Education and Training Committee, 11 June 2009

Practitioner psychologists – threshold level of qualification for entry to the Register

Executive summary and recommendations

Introduction

At its meeting on 20 May 2009, the Education and Training Committee discussed the threshold level of qualification for entry to the Register for practitioner psychologists. The Council considered a recommendation from the Committee at its subsequent meeting.

The Council did not reach a final decision about the level that should be set and referred the matter back to the Education and Training Committee for further consideration.

This paper outlines the background to the threshold level of qualification, the current entry routes in each of the domains of psychology to be regulated and invites the Committee to recommend to the Council the appropriate threshold level.

Decision

The Committee is invited to discuss the attached paper, in particular the possible wording outlined in section 6, and to recommend to the Council the threshold level of qualification for entry to the practitioner psychologists part of the Register.

Background information

- Practitioner psychologists – Threshold level of qualification for entry to the Register (Council, 20 May 2009)
  www.hpc-uk.org/assets/documents/1000286A20090520Council-enclosure6-CouncilMay2009-PractitionerPsychologistsThreshold.pdf

Resource implications

None

Financial implications

None

Appendices

Appendix 1: Standards of proficiency for practitioner psychologists
Appendix 2: Consultation responses
Appendix 3: Levels and descriptors
Appendix 4: Clinical psychology – A quick guide to the profession and its training (submitted by the Group of Clinical psychology trainers)

Date of paper

2 June 2009

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

1. Introduction

At the meeting of our Education and Training Committee on 20 May 2009, the Committee discussed the responses to the consultation on the threshold level. In its discussion, the Committee took into account the responses to the consultation and also the standards of proficiency it had agreed. The arguments put forward in the consultation are outlined in the consultation responses document (see appendix 2).

As the threshold level has to be set at the level considered necessary to achieve the standards of proficiency, the Committee's discussion focused on the level of qualification that, in its opinion, was necessary to successfully deliver those standards of proficiency. The Committee noted an argument had been made that the level of qualification required in all domains of psychology practice was D level / Level 12 on the relevant qualifications frameworks but that other respondents to the consultation had put forward contrary points of view. The Committee also had regard to the existing education and training routes in the field.

The Committee agreed that it was minded to set the threshold at a masters degree or masters level because it believed that the standards of proficiency could be delivered by programmes at that level. However, the Committee also noted that, in all domains, a masters degree programme did not in itself confer eligibility to register and therefore the wording of any threshold set needed to reflect this.

For example, in occupational psychology, many entrants undertake a masters degree followed by stage two of the BPS qualification in occupational psychology, which currently leads to Chartered status as an Occupational Psychologist with membership of the Division of Occupational Psychology. The Committee noted that in other domains, some or all entrants complete a doctoral programme which leads directly to the eligibility to register.

The Council considered the Committee's recommendation and decided that further consideration of this matter was necessary, particularly in order to achieve clarity about the wording that would be necessary to take account of the existing entry routes if the Council was to agree a masters degree or masters level threshold, or similar.

2. About the threshold level of qualification for entry to the Register

2.1 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.

2.2 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.

2.3 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 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.

2.4 Illustrations of the threshold level of qualification for entry to the Register
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.

- 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.

3. Existing entry routes
At the last meeting, the Committee considered information about the existing routes to becoming a practitioner in each of the domains. The existing education and training routes in each of the domains are summarised and outlined in more detail below.

HPC will only directly approve the programme that leads to eligibility to join the Register. When the Register opens, the HPC will accept as approved qualifications those qualifications previously accepted by the British Psychological Society (BPS); professional doctorates and stage two BPS qualifications that confer eligibility to become chartered with the BPS and a member of a relevant BPS division. The HPC will not directly approve existing masters programmes as they are not currently an 'entry point' to the profession (i.e. they do not in themselves equip graduates with the skills, knowledge and experience necessary to practise).

In summary:

- Professional doctorates exist for five out of the seven domains and confer eligibility to BPS chartered status and membership of a relevant BPS division.

- The only domain in which the only qualifying route (on a UK wide basis) is a professional doctorate is clinical psychology.

- For educational psychology, in England, Wales and Northern Ireland the only qualifying route is a professional doctorate; in Scotland entrants complete a masters degree followed by a BPS qualification.

Clinical Psychology
1. Professional Doctorate in Clinical Psychology (accredited by the BPS); or

2. The BPS Statement of Equivalence in Clinical Psychology. (The statement of equivalence is designed for overseas qualified clinical psychologists who need to undertake further training to meet UK standards and for psychologists qualified in other domains wishing to become clinical psychologists. The statement is no longer available to new entrants.)

Counselling Psychology
1. Professional Doctorate in Counselling Psychology (accredited by the BPS); or

2. The BPS Qualification in Counselling Psychology.

Educational Psychology
1. In England, Wales and Northern Ireland: Professional Doctorate in Educational Psychology (accredited by the BPS); or

2. In Scotland: A Masters degree in Educational Psychology delivered by a Scottish HEI (accredited by the BPS), followed by the BPS Qualification in Educational Psychology (Scotland).

Forensic Psychology
1. Professional Doctorate in Forensic Psychology (accredited by the BPS); or

2. Masters degree in Forensic Psychology (accredited by the BPS) plus stage two of the BPS Qualification in Forensic Psychology; or

2. Stages one and two of the BPS Qualification in Forensic Psychology.

Health Psychology
1. Professional Doctorate in Health Psychology (accredited by the BPS); or

2. Masters degree in Health Psychology (accredited by the BPS) plus stage two of the BPS Qualification in Health Psychology; or

3. Stages one and two of the BPS Qualification in Health Psychology.

Occupational Psychology
1. Masters degree in Occupational Psychology (accredited by the BPS) plus stage two of the BPS Qualification in Occupational Psychology; or

2. Stage one and stage two of the BPS qualification in Occupational Psychology.

Sport and Exercise Psychology
1. Masters degree in Sport and Exercise Psychology (accredited by the BPS) plus stage two of the BPS Qualification in Sport and Exercise Psychology; or

2. Stages one (coming soon) and two of the BPS qualification in Sport and Exercise Psychology; or

3. Via grandparenting arrangements (please see the consultation responses document, appendix two).

3.1 British Psychological Society Qualifications

At the last meeting, the Committee noted that there are no domains in which a masters programme in itself confers eligibility to Register. As outlined above and on the previous page, there are a number of domains in which a BPS qualification stage two qualification confers eligibility to Register. These qualifications are outlined in more detail below. This is information obtained from the BPS.

The stage 2 qualifications are available in forensic, health, sport and exercise and occupational Psychology. In summary, the breakdown is that underpinning knowledge and most of the research competencies are acquired and assessed at Stage 1 (Masters degree or, for a few candidates, BPS stage 1 qualifications). Stage 2 is about structured supervised practice through which applied competencies are developed and assessed. Essentially candidates are employed in trainee positions (although they do not always carry that job title),

have a supervisor who is a suitably qualified member of the profession, and with that person they develop a training plan.

The plan is submitted to the BPS for approval so that someone from an examining board will be able to make a judgement about how far the planned work will enable the development and demonstration of the required competencies. The candidate then undertakes the supervised work and writes up the evidence (usually a report or a logbook, or a combination of the two) which will be signed off by the supervisor and assessed by BPS assessors.

For counselling psychology training is integrated, so someone will train either by means of a Doctorate in Counselling Psychology or the Society's Qualification in Counselling Psychology. This includes an assessment of underpinning knowledge (via exam papers and academic papers) and competence in practice (by case reports and a competence logbook) as well as supervisor reports.

4. Options

At the last meeting the Committee discussed the broad options which emerged from the responses to the consultation on the threshold level for practitioner psychologists and these are repeated below with a summary of the issues raised in the original paper and a summary of any salient discussion points from the Committee's last discussion.

Please note that 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). There was some discussion about this at the last meeting.

The example options that follow are articulated in similar terms to the existing standard.

4.1 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'*

- In their response to the consultation, the British Psychological Society argued that although the form of award can vary between domains, that all entry routes require level 12/D-level 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.

- This wording would be similar to the wording for the paramedics part of the Register.

- 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.

- At the last meeting, the Committee concluded that, having regard to the existing entry routes, the responses to the consultation, and the consultation responses, it believed that the standards of proficiency could be successfully delivered by a programme below doctoral level.

4.2 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)*

- 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 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.

- The wording for each domain reflects the entry routes outlined on in section 3. For example, the only current route for entry as a clinical psychologist is the award of a professional doctorate; in counselling psychology entrants either successfully complete a professional doctorate or undertake the BPS qualification in counselling psychology.

- The threshold for educational psychologists shown above 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) are 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.

4.3 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)

- Some respondents to the consultation argued that a doctorate or doctoral level threshold for the whole part of the Register was not necessary for safe and effective practice.

- 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 above is for illustrative purposes only and is not suggested by the Executive as potential wording for the threshold level.

- 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 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.

- At its last meeting, the Committee said that it was minded to set the threshold for the whole part of the Register and that, having regard to the relevant QAA level descriptors and existing entry routes, it believed that the standards of proficiency could be delivered at masters level / via the award of the masters degree.

- The Committee also acknowledged, however, that there are no domains in which the award of a masters degree in itself confers eligibility to register (see section one of this paper).

5. Arguments made since the last meeting

A small number of individuals and organisations have contacted the Executive since the Committee's and Council's discussion on 20 May 2009, putting forward arguments in light of the discussion.

At its last meeting, the Committee concluded that it believed that the standards of proficiency for practitioner psychologists it agreed could be delivered at masters level / via the award of masters degree. However, the Executive has received a small number of comments since the meeting putting forward arguments about the threshold level, particularly in relation to clinical psychology. Some of these comments / information duplicate those arguments made in response to the formal consultation as outlined in appendix two to this paper.

For the sake of completeness, and so that the Committee has all available relevant information in order to make its final decision, this information is summarised below.

The following information / arguments have additionally been put forward:

- The BPS has reiterated their argument that D level / Level 12 is the existing entry level across all domains and that the HPC should set the threshold level at D level / Level 12 accordingly.

- Clinical psychology is the only domain in which there exists a Quality Assurance Agency (QAA) and QAA Scotland subject benchmark statement and these benchmark clinical psychology to doctoral level. Higher Education Institutions are expected to follow the QAA Code of Practice, including the subject benchmark statements.

- In clinical psychology and in educational psychology (England, Wales, Northern Ireland) there is no BPS Stage two qualification or masters programmes (that confer eligibility to register or that form part of the education and training route) and therefore any threshold formulating in the terms of 'Masters plus BPS stage two qualification' or similar, would not be meaningful in terms of existing provision.

- The professional doctorate only route in clinical psychology has been in place for at least 10 years or more and ensures integration of high standards of professional practice with the demanding requirements of doctoral research training for the benefit of patient care. (In the consultation a number of respondents argued that the doctorate only route in clinical psychology was well embedded, reflected employer requirements and was necessary for the successful achievement of the competencies essential for safe and effective practice.)

- The following standards of proficiency were put forward as examples (not exhaustive) of standards that are particularly consistent with the doctoral level descriptors (appendix three):

  'Typically, doctorates are awarded to students who have demonstrated…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'
    - 2b.1, particularly domain specific for clinical psychologists

  'Typically, doctorates are awarded to students who have demonstrated…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 light of unforeseen problems'
    - 2a.4, 2b.1, 2b.2, 2c.1

  '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'
    - 1b.3, profession specific standards and domain specific standards for clinical psychologists, educational psychologists, forensic psychologists and sport and exercise psychologists
    - 2b.2 – profession and domain specific

- There is less integration of research, theory and practice in the non-doctorate education and training models because academic teaching and professional practice are more separate. The doctorate allows for better integration of knowledge, understanding, theory, research and practice with each piece of clinical work seen as requiring the use of research methods and research knowledge.

- Within clinical psychology and educational psychology (in England, Wales, Northern Ireland) newly qualified practitioners are expected to have research competencies; there is a high expectation that someone will conduct research in their first post.

- The Group of Trainers in Clinical Psychology produced a document about clinical psychology and clinical psychology training to support their argument that a professional doctorate threshold was necessary. This is appended for the Committee's information.

6. Decision

As outlined in section 2 of this paper, the HPC has to set the standards of proficiency at the threshold level, and then to identify the threshold level of qualification necessary to deliver those standards, taking into account all relevant factors which would include the current entry qualifications. The Committee is invited to discuss this paper and make a recommendation to Council as to the threshold level that should be set, and its wording.

As stated in section 1 and throughout this paper, at its last meeting the Education and Training Committee agreed that it was minded to set the threshold at masters level / the award of the masters degree, but also recognised that in no domain was the award of a masters programme sufficient to confer eligibility to practice. The Council asked the Committee to reconsider this matter, particularly around the wording of any threshold set.

A small number of suggestions have been made regarding the wording of any threshold set, in light of the Committee's previous discussion at the last meeting. Three potential options for discussion are given below. These are not intended as an exhaustive list of the potential options, there may be alternative ways of approaching the wording of each, and there are potential arguments about the clarity of the wording in each.

These suggestions have been made to the Executive:

- Masters degree for practitioner psychologists (with British Psychological Society Stage 2 qualification, or equivalent) or a professional doctorate

- Masters degree for practitioner psychologists (with British Psychological Society Stage 2 qualification, or equivalent) or (where these qualification arrangements do not exist) a professional doctorate.

A potential alternative form of words, in light of the Committee's previous discussion, the existing entry routes and the arguments made around 'equivalency' between domains, might be to state:

- Masters degree for practitioner psychologists (with British Psychological Society Stage 2 qualification, or equivalent)

However, the Committee is invited to take into consideration all the information and arguments detailed in this paper, and in the appendices, in reaching its final decision.

Registrant practitioner psychologists must:

Ref	Standard
	Professional autonomy and accountability
1a.1	**be able to practise within the legal and ethical boundaries of their profession** - understand the need to act in the best interests of service users at all times - understand what is required of them by the Health Professions Council - understand the need to respect, and so far as possible uphold, the rights, dignity, values and autonomy of every service user including their role in the diagnostic and therapeutic process and in maintaining health and wellbeing - be aware of current UK legislation applicable to the work of their profession
	- understand the complex ethical and legal issues of any form of dual relationship and the impact these may have on clients
CP, CoP, EP and FP	*- understand the power imbalance between practitioners and clients [replace 'clients' with 'service users' for EP] and how this can be managed appropriately*
CoP	*- be able to recognise appropriate boundaries and understand the dynamics of power*
HP and SEP	*- understand the power imbalance between practitioners and clients and how this can be minimised*
OP	*- be able to act ethically to balance the interests of the organisation with respect to individual rights*
1a.2	**be able to practise in a non-discriminatory manner**
1a.3	**understand the importance of and be able to maintain confidentiality**
1a.4	**understand the importance of and be able to obtain informed consent**
1a.5	**be able to exercise a professional duty of care**
1a.6	**be able to practise as an autonomous professional, exercising their own professional judgement** - be able to assess a situation, determine the nature and severity of the problem and call upon the required knowledge and experience to deal with the problem - be able to initiate resolution of problems and be able to exercise personal initiative - know the limits of their practice and when to seek advice or refer to another professional

Generic standards are in black. Profession specific standards are in blue. Domain specific standards are in green.
CP= Clinical Psychologists, CoP = Counselling Psychologists, EP = Educational Psychologists, FP = Forensic Psychologists, HP = Health Psychologists, OP = Occupational Psychologists, SEP = Sport and Exercise Psychologists

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

	Professional relationships
1b.1	**be able to work, where appropriate, in partnership with other professionals, support staff, service users and their relatives and carers** - understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team - understand the need to engage service users and carers in planning and evaluating diagnostics, treatments and interventions to meet their needs and goals - be able to make appropriate referrals
CP and CoP	*- understand the dynamics present in therapeutic and other relationships*
CP	*- be able to understand therapy from the perspective of the client*
HP	*- understand the dynamics present in health professional – client relationships*
OP	*- understand the contractual relationship with clients*
SEP	*- understand the dynamics present in dealing with clients and their environment*
1b.2	**be able to contribute effectively to work undertaken as part of a multi-disciplinary team**
1b.3	**be able to demonstrate effective and appropriate skills in communicating information, advice, instruction and professional opinion to colleagues, service users, their relatives and carers** - be able to communicate in English to the standard equivalent to level 7 of the International English Language Testing System, with no element below 6.5 - understand how communication skills affect the assessment of service users and how the means of communication should be modified to address and take account of factors such as age, physical ability and learning ability - be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others - be aware of the characteristics and consequences of non-verbal communication and how this can be affected by culture, age, ethnicity, gender, religious beliefs and socio-economic status - understand the need to provide service users (or people acting on their behalf) with the information necessary to enable them to make informed decisions - understand the need to use an appropriate interpreter to assist service users whose first language is not English,

	wherever possible - recognise that relationships with service users should be based on mutual respect and trust, and be able to maintain high standards of care even in situations of personal incompatibility
	- be able to select the appropriate means for communicating feedback to clients *- be able to provide psychological opinion and advice in formal settings, as appropriate* *- be able to communicate ideas and conclusions clearly and effectively to specialist and non-specialist audiences* *- be able to explain the nature and purpose of specific psychological techniques to clients* *- be able to summarise and present complex ideas in an appropriate form*
CP, EP, FP, HP and SEP	*- be able to plan, design and deliver teaching and training which takes into account the needs and goals of the participants*
CP, EP, FP, HP and SEP	*- be able to support the learning of others in the application of psychological skills, knowledge, practices and procedures*
CP and CoP	*- understand explicit and implicit communications in a therapeutic relationship*
CoP	*- understand how empathic understanding can be helped by creativity and artistry in the use of language and metaphor*
FP and HP	*- be able to plan and implement assessment procedures for training programmes*
FP	*- be able to plan and design development programmes* *- be able to promote awareness of the actual and potential contribution of psychological services*
OP	*- be able to promote psychological principles, practices, services and benefits*
1b.4	**Understand the need for effective communication throughout the care of the service user** - recognise the need to use interpersonal skills to encourage the active participation of service users
	- be able to initiate, develop and end a client-practitioner relationship
OP	*- be able to appropriately define and contract the work with commissioning clients or client representatives*

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

Generic standards are in black. Profession specific standards are in blue. Domain specific standards are in green.
CP= Clinical Psychologists, CoP = Counselling Psychologists, EP = Educational Psychologists, FP = Forensic Psychologists, HP = Health Psychologists, OP = Occupational Psychologists, SEP = Sport and Exercise Psychologists

	Formulation and delivery of plans and strategies for meeting health and social care needs
2b.1	**be able to use research, reasoning and problem solving skills to determine appropriate actions** - recognise the value of research to the critical evaluation of practice - be able to engage in evidence-based practice, evaluate practice systematically, and participate in audit procedures - be aware of a range of research methodologies - be able to demonstrate a logical and systematic approach to problem solving - be able to evaluate research and other evidence to inform their own practice
	- be able to initiate, design, develop and conduct psychological research *- understand a variety of research designs* *- be able to understand and use applicable techniques for research and academic enquiry, including qualitative and quantitative approaches* *- understand research ethics and be able to apply them*
CP, CoP, FP, HP and SEP	*- be able to conduct service evaluations*
CP	*- be able to identify, review and critically appraise a substantial body of research evidence relevant to clinical psychology practice*
CoP	*- be able to design, conduct, critically evaluate and report on research*
EP and HP	*- be able to carry out and analyse large scale data gathering including questionnaire surveys*
EP	*- be able to work with key role partners to support the design, implementation, conduct, evaluation and dissemination of research activities and to support evidence-based research*
FP	*- be able to research and develop psychological methods, concepts, models, theories and instruments in forensic psychology*
OP	*- be able to conduct systematic review* *- be able to research and develop psychological methods, concepts, models, theories and instruments in occupational psychology* *- be able to use psychological theory to guide research solutions for the benefit of organisations and individuals*

Generic standards are in black. Profession specific standards are in blue. Domain specific standards are in green.
CP= Clinical Psychologists, CoP = Counselling Psychologists, EP = Educational Psychologists, FP = Forensic Psychologists, HP = Health Psychologists, OP = Occupational Psychologists, SEP = Sport and Exercise Psychologists

2b.2	**be able to draw on appropriate knowledge and skills in order to make professional judgements** - be able to change their practice as needed to take account of new developments - be able to demonstrate a level of skill in the use of information technology appropriate to their practice
	- be able to apply psychology across a variety of different contexts using a range of evidence-based and theoretical models, frameworks, and psychological paradigms *- be able to use professional and research skills in work with clients based on a scientist-practitioner and reflective-practitioner model that incorporates a cycle of assessment, formulation, intervention and evaluation* *- be able to make informed judgements on complex issues in the absence of complete information* *- be able to work effectively whilst holding alternative competing explanations in mind* *- be able to recognise when (further) intervention is inappropriate, or unlikely to be helpful* *- be able to generalise and synthesise prior knowledge and experience in order to apply them critically and creatively in different settings and novel situations* *- be able to decide how to assess, formulate and intervene psychologically from a range of possible models and modes of intervention with clients and/or service systems*
CP	*- be able to draw on knowledge of development, social and neuropsychological processes across the lifespan to facilitate adaptability and change in individuals, groups, families, organisations and communities* *- understand therapeutic techniques and processes as applied when working with a range of different individuals in distress including those who experience difficulties related to: anxiety; mood; adjustment to adverse circumstances or life events; eating; psychosis; use of substances; and those with somatoform, psychosexual, developmental, personality, cognitive and neurological presentations*
CoP	*- be able to contrast, compare and critically evaluate a range of models of therapy* *- be able to critically evaluate theories of mind and personality* *- understand therapy through their own life experience* *- be able to adapt practice to take account of the nature of relationships throughout the lifespan* *- be able to formulate clients' concerns within the chosen therapeutic models* *- be able to critically evaluate psychopharmacology and its effects from research and practice* *- be able to critically evaluate theories of psychopathology and change*
EP	*- be able to formulate interventions that focus on applying knowledge, skills and expertise to support local and national initiatives* *- be able to develop and apply effective interventions to promote psychological well-being, social, emotional and*

	behavioural development and to raise educational standards
FP	*- be able to evaluate and respond to organisational and service delivery changes, including the provision of consultation* *- be able to draw on knowledge of developmental and social changes and constraints across an individual's lifespan to facilitate adaptability and change*
HP	*- be able to draw on knowledge of developmental, social and biological processes across the lifespan to facilitate adaptability and change in individuals, groups, families, organisations and communities* *- be able to contrast, compare and critically evaluate a range of models of behaviour change* *- understand techniques and processes as applied when working with different individuals who experience difficulties* *- be able to develop and apply effective interventions to promote psychological well-being, social, emotional and behavioural development and to raise educational standards* *- be able to evaluate and respond to change in health psychology and in consultancy and service delivery contexts*
OP	*- understand and be able to act and provide advice on policy development concerning employees and job seekers legal rights*
SEP	*- be able to formulate clients' concerns within the chosen intervention models*
2b.3	**be able to formulate specific and appropriate management plans including the setting of timescales** - understand the requirement to adapt practice to meet the needs of different groups distinguished by, for example, physical, psychological, environmental, cultural or socio-economic factors
CP, FP, HP and SEP	*- be able to use psychological formulations to plan appropriate interventions that take the client's perspective into account*
CP, FP, HP and SEP	*- be able to use psychological formulations with clients to facilitate their understanding of their experience*
CP, EP and FP	*- be able to use formulations to assist multi-professional communication and the understanding of clients and their care [replace 'understanding of clients and their care' with 'understanding of service users, their development and learning' for EP only]*
CP	*- understand the need to implement interventions and care plans in partnership with clients, other professionals and carers*
CoP	*- be able to formulate clients' concerns within the specifically chosen therapeutic model*

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

	techniques, at either an individual or group level
HP	*- be able to implement psychological interventions appropriate to the presenting problem and to the psychological and social circumstances of the client and/or group* *- be able to integrate and implement therapeutic interventions based on a range of evidence-based models of formal psychological therapy, including the use of cognitive behaviour therapy*
OP	*- be able to run, direct, train and monitor others in the effective implementation of an application*
2b.5	**be able to maintain records appropriately** - be able to keep accurate, legible records and recognise the need to handle these records and all other information in accordance with applicable legislation, protocols and guidelines - understand the need to use only accepted terminology in making records

	Critical evaluation of the impact of, or response to, the registrant's actions
2c.1	**be able to monitor and review the ongoing effectiveness of planned activity and modify it accordingly** - be able to gather information, including qualitative and quantitative data, that helps to evaluate the responses of service users to their care - be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with the service user - recognise the need to monitor and evaluate the quality of practice and the value of contributing to the generation of data for quality assurance and improvement programmes - be able to make reasoned decisions to initiate, continue, modify or cease treatment or the use of techniques or procedures, and record the decisions and reasoning appropriately
	- be able to revise formulations in the light of ongoing intervention and when necessary re-formulating the problem
HP and OP	*- be able to monitor agreements and practices with clients, users, groups and organisations*
2c.2	**be able to audit, reflect on and review practice** - understand the principles of quality control and quality assurance - be aware of the role of audit and review in quality management, including quality control, quality assurance and the use of appropriate outcome measures - be able to maintain an effective audit trail and work towards continual improvement - participate in quality assurance programmes, where appropriate - understand the value of reflection on practice and the need to record the outcome of such reflection - recognise the value of case conferences and other methods of review
	- understand models of supervision and their contribution to practice
CoP	*- be able to critically reflect on the use of self in the therapeutic process*

	Knowledge, understanding and skills
3a.1	**know and understand the key concepts of the bodies of knowledge which are relevant to their profession-specific practice** - understand the structure and function of the human body, relevant to their practice, together with knowledge of health, disease, disorder and dysfunction - be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process - recognise the role of other professions in health and social care - understand the theoretical basis of, and the variety of approaches to, assessment and intervention
	- understand the impact of differences such as gender, sexuality, ethnicity, culture, religion and age on psychological wellbeing or behaviour
CP	*- understand the role of the clinical psychologist across a range of settings and services* *- understand theories and evidence concerning psychological development and psychological difficulties across the lifespan and their assessment and remediation* *- understand more than one evidence-based model of formal psychological therapy* *- understand psychological models related to how biological, sociological and circumstantial or life-event related factors impinge on psychological processes to affect psychological well-being* *- understand psychological models related to a range of presentations including:* • *clients with presentations from acute to enduring and mild to severe* • *problems with biological or neuropsychological causation* • *problems with mainly psychosocial factors including problems of coping, adaptation and resilience to adverse circumstances and life events, including bereavement and other chronic physical and mental health conditions* *- understand psychological models related to:* • *clients from a range of social and cultural backgrounds* • *clients of all ages* • *clients across a range of intellectual functioning* • *clients with significant levels of challenging behaviour* • *clients with developmental learning disabilities and cognitive impairment*

	• *clients with communication difficulties* • *clients with substance misuse problems* • *clients with physical health problems* *- understand psychological models related to:* • *working with individual clients, couples, families, carers, groups and at the organisational and community level* • *working in a variety settings including in-patient or other residential facilities with high dependency needs, secondary health care, and community or primary care* *- understand change processes in service delivery systems* *- understand social approaches such as those informed by community, critical and social constructivist perspectives* *- understand leadership theories and models, and their application to service delivery and clinical practice* *- understand the impact of psychopharmacological and other clinical interventions on psychological work with clients*
CoP	*- understand the philosophical bases which underpin those psychological theories which are relevant to counselling psychology* *- understand the philosophy, theory and practice of more than one model of psychological therapy* *- understand the therapeutic relationship and alliance as conceptualised by each model* *- understand the spiritual and cultural traditions relevant to counselling psychology* *- understand the primary philosophical paradigms that inform psychological theory with particular regard to their relevance to, and impact upon, the understanding of the subjectivity and inter-subjectivity of experience throughout human development* *- understand theories of human cognitive, emotional, behavioural, social and physiological functioning relevant to counselling psychology* *- understand different theories of lifespan development* *- understand social and cultural contexts and the nature of relationships throughout the lifespan* *- understand theories of psychopathology and of change* *- understand the impact of psychopharmacology and other interventions on psychological work with clients*

EP	*- understand the role of the educational psychologist across a range of settings and services* *- understand psychological theories of, and research evidence in, child and adolescent development relevant to educational psychology* *- understand the structures and systems of a wide range of settings in which education and care are delivered for children and young people* *- understand psychological models related to the influence of school ethos and culture, educational curricula, communication systems, management and leadership styles on the cognitive, behavioural, emotional and social development of children and young people* *- understand psychological models of the factors that lead to underachievement, disaffection and social exclusion amongst vulnerable groups* *- understand theories and evidence underlying psychological intervention with children and young people, their parents/carers, and education and other professionals* *- understand psychological models related to the influence on development of children and young people from:* • *family structures and processes* • *cultural and community contexts* • *organisations and systems* *- understand the theoretical basis of, and the variety of approaches to, consultation and assessment in educational psychology*
FP	*- understand the application of psychology in the legal system* *- understand the application and integration of a range of theoretical perspectives on socially and individually damaging behaviours, including psychological, social and biological perspectives* *- understand theory and its application to the provision of psychological therapies that focus on offenders and victims of offences* *- understand effective assessment approaches with individuals presenting with individual and/or socially damaging behaviour* *- understand the application of consultation models to service delivery and practice, including the role of leadership and group processes* *- understand the development of criminal and anti-social behaviour* *- understand the psychological interventions related to different client groups including victims of offences, offenders, litigants, appellants and individuals seeking arbitration and mediation*

HP	*- understand context and perspectives in health psychology* *- understand the epidemiology of health and illness* *- understand:* • *biological mechanisms of health and disease* • *health-related cognitions and behaviour* • *stress, health and illness* • *chronic illness and disability* • *individual differences in health and illness* • *lifespan, gender and cross-cultural perspectives* • *long term conditions and disability* *- understand applications of health psychology and professional issues* *- understand healthcare in professional settings*
OP	*- understand the following in occupational psychology:* • *human-machine interaction* • *design of environments and work* • *personnel selection and assessment* • *performance appraisal and career development* • *counselling and personal development* • *training* • *employee relations and motivation* • *organisational development and change*
SEP	*-understand motor skills, practice skills and cognition, learning and perception and their impact on performance* *- understand psychological skills such as:* • *arousal and anxiety;* • *confidence;* • *coping and techniques such as relaxation, goal setting, biofeedback, imagery, stress, inoculation* *- understand exercise and physical activity including:* • *determinants, e.g. motives, barriers and adherence;* • *outcomes in relation to mood, self-esteem and cognition;* *- understand individual differences including:*

	• *personality;* • *motivation;* • *gender;* • *special groups;* • *talent identification* *- understand social processes within sport and exercise psychology including:* • *interpersonal and communication skills;* • *team cohesion;* • *group identity;* • *trust;* • *co-operation and competition;* • *leadership* *- understand the impact of lifespan issues* *- understand the problems of dependence and injury*
3a.2	**know how professional principles are expressed and translated into action through a number of different approaches to practice, and how to select or modify approaches to meet the needs of an individual, groups or communities**
3a.3	**understand the need to establish and maintain a safe a practice environment** - be aware of applicable health an safety legislation, and any relevant safety policies and procedures in force in the workplace, such as incident reporting, and be able to act in accordance with these - be able to work safely, including being able to select appropriate hazard control and risk management, reduction or elimination techniques in a safe manner in accordance with health and safety legislation - be able to select appropriate protective equipment and use it correctly - be able to establish safe environments for practice, which minimise risks to service users, those treating them, and others, including the use of hazard control and particularly infection control
SEP	*- be aware of the possible physical risks associated within certain sport and exercise contexts*

Appendix 2

Practitioner Psychologists - Threshold level of qualification for entry to the Register[1]

Responses to the consultation

[1] 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

About regulation

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

The white paper said:

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

'Psychologists…will be regulated by the Health Professions Council' (p.85).[2]

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.[3]

[2] Trust, Assurance and Safety – The Regulation of Health Professionals in the 21st Century, p. 85.
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_065946

[3] 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'.[4] 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).[5]

[4] This consultation document is referred to as 'the Department of Health (UK) consultation document' throughout the remainder of this document

[5] 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

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 successful 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

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).

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.

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 21st 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 2nd and 3rd 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.

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. 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.'

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

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 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.'[6] 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/3rd cycle qualifications in various established academic qualification frameworks and indeed they have been recognised as such by government in the past'.

> **'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

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.

[6] 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.[7] 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

[7] 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 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.

> **'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)

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 that 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 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.

> **'I am…definitely of the opinion that the threshold should be set for each specific discipline.'**
> - Clinical psychologist

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 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.

> **'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

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.

‘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.

Quality Assurance Agency (QQA) 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

scqf 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.

Appendix four

Clinical Psychology
A quick guide to the profession and its training

Areas of clinical activity

Clinical psychologists occupy a range of roles in a variety of service-settings, and work with a number of different patient groups – indeed there are few areas of health and social care services where they are not represented. At entry they are expected to work with patients across the age-range (children, adults, and older people), offering services not only to people with acute and long-term mental health problems but also to populations with special needs (such as learning disabilities), as well as to patients with physical health problems (for example, those suffering head injury, progressive neurological disease, persistent chronic pain), or individuals coping with potentially life-threatening illness (such as cancer or HIV infection).

This diversity of contexts and patient populations necessarily means that clinical psychologists need to be equipped to work in many different ways to achieve their aims, using psychological principles to facilitate change, sometimes using individual or group therapeutic techniques, sometimes organisational strategies, with a range of conceptual frameworks but always applying scientific principles to evaluation and intervention.

In brief, at entry level clinical psychologists are expected to safely address a wide range of mental health and other psychological problems in an exceptionally wide variety of settings. It is impossible for training courses to prepare trainees for all possible permutations of issues and contexts in which clinical psychologists are expected to safely and effectively function and therefore training has increasingly concentrated on using scientific and research principles of psychological practice to guide a problem solving orientation that is applicable across a wide variety of domains. Thus, despite the heterogeneity of work contexts and client groups, novice clinical psychologists need to take a distinctive approach to their work. It is worth spelling this out, and giving some background information about the profession.

Training pathways of Clinical Psychologists

All clinical psychologists follow a similar training pathway – in outline:

a) An undergraduate degree in Psychology, which ensures that they have a thorough academic grounding in theories and models of psychological functions and processes

b) A further 3 years of postgraduate training, currently at doctoral level. Training integrates further academic study with supervised clinical experience across a broad range of clinical populations and health settings, with the aim of developing competence in the delivery of a broad range of psychological interventions. This includes a research-based understanding of psychological intervention methods,

as well as ensuring that new qualifiers have the skills both to undertake and to appraise research

The scientist-practitioner model

Clinical psychologists (both in the UK and the US) often describe themselves as "scientist-practitioners"(also referred to as the Boulder model, which has dominated clinical psychology training for the last half-century). Training across the UK is in a combination of psychological principles and the research application of these ideas. This has marked out UK clinical psychology since the days of Hans Eysenck and the gradual lengthening of training programmes from one year (1950s) to two years (1960s) to three years (1980s) reflects the increasing complexity of the scientific principles and the sophistication of skills needed in their application.

As this model of practice lies at the core of entry to the profession it is worth spelling out what is involved. Each clinical intervention forms part of a cycle of activities, starting with consideration of how empirical (research) findings apply to the case in hand, implementing the intervention, evaluating its impact and – crucially – using this evaluation to inform not only outcomes for the individual case but also the implications of this outcome for other clients seen by that practitioner. Another term for 'scientist-practitioner' might be 'clinician-researcher', because on qualification a competent clinical psychologist should be able to conduct each intervention as a single-case study. In this way they not only make use of knowledge of research (as is the case for all health care professionals) but also carry out their daily practice using research based principles. Research oriented practice has become increasingly central to the everyday safe practice of clinical psychology and social science research methodologies (such as self-report instruments, assessment protocols derived from qualitative research methods, observational methods including behavioural time sampling strategies, time-series and repeated measure methodologies, a developmental, multi-level approach to intervention), are regularly used and represent core aspects of training programmes.

While, this is not regarded by us as an indication for a doctoral qualification as entry level for clinical psychology, the research oriented approach to the individual case has enabled clinical psychologists in the UK to spearhead fundamental research which has come to modify practice in a number of health arenas. It is a productive model if judged in terms of its capacity for clinical innovation, resulting in the development of new treatments and therapies, and the successful application of psychological approaches to new clinical fields. In part this creativity is accounted for by practice that explicitly attempts to operate at the interface of theory and evidence. As an example, they undertook basic research into the role of cognitive processing in the development and maintenance of schizophrenic symptoms, which led directly to the development of successful interventions aimed at reducing relapse and improving the quality of life of people with schizophrenia. Initially this involved careful use of the single-case approach by a great number of practitioners (as described above), and subsequently the use of large-scale trials to test the efficacy of this approach. Results from these trials have been used to refine ideas about treatment, and in turn to improve the fundamental models on which the treatments are based.

The centrality of research to training in clinical psychology

The acquisition of a capacity to implement the scientist-practitioner model in action is the central feature of training. This facilitates the rapid translation of clinical observations into improved intervention methodologies through the application of a characteristic cycle of activities. Figure 1 sketches-out this cycle, which can be seen as a process of hypothesis-testing.

In order to carry out this cycle effectively in a range of contexts with a variety of client groups the training of clinical psychologists has integrated research training with clinical practice. This co-ordinated research-training approach, which all current UK courses share, includes a number of elements identified as essential in the statements of proficiency. Courses have adopted a variety of procedures for achieving this goal which include:

(1) Statistical training with material pertinent to clinical problems
(2) Small n (or n=1) research methodology
(3) Training in the collection of valid qualitative information
(4) Presentation of case reports using a hypothesis testing methodology
(5) Training in quantitative assessment methods
(6) Small scale and/or service related research projects
(7) Major research project with systematic literature review, original research and reflective components.

Through all these means, as well as through the general ethos of all clinical psychology doctoral programmes, trainees become equipped to safely work as clinical psychologists in practically any setting, using the scientist-practitioners framework. Without the extensive exposure to research methodology in the psychological sciences the safety of practitioners could not be guaranteed. To spell out some of the direct benefits of research training for entry level practice:

- Knowledge and understanding concerning the use of assessment instruments, including:
    - Choosing assessment methods for testing clinical hypotheses (e.g. differential diagnosis of depression and dementia)
    - Evaluating the psychometric properties of measures of mental function and mental capacity particularly concepts of reliability and validity
    - Experience in selecting and using instruments and appreciation of the limitations of these instruments in daily practice
    - Interpretations of findings and drawing conclusions in a hypothetic-deductive psychological framework in the light of hypotheses

- Knowledge and understanding of the complexities of cause–effect relationships derived from:
    - Learning the complexities of integrating genetic, biological, neuro-cognitive, and social determinants into a developmental framework and applying to the individual
    - Understanding the implications of probabilistic associations as a common feature of developmental frameworks
    - Differentiating and generating *testable* hypotheses in relation to the individual client

- Choice of intervention will be informed by:
    - A sophisticated understanding of outcomes research including interpretations of NICE guidelines and other meta-reviews
    - Ability to appraise the likely applicability of a specific set of trial data, bearing in mind relevant moderators and mediators

- Capacity for evaluation of individual treatment outcomes is informed by:
    - Ability to apply and analyse a range of actuarial methods for tracking the benefits of treatment
    - Ability to interpret the clinical implications of data derived from actuarial methods
    - Ability to review and revise treatment planning in the light of this actuarial data

- Capacity to utilise observations based on individual client data in order to consider their implications for approaches to intervention with other clients with similar presentations including:
    - Ability to consider the implications of effect size and power for generalisation
    - Ability to organise clinical experience into research-meaningful categories

Summary

- Clinical psychology as currently practiced is not readily bounded by (a) context, (b) client group, (c) intervention methods

- Clinical psychologists over the past 50 years have evolved a distinct model of practice based on the high level of integration of research methods and methods of clinical practice

- As these methodologies have expanded trainings have increasingly moved beyond training for specific interventions for specific client groups towards a generic approach to clinical work, based on a method of problem-solving informed by research methodology

- This has meant that the research components (broadly interpreted) of clinical programmes have increased substantively over time from a relatively minor component (aimed at research familiarisation) to a major aspect of training which colours the whole philosophy of practice and, in our view, assures the safety of clients who professionally encounter clinical psychologists.

- Moving to lower level entry would undermine the entire philosophy of training in clinical psychology, would probably require going back to models abandoned as no longer fit for purpose and would have unpredictable consequences for the quality of work delivered by new qualifiers.

Professor Peter Fonagy and Professor Tony Roth, Joint Course Directors, Doctorate in Clinical Psychology, University College London

Professor Malcolm Adams, Co-Director, Doctoral Programme in Clinical Psychology, University of East Anglia

Dr Mary John, Programme Director, Doctorate in Clinical Psychology, University of Surrey and Chair of the Group of Trainers in Clinical Psychology

Figure 1
Hypothesis testing model -- the cycle of practice