

## **The Health Professions Council**

Chief Executive and Registrar: Mr Marc Seale

Park House  
184 Kennington Park Road  
London SE11 4BU  
Telephone: +44 (0)20 7840 9711  
Fax: +44 (0)20 7840 9807  
E-mail: [niamh.o'sullivan.hpc-uk.org](mailto:niamh.o'sullivan.hpc-uk.org)

MINUTES of the second meeting of the Applied Psychologists Standards of Proficiency Professional Liaison Group held at **10.30am on Friday 12 October 2007** at The Evangelical Alliance, Whitefield House, 186 Kennington Park Road, London, SE11 4BT

### **Present:**

Professor J Lucas (Chairman)  
Professor M Adams  
Professor K Bryan  
Mr J Coe  
Mr C Fife-Shaw  
Professor N Frederickson  
Professor P Kinderman  
Professor G Lindsay  
Miss G Pearson  
Dr G Powell  
Dr C Sellars  
Mrs B Stuart  
Professor D Waller

### **In attendance:**

Ms T Fraser, Temporary Administrator/Secretary to Committees  
Mr M Guthrie, Policy Manager, Policy and Standards  
Ms N O'Sullivan, Secretary to Council  
Ms R Tripp, Director of Policy and Standards  
Dr A van der Gaag, President, Health Professions Council (HPC)

### **Item 1.07/01 Chairman's welcome and introduction**

- 1.1 The Chairman welcomed members to the second meeting of the Applied Psychologists Standards of Proficiency Professional Liaison Group. He welcomed two new members onto the Professional Liaison Group, Professor N Frederickson and Dr G Powell from the British Psychological

Society (BPS). He also welcomed Ms Toni Fraser and Dr C Sellers who were attending their first meeting.

- 1.2 The Chairman noted that HPC had yesterday (11 October 2007) received draft Standards that BPS had prepared as a result of internal consultation. He explained that these draft standards would not be tabled at the meeting, but would be included in the next meeting's papers as a paper for information, and would inform HPC's work on drafting the Standards.
- 1.3 The group noted a clarification from BPS regarding the status of the draft Standards they had sent to HPC. This paper was developed as a result of internal consultation, in order to inform the work on developing draft Standards. Further feedback was being sought from BPS divisions on a tight timeline, and would be fed into HPC's process either before or during the consultation period.
- 1.4 The Chairman also noted that he had consulted with HPC and the Department of Health, and that the timeframes for the preparation and implementation of the Applied Psychologists' Standards of Proficiency would not change. He asked that the BPS should notify the HPC of any information on the draft standards which the BPS sent to its members. Representatives of the BPS agreed with this request.

#### **Item 2.07/02 Apologies for absence**

- 2.1 No apologies were received.

#### **Item 3.07/03 Approval of agenda**

- 3.1 The Group approved the agenda.

#### **Item 4.07/04 Minutes of the Applied Psychologists Standards of Proficiency Professional Liaison Group held 4 September 2007**

- 4.1 It was agreed that the minutes of the first meeting of the Applied Psychologists Professional Liaison Group be confirmed as a true record and signed by the Chairman subject to the following amendment:
  - Noting that there was ambiguity about the next review of the generic standards of proficiency. The group noted there was good reason to consider bringing forward the next review date.

#### **Item 5.07/05 Matters arising**

- 5.1 The group noted the matters arising. The Policy Manager noted that

legal advice was being sought for the next meeting as to whether the application of the English language requirements for each group could be done on a case by case basis.

## **Items for discussion**

### **Item 6.07/06 Clinical psychologists' standards with commentary**

- 6.1 The Professional Liaison Group received a paper for discussion from the Policy Manager. The group noted that the paper was designed to clearly outline the way that the draft standards had been arrived at. The Policy Manager noted that it should be read alongside the draft clinical psychologist standards, and invited feedback from the group.
- 6.3 The group noted that the context of the Standards needed to be made clear. The standards of proficiency would apply to individuals who had completed training and were seeking entry to the register.
- 6.4 *Discussion on particular standards:*
- 1a.2 - The group discussed the need to include a standard which dealt with power imbalances. It was felt this was important because of the potential threat to clients if psychologists misuse their power to influence.
- 1a.6 - The group discussed the need to include in the standards a mention of autonomous professionals working under clinical supervision, as this was seen as necessary to keep up with new developments in the field. It was agreed that the example used for Arts Therapists 2c. 2 'be able to recognise the role and value of clinical supervision...' could be adapted for this purpose. HPC confirmed that this wording had been checked legally, but had not yet been tested in a hearing.
- 1a.8 – Members of the group emphasised the need for psychologists to maintain their own psychological well-being, as this was an essential tool in their practice that differed from other health professions. This was felt to be a separate issue to maintaining a safe working environment, requiring some rewording.
- 1b. 1 – It was noted that the second standard needed to be reworded in the draft standards. The group discussed the need to include Standards that referred to teaching and learning, as part of the training to be a psychologist includes the ability to share skills and disseminate knowledge. However, it was noted that the level needed to be looked at, as training of other professionals was different from teaching students (i.e. level of formality).

- 1b.2 – The group discussed the use of the word consultancy, which in a psychology context referred has three different meanings: working with other professionals in direct interventions; working with other professionals in indirect interventions, and working as a small business. It was suggested that advice be sought from the Division of Clinical Psychology of the BPS in order to develop some wording that explains this.
- 1b.3 – The group discussed the extent to which psychologists should be able to provide information/present evidence as a threshold standard – some felt it was a routine part of the job from the start. It was felt that the word ‘expert’ might be misleading.
- 2a.4 – The group suggested standards 1 and 2 could be moved to 2b.3 and 2c.1.
- 2b.1 – Members of the group queried the use of the words substantial, forefront and original in the standards regarding research, as it was felt these were difficult to quantify and would not reflect the experience of all potential registrants. It was also argued that independent research (fundamental and applied) was essential to practice, and that this needed to be reflected in training and the standards.
- 2b.2 – It was noted that the scientist/practitioner nature of psychological practice need to be reflected in the standards requiring some rewording of 1 and 2.
- 2b.4 - The group discussed the need to include reference to more than one evidence-based models of psychological therapy. It was noted that psychologists needed to be able to practice within more than one broad model of therapy, but that if particular models were specified this could exclude models or become out of date.
- 2c.1 – The group discussed the use of the word innovation, which was felt to be hard to evaluate, and though the ideal, may not reflect everyday practice.
- 3a.1 – The group agreed on the need to look at the wording for these standards, as although understood by psychologists, they need to be understood by a wider audience.
- 3a.2 – The group believed it was important to retain ‘understand change processes in service delivery systems’, and this could be moved to 3a.1.

**Action: MG by 25 October 2007**

## **Item 7.07/07 Draft standards**

- 7.1 The Professional Liaison Group received a paper for discussion from the Policy Manager.
- 7.3 The group noted that it was helpful to have distinct disciplines with a high level of commonality, though there was a need to ensure consistency throughout through careful editing.
- 7.4 The group discussed the use of lists in the standards. While it was thought that providing examples can be useful, it could lead to undue emphasis being put on items in the list to the exclusion of others. The group noted that lists could become out of date and it might be that it would be better to do this in curriculum statements.
- 7.5 The group noted that BPS would provide detailed comments from their members on each of the sets of standards to HPC after the meeting.

### **Educational psychologist standards**

- 7.7 The group discussed the differences between educational psychologists and other psychologists, highlighting that:
- they worked with systems (including local authorities), and
  - their clients (where children) were not coming to them directly, but were being acted for by parents or teachers.

The group also mentioned the need to specify what is meant by assessment (in a psychologist context) under 2a.2 – this would apply across all the standards. In 3a.1, it was felt there was a need to be more specific about using principles and applications of *psychological* and *educational* enquiry.

### **Counselling psychologists**

- 7.8 The group noted that there are specific issues of confidentiality for counselling psychologists, which may require different wording in the standards. The BPS code of conduct and Arts Therapists' standards could provide guidance.

### **Occupational Psychologists**

- 7.9 The group noted that references to patients should be changed to clients. It discussed whether occupational psychologists needed to have an understanding of the functions of the body, concluding that they do,

particularly for dealing with disability, ergonomics and the human machine interface.

### **Forensic psychologists**

- 7.10 The group discussed the need to include in 3a.1 a mention of conducting interventions with prisoners to reduce recidivism. It was noted that this is included in 2b.4, but some felt it needed to be repeated. The issue of being aware of the particular issues of power imbalance as a result of restricted environments (e.g. prisoners) was raised, and it was suggested that HPC seek advice from forensic psychologists on wording for this.

### **Sport and Exercise psychologists**

- 7.11 The group discussed the need to be clear about who the client is in this context, and the need to accommodate diversity in practice. Dr C Sellars agreed to provide more detailed comments to HPC after the meeting.

### **Action: MG by 25 October 2005**

#### **Items to note**

#### **Item 8.07/08 Undergraduate psychology benchmark**

- 8.1 The Professional Liaison Group received a paper to note from the Policy Manager. The group noted that the Quality Assurance Agency was currently revising the benchmark.

#### **Item 9.07/09 Generic standards**

- 9.1 The Professional Liaison Group received a paper to note from the Policy Manager. The group clarified that occupational psychologists do need to meet standard 2c.1, 'be able to monitor and review ongoing effectiveness...' The group also suggested that a log of terms such as health professional and treatment should be collated for the next review of the generic standards.

#### **Item 10.07/10 Work Plan**

- 10.1 The Professional Liaison Group received a copy of the workplan to note from the Policy Manager.

**Item 11.07/11 Any other business**

- 11.1 The group noted that due to the postal strike, a link to the papers (which would be published on the HPC website) would be sent electronically, and the folders would be given out at the meeting.

**Item 12.07/12 Date and time of next meeting**

- 12.1 1:30pm on Thursday 25 October 2007 at the Council Chamber, Park House

**Chairman:**

**Date:**