Education and Training Committee, 4 December 2007

Applied psychologists consultations

Executive summary and recommendations

Introduction

The standards of proficiency for applied psychologists PLG had its last meeting on 25 October 2007. The consultation document including the draft standards put together by the group were approved for consultation via Chair's action of the Chair of the Committee on 2 November 2007.

On 3 October 2007, the Council considered the committee's recommendations regarding the consultation on the threshold level of qualification for entry to the applied psychologists part of the Register. The Council agreed those recommendations and also agreed the text of an amended consultation document.

Both consultations run from 9 November 2007 to 8 February 2008.

Both consultation documents are attached to note.

Decision

The Committee is invited to note the attached documents. No decision is required.

Background information

None

Resource implications

None

Financial implications

None

Appendices

- Applied psychologists standards of proficiency consultation document
- Applied psychologists threshold level of qualification for entry to the Register consultation document

Date of paper

22 November 2007

Date	Ver.	Dept/Cmte	Doc Type	Title	Status	Int. Aud.
2007-11-05	a	POL	PPR	App psychologists consultations to note 4.12.2007	Final DD: None	Public RD: None

Applied psychologists – Standards of proficiency
Consultation document

Introduction

We are seeking the views of our stakeholders on draft standards of proficiency, in preparation for the likely regulation of applied psychologists.

About us

We are the Health Professions Council. We are a health regulator, and our job is to protect the health and wellbeing of people who use the services of the health professionals registered with us.

When we say health professional, we mean a person whose work is concerned with improving and promoting the health and wellbeing of their service users in a variety of different ways and in a variety of different settings.

To protect the public, we set standards that health professionals must meet. Our standards cover health professionals' education and training, behaviour, professional skills, and their health. We publish a register of health professionals who meet our standards.

Health professionals on our register are called 'registrants'. If registrants do not meet our standards, we can take action against them which may include removing them from the Register so that they can no longer practise.

About statutory regulation

- **Regulation of applied psychologists**

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.

Unless otherwise dictated by a change in government policy, the applied psychology disciplines to be regulated are likely to be the same as those

identified in the Department of Health consultation document: 'Applied Psychology: Enhancing public protection: Proposals for the statutory regulation of applied psychologists' (March 2005).

They are as follows:

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

It should be noted that although the white paper has indicated that applied psychologists should be regulated by HPC, the necessary legislation to allow this to happen has yet to be passed.

However, we believe that it is important to start this work at an early stage, to allow enough time to benefit from the input of our stakeholders. In particular, starting the work earlier allows for a three-month public consultation period.

- **Routes to registration**

When we regulate a new profession, all those whose names appear on the relevant voluntary register would normally transfer to the HPC Register. There are then three routes open to registration:

- **UK approved course**: Our Education and Training Committee would normally approve those programmes which have led to membership of the voluntary register. This means that any individual who could have been a member of the voluntary register on the date of the transfer, but was not (for example, their membership had lapsed) would be able to apply to us for registration via the UK-approved course route.

- **Grandparenting**: Whenever we regulate a new profession, and protect a title, there will be a 'grandparenting' period. The length of the grandparenting period is defined by law, and has previously been two years. The 'grandparenting window' allows people who have previously been practising the profession, but who could not become voluntarily registered, to apply for registration, provided that they can meet certain criteria. Applications are assessed on an individual basis by registration assessors, who are appropriately qualified members of the profession. After the grandparenting period has closed, the only way to become registered for UK-trained individuals is to complete an approved programme.

- **International route**: Applicants who have trained outside the United Kingdom can apply to us via our international route.

You can find out more about the routes to registration and about what happens when a new profession becomes regulated, by visiting our website.

About 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 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.

- **Standards of proficiency and the approval of education and training programmes**

The primary role of the standards of proficiency is in articulating the skills, knowledge and abilities necessary to become registered for the first time.

Our Education - Approvals and Monitoring department is responsible for conducting approvals visits of education and training providers to ensure that their programmes meet our standards.

Our standards of education and training cover areas such as admissions, assessment and practice placements, and we approve programmes using these standards. A programme which meets the standards of education and training

will also allow a student who successfully completes that programme to meet the standards of proficiency.

We grant open-ended approval subject to ongoing monitoring that a programme continues to meet our standards.

Our approvals process allows us to take into account the standards and guidance of other organisations when we approve a programme. This includes looking at any existing Quality Assurance Agency (QAA) benchmark statements and any curriculum guidance documents. These are often produced by professional bodies, providing education providers with guidance as to the structure and management of their programmes.

- **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 of proficiency were reviewed by a Professional Liaison Group (PLG), which met from October 2005. A PLG is a working group set up by the Council to provide advice on a discrete project, particularly where the Council would benefit from outside expertise.

The new generic standards were agreed following consultation in May 2007 and will apply to applied psychologists and any further professions we may regulate in the future.

However, the PLG that put together the draft profession-specific standards in this document discussed concern that some of the generic standards may be inappropriate for some applied psychologists. We are sensitive to these concerns and are committed to reviewing the generic standards on a regular basis to ensure that they are clearly applicable to all the professions we regulate.

Our Education and Training Committee will be considering the best way forward at their meeting in December. In the meantime, we are always open to comments on any aspects of our standards and any comments on the generic standards we receive in response to this consultation will be recorded and taken into account when they are subsequently reviewed.

In this document, we have included profession-specific standards which would apply to whole of the applied psychologists part of the Register, and standards which would only apply to specific disciplines.

- **Standards of proficiency and scope of practice**

Once someone becomes registered, we recognise that their scope of practice may change. We define scope of practice as the area or areas of a registrant's profession in which they have the knowledge, skills and experience to practise lawfully, safely and effectively, in a way that meets our standards and does not pose any danger to the public or to them.

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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 particular scope of practice may mean that they are unable to continue to demonstrate that they meet all of the standards of proficiency that apply for the whole of their profession. As long as they make sure that they are practising safely and effectively within their given scope of practice and do not practise in the areas where they are not proficient to do so, this will not be a problem.

- **Our aims**

Setting standards is one of our key processes. Our overall aims in setting standards are given below.

Our standards should:

- effectively protect the public;

- not hinder the development by education providers, registrants and others of innovative and pragmatic ways of working;

- be applicable to all or most registrants (except in the case of profession-specific standards of proficiency);

- be written in broad terms to allow for developments in best practice, technology and legislation;

- be set at a 'threshold' level – e.g. the level which is necessary for safe and effective practice, and public protection; and

- describe outcomes or broad principles and not be prescriptive about ways of meeting the standards.

We would welcome any comments about how far the draft standards of proficiency in this document achieve these aims.

Standards of education and training: threshold level of qualification for entry to the Register

We are consulting on draft standards of proficiency alongside a consultation on the threshold level of qualification for entry to the applied psychologists part of the Register.

Putting this draft together

We established a Professional Liaison Group (PLG) to put together the draft standards of proficiency.

The group consisted of lay and registrant members of our Council together with external members, either nominated on behalf of an organisation or attending in a personal capacity.

In drafting the standards, the group looked at the Quality Assurance Agency (QAA) benchmark statement for clinical psychology together with draft benchmark statements for the other disciplines and the existing criteria for pre-registration education and training. The group's main considerations were to ensure that the standards outlined in this draft were:

- set at the necessary threshold level for safe and effective practice;

- consistent with the standard content of pre-registration education and training;

- conformed to our obligations as a qualifications body under the Disability Discrimination Act 1995; and were

- written in clear language appropriate to their primary role in legislation.

In drafting the profession-specific standards, the group were keen to ensure that duplication of the generic standards was avoided and that any standards were relevant to all applied psychologists or to a specific discipline.

Throughout the group were also mindful that the standards were written at an appropriate level of detail to make sure that they were as clear and inclusive as possible. The group also recognised that sometimes additional detail was more appropriately found in curriculum guidance documents or in other standards.

English language proficiency and language testing

The PLG also discussed the English language requirements for entry to the applied psychologists part of the Register.

We consider applications for registration from individuals who have trained outside of the UK via our international process.

Under European legislation, applications from applicants with 'mutual recognition' rights are treated differently 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, we are 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 is unable to language test other applicants for whom English is their first language.

However, we are able to require evidence of language proficiency from international applicants who **do not** have mutual recognition rights under European Legislation and for whom English is **not** their first language.

We currently require 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. A minimum overall IELTS score of 7.0 is the current requirement for pharmacists, doctors, dentists and nurses.

Our requirements, however, are higher for speech and language therapists, for whom higher language proficiency is a core professional skill. For this profession a score of level 8, with no element below 7.5 is required. The rationale behind this is that speech and language therapists, as a threshold requirement, need to have an understanding of, and be able to use, the phonetic and linguistic structure of language. As this proficiency is a core professional skill for speech and language therapists, the Council is able to require both EEA and non-EEA applicants to undergo this test.

The PLG discussed whether there was a case for some disciplines of applied psychology to have a requirement equal to that of speech and language therapists.

Some members of the group argued that, whilst it may not be necessary for all disciplines, that there was a case for this level in clinical, counselling and educational psychology. It was argued that in these disciplines language was the primary tool of intervention and a complex understanding of the nuances of language was essential. However, other members of the group questioned whether there was a justification for the requirements for these disciplines to be higher than that for other professionals whose work is carried out through language.

We make no recommendations about the IELTS level in this consultation document. Instead, we would welcome the views of our stakeholders on an appropriate level for applied psychologists.

Acknowledgements
We would like to thank the following people for their involvement as members of the PLG.

Malcolm Adams	Professor of clinical psychology, University of East Anglia (attended in a personal capacity)
Karen Bryan	Speech and language therapist registrant member of the HPC Council
Jonathan Coe	Nominated on behalf of Witness
Chris Fife-Schaw	Nominated on behalf of the Association of Heads of University Psychology Departments
Norah Frederickson	Nominated on behalf of the British Psychological Society
Peter Kinderman	Professor of clinical psychology, University of Liverpool (attended in a personal capacity)
Geoff Lindsay	Director of CEDAR, University of Warwick (attended in a personal capacity)
Jeff Lucas	Lay member of the HPC Council and Chair of the PLG
Gill Pearson	Dietitian alternate registrant member of the HPC Council
Graham Powell	Nominated on behalf of the British Psychological Society
Chris Sellars	Nominated on behalf of the British Association of Sport and Exercise Sciences
Barbara Stuart	Lay member of the HPC Council
Diane Waller	Arts therapist registrant member of the HPC Council

However, we would like to emphasise that this document remains the property of the Health Professions Council. Any queries about its content should be directed to us; any mistakes in this document remain our responsibility.

Your responses
We would welcome your response to this consultation in whatever format is convenient for you. However, you might wish to answer the questions below.

1. Do you think the standards are at a threshold level for safe and effective practice?
2. Do you think any additional standards are necessary?
3. Do you think there are any standards which should be reworded?

We would also welcome your comments on an appropriate 'IELTS level' for entry to the applied psychologists part of the Register (please see page 7).

This consultation will put the Council's proposed standards before a wide range of stakeholders, including professional bodies, employers, higher education institutions and others with an interest in our work.

The consultation will run for three months until **Friday 8 February 2008**. Further copies of this document will be available on our website to download.

If you would like to respond to this consultation, please send your response to:

Standards of proficiency (applied psychologists) consultation
Policy and Standards Department
Health Professions Council
Park House
184 Kennington Park Road
London
SE11 4BU

Email: consultation@hpc-uk.org
Website: **www.hpc-uk.org/aboutus/consultations**

At the end of the consultation period, we will publish on our website a summary of the responses we receive, and the decisions we have taken as a result.

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

Yours faithfully

Jeff Lucas
Chair - standards of proficiency for applied psychologists PLG

Notes to standards

- Generic standards are shown in normal type
- Profession-specific standards are shown in italic type
- Where profession-specific standards are only applicable to a particular discipline, this is indicated in the left-hand column

Registrant applied psychologists must:

Ref	Standard
	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 and wellbeing - 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*
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	- *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*

Psychologists	- *understand the complex ethical and legal issues of any form of dual relationship and the impact these may have on clients*
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	**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
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
	- *be able to manage the physical, psychological and emotional impact of their practice*

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

	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
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 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 individuals, groups and organisations in detail*
2a.3	**be able to undertake or arrange investigations as appropriate**
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*

	Formulation and delivery of plans and strategies for meeting health and social care needs
2b.1	**be able to use research, reasoning and problem solving skills to determine appropriate actions** - 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
	- 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*
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*
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*
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*
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*
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 in making records
Occupational Psychologists	- be able to record and handle commercially sensitive information

	Critical evaluation of the impact of, or response to, the registrant's actions
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 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
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*
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 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

	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*
	- 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*
	- *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
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*
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

Applied psychologists – Threshold level of qualification for entry to the Register
Consultation document

Introduction
The standards of education and training are the standards that an education and training programme must meet before we can approve it as leading to registration. We are seeking the views of our stakeholders on an addition to these standards, in preparation for the likely regulation of applied psychologists.

About us
We are the Health Professions Council. We are a health regulator, and our job is to protect the health and wellbeing of people who use the services of the health professionals registered with us.

When we say health professional, we mean a person whose work is concerned with improving and promoting the health and wellbeing of their service users in a variety of different ways and in a variety of different settings.

To protect the public, we set standards that health professionals must meet. Our standards cover health professionals' education and training, behaviour, professional skills, and their health. We publish a register of health professionals who meet our standards.

Health professionals on our register are called 'registrants'. If registrants do not meet our standards, we can take action against them which may include removing them from the Register so that they can no longer practise.

Regulation of applied psychologists
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.

Unless otherwise dictated by a change in government policy, the applied psychology disciplines to be regulated are likely to be the same as those identified in the Department of Health consultation document: 'Applied

Psychology: Enhancing public protection: Proposals for the statutory regulation of applied psychologists' (March 2005).

They are as follows:

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

It should be noted that although the white paper has indicated that applied psychologists should be regulated by HPC, the necessary legislation to allow this to happen has yet to be passed. However, we believe that it is important to start this work at an early stage, to allow sufficient time to consider our proposals. In particular, this allows time for a full three month public consultation.

About the standards of education and training
The standards of education and training are standards which apply to education and training programmes which lead to eligibility for registration.

Our Education - Approvals and Monitoring Department is responsible for conducting approvals visits of education and training providers to ensure that their programmes meet our standards.

We assess programmes against our standards of education and training which cover such areas as admissions, assessment standards and practice placements. A programme which meets the standards of education and training will also allow a student who successfully completes that programme to meet the standards of proficiency. These are the standards we publish for the safe and effective practice of each profession we regulate.

Once a programme is approved, a graduate from that programme is eligible to apply for registration. We grant open-ended approval, subject to ongoing checks via our monitoring and major/ minor change processes.

When we regulate a new profession, we would normally approve the education and training programmes which lead to existing registration. We would then develop appropriate arrangements to visit or monitor programmes over a period of time to make sure that meet our standards. We would inform education and training providers about these arrangements.

You can find out more information about our role in education by visiting our website: www.hpc-uk.org/education/

SET 1: Threshold level of qualification for entry to the Register

Standard one of the standards of education and training ('SET 1') sets out the threshold level of entry to the Register in the professions we regulate. This is articulated as a threshold academic level. Every time we open a new part of the Register, we need to determine the threshold level of qualification for entry for the new profession, following consultation, and add this to the standards.

The standard currently reads:

1.1 The Council normally expects that the **threshold** entry routes to the Register will be the following:

1.1.1 Bachelor degree with honours for the following professions:
- chiropody or podiatry;
- dietetics;
- occupational therapy;
- orthoptics;
- physiotherapy;
- prosthetics and orthotics;
- radiography;
- speech and language therapy;
- biomedical science (with the Certificate of Competence awarded by the Institute of Biomedical Science (IBMS), or equivalent if appropriate); and

1.1.2 Masters degree for the arts therapies.

1.1.3 Masters degree for the clinical sciences (with the award of the Association of Clinical Scientists' Certificate of Attainment, or equivalent).

1.1.4 Equivalent to Certificate of Higher Education for paramedics.

1.1.5 Diploma of Higher Education in Operating Department Practice for Operating Department Practitioners.

We need to set the threshold level at the level necessary for people who successfully complete an education and training programme to meet all of 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.

The threshold level might change over time to reflect changes in the delivery of education and training. This has happened in a number of the existing professions we regulate – as professions have developed the threshold academic level has increased. Any change in the threshold academic level is one that is normally led by the profession and/or by education providers and employers and which occurs over time. At an appropriate time, consideration might be given to changing SET 1, having regard to the level at which the majority of education and training is delivered.

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.

Standards of proficiency
We are consulting on an appropriate threshold level alongside a consultation on draft standards of proficiency for applied psychologists.

The standards of proficiency are the threshold standards for safe and effective practice in each of the professions that we regulate. Although we are consulting separately, the results of the standards of proficiency consultation will feed into our analysis of the results of this consultation.

Routes of entry to the Register
The threshold academic level of qualification for entry to the Register applies to pre-registration education and training programmes seeking approval rather than to individuals. Therefore, it would not affect individuals who might have followed education and training programmes delivered at levels below the threshold in the past.

When we regulate a new profession, all those whose names appear on the relevant voluntary register would normally transfer to the HPC Register. There are then three routes open to registration:

- **UK approved course**: Our Education and Training Committee would normally approve those programmes which have lead to membership of the voluntary register. This means that any individual who could have been a member of the voluntary register on the date of the transfer, but was not (for example, their membership had lapsed) would be able to apply to us for registration via the UK-approved course route.

- **Grandparenting**: Whenever we regulate a new profession, and protect a title, there will be a 'grandparenting' period. The length of the grandparenting period is defined by law, and has previously been two years. The 'grandparenting window' allows people who have previously been practising the profession, but who could not become voluntarily registered, to apply for registration, provided that they can meet certain criteria. Applications are assessed on an individual basis by registration assessors, who are appropriately qualified members of the profession. After the grandparenting period has closed, the only way to become registered for UK-trained individuals is to complete an approved programme.

- **International route**: Applicants who have trained outside the United Kingdom can apply to us via our international route.

You can find out more about the routes to registration and about what happens when a new profession becomes regulated, by visiting our website.

About the consultation

We are seeking the views of a wide range of stakeholders, including professional bodies and associations and education providers, on an appropriate threshold level for applied psychologists.

Our considerations in setting the threshold level include taking into account:

- the academic level / academic awards of existing entry routes which lead to chartered status with the British Psychological Society (BPS); and
- any variation in entry routes between the home countries.

We recognise that setting the threshold level can be a sensitive area in which there are often a variety of strongly held views. We are keen to hear the views of all those with an interest in this area before we make a final decision, so we make no recommendations about the threshold level in this document.

However, we felt that it might be useful to provide two examples in order to illustrate how the threshold level functions. In the first example, a level is set which is applicable to the whole of the applied psychologists part of the Register (i.e. to all disciplines); in the second a level is set which is specific to each discipline.

- Threshold set for the whole part of the Register. For example, with the following wording:
  '*Masters degree for applied psychology or equivalent (with further training and experience, as appropriate)*'
  - This would recognise that a masters award forms part of the education and training routes in a number of disciplines.
  - This would recognise that additional training/ supervised practice is necessary to become registered.
  - Qualifications at academic awards above the threshold could still be approved.

- Threshold set for each specific discipline. For example: the threshold level for clinical psychology might be set at a doctorate.
  - This would mean that a threshold would be set specific to the education and training routes of each discipline rather than to the whole part of the Register.
  - Qualifications at academic awards above the threshold for the discipline could still be approved.

The examples are provided for illustrative purposes only. They are not intended as an exhaustive list of the possible options.

Your responses

We would welcome your comments on an appropriate threshold level of qualification for entry to the applied psychologists register.

We would like to invite any individual or organisation with an interest in these issues to respond to this consultation. As we are making no recommendations in this document, we are not asking any specific consultation questions. However, if you do suggest a threshold level we would be particularly interested to learn of your rationale behind this, in particular how this level is linked to safe and effective practice and public safety. This is because, as a regulator, we have to ensure that our standards are set at the level necessary to protect members of the public.

The consultation will run until **Friday 8 February 2008** and further copies of the document will be available on our website to download.

If you would like to respond to this consultation, please send your response to:

Applied psychologists SET 1 consultation
Policy and Standards Department
Health Professions Council
Park House
184 Kennington Park Road
London
SE11 4BU

Email: policy@hpc-uk.org
Website: **www.hpc-uk.org/aboutus/consultations**

At the end of the consultation period, we will publish a summary of the responses we receive together with an explanation of our decision or decisions as a result.

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

We look forward to receiving your comments.

Yours faithfully

Eileen Thornton
Chair of the Education and Training Committee