

**Health Professions Council  
Standards of Proficiency for Applied Psychologists  
Professional Liaison Group (PLG)**

**Quality Assurance Agency Subject Benchmark Statements**

**Executive Summary and Recommendations**

**Introduction**

Subject benchmark statements are produced by the Quality Assurance Agency (QAA) and set out expectations about standards of degrees in specific subject areas. They articulate what can be expected of a graduate in terms of the abilities and skills needed to develop understanding in the specific subject.

Benchmark statements are currently available in clinical psychology.

The benchmarks for clinical psychology produced by the QAA and QAA Scotland are appended, together with a document which maps the benchmarks (QAA) against the generic standards. This document identifies areas where profession-specific standards might be helpful or necessary or where further discussion and consideration is required.

**Decision**

The group is invited to discuss the attached documents.

**Background information**

Subject benchmark statements are available from the Quality Assurance Agency's website: [www.qaa.ac.uk](http://www.qaa.ac.uk).

**Resource implications**

None

**Financial implications**

None

**Appendices**

Appendix 1: Quality Assurance Agency subject benchmark statement for Clinical Psychology (2004)

Appendix 2: Quality Assurance Agency Scotland Scottish subject benchmark statement for Clinical Psychology and Applied Psychology (clinical associate) Scotland

Appendix 3: Mapping of Mapping of Quality Assurance Agency subject benchmark statement for Clinical Psychology (appendix 1) against the generic standards of proficiency.

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21st August 2007

**Benchmark statement:  
Health care programmes**

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Phase 2

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# **Clinical psychology**

## **Subject benchmark statements: Health care programmes**

Subject benchmark statements provide a means for the academic community to describe the nature and characteristics of programmes in a specific subject. They also represent general expectations about standards for the award of qualifications at a given level and articulate the attributes and capabilities that those possessing such qualifications should be able to demonstrate.

This subject benchmark statement refers to the degree of doctorate in clinical psychology.

Subject benchmark statements are used for a variety of purposes. Primarily, they are an important external source of reference for higher education institutions when new programmes are being designed and developed in a subject area. They provide general guidance for articulating the learning outcomes associated with the programme but are not a specification of a detailed curriculum in the subject. Subject benchmark statements provide for variety and flexibility in the design of programmes and encourage innovation within an agreed overall conceptual framework.

Subject benchmark statements also provide support to institutions in the pursuit of internal quality assurance. They enable the learning outcomes specified for a particular programme to be reviewed and evaluated against agreed general expectations about standards.

Finally, subject benchmark statements may be one of a number of external reference points that are drawn upon for the purposes of external review. Reviewers do not use subject benchmark statements as a crude checklist for these purposes however. Rather, they are used in conjunction with the relevant programme specifications, the institution's own internal evaluation documentation, in order to enable reviewers to come to a rounded judgement based on a broad range of evidence.

The benchmarking of academic standards for this subject area has been undertaken by a group of subject specialists.

In due course, the statement will be revised to reflect developments in the subject and the experiences of institutions, and others who are working with it.

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## Foreword

This benchmark statement describes the nature and standards of programmes of study in clinical psychology that lead to awards made by higher education institutions (HEIs) in the United Kingdom (UK) in the subject. It sets out a general framework for describing these programmes under three main categories.

- A Expectations of the health professional in providing patient/client services;
- B The application of practice in securing, maintaining or improving health and well-being;
- C The knowledge, understanding and skills that underpin the education and training of health care professionals.

This represents the shared context upon which the education and training of all health care professionals rests. It is important to emphasise that benchmark statements will continue to evolve in the light of experience and further developments in health care.

The main section of this statement, in addition to describing the nature and extent of programmes leading to awards in clinical psychology, describes the profession-specific expectations and requirements under the same three categories, but emphasises that as a postgraduate qualification clinical psychology education and training builds upon the prerequisite knowledge and skills gained from the undergraduate degree in psychology.

The section on standards accords with the relevant level descriptor for awards in the qualifications frameworks published by the Quality Assurance Agency for Higher Education.

The section on teaching, learning and assessment draws attention to the key role of practice in the design of client-centred learning opportunities for trainees, and to the importance of ensuring that professional competence, developed through practice, is adequately assessed and rewarded. It also notes how essential it is that the integration of theory and practice is a planned process within the overall arrangements made for teaching and learning. The importance of professional accountability teamworking, interprofessional collaboration and communication are also emphasised.

Finally, the statement does not set a national curriculum for programmes leading to awards in clinical psychology. It acknowledges that the requirements of the professional and statutory regulatory bodies need to be incorporated into the design of programmes. It seeks to encourage HEIs and service providers to work collaboratively in the design and delivery of their curricula. Its essential feature is the specification of threshold standards, incorporating academic and practitioner elements, against which HEIs are expected, as a minimum, to set their standards for the award.



## **Benchmark statement for clinical psychology**

### **Introduction**

#### **Philosophy**

The work of clinical psychologists is based on the fundamental acknowledgement that all people have the same human value and the right to be treated as unique individuals. Clinical psychologists will treat all people - both clients and colleagues - with dignity and respect and will work with them collaboratively as partners towards the achievement of mutually agreed goals. In doing this, clinical psychologists will adhere to, and be guided by, explicit and public statements of the ethical principles that underpin their work.

#### **Purpose**

Clinical psychology aims to reduce psychological distress and to enhance and promote psychological well-being by the systematic application of knowledge derived from psychological theory and research.

#### **Aims**

Clinical psychology services aim to enable service users to have the necessary skills and abilities to cope with their emotional needs and daily lives in order to maximise psychological and physical well-being; to develop and use their capacity to make informed choices in order to enhance and maximise independence and autonomy; to have a sense of self-understanding, self-respect and self-worth; to be able to enjoy good social and personal relationships; and to access commonly valued social and environmental facilities.

Clinical psychology services aim to enable other service providers to develop psychologically-informed ways of thinking; to use psychological knowledge to enhance and develop their professional practice to the benefit of their clients; to be able to enhance their sense of self-understanding, self-respect and self-worth; and to use psychological data to aid decision-making at a clinical, organisational and societal level.

#### **How these aims are achieved**

The core skills of a clinical psychologist are:

- assessment;
- formulation;
- intervention;
- evaluation and research;
- communication.

Assessment of psychological processes and behaviour is a competence derived from the theory and practice of both academic and applied psychology. It is different from other activities such as diagnosis and includes both assessing individual change and stability and comparing the individual with others. Assessment procedures include:

- the development and use of psychometric tests;
- the application of systematic observation and measurement of behaviour in both daily life contexts and other settings;
- devising self-monitoring strategies for individual service users;
- the use of formal and informal interviews with clients, carers and other professionals.

Results of these assessments are integrated within the context of the historical and developmental processes that will have shaped either an individual, family, group or organisation. Clinical psychologists have the ability to assess the suitability of different measurement procedures depending on the purpose for which the assessment is needed, as well as being competent to devise and use one-off, individualised assessment procedures.

Formulation is the summation and integration of the knowledge that is acquired by this assessment process (which may involve a number of different procedures). This will draw on psychological theory and research to provide a framework for describing a problem, how it developed and is being maintained. Because of their particular training in the linkage of theory to practice, clinical psychologists will be able to draw on a

number of different explanatory models and so a formulation may comprise a number of provisional hypotheses. This process provides the foundation from which actions derive. What makes this activity unique to clinical psychologists is the knowledge base and information on which they draw. The ability to access, review, critically evaluate, analyse and synthesise data and knowledge from a psychological perspective is one that is distinct to psychologists, both academic and applied.

Intervention, if appropriate, is based on the formulation. This may involve the utilisation of one or more psychotherapeutic models or approaches to facilitate change. Other sorts of intervention may include training of others (professional staff, relatives and carers), the provision of psychological knowledge by teaching or the development of psychological skills through supervision and consultation. All these interventions are tests of the provisional hypotheses contained in the formulation and are subject to modification in the light of experience and new data.

Evaluation is, therefore, a critical and integral part of the clinical psychologist's work. All activities and interventions need to be evaluated both during their implementation and afterwards to assess the stability and security of change. Research includes the ongoing evaluation of assessment, formulation and intervention in relation to specific services provided. It also includes explorations of psychological processes and outcomes (basic research), the development and evaluation of specific psychological interventions (primary research) and the consolidation and evaluation of primary research (secondary research). Basic and primary research in clinical psychology is typically uni-professional; secondary research is more usually conducted in collaboration with other professionals.

Communication skills are clearly integral to all aspects of a clinical psychologist's role. Effective communication skills are routinely essential in relation to all aspects of work with service users and their families and with other professional staff. Communication skills include direct face to face communication, all forms of electronic and verbal communication to individual clients, their families and other key people, and the dissemination of research.

In summary, it is the mixture and synthesis of competencies, built on the body of psychological theory and data, which are applied to helping people solve personal, family, group, work or organisational problems, that makes clinical psychology unique in health and social care.

### **Clinical psychologists as scientist practitioners**

Clinical psychologists are more than psychological therapists. While many do practise psychotherapy at a high level, this is not a skill distinct to clinical psychologists, nor should it be. The background and training of clinical psychologists is rooted in the science of psychology, and clinical psychology is one of the applications of psychological science to help address human problems. The ability to design and carry out innovative applied research is a skill developed to a doctoral level in training and is important for the development and delivery of evidence-based practice. In addition, one element of research competence is critical evaluation of research activity. While there are data that support many clinical activities, there are still major gaps in the knowledge base. One of the contributions made by clinical psychologists is the development and testing of new interventions and activities, based on psychological theory. Thus practice feeds and draws on research and theory that in turn influences practice.

### **Clinical psychologists as reflective practitioners**

Clinical psychologists are cognisant of the importance of self-awareness and the need to appraise and reflect on their own practice. They are also aware of the importance of diversity, the social and cultural context of their work, working within an ethical framework, and the need for continuing professional and personal development.

### **Use of clinical psychology services**

Clinical psychologists work with individuals, couples, families, groups (therapeutic, staff, informal carers) and at the organisational and community level. They work in a variety of settings, including hospital wards, day centres, Community Mental Health Teams, NHS Trusts, primary and social care contexts and forensic settings, and with all age groups from very young children to older people. They work with people with mild, moderate and severe mental health problems, developmental and learning disabilities, physical and sensory disability, and brain injury; people who have substance misuse problems and people with a range of physical health problems (eg HIV and AIDS, cancer, heart disease, pain, diabetes).

### **Clinical psychology programmes and maintenance of professional standards**

Entry to training requires the Graduate Basis for Registration as defined by The British Psychological Society. The prerequisite undergraduate degree provides an education that develops a knowledge framework encompassing basic theory and scientific principles (and the limits of such theory and principles) in the domains of human behaviour, experience and interaction.

Programmes are delivered at postgraduate level in accordance with the frameworks for higher education qualifications produced by the Quality Assurance Agency for Higher Education. As applied to clinical psychology, this means that newly qualified individuals will be able to make informed judgements on complex clinical and research problems, often in the absence of complete information, and are able to communicate their ideas and conclusions clearly and effectively to specialist and non-specialist audiences. These will be based on a systematic understanding of a substantial body of knowledge that is at the forefront of the discipline and profession of clinical psychology. Newly qualified individuals will have contributed to the creation and development of new knowledge and be able to continue to undertake applied research and development at an advanced level. They will have the qualities and transferable skills necessary for employment, requiring the exercise of personal responsibility and be largely autonomous in taking the initiative in complex and unpredictable clinical situations.

Training should encompass theoretical, research and applied foundations of psychology applied to the diverse range of needs of people in the health, social care and educational settings. All programmes provide a generic training, enabling graduates to work with a wide range of clients. Training takes place over three years of full-time study at the end of which successful candidates are awarded a doctorate of clinical psychology, and are eligible for registration. Chartered psychologists agree to abide by The British Psychological Society *Code of Conduct* and can be removed from the register for breaches of this Code. The British Psychologist Society has a formal disciplinary process with representation of both non-psychologists and senior and experienced psychologists.

## Standards for awards

### A The chartered clinical psychologist as a health care practitioner: Expectations held by the profession, employers and public

#### A1 Professional autonomy and accountability of the clinical psychologist

The award holder should be able to:

- maintain the standards and requirements of The British Psychological Society and the Division of Clinical Psychology (DCP);
- adhere to The British Psychological Society's *Code of Conduct*, ethical principles and guidelines and the *DCP Professional Practice Guidelines*;
- understand the legal and ethical responsibilities of clinical psychology practice including patient consent and confidentiality;
- demonstrate awareness of the legislative and national planning context of service delivery and clinical psychology practice;
- recognise the obligation to maintain fitness for practice and the need for continuing professional development;
- contribute to the development and dissemination of evidence-based practice within professional contexts;
- recognise and cope with uncertainty, making informed judgements on complex clinical issues in the absence of complete data;
- make appropriate clinical decisions.

#### A2 Professional relationships

The award holder should be able to:

- participate effectively in interprofessional and multi-agency approaches to health and social care;
- recognise professional scope of practice and make referrals, where appropriate;
- demonstrate understanding of consultancy models and the contribution of consultancy to practice;
- work with others to deliver effective health care;
- understand the impact of difference, diversity and social inequalities on people's lives, and its implications for working practices;
- work effectively with users and carers to facilitate their involvement in service planning and delivery;
- maintain appropriate records and make accurate reports.

#### A3 Personal and professional skills

The award holder should be able to:

- demonstrate the ability to deliver high quality patient/client-centred care both as a solo practitioner and as a member of multidisciplinary and multi-agency teams;
- practise in an anti-discriminatory, anti-oppressive manner;
- draw upon clinical psychology knowledge, theory and skills in order to make professional judgements;
- demonstrate high levels of research skills and scholarship;
- work effectively at a high level of autonomy in complex and unpredictable situations, with awareness of the limits of their own competence, and accepting accountability to relevant professional and service managers;
- demonstrate self-awareness and ability to work as a reflective practitioner;
- demonstrate a high level of communication skills in a style appropriate to specialist and non-specialist audiences;
- initiate and respond to change in a flexible manner, demonstrating transferable skills;

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- understand the importance and role of continuing professional development and engage in self-directed learning that promotes professional development;
- manage the emotional and physical impact of their own practice;
- understand the importance and role of supervision and demonstrate its appropriate use;
- demonstrate self-management skills and independence of thought and action;
- demonstrate culturally competent practice.

### **A4 Profession and employer context**

The award holder should be able to:

- show an understanding of the role of the clinical psychologist within health and social care services;
- adapt clinical psychology practice to a range of organisational contexts, on the basis of an understanding of pertinent organisational and cultural issues;
- contribute to the development of the profession's responsibility to the NHS through teaching, research supervision and training of psychologists and other professionals;
- take responsibility for their own professional development;
- demonstrate an ability to contribute to team management and functioning;
- participate in the development of new services;
- recognise the value of research and other scholarly activity in relation to the development of the profession and of patient/client care.

## **B The application of clinical psychology practice in securing, maintaining or improving health and well-being**

Clinical psychology practice and the application of professional skills are underpinned by psychological theory, evidence and understanding. The qualified clinical psychologist possesses a broad range of core skills encompassing profession-specific and generic enabling skills.

### **Profession-specific skills**

Sound clinical psychology practice is based on clinical and research skills that demonstrate work with clients and systems based on a scientist practitioner and reflective practitioner model. This incorporates a cycle of assessment, formulation, intervention and evaluation. Hence, clinical psychologists can generalise and synthesise prior knowledge and experience in order to apply them in different settings and novel situations. They are able to think critically about, reflect upon and evaluate such knowledge and experience within a framework of evidence-based practice.

### **Psychological assessment**

- Developing and maintaining effective working alliances with clients, including individuals, families, carers and services.
- Ability to choose, use and interpret a broad range of psychological assessment methods appropriate:
  - a to the client and service delivery system in which the assessment takes place;
  - b to the type of intervention which is likely to be required.
- Assessment procedures in which competence is demonstrated will include:
  - a formal procedures (use of standardised instruments);
  - b systematic interviewing procedures;
  - c other structured methods of assessment (eg observation or gathering information from others).
- Conducting appropriate risk assessment and using this to guide practice.

**Psychological formulation**

- Developing psychological formulations of presenting problems or situations which integrate information from assessments within a coherent framework that draws upon psychological theory and evidence and which incorporates interpersonal, societal, cultural and biological factors.
- Using formulations with clients to facilitate their understanding of their experience.
- Using formulations to plan appropriate interventions that take the client's perspective into account.
- Using formulations to assist multiprofessional understanding and communication, and the understanding of clients and their care.
- Revising formulations in the light of ongoing intervention and when necessary re-formulating the problem.

**Psychological intervention**

- On the basis of a formulation, implementing psychological therapy or other interventions appropriate to the presenting problem and to the psychological, cultural and social circumstances of the client(s), and to do this in a collaborative manner with:
  - individuals;
  - couples, families or groups;
  - teams/services/organisations.
- Implementing and recording interventions through, and with, other professions 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.
- Recognising when (further) intervention is inappropriate, or unlikely to be helpful, and communicating this sensitively to clients and carers.

**Evaluation and research**

- Selecting and implementing appropriate methods to evaluate the effectiveness, acceptability and broader impact of interventions (both individual and organisational), and using this information to inform and shape practice. Where appropriate, this will also involve devising innovative procedures.
- Auditing clinical effectiveness.
- Identifying gaps in the evidence base and, where such gaps exist, adapting established practice to meet the specific needs of service users. In such cases, ongoing evaluation of adaptations is critical and forms the basis of new developments in theory and practice.
- The development of theory and practice in clinical psychology through research.

**C Knowledge, understanding and skills that underpin the education and training of clinical psychologists****C1 Knowledge and understanding**

The clinical psychology award holder should be able to demonstrate:

- systematic acquisition and understanding of a substantial body of knowledge, including theories and evidence concerning psychological development and psychological difficulties across the lifespan and their assessment and remediation. This should include theory and evidence at the forefront of the discipline relating to:
  - i a wide breadth of presentations - from acute to enduring and from mild to severe;
  - ii problems ranging from those with mainly biological causation to those emanating mainly from psychosocial factors;
  - iii problems of coping/adaptation to adverse circumstances that are not themselves reversible by psychological intervention (eg physical disability, physical illness, bereavement);
  - iv clients from a range of backgrounds reflecting the demographic characteristics of the population;

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- v clients with significant levels of challenging behaviour;
- vi clients across a range of levels of intellectual functioning over a range of ages;
- vii clients whose disability makes it difficult for them to communicate;
- viii carers and families;
- ix social and contextual factors;
- x teamwork, service delivery systems, and the legislative and policy frameworks;
- detailed knowledge and understanding of research methods including:
  - i research design and methods including small N designs and those methods, both quantitative and qualitative, that are most useful in the conduct of applicable clinical research including service evaluation;
  - ii ethical issues in research;
  - iii statistical analysis including both exploratory and hypothesis testing methods;
  - iv critical appraisal of published research;
  - v the undertaking of supervised research work involving both a major project and also some smaller scale clinical evaluation.

The award holder will demonstrate the ability to complete an independent research project at doctoral level successfully. This will include the ability to conceptualise, design, carry out and communicate the results of research that is relevant to clinical psychology theory and practice and represents a contribution to the field.

### **C2 Skills**

The required skills are embedded in sections A and B above.

## Teaching, learning and assessment

A prerequisite for enrolment on a clinical psychology programme is the achievement of the Graduate Basis for Registration. Thus the knowledge and skills that form the starting point for a candidate are as set out in the subject benchmark statement for the undergraduate psychology degree (Quality Assurance Agency for Higher Education Psychology benchmark statement, 2002)

Detailed decisions about the strategies and methods for teaching, learning and assessment are for institutions to determine, but should ensure that the learning outcomes associated with clinical psychology programmes can be achieved. Nonetheless, programmes must promote an integrative approach to the application of theory and practice. Learning opportunities and assessment systems should facilitate the acquisition of the full range of professional competencies. Fundamental to the basis upon which trainees are prepared for their professional career, is the provision of programmes of academic study and practice-based learning which lay the foundation for career-long professional development and lifelong learning, to support best professional practice and the maintenance of professional standards.

### Teaching and learning in clinical psychology

It is essential that programmes provide a holistic experience of training that enables trainees to develop an integrated set of learning outcomes constituting a generic training in clinical psychology. Training should be provided as a collaboration between HEIs and clinical services and supervisors. An appropriate structure should be in place to facilitate this. Selection criteria should be specified and should apply equally to all candidates. Programmes should be directed by appropriately qualified chartered clinical psychologists.

Programmes must provide a balanced and developmental set of academic, research and clinical experiences throughout training. The academic component needs to provide an integrated curriculum supporting the clinical and research training. The research training needs to be carefully planned and have sufficient time devoted to it to enable trainees to conduct research at a postgraduate level and to be in a position to contribute to the knowledge base of the profession. The clinical experience component of training needs to ensure the attainment of competence across the range of required experience.

It is important to recognise that the scope of clinical psychology is substantial, so that initial training provides a secure foundation encompassing the range of skills and knowledge demonstrated by the profession. Further skills and knowledge will need to be acquired through continuing professional development appropriate to the specific employment pathways taken by newly qualified psychologists in line with clinical governance and lifelong learning frameworks.

Clinical experience will be gained in service delivery systems that offer a coherent clinical context. This will usually be a setting oriented towards a population defined by age (eg child, adult, older people), by special needs (eg learning disabilities, serious mental health problems, health-related problems, substance misuse) or by a service delivery focus (eg psychological therapy). In addition, clinical experience will be gained in a range of service contexts (primary, secondary and tertiary care, in-patient, out-patient, community), with service delivery models ranging from independently organised work through to integrated interprofessional working.

Programmes will be delivered in collaboration with placement providers to reflect national and local priorities.

Trainees must undertake substantial pieces of clinical work over a substantial period of time in each of a range of settings, including:

- in-patient or other residential facilities for individuals with high dependency needs, both acute and long term;
- secondary health care;
- community and primary care.

Trainees must gain competence in a variety of modes and types of work, including:

- direct work;
- indirect, through staff and/or carers;
- staff training, supervision and consultancy;
- work within multidisciplinary teams and specialist service systems, including some observation or other experience of change and planning in service systems;
- working in more than one recognised model of formal psychological therapy.



## **Subject benchmark statement: Health care programmes**

It is essential that supervision in clinical placements reflects the Committee on Training in Clinical Psychology guidelines on clinical supervision. Hence, trainees on clinical placements should receive a minimum of one hour individual supervision and three hours contact time per week. Facilities for trainees on placement must include access to office and clinical facilities. The trainee experience in clinical placements must be monitored regularly through appropriately timed visits by programme staff. It is essential that clinical supervisors have access to appropriate training.

It is essential that research be integrated into practice through the inclusion of service-related research projects as well as a larger scale independent doctoral level study. This study should be of a standard that is likely to be publishable in a peer reviewed journal. Adequate research supervision and advice must be available to support trainee research, in order to promote post-qualification practice that includes research activity through conducting and facilitating research and applying research to inform practice.

Effective learning opportunities that underpin programme delivery require the deployment of appropriately qualified clinical academic staff who maintain an involvement in regular professional activity relevant to the programme, including clinical work and research. Programmes must be delivered in effective collaboration between HEIs, placement providers and clinical supervisors. Opportunities for interprofessional learning should be maximised.

Sufficient time must be allocated to all components of learning.

Opportunities for enhancement and appraisal of personal and professional development must be provided.

### **Assessment**

The evaluation of trainees must include assessments of academic, research and clinical competence. Programmes must ensure that the assessment system promotes the learning outcomes identified in the programme specification and can demonstrate that these learning outcomes have been achieved. The assessment must give appropriate weighting to professional competence.

The HEI must take responsibility for ensuring that there are adequate procedures to ensure that trainees who are incompetent or whose behaviour is unethical do not obtain a qualification in clinical psychology.

## Academic and practitioner standards

A doctorate in clinical psychology is a vocational qualification as well as an academic award, and as such, must prepare graduates for professional activities across widely differing fields. In particular, graduates must possess all the professional competencies to be able to function as a qualified clinical psychologist and this represents the threshold for entry to the profession.

Newly qualified clinical psychologists should understand and embrace the core purpose and philosophy of the profession as described in the document prepared by the DCP of The British Psychological Society. They should be committed to reducing psychological distress and enhancing and promoting psychological well-being through the systematic application of knowledge derived from psychological theory and evidence. Their work will be based on the fundamental acknowledgement that all people have the same human value and the right to be treated as unique individuals.

Thus award holders will have:

- the skills, knowledge and values to develop working alliances with clients, including individuals, carers and/or services, in order to carry out psychological assessment; develop a formulation based on psychological theories and knowledge; carry out psychological interventions; evaluate their work; and communicate effectively with clients, referrers and others, orally, electronically and in writing;
- the skills knowledge and values to work effectively with clients from a diverse range of backgrounds, understanding and respecting the impact of difference and diversity upon their lives;
- the skills, knowledge and values to work effectively with systems relevant to clients, including, for example, statutory and voluntary services, self-help and advocacy groups, user-led systems and other elements of the wider community;
- the skills, knowledge and values to work in a range of indirect ways to improve psychological aspects of health and healthcare;
- the skills, knowledge and values to conduct research that enables the profession to develop its knowledge base and to monitor and improve the effectiveness of its work;
- high level skills in managing a personal learning agenda and self-care, and in critical reflection and self-awareness that enable transfer of knowledge and skills to new settings and problems.

The delivery and assessment of these outcomes is in accordance with the doctoral level descriptors specified in the Quality Assurance Agency for Higher Education frameworks for higher education qualifications. It is expected that the minimum duration of programmes is three years, with at least 50 per cent of time allocated to supervised clinical experience. The competencies attained are consistent with those described in the National Occupational Standards for Applied Psychology.

## **Appendix 1**

### **Clinical psychology benchmark group membership**

Mr Malcolm Adams                                      University of East Anglia

Dr Susan Llewelyn                                      University of Oxford

### **Wider reference group**

Course directors

Members of The British Psychological Society Committee on Training in Clinical Psychology

Members of the DCP Training Strategy Group

A Group of trainers in Clinical Psychology

## Appendix 2

### Benchmark steering group membership

Professor Michael Aulton	Royal Pharmaceutical Society
Dr Elizabeth Campbell	The British Psychological Society
Mrs Margaret Coats	General Chiropractic Council
Mr Vince Cullen	General Osteopathic Council
Ms Jill Galvani	The Royal Liverpool University Hospital
Ms Rosemary Grant	Avon, Gloucestershire and Wiltshire Strategic Health Authority
Dr Mike Hewins	Norfolk, Suffolk and Cambridgeshire Strategic Health Authority
Ms Ruth Howkins succeeded by Ms Meriel Hutton	Quality Assurance Team, Department of Health (England)
Ms Prue Kiddie	Department of Health
Professor Jeff Lucas	University of Bradford
Mrs Helen Marshall	Standing Conference of Principals
Mrs Susan Montague	University of Hertfordshire
Professor Audrey Paterson	The Society of Radiographers (representing Allied Health Professions)
Professor Mike Pittilo (Chair)	University of Hertfordshire
Ms Jenny Routledge	University of East Anglia
Mr Alvan Seth-Smith	General Dental Council
Mr David Skinner	General Medical Council
Mr Roger Thompson	Nursing and Midwifery Council
Professor Steve Trevillion	General Social Care Council
Professor Diane Waller	Health Professions Council
Professor Barry Winn	University of Hull
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**Scottish subject benchmark statement**  
**Clinical psychology and applied psychology**  
**(clinical associate) Scotland**  
**A vision and framework for the provision of**  
**clinical psychology services for NHS Scotland**

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## **Subject benchmark statements: clinical psychology, and applied psychology (clinical associate)<sup>1</sup>**

This subject benchmark statement represents the first phase in an ongoing development of the postgraduate training and education of Clinical Psychologists and practitioners of Applied Psychology (Clinical Associates) for the National Health Service (NHS) Scotland. It provides both a framework and a means of detailing the nature and characteristics of these postgraduate programmes of professional preparation at a threshold level of entry for clinical practice.

While this subject benchmark statement has been informed by the *Recognition Scheme for subject benchmark statements* (QAA, 2004) it has also taken account of the fact that statements that are specific to the higher education (HE) sector in Scotland are handled by QAA Scotland and are subject to a separate process and consultation (QAA, 2004). For this reason, the statement has been prepared in collaboration with key stakeholders with a shared investment and future vision regarding both the innovative diversity and quality of programmes of preparation that meet the needs of clinical psychology services in NHS Scotland. More information on the devolved Scottish context, and the place of this benchmark statement within it, is given in the Foreword to this document.

Subject benchmark statements provide a means for the academic community to describe the nature and characteristics of programmes in a specific subject. They also represent general expectations about standards for the award of qualifications at a given level and articulate the attributes and capabilities that those possessing such qualifications should be able to demonstrate.

Subject benchmark statements are used for a variety of purposes. Primarily, they are an important external source of reference for higher education institutions (HEIs) when new programmes are being designed and developed in a subject area. They provide general guidance for articulating the learning outcomes associated with specific programmes but are not a specification of a detailed curriculum in the subject. Subject benchmark statements provide for variety and flexibility in the design of programmes and encourage innovation within an agreed overall conceptual framework.

Subject benchmark statements also provide support to institutions in the pursuit of enhancement-led institutional review (ELIR), (QAA, *Handbook for enhancement-led institutional review*, 2003). They enable the learning outcomes specified for a particular programme to be reviewed and evaluated against agreed general expectations about standards.

Finally, subject benchmark statements may be one of a number of external reference points that are drawn upon for the purposes of ELIR. Reviewers do not use subject benchmark statements as a crude checklist for these purposes however. Rather, they are used in conjunction with the relevant programme specifications, the institution's own internal evaluation documentation, in order to enable reviewers to come to a rounded judgement based on a broad range of evidence.

The benchmarking of threshold academic standards for this subject area has been undertaken by a group of subject specialists in collaboration with key stakeholders in a devolved Scottish context (see Foreword). It has also been informed by the benchmark statement for clinical psychology undertaken within a general UK context.<sup>2</sup>

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<sup>1</sup> Working title pending the outcome of discussions about protected titles in the context of statutory regulation of applied psychologists

<sup>2</sup> QAA, *Subject benchmark statements: Health care programmes Phase 2: Clinical psychology*, Gloucester, September, 2004



The statement is subject to future revision that reflects developments in the subject, the experience of HEIs in utilising the statement, and the evolving nature of clinical psychology services in NHS Scotland.

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## **Convener's introduction**

Within the UK, Scotland has devolved education and healthcare systems. This gives opportunity for HEIs and health service providers to carry forward a modernisation agenda that produces highly skilled, fit for purpose, health service personnel able to meet the healthcare needs of the population. The ever increasing demand for psychological services within the NHS has enabled HEIs and health service providers to consider more creative ways in which this demand might be met by, for example, providing greater flexibility in career pathways and enhancing the skill mix in the workplace.

As part of this process NHS Education for Scotland has facilitated considerable developments in the education and training of postgraduate psychologists. This has resulted in two postgraduate levels of professional preparation and competence for practice in NHS Scotland. The two levels of award are the Doctorate in Clinical Psychology and the Master's in Applied Psychology (Clinical Associate) respectively. The current benchmark statement aims to highlight the similarities and differences between these two levels of awards in a range of domains. In so doing, this benchmark statement will provide postgraduate trainees, academic planners and service providers a clear guide to what competencies should be achieved following completion of each of the respective programmes. The benchmark statement clearly illustrates that the Doctorate in Clinical Psychology, as recognised by the British Psychological Society (BPS), is the threshold level required to work as a largely autonomous scientist practitioner while the Master's in Applied Psychology (Clinical Associate) is more limited with regard to the level of academic preparation and range of practice. In addition, Applied Psychology (Clinical Associate) practitioners are required to work under the supervision of a qualified Clinical Psychologist.

Notwithstanding the above, both levels of award require an undergraduate psychology honours degree that confers eligibility for BPS Graduate Basis for Registration. This, coupled with either of the postgraduate levels of award delineates the uniqueness of Clinical Psychology and Applied Psychology (Clinical Associate) practitioners. Many other professions practice certain psychological techniques and specific psychological therapies. However, Clinical Psychologists and Applied Psychology (Clinical Associates) must have a sound undergraduate psychology knowledge base which is further developed during postgraduate training. This enables Clinical Psychologists in particular, and to a lesser extent Applied Psychology (Clinical Associate) practitioners to draw upon a breadth and depth of psychological theory and research that enables a number of explanatory models to be considered when formulating hypotheses and deciding upon the appropriateness of a range of potential interventions. Clinical Psychologists can apply such skills across the age range of the population and in a variety of specialties whereas Applied Psychology (Clinical Associate) practitioners operate in a more circumscribed manner within a specialty. It is the nature and extent of the knowledge base that differentiates between Clinical Psychologists and Applied Psychologists (Clinical Associates) but is nevertheless unique to such groups thereby enabling the development of novel interventions derived from fundamental psychological theories and principles where standardised therapeutic approaches have limited applicability.

The challenge for the Benchmarking Group was to assimilate all of the above issues, among many others, during their deliberations. In addition, the healthcare contribution of other applied psychologists from other specialties such as forensic, counselling, occupational and health was acknowledged. However, the scope of this current benchmark deliberately focused upon the clinical specialty. This was because, among applied psychologists within NHS Scotland, this is the largest group, with the greatest service demands, and is currently undergoing a considerable period of change and modernisation to meet the needs of the healthcare system. The multidisciplinary group met on a number of occasions with subgroup meetings which focused upon specific tasks. This was then compiled into a consultation draft in a manner that ensured a coherent and consensual approach by all group members.

This document has been available for consultation to all stakeholders following which the Benchmarking Group considered all feedback and in so doing incorporated a number of helpful suggestions into the final version.

**Professor Kevin G Power**

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Convener of the Benchmarking Group

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## Foreword

This subject benchmark statement describes the nature and threshold standards of postgraduate programmes in clinical psychology that lead to the subject awards at doctoral and master's level, made by HEIs in Scotland. It has been informed by the valuable work already done in which doctoral level postgraduate programmes in clinical psychology in other parts of the UK have been benchmarked. The Scottish statement not only endorses this previous work but has also incorporated parts of it, and has drawn upon it in various ways that renders the Scottish statement congruent with the wider UK context.

Within the UK context, Scotland not only has a devolved education system, it also has a devolved health care system. Postgraduate training and education for clinical psychology in Scotland involves a close partnership between HEIs and service providers in NHS Scotland. In the development of postgraduate programmes, this collaborative process is commissioned and brokered by NHS Education for Scotland (NES) under the auspices of the Scottish Executive Health Department (SEHD). As with the rest of the UK, NHS Scotland is currently embracing a modernisation agenda in which services are being restructured in a manner that meets the healthcare needs of its population by making the best use of high-quality resources that are both patient-centred and efficient in their purpose. In particular, the Kerr Report (Scottish Executive, 2005, Foreword) calls for a transformation of the NHS in Scotland 'with a series of bold initiatives which will provide a framework to deliver safe, quick, and sustainable health care for the future'.<sup>3</sup>

In concert with the modernisation agenda, HEIs and service providers, in partnership with NES, have been sensitive to the need to meet public demand for clinical psychology services in NHS Scotland in a manner that not only increases the availability of the service, but also makes best use of resources and expertise. Such proactive collaboration, while maintaining the high standard of established programmes, has seen the innovative development of flexible pathways of preparation of trainees for the practice of Clinical Psychology at doctoral level and the introduction of Applied Psychology (Clinical Associate) at a different level of postgraduate award. The Benchmarking Group has taken account of these innovative developments. In particular the Group has recognised the uniqueness of an emerging Scottish framework in which training and subsequent supervised clinical practice is being undertaken at master's level. Such a development increases the scope of expertise that can be offered to the Scottish public while also serving as a platform for further training and career development at doctoral level in line with both professional standards and the Scottish Credit and Qualifications Framework (SCQF). The Benchmarking Group has endorsed the importance of this career framework which hitherto has been lacking to the detriment of service needs and career development (NES, 2002).<sup>4</sup> Moreover, it is recognised that such a framework will ensure threshold standards across Scotland while also facilitating mobility of provision to meet service needs. In doing so, and as indicated above, this benchmark focuses upon the clinical role of applied psychologists as this is the specialty where there exists the greatest demand, thereby encouraging HEIs to work in partnership with service providers to produce postgraduate programmes that enhance the clinical skill mix available.

This framework of progression also recognises the importance of making explicit the quality threshold standards expressed by the participating HEIs in partnership with NHS Scotland, and endorsed by NES, the SEHD and QAA Scotland, while also being mindful of

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<sup>3</sup> Scottish Executive (May, 2005) *A National Framework for Service Change in the NHS in Scotland: Building a Health Service Fit for the Future*, Edinburgh, Scottish Executive

<sup>4</sup> (2002) *Workforce Planning for Psychological services in NHS Scotland*. NES, Edinburgh

the standards currently set by the BPS and the possibility of future regulation by the Health Professions Council. For this reason, the Scottish benchmark statement for Clinical Psychology and Applied Psychology (Clinical Associate) will be presented in a framework that encapsulates and supports two postgraduate levels of award. This will enable the different HE providers of postgraduate Clinical Psychology and Applied Psychology (Clinical Associate) education and training in Scotland to meet the threshold standards in their programme design while also facilitating different academic levels of provision, progression and completion as and where appropriate. This benchmark statement sets out a flexible and progressive framework for describing these programmes under three headings.

- A Expectations of the health professional in providing patient/client services
- B The application of practice in securing, maintaining or improving health and well-being
- C The knowledge, understanding and skills that underpin the education and training of health care professionals

It is important to note that these three headings signify a high degree of interdependence, where the academic nature of the respective programmes meet professional requirements that are practice-based and education-led. The main section of this statement, in addition to describing the nature and extent of programmes leading to awards in Clinical Psychology and Applied Psychology (Clinical Associate), respectively, describes the profession-specific expectations and requirements under the same three categories, but emphasises that postgraduate qualifications in Clinical Psychology and Applied Psychology (Clinical Associate) education and training build upon the prerequisite knowledge and skills gained from the undergraduate honours degree in psychology.

The section on teaching, learning and assessment draws attention to the key role of practice in the design of client-centred learning opportunities for trainees, and to the importance of ensuring that professional competence, developed through practice, is adequately assessed and rewarded. It also notes how essential it is that the integration of theory and practice is a planned process within the overall arrangements made for teaching and learning. The importance of professional accountability, team working, interprofessional collaboration and communication are also emphasised.

As noted previously, the statement does not set a national curriculum for programmes leading to awards in Clinical or Applied Psychology (Clinical Associate) in Scotland. It acknowledges that the requirements of professional and statutory regulatory bodies need to be incorporated into the design of programmes. It seeks to encourage HEIs and service providers to work collaboratively in the design and delivery of their curricula. Its essential feature is the specification of threshold standards, incorporating academic and practitioner elements, against which HEIs are expected, as a minimum, to set their standards for the award.

Finally, the *Subject benchmark statement* for Clinical Psychology and Applied Psychology (Clinical Associate) in Scotland has been designed in such a way that, while mindful of present service needs, also looks to the future in terms of internal quality enhancement along with continuing professional development (CPD) via a flexible and progressive career pathway that meets the needs of service users in accordance with the modernisation agenda. Thus the statement that follows is seen as the first phase in an ongoing evolution of quality systems, interprofessional collaboration, and transparency of programme design in a manner that is clear to all stakeholders. In this respect it is presented as a sound framework for the future of clinical psychology services in Scotland.

# **Benchmark statements for Clinical Psychology and Applied Psychology (Clinical Associate)**

## **Introduction**

### **Two postgraduate levels of award**

This benchmark statement incorporates a vision and framework that acknowledges and describes two postgraduate and interrelated academic levels of professional preparation for clinical psychology services for NHS Scotland. These are the Doctorate in Clinical Psychology, and the Master's in Applied Psychology (Clinical Associate), respectively. The Doctorate in Clinical Psychology is recognised as the threshold level of preparation necessary to work as a largely autonomous scientist practitioner and subsequent independent investigator in the field of clinical psychology as recognised by the BPS. Further detail on this level of preparation is given below.

The Master's in Applied Psychology (Clinical Associate) is more circumscribed, not only in terms of the academic level of preparation, but also in terms of subsequent practice. Unlike the Doctorate in Clinical Psychology, the purpose of the master's-level programme in Applied Psychology (Clinical Associate) is not to prepare a largely autonomous practitioner, nor a subsequent independent investigator trained to operate at the forefront of psychological theory and its potential applications. Rather such master's programmes prepare graduates in psychology to work with specific or particular client groups and not across a range of client groups. Such work is also limited to a predefined range and severity of problems experienced by a particular client group, and will be carried out with the support and under the supervision of a chartered Clinical Psychologist. This development is seen as both timely and productive for two principal reasons. First, and as noted in the Foreword, it is congruent with the modernisation agenda of NHS Scotland in seeking innovative and effective ways of providing quality service provision to meet the health care needs of the Scottish public by increasing the number of practitioners with expertise in particular types of problems. Second, and as also noted in the Foreword, it serves as a framework for further training and career development at doctoral level in line with both professional standards and the SCQF.

This benchmark statement incorporates two postgraduate levels of award in which there will be some common elements relating to standards of professional practice. However, there will also be distinctive differences, both quantitative and qualitative, which the Benchmarking Group has taken into account. For this reason, the pages dealing with standards for the awards, organised under the three main headings given above, are presented in a manner that incorporates both levels of award while also highlighting the substantive differences between them. In this way, future programme planners may take account of these differences by focusing upon the appropriate level for the programme they are designing. Finally, and importantly, such a mode of presentation seeks to reinforce the fact that the master's level of preparation, while increasing service provision for NHS Scotland, is also part of an educational framework in which the master's level of preparation in Applied Psychology (Clinical Associate) may be seen as a platform from which to progress towards undertaking the Doctorate in Clinical Psychology. Concordant with such a vision and framework of progression, it is envisaged that HEIs offering the Doctorate in Clinical Psychology may take the previous education, training and

professional experience of these Applied Psychology (Clinical Associate) practitioners into account in their respective programme designs.

### **Philosophy**

The work of Clinical Psychologists and practitioners of Applied Psychology (Clinical Associates) is based on the fundamental acknowledgement that all people have the same human value and the right to be treated as unique individuals. Thus they will treat all people - both clients and colleagues - with dignity and respect and will work with them collaboratively as partners towards the achievement of mutually agreed goals. In doing this, they will adhere to, and be guided by, explicit and public statements of the ethical principles that underpin their respective work.

### **Purpose**

Clinical Psychology and Applied Psychology (Clinical Associate), respectively, aim to reduce psychological distress and to enhance and promote psychological well-being by the systematic application of knowledge derived from psychological theory and research. Clinical Psychologists in particular do not simply apply such knowledge. They also contribute to its generation and development through primary research, and knowledge of the breadth and depth of the science of psychology in all of its foci and manifestations. This includes adaptive integration from various theories and research-based psychological approaches tailored to particular client or organisational strategies. Thus Clinical Psychologists are a resource for other health care professionals.

### **Aims**

Clinical psychology services aim to enable service users to have the necessary skills and abilities to cope with their emotional needs and daily lives in order to maximise psychological and physical well-being; to develop and use their capacity to make informed choices in order to enhance and maximise independence and autonomy; to have a sense of self-understanding, self-respect and self-worth; to be able to enjoy good social and personal relationships; and to access commonly valued social and environmental facilities. Applied Psychology (Clinical Associate) practitioners working within clinical psychology services have the same aim but with particular client groups rather than across a range of client groups.

Clinical psychology services aim to enable other service providers to develop psychologically-informed ways of thinking; to use psychological knowledge to enhance and develop their professional practice to the benefit of their clients; to be able to enhance their sense of self-understanding, self-respect and self-worth; and to use psychological data to aid decision-making at a clinical, organisational and societal level. Applied Psychology (Clinical Associate) practitioners working within clinical psychology services are not expected to deliver this range of activity, but to focus on particular client groups within agreed intervention strategies in a manner that meets public need.



## **The core skills of a Clinical Psychologist**

- Assessment
- Formulation
- Intervention
- Evaluation and research
- Communication and consultancy
- Self management

**Assessment** of psychological processes and behaviour is a competence derived from the theory and practice of both academic and applied psychology. It is different from other activities such as diagnosis and includes both assessing individual change and stability and comparing the individual with others. Assessment procedures include:

- the development and use of psychometric tests
- the application of systematic observation and measurement of behaviour in both daily life contexts and other settings
- devising self-monitoring strategies for individual service users
- the use of formal and informal interviews with clients, carers and other professionals.

Results of these assessments are integrated within the context of the historical and developmental processes that will have shaped an individual, family, group or organisation. Clinical Psychologists have the ability to assess the suitability of different measurement procedures depending on the purpose for which the assessment is needed, as well as being competent to devise and use one-off, individualised assessment procedures.

**Formulation** is the summation and integration of the knowledge that is acquired by this assessment process (which may involve a number of different procedures). This will draw on psychological theory and research to provide a framework for describing a problem, how it developed and is being maintained. Because of their particular training in the linkage of theory to practice, Clinical Psychologists will be able to draw on a number of different explanatory models and so a formulation may comprise a number of provisional hypotheses. This process provides the foundation from which actions derive. What makes this activity unique to Clinical Psychologists is the knowledge base and information on which they draw. The ability to access, review, evaluate, analyse and synthesise data and knowledge from a psychological perspective is one that is a primary feature of psychology, both academic and applied.

**Intervention**, if appropriate, is based on formulation. This may involve the utilisation of one or more psychotherapeutic models or approaches to facilitate change. Other sorts of intervention may include training of others (professional staff, relatives and carers), the provision of psychological knowledge by teaching, or the development of psychological skills through supervision and consultation. All these interventions are tests of the provisional hypotheses contained in the formulation and are subject to modification in the light of experience and new data, including flexible and adaptive integration from a range of theories and research-based knowledge from the science of psychology.

**Evaluation** is, therefore, a critical and integral part of the Clinical Psychologist's work. All activities and interventions need to be evaluated both during their implementation and

afterwards to assess the stability and security of change. Research includes the ongoing evaluation of assessment, formulation and intervention in relation to specific services provided. It also includes explorations of psychological processes and outcomes (basic research), the development and evaluation of specific psychological interventions (primary research) and the consolidation and evaluation of primary research (secondary research). Basic and primary research in clinical psychology is typically uni-professional; secondary research is more usually conducted in collaboration with other professionals. Psychologists may input into a variety of audit activities because good audit is also good research.

**Communication and consultancy** skills are clearly integral to all aspects of a Clinical Psychologist's role. Effective communication skills and consultancy are routinely essential in relation to all aspects of work with service users and their families and with other professional staff. Communication skills include direct face to face communication, all forms of electronic and verbal communication to individual clients, their families and other key people, and the dissemination of research. Psychologists need also to play increasing roles in health promotion, public health, and the provision of policy advice.

**Self-management** skills include those that are both personal and professionally related. Psychologists need to be aware of personal needs and take action as appropriate. They should ensure awareness of fitness-to-practice issues, boundaries of practice, and the need for CPD. Clinical Psychologists are cognisant of the importance of self-awareness and the need to appraise and reflect on their own practice. As reflective practitioners, psychologists are also aware of the importance of diversity, the social and cultural context of their work, working within an ethical framework, and the need for continuing professional and personal development.

In summary, it is the mixture and synthesis of competencies, built on the body of psychological theory and data, which are applied to helping people solve personal, family, group, work or organisational problems, that makes clinical psychology unique in health and social care.

### **The core skills of a practitioner of Applied Psychology (Clinical Associate)**

- Assessment
- Formulation
- Intervention
- Evaluation and research
- Communication
- Self management

**Assessment** of psychological processes and behaviour is a competence derived from the theory and practice of both academic and applied psychology. It is different from other activities such as diagnosis and includes both assessing individual change and stability and comparing the individual with others. Assessment procedures include:

- the use of established psychometric tests in the area of specialism
- the application of systematic observation and measurement of behaviour in both daily life contexts and other settings

- the use of self-monitoring strategies for individual service users
- the use of formal and informal interviews with clients and carers.

These assessment strategies and measures will be conducted within pre-established strategies and procedures pertinent to specific client group.

**Formulation** is the summation and integration of the knowledge that is acquired by this assessment process (which may involve a number of different procedures). This will draw on psychological theory and research to provide a framework for describing a problem, how it developed and is being maintained, according to a pre-established body of knowledge. In the case of Applied Psychology (Clinical Associate), formulation consists in a critical understanding of the relationship between information gathered from assessment and the rationale for subsequent therapeutic approaches to intervention as and where appropriate.

**Intervention**, if appropriate, is based on formulation. This may involve the utilisation of one or more psychotherapeutic models or approaches to facilitate change. In the case of Applied Psychology (Clinical Associate), this will be contingent upon the client group and will involve agreed strategies of intervention in the delivery of Level B services.<sup>5</sup>

**Evaluation** is a critical and integral part of the work involved in Applied Psychology (Clinical Associate). All activities and interventions need to be evaluated both during their implementation and afterwards to assess the stability and security of change. Practitioners of Applied Psychology (Clinical Associate) will evaluate their own work with specific client groups in conjunction with the clinical supervision of a Clinical Psychologist. Such practitioners may also undertake small-scale research, audit or development projects, or be part of a research team led by Clinical Psychologists.

**Communication** skills are clearly integral to all aspects of the role of practitioners of applied psychology (healthcare). Effective communication skills are routinely essential in relation to all aspects of work with service users and their families and with other professional staff. Communication skills include direct face to face communication, all forms of electronic and verbal communication to individual clients, their families and other key people, and the writing of case reports.

**Self-management** skills include those that are both personal and professionally related. Such practitioners need to be aware of personal needs and take action as appropriate. They should ensure awareness of fitness-to-practice issues, and boundaries of practice. Practitioners of Applied Psychology (Clinical Associate) will become increasingly cognisant of the importance of self-awareness and the need to appraise and reflect on their own practice. As reflective practitioners, they will also become aware of the importance of diversity, the social and cultural context of their work, working within an ethical framework, and the need for continuing professional and personal development.

### **Clinical Psychologists as scientist practitioners**

Clinical Psychologists are more than psychological therapists. While many do practise psychotherapy at a high level, this is not a skill distinct to Clinical Psychologists, nor should it be. The background and training of Clinical Psychologists is rooted in the

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<sup>5</sup> Level B refers to circumscribed psychological care that is appropriately delivered by specialist accredited therapists from a variety of disciplines and that can be described by procedure and protocol (NES, 2002).

science of psychology, and clinical psychology is one of the applications of psychological science to help address human problems. The ability to design and carry out innovative applied research is a skill developed to a doctoral level in training and is important for the development and delivery of evidence-based practice. In addition, one element of research competence is evaluation of research activity. While there are data that support many clinical activities, there are still major gaps in the knowledge base. One of the contributions made by Clinical Psychologists is the development and testing of new interventions and activities, based on psychological theory; thus, practice both draws on and influences research and theory.

### **Practitioners of Applied Psychology (Clinical Associate) as scientist practitioners**

While the main activity of practitioners of Applied Psychology (Clinical Associate) will be that of psychological therapy and a limited range of other agreed activities pertinent to specific client groups, it is important to recognise that such master's programmes of preparation will still introduce students into the conceptual framework of the scientist practitioner. Thus although their range of expertise and activities will be within agreed boundaries, their practice will still be informed by the science of psychology. In the vision and framework set out in this document, it is also recognised that such initial preparation may serve as the first postgraduate step towards subsequent doctoral level training. This makes it all the more important that the preparation of such practitioners be conceptualised and organised around the scientist practitioner model.

### **Use of Clinical Psychology services: Clinical Psychologists and Applied Psychology (Clinical Associates)**

Clinical Psychologists work with individuals, couples, families, groups (therapeutic, staff, informal carers) and at the organisational and community level. They work in a variety of health and social care settings in primary, secondary and tertiary care with clients from across the lifespan. They work with people with mild, moderate and severe mental health problems, developmental and learning disabilities, physical and sensory disability, and brain injury; people who have substance misuse problems and people with a range of physical health problems (eg HIV and AIDS, cancer, heart disease, pain, diabetes).

While Clinical Psychologists work with a range of client groups as stated above, those engaging in Applied Psychology (Clinical Associate) work with particular or single client groups. For example, such particular groups may be adults with mild to moderate anxiety and depression; alternatively it may involve aspects of clinical work with children, or the elderly. In each case, such practitioners of Applied Psychology (Clinical Associate) work with the support, and under the supervision of, chartered Clinical Psychologists in the delivery of Level B services.

### **Clinical Psychology and Applied Psychology (Clinical Associate) programmes and maintenance of professional standards**

Entry to training, at both doctoral and master's level, requires the Graduate Basis for Registration as defined by the BPS. The prerequisite undergraduate honours degree provides an education that develops a knowledge framework encompassing basic theory

and scientific principles (and the limits of such theory and principles) in the domains of human behaviour, experience and interaction.

Programmes are delivered at postgraduate level in accordance with the SCQF. As applied to clinical psychology, this means that newly qualified individuals will be able to make informed judgements on complex clinical and research problems, often in the absence of complete information, and are able to communicate their ideas and conclusions clearly and effectively to specialist and non-specialist audiences. These will be based on a systematic understanding of a substantial body of knowledge that is at the forefront of the discipline and profession of clinical psychology. Newly qualified individuals will have contributed to the creation and development of new knowledge and be able to continue to undertake applied research and development at an advanced level. They will have the qualities and transferable skills necessary for employment, requiring the exercise of personal responsibility and be largely autonomous in taking the initiative in complex and unpredictable clinical situations.

Master's graduates in Applied Psychology (Clinical Associate) will, through respective programmes of preparation, have the expertise to work with specific client groups with specific problems. They will be aware of ongoing research concerning these client groups. They will understand that psychology in healthcare is an applied science and be aware of gaps in knowledge, both their own and in the field in general. They will communicate effectively with both their colleagues and clients. They will understand the circumscribed nature of their expertise and will know when to consult with senior colleagues under whose support and supervision they practise.

Training at doctoral level should encompass theoretical, research and applied foundations of psychology applied to the diverse range of needs of people in the health, social care and educational settings. All doctoral programmes provide a generic training, enabling graduates to work with a wide range of clients. Training takes place over three years of full-time study or equivalent part-time study at the end of which successful candidates are awarded a doctorate of clinical psychology, and are eligible for registration. Chartered psychologists agree to abide by the BPS Code of Ethics and Conduct and can be removed from the register for breaches of this Code. The BPS has a formal disciplinary process with representation of both non-psychologists and senior and experienced psychologists.

Training at master's level should encompass theoretical, research and applied foundations of psychology applied to the needs of specific client groups as noted above. Training takes place over one year of full-time study or part-time equivalent at the end of which successful candidates are awarded a master's degree in Applied Psychology (Clinical Associate) in which the specific client group may be named in the title of the award. Such practitioners of Applied Psychology (Clinical Associate) are not yet eligible for registration by the BPS. However, they are expected to abide by the BPS Code under the auspices of their chartered clinical psychology supervisors, and their terms and conditions of employment.

## Benchmarking of Clinical Psychology and Applied Psychology (Clinical Associate) for Scotland: Standards for awards

### A Expectations held by the profession, employers and public

A1 Professional autonomy and accountability	The Chartered Clinical Psychologist	The Practitioner of Applied Psychology (Clinical Associate)
The award holder should be able to:	Maintain the standards and requirements of the BPS and the Division of Clinical Psychology (DCP).	Maintain the standards and requirements of the BPS.
	Adhere to the BPS's Code of Conduct, ethical principles and guidelines, and the DCP <i>Professional Practice Guidelines 1995</i> .	Adhere to the BPS's Code of Conduct, ethical principles and guidelines.
	Understand the legal and ethical responsibilities of clinical psychology practice including patient consent and confidentiality.	Understand the legal and ethical responsibilities of working in healthcare settings as a clinically supervised practitioner, including patient consent and confidentiality.
	Demonstrate awareness of the legislative and national planning context of service delivery and clinical psychology practice.	Demonstrate awareness of the legal and national importance of delivering psychological services in healthcare settings.
	Recognise the obligation to maintain fitness for practice and the need for CPD.	Recognise the obligation to maintain fitness for practice and the need for CPD.
	Contribute to the development and dissemination of evidence-based practice within professional contexts.	Engage with relevant aspects of the knowledge base of clinical psychology and contribute to evidence-based practice within circumscribed professional contexts.
	Make appropriate clinical decisions.	Make appropriate clinical decisions within the range of one's expertise, seeking guidance where appropriate.

<b>A2 Professional relationships</b>	<b>The Chartered Clinical Psychologist</b>	<b>The Practitioner of Applied Psychology (Clinical Associate)</b>
The award holder should be able to:	<p>Participate effectively in interprofessional and multi-agency approaches to health and social care.</p> <p>Recognise professional scope of practice and make referrals, where appropriate.</p> <p>Demonstrate understanding of consultancy models and the contribution of consultancy to practice.</p> <p>Work with others to deliver effective healthcare.</p> <p>Understand the impact of difference, diversity and social inequalities on people's lives, and their implications for working practices.</p> <p>Work effectively with users and carers to facilitate their involvement in service planning and delivery.</p> <p>Maintain appropriate records and make accurate reports.</p>	<p>Participate effectively in interprofessional and multi-agency approaches to health and social care.</p> <p>Recognise professional scope of practice, and where limits of expertise are recognised to make appropriate referral to a chartered Clinical Psychologist.</p> <p>Demonstrate the ability to offer psychologically based advice to health professional colleagues within one's circumscribed area of practice.</p> <p>Work with others to deliver effective psychological treatments.</p> <p>Understand the impact of difference, diversity and social inequalities on people's lives, and their implications for working practices.</p> <p>Work effectively with users and carers to facilitate their involvement in service delivery.</p> <p>Maintain appropriate records and make accurate reports.</p>

<b>A3 Personal and professional skills</b>	<b>The Chartered Clinical Psychologist</b>	<b>The Practitioner of Applied Psychology (Clinical Associate)</b>
<p>The award holder should be able to:</p>	<p>Demonstrate the ability to deliver high quality patient/client-centred care both as a solo practitioner and as a member of multidisciplinary and multi-agency teams.</p> <p>Practise in a non-discriminatory, non-oppressive manner.</p> <p>Draw upon clinical psychology knowledge, theory and skills in order to make professional judgements.</p> <p>Demonstrate high levels of research skills and scholarship.</p> <p>Work effectively at a high level of autonomy in complex and unpredictable situations, with awareness of the limits of their own competence, and accepting accountability to relevant professional and service managers.</p>	<p>Demonstrate the ability to deliver high quality care to individual clients, and be an effective member of multiprofessional and multi-agency teams.</p> <p>Practise in a non-discriminatory, non-oppressive manner.</p> <p>Draw upon psychology knowledge, theory and skills in order to make appropriate judgements regarding patient care.</p> <p>Demonstrate appropriate levels of research skills and critical thinking.</p> <p>Work effectively, with awareness of the limits of their own competence, and accepting accountability to relevant professional and service managers.</p>



A3 Personal and professional skills	The Chartered Clinical Psychologist	The Practitioner of Applied Psychology (Clinical Associate)
The award holder should be able to:	Demonstrate self-awareness and ability to work as a reflective practitioner.	Demonstrate self-awareness and ability to work as a reflective practitioner.
	Demonstrate effective and appropriate communication skills.	Demonstrate effective and appropriate communication skills.
	Initiate and respond to change in an effective manner, demonstrating transferable skills.	Initiate and respond to change in an effective manner, demonstrating transferable skills.
	Manage the emotional and physical impact of their own practice.	Recognise the emotional and physical impact of their own practice and seek help where appropriate.
	Understand the role and importance of supervision and demonstrate its appropriate use.	Develop under the supervision and mentorship of a chartered Clinical Psychologist.
	Demonstrate self-management skills and independence of thought and action.	Develop self-management skills under the supervision of a chartered Clinical Psychologist.
	Demonstrate culturally competent practice.	Demonstrate culturally competent practice.

A4 Profession and employer context	The Chartered Clinical Psychologist	The Practitioner of Applied Psychology (Clinical Associate)
The award holder should be able to:	Show an understanding of the role of the Clinical Psychologist within health and social care services.	Show an understanding of the roles of practitioners of Applied Psychology (Clinical Associate) within health and social care services.
	Adapt Clinical Psychology practice to a range of organisational contexts on the basis of an understanding of pertinent organisational and cultural issues.	Adapt Applied Psychology (Clinical Associate) practice to a range of relevant contexts on the basis of an understanding of pertinent organisational and cultural issues.
	Contribute to the development of the profession's responsibility to NHS Scotland through teaching, research supervision, and training of psychologists and other professionals.	Engage in teaching within the range of their expertise.
	Take responsibility for their own professional development.	Take responsibility for their own professional development.
	Demonstrate an ability to contribute to team management and functioning.	Demonstrate an ability to contribute to team functioning.
	Participate in the development of new services.	Participate in the development of services.

## B Securing, maintaining and improving health and well-being

<p><b>B1 Profession-specific skills</b></p>	<p><b>The Chartered Clinical Psychologist</b></p>	<p><b>The Practitioner of Applied Psychology (Clinical Associate)</b></p>
<p><b>Profession-specific skills</b></p>	<p>Clinical Psychology practice and the application of professional skills are underpinned by psychological theory, evidence and understanding. The qualified Clinical Psychologist possesses a broad range of core skills encompassing profession-specific and generic enabling skills.</p>	<p>Applied Psychology practice and the application of professional skills are underpinned by psychological theory, evidence and understanding according to agreed intervention strategies with a single client group and under the supervision of a chartered Clinical Psychologist. This applies to B1 a, b, c and d below.</p>
<p><b>B1a Psychological assessment</b></p>		
<p>The award holder should be able to:</p>	<p>Develop and maintain effective working alliances with clients, including individuals, families, carers and services.</p> <p>Demonstrate the ability to choose, use and interpret a broad range of psychological assessment methods appropriate</p> <ul style="list-style-type: none"> <li>● to the client and service delivery system in which the assessment takes place</li> <li>● to the type of intervention which is likely to be required.</li> </ul> <p>Demonstrate competence in the following assessment procedures</p> <ul style="list-style-type: none"> <li>● formal procedures (use of standardised instruments)</li> <li>● systematic interviewing procedures</li> <li>● other structured methods of assessment (eg observation methods, gathering information from proxies, etc)</li> </ul> <p>Conduct appropriate risk assessment and use this to guide practice.</p>	<p>Develop and maintain effective working alliances with clients and, where appropriate, significant others.</p> <p>Develop the ability to choose, use and understand a range of psychological assessment methods appropriate to</p> <ul style="list-style-type: none"> <li>● to the client and service delivery system in which the assessment takes place</li> <li>● to the type of intervention which is likely to be required.</li> </ul> <p>Demonstrate competence in the following assessment procedures</p> <ul style="list-style-type: none"> <li>● formal procedures (use of standardised instruments)</li> <li>● systematic interviewing procedures</li> <li>● other structured methods of assessment.</li> </ul> <p>Under supervision, conduct risk assessment and use this to guide practice.</p>

<b>B1 Profession-specific skills</b>	<b>The Chartered Clinical Psychologist</b>	<b>The Practitioner of Applied Psychology (Clinical Associate)</b>
<p><b>B1b Psychological formulation</b></p> <p>The award holder should be able to:</p>	<p>Develop psychological formulations of presenting problems or situations which integrate information from assessments within a coherent framework that draws upon psychological theory and evidence, and which incorporates interpersonal, societal, cultural and biological factors.</p> <p>Use formulations with clients to facilitate their understanding of their experience.</p> <p>Use formulations to plan appropriate interventions that take the client's perspective into account.</p> <p>Use formulations to assist multiprofessional understanding and communication, and the understanding of clients and their care.</p> <p>Revise formulations in the light of ongoing intervention, and when necessary reformulate the problem.</p>	<p>Develop psychological formulations of presenting problems or situations which integrate information from assessments within a coherent framework that draws upon at least one psychological theory and the evidence pertaining to it for a single client group to which the programme applies.</p> <p>Use formulations with clients to facilitate their understanding of their experience.</p> <p>Use formulations to plan appropriate interventions that take the client's perspective into account.</p> <p>Use formulations to assist multiprofessional understanding and communication, and the understanding of clients and their care.</p> <p>Revise formulations in the light of ongoing intervention, and when necessary reformulate the problem.</p>

<b>B1 Profession-specific skills</b>	<b>The Chartered Clinical Psychologist</b>	<b>The Practitioner of Applied Psychology (Clinical Associate)</b>
<p><b>B1c Psychological intervention</b></p> <p>The award holder should be able to:</p>	<p>On the basis of a formulation, implement psychological therapy or other interventions appropriate to the presenting problem and to the psychological, cultural and social circumstances of the client(s), and to do this in a collaborative manner with individuals, couples, families or groups, and teams/services/organisations.</p> <p>Implement and record interventions through, and with, other professions 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.</p> <p>Recognise when (further) intervention is inappropriate, or unlikely to be helpful, and communicate this sensitively to clients and carers.</p>	<p>On the basis of a formulation, implement psychological therapy or other interventions appropriate to the presenting problem and to the psychological, cultural and social circumstances of the client(s), and do this in a collaborative manner with individual clients.</p> <p>Implement and record interventions involving direct work with individual clients.</p> <p>Recognise when (further) intervention may be inappropriate, or unlikely to be helpful, and seek guidance from a chartered Clinical Psychologist.</p>

<b>B1 Profession-specific skills</b>	<b>The Chartered Clinical Psychologist</b>	<b>The Practitioner of Applied Psychology (Clinical Associate)</b>
<p><b>B1d Evaluation and research</b></p> <p>The award holder should be able to:</p>	<p>Select and implement appropriate methods to evaluate the effectiveness, acceptability and broader impact of interventions (both individual and organisational), and use this information to inform and shape practice. Where appropriate, also devise innovative procedures.</p> <p>Audit clinical effectiveness.</p> <p>Identify gaps in the evidence base and, where such gaps exist, adapt established practice to meet the specific needs of service users. Recognise that, in such cases, ongoing evaluation of adaptations is critical and forms the basis of new developments in theory and practice.</p> <p>Develop theory and practice in clinical psychology through research.</p>	<p>Select and implement appropriate methods to evaluate the effectiveness of interventions with individual clients, and use this information to inform and shape practice.</p> <p>Audit clinical services.</p> <p>Identify gaps in the relevant knowledge base.</p> <p>Conduct appropriate service-related research using a range of standard and specialised research or equivalent instruments and techniques of enquiry, either individually under supervision, or as part of a research team.</p>

## C Knowledge, understanding and skills

C Knowledge, understanding and skills	The Chartered Clinical Psychologist	The Practitioner of Applied Psychology (Clinical Associate)
<p>The award holder should be able to:</p>	<p>Demonstrate acquisition and understanding of a substantial body of knowledge, including theories and evidence concerning psychological development and psychological difficulties across the lifespan and their assessment and remediation. This should include theory and evidence at the forefront of the discipline relating to</p> <ul style="list-style-type: none"> <li>● a wide breadth of presentations, from acute to enduring and from mild to severe</li> <li>● problems ranging from those with mainly biological causation to those emanating mainly from psychosocial factors</li> <li>● problems of coping/adaptation to adverse circumstances that are not themselves reversible by psychological intervention (eg physical disability, physical illness, bereavement)</li> <li>● clients from a range of backgrounds reflecting the demographic characteristics of the population</li> <li>● clients with significant levels of challenging behaviour</li> <li>● clients across a range of levels of intellectual functioning over a range of ages</li> <li>● clients whose disability makes it difficult for them to communicate</li> <li>● carers and families</li> <li>● social and contextual factors, teamwork, service delivery systems, and legislative and policy frameworks.</li> </ul>	<p>Systematic acquisition and working knowledge of at least one psychological theory relevant to their clinical practice in a specific area with particular client groups. This may include theory and evidence-based practice relating to</p> <ul style="list-style-type: none"> <li>● psychological problems from a defined range of severity</li> <li>● clients from a defined client group pertinent to the programme</li> <li>● carers and families</li> <li>● social and contextual factors</li> <li>● teamwork, service delivery systems and legislative and policy frameworks.</li> </ul>

C1 Knowledge and understanding (cont)	The Chartered Clinical Psychologist	The Practitioner of Applied Psychology (Clinical Associate)
<p>The award holder should be able to:</p>	<p>Demonstrate detailed knowledge and understanding of research methods, including:</p> <ul style="list-style-type: none"> <li>● research design and methods including small N designs and those methods, both quantitative and qualitative, that are most useful in the conduct of applicable clinical research including service evaluation</li> <li>● ethical and governance issues in research</li> <li>● statistical analysis including both exploratory and hypothesis testing methods</li> <li>● critical appraisal of published research</li> <li>● the undertaking of supervised research work involving both a major project and also some small scale clinical evaluation.</li> </ul> <p>Demonstrate the ability to complete an independent research project at doctoral level successfully. This will include the ability to conceptualise, design, carry out and communicate the results of research that is relevant to clinical psychology theory and practice and represents a contribution to the field.</p>	<p>At master's level, demonstrate knowledge and understanding of research methods, including:</p> <ul style="list-style-type: none"> <li>● research design and methods including small N design and those methods that are most useful in the conduct of applicable clinical research including service evaluation</li> <li>● ethical and governance issues in research</li> <li>● statistical analysis including both exploratory and hypothesis testing methods</li> <li>● critical appraisal of published research</li> <li>● ability to undertake service related research under supervision and/or as part of a research team.</li> </ul> <p>Demonstrate the ability to plan and execute a significant project of supervised research, investigation or development relevant to the applied field of practice. This will include the ability to design, carry out and communicate the results of research that is relevant to professional psychology and psychological practice.</p>



<p><b>C2 Skills</b></p> <p>The award holder should be able to:</p>	<p><b>The Chartered Clinical Psychologist</b></p> <p>Demonstrate a critical understanding of the fact that sound applied psychology practice is based on clinical and research skills that engage and emerge from work with clients and systems based on a scientist-practitioner and reflective practitioner model. This incorporates a cycle of assessment, formulation, intervention and evaluation, as outlined earlier. Hence Clinical Psychologists can generalise and synthesise prior knowledge and experience in order to apply them in different settings and novel situations. They are able to think critically about, reflect upon, and evaluate such knowledge and experience within a framework of evidence-based practice.</p>	<p><b>The Practitioner of Applied Psychology (Clinical Associate)</b></p> <p>Demonstrate an understanding of the fact that sound applied psychology practice is based on clinical and research skills that engage and emerge from work with clients and systems based on a scientist-practitioner and reflective practitioner model. This incorporates a cycle of assessment, formulation, intervention and evaluation, as outlined earlier. The practitioner of Applied Psychology (Clinical Associate) is a beginning scientist practitioner who works under the supervision of a chartered Clinical Psychologist, with a single client group with a circumscribed range of problems, including type and severity. Such practitioners work largely within agreed intervention strategies as they begin to engage with knowledge at the forefront of their range of expertise. Within such a context, they develop the ability to think critically about, reflect upon, and evaluate such knowledge and experience within a framework of evidence-based practice.</p>
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## **Teaching, learning and assessment (Clinical Psychology and Applied Psychology (Clinical Associate))**

A prerequisite for enrolment on either a Clinical Psychology programme or an Applied Psychology (Clinical Associate) programme is the achievement of the Graduate Basis for Registration. Thus the knowledge and skills that form the starting point for a candidate are as set out in the *Subject benchmark statement* for psychology or its equivalent.

Detailed decisions about the strategies and methods for teaching, learning and assessment are for institutions to determine, but should ensure that the learning outcomes associated with Clinical Psychology and Applied Psychology (Clinical Associate) programmes, respectively, can be achieved. Nonetheless, programmes must promote an integrative approach to the application of theory and practice. Learning opportunities and assessment systems should facilitate the acquisition of the full range of professional competencies appropriate to the respective programme. Fundamental to the basis upon which trainees are prepared for their professional career, is the provision of programmes of academic study and practice-based learning which lay the foundation for career-long professional development and lifelong learning, to support best professional practice and the maintenance of professional standards.

### **Teaching and learning in Clinical Psychology**

It is essential that programmes provide a holistic experience of training that enables trainees to develop an integrated set of learning outcomes constituting a generic training in clinical psychology. Training should be provided as a collaboration between HEIs and clinical services and supervisors. An appropriate structure should be in place to facilitate this. Selection criteria should be specified and should apply equally to all candidates. Programmes should be directed by appropriately qualified chartered Clinical Psychologists.

Programmes must provide a balanced and developmental set of academic, research and clinical experiences throughout training. The academic component needs to provide an integrated curriculum supporting the clinical and research training. The research training needs to be carefully planned and have sufficient time devoted to it to enable trainees to conduct research at a postgraduate level and to be in a position to contribute to the knowledge base of the profession. The clinical experience component of training needs to ensure the attainment of competence across the range of required experience.

It is important to recognise that the scope of Clinical Psychology is substantial, so that initial training provides a secure foundation encompassing the range of skills and knowledge demonstrated by the profession. Further skills and knowledge will need to be acquired through CPD appropriate to the specific employment pathways taken by newly qualified psychologists in line with clinical governance and lifelong learning frameworks.

Clinical experience will be gained in service delivery systems that offer a coherent clinical context. This will usually be a setting oriented towards a population defined by age (eg child, adult, older people), by special needs (eg learning disabilities, serious mental health problems, health-related problems, substance misuse) or by a service delivery focus (eg psychological therapy). In addition, clinical experience will be gained in a range of service contexts (primary, secondary and tertiary care, in-patient, out-patient, community), with service delivery models ranging from independently organised work through to integrated interprofessional working.

Programmes will be delivered in collaboration with placement providers to reflect national and local priorities. Trainees must undertake substantial pieces of clinical work over a substantial period of time in each of a range of settings, including primary, secondary and tertiary care environments, and with a range of client groups, both acute and long term, and those with high dependency needs.

Trainees must gain competence in a variety of modes and types of work, including:

- direct work
- indirect, through staff and/or carers
- staff training, supervision and consultancy
- work within multidisciplinary teams and specialist service systems, including some observation or other experience of change and planning in service systems
- working in more than one recognised model of formal psychological therapy.

It is essential that supervision in clinical placements reflects the Committee on Training in Clinical Psychology guidelines on clinical supervision. Hence, trainees on clinical placements should receive a minimum of one hour individual supervision and three hours contact time per week. Facilities for trainees on placement must include appropriate resources. The trainee experience in clinical placements must be monitored regularly through appropriately timed visits by programme staff, under the direction of a Clinical Psychologist. It is essential that clinical supervisors have access to appropriate training in order to develop supervisory and appropriate related skills.

It is essential that research be integrated into practice through the inclusion of service-related research projects as well as a larger scale independent doctoral-level study. This study should be of a standard that is likely to be publishable in a peer reviewed journal. Adequate research supervision and advice must be available to support trainee research, in order to promote post-qualification practice that includes research activity through conducting and facilitating research and applying research to inform practice.

Effective learning opportunities that underpin programme delivery require the deployment of appropriately qualified clinical academic staff who maintain an involvement in regular professional activity relevant to the programme, including clinical work and research. Programmes must be delivered in effective collaboration between HEIs, placement providers and clinical supervisors. Opportunities for interprofessional learning should be optimised.

Sufficient time must be allocated to all components of learning.

Opportunities for enhancement and appraisal of personal and CPD must be provided in a manner that positively encultures the student into the importance of CPD as a central part of professional practice.

### **Teaching and learning in Applied Psychology (Clinical Associate)**

It is essential that programmes provide a holistic experience of training that enables trainees to develop an integrated set of learning outcomes specific to providing service needs for a specific client group. Training should be provided as a collaboration between HEIs and

clinical services and supervisors. An appropriate structure should be in place to facilitate this. Selection criteria should be specified and should apply equally to all candidates. Programmes should be directed by appropriately qualified chartered Clinical Psychologists.

Programmes must provide a balanced and developmental set of academic, research and clinical experiences throughout training. The academic component needs to provide an integrated curriculum supporting the clinical and research training. The research training needs to be carefully planned and have sufficient time devoted to it to enable trainees to conduct research at postgraduate master's level and to be in a position to engage with relevant aspects of the knowledge base of the profession. The clinical experience component of training needs to ensure the attainment of competence specific to the required experience necessary for subsequent practice.

It is important to recognise that although the scope of Applied Psychology (Clinical Associate) is circumscribed to preparation for working with specific client groups within pre-established protocols, the initial one year training, or part-time equivalent, must nevertheless provide a secure foundation encompassing the identified range of skills and knowledge necessary to carry out these activities. Further skills and knowledge will need to be acquired through continuing professional development appropriate to the specific employment pathways taken by the newly qualified in line with clinical governance and lifelong learning frameworks. This latter recognises that a number of these master's graduates may proceed to doctoral level training as their career progresses.

Supervised clinical experience will be gained in service delivery systems that offer a coherent clinical context pertinent to a particular client group and range of problems. This will usually be a setting oriented towards a single population defined by age (eg child, or adult, or older people) dependent upon the particular programme being undertaken. Programmes will contain a strong psychological therapy component, again relevant to a specific range of problems within a single client group under the supervision of a Clinical Psychologist. Experience may be gained in a range of service contexts relevant to the needs of such single client groups.

Programmes will be delivered in collaboration with placement providers to reflect national and local priorities for NHS Scotland. Trainees must gain appropriate experience in clinical work in settings appropriate to the particular client group. This may include:

- in-patient or other residential facilities
- secondary health care
- community and primary care.

Trainees must gain competence in a variety of modes and types of work, including:

- direct supervised work
- work within multidisciplinary teams and specialist service systems
- working in at least one mode of formal psychological therapy.

It is important that the practice-experience of trainees is adequately and effectively supervised in every module to which practice pertains. The amount and type of supervision should be clearly stated in programme documents and be judged as

appropriate by approvals panels comprised of experts in the field. Facilities for trainees on placement must include access to sufficient resources. The trainee experience in clinical placements must be monitored regularly through appropriately timed visits by programme staff. It is essential that clinical supervisors have access to appropriate training in order to develop supervisory and appropriate related skills.

Following the model of the scientist practitioner, it is important that master's level trainees are introduced into this model by the inclusion a significant research element in programme design. It is essential that the research component is integrated into the programme in such a way that research and evaluation are seen as an integral part of professional practice.

Effective learning opportunities that underpin programme delivery require the deployment of appropriately qualified clinical academic staff who maintain an involvement in regular professional activity relevant to the programme, including clinical work and research. Programmes must be delivered in effective collaboration between HEIs, placement providers and clinical supervisors. Opportunities for interprofessional learning should be entertained where appropriate.

Sufficient time must be allocated to all components of learning.

Opportunities for enhancement and appraisal of personal and professional development must be provided.

### **Assessment (Clinical Psychology and Applied Psychology (Clinical Associate))**

The evaluation of trainees must include assessments of academic, research and clinical competence appropriate to doctoral level and master's level, respectively. The respective programmes must ensure that the assessment system promotes the learning outcomes identified in each of the programme specifications, and can demonstrate that these learning outcomes have been achieved. The assessment must give appropriate weighting to clinical and professional competence in the workplace.

The HEI must take responsibility for ensuring that there are adequate procedures to ensure that trainees who are incompetent or whose behaviour is unethical do not obtain a qualification in Clinical Psychology or Applied Psychology (Clinical Associate), respectively.

### **Academic and practitioner standards (Clinical Psychology)**

A Doctorate in Clinical Psychology is a vocational qualification as well as an academic award, and as such, must prepare graduates for professional activities across widely differing fields. In particular, graduates must possess all the professional competencies to be able to function as a qualified Clinical Psychologist and this represents the threshold for entry to the profession.

Newly qualified Clinical Psychologists should understand and embrace the core purpose and philosophy of the profession as described in the document prepared by the Division of Clinical Psychology of the BPS. They should be committed to reducing psychological distress and enhancing and promoting psychological well-being through the systematic

application of knowledge derived from psychological theory and evidence. Their work will be based on the fundamental acknowledgement that all people have the same human value and the right to be treated as unique individuals.

Thus award holders will have:

- the skills, knowledge and values to develop working alliances with clients, including individuals, carers and/or services, in order to carry out psychological assessment; develop a formulation based on psychological theories and knowledge; carry out psychological interventions; evaluate their work; and communicate effectively with clients, referrers and others, orally, electronically and in writing
- the skills knowledge and values to work effectively with clients from a diverse range of backgrounds, understanding and respecting the impact of difference and diversity upon their lives
- the skills, knowledge and values to work effectively with systems relevant to clients, including, for example, statutory and voluntary services, self-help and advocacy groups, user-led systems and other elements of the wider community
- the skills, knowledge and values to work in a range of indirect ways to improve psychological aspects of health and healthcare
- the skills, knowledge and values to conduct research that enables the profession to develop its knowledge base and to monitor and improve the effectiveness of its work
- high-level skills in managing a personal learning agenda and self-care, and in critical reflection and self-awareness that enable transfer of knowledge and skills to new settings and problems.

The delivery and assessment of these outcomes is in accordance with the doctoral level descriptors specified in the frameworks for higher education qualifications. It is expected that the minimum duration of programmes will be three years full-time or part-time equivalent, with at least 50 per cent of time allocated to supervised clinical practice. The competencies attained are consistent with those described in the National Occupational Standards for Applied Psychology.

### **Academic and practitioner standards (Applied Psychology (Clinical Associate))**

A master's degree in Applied Psychology (Clinical Associate) is a vocational qualification as well as an academic award, and as such, must prepare graduates for professional activity in the appropriate field and form of practice to which the programme pertains. Such graduates must possess the professional competencies to be able to function as a member of a team delivering psychological services as advised or referred by a chartered Clinical Psychologist under whose clinical supervision they work.

Practitioners of Applied Psychology (Clinical Associate) should be committed to reducing psychological distress and enhancing and promoting psychological well-being through the systematic application of knowledge derived from psychological theory and evidence pertaining to their particular field of practice. Their work will be based on the fundamental acknowledgement that all people have the same human value and the right to be treated as unique individuals.

Thus award holders will have:

- the skills, knowledge and values to develop working alliances with clients, including individuals and carers, in order to carry out psychological assessment; develop a formulation based on psychological theories and knowledge; carry out psychological interventions; evaluate their work; and communicate effectively with clients, referrers and others, orally, electronically and in writing
- the skills knowledge and values to work effectively with a single client group from a diverse range of backgrounds, understanding and respecting the impact of difference and diversity upon their lives
- the skills, knowledge and values to work effectively with systems relevant to clients, including, for example, statutory and voluntary services, self-help and advocacy groups, user-led systems and other elements of the wider community
- the skills, knowledge and values to conduct research that engages with and is informed by the profession's knowledge base, to enable and improve the effectiveness of their work and service delivery
- developed skills in managing a personal learning agenda and self-care, and in critical reflection and self-awareness that enable transfer of knowledge and skills to new settings and problems.

The delivery and assessment of these outcomes is in accordance with master's level descriptors specified in the frameworks for higher education qualifications. It is expected that the minimum duration of programmes will be one full-time year or part-time equivalent, with at least 50 per cent of such time allocated to supervised clinical practice. The competencies attained will be consistent with those in the subset described by the Committee for the Training of Clinical Psychologists Accreditation Criteria for particular client groups with a specific range of problems.

## **Acknowledgement**

The Benchmarking Group wish to acknowledge the valuable work done by the UK clinical psychology benchmarking group as presented in *Subject benchmark statements: Health care programmes Phase 2: Clinical psychology*, produced by QAA. The Scottish Benchmarking Group for Clinical Psychology and Applied Psychology (Clinical Associate) have drawn on the above work to remain congruent with a UK context, while also focusing upon a vision and framework that pertains to the needs of NHS Scotland.



## **Appendix**

### **Clinical Psychology and Applied Psychology (Clinical Associate): Benchmarking Group membership (Scotland)**

Pauline Adair, University of Dundee

Malcolm Adams, BPS (UK), Membership and Professional Training Board

Geraldine Bienkowski, NES, Psychology Advisory Group

Elizabeth Campbell, University of Glasgow

George Deans, BPS, DCP (Scotland)

Terry Griffiths, NHS Lothian

Bridget Hanna, NES

Cathy Kyle, NHS Ayrshire & Arran

John Murphy, SEHD, Human Resources Directorate

Mick Power, University of Edinburgh

Ian Pullen, SEHD

Ann Smyth, NES

Judy Thomson, NHS Yorkhill

Hugh Toner, NHS Fife

Diane Waller, Health Professions Council (UK)

#### **Chair**

Kevin Power, NHS Tayside and University of Stirling

#### **Supported by**

Rob Coward, NES

John Drummond, University of Dundee

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**Mapping of Quality Assurance Agency Subject Benchmark Statement for Clinical Psychology against the generic standards of proficiency**

<b>QAA subject benchmark statement</b>	<b>Standards of proficiency</b>
<b>A1 Professional autonomy and accountability of the clinical psychologist</b>	
Maintain the standards and requirements of the BPS and DCP	1a.1 (with reference to HPC)
Adhere to the BPS's code of conduct, ethical principles and guidelines and the DCP professional practice guidelines	1a.1 (with reference to HPC)
Understand the legal and ethical responsibilities of clinical psychology practice including consent and confidentiality	1a.1, 1a.4
Demonstrate awareness of the legislative and national planning context of service delivery and clinical psychology practice	1a.1 (legal and ethical boundaries) The 'national planning context' is not included in the generic standards
Recognise the obligation to main fitness to practise and the need for continuing professional development	1a.8
Contribute to the development and dissemination of evidence based practice within professional contexts	2b.1 (evidence based practice, evaluation of practice, evaluation of research)
Recognise and cope with uncertainty, making informed judgements on complex clinical issues in the absence of complete data	2b.1, 2b.2 Uncertainty is not explicitly covered in the generic standards
Make appropriate clinical decisions	2b.2

QAA subject benchmark statement	Generic Standards of proficiency
<b>A2 Professional relationships</b>	
Participate effectively in inter-professional and multi-agency approaches to health and social care	1b.2
Recognise professional scope of practice and make referrals, where appropriate	1a.6, 1a.8 (scope of practice) and 1b.1 (referrals)
Demonstrate understanding of consultancy models and the contribution of consultancy to practice	This is not included in the generic standards
Work with others to deliver effective healthcare	1b.1 and 1b.2
Understand the impact of difference, diversity and social inequalities and its implications for working practices	1a.1, 1a.2 This may not be sufficiently covered in generic standards
Work effectively with users and carers to facilitate their involvement in service planning and delivery	1b.1
Maintain appropriate records and make accurate reports	2b.5

QAA subject benchmark statement	Standards of proficiency
<b>A2 Personal and professional skills</b>	
Demonstrate the ability to deliver high quality patient / client-centred care both as a solo practitioner and as a member of multidisciplinary and multi-agency teams	1b.2
Practise in an anti-discriminatory and anti-oppressive manner	1a.2
Draw upon clinical psychology, knowledge, theory and skills in order to make professional judgements	2b.2
Demonstrate high levels of research skills and scholarship	2b.1 The level of research skills and scholarship specific to the profession may not be covered in the generic standards
Work effectively at a high level of autonomy in complex and unpredictable situations, with awareness of the limits of their own competence, and accepting accountability to relevant professional and service managers	1a.6
Demonstrate self awareness and ability to work as a reflective practitioner	2c.2
Demonstrate a high level of communication skills in a style appropriate to specialist and non-specialist audiences	1b.3 (effective and appropriate communication skills) The generic standards do not specifically refer to specialist audiences
Initiate and respond to change in a flexible manner, demonstrating transferable skills	2b.2
Understand the importance and role of continuing professional development and engage in self directed learning that promotes professional development	1a.8
Manage the emotional and physical impact of their own practice	This is not specifically covered in the generic standards, although

	standard 1a.8 covers 'fitness to practise' in the round
Understand the importance and role of supervision and demonstrate its appropriate use	This is not covered in the generic standards
Demonstrate self management skills and independence of thought and action	1a.6, 1a.7
Demonstrate culturally competent practice	1a.2, 1b.3

QAA subject benchmark statement	Standards of proficiency
<b>A4 Profession and employer context</b>	
Show an understanding of the role of the clinical psychologist within health and social care services	1a.1
Adapt clinical psychology practice to range of organisational contexts, on the basis of an understanding of pertinent organisational and cultural issues	2b.3 – although this may not be adequately covered
Contribute to the development of the profession’s responsibility to the NHS through teaching, research, supervision and training of psychologists and other professionals	This is not covered in the generic standards
Take responsibility for their own professional development	1a.8
Demonstrate an ability to contribute to team management and functioning	1b.2
Participate in the development of new services	This is not included in the generic standards
Recognise the value of research and other scholarly activity in relation to the development of the profession and of patient/ client care	2b.1 (research skills), 2c. (value of audit to practice development) This area may not be adequately covered to the level of detail required

QAA subject benchmark statement	Standards of proficiency
<b>B The application of clinical psychology practice in securing, maintaining or improving health and well being</b>	
<b>Psychological assessment</b>	
Developing and maintaining effective working alliances with clients, including individuals, families, carers and services	1b.3
Ability to choose, use and interpret a broad range of psychological assessment methods appropriate: a. to the client and service delivery system in which the assessment takes place b. to the type of intervention which is likely to be required	2a.2, 2b.1
Assessment procedures in which competence is demonstrated will include: a. formal procedures (use of standardised instruments) b. systematic interviewing procedures c. other structured methods of assessment (e.g. observation or gathering information from others).	As above
Conducting appropriate risk assessment and using this to guide practice	As above
<b>Psychological formulation</b>	
Developing psychological formulations of presenting problems or situations which integrate information from assessments within a coherent framework that draws upon psychological	Throughout



theory and evidence which incorporates interpersonal, societal, cultural and biological factors.	
Using formulations with clients to facilitate their understanding of their experience	2b.1, 2b.2
Using formulations to plan appropriate interventions that take the client's perspective into account	2b.3
Using formulations to assist multiprofessional understanding and communication, and the understanding of clients and their care	2a.3, 1b.2
Revising formulations in light of ongoing intervention and when necessary re-formulating the problem	2b.1
<b>Psychological intervention</b>	
On the basis of a formulation, implementing psychological therapy or other interventions appropriate to the presenting problem and to the psychological, cultural and social circumstances of the client, and to do this in a collaborative manner with: <ul style="list-style-type: none"> <li>• individuals;</li> <li>• couples, families, or groups;</li> <li>• teams/ services/ organisations</li> </ul>	2b.4, 1b.
Implementing and recording interventions through, and with, other professions 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	2b, 2b.5
Recognising when (further) intervention is unlikely to be helpful, and communicating this sensitively to clients and carers	2b.3, 1b.3

<b>Evaluation and research</b>	
Selecting and implementing appropriate methods to evaluate the effectiveness, acceptability and broader impact of interventions (both individual and organisational) and using this information to inform and shape practice. Where appropriate, this will also involve devising innovative procedures.	2b.1
Auditing clinical effectiveness	2c.1
Identifying gaps in the evidence base and, where such gaps exist, adapting established practice to meet the specific needs of service users. In such cases, ongoing evaluation of adaptations is critical and form the basis of new developments in theory and practice	2b.1 (research) This is not covered in the existing generic standards
The development of theory and practice in clinical psychology through research	Although 2b. covers research, this may not be adequately covered in the standards

QAA subject benchmark statement	Standards of proficiency
<b>C Knowledge, understand and skills that underpin the education and training of clinical psychologists</b>	
<b>C1 Knowledge and understanding</b>	
<p>Systematic acquisition and understanding of a substantial body of knowledge, including theories and evidence concerning psychological development and psychological difficulties across the lifespan and their assessment and remediation. This should include theory and evidence at the forefront of the discipline relating to:</p> <ul style="list-style-type: none"> <li>• wide breadth of presentations – from acute to enduring and from mild to severe;</li> <li>• problems ranging from those with many biological causation to those emanating mainly from psychosocial factors;</li> <li>• problems of coping/adaptation to adverse circumstances that are not themselves reversible by psychological intervention (e.g physical disability, physical illness, bereavement);</li> <li>• clients from a range of backgrounds reflecting the demographic characteristics of the population;</li> <li>• clients with significant levels of challenging behaviour;</li> <li>• clients across a range of levels of intellectual functioning over a range of ages;</li> <li>• clients whose disability makes it difficult for them to</li> </ul>	<p>3a.1, 3a.2 The generic standards do not cover these areas to this level of detail</p>

<p>communicate;</p> <ul style="list-style-type: none"> <li>• carers and families;</li> <li>• social and contextual factors;</li> <li>• teamwork, service delivery systems, and the legislative and policy frameworks.</li> </ul>	
<p>Detailed knowledge and understanding of research methods including:</p> <ul style="list-style-type: none"> <li>• Research design and methods including small N designs and those methods, both quantitative and qualitative, that are most useful in the conduct of applicable clinical research including service evaluation</li> <li>• Ethical issues in research</li> <li>• Statistical analysis including both exploratory and hypothesis testing methods</li> <li>• Critical appraisal of published research</li> <li>• The undertaking of supervised research work involving both a major project and also some smaller scale clinical evaluation</li> </ul>	<p>Research and audit are covered in 2b and 2c</p>
<p>The award holder will demonstrate the ability to complete an independent research project at doctoral level successfully. This will include the ability to conceptualise, design, carry out and communicate the results of research that is relevant to clinical psychological theory and practice and represents a contribution to the field</p>	<p>This is not covered in the existing generic standards</p>

## Analysis of mapping

The initial mapping has identified the following areas where elements of the benchmark statements may not be adequately included in the existing generic standards.

QAA Subject benchmark statement	Notes
Recognise and cope with uncertainty, making informed judgements on complex clinical issues in the absence of complete data	This area does not seem to be covered in the generic standards and it may be appropriate to add a profession-specific standard
Demonstrate understanding of consultancy models and the contribution of consultancy to practice	This is not covered in the generic standards. Is this area appropriate as a threshold ability or understanding rather than a particular occupational area or role?
Understand the impact of difference, diversity and social inequalities and its implications for working practices	1a.1 is about respecting the rights of patients and their role in the diagnostic and therapeutic process, whilst 1a.2 is about acting in a non-discriminatory manner. It may be that these standards are sufficient to cover this area
Work effectively with users and carers to facilitate their involvement in service planning and delivery	This is covered by 1b.1 'be able to work, where appropriate, in partnership with other professionals, support staff, service users and their relatives and carers'. However, depending on the focus in the profession, it could be helpful to highlight key elements of this approach. For example, in 2b.3 of the standards for physiotherapists we say 'understand the need to agree the goals, priorities and methods of physiotherapy intervention in partnership with the service user'
Demonstrate high levels of research skills and scholarship	Whilst research skills are covered in generic standard 2b.1, it might be helpful and necessary to drill down further. In the clinical scientists standards, the advanced nature of the research skills required are articulated in the profession-specific

	standards, including the requirement that clinical scientists must 'be able to conduct fundamental research'
Demonstrate a high level of communication skills in a style appropriate to specialists and non-specialist audiences	It could be helpful to specifically address appropriate communication to specialists and non-specialists. In the clinical scientists standards, 1b.5 there are two profession-specific standards: - be able to communicate the outcome of problem solving and research and development activities - be able to summarise and present complex scientific ideas in an appropriate form
Manage the emotional and physical impact of their own practice	It could be argued that this is covered in the requirement to maintain fitness to practise (1a.8). The profession-specific standards for paramedics specifically cover this area: - be able to maintain a high standard of professional effectiveness by adopting strategies for physical and psychological self-care, critical self-awareness, and by being able to maintain a safe working environment (standard 1a.8)
Understand the importance and role of supervision and demonstrate its appropriate use	The reference to supervision here seems to refer to supervision (sometimes called 'clinical supervision') which monitors the therapeutic relationship between practitioner and client. Including a standard about clinical supervision in the standards for arts therapists previously caused difficulty as the standards are about abilities not particular tasks or activities undertaken by professionals. In addition, we are able to specify (and it is not the role of the standards to specify at such level of detail) how regularly clinical supervision should take place; what it should consist of; and who should be involved. A new standard has been added to the arts therapists standards in 2c.2: 'recognise the role and value of clinical supervision in an arts

	therapy context'
Adapt clinical psychology practice to a range of organisational contexts, on the basis of an understanding of pertinent organisational and cultural issues	This is not included in the generic standards but it is unclear what those organisational contexts and pertinent organisational and cultural issues would be.
Contribute to the development of the profession's responsibility to the NHS through teaching, research, supervision and training of psychologists and other professionals	This is not included in the generic standards but would appear to be inappropriate as a threshold standard for safe and effective practice. In particular, this statement is NHS focused and the standards need to account for all working contexts
Participate in the development of new services	This is not included in the generic standards. It would seem to be inappropriate as a threshold ability
Recognise the value of research and other scholarly activity in relation to the development of the profession and of patient/client care	See 'demonstrate high levels of research and scholarship' above
The development of theory and practice in clinical psychology through research	It might be helpful to add a standard similar to this in 2b
Identifying gaps in the evidence base and, where such gaps exist, adapting established practice to meet the specific needs of service users, In such cases, ongoing evaluation of adaptations is critical and forms the basis of new developments in theory and practice	Although adaptation of practice and evidence based practice are covered elsewhere in the standards, the level articulated here is not covered
The development of theory and practice in clinical psychology through research	The link between research and practice is articulated in the generic standards but a profession-specific standard may be necessary
Systematic acquisition and understanding of a substantial body of knowledge, including theories and evidence concerning psychological development and psychological difficulties across the lifespan and their assessment and remediation. This should include theory and evidence at the forefront of the discipline relating to:	The level of detail here would seem to be inappropriate in threshold standards. However, some concepts may need to be articulated in some way in formulating 3a.1 which articulates the knowledge base of the profession

<ul style="list-style-type: none"> <li>• wide breadth of presentations – from acute to enduring and from mild to severe;</li> <li>• problems ranging from those with many biological causation to those emanating mainly from psychosocial factors;</li> <li>• problems of coping/adaptation to adverse circumstances that are not themselves reversible by psychological intervention (e.g physical disability, physical illness, bereavement);</li> <li>• clients from a range of backgrounds reflecting the demographic characteristics of the population;</li> <li>• clients with significant levels of challenging behaviour;</li> <li>• clients across a range of levels of intellectual functioning over a range of ages;</li> <li>• clients whose disability make sit difficult for them to communicate;</li> <li>• carers and families;</li> <li>• social and contextual factors;</li> <li>• teamwork, service delivery systems, and the legislative and policy frameworks</li> </ul>	
<p>Detailed knowledge and understanding of research methods including:</p> <ul style="list-style-type: none"> <li>• Research design and methods including small N designs and those methods, both quantitative and qualitative, that a most useful in the conduct of applicable clinical research including service evaluation</li> <li>• Ethical issues in research</li> </ul>	<p>Please see previous notes regarding research</p> <p>It might be necessary to add a standard around ethical issues in research – although it should be noted that more general principles about ethical behaviour, in research and in all other areas of professional life, are articulated in the standards of conduct, performance and ethics</p>



<ul style="list-style-type: none"> <li>• Statistical analysis including both exploratory and hypothesis testing methods</li> <li>• Critical appraisal of published research</li> <li>• The undertaking of supervised research work involving both a major project and also some smaller scale clinical evaluation</li> </ul>	
<p>The award holder will demonstrate the ability to complete an independent research project at doctoral level successfully. This will include the ability to conceptualise, design, carry out and communicate the results of research that is relevant to clinical psychological theory and practice and represents a contribution to the field</p>	<p>The standards necessary for safe and effective practice and the level of an academic award are two separate matters (please see paper “Background and context” – PLG 4<sup>th</sup> September 2007)</p>