Education and Training Committee, 10 June 2008

Reviewing the generic standards of proficiency

Executive summary and recommendations

Introduction

At its meetings on 4 December 2007 and 26 March 2008, the Education and Training Committee considered papers from the Executive about the generic standards of proficiency.

This paper puts forward a proposal for reviewing the generic standards of proficiency, and appends a paper received from the British Psychological Society.

Decision

The Committee is invited to:

- agree that the generic standards of proficiency should be reviewed from January 2009; and

- instruct the Executive to bring back a workplan for the review to the Committee's meeting on 2 December 2008.

At the Committee's meeting on 2 December 2008, the Committee would be invited to approve the workplan for the review, and recommend its approval by the Council at its meeting on 11 December 2008.

Background information

None

Resource implications

The implications of a review of the generic standards of proficiency are accounted for in the 2008/2009 policy and standards workplan and will be included in the 2009/2010 workplan.

Financial implications

The implications of a review of the generic standards of proficiency are accounted for in the 2008/2009 policy and standards budget and will be included in the 2009/2010 budget.

Appendices

- Paper from the British Psychological Society (BPS)

Date of paper

29 May 2008

Reviewing the generic standards of proficiency

Introduction

At its meeting on 4 December 2007, the Education and Training Committee considered a paper from the Executive about the generic standards of proficiency. This paper discussed whether the generic standards should be revised in light of comments made by the Professional Liaison Group (PLG) which put together draft standards of proficiency for psychologists. This group met three times between September and October 2008.

The Committee agreed that a paper should be brought back to a subsequent committee about reviewing the generic standards of proficiency.

At the last meeting of the PLG on 25 October 2007, the British Psychological Society (BPS) were invited to put together a paper which would outline the areas in which they believed the generic standards needed to change. This has now been received and is appended to the paper.

Discussion by the PLG

At meetings of the PLG which put together draft standards of proficiency for practitioner psychologists, some concern was expressed about the applicability of some of the generic standards, particularly around some of the terminology used.

Some members of the group argued that the generic standards focus on health and social care which is inappropriate for all applied psychology disciplines. For example, the generic standards make reference to 'care', 'dysfunction' and 'diagnostics', terms which, it was argued, are not universally applicable.

The PLG discussed possible options for resolving the concerns raised about the generic standards.

The group discussed:

- whether an explanatory foreword could be added to the standards of proficiency for applied psychologists to explain the use of language in the generic standards; and
- whether the generic standards could be reviewed earlier than planned.

Background

The Council consulted between 9 November 2007 and 8 February 2008 on draft standards of proficiency for practitioner psychologists and on the threshold level of qualification for entry to the Register.

The Executive originally intended that the results of these consultations would be brought back to the Education and Training Committee and Council in March 2008. However, owing to changes to the legislative timetable, this has been pushed back several times. The Executive now anticipates that the outcomes of these consultations will be considered at the December 2008 meetings of the Education and Training Committee and Council.

At its meeting on 26 March 2008, the Education and Training Committee considered a paper for information which said that possible plans for the review of the generic standards of proficiency might be brought back to this meeting, in light of the consultation responses received. However, as described above, the timetable for consideration of these responses has now changed.

Decision

The Policy and Standards workplan for 2008/2009 suggested that if the Committee was minded to decide that a review of the generic standards was necessary, that this might take place from July 2008 with a consultation being held in early 2009.

As described on the previous page, the consideration of the outcomes of the psychologists consultations have been delayed to December 2008 and these consultations will be important in shaping any future decisions about the generic standards.

Any review could build upon comments on the generic standards of proficiency received as part of the psychologists consultations, and other consultations. The Executive also keeps a record of any other comments received about the standards between periodic reviews. It is therefore suggested that any review would not require the formation of a Professional Liaison Group (PLG) and could instead use this information as its starting point.

The Executive suggests that a review of the generic standards of proficiency could commence from January 2009, with a consultation held early in the 2009/2010 financial year. If the Committee agrees, the Executive would bring a workplan for the review to the Committee's meeting in December 2009 for approval.

Report

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To: The Health Professions Council

From: Dr Elizabeth Campbell,
President, The British Psychological Society

Date: 12 May 2008

Subject: **HPC Generic Standards of Proficiency**

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1. The Health Act (1999) provided for the regulation of "any professions concerned (wholly or partly) with the physical or mental health of individuals; and for connected purposes." This provision in the Act allows for the regulation of the whole of the profession of psychology on the basis that part of the profession is concerned with the mental health of individuals. The Health Professions Order (2001) established the main objective of the Health Professions Council ("the Council") as being to safeguard the health and well being of persons using or needing the services of its registrants.
2. In this context it is entirely appropriate that the Council's definition is that of a health regulator. The definition which the Council provides in the introduction to its consultation papers refers to a health regulator whose job it is to regulate health professionals. It goes on to define a health professional as a person whose work is concerned with improving and promoting the health and well being of their service users. It is unsurprising, therefore, that the Council's generic standards of proficiency have been developed to reflect its overarching concern with health and social care.
3. The Government's intention to pass legislation which will give the Council the responsibility for regulating psychologists, therefore, presents something of challenge. Psychology is certainly a profession which can and should be regulated, and part of the profession is involved in activities which fall within the definition of a healthcare professional. But significant parts of the professional practice of psychology is not concerned with improving and promoting the health and wellbeing of service users. When the psychology section of the HPC register opens the Council will need to be ready to regulate professionals who do not fall within its definition of healthcare professionals. This has implications for the Council's definition and also for its standards of proficiency.
4. We strongly believe the answer to this problem is not to provide ever wider definitions of health and social care, which will always feel unsatisfactory when related to some domains of psychological practice, but to recognise that the Council will be regulating professionals who are genuinely not health and social care professionals but who should, nonetheless, be regulated for the protection of the public.
5. Throughout the period of development of the draft psychology standards of proficiency the Society's representatives raised concerns about the Council's generic standards. These have a strong health and social care bias which is inappropriate to a number of branches of applied psychology. The remit of the PLG did not allow it to review the generic standards and as a result the draft psychology standards have been based on an inappropriate set of generic standards. The generic standards provide the framework which underpins the profession specific standards and, as such, dictate the overall focus and structure of the standards. Profession specific standards can only be read in conjunction with the generic, so

that even where the profession specific standard is appropriate the generic standard which underpins it can bring a health a social care bias to its interpretation.

6. In order to respond to the Council's consultation paper on the proposed standards of proficiency for applied psychologists the Society consulted widely within its membership. A good deal of the comment received related to the generic standards of proficiency and the problems which these created for psychologists in a number of domains of practice. Detailed examples were provided in the Society's response to the HPC consultation, and are included in the appendix to this paper for ease of reference. The main issues are summarised here.

7. The Council's generic standards of proficiency create a number of problems for those psychologists who are not exclusively, routinely or at all involved in health and social care, most specifically occupational psychologists, sport and exercise psychologists, educational psychologists and forensic psychologists. Practitioners have told us that many of the generic standards do not apply to them and it would be confusing for their clients to be told that these were the standards they were expected to adhere to.

8. A common theme raised by our members has been that the ethos of the generic standards is based on a dysfunction/ treatment or remedial model which quite simply is not appropriate for practitioners in a number of areas. This problem is partly about the use of health related terms such as 'disease', 'problem' and 'treatment,' but also relates to the underlying assumptions on which the standards appear to be based and the philosophy of the Council itself, which is clearly and understandably oriented towards health professionals. Sport and exercise psychologists, forensic psychologists, educational psychologists and occupational psychologists have all expressed very strongly their discontent with the health and social care focus of the generic standards. It should also be noted that even for domains which might be considered to be more comfortable with the health and social care ethos, such as clinical psychologists, counselling psychologists and health psychologists, it has been argued that there are a number of practitioners whose practice falls outside of the traditional health and social care model, so the generic standards provide a poor fit for those practitioners too.

9. The Council's overall aims in setting standards, included in its recent consultation paper, include that standards should be applicable to all or most registrants. However, it is clear that many of the generic standards will not apply to a significant number of psychologists because the wording, focus, emphasis or content is inapplicable or even conflicting with their area of practice. This is not simply a matter of language but also of the conceptual framework underlying some of these domains.

10. Our internal consultation also suggested solutions to these problems. Whilst the health and social care focus is not appropriate for many psychologists, there are models of professional practice which could be applied across domains of practice without introducing the health related concepts and language which currently present a problem. The important concepts of the generic standards could easily be retained without relying on a healthcare focus, which could then be more appropriately reflected for relevant professions in the profession specific standards. Such an approach could preserve the generic approach to standards of proficiency without stretching professional definitions or imposing standards which would be meaningless in certain settings and potentially confusing to the public.

11. The HPC consultation paper refers to a commitment to review the generic standards on a regular basis. We would urge the Council to conduct such a review as soon as possible in order to accommodate the new, non-health, areas of professions which it is to regulate. In the meantime, it may well be that the statutory regulation of psychologists is implemented before such a review can be undertaken, and in this case it would be essential for the standards to be introduced with a preamble that notes the inappropriateness of the generic standards for certain (named) domains of psychology – either on the grounds of terminology or on the basis of conceptual framework. A timetable for this review is necessary. In addition we would welcome a commitment from the Council that none of the generic standards which are considered to be inappropriate for some branches of psychology will be imposed on the profession, either as part of course approvals or individual conduct cases, in advance of the review.

Appendix: Domain specific feedback relating to the health and social care focus of the standards

Division of Educational and Child Psychology

A1. Educational psychologists have expressed concerns about the health/medical model reflected in the generic standards and the lack of any reference to more appropriate contexts for their practice. An obvious example is the heading of standard 2b "Formulation and delivery of plans and strategies for meeting health and social care needs," without mention of educational needs.

Division of Forensic Psychology

A2. The primary concerns of forensic psychologists relate to wording (e.g. use of terms such as 'disease') and the failure to recognise the breath of forensic work, with an over-focus on social and health care which simply do not transfer to all domains of psychology (namely psychologists not working within a traditional health setting such as a psychiatric hospital). For example, forensic psychologists often work in prison settings, or with the police and security services on investigatory processes.

A3. The Division of Forensic Psychology comments that forensic psychology is also a domain which focuses on adaptation as well as deficit. Indeed it is our view that psychology is distinguished from health disciplines such psychiatry by our focus on adaptation and not just deficit. We feel that this is an important point to make. We would like, therefore, to have some focus in the standards on the role of forensic psychologists in promoting adaptation such as enhancing existing skills with clients and building on existing adaptive behaviour.

A4. Forensic psychologists have concerns about the philosophical bias evident in the standards of proficiency towards those engaged in health and social care activities. Not all psychologists function in this area and forensic practitioners are concerned with the health and protection of the public at large as much as the treatment of the individual. As such they are often in assessment tasks that involve the calculation of conflicting rights of individuals they are assessing or intervening with, and those who the client may present a risk to, who may be wholly unknown to the psychologist. In this context the nature of the needs being addressed, and the nature of the responsibility to the client, is different than in many health and social care activities where the primary responsibility is to the welfare of the client. It could also be argued that many forensic psychologists work towards goals that are against the clients own perceptions of their interests, but do represent the public interest, such as those working towards the arrest and detention of the client. As such generic standards such as "Understand the importance of and be able to maintain informed consent / or confidentiality," become more complicated and need to be recognised in profession specific standards.

Division of Sport and Exercise Psychology

A5. Sport and exercise psychologists have made the point that the ethos of the generic standards is based on a dysfunction/treatment model which quite simply is not appropriate for sport and exercise psychologists, who often aren't dealing with a 'problem' but rather are promoting excellence. Even in those areas where some psychologists may reasonably be considered health and social care professionals there are a number of practitioners who are not. For example, a number of clinical psychologists and counselling psychologists work outside of health and social care, for instance, promoting achievement or excellence through personal development, coaching, insight and goal directedness. In this context, the problem of the health and social care focus of the generic standards cannot be solved simply by adding terms relating to 'well being' to the generic statements. This is because the whole focus is based on a health and social care model centring on dysfunction or problems. This philosophy simply does not fit a number of areas of psychology practice.

Division of Occupational Psychology

A6. The Division of Occupational Psychology strongly believes that the work of occupational psychologists should be regulated. Many provide services to individuals, often directly to the public, such as coaching, career counselling and outplacement work. A large part of their work involves assessment which indirectly affects many individuals. Much of the work of occupational psychologists provides services to businesses and other organisations. However other professions providing services in such circumstances, such as accountancy, are still regulated.

A7. Occupational psychologists are not trained to be health professionals and do not practice as health professionals. The Council refer to health professionals throughout the consultation documents and this is neither appropriate nor acceptable. If occupational psychologists are to be included on the Council's register, then it must be made clear that in addition to regulating the health professions, the Council also regulates other professional areas operating outside the traditional domains of health.

A8. The provisos and amendments set out below could, subject to acceptance and assurance, make elements of proposed regulations, which are currently inappropriate and unacceptable to occupational psychologists, potentially acceptable. In furtherance of this objective the Division of Occupational Psychology would strongly recommend on behalf of its membership that the standards of proficiency for occupational psychologists are defined in line with the occupational standards for Psychologists. Occupational psychologists believe this will assist the Council to ensure the standards applied to psychologists and in particular occupational psychologists are accurate and specific. These should replace the Council's generic standards for psychologists (although it should be noted that for some domains, such as clinical psychology, the occupational standards provide a less good fit to current curricula).

A9. The majority of occupational psychologists do not work in the NHS or in the health care settings. In circumstances where occupational psychologists are employed in health they are typically deployed in roles unrelated to health care provision. Many occupational psychologists practice as assessment or business psychologists and are concerned with issues facing organisations and helping people improve their performance at work. Some of the key issues we are involved in are:-

- i. employee and leadership assessment for recruitment / development / talent
- ii. assessment design and delivery
- iii. organisation change
- iv. job analysis and design
- v. health & safety at work
- vi. organisation design
- vii. enabling return to employment
- viii. enabling improved job performance

A10. In the preamble to its consultation paper, the Council defines itself as a health regulator whose job it is to protect the health and well-being of people who use the services of the health professionals registered with the Council. It goes on to define a health professional as a person whose work is concerned with improving and promoting the health and well-being of their service users in a variety of different settings.

A11. On page 5 of the consultation paper the Council seems to accept that it is possible to have people on the register who have a narrower scope of practice than required to access the register initially. We would seek assurances that Chartered Psychologists who transfer to the Council register at the inception of the psychology section of the Register will be accepted with their narrower scope to practice. In other words, we believe it would be unreasonable to

expect such psychologists to undertake additional qualifications in areas in which they have no intention of practising.

A12. We note with concern that no occupational psychologist was involved in developing the draft standards, despite the fact that we have the second largest number of Chartered Psychologists among the divisions. Nor was there anyone from the other divisions likely to share some similar needs and concerns such as the Division of Forensic Psychology and the Division of Sports and Exercise Psychology. This is particularly problematic given the standards require the greatest degree of amendment for occupational psychologists and the divisions which have common issues to the membership of Division of Occupational Psychology.

A13. The overriding concern of occupational psychologists is the over emphasis on health care contexts and health care professionals. It should be noted that the majority of practicing occupational psychologists in the UK do not work with patients and are not based in health care contexts and work across a range of sectors. The forgoing observations which give cause for concern provide an overview of the issues as they are likely to impact on occupational psychologists' ability to meet the requirements as set by the Council. Similarly further discussion and consultation will be necessary with the Council to ensure the generic standards are appropriate to the work and role of occupational psychologists.

A14. The first page of the standards of proficiency consultation document describes the Council and what is defined as a health professional. These definitions do not suggest that the Council is a wholly appropriate body to regulate occupational psychologists, and some other domains of psychology, who are not health professionals. The Council must look to amend these statements and definitions to indicate its preparedness to regulate professionals not working in the health domain. For occupational psychologists this is a particularly critical matter and may determine the extent to which they believe that statutory regulation through the Council is achievable.

A15. An important ethical and professional concern for occupational psychologists is achieving a balance between professional requirements, the demands of the client organisation and the individuals that the psychologist may be working with. The standards of proficiency as they are currently constituted do not make this requirement explicit enough.

A16. The standards themselves at an overview level reflect the usual model of professional practice. That is, professionals have a considerable body of knowledge and skills with which to identify problems and issues and address them effectively. They do this within an ethical framework with high regard to quality of actions and they work to maintain and develop their expertise through research and continuing professional development. This model fits the work of occupational psychologists as it does other professionals.

A17. It is important that the standards describe both necessary and sufficient criteria to function effectively and safely as an occupational psychologist. There should not be standards which are unnecessary as this could lead to a professional being disciplined for not doing something that was not required in providing an effective service and safeguarding the public. Equally if the standards are not sufficient a registered individual could act as an occupational psychologist without fulfilling standards for effective practice and should this deficit lead to a detriment to a member of the public or organisation the regulatory framework would be unable to carry out sanctions against the practitioner because they would still be meeting the standards.

A18. There are some general issues in applying the standards, as they are currently formulated, to occupational psychology. These are at a number of levels, which are outlined in the following paragraphs.

A19. There are issues that relate to the language used in the standards. References to "Service users," "Treatment" and "Health and Social Care" are not relevant to occupational psychology practice. This occurs within individual standards and sub-bullets and also at the highest level in the standards.

A20. There are aspects of the standards which are marginal in occupational psychology practice but could be included (e.g. working in multidisciplinary teams). However this raises an issue of granularity since other areas which are equally as marginal or less marginal are not specifically mentioned (e.g. working within an organisational context). Where the granularity changes in a standards document ambiguities are introduced regarding what can be considered to be included and what isn't.

A21. Some issues, although covered in the Council's standards, have a rather different slant in the occupational standards that are currently the voluntary regulatory standard underlying Chartered status. For example the Council's standards regarding CPD focus on maintaining fitness to practice whereas the occupational standards have a requirement to develop and extend knowledge and skills. In this case not only is there a difference but the Council's standard is lower.

A22. A very critical issue for occupational psychology is that the Council's standards are predicated on an intervention with an individual. While some occupational psychology work provides a service to individuals (e.g. those employed by DWP within Job Centre Plus) the vast majority of occupational psychologists work serves organisations. In providing this service to organisations occupational psychologists often interact with individuals (employees, job applicants etc). However they are contracted at the organisational level (whether as employees of the organisation or as external consultants). There are two main issues with the standards as a result of this.

A23. Firstly references to assessment in the standards are ambiguous. They may refer to the need/problem evaluation at the beginning of the professional intervention process or they may refer to assessing an individual (e.g. competence assessment) as part of a larger intervention (e.g. recruitment, talent audit). The former 'assessment' will typically be at the organisational level for the occupational psychologist. For instance an organisation may want help with high staff turnover levels. The occupational psychologist would want to identify the causes of turnover – perhaps through discussions with managers and employees; a staff survey, review of HR records.

A24. On the basis of these diagnostic activities the occupational psychologist might suggest an intervention to address the problem. Depending on the causes identified this might include one or more interventions such as redesigning selection practices to bring in more appropriate employees, training for managers, improvements to performance appraisal systems, job redesign or adjustments to pay scales. Individual or group assessments in the sense of finding out about an individual can take place in many contexts – recruitment, promotion, development, talent audit, appraisal, outplacement, coaching etc. Assessment may use techniques such as interviews, observations or exercises or they may use psychometric tools. The Council's standard 2a.2 is more relevant to this type of assessment but seems to be intended to capture assessment in the earlier sense discussed.

A25. Secondly, because the occupational psychologist is typically commissioned by an organisation in their work with individuals these dual relationships need to be managed. For instance, the individual often has little choice in whether to engage with the occupational psychologist (e.g. in an assessment for selection purposes or when directed by their manager to participate in a team building event) so the issue is not one of informed consent but of communicating clearly what will happen to the information provided by the individual and ensuring that ethical standards in information use and disclosure are maintained. Managing these multilayered relationships is an important part of an occupational psychologists work but this is not addressed anywhere in the Council's standards.

A26. The standards are written from the perspective of curing problems. Many occupational psychology interventions are designed to enhance well-being and to promote excellence.

A27. The number and importance of changes needed to enable the Council's generic standards to accommodate occupational psychology, and other areas of psychology that have similar issues, will require all the other regulated professions within the Council to review their own

regulation processes and it may be difficult to find common ground in some areas. In particular the removal of any reference to promoting health and social care needs, which are not at all relevant to Occupational Psychologists, or to many practitioners in other domains such as forensic psychology, sport and exercise psychology and educational psychology, is unlikely to be seen positively by those professions for which this is the underlying aim.

A28. The Society invested some considerable effort in developing the occupational standards for Psychologists which provide a unified framework for the different areas of practice of psychologists including occupational psychologists. They do not suffer from the issues listed above and occupational psychologists would strongly recommend that the Council adopt these standards for the psychological element of the register rather than trying to adapt the existing standards to cover all the different areas of practice. As well as having the advantage that it would not be necessary to change the generic standards it would also ensure that there would be no danger of lowering standards in moving from voluntary to statutory regulation.

A29. For occupational psychologists the move to regulation by a body which sees itself as regulating health professionals is frustrating and potentially commercially damaging. This is exacerbated by the language and focus of the generic standards, which imposes an inappropriate health and social care context onto the practice and profession of occupational psychology. The following examples are included to illustrate the nature of occupational psychology practice:-

(i) Reviewing a test that has been developed for on-line use in selection of people into employment. It is using up to date methods (Item Response Theory) of psychometric statistical methods for its construction.

(ii) Working on a protocol for the collection of data from an Arabic adaptation from a Canadian test. This is to ensure equality when the materials are being used internationally and similar work is in progress for Mexican Spanish, French Canadian, German, Brazilian Portuguese along with studies in South Africa.

(iii) Supervising an occupational psychologist in training working in a business school.

(iv) Designing and participating in an assessment Centre for the selection of a Senior Manager in a Regional Fire and Rescue Service.

(v) Presenting the results of a satisfaction questionnaire for a voluntary organisation.

(vi) From a human factors perspective, the objective is to optimise human performance. So, for example, issues such as human error are central and can lead to disasters/injuries/ deaths. Three Mile Island is an archetypal example where human operators were unable to manage the system because of lack of, inadequate, and misleading information, coupled with control systems with built in error.

(vii) More modern examples include Piper Alpha and the Paddington crash and the implications of medical error, which often lies with poor human factors. Work lead by the Royal College of Surgeons is also acknowledging that the implication of medical error often lies with poor human factors.

(viii) Designing the instrument panel in a power station to make operator errors less likely.

(ix) Redesigning jobs in a call centre to integrate customer service and sales roles

(x) Reviewing a performance appraisal process in an organisation and providing advice on how to better align it with organisational aims.

(xi) Creating and implementing a leadership development programme to develop the next generation of leaders for an international bank.

(xii) Providing career's advice to university graduates.

(xiii) Coaching a manager who has been identified as performing poorly.

(xiv) Training HR staff in the use of psychometric testing according to BPS criteria.

(xv) Developing and delivering a presentation skills course for graduate recruits to a sales company.

(xvi) Running a team building event to enhance the way a department works together.

(xvii) Undertaking individual assessments of executives in an organisation to ensure they have appropriate competencies as part of due diligence during a takeover.

(xviii) Helping an organisation to articulate its values and helping the directors to embed the values in all organisational activities.

(xix) Developing a 'balanced scorecard' to support an organisation to better evaluate how well it is moving towards its goals.