

Council, 26 March 2009

## Practitioner psychologists – Threshold level of qualification for entry to the Register

### Executive summary and recommendations

#### **Introduction**

Standard one of the standards of education and training (“SET 1”) sets out the normal threshold level of qualification for entry to the Register for each profession.

A consultation was held between 9 November 2007 and 8 February 2008 on an amendment to standard one of the standards of education training to set the threshold level of qualification for entry to the practitioner psychologists part of the Register.

The Council has not previously considered the outcomes of this consultation because of a delay in the legislative process. This paper is brought to the Council at this time as the Section 60 Order necessary to bring practitioner psychologists into statutory regulation, The Health care and Associated Professions (Miscellaneous Amendments and Practitioner Psychologists) Order 2009, has now been laid.

This paper was considered by the Education and Training Committee at its meeting on 25 March 2009 and discusses the possible options available in light of the consultation responses document, which is appended.

A verbal summary of the Education and Training Committee’s discussion and recommendations to the Council will be provided at this meeting.

#### **Decision**

The Council is invited to:

- discuss the attached paper and appended consultation responses document;
- agree the text of the consultation responses document (subject to any minor editing changes) for publication on the HPC website; and
- agree the threshold level of qualification for entry to the practitioner psychologists part of the Register.

## **Background information**

- Paper considered by the Education and Training Committee on 27 September 2007  
www.hpc-uk.org/assets/documents/10002033education\_and\_training\_committee\_20070927\_minutes.pdf
- Paper considered by the Council on 3 October 2007  
www.hpc-uk.org/assets/documents/10001D4Ccouncil\_meeting\_20071003\_enclosure04.pdf

## **Resource implications**

None

## **Financial implications**

None

## **Appendices**

Appendix 1: Consultation responses document

Appendix 2: Quality Assurance Agency descriptors for M- and D-level awards

Appendix 3: Scottish Credit and Qualifications Framework

## **Date of paper**

13 March 2009

# Practitioner psychologists – Threshold level of qualification for entry to the Register

Discussion paper for the Education and Training Committee, 25 March 2009

## Introduction

This paper outlines the Committee's possible options for setting the threshold level of qualification for entry to the Register, in light of the consultation responses document.

The responses received to the consultation are outlined in appendix one.

The threshold level (Standard of education and training one or 'SET 1') is briefly explained in the consultation responses document. The existing standard is also reproduced.

## HPC's legal powers

The Health Professions Order 2001 ('the Order') does not provide the HPC with a power to set the qualifications required for entry, but enables it to approve qualifications which meet the standards it has set for entry to the register.

Article 12(1)(a) of the Order provides that:

*" For the purposes of this Order a person is to be regarded as having an approved qualification if he has a qualification... which has been approved by the Council as attesting to the standard of proficiency it requires for admission to the... register ..."*

The power to determine that standard of proficiency is set out in Article 5(2)(a), which requires the Council to:

*"... establish the standards of proficiency necessary to be admitted to the different parts of the register being the standards it considers necessary for safe and effective practice under that part of the register..."*

This is supplemented by Article 15(1)(a), which requires it to:

*"... establish... the standards of education and training necessary to achieve the standards of proficiency it has established..."*

Thus HPC's obligation is to set threshold standards of entry to its register, the minimum standards of proficiency which a newly qualified applicant needs to meet in order to be able to practise safely and effectively. The HPC may then approve a qualification which delivers those standards, but it cannot insist that only a specified form of academic award will do so. Setting the standards of proficiency is an outcomes-based process and there is no express power in the

Order to enable the HPC to specify that the standards can only be met by a particular level of academic award.

### **The threshold level of qualification for entry to the Register**

The purpose of the Standards of Education and Training is to identify the means by which the standards of proficiency can be delivered by a programme of education and training.

SET 1 provides the threshold levels of qualification “normally” expected to meet the remainder of the standards of education and training (and thus the standards of proficiency). The term “normally” is included in SET 1 as a safeguard against the unlawful fettering of the Council’s discretion. Given the terms of the Order, it would be an improper exercise of its powers for the HPC to refuse to approve a programme which delivered the standards of proficiency and the remainder of the standards of education and training solely on the basis that it did not lead to the award of a qualification specified in SET 1.

### **Setting the threshold level**

As the standards of education and training specify the standards necessary to deliver the standards of proficiency, the starting point for setting the threshold level is the standards of proficiency (the previous item on the agenda of this meeting of the Education and Training Committee).

The standards of proficiency are the threshold standards for safe and effective necessary for entry to the Register.

Typically, a programme provided at the level specified by SET 1 will deliver education and training which exceeds the threshold required by the standards of proficiency. This is because SET 1 is concerned with the level of students’ outcomes and typical abilities and does not prescribe content. Programmes which are delivered at the appropriate level will often include content which may not be strictly necessary for the purpose of meeting the standards.

The Executive suggests that in determining the threshold level of qualification for entry to the Register the Committee may also wish to take into account:

- The academic level and academic awards of existing pre-registration education and training which lead to Chartered status and divisional membership of the British Psychological Society.
- Any variation in the delivery of pre-registration education and training between the home countries.

The Quality Assurance Agency (QAA) M-level and D-level descriptors (Framework for Higher Education qualifications in England, Wales and Northern Ireland). These descriptors provide an indication in broad and generic terms of the outcomes that a typical student would be expected to demonstrate. These descriptors are included as an appendix to this paper and may be useful as a generic tool. A copy of the Scottish Credit and Qualifications Framework is also appended.

In reaching its decision and recommendation to the Council, the Committee must be satisfied that, as part of the standards of education and training, the threshold specified in SET 1 must not be more than is **necessary** to achieve the standards of proficiency which it has established for practitioner psychologists and, in turn, those standards of proficiency must not be more than is **necessary** for safe and effective practice.

HPC COUNCIL 260309

### **Illustrations of the threshold level of qualification for entry to the Register**

At its meeting on 27 September 2007, the Education and Training Committee expressed the view that, as far as possible, existing and new professions regulated by the HPC should be treated in a similar way for the purposes of establishing the threshold level of qualification for entry to the Register.<sup>1</sup>

The following examples illustrate how the current threshold level functions for some of the existing professions regulated by the HPC.

- **Speech and Language Therapists**

The threshold level of qualification for the profession is set at a bachelors degree with honours in speech and language therapy.

We also approve pre-registration post-graduate diplomas and masters degrees in speech and language therapy, above the threshold.

- **Biomedical Scientists**

The threshold level of qualification for the profession is set at a bachelors degree with honours (with the Certificate of Competence awarded by the Institute of Biomedical Science (IBMS), or equivalent).

In biomedical science, some entrants to the profession undertake a first degree, followed by the Certificate of Competence awarded by the IBMS. The Certificate of Competence is an approved qualification which leads directly to eligibility to apply for registration.

However, 'or equivalent' allows the flexibility for the HPC to approve pre-registration programmes that meet the standards of education and training and successfully deliver the standards of proficiency, but do not result in an award of the IBMS. We approve a number of programmes delivered at honours degree level or above which do this and therefore lead directly to eligibility to apply for registration.

The HPC does not approve undergraduate bachelor degrees in biomedical science unless they meet all the requisite standards and therefore lead directly to the eligibility to apply for registration.

---

<sup>1</sup> ETC 270907 – 7.7

<http://www.hpc->

[uk.org/assets/documents/10002033education\\_and\\_training\\_committee\\_20070927\\_minutes.pdf](http://www.hpc-uk.org/assets/documents/10002033education_and_training_committee_20070927_minutes.pdf)

- Clinical Scientists

The threshold level of qualification for the profession is set at a masters degree (with the award of the Association of Clinical Scientists' Certificate of Attainment, or equivalent).

In clinical science, entrants to the profession undertake a masters degree in a science based subject before undertaking the Certificate of Attainment awarded by the Association of Clinical Scientists. The Certificate of Attainment is an approved qualification which leads directly to the eligibility to apply for registration.

The wording 'or equivalent' allows the flexibility for the HPC to approve programmes which integrate the masters programme with the content of the award of the Certificate of Attainment, if the programme meets the standards of education and training and successfully delivers the standards of proficiency. The Certificate of Attainment is currently the only approved qualification leading to registration as a clinical scientist.

- Paramedics

The threshold level of entry for the profession is set at equivalent to a Certificate of Higher Education.

In the past, all pre-registration education and training was via the IHCD qualification delivered by ambulance training centres. The IHCD is part of the examining body, Edexcel. The IHCD award is an approved qualification leading directly to the eligibility to apply for registration. The outcome of an IHCD programme is, however, not the formal award of a Certificate of Higher Education, but an IHCD award.

There has been a move to develop paramedic pre-registration education and training delivered by Higher Education Institutions, and the Council approves a number of HEI delivered programmes at academic levels up to honours degree level.

### **Existing entry routes**

The existing entry routes for the seven domains of practice are outlined in appendix one of the consultation document. This lists the qualifications which lead to existing registration.

The Department of Health (UK) consultation document makes it clear that the HPC would only be involved in approving programmes which lead directly to eligibility to apply for registration. We would therefore not be involved in approving undergraduate or postgraduate programmes which do not lead directly to the eligibility to apply for registration.

- Doctoral programmes

The British Psychological Society (BPS) accredits programmes leading to the award of a doctorate in clinical psychology, counselling psychology, educational psychology (England, Wales and Northern Ireland), forensic psychology and health psychology. These programmes lead directly to eligibility to become chartered with the BPS.

The only domain in which the only route to entry throughout the UK is the named award of a doctorate is clinical psychology. This is also the only domain in which Quality Assurance Agency (QAA) and Quality Assurance Agency Scotland benchmarks have been published. Both benchmark clinical psychology to the award of a doctorate.

In educational psychology in England, Wales and Northern Ireland, the only route to entry is the award of a doctorate.

These programmes are 'professional' or 'practitioner' doctorates (sometimes known as 'taught' doctorates) and they differ in terms of structure and content to 'traditional' PhDs. Put simply, these are doctorates that have been tailored towards a particular profession in terms of content and delivery, and compose of a significant taught element and an extended research project.

- British Psychological Society qualifications

In educational psychology (Scotland), occupational psychology and sport and exercise psychology the only qualification which leads to existing registration is a BPS qualification.

In the other domains (apart from clinical psychology), a BPS qualification provides an alternative route for entry. Some entrants undertake a masters programme accredited by the BPS before completing the second stage of the BPS qualification, or do not undertake a masters programme, and instead complete stages one and two of a BPS qualification.



## Options

In this section, possible options and possible wording for the threshold level are outlined.

The following broad options emerge from the consultation responses.

- Doctorate for the whole of the practitioner psychologists part of the Register.
- Doctorate for specific domains with other arrangements to reflect the entry routes in the remaining domains.
- Masters level (with further training/ experience, or similar wording) for the whole of the practitioner psychologists part of the Register.

The above are not intended as an exhaustive list of the possible options, but are intended to broadly correspond with the responses received to the consultation. The implications of each threshold are outlined.

These options should not be considered in isolation. The Committee is referred to the information outlined earlier in this paper and reminded that the threshold must be set at the level necessary for the successful delivery of the standards of proficiency.

The existing standard uses the names of academic awards to express the threshold level of qualification for entry to the Register.

Feedback received in the consultation suggested that the standard should instead be articulated and referenced using qualifications frameworks such as those published by the Quality Assurance Agency (QAA).

The example options that follow are articulated in similar terms to the existing standard. Nonetheless, the Committee is invited to consider this suggestion.

- **Doctorate threshold for the whole of the Practitioner psychologists part of the Register**

For example:

*'Equivalent to Doctorate for practitioner psychologists' or 'Doctorate for practitioner psychologists, or equivalent'*

The wording above is similar to the wording for the paramedics part of the Register. The award of the IHCD, an approved qualification for entry to the paramedics part of the Register, is not the formal award of a Certificate of Higher Education. The threshold level requires programmes to be 'equivalent' to the standard required for this award.

If the threshold level for the practitioner psychologists part of the Register were to be set as above, the Council would be making an equivalency statement that all domains reach doctoral level, some through formal doctoral programmes, and others through qualifications awarded by the BPS or a combination of post-graduate programmes and BPS qualifications.

In their responses, the BPS and the Association of Heads of University Psychology Departments argued that although the form of award can vary between domains, all entry routes require level 12/D-level as described in the Quality Assurance Agency (QAA) Framework for Higher Education Qualifications in England, Wales and Northern Ireland, and the Quality Assurance Agency Scotland Framework for Qualifications of Higher Education Institutions in Scotland.

- **Doctorate for some domains with other arrangements to reflect the different entry routes in the remaining domains**

For example:

*For practitioner psychologists:*

- *Doctorate for clinical psychologists*
- *Doctorate for counselling psychologists, or equivalent*
- *Doctorate for educational psychologists, or equivalent*
- *Masters degree for forensic psychologists (with the award of the British Psychological Society qualification in forensic psychology, or equivalent)*
- *Masters degree for health psychologists (with the award of the British Psychological Society qualification in health psychology, or equivalent)*
- *Masters degree for occupational psychologists (with the award of the British Psychological Society qualification in occupational psychology, or equivalent)*
- *Masters degree for sport and exercise psychologists (with the award of the British Psychological Society qualification in sport and exercise psychology, or equivalent)*

A number of respondents argued that the threshold level should be set specific to each domain.

In the example outlined above, the 'minimum' level of award which leads to chartered status with the BPS is outlined for each domain, although there are differences in approach for counselling and educational psychologists, described overleaf.

The wording for some of the domains is similar to the threshold for clinical scientists in that the HPC would not approve the Masters degree, only the programme which leads directly to eligibility to apply for registration. Qualifications at academic awards above the threshold (e.g. doctoral programmes) could still be approved. 'Or equivalent' in brackets indicates that programmes could be developed and approved which meet the standards of

proficiency, and standards of education and training, but are not awarded by the BPS.

In the example on the previous page, the threshold level for clinical psychologists is set at a doctorate. This would reflect that the only route to entry for clinical psychologists (in all of the home countries) is the successful completion of a doctorate. A number of respondents argued that the doctorate only route in clinical psychology was well embedded and reflected employer requirements and was necessary for the successful achievement of the competencies essential for safe and effective practice. Clinical psychology is the only domain in which there are existing QAA and QAA Scotland subject benchmark statements, and these benchmark the training at the award of a doctorate.

The threshold for counselling psychologists shown on the previous page is set at 'doctorate or equivalent' because HEI delivered doctoral programmes exist for this domain, but some entrants instead undertake stages one and two of a BPS qualification.

The threshold for educational psychologists shown on the previous page is set at 'doctorate or equivalent' because of the different entry routes in England, Wales and Northern Ireland, and in Scotland. As the Council is a UK-wide regulator, it would not be appropriate to set a different entry standard for the same domain in different home countries, especially as the standards of proficiency (generic, profession-specific and domain-specific) would be set for educational psychologists on a UK wide basis. The BPS argue that although the forms of awards vary, the entry level for educational psychologists (and for the other domains) is the same across the UK - 12/D-level on the relevant qualification frameworks.

Setting a threshold specific to each domain (sub-sections of the practitioner psychologists part of the Register) would be a departure from how SET 1 has been structured for the existing regulated professions. For example, the arts therapists part of the Register has three 'sub-sections' – art therapists, dramatherapists, and music therapists, but a threshold level is set for the whole part of the Register. However, in this example, unlike psychology, the formal academic awards of pre-registration education and training are the same for each 'sub-section' of the Register.<sup>2</sup>

- **Masters degree for the whole part of the Register**

For example:

*Masters degree, or equivalent, for practitioner psychologists (with further training and experience, as appropriate)*

Respondents to the consultation who argued that for a threshold for the whole part of the Register below the award of a doctorate/ doctoral level argued that a doctorate was not necessary for safe and effective practice.

---

<sup>2</sup> Please note that 'sub-section' is shorthand used to refer to the different areas of each part of the Register used for the purposes of clarity, and is not a term that is used in legislation or that the HPC would typically use.

Setting a threshold for the whole part of the Register would be in line with the existing standard. Programmes above the threshold (e.g. doctoral programmes in five of the seven domains) could still be approved.

The wording necessary in order to set a threshold for the whole part of the Register without specifying the name of an award which directly leads to eligibility to apply for registration is problematic. In the consultation, some respondents said that the wording in the consultation document illustration of a masters degree threshold was unclear and inappropriate.

The wording 'or equivalent' would still be necessary, as in some domains not all entrants will undertake a programme leading to the award of a masters degree – they will instead undertake stages one and two of a BPS qualification.

Setting a threshold level for the whole part of the Register would not specifically acknowledge doctorate only entry in clinical psychology and in educational psychology in England, Wales and Northern Ireland.

HPC COUNCIL 260809

---

**Practitioner Psychologists - Threshold level of qualification for entry to the Register<sup>1</sup>**

**Responses to the consultation**

EDUCATION AND TRAINING COMMITTEE 250309

---

<sup>1</sup> In this document, we use the term 'practitioner psychologists' rather than 'applied psychologists' when we refer to the part of the Register.

## Introduction

We consulted for three months between 9 November 2007 and 8 February 2008 on an amendment to standards one of our standards of education and training to set the threshold level of qualification for entry to the practitioner psychologists part of the Register.

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

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

You can download a copy of the consultation document from our website: [www.hpc-uk.org/aboutus/consultations](http://www.hpc-uk.org/aboutus/consultations)

## About regulation

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

The white paper said:

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

*'Psychologists...will be regulated by the Health Professions Council'* (p.85).<sup>2</sup>

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

On 5 March 2009, the Section 60 Order necessary to bring practitioner psychologists into statutory regulation, The Health Care and Associated Professions (Miscellaneous Amendments and Practitioner Psychologists) Order 2009, was published.<sup>3</sup>

---

<sup>2</sup> Trust, Assurance and Safety – The Regulation of Health Professionals in the 21<sup>st</sup> Century, p. 85.  
[www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_065946](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_065946)

<sup>3</sup> [www.opsi.gov.uk/si/dsi05-03](http://www.opsi.gov.uk/si/dsi05-03)

## **Health Care and Associated Professions (Miscellaneous Amendments) No 2 Order 2008: a paper for consultation**

In December 2007, the Department of Health (UK) published 'Health Care and Associated Professions (Miscellaneous Amendments) No 2 Order 2008: a paper for consultation'.<sup>4</sup> The consultation document confirmed the government's intention to regulate practitioner psychologists.

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

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

The Department of Health (UK) consultation document said with reference to the threshold level of qualification for entry to the Register:

- '...the regulator must set standards of competence and must approve education and training to deliver those competences, at a threshold level which delivers safe and effective practice by all registrants within that profession.' (paragraph 3.24)
- 'The regulator is not compelled to approve education and training only at the threshold level, but may approve courses and qualifications at a higher level. BPS [the British Psychological Society] have advised us that the competencies required for entry onto the BPS voluntary register as a practising Chartered Psychologist have been benchmarked at level 12/Doctoral level. This level of education and training can be achieved either through a professional doctoral programme in a University or by undertaking the BPS's own qualifications. BPS have told us that these may supplement a Master's level qualification. Whichever route is taken and whatever the academic award title, BPS say that the level of competency required is equivalent and leads to Chartered status. BPS state that this is the level for all current BPS practitioners, although it is not clear to us and is disputed by some members of the profession that the level equates in all domains to Doctoral level. If there is a difference in the level of competence between different domains, it may be worth considering setting different threshold levels of qualification for different domains.' (paragraph 3.25).<sup>5</sup>

---

<sup>4</sup> This consultation document is referred to as 'the Department of Health (UK) consultation document' throughout the remainder of this document

<sup>5</sup> Department of Health (UK), Health Care and Associated Professions (Miscellaneous Amendments) No 2 Order 2008: a paper for consultation  
[www.dh.gov.uk/en/Consultations/Liveconsultations/DH\\_081518](http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_081518)

## **About the standards of education and training**

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

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

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

Once a programme is approved, someone who successfully completes that programme is eligible to apply for registration. We grant open-ended approval, subject to ongoing checks via our monitoring and major change processes.

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

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

EDUCATION AND TRAINING COMMITTEE 250309



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

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

The standard currently reads:

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

1.1.1 Bachelor degree with honours for the following professions:

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

1.1.2 Masters degree for the arts therapies.

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

1.1.4 Equivalent to Certificate of Higher Education for paramedics.

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

We need to set the threshold level at the level necessary for people who successfully complete a pre-registration education and training programme to meet all of the standards of proficiency.

In setting the threshold level of qualification for entry, the Council is setting the threshold academic level of qualification which it would normally accept for the purposes of an approved programme which leads to registration. As the threshold is the ‘minimum’, programmes above the threshold academic level may be approved.

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

Our primary consideration in approving a programme, whether at or substantially above the threshold, is that the programme meets the standards of education and training and will allow students to meet the standards of proficiency on completion.

### **Our proposals**

We made no recommendations about the threshold level of entry for practitioner psychologists during the consultation. We explained that two key considerations in setting the threshold would include taking into account the academic level/ academic awards of existing pre-registration education and training and any variation in that education and training between the home countries.

However, we felt that it might be useful to provide two examples in order to illustrate how the threshold level functions. They were:

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

We invited the views of our stakeholders and because we were not making any recommendations we asked no specific consultation questions. However, we suggested that if respondents suggested a specific threshold level we would be particularly interested to learn of the rationale behind this, in particular how the level was linked to safe and effective practice and public safety.

## **About this document**

This document summarises the responses we received to the consultation.

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

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

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

EDUCATION AND TRAINING COMMITTEE 250309

# Responses to the consultation

## 1. Summary of comments

The following is a summary of the comments we received in response to the consultation.

### General

- General points raised included the regulation of occupational psychologists by the HPC, grandparenting, the status of trainees and how the approval of education and training would work.

### Threshold level of qualification for entry to the Register

- Respondents agreed that there should be no reduction in standards; the focus should instead be on what is necessary to ensure public protection.
- Arguments for a doctorate threshold for the whole part of the practitioner psychologists part of the Register included:
  - Existing entry routes in all domains had been benchmarked against the Quality Assurance Agency Framework for Higher Education Qualifications in England, Wales and Northern Ireland, and the Quality Assurance Agency Scotland Framework for Qualifications of Higher Education Institutions in Scotland. The existing level of all qualifications is D-level/Level 12.
  - A threshold level below a doctoral level would lower existing standards.
  - There is no difference between competence levels or academic levels between different domains.
  - The threshold should be referenced against qualifications frameworks.
- Arguments for a doctorate threshold for specific domains included:
  - Arguments advanced for a doctorate threshold in clinical, educational (England, Wales and Northern Ireland) and counselling psychology.
  - Doctoral programmes which lead directly to chartered status exist in clinical, educational and counselling psychology.
  - The competencies required in clinical psychology could only be achieved at doctorate level. The Quality Assurance Agency benchmark statement for clinical psychology benchmarked the domain at doctorate level.

- Arguments for a threshold below a doctorate for the whole part of the practitioner psychologists part of the Register included:
  - A doctorate was not necessary in order to ensure public protection.
  - The implications of a doctorate threshold level on the supply of psychology graduates to the profession.
  - The implications of a doctorate threshold level on internationally qualified psychologists.
- Arguments for threshold levels specific to each domain included:
  - The existing requirements did not require a doctorate or doctoral level training in all of the domains.
  - A threshold level for all domains was not possible, as this would necessarily reduce standards in clinical, counselling and educational psychology.

EDUCATION AND TRAINING COMMITTEE 250809

## **2. General comments**

### **2.1 Regulation of practitioner psychologists**

We received a small number of comments about the regulation of practitioner psychologists by the HPC, rather than specifically about the threshold level. Some respondents told us that they strongly supported statutory regulation. However, a small number of others, mainly in occupational psychology, expressed concern about statutory regulation by the HPC.

One occupational psychologist argued strongly against the regulation of occupational psychologists by the HPC, concluding that the HPC only regulates professionals who are concerned with health and who work within the National Health Service (NHS) in a hospital setting. They said: 'I really would like to understand how putting a profession into a regulatory regime that is principally for a different purpose, operates in a totally different environment, and which operates at a different level, can possibly result in a benefit for the public.' These comments were echoed by another respondent, who told us that they worked mainly in the areas of selection, assessment and organisational surveys and therefore did not see their role as a good fit within the remit of the HPC. They said that they did not wish occupational psychology to be included as a domain which was regulated, and, if it was, would not register and instead continue using the title 'business psychologist' instead. Another respondent expressed concern that regulating practitioner psychologists alongside other professions with education and training at different levels might amount to 'dumbing down'.

The Association of Business Psychologists responded, appending their response to the Department of Health (UK) consultation. They said they had no specific objection to the HPC, but that their response was predicated on their disagreement with the Department of Health's proposals to regulate occupational psychologists.

The British Association for Counselling and Psychotherapy (BACP) said that they felt we had not taken into account the outcomes of 'New Ways of Working for Applied Psychologists in the NHS'. Another respondent highlighted plans to develop roles at assistant and associate psychologist level. They asked whether these titles would become protected titles too.

#### **2.1.1 Our comments**

The Department of Health (UK) consultation proposed that seven domains of practitioner psychology practice should be statutorily regulated, including the regulation of occupational psychologists. In our response to the consultation, we supported the regulation of the seven domains, but noted that concern had been raised with us, chiefly concerning whether occupational psychologists, who work with and deliver services to organisations, should be regulated by the HPC.

We are a multi professional regulator and regulate 13 different professions. Many of our registrants do not work in the NHS and instead work in a variety of settings, including roles in social care, prisons, industry and education. The professions we regulate also have a variety of different approaches to practice. We are confident that our regulatory model is appropriate to regulate practitioner psychologists.

The Improving Access to Psychological Therapies (IAPT) Programme is a Department of Health (UK) initiative looking at the provision of psychological therapies in the National Health Service (NHS) in England. The New Ways of Working in Applied Psychology (NWWAP) looked at the provision of applied psychology services in the NHS. An outcome of this work is the development of new roles to deliver psychological therapies, including cognitive behavioural therapy (CBT).

The White Paper, 'Trust, Assurance and Safety – The regulation of Health Professionals in the 21<sup>st</sup> Century' said: 'The Government is planning to introduce statutory regulation for applied psychologists, several groups of healthcare scientists, psychotherapists and counsellors and other psychological therapists.' Therefore, further groups of psychological therapists may become statutorily regulated in the future. However, this is not part of this piece of work.

## **2.2 Approval of education and training**

Four respondents sought clarification on our role, outlined in the consultation document, in approving pre-registration education and training programmes.

Two educational psychologists said that the British Psychological Society (BPS) currently ran a 'rigorous' process of approving training centres. They argued: 'It would be difficult to improve on this standard, and we suggest that the BPS role in this is maintained.' Another respondent asked whether the Committee on Training in Clinical Psychology and Group of Trainers in Clinical Psychology would be involved in programme approval.

### **2.2.1 Our comments**

Approval of education and training programmes against our standards of education and training is a crucial way in which we can protect members of the public. We approve pre-registration education and training programmes against our standards of education and training in order to ensure that by successful completion of the programme a student can meet the standards of proficiency and will therefore be eligible to become registered. We also check that programmes continue to meet our standards via our monitoring and major change processes.

We ensure appropriate professional input in our key processes through the use of 'partners'. In education, we use one type of partner called 'visitors'. Visitors are members of the profession or lay people with appropriate academic or clinical experience who provide the expertise we need to make good decisions about education and training programmes. They visit education and training providers on our behalf to assess their programmes against our standards of education and training and make recommendations about information we receive via our monitoring and major change processes.

After statutory regulation is introduced, professional bodies sometimes decide to continue to play a role in education, for example, by accrediting education and training programmes for membership purposes. Where possible and appropriate, our approvals process takes account of the role of professional bodies. For example, we try to hold approvals visits on the same day as professional body accreditation. However, it is important that we carry out our role independently so that we reach a fair and independent decision that ensures the public is protected.

We will approve pre-registration education and training programmes which lead to eligibility to become registered. However, we will not be involved in approving education and training programmes, at undergraduate or postgraduate level, which do not lead directly to the eligibility to register. Please see appendix one for a list of anticipated 'registerable' qualifications.

### **2.3 Entry to the Register**

Both the British Association of Sport and Exercise Sciences (BASES) and the Association of Business Psychologists (ABP) argued that accreditation or membership with their organisations should lead directly to registration with us.

BASES described their role in accreditation of members, outlining that they presently have 153 accredited sport and exercise psychologists and a further 136 members who are currently in the supervised experience stage of their accreditation programme. They argued that the existing BASES entry route which comprises of BASES accredited sport and exercise science degree, MSc in sport and exercise science/ psychology and three years supervised experience by a BASES accredited supervisor, was equivalent to chartered sport and exercise psychologist status with the BPS.

The ABP similarly argued that those principal members of the ABP who would not otherwise become registered because of chartered status with the BPS should be automatically entered into the Register. They said: 'We believe that Principal members of the ABP are of equivalent skill, competence and professionalism to those of chartered members of the Division of Occupational Psychology of the BPS, and should be admitted to the HPC register in exactly the same way, without further process or fees.'

#### **2.3.1 Our comments**

Whenever a new profession is statutorily regulated, on the day regulation is introduced, there will normally be a one-off transfer from an existing voluntary register or registers to the HPC Register. Anybody whose name appeared on the voluntary register would become registered with HPC. Shortly after we then write to these individuals asking them to renew their registration. This includes signing a professional declaration and paying the requisite fee.

The Section 60 Order says that BPS members who hold a practising certificate and are or have been members of a division relating to one of the seven domains of practice will automatically transfer to the HPC Register. The draft Section 60 Order also says that the Register of the Association of Educational Psychologists (AEP) will also transfer.

Any decision about which registers should or should not transfer is a decision for the Department of Health, and a matter for legislation. This is very separate from the threshold level of qualification for entry to the Register which relates to approved qualifications for entry to the Register.



## **2.4 Trainees**

The BACP asked about the status of those working towards registration once statutory regulation is introduced. They said that the majority of practitioner psychologists are employed in jobs using a specific (protected) title whilst reaching the qualification and/or competence for existing chartered status. BACP concluded: 'We are unclear as to the status and working title under which such psychologists would be employed and legally able to work after regulation.'

Wigan MBC Educational Psychology Service asked: 'What is the status of educational psychologists in doctoral training who are employed in their 2<sup>nd</sup> and 3<sup>rd</sup> years of the doctoral training course?'

### **2.4.1 Our comments**

A small number of respondents asked about the status of those working whilst in training, particularly in relation to the titles they could use. Whilst the BPS offers membership to those in-training, we do not register students or trainees. We will only register individuals who have successfully completed pre-registration education and training, and are therefore eligible to be registered and use the protected title for their domain.

Our advice to individuals and employers is that whatever title is used, it should not give the impression that the person using that title is registered, if they are not. Sometimes the words 'student' or 'trainee' are used before the protected title in order to make this clear.

## **2.5 Grandparenting**

Wigan MBC Educational Psychology Service asked for clarification on page four of the consultation document which outlined the grandparenting route to registration. They asked for specific examples relevant to the profession of educational psychology and an explanation as to why there is a two year 'window of opportunity'.

An occupational psychologist said he was concerned about the status of those who were chartered psychologists with the BPS but who do not meet the requirements to become a member of a BPS division. He said: 'I believe that all existing Chartered Psychologists should be awarded Practitioner psychologist status through the 'grand-parenting' arrangements without the need for costly additional formal academic qualifications or additional portfolio submissions.'

Another respondent was concerned that the threshold level would prevent them from continuing to practise. They outlined that they qualified in the early 1970s with a qualification at an academic level which is now below the level of current education and training routes.

### **2.5.1 Our comments**

A grandparenting period is necessary when introducing statutory regulation. During the grandparenting period individuals who were not eligible to become members of the voluntary register, but who have been practising their profession before the introduction of regulation, can apply for registration. This period is time limited and defined by legislation.

The Section 60 Order says that the grandparenting period for practitioner psychologists will be three years in duration. Once this period is over, the only route to registration for UK-trained individuals is the successful completion of an approved pre-registration education and training programme.

Subject to parliamentary approval of the Section 60 Order, someone who is a member of the BPS but who does not hold membership of a relevant division, and is not eligible to hold such membership (and who wishes to become registered), would need to make an application via the grandparenting process. Please also see 2.3.1.

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

EDUCATION AND TRAINING COMMITTEE 23/09/09

### 3. Threshold level of qualification for entry to the Register

Respondents suggested a threshold level of qualification which ranged from masters degree to doctorate. Some respondents focused on the threshold level of qualification in a specific domain. Amongst clinical psychologists and their employers, a majority of respondents said that the threshold should be set at a doctorate.

Some of those who responded said that the consultation document confused the names of awards and academic levels. Many other responses we received to the consultation referred to awards and levels interchangeably. In this section of the document, we use the terminology appropriate to each response we received.

This section is structured into five areas. First, we consider comments made regarding the maintenance of standards and public protection in the profession. We then move on to consider responses which argued for a threshold set at doctoral level, for the whole part of the Register and for specific domains. We then consider arguments made for a threshold below the level of doctorate, for the whole part of the Register and for specific domains.

We have not provided our comments in this section. All the comments received will be considered and discussed by our Education and Training Committee and Council and the threshold level agreed.

#### 3.1 Public protection and maintenance of standards

A common theme across the responses received was that the public should be adequately protected by the threshold set and that there should be no lowering of professional standards. A focus on what was necessary to ensure benefit to the public was of key concern amongst a range of respondents, including those who strongly argued for a doctorate threshold across all domains of practice, as well as those who argued against a doctorate or for specific thresholds for specific domains.

The BPS said that they were keen to ensure that the 'current standard for qualification as a practitioner psychologist is not diminished by the introduction of statutory regulation'. They emphasised that psychologists work with some of the most vulnerable in society and also with members of society who pose considerable risk to others. Any lowering of standards, they argued, would 'increase the potential for poor decision making and significantly increase the risk to public safety'.

The BACP echoed the BPS comments. They said that it was important that the standards already maintained through BPS chartered status were not lowered by statutory regulation.

**'Any diminution in standards of training will constitute a serious risk to public protection'**  
- British Psychological Society

Another respondent said: '...[the] entry level to the HPC Register should not be a set at a

level lower than is currently required for registration with the BPS and reflected in current employment practices.'

A small number of respondents urged us to remain focused on what was necessary for public protection and guard against arguments which might be

about the standing of the profession, rather than what was necessary for public protection. The Scottish Government (Health Directorate) said: ‘...the overriding duty of the professional regulatory body is to be clear what action it takes on the grounds of public protection as opposed to the protection of professional status. The latter is clearly not the business of the statutory professional regulator.’

### 3.2 Doctorate threshold for whole part of the Register

Those respondents who supported a doctorate/ doctoral level threshold for the whole of the practitioner psychologists part of the Register did so by arguing that the level of existing provision across the domains is already at doctoral level. Most of these respondents also illustrated how they believed the example thresholds outlined in the consultation document were inappropriate and further urged us to focus on the academic level of qualifications rather than the name of the award.

The BPS outlined the existing entry routes in each of the domains in their

**‘The threshold level for being registered as an applied psychologist needs to be a doctorate. This is necessary to ensure the high standards of the profession.’**

- Clinical psychologist

response (reproduced in appendix one). They further told us that existing provision had already been referenced against the Quality Assurance Agency (QAA)

Framework for Higher Education Qualifications in England, Wales and Northern Ireland and the Quality Assurance Agency Scotland Framework for Qualifications of Higher Education Institutions in Scotland. They said: ‘It is a matter of record that we have a current system of registration in which the entry level for Registration as a Chartered Psychologist is D-level/Level 12.’<sup>6</sup> This was supported by the Association of Heads of Psychology Departments (AHPD) who concluded that the various routes to Chartered psychologist status in the various domains ‘...are the equivalent of level 12/D level/3<sup>rd</sup> cycle qualifications in various established academic qualification frameworks and indeed they have been recognised as such by government in the past’.

The BPS, AHPD and NHS Dumfries and Galloway all referred to the illustrative examples given in the consultation document. NHS Dumfries and Galloway said that they wanted to ensure that the ‘current threshold level for protection of the public is not diminished by the threshold proposed by the HPC document’. The Psychology Directorate Management Group, NHS Greater Glasgow and Clyde agreed, saying that a masters degree entry level would represent a reduction in the professional competence required to practice as a psychologist.

<sup>6</sup> Quality Assurance Agency (QAA) Framework for Higher Education Qualifications in England, Wales and Northern Ireland  
<http://www.qaa.ac.uk/academicinfrastructure/FHEQ/EWNI/default.asp>  
Quality Assurance Agency Scotland Framework for Qualifications of Higher Education Institutions in Scotland  
<http://www.qaa.ac.uk/academicinfrastructure/FHEQ/SCQF/default.asp>

In the consultation document, we gave the illustrative example of a threshold level for the whole part of the Register: 'Masters degree for applied psychology or equivalent (with further training and experience, as appropriate)'. The AHPD acknowledged that such a threshold would offer 'considerable flexibility for interpretation by education providers' but said that this could also be interpreted as lowering existing standards. The BPS said that a threshold at this level would 'impact on the quality of protection provided to the public and constitute a serious threat to the health and safety of those who use the services of psychologists'. The BPS further said that the phrase 'further training and experience, as appropriate' was badly chosen, 'since what is required is to meet the requirements for one of the Society's own postgraduate qualifications and not merely gain some 'experience' with no explicit standard or level'.

In the consultation document we also gave an additional illustrative example of setting the threshold level specific to each 'discipline'. The BPS and AHPD both pointed out that this terminology is not used in the profession; instead there is one discipline of psychology with different domains of practice. Both these organisations argued that it would not be appropriate to set a threshold specific to each domain of practice. The BPS said: 'Although there are two routes to qualification in the different domains of practice of psychology, the entry standard... is the same. Chartered status requires knowledge, practice skills, cognitive skills and autonomous practice consistent with D-level descriptors.' The AHPD added: 'No case has been made that it would be desirable to have less well qualified practitioners in some application areas of psychology than in others.'

We were urged by some respondents to express our threshold requirement in terms of an academic level referenced against qualifications frameworks, and not against the name of an academic award. The BPS said that the consultation document was potentially confusing, because it used 'the nomenclature of degree titles, rather than the unambiguous language of the qualifications frameworks'. They drew our attention to situations where a Masters award can be a 'first cycle award' such as the system of awards operated by Oxford and Cambridge universities. NHS Greater Glasgow and Clyde added that qualifications frameworks were important in achieving comparability across different qualifications and systems. They said: 'Such frameworks provide a common language that can unite educational providers, accrediting bodies, examining bodies and quality assurance agencies.' The BPS argued that, although their qualifications do not carry an academic title they reached the same standard as formal doctorate award. They concluded: 'Holders of Society qualifications have developed and demonstrate competencies consistent with the QAA D-level descriptors, which is the entry point for the Register of Chartered Psychologists.'

The BPS were concerned that the consultation document did not recognise that the HPC would not be involved in the approval of masters level education and would instead approve the qualification which leads directly to registration. The Society said: 'Since Masters programmes are not entry level but can provide some exemption from the Society's own qualifications, these will continue to be accredited by the Society who hold responsibility for their own qualifications.' They said that the Society's qualification would be approved by the HPC in a

similar way to the Certificate of Attainment, awarded by the Association of Clinical Scientists for entry to the Clinical Scientists part of the Register. The AHPD said they had 'no objection to there being alternative routes to threshold entry to the Register that differ from the BPS routes'. However, they wanted to ensure that any such routes were at least equivalent to existing ones.

### **3.3 Doctorate for specific domains**

Arguments were advanced for a domain specific threshold of a doctorate / doctoral level in clinical, educational and counselling psychology. These arguments focused on the academic awards involved in the existing entry routes in these domains. A small number of respondents also outlined why they believed a doctorate was essential for safe and effective practice.

In clinical psychology, the route to become chartered as a clinical psychologist involves successful completion of a doctorate which is accredited by the BPS. The University of East Anglia (UEA) outlined how the required qualification for entry to clinical psychology was a doctorate, and that the draft standards of proficiency also required this level. Another respondent said: 'In terms of SET 1, I am unclear as to how clinical psychology will fit with this standard – the current standard, as set out in your document, will not cover the requirements for clinical psychology training.' They expressed concern that a failure to set a domain specific threshold would represent 'at worst a degradation in standards and at best a fudging'. Another respondent added: 'In clinical psychology...the only route for qualification as a chartered clinical psychologist and employment in the NHS involves a doctorate in clinical psychology. I therefore strongly believe that the qualification for entry to the register as a clinical psychologist should be a doctorate qualification...'

NHS Lanarkshire said that a doctorate in clinical psychology was essential because of the competencies which clinical psychologists must achieve, including those necessary to carry out the role of the clinical psychologist in providing consultancy, training and clinical supervision to a wide range of professionals. They said that a failure to recognise this in our requirements '...would be to reduce the level below which the profession currently feels is necessary to ensure safe and competent practice as a clinical psychologist'.

UEA described the development of the doctorate in clinical psychology, how this was linked to the competencies required for practice, and outlined how those competencies had been externally validated. This external validation included the MAS (1989) and MPAG (1990) reports commissioned by the Department of Health (UK), the Quality Assurance Agency (QAA) benchmark statement for clinical psychology and the outcomes of the Improving Access to Psychological Therapists (IAPT) programme.<sup>7</sup> They concluded: '...the establishment of the training threshold at doctoral level for clinical psychology reflects the range and depth of competencies that have been required to ensure that service users have access to the most effective psychological services available...' The British

---

<sup>7</sup> Department of Health, Management Advisory Service (1989) Review of clinical psychology services

Department of Health, Manpower Planning Advisory Group (1990) Clinical Psychology Project: A summary report

Psychological Society said that the Division of Clinical Psychology (DCP) had expressed the view that, if the HPC was unable to justify a doctoral educational standard across all domains, then the DCP would support domain-specific thresholds, as an alternative to 'setting a single threshold that would lower the educational qualification required for threshold entry for clinical psychology.' However, they emphasised that all divisions of the Society were 'implacably opposed to any suggestion that levels of competence differ across the domains of practice'.

In educational psychology in England, Wales and Northern Ireland, the route to becoming chartered involves successful completion of a doctorate accredited by the BPS. In Scotland, it involves successful completion of a BPS accredited masters degree followed by the BPS Scotland qualification in Educational psychology. A small number of respondents argued for the threshold in educational psychology to be set at a doctorate. One respondent said that the threshold for education psychology should be an undergraduate degree approved by the BPS; substantial relevant work experience; and a doctoral programme.

Another respondent said that any threshold would need to take account of the different entry route in educational psychology in Scotland. The BACP said that they would support the threshold being a doctorate in clinical psychology and educational psychology. One respondent said that the threshold should also be set at a doctorate in counselling psychology.

### **3.4 Threshold below doctorate for the whole part of the Register**

Those who argued for a threshold level for the whole part of the Register which was below a doctorate said that a doctorate was not necessary in order to protect members of the public. Other arguments advanced included the implications of the threshold on the supply of psychologists and the impact on internationally qualified psychologists.

Neuropsychologists UK said that the threshold level should be set at a bachelor degree with a masters degree. They said that training should 'strive for a balance

**'It seems unnecessary, in the name of public protection, to set the educational threshold standard...at Doctorate level when it is evident that a safe level of practice can be achieved through Masters level training.'**

- Scottish Government (Health Directorates)

between what adequately protects the client and what is not onerous on the public purse in training costs and to individuals in terms of years allocated to study time'. They argued that the focus should be on competence rather than an academic qualification.

The British Association of Art Therapists agreed and asked: 'Is the BPS suggesting that unless one has a PhD, one cannot practice safely as a psychologist?' They said that a clear and persuasive rationale had yet to be made and added: 'There would seem to be little benefit for the public (would a PhD make a practitioner safer?) and for newly qualified Psychologists. We recommend that the threshold be set at MA/MSc level as a realistic level of entry that would also not discriminate against international applicants.' The Department of Health (UK) said that their 'strong preference' was for a threshold to be set for the whole part of the Register. They concluded: '...the threshold level should be

competence based; should reflect current education and training across the UK rather than professional aspiration; and should allow for future development in a way that does not restrict current provision.'

One respondent, a health psychologist, expressed concern about the supply of qualified practitioners in psychology. Instead of focusing on the academic level of award, he suggested instead that: 'Humanity, empathy, psychological knowledge, professional skills, lifecycle experience, and an enquiring mind are likely to be more useful than a PhD or D Clin. Psych in the early years of practice.' Concern was expressed that a threshold set at doctorate would unnecessarily restrict the numbers of graduates from undergraduate psychology degrees who wish to use their qualification but are unable to do so. Neuropsychologists UK made similar comments, expressing concern at the length and cost of existing training, concluding: 'If academic qualification is unnecessarily excessive, current psychology graduates will not enter the profession.'

The Scottish Government Health Directorate and NHS Education for Scotland both outlined the situation in Scotland with respect to clinical psychology. In Scotland, there are two grades: clinical psychologist and clinical associate psychologist. Clinical associate psychologists undertake the same work as a clinical psychologist but within a specific, defined area and are trained to masters level. In their response, the Scottish government acknowledged that clinical associates do not have the same breadth of practice as clinical psychologists and said that the level of practice and competencies required by clinical associates are achieved through masters level training. They concluded: 'We do not see a rationale therefore for another level of academic preparation for the same level (if not breadth) of practice.' NHS Education for Scotland also outlined the clinical associate role in Scotland, and said: '...we do not believe safe and effective delivery of psychology services to the public to be contingent on doctoral level training'. However, they also said that the existing route in clinical psychology had 'been at doctoral level for a generation' and as such concluded: 'It would therefore be difficult at this point to set the threshold level...below doctoral level for clinical psychologists.'

Two respondents were concerned about the impact of the threshold level upon internationally qualified psychologists, and said that they were worried about how the BPS currently handled applications from those who qualified outside of the UK. One respondent reminded us that many internationally qualified clinical psychologists are currently registered by the BPS having followed the BPS statement of equivalence. They further reminded us: '...international candidates following the two year masters degree route (with additional supervised practice) cannot be required to complete additional academic training according to Directive 2005/36/EC which concerns regulated professionals.' They expressed the view that the threshold should be: 'Masters degree level or equivalent (three years' or equivalent postgraduate education and training in psychological practice.)' The Polish Psychologists Club (PPC) made similar comments, and said that if a doctorate threshold was adopted by the HPC, it might prevent psychologists with a recognised qualification in their country of origin (within the European Economic Area) from practising in the UK. They argued for a masters threshold and said: 'If the entry requirements are set at...D level, society will suffer from the lack of professionals and in the absence of those, the public may turn for help to people with far lower qualifications and professional standards.'



### 3.5 Thresholds specific to each domain

Those who argued for thresholds which were specific to each domain of practice did so with reference to variation in entry routes between the different domains. Consequently, they argued that, at least at this time, it would be difficult to argue for a doctorate/ doctoral level threshold across all the domains.

One respondent said that the current requirements for chartered status were 'not for a doctoral level qualification but three years [postgraduate] education and experience'. This is preceded by three years undergraduate education in

**'I am...definitely of the opinion that the threshold should be set for each specific discipline.'**

- Clinical psychologist

psychology. This was summarised by another respondent as 'three and three'. They concluded that all 'practitioner psychologists'

would be equivalently 'three plus three' but that: '...different divisions of the BPS reach that equivalent 3+3 level through different academic routes.' Another respondent agreed, and said that it would be accurate to say that the profession was entirely at masters level, 'with some sub-disciplines requiring doctorate qualifications at 'entry level''. Respondents who highlighted variation in entry routes, gave examples of domains where doctoral programmes do not exist.

In light of the variation in entry routes, it was argued that a doctoral level threshold across all domains was not possible at this time. The University of East Anglia said, with reference to domains other than clinical psychology: 'In these domains it is hard to see that a doctoral level can be specified as threshold at this time.' Another respondent agreed and added: 'The additional requirements for evidence of safe and effective practice built into the requirements for chartered status are not equivalent to a doctorate qualification. It has been argued that they may be conceptualised or categorised as amounting to doctoral level. I do not agree.' It was further argued that it was not possible to set the threshold across all domains at doctoral level as this would necessitate immediate changes in training. They said that this position would be untenable 'since most Divisions require only a masters-level qualification plus additional training and experience.'

As a consequence, they argued, a threshold across all domains would necessarily mean a reduction in standards in clinical, counselling and educational psychology, domains in which

**'I do consider that the profession is well on its way to becoming a fully doctoral qualification at entry profession and this trend will continue.'**

- Educational Psychologist

there are doctoral programmes which lead directly to chartered status. Doctoral programmes which lead to chartered status also exist in forensic psychology and health psychology.

UEA said that they believed that setting specific thresholds for specific domains was the appropriate approach. They suggested that the wording 'Masters degree for applied psychology or equivalent (with further training and experience as specified for the specific domain)' would be appropriate for those domains 'where doctoral level is not required in all cases and in all countries'. Another respondent said they supported this approach, with recognition of the different requirements in Scotland for educational psychologists. They said that this approach would

more accurately reflect the reality of existing entry routes. The Association of Business Psychologists urged us not to set the threshold at a doctorate level, at least for occupational or business psychologists. Instead, they said that they could point to a number of very able practitioners who have a first degree in a subject other than psychology and experience as a practical manager, who then go on to do a masters degree in occupational psychology, together with gaining professional experience.

The Scottish Government Education Directorate said that they would strongly oppose any move to raise the threshold qualification for educational psychologists to doctorate level. They said this would be unnecessary, would be unlikely to lead to improvements in current practice standards and would create an immediate reduction in graduate output.

EDUCATION AND TRAINING COMMITTEE 250309

## **'Registerable qualifications'**

Reproduced from the consultation response of the British Psychological Society ('the Society')

### **Routes to Qualification as a Chartered Psychologist in each Domain of Practice (i.e. The 'registerable' qualifications for each Domain).**

#### **Clinical Psychology**

1. Professional Doctorate in Clinical Psychology accredited by the Society and provided through an HEI.
2. The Society's Statement of Equivalence in Clinical Psychology.

#### **Counselling Psychology**

1. Professional Doctorate in Counselling Psychology accredited by the Society and provided through a HEI.
2. The Society's Qualification in Counselling Psychology.

#### **Educational Psychology (England, Wales and Northern Ireland)**

Professional Doctorate in Educational Psychology accredited by the Society and provided through an HEI.

#### **Educational Psychology (Scotland)**

Society Qualification in Educational Psychology (Scotland), developed in line with existing Society qualifications and anchored at D-level in line with the qualification frameworks' D-level descriptors, currently under development.

#### **Forensic Psychology**

1. Professional Doctorate in Forensic Psychology accredited by the Society and provided through an HEI.
2. Society Qualification in Forensic Psychology.

#### **Health Psychology**

1. Professional Doctorate in Health Psychology accredited by the Society and provided through an HEI.
2. Society Qualification in Health Psychology.

#### **Occupational Psychology**

Society Qualification in Occupational Psychology

#### **Sport and Exercise Psychology**

Society Qualification in Sport and Exercise Psychology – first cohort September 2008.

(Sport & Exercise Psychology is a comparatively new domain of practice, first recognised in 2004, and so entry to the Division of Sport and Exercise Psychology – and hence Chartered Status - is currently operating under grandparent arrangements).

## List of respondents

We received 39 responses; 19 from organisations and 20 from individuals.

Association of Business Psychologists  
Association of Heads of Psychology Departments  
British Association of Art Therapists  
British Association of Sport and Exercise Sciences  
British Psychological Society  
British Association for Counselling and Psychotherapy  
Department of Health (UK)  
Neuropsychologists UK  
NHS Dumfries and Galloway  
NHS Education for Scotland  
NHS Forth Valley  
NHS Greater Glasgow and Clyde (Psychology Directorate Management Group)  
NHS Lanarkshire  
NHS Lothian  
Picker Institute  
Polish Psychologists club  
Scottish Government (Health Directorates, incorporating comments from the Education Directorate)  
University of East Anglia  
Wigan MBC Educational Psychology Service

In addition, 15 emails were received in support of the response of the Polish Psychologists Club.

EDUCATION AND TRAINING COMMITTEE 250309

### **Quality Assurance Agency (QAA) Qualification descriptors**

The framework for higher education qualifications in England, Wales and Northern Ireland

#### **Descriptor for a qualification at Certificate (C) level: Certificate of Higher Education**

Certificates of Higher Education are awarded to students who have demonstrated:

- knowledge of the underlying concepts and principles associated with their area(s) of study, and an ability to evaluate and interpret these within the context of that area of study;
- an ability to present, evaluate, and interpret qualitative and quantitative data, to develop lines of argument and make sound judgements in accordance with basic theories and concepts of their subject(s) of study.

Typically, holders of the qualification will be able to:

- evaluate the appropriateness of different approaches to solving problems related to their area(s) of study and/or work;
- communicate the results of their study/work accurately and reliably, and with structured and coherent arguments;
- undertake further training and develop new skills within a structured and managed environment; and will have:
- qualities and transferable skills necessary for employment requiring the exercise of some personal responsibility.

### **Descriptor for a qualification at Intermediate (I) level: Degree (non-Honours)**

Non-Honours degrees are awarded to students who have demonstrated:

- knowledge and critical understanding of the well-established principles of their area(s) of study, and of the way in which those principles have developed;
- ability to apply underlying concepts and principles outside the context in which they were first studied, including, where appropriate, the application of those principles in an employment context;
- knowledge of the main methods of enquiry in their subject(s), and ability to evaluate critically the appropriateness of different approaches to solving problems in the field of study;
- an understanding of the limits of their knowledge, and how this influences analyses and interpretations based on that knowledge.

Typically, holders of the qualification will be able to:

- use a range of established techniques to initiate and undertake critical analysis of information, and to propose solutions to problems arising from that analysis;
- effectively communicate information, arguments, and analysis, in a variety of forms, to specialist and non-specialist audiences, and deploy key techniques of the discipline effectively;
- undertake further training, develop existing skills, and acquire new competences that will enable them to assume significant responsibility within organisations; and will have:
- qualities and transferable skills necessary for employment requiring the exercise of personal responsibility and decision-making.

## **Descriptor for a qualification at Honours (H) level: Bachelors degree with Honours**

Honours degrees are awarded to students who have demonstrated:

- a systematic understanding of key aspects of their field of study, including acquisition of coherent and detailed knowledge, at least some of which is at or informed by, the forefront of defined aspects of a discipline;
- an ability to deploy accurately established techniques of analysis and enquiry within a discipline;
- conceptual understanding that enables the student:
  - to devise and sustain arguments, and/or to solve problems, using ideas and techniques, some of which are at the forefront of a discipline; and
  - to describe and comment upon particular aspects of current research, or equivalent advanced scholarship, in the discipline;
  - an appreciation of the uncertainty, ambiguity and limits of knowledge;
  - the ability to manage their own learning, and to make use of scholarly reviews and primary sources (eg refereed research articles and/or original materials appropriate to the discipline).

Typically, holders of the qualification will be able to:

- apply the methods and techniques that they have learned to review, consolidate, extend and apply their knowledge and understanding, and to initiate and carry out projects;
- critically evaluate arguments, assumptions, abstract concepts and data (that may be incomplete), to make judgements, and to frame appropriate questions to achieve a solution - or identify a range of solutions - to a problem;
- communicate information, ideas, problems, and solutions to both specialist and non-specialist audiences; and will have:
  - qualities and transferable skills necessary for employment requiring:
  - the exercise of initiative and personal responsibility;
  - decision-making in complex and unpredictable contexts; and
  - the learning ability needed to undertake appropriate further training of a professional or equivalent nature.

## **Descriptor for a qualification at Masters (M) level: Masters degree**

Masters degrees are awarded to students who have demonstrated:

- a systematic understanding of knowledge, and a critical awareness of current problems and/or new insights, much of which is at, or informed by, the forefront of their academic discipline, field of study, or area of professional practice;
- a comprehensive understanding of techniques applicable to their own research or advanced scholarship;
- originality in the application of knowledge, together with a practical understanding of how established techniques of research and enquiry are used to create and interpret knowledge in the discipline;
- conceptual understanding that enables the student:
  - to evaluate critically current research and advanced scholarship in the discipline;
  - to evaluate methodologies and develop critiques of them and, where appropriate, to propose new hypotheses.

Typically, holders of the qualification will be able to:

- deal with complex issues both systematically and creatively, make sound judgements in the absence of complete data, and communicate their conclusions clearly to specialist and non-specialist audiences;
- demonstrate self-direction and originality in tackling and solving problems, and act autonomously in planning and implementing tasks at a professional or equivalent level;
- continue to advance their knowledge and understanding, and to develop new skills to a high level;

And holders will have:

- the qualities and transferable skills necessary for employment requiring:
  - the exercise of initiative and personal responsibility;
  - decision-making in complex and unpredictable situations;
  - the independent learning ability required for continuing professional development.



## **Descriptor for a qualification at Doctoral (D) level: Doctoral degree**

Doctorates are awarded to students who have demonstrated:

- the creation and interpretation of new knowledge, through original research or other advanced scholarship, of a quality to satisfy peer review, extend the forefront of the discipline, and merit publication;
- a systematic acquisition and understanding of a substantial body of knowledge which is at the forefront of an academic discipline or area of professional practice;
- the general ability to conceptualise, design and implement a project for the generation of new knowledge, applications or understanding at the forefront of the discipline, and to adjust the project design in the light of unforeseen problems;
- a detailed understanding of applicable techniques for research and advanced academic enquiry.

Typically, holders of the qualification will be able to:

- make informed judgements on complex issues in specialist fields, often in the absence of complete data, and be able to communicate their ideas and conclusions clearly and effectively to specialist and non-specialist audiences;
- continue to undertake pure and/or applied research and development at an advanced level, contributing substantially to the development of new techniques, ideas, or approaches; and holders will have:
- the qualities and transferable skills necessary for employment requiring the exercise of personal responsibility and largely autonomous initiative in complex and unpredictable situations, in professional or equivalent environments.

# THE SCOTTISH CREDIT AND QUALIFICATIONS FRAMEWORK



scottish credit and qualifications framework

SCQF Levels	SQA Qualifications			Qualifications of Higher Education Institutions	Scottish Vocational Qualifications
12				DOCTORATES	
11				MASTERS POST GRADUATE DIPLOMA POST GRADUATE CERTIFICATE	SVQ5
10				HONOURS DEGREES GRADUATE DIPLOMA	
9			PROFESSIONAL DEVELOPMENT AWARDS	ORDINARY DEGREE GRADUATE CERTIFICATE	SVQ4
8		HIGHER NATIONAL DIPLOMA		DIPLOMA OF HIGHER EDUCATION	
7	ADVANCED HIGHER	HIGHER NATIONAL CERTIFICATE		CERTIFICATE OF HIGHER EDUCATION	SVQ3
6	HIGHER				
5	INTERMEDIATE 2 CREDIT STANDARD GRADE				SVQ2
4	INTERMEDIATE 1 GENERAL STANDARD GRADE	NATIONAL CERTIFICATES	NATIONAL PROGRESSION AWARDS		SVQ1
3	ACCESS 3 FOUNDATION STANDARD GRADE				
2	ACCESS 2				
1	ACCESS 1				

NOTES

- i. The new Skills for Work courses are National Courses available as Access, Intermediate and Higher Qualifications (SCQF levels 3 – 6).
- ii. Ongoing work to credit rate SVQs shows that SVQ units range from SCQF level 4 to level 12. SVQs at 3 and 4 can be placed at different SCQF levels.