed amendment to the domain specific standards for counselling psychologists and will replace the existing standard with:
 - 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

- We have removed the word 'care' from the phrase 'care plans' in the first domain specific standard for educational psychologists. We have considered the comments about the second domain specific standard and have decided to remove it to ensure that it accurately reflects the threshold standards. We will add the following as a domain specific standard:
 - be able to direct the implementation of applications and interventions carried out by others
- We have considered the proposed domain specific standards for forensic psychologists. We will add the following standards to ensure consistency with the standards for other domains:
 - understand the need to and be able to implement interventions and care plans through and with other professionals who form part of the service user care team
 - 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
 - be able to integrate and implement evidence-based psychological therapy, including cognitive behavioural therapy techniques, at either an individual or group level
- We have carefully considered the proposed domain specific standards for health psychologists. We will add the following standards to ensure consistency with the standards for other domains:
 - be able to implement psychological interventions appropriate to the presenting problem and to the psychological and social circumstances of the client and/or group
 - 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
 - be able to integrate and implement therapeutic interventions based on a range of evidence-based models of formal psychological therapy, including the use of cognitive behavioural therapy
 - be able to choose and use a broad range of psychological interventions, appropriate to the client's needs and settings
- We will add the following standard as a domain specific standard for occupational psychologists:
 - be able to run, direct, train and monitor others in the effective implementation of an application
- We will add a domain specific standard to 3.a.3 instead of 2b.4 for sport and exercise psychologists:
 - be aware of the possible physical risks associated within certain sport and exercise contexts

2b.5 be able to maintain records appropriately

- be able to keep accurate, legible records and recognise the need to handle these records and all other information in accordance with applicable legislation, protocols and guidelines
- understand the need to use only accepted terminology (which includes abbreviations) in making records

Occupational psychologists:

- *be able to record and handle commercially sensitive information*

Profession specific standards

- Both the BACP and NHS Lothian suggested that there should be a profession specific standard about handling sensitive information more generally as this was not limited to occupational psychologists.
- The BPS said that occupational psychologists usually document their work through reports instead of records. They commented that a lot of information is collected and stored in databases but that collecting this information will often be ‘...integral to the intervention rather than an additional activity such as record-keeping’.

Domain specific standards

- The BPS suggested that ‘be able to record and handle commercially sensitive information’ should be added as a domain specific standard for educational psychologists.
- The BPS suggested that ‘be able to record and handle commercially sensitive information’ should be replaced with ‘be able to manage individually and commercially sensitive information appropriately’.

Our comments

- We have considered the comments that we received in response to this standard and have decided to remove the domain specific standard for occupational psychologists as we believe that this was incorporated in the generic standards.

2c. Critical evaluation of the impact of, or response to, the registrant's actions

Wigan MBC Educational Psychologists said that they disliked the title of the section 'critical evaluation of the impact or, or response to, the registrant's actions' because they believed that it 'conflicts with 2b c.1 [and was a] unclear and woolly title'.

2c.1 be able to monitor and review the ongoing effectiveness of planned activity and modify it accordingly

- be able to gather information, including qualitative and quantitative data that helps to evaluate the responses of service users to their care
- be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with service user
- 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
- be able to make reasoned decisions to initiate, continue, modify or cease treatment or the use of techniques or procedures, and record the decisions and reasoning appropriately

Clinical psychologists:

- be able to revise formulations in the light of ongoing intervention and when necessary re-formulating the problem

Educational psychologists:

- be able to revise formulations in the light of ongoing intervention and when necessary re-formulating the problem

Occupational psychologists:

- be able to monitor agreements and practices with clients, users, groups and organisations

Domain specific standards

- The BACP said that all domain specific standards could be removed as they were already covered in the generic standards.
- The BPS suggested one domain specific standard for counselling psychologists:
 - 'be able to revise formulations in the light of ongoing intervention and, when necessary, reformulating the problem'
- The BPS suggested one amendment to the domain specific standard for educational psychologists:

- 'be able to revise formulations in the light of ongoing intervention and when necessary re-formulating the problem' should be removed and be replaced with 'be able to review assessment and intervention within a cycle of clarification, formulation, intervention and evaluation' for Scottish educational psychologists only
- The BPS suggested one domain specific standard for forensic psychologists:
 - 'be able to review the progress of therapeutic intervention and formulation, revising as required'
- The BPS suggested two domain specific standards for health psychologists:
 - 'be able to revise formulations in the light of ongoing intervention and, when necessary, re-formulate the problem'
 - 'be able to monitor agreements and practices with clients, users, groups and organisations'
- The BPS suggested one additional domain specific standards for occupational psychologists:
 - 'be able to review the effectiveness of the ongoing intervention and discuss appropriate actions with the client to improve or stop an intervention with negative or little impact'
- The BPS suggested one domain specific standards for sport and exercise psychologists:
 - 'be able to revise formulations or interventions in the light of ongoing intervention and, when necessary, re-formulate the problem'

Our comments

- Having considered the comments we received, we have added the following standard as a profession specific standard:
 - be able to revise formulations or interventions in the light of ongoing intervention and, when necessary, re-formulate the problem
- We have added the following standard to the domain specific standards for health psychologists:
 - be able to monitor agreements and practices with clients, users, groups and organisations

2c.2 be able to audit, reflect on and review practice

- understand the principles of quality control and quality assurance
- be aware of the role of audit and review in quality management, including quality control, quality assurance and the use of appropriate outcome measures
- be able to maintain an effective audit trail and work towards continual improvement
- participate in quality assurance programmes, where appropriate
- understand the value of reflection on clinical practice and the need to record the outcome of such reflection
- recognise the value of case conferences and other methods of review

Clinical psychologists

- recognise the role and value of supervision

Counselling psychologists:

- recognise the role and value of supervision
- be able to critically reflect on the use of self in the therapeutic process

Educational psychologists

- recognise the role and value of supervision
- be able to audit and review the practice of other professionals

Profession specific standards

- The BACP suggested two additional profession specific standards:
 - 'be able to direct the implementation of applications'
 - 'recognise the role and value of supervision'
- One respondent said: 'I would like to see supervision as a requirement, carried out at least monthly, with agreed procedures, based on psychological principles that are facilitative and non-discriminatory.'

Domain specific standards

- NHS Lothian said 'there appears little value in making the subgroup distinctions under these two generic standards'.
- The BACP suggested that all domain specific standards should be removed except for 'be able to critically reflect on the use of self in the therapeutic process' for counselling psychologists.
- Both NHS Lanarkshire and one individual respondent stated that 'recognise the role and value of supervision' did not provide sufficient information on the range and level of supervision competencies that are an essential part of clinical psychology training. Both respondents suggested that the standard should contain more information to

highlight supervision of other professionals or junior or less experienced staff. The individual respondent suggested that additional standards should be added based upon the CTCP Accreditation Criteria 2007.

- One individual said that 'be able to critically reflect on the use of self in the therapeutic process' was relevant to clinical psychologists as well as counselling psychologists.
- The BPS suggested two additional domain specific standards for counselling psychologists:
 - 'be able to demonstrate that they have a commitment to best practice in the interests of their clients'
 - 'be able to demonstrate that they strive to do no harm by recognizing appropriate boundaries and the dynamics of power'
- The BACP questioned why educational psychologists would be in a position to audit and review the practice of other professionals and not other psychologists
- The BPS suggested that 'be able to audit and review practice of other professionals' should be removed as the standard '...is supposed to describe supervision, not management'.
- Wigan MBC Educational Psychologists suggested one domain specific standard for educational psychologists:
 - 'have an entitlement to engage in regular supervision'
- The BPS suggested one domain specific standards for forensic psychologists:
 - 'recognise the role and value of supervision and continuing professional development'
- The BPS suggested two domain specific standards for health psychologists:
 - 'recognise the role and value of supervision'
 - 'be able to engage in a process of critical self-reflection with respect to personal involvement in practice'
- The BPS suggested that one domain specific standard for occupational psychologists should be added relating to supervision.

Our comments

- We recognise the value of supervision within a practitioner psychology context. However, it is not a function of the standards to lay out requirements around supervision or other areas which have to be met by other professionals or practitioners. We will include the following standard as a profession specific standard:

- understand models of supervision and their contribution to practice
- We have reviewed the two proposed domain specific standards for counselling psychology. We believe that they are both incorporated within the existing standards, especially 1a.1.
- We have considered the comments we received about the standard 'be able to audit and review the practice of other professionals' and have decided to remove it as we do not feel that it is a threshold standard.

3a. Knowledge, understanding and skills

3a.1 know and understand the key concepts of the bodies of knowledge which are relevant to their profession-specific practice

- understand the structure and function of the human body, relevant to their practice, together with knowledge of health, disease, disorder and dysfunction
- be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process
- recognise the role of other professions in health and social care
- understand the theoretical basis of, and the variety of approaches to, assessment and intervention
- *understand the impact of differences such as gender, sexuality, ethnicity, culture, religion and age on psychological wellbeing*

Clinical psychologists

- *understand the role of the clinical psychologist across a range of settings and services*
- *understand theories and evidence concerning psychological development and psychological difficulties across the lifespan and their assessment and remediation*
- *understand more than one evidence-based model of formal psychological therapy*
- *understand psychological models related to how biological, sociological and circumstantial or life-event related factors impinge on psychological processes to affect psychological well-being*
- *understand psychological models related to a range of presentations including:*
 - *clients with presentations from acute to enduring and mild to severe*
 - *problems with biological or neuropsychological causation*
 - *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*
- *understand psychological models related to:*
 - *clients from a range of social and cultural backgrounds*
 - *clients of all ages*
 - *clients across a range of intellectual functioning*
 - *clients with significant levels of challenging behaviour*
 - *clients with developmental learning disabilities and cognitive impairment*
 - *clients with communication difficulties*
 - *clients with substance misuse problems*
 - *clients with physical health problems*

3a. 1 continued

Clinical psychologists continued

- understand psychological models related to:

- working with individual clients, couples, families, carers, groups and at the organisational and community level
- working in a variety settings including in-patient or other residential facilities with high dependency needs, secondary health care, and community or primary care

- understand change processes in service delivery systems

- understand social approaches such as those informed by community, critical and social constructivist perspectives

- understand leadership theories and models, and their application to service delivery and clinical practice

- understand the impact of psychopharmacological and other clinical interventions on psychological work with clients

Counselling psychologists

- understand the philosophical bases which underpin those psychological theories which are relevant to counselling psychology

- understand the philosophy, theory and practice of more than one model of psychological therapy

- understand the therapeutic relationship and alliance as conceptualised by each model

- understand the spiritual and cultural traditions relevant to counselling psychology

- 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

- understand theories of human cognitive, emotional, behavioural, social and physiological functioning relevant to counselling psychology

- understand different theories of lifespan development

- understand social and cultural contexts and the nature of relationships throughout the lifespan

- understand theories of psychopathology and of change

- understand the impact of psychopharmacology and other interventions on psychological work with clients

Educational psychologists

- understand the role of the educational psychologist across a range of settings and services

- understand psychological theories of, and research evidence in, child and adolescent development relevant to educational psychology

3a. 1 continued

Educational psychologists continued

- *understand the structures and systems of a wide range of settings in which education and care are delivered for children and young people*
- *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 and young people*
- *understand psychological models of the factors leading to underachievement and disaffection amongst vulnerable groups, social exclusion and poor behaviour*
- *understand theories and evidence underlying psychological intervention with children and young people, their parents/carers, and education and other professionals*
- *understand psychological models related to the influence on development of children and young people from:*
 - *family structures and processes*
 - *cultural and community contexts*
- *understand the theoretical basis of, and the variety of approaches to, consultation and assessment in educational psychology*

Forensic psychologists

- *understand the legal framework of the law and the civil and criminal justice systems*
- *understand the applications of psychology to processes in the justice system, including:*
 - *psychology applied to the process of investigation*
 - *psychology applied to the legal process*
 - *psychology as applied to the court dispersal system including community and custodial practices*
- *understand the psychological interventions related to different client groups including victims of offences, offenders, litigants, appellants and individuals seeking arbitration and mediation*

Health psychologists

- *understand context and perspectives in health psychology*
- *understand the epidemiology of health and illness*
- *understand psychological models relating to:*
 - *biological mechanisms of health and disease*
 - *health-related cognitions*
 - *stress, health and illness*
 - *chronic illness and disability*
 - *individual differences in health and illness*
 - *lifespan, gender and cross-cultural perspectives*
- *understand applications of health psychology and professional issues*

3a. 1 continued

Occupational psychologists

- understand the following in occupational psychology:

- *human-machine interaction*
 - *design of environments and work*
 - *personnel selection and assessment*
 - *performance appraisal and career development*
 - *counselling and personal development*
 - *training*
 - *employee relations and motivation*
- *organisational development and change*

Sport and exercise psychologists

- understand the following related to performance:

- *motor skills*
 - *practice skills*
 - *cognition, learning and perception*
- understand the following related to psychological skills:

- *arousal and anxiety*
- *confidence*
- *coping and techniques such as relaxation*
- *goal setting*
- *biofeedback*
- *imagery*
- *stress*
- *inoculation*

- understand the following related to life-span issues and social processes:

- *team cohesion*
- *group identity*
- *trust*
- *co-operation and competition*
- *leadership*

- understand the following related to exercise and physical activity:

- *determinants*
- *outcomes in relation to mood, self esteem and cognition*
- *problems of addiction and injury*

- understand the influence of individual differences such as personality, motivation, gender and special groups such as the elite, disabled and talented

Profession specific standards

- Wigan MBC Educational Psychologists suggested that 'ability' should be inserted in between 'gender and sexuality' in the profession specific standard 'understand the impact of differences such as gender,

sexuality, ethnicity, culture, religion and age on psychological wellbeing’.

- The BACP suggested that several standards should be moved from domain specific to profession specific:
 - ‘understand the role of the psychologist in own area of specialism, across a range of settings and services’
 - ‘understand the impact of psychopharmacology and other interventions on psychological work with clients’
 - ‘understand theories of psychopathology and of change’
- The BPS suggested that for occupational psychologists ‘behaviour’ would be a better term than ‘psychological well-being’ in the profession specific standard ‘understand the impact of differences such as gender, sexuality, ethnicity, culture, religion and age on psychological well-being’.
- The BPS suggested that ‘understand the core areas of psychology’ should be added to the profession specific standards.
- One respondent said that all applicants for post-graduate training courses in applied psychology currently must have a foundation of knowledge and understanding of psychology at an undergraduate level. They commented that if the standards of proficiency are going to cover the knowledge currently required to attain chartership it would be necessary to either include attainment of this knowledge or alternatively include the knowledge outcomes within the standards of proficiency. They suggested ‘have a broad foundation of knowledge in the areas of cognitive psychology, psychobiology, social psychology, developmental psychology, individual differences, conceptual issues in psychology, research design and quantitative methods’.

Domain specific standards

- One individual asked what understanding registrants should have of ‘...more than one evidence-based model of formal psychological therapy’? They asked how the competence would be assessed and how it would be part of the syllabus of education and training programmes.
- One respondent asked what was meant by ‘understand change processes in service delivery systems’ and how this would be demonstrated. They also asked whether ‘understand leadership theories and models’ would be incorporated within the syllabus of education and training programmes.
- The BACP suggested several amendments to the domain specific standards for clinical psychologists:
 - Made first standard generic and moved to profession specific

- Removed 'understand psychological models related to presentations including etc' as believed gave too much detail
 - Removed 'understand psychological models related to: clients from a range of social and cultural backgrounds etc' as believed repetitive and generic
 - Removed 'understand psychological models related to: working within individual clients etc' as they believed it was already covered within the other standards
 - Removed 'understand change processes in service delivery systems'
 - Removed 'understand social approaches such as those informed by community, critical and social constructivist perspectives'
 - Moved 'understand impact of psychopharmacological' to profession specific
- The BACP suggested several amendments to the domain specific standards for counselling psychologists:
 - Replaced 'which' with 'that' in the first standard
 - Removed the rest of the domain specific standards after 'understand the philosophy, theory and practice of more than one model of psychological therapy'. The BACP commented that they believed all these standards were covered within the first two domain specific standards
 - Wigan MBC Educational Psychologists suggested that 'understand psychological models of the factors leading to underachievement and disaffection amongst vulnerable groups, social exclusion and poor behaviour' should be amended to 'understand psychological models of the factors leading to different outcomes including social exclusion, underachievement and disaffection amongst vulnerable groups' in the domain specific standards for education psychologists.
 - The BACP suggested several amendments to the domain specific standards for educational psychologists:
 - Remove the first standard as it was covered by the new profession specific standard they suggested
 - Remove all standards from 'understand psychological models of the factors' to the end as they were already covered by the rest of the domain specific standards
 - The BPS suggested two amendments to the domain specific standards for educational psychologists:
 - Replace 'understand psychological models of the factors leading to underachievement and disaffection amongst vulnerable groups, social exclusion and poor behaviour' with 'understand psychological models of the factors lead to underachievement, disaffection and social exclusion amongst vulnerable groups'

- Add 'organisations and systems' to the list of psychological models related to the influence on development of children and young people
- The BACP suggested several amendments to the domain specific standards for forensic psychologists:
 - Add 'understand the application of psychological theory to criminal investigation, understanding criminal behaviour and the treatment of criminals'
 - Remove 'understand the applications of psychology to processes' as the standard was too detailed
 - Remove the last standard as already covered in those for 2a.2
- The BPS suggested several amendments to the domain specific standards for forensic psychologists
 - Delete 'understand the legal framework of the law and the civil and criminal justice system'
 - Delete 'understand the applications of psychology to processes in the justice system...' and replace with 'understand the application of psychology in the legal system'
 - Add 'understand the application and integration of a range of theoretical perspectives on socially and individually damaging behaviours, including psychological, social and biological perspectives'
 - Add 'understand theory and its application to the provision of effective psychological therapies, including that focussed on the provision of effective offence-focussed therapy and therapy applied to the victims of offences'
 - Add 'understand effective assessment approaches with individuals presenting with individual and/or socially damaging behaviour'
 - Add 'understand the importance of providing therapy which is responsive to a client's individual needs, eg learning style, interpersonal style, impairment due to substance use, etc'
 - Add 'understand the application of consultation models to service delivery and practice, including the role of leadership and group processes'
 - Add 'understand the development of criminal and anti-social behaviour'
- The BACP suggested several amendments to the domain specific standards for health psychologists:
 - Add 'understand the psychological models and principles that are used to promote changes in people's attitudes, behaviour and thinking about health and illness' to replace all other domain specific standards
 - Remove 'understand context and perspectives in health psychology' and made generic
 - Remove all other standards as they believed that the list was too prescriptive

- The BPS suggested several amendments to the domain specific standards for health psychologists
 - Delete 'understand context and perspectives in health psychology'
 - Delete 'understand the epidemiology of health and illness'
 - Add 'understand context and perspectives in health psychology'
 - Add 'understand the epidemiology of health and illness'
 - Add 'understand biological mechanisms of health and disease'
 - Add 'understand health-related cognitions and behaviour'
 - Add 'understand individual differences in health and illness'
 - Add 'understand stress, health and illness'
 - Add 'understand long term conditions and disability'
 - Add 'understand lifespan, gender and cross-cultural perspectives'
 - Add 'understand healthcare in professional settings'
 - Add 'understand applications of health psychology (e.g. designing interventions, health education/promotion, theoretical backgrounds to interventions, behaviour change techniques)'
 - Add 'understand research methods (including measurement issues) applied to health psychology (both qualitative and quantitative)'
 - Add 'understand issues relevant to professional practice in health psychology (e.g. ethical codes of conduct, legal and statutory obligations)'
 - Add 'implement and maintain systems for legal, ethical and professional standards in applied psychology'
 - Add 'contribute to the continuing development of oneself as a professional health psychologist'
 - Add 'develop and maintain effective leadership and collaborative working in teams'
 - Add 'develop and implement public health policy into practice'
 - Add 'provide psychological advice and guidance to individuals, groups and organisations'
 - Add 'conduct health psychology assessments to meet the health needs and services of individuals, groups and communities/organisations'
 - Add 'conduct systematic reviews'
 - Add 'design and conduct psychological research'
 - Add 'analyse and evaluate psychological research data'
 - Add 'initiate and develop psychological research'
 - Add 'assess requests for consultancy'
 - Add 'plan consultancy'
 - Add 'establish, develop and maintain working relationships with clients'
 - Add 'conduct consultancy'
 - Add 'monitor the process of consultancy'
 - Add 'evaluate the impact of the consultancy'
 - Add 'plan and design training programmes that enable students to learn about psychological knowledge, skills and practices'

- Add 'deliver training programmes encompassing psychological knowledge, skills and practices'
- Add 'plan and implement assessment procedures for training programmes encompassing psychological knowledge, skills and practices'
- Add 'evaluate training programmes encompassing psychological knowledge, skills and practices'

- The BACP suggested several amendments to the domain specific standards for occupational psychologists:
 - Add 'understand and apply theories regarding performance of people at work, in training, how organisations function and how individuals and small groups behave at work' to replace the list to ensure balance between the domains and to prevent the standards from being too prescriptive

- The BPS suggested several amendments to the domain specific standards for sport and exercise psychologists:
 - Delete all existing domain specific standards
 - Add 'understand the following in sport and exercise psychology:
 - performance (such as motor skills; practice techniques; cognition; learning and perception)
 - psychological skills (such as arousal and anxiety; confidence; coping and techniques such as relaxation, goal setting, biofeedback, imagery, stress, inoculation)
 - lifespan issues (such as early-life; mid-life; later life)
 - social processes (such as interpersonal and communication skills; team cohesion; group identity; trust, co-operation and competition; leadership)
 - exercise and physical activity (such as determinants, e.g. motives, barriers and adherence; outcomes in relation to mood, self –esteem and cognition; problems of dependence and injury)
 - individual differences (such as personality; motivation; gender; special groups such as the elite and the disabled; talent identification)'
 - Add 'understand the following:
 - research methods (quantitative and qualitative)
 - professional skills/ counselling (ethics; counselling skills; reflective practice; communication skills; awareness of cognate disciplines; equal opportunities)
 - project planning (research design; ethical approval; dissemination of project plans; liaison with external agencies where appropriate)'

- The BACP suggested several amendments to the domain specific standards for sport and exercise psychologists:
 - Add 'understand the application of psychology to increase/improve exercise participation and motivational levels in the general public'

to replace all the lists within the standard as they argued that the list was too prescriptive and could easily become out of date

- NHS Lothian said: 'In this section there is real overlap with section **2b.2**. We do not believe there is merit in using Clinical Psychologists as a subgroup to effectively illustrate the things that are covered by this standard'.

Our comments

- We have added the phrase 'or behaviour' at the end of the profession specific standard
- We have made two amendments to the domain specific standards for educational psychologists:
 - understand psychological models of the factors lead to underachievement, disaffection and social exclusion amongst vulnerable groups has replaced 'understand psychological models of the factors leading to underachievement and disaffection amongst vulnerable groups, social exclusion and poor behaviour'
 - 'organisations and systems' has been added to the list of psychological models related to the influence on development of children and young people
- We have carefully considered the comments we received about the domain specific standards for forensic psychologists. We believe that the proposed standard around providing therapy in response to a client's individual needs is already incorporated within the existing standards. However, we will delete the first and second domain specific standards and add the following:
 - understand the application of psychology in the legal system
 - understand the application and integration of a range of theoretical perspectives on socially and individually damaging behaviours, including psychological, social and biological perspectives
 - understand theory and its application to the provision of effective psychological therapies that focus on offenders and victims of offences
 - understand effective assessment approaches with individuals presenting with individual and/or socially damaging behaviour
 - understand the application of consultation models to service delivery and practice, including the role of leadership and group processes
 - understand the development of criminal and anti-social behaviour
- We have considered the comments made by respondents proposing domain specific standards for health psychologists. A number of the proposed standards are incorporated within the existing standards and therefore will not be included. However, we have removed the phrase 'psychological models related to' from the third domain specific

standard, added 'and behaviour' to the second bullet point and added 'long term conditions and disability' as the last bullet in the list. We will also add an additional domain specific standard. The amended standards now read:

- Understand:
 - biological mechanisms of health and disease
 - health-related cognitions and behaviour
 - stress, health and illness
 - chronic illness and disability
 - individual differences in health and illness
 - lifespan, gender and cross-cultural perspectives
 - long term conditions and disability
- understand healthcare in professional settings

- We have considered the responses around the domain specific standards for sport and exercise psychologists. Some of the proposed standards around research skills, professional skills and project planning are incorporated elsewhere. However, we have deleted the existing domain specific standards and replaced them with the following standards:
 - understand motor skills, practice skills and cognition, learning and perception and their impact on performance
 - understand psychological skills such as:
 - arousal and anxiety;
 - confidence;
 - coping and techniques such as relaxation, goal setting, biofeedback, imagery, stress, inoculation
 - understand exercise and physical activity including:
 - determinants, e.g. motives, barriers and adherence;
 - outcomes in relation to mood, self-esteem and cognition;
 - understand individual differences including:
 - personality;
 - motivation;
 - gender;
 - special groups;
 - talent identification
 - understand social processes within sport and exercise psychology including:
 - interpersonal and communication skills;
 - team cohesion;
 - group identity;
 - trust;
 - co-operation and competition;
 - leadership
 - understand the impact of lifespan issues
 - understand the problems of dependence and injury

3a.3 understand the need to establish and maintain a safe practice environment

- 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
- be able to work safely, including being able to select appropriate hazard control and risk management, reduction or elimination techniques in a safe manner in accordance with health and safety legislation
- be able to select appropriate personal protective equipment and use it correctly
- be able to establish safe environments for clinical practice, which minimise risks to service users, those treating them, and others, including the use of hazard control and particularly infection control

Our comments

- We will add a domain specific standard to this section for sport and exercise psychologists based on comments on 2b.4:
 - be aware of the possible physical risks associated within certain sport and exercise contexts

Additional standards

In the consultation document, we asked a specific question about whether any additional standards were necessary. Responses to this question have been placed below, unless they relate to a specific standard within the draft standards. The responses are divided into additional profession specific standards and then additional standards for each domain.

Profession specific standards

The BPS suggested that several profession specific standards should be added. These were:

- standards to reflect the range of practice settings for psychologists;
- standards relating to specific issues for private practice;
- standards relating to legislative and statutory responsibilities; and
- standards relating to preventative work.

The BPS also suggested that a separate section could be included to cover the standards expected of psychologists working in private practice, including standards around fees and timescales. They also suggested that a standard could be included specifically around statutory responsibilities. For example:

- where psychologists have statutory responsibilities, they will be able to discharge these in a competent and appropriate manner

Domain specific standards

Clinical psychology

One individual commented that the standards did not sufficiently emphasise the 'neuropsychological assessment role of clinical psychologists and asked that the document be reviewed to add additional standards as appropriate. They said '...this document needs to reflect the fact that Clinical Psychology does not only consist of therapy, but also neuropsychology, and neuropsychology within a therapeutic relationship'.

Educational psychology

The BPS commented that several additional standards were required for educational psychologists. These included standards on the contribution of educational psychologists beyond the child and family and standards on contributing advice and policy. They commented that '...more is required on self-reflection that allows the transfer of knowledge and skills (our learning outcome 1.1.7) and we need some mention of the study of Additional Support Needs in Scotland. (1.1.5), likewise work with schools as organisations'. They also suggested that there should be additional standards on:

- working on a different range of settings;
- working collaboratively as part of a multidisciplinary team; and
- Organisational and systemic paradigms of working.

Forensic psychology

The BPS commented that forensic psychology is ‘... a domain which focuses on adaptation as well as deficit’. As a consequence the BPS suggested that there should be some ‘focus in the standards on the role of forensic psychologists in promoting adaptation, such as by enhancing existing skills with clients and building on existing adaptive behaviour.’

The BPS suggested several additional standards for forensic psychology:

- Be able to understand and apply criminological and penological theory to practice
- Be able to utilise de-escalation techniques to prevent imminent violence
- Be able to understand the development of criminal and anti-social behaviour

Health psychology

The BPS commented that the standards for health psychologists do not reflect the competencies required for chartership. They called for the inclusion of further standards based upon the competencies necessary to gain chartership.

One individual said that: ‘The standards of proficiency for health psychology appear to be very thin in relation to other sets of proficiencies and overlook important competencies set out by the BPS’. They suggested adding the following standards:

- Generic Professional Competence
 - Implement and maintain systems for legal, ethical and professional standards in applied psychology.
 - Contribute to the continuing development of self as a professional applied psychologist.
 - Provide psychological advice and guidance to others and feedback to clients.
- Research Competence
 - Conduct systematic reviews.
 - Design, conduct, analyse and evaluate psychological research.
 - Initiate and develop psychological research.
- Consultancy Competence
 - Assess requests for consultancy.
 - Plan and conduct consultancy.
 - Establish, develop and maintain working relationships with clients.
 - Monitor the implementation of consultancy and evaluate its impact.

- Teaching and Training Competence
 - Plan design, deliver and evaluate training programmes that enable students to learn about psychological knowledge, skills and practices.

Occupational psychology

The BPS commented that additional standards were the only way in which ‘...occupational psychologists could be assessed, as the higher level generic standards are mismatched to occupational psychologists’ core objectives’. They suggested that these additional standards could be based upon the BPS’ occupational standards for psychologists.

The BPS also said that for occupational psychologists, an important area of concern is ‘achieving a balance between professional requirements, the demands of the client organisation and the individuals that the psychologist may be working with’. They commented that the standards did not emphasise this requirement sufficiently.

The BPS also called for additional standards for occupational psychologists around managing relationships both with an organisation and an individual within that larger organisation. They commented that often the individual may not have a choice whether to work with the occupational psychologist so the ‘... issue is not one of informed consent but of communicating clearly what will happen to the information provided by the individual’. They commented that managing these types of multilayered relationships is an important part of an occupational psychologist’s work.

Our comments

We have carefully considered the comments we received in response to our question about whether additional standards were necessary. Having considered the comments we received, we believe that many suggested standards which were not set at the threshold level necessary.

List of respondents

Below is a list of those who responded to the consultation. Where a response has been given on behalf of an organisation, we have given the name of the organisation in the text. Where the response comes from an individual, we have not.

We received 15 responses from individuals and 18 responses from organisations.

Association of Business Psychologists
Association of Heads of Psychology Departments
Board of Community Health Councils in Wales
The British Association of Art Therapists
British Association for Counselling and Psychotherapy
The British Psychological Society
Department of Health
NHS Board Dumfries and Galloway
NHS Education for Scotland
NHS Forth Valley
NHS Greater Glasgow & Clyde Psychology Directorate Management Group
NHS Lanarkshire
NHS Lothian – Public Health and Health Policy
Picker Institute Europe
Polish Psychologists Club
Scottish Government
University of East Anglia
Wigan MBC Educational Psychology Service

Appendix 1: Standards of proficiency – background and decision making

We consulted for three months between 9 November 2007 and 8 February 2008 on draft standards of proficiency for practitioner psychologists.

This paper provides more information to support the Education and Training Committee and Council in making decisions about the standards of proficiency.

This paper is divided into two sections. The first section outlines the differences between the domains of psychology including the domain's areas of practice and the clients that they work with. The second section provides more information about how decisions were made in the key decisions document to which this paper is appended. It also explains how the standards are reviewed in line with the Policy and Standards department standards workplan.

The seven domains of practitioner psychology

On 5 March 2009, the Section 60 Order necessary to bring practitioner psychologists into statutory regulation, The Health Care and Associated Professions (Miscellaneous Amendments and Practitioner Psychologists) Order 2009, was published.¹

The Section 60 Order confirms that the following domains of psychology practice are to become regulated:

- Clinical Psychologists
- Counselling Psychologists
- Educational Psychologists
- Forensic Psychologists
- Health Psychologists
- Occupational Psychologists
- Sport and Exercise Psychologists

The seven domains are listed below alongside some brief information about where practitioners within each domain work, the types of work they might do and the assessments that they might use.

Clinical Psychologists

Clinical psychologists usually work within health and social care settings. This includes hospitals, health centres, mental health teams and social services. Most work within the NHS. They often work with individuals or groups.

¹ www.opsi.gov.uk/si/dsi05-03

Clinical psychologists aim to enhance and promote psychological well-being and to reduce psychological distress. They deal with a range of psychological difficulties including depression, relationship problems and serious mental illness.

Clinical psychologists may use a variety of methods to assess clients including interviews, observation of behaviour or psychometric tests. The assessment may result in therapy, counselling or advice.

Counselling Psychologists

Counselling psychologists work within a wide variety of settings. This includes the NHS, in commerce, industry, social care and in education from primary to university levels. They may work with individuals, couples, families or groups.

Counselling psychologists integrate psychological theory and research with therapeutic practice. They work with clients with a range of problems (for example domestic violence or a major trauma) and or symptoms of psychological disorder (for example eating disorders and psychosis).

Counselling psychologists use a variety of methods to assess clients including psychometric testing. The assessment may result in therapy, counselling or advice.

Educational Psychologists

Educational psychologists work within a variety of settings. Most are employed by Local education authorities and work within schools, colleges, nurseries and special units. They work with both individuals, especially children and young people, and groups.

Educational psychologists deal with the problems encountered by young people in education, which may involve learning difficulties and social or emotional problems.

Educational psychologists use a variety of methods to assess clients including observation, interview or use of test materials. Interventions might plan learning programmes or collaborative work with a teacher.

Forensic Psychologists

Forensic psychologists work within a variety of settings. Most are employed by HM Prison Service but they also work within the health and social services. They work with individuals (including both offenders and prison staff) and groups.

Forensic psychologists deal with the psychological aspects of legal processes in the courts. This includes applying psychological theory to criminal investigation, understanding psychological problems associated with criminal behaviour, and the treatment of criminals.

Forensic psychologists use a variety of methods to assess clients. They might become involved in modifying offender behaviour, reducing stress for staff and prisoners, giving evidence in court and advising parole boards.

Health Psychologists

Health psychologists work within a variety of settings including the NHS, higher education, health promotion, schools and industry. They often work to give policy advice to organisations as well as individuals and groups.

Health psychologists apply psychological principles to promote changes in people's attitudes, behaviour and thinking about health and illness. This includes encouraging behaviours which promote health, for example exercise and also preventing damaging behaviours, such as smoking.

Health psychologists use a variety of methods to assess clients. In addition to assessment, they can also be involved in delivering teaching and training or in supervising other individuals to carry out an intervention.

Occupational Psychologists

Occupational psychologists work in a variety of settings. This includes the civil service, public services, management training centres and large companies. They often work with organisations but do also work with individuals.

Occupational Psychology is concerned with the performance of people at work in training, how organisations function and how individuals and small groups behave at work. The aim is to increase the effectiveness of the organisation, and to improve the job satisfaction of the individual.

The speciality is broader in scope and less formalised than most other areas of psychology, and it touches on the diverse fields including ergonomics, personnel management, and time management. Work can be in an advisory, teaching and research roles, and to a lesser extent, technical and administrative roles.

Sport and Exercise Psychologists

Sport and exercise psychologists work in a wide range of sport and exercise settings and with a diverse range of clients. Some sport psychologists work with professional sports teams or national governing bodies whilst some exercise psychologists work within the health sector or within a prison or psychiatric context.

Most sport and exercise psychologists work either as sport psychologists or exercise psychologists. Sport psychologists work with sports participants across a range of both team and individual sports and from amateur to elite levels of competition. The aim is predominately to help athletes prepare psychologically for competition and to deal with the psychological demands of both competition and training.

An exercise psychologist is primarily concerned with the application of psychology to increase exercise participation and motivational levels in the general public. Examples of the work they do include optimising the benefits that can be derived from exercise participation and helping individual clients with the implementation of goal-setting strategies.

Analysing the consultation responses

We received 15 responses from organisations and 19 responses from individuals on the draft Standards of proficiency.

We considered carefully every suggestion that we received, considering whether we could adopt the proposed suggestion. When making decisions about the suggestions we took into account whether similar comments were made by other respondents.

We looked at every suggestion alongside the standards that we set for other professions, the consultation document and also subject benchmarks and curricular for the seven domains. We wanted to ensure that the standards reflected the standard content of pre-registration education and training programmes.

When making decisions about the standards and respondents' suggestions, we kept a number of points in mind. Our primary consideration was to ensure that the standards were set at the threshold necessary for safe and effective practice. This means that the standards can not be set at an aspirational level but instead are set at the necessary level. Nor can the standards make requirements of other organisations or individuals, perhaps around entitlements to supervision.

When we considered comments about the standards, it was important to look at the interaction between the generic, profession specific and domain specific standards. The profession or domain specific standards are used to articulate a generic standard in a profession specific way or to expand upon a generic standard in a way which is relevant to the particular profession.

When making decisions about the standards, it was important to consider the differences between the seven domains of practitioner psychology. This meant that there were occasions when some standards are applicable to a number of domains but were not applicable to all and therefore could not be placed within the profession specific standards.

A number of respondents made suggestions recommending different standards for different home countries, reflecting differences in training. HPC is a UK wide regulator and therefore does not set different standards for different locations. However, as part of our considerations we ensured that the standards that we set reflected differences in training within the UK.

Reviewing the Standards of proficiency

All HPC standards are reviewed on an ongoing and periodic basis to ensure that they remain fit for purpose in making decisions, for example in education and training and fitness to practise. The review process also ensures that the standards take account of changes in practice, legislation and terminology.

The Standards of proficiency for practitioner psychologists will be included within this review process. The Standards need to remain the same during the grandparenting process but can be reviewed once the grandparenting period is over.

Appendix 2 – Comments on the generic standards

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Introduction

We consulted for three months between 9 November 2007 and 8 February 2008 on draft standards of proficiency for practitioner psychologists.

The standards of proficiency are divided into generic standards and profession-specific standards which apply only to that part of the Register.

The generic standards were not the subject of the consultation on standards of proficiency. However, comments about the generic standards have been included in this paper.

About this document

This document summarises the responses we received to the consultation.

The terminology used in this document is that used in the Department of Health (UK) consultation document and the Section 60 Order:

- We refer to the part of the Register as the 'Practitioner psychologists' part of the Register.
- We use the term 'domain' rather than discipline to refer to each area of psychology practice.
- We use the term 'practitioner psychologists' rather than 'applied psychologists' to refer collectively to the seven domains of practice.

In this document, references to 'our' or 'we' are references to the Health Professions Council (HPC).

Standards of proficiency

In this section, we detail the comments made in relation to the generic standards. The generic standards are copied here alongside the comments made against them.

1a. Professional autonomy and accountability

1a.1 be able to practise within the legal and ethical boundaries of their profession

- understand the need to act in the best interests of service users at all times
- understand what is required of them by the Health Professions Council
- understand the need to respect, and so far as possible uphold, the rights, dignity, values and autonomy of every service user including their role in the diagnostic and therapeutic process and in maintaining health
- be aware of current UK legislation applicable to the work of their profession

- The BPS stated that all health care concepts should be removed from this standard. This could be achieved by removing everything after 'service user' in the third generic standard.
- One respondent said that there should be a definition of 'best interests'.
- One individual commented that educational psychologists do not usually use therapy to maintain health and wellbeing.
- One respondent said that the standard needed clarity about 'what is required of them by the HPC' and listings of relevant 'current UK legislation'. They asked whether this would be part of the syllabus of education and training programmes.
- Wigan MBC Educational Psychologists suggested that the generic standard 'be aware of current UK legislation applicable to the work of their profession' should be removed and replaced with 'understand the complex ethical and legal issues of any form of dual relationship and the impact these may have on clients'.
- The Scottish Government suggested that the generic standard should reflect the requirements of legislation. They commented that this was particularly important in Scotland within the forensic domain.

- The BPS commented that occupational psychologists often work in international contexts and suggested that they needed to be aware of international legislation as well.

1a.2 be able to practise in a non-discriminatory manner

We received no comments about this standard.

1a.3 understand the importance of and be able to maintain confidentiality

1a.4 understand the importance of and be able to obtain informed consent

- One respondent asked what impact the government Contact Point database would have on confidentiality as the database would enable other professionals to see if an educational psychologist has input with an individual.
- One respondent said that both 1a.3 and 1a.4 needed some acknowledgement of the limits of confidentiality or the limits of obtaining informed consent and the need to be aware of the ethical issues or dilemmas that may arise.
- The BPS said that standard 1a.4 was not appropriately expressed for occupational psychologists as ‘informed consent’ was not an appropriate formulation for the way in which occupational psychologists work with organisations. They commented that when working with organisations there was a: ‘...need to have clear contracts with the organisation regarding what service will be supplied, but this does not as such fit under the rubric of “informed consent”.’

1a.5: be able to exercise a professional duty of care

- We received only one comment about this standard. The BPS asked for clarification of the phrase ‘duty of care’. They asked for the parameters to be specified, centred on psychologist’s professional competencies.

1a.6: be able to practise as an autonomous professional, exercising their own professional judgement

- be able to assess a situation, determine the nature and severity of the problem and call upon the required knowledge and experience to deal with the problem
- be able to initiate resolution of problems and be able to exercise personal initiative
- know the limits of their practice and when to seek advice or refer to another professional
- recognise that they are personally responsible for and must be able to justify their decisions

- One respondent commented that both 1a.6 and 1a.7 should reflect the local and national context, including local procedures and guidelines, in which educational psychologists work.
- One individual said: 'For many educational psychologists the work centres on the construction of difficulties by the consultee, not directly from the psychologist. Therefore this standard needs to reflect the context that no professional operates autonomously.'
- Wigan MBC Educational Psychologists suggested that 'within the context and guidelines of their employer' should be added after 'exercising their own professional judgement'.
- Wigan MBC Educational Psychologists suggested that the third bullet point should be amended to read:
 - 'know the limits of their practice and when to seek advice or refer to or work alongside another professional and/or agency'
- The BPS said that sport and exercise psychologists suggested that the word 'problem' should be replaced with 'issue' throughout this standard as 'problem' carried negative connotations.

1a.7 recognise the need for effective self-management of workload and resources and be able to practise accordingly

- One individual commented that this standard should reflect the local and national context, including local procedures and guidelines, in which educational psychologists work.

1a.8 understand the obligation to maintain fitness to practise

- understand the need to practise safely and effectively within their scope of practice
- understand the need to maintain high standards of personal conduct
- understand the importance of maintaining their own health
- understand both the need to keep skills and knowledge up to date and the importance of career-long learning

- The BPS said: “Understand the obligation” to do something is not the same as doing it. It should surely be “Maintain fitness to practice”. They were concerned that this standard would lead to a reduction in public protection as the equivalent section in the occupational standards had a greater emphasis on developing and enhancing practice.
- One respondent said that ‘understand the need to maintain high standards of personal conduct’ was a vague standard and asked how this could be assessed or checked operationally.
- Sport and exercise psychologists within the BPS said that they believed the standard ‘understand the importance of maintaining their own health’ would be better expressed as ‘be aware of the impact of their own health on their professional practice’.
- NHS Lanarkshire suggested that there should be a specific standard related to continuing professional development and what would be expected when renewing registration.

1b. Professional relationships

1b.1 be able to work, where appropriate, in partnership with other professionals, support staff, service users and their relatives and carers

- understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team
- understand the need to engage service users and carers in planning and evaluating diagnostics, treatments and interventions to meet their needs and goals
- be able to make appropriate referrals

- The BPS said that the 'health care concepts' needed to be removed from this standard for several domains of practitioner psychology.
- Sports and exercise psychologists at the BPS suggested one amendment to the second generic standard:
 - 'understand the need to engage service users and carers in planning and evaluating diagnostics, treatments and interventions to meet their needs and goals' should be amended to 'understand the need to engage service users and carers and evaluating diagnostics, treatments and/or interventions to meet their needs and goals'
- The BPS said that several parts of the standard were inappropriate for occupational psychologists. They:
 - said that the reference to 'service users' and 'carers' should be removed from the second standard; and
 - commented that the second and third generic standards were 'inappropriate for the occupational psychology context'.
- Wigan MBC Educational Psychologists asked for additional categories which were relevant to the role of each domain after the standard 'understand the need to engage service users and carers in planning and evaluating diagnostics, treatments and interventions to meet their needs and goals'.

1b.2 be able to contribute effectively to work undertaken as part of a multi-disciplinary team

- The BPS said that this standard was not central to occupational psychology. Occupational psychologists would only work occasionally as part of a team and that '...the inclusion of this within the standard again begs the question of why other more frequent types of interactions are not included in the standards'.

1b.3 be able to demonstrate effective and appropriate skills in communicating information, advice, instruction and professional opinion to colleagues, service users, their relatives and carers

- be able to communicate in English to the standard equivalent to level [x] of the International English Language Testing System, with no element below [x]
- understand how communication skills affect the assessment of service users and how the means of communication should be modified to address and take account of factors such as age, physical ability and learning ability
- be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others
- be aware of the characteristics and consequences of non-verbal communication and how this can be affected by culture, age, ethnicity, gender, religious beliefs and socio-economic status
- understand the need to provide service users (or people acting on their behalf) with the information necessary to enable them to make informed decisions
- understand the need to use an appropriate interpreter to assist service users whose first language is not English, wherever possible
- recognise that relationships with service users should be based on mutual respect and trust, and be able to maintain high standards of care even in situations of personal incompatibility

- One respondent said that educational psychologists did not communicate opinion as stated in the main generic standards but instead helped other professionals or parents to reach their own opinions.
- The BPS said that the generic standard about how communication skills can affect assessment can be best understood as part of formal assessment process for occupational psychologists. However, ‘...it should apply to any intervention (e.g. coaching, training) and not just assessment’.
- Wigan MBC Educational Psychologists suggested that two standards should be amended:
 - ‘be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others’ should be replaced with ‘be able to use appropriate forms of verbal and non-verbal communication flexibly and competently with service users and others’
 - ‘be aware of the characteristics and consequences of non-verbal communication’ should be replaced with ‘be aware of the characteristics and consequences of communication both verbal and non-verbal’

- One respondent suggested that ‘be aware of the characteristics and consequences of non-verbal communication’ could be changed to ‘be aware of the characteristics and consequences of both verbal and non-verbal communication’.
- The BPS suggested ‘whose first language is not English’ should be removed from ‘understand the need to use an appropriate interpreter to assist service users whose first language is not English, wherever possible’ as there will be other circumstances where an interpreter may be necessary.
- The BPS commented that there was no specific requirement for occupational psychologists to use interpreters. The BPS said that including ‘... points that refer to very unusual circumstance suggests a finer granularity in the standard than is reflected in other parts of the standards’.
- The BPS said that educational psychologists believed that ‘recognise that relationships with service users should be based on mutual respect and trust, and be able to maintain high standards of care even in situations of personal incompatibility’ was inappropriate as it implies unprofessional behaviour.

1b.4 understand the need for effective communication throughout the care of the service user

- recognise the need to use interpersonal skills to encourage the active participation of service users

Clinical psychologists:

- *be able to initiate, develop and end a purposeful therapeutic alliance*

Counselling psychologists:

- *be able to initiate, develop and end a purposeful therapeutic alliance*

- The BPS said that this standard was not applicable to occupational psychologists as they did not provide care to service users.
- Wigan MBC Educational Psychologists suggested that the phrase ‘throughout the care of the service user’ should be removed from the main generic standard.

2a. Identification and assessment of health and social care needs

We received a number of comments about the title of this group of standards. Several respondents commented that the title did not include educational psychologists and that health and social care were over represented. They suggested that the title of the section should be amended to 'identification and assessment' or that 'educational' should be added after 'health' in the title. Sport and exercise psychologists at the BPS recommended that the title should be changed to 'identification of client needs' whilst occupational psychologists at the BPS suggested adding 'strategies for meeting individual, workplace and organisational needs'

The BPS said that the identification and assessment of health and social care needs was not something that occupational psychologists did. They commented that this standard is based on assessment of an individual, which for occupational psychologists is only part of a larger intervention as part of the '...problem analysis phase'.

2a.1 be able to gather appropriate information

- The BPS said that additional standards, based on Unit 2.1 in the occupational standards, were required for occupational psychologists. They commented that these were needed because occupational psychologists need to gather information from various sources. These sources included identifying the expectations of clients, understanding the context within which the need exists and gathering information from research and other sources to inform their understanding of the problem.

2a.2 be able to select and use appropriate assessment techniques - be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment

- Wigan MBC Educational Psychologists suggested that 'be able to select and use appropriate assessment techniques' should be amended to 'be able to select and use, arrange and undertake appropriate assessment techniques'
- The BPS commented that there was no concept of 'minimum intrusiveness' in this standard which might mean that registrants should not always 'undertake and record a thorough, sensitive and detailed assessment' if that was not appropriate.

- The BPS commented that 'sensitive and detailed' should be removed from the generic standard.

2a.3 be able to undertake or arrange investigations as appropriate

- Two respondents said that this standard was vague and required further clarification.
- Wigan MBC Educational Psychologists asked how this standard differed from 2a.2 about assessment.

2a.4 be able to analyse and critically evaluate the information collected

We received no comments about the generic part of this standard.

2b. Formulation and delivery of plans and strategies for meeting health and social care needs

We received a number of comments from the BPS about the title of this section. Sport and exercise psychologists suggested that the title should be changed to 'meeting client needs' whilst educational psychologists and occupational psychologists suggested that 'health and social care' should be deleted from the title. Occupational psychologists made a number of comments about this standard because they believed that this standard did not represent something that occupational psychologists did. They commented that the standard conflates '...activities which are about meeting specific client needs and research activities which are aimed at developing the science'. They explained that practitioners were expected to undertake both of these activities within psychology.

2b.1 be able to use research, reasoning and problem solving skills to determine appropriate actions

- recognise the value of research to the systematic evaluation of practice
- be able to engage in evidence-based practice, evaluate practice systematically, and participate in audit procedures
- be aware of a range of research methodologies
- be able to demonstrate a logical and systematic approach to problem solving
- be able to evaluate research and other evidence to inform their own practice

- One respondent said that 'be able to demonstrate a logical and systematic approach to problem solving' was quite vague. They suggested that it might be more useful to replace it with a standard relating to the need to work in a transparent way and to keep a record of decision-making processes.

2b.2 be able to draw on appropriate knowledge and skills in order to make professional judgements

- be able to change their practice as needed to take account of new developments
- be able to demonstrate a level of skill in the use of information technology appropriate to their practice

- Wigan MBC Educational Psychologists suggested that the phrase 'including the use of information technology' should be added after 'take account of new developments' in the first generic standard

2b.3 be able to formulate specific and appropriate management plans including the setting of timescales

- understand the requirement to adapt practice to meet the needs of different groups distinguished by, for example, physical, psychological, environmental, cultural or socio-economic factors

We received no comments about the generic part of this standard.

2b.4 be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely and skilfully

- understand the need to maintain the safety of both service users and those involved in their care

- Wigan MBC Educational Psychologists suggested that ‘...treatment, therapy or other actions safely and skilfully’ within the main generic standards should be amended to ‘treatment, therapy, assessment and intervention safely and skilfully’
- Sports and exercise psychologists within the BPS suggested that ‘interventions’ should be added to the main generic standard. However, educational and child psychologists within the BPS suggested that the standard should read ‘be able to conduct appropriate assessment or monitoring procedures or other actions safely and skilfully’.
- The BPS suggested that for sports and exercise psychologists the generic standard ‘understand the need to maintain the safety of both service users and those involved in their care’ should be changed to ‘understand the need to maintain the safety of both service users and those involved in their environment’.
- The BPS commented that the phrase ‘diagnostic’ should be replaced with ‘assessment’ and ‘treatment’ and ‘therapy’ should be removed.

2b.5 be able to maintain records appropriately

- be able to keep accurate, legible records and recognise the need to handle these records and all other information in accordance with applicable legislation, protocols and guidelines
- understand the need to use only accepted terminology (which includes abbreviations) in making records

- The BPS said that occupational psychologists usually document their work through reports instead of records. They commented that a lot of information is collected and stored in databases but that collecting this information will often be ‘...integral to the intervention rather than an additional activity such as record-keeping’.

2c. Critical evaluation of the impact of, or response to, the registrant's actions

Wigan MBC Educational Psychologists said that they disliked the title of the section 'critical evaluation of the impact or, or response to, the registrant's actions' because they believed that it 'conflicts with 2b c.1 [and was a] unclear and woolly title'.

2c.1 be able to monitor and review the ongoing effectiveness of planned activity and modify it accordingly

- be able to gather information, including qualitative and quantitative data that helps to evaluate the responses of service users to their care
- be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with service user
- 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
- be able to make reasoned decisions to initiate, continue, modify or cease treatment or the use of techniques or procedures, and record the decisions and reasoning appropriately

- The BPS said that the 'health care concepts' should be removed from this standard.
- The BPS asked for a definition of 'recognised outcome measures' for occupational psychologists. They said that: '...outcome measures would need to be agreed for each intervention'.
- The BPS commented that occupational psychologists did not always need to record the reasons for a change in interventions although this was usually communicated to clients. They suggested that if an intervention was abandoned the client might not want the psychologist to record why. However, it would be necessary to communicate the change effectively and they suggested that the need to communicate this could be in the standard instead.
- Wigan MBC Educational Psychologists proposed two amendments to the generic standards:
 - 'that helps to evaluate the responses of service users to their care' should be amended to 'that helps to evaluate the response of service users'
 - 'modify or cease treatment' should be amended to 'modify or cease intervention'

2c.2 be able to audit, reflect on and review practice

- understand the principles of quality control and quality assurance
- be aware of the role of audit and review in quality management, including quality control, quality assurance and the use of appropriate outcome measures
- be able to maintain an effective audit trail and work towards continual improvement
- participate in quality assurance programmes, where appropriate
- understand the value of reflection on clinical practice and the need to record the outcome of such reflection
- recognise the value of case conferences and other methods of review

- The BPS commented that there was no concept of case conferences within occupational psychology.

3a. Knowledge, understanding and skills

3a.1 know and understand the key concepts of the bodies of knowledge which are relevant to their profession-specific practice

- understand the structure and function of the human body, relevant to their practice, together with knowledge of health, disease, disorder and dysfunction
- be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process
- recognise the role of other professions in health and social care
- understand the theoretical basis of, and the variety of approaches to, assessment and intervention

- The British Association of Arts Therapists commented ‘...this item reads more like a statement for “Agenda for Change” than a SoP. The SoPs need to be generic enough to include all client groups.’
- Wigan MBC Educational Psychologists proposed a number of amendments to the generic standards. They suggested that:
 - ‘understand the structure and function of the human body, relevant to their practice, together with knowledge of health, disease, disorder and dysfunction’ should be replaced with ‘be aware of the psychological impact of physiological differences. Liaise with relevant professionals’ in the first generic standard;
 - ‘treatment’ should be replaced with ‘intervention’ in the second generic standard ‘be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process’; and
 - ‘education’ should be added to ‘health and social care’ in the third generic standard ‘recognise the role of other professions in health and social care’.
- The BPS said that all health care concepts should be removed from this standard. As part of this change, they suggested that ‘health and social care’ should be removed or replaced with ‘in relation to their own practice’ within the standard ‘in recognise the role of other professions in health and social care’. The BPS commented that for occupational psychologists ‘... there is no specific reason to recognise the role of other professions in health and social care’.
- The BPS commented that occupational psychologists do not deliver ‘treatment’ and therefore, the evaluation of ‘treatment efficacy’ is not central their practice.
- Educational psychologists within the BPS proposed two changes to the generic standards:
 - Everything after ‘practice’ should be deleted in ‘understand the structure and function of the human body, relevant to their practice, together with knowledge of health, disease, disorder and dysfunction’.
 - Everything after ‘scientific enquiry’ should be removed in ‘be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process’
- The BPS commented that an understanding of the structure and function of the human body was of little relevance to occupational psychologists.

3a.2 know how professional principles are expressed and translated into action through a number of different approaches to practice, and how to select or modify approaches to meet the needs of an individual, groups or communities

- One respondent asked what 'know how professional principles are expressed and translated into action' meant and how this would be demonstrated.
- The BPS said that 'communities' was not appropriate for occupational psychologists and suggested that this should be changed to 'organisations'.

3a.3 understand the need to establish and maintain a safe practice environment

- 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
- be able to work safely, including being able to select appropriate hazard control and risk management, reduction or elimination techniques in a safe manner in accordance with health and safety legislation
- be able to select appropriate personal protective equipment and use it correctly
- be able to establish safe environments for clinical practice, which minimise risks to service users, those treating them, and others, including the use of hazard control and particularly infection control

- Wigan MBC Educational Psychology service suggested that 'be able to establish safe environments for clinical practice, which minimise risks to service users, those treating them, and others, including the use of hazard control and particularly infection control' should be amended to 'be able to establish safe environments for practice, which minimise risks to service users, those working with them, and others'.
- BPS suggested that health concepts including 'hazard control and the use of equipment and treatments' should be removed from the standard as some of the health and safety issues listed would be beyond the control of the practitioner.
- The BPS said that the health and safety risk involved in occupational psychology work is usually minor and suggested that inclusion of this standard raised another issue of 'granularity'.

List of respondents

Below is a list of those who responded to the consultation. Where a response has been given on behalf of an organisation, we have given the name of the organisation in the text. Where the response comes from an individual, we have not.

We received 15 responses from individuals and 18 responses from organisations.

Association of Business Psychologists
Association of Heads of Psychology Departments
Board of Community Health Councils in Wales
The British Association of Art Therapists
British Association for Counselling and Psychotherapy
The British Psychological Society
Department of Health
NHS Board Dumfries and Galloway
NHS Education for Scotland
NHS Forth Valley
NHS Greater Glasgow & Clyde Psychology Directorate Management Group
NHS Lanarkshire
NHS Lothian – Public Health and Health Policy
Picker Institute Europe
Polish Psychologists Club
Scottish Government
University of East Anglia
Wigan MBC Educational Psychology Service