

Standards of proficiency for applied psychologists
Professional Liaison Group (PLG)
12 October 2007

Clinical psychologists standards with commentary

Executive summary and recommendations

Introduction

At the group's last meeting on 4 September 2007, a draft of clinical psychologists standards put together by Malcolm Adams was tabled. This draft used the accreditation criteria of the British Psychological Society (BPS) division of clinical psychology as its basis.

These draft standards are included in the attached paper, against the revised generic standards agreed by the Council in May 2007. A commentary is included which is intended to highlight the considerations the group might take into account when drafting the standards.

These comments have been put together by the Executive and should be read alongside the draft of the clinical psychologists standards included in these papers. In summary the main considerations are that the proposed profession or discipline specific standards:

- meet the 'necessary test';
- are at an appropriate level of detail (i.e are specific enough and easily understood); and
- are not sufficiently covered in the existing generic standards.

The commentary also hopefully highlights the kinds of considerations which the group might wish to take into account when drafting standards for the remaining disciplines.

Decision

The PLG is invited to discuss the attached document.

Background information

None

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Resource implications

None

Financial implications

None

Appendices

None

Date of paper

2 October 2007

Expectations of a health professional

1a: Professional autonomy and accountability

Registrants must:

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
- *have a professional and ethical value base, including that set out by relevant professional bodies*
- *understand the impact of one's own value base upon clinical practice.*
- *demonstrate awareness of the legislative and national planning context of clinical psychology service delivery and clinical practice*

Commentary

- The first suggested profession-specific standard would seem to be unnecessary as a threshold standard as it does not seem to substantially elaborate on the generic standards. If a registrant's competence was called in to question, we would use the standards of proficiency in deciding whether we needed to take any further action. The revised introduction explains how the standards can be met in a variety of different ways, including by following guidelines or standards produced by other organisations, including professional bodies.
- The second suggested standard would also seem to be unnecessary as it is substantially covered elsewhere in the generic standards.
- With reference to legislation, this is now covered in the generic standards. The 'national planning context' would seem to be inappropriate as a threshold standard.

1a.2 be able to practise in a non-discriminatory manner

- *appreciate the inherent power imbalance between practitioners and clients and how abuse of this can be minimised.*
- *understand the complex ethical and legal issues of any form of dual relationship and the impact these may have on clients*
- *understand the impact of differences, diversity and social inequalities on people's lives, and their implications for working practices.*

Commentary

- The first two standards above may be too detailed for threshold standards in their current form. However, it might be appropriate to add something to standard 1a.1 regarding awareness of issues around boundaries with clients. (Two standards in very similar terms have been added to the ongoing draft).
- With reference to the third standard, the importance of accounting for difference and diversity in working practices is tackled elsewhere in the standards (for example, in relation to communication and assessment). However, a standard regarding understanding difference is included in 3a.1.

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

- *understand ethical issues and be able to apply these in complex clinical contexts, ensuring that informed consent underpins all contact with clients and research participants*

Commentary

- This suggested standard does not seem to substantially add to the generic standard.

1a.5 be able to exercise a professional duty of care

- *exercise personal responsibility and largely autonomous initiative in complex and unpredictable situations in professional practice*

Commentary

- This suggested standard does not seem to substantially add to the generic standard. Personal initiative, accountability and autonomy are covered by standard 1a.6.

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
- recognise that they are personally responsible for and must be able to justify their decisions
- *be able to work effectively at an appropriate level of autonomy, with awareness of the limits of own competence, and accepting accountability to relevant professional and service managers.*
- *be able to recognise when (further) intervention is inappropriate, or unlikely to be helpful, and communicating this sensitively to clients and carers.*
- *be able to use supervision to reflect on practice and to make appropriate use of feedback received.*

Commentary

- The first suggested standard seems to duplicate the generic standard. It also refers to professional and service managers which seems to infer particular employment contexts – this detail would seem unnecessary in threshold standards.
- The second standard would seem to be more appropriate in section 2b: formulation and delivery of plans and strategies for meeting health and social care needs. The second half of the standard is covered in the existing 1b.

- The third statement refers to what is sometimes called 'clinical supervision' which monitors the therapeutic relationship between practitioner and client. Including a standard about clinical supervision in the standards for arts therapists previously caused difficulty as the standards are about abilities, knowledge and understanding and not about particular tasks or activities undertaken by professionals. In addition, we are unable to specify (and it is not the role of the standards to specify at such a level of detail) how regularly supervision should take place; what it should consist of; and who should act as the supervisor. For arts therapists, a new standard has recently been added to 2c.2: 'be able to recognise the role and value of clinical supervision in an arts therapy context'. Therefore, a standard in similar terms might be helpful in this section.

1a.7 recognise the need for effective self-management of workload and resources and be able to practise accordingly

- *demonstrate self-awareness and sensitivity, and work as a reflective practitioner.*

Commentary

- These concepts seem to be covered by a number of generic standards, including 2c.2

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
- *develop strategies to handle the emotional and physical impact of own practice and seek appropriate support when necessary, with good awareness of boundary issues.*
- *monitor and maintains the health, safety and security of self and others*
- *manage own personal learning needs and develop strategies for meeting these.*
- *understand the supervision process for both supervisor and supervisee roles*

- demonstrate high level skills in managing a personal learning agenda and self-care, and in critical reflection and self-awareness that enable transfer of knowledge and skills to new settings and problems.

Commentary

- The first and fifth standards above are similar to that for paramedics:
 - *be able to maintain a high standard of professional effectiveness by adopting strategies for psychological self-care, critical self awareness, and by being able to maintain a safe working environment.*It might be appropriate to add something around this.
- The second standard above duplicates standard 3a.3
- The third standard would not seem to substantially add to the standards. Further, this standard is about awareness of the need to continue learning; our CPD standards make further requirements of registrants as to their ongoing learning and development

1b: Professional relationships

Registrant must:

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
 - *develop and maintain effective working alliances with clients, including individuals, carers and services*
 - *be able to implement interventions and care plans through and with other professions and / or with individuals who are formal (professional) carers for a client, or who care for a client by virtue of family or partnership arrangements*
 - *be able to work collaboratively and constructively with fellow psychologists and other colleagues and users of services, respecting diverse viewpoints*
 - *be able to work with users and carers to facilitate their involvement in service planning and delivery*
 - *be able to prepare and deliver teaching and training for staff and carers which takes into account the needs and goals of the participants (for example by appropriate adaptations to method and content)*

- *support others' learning in the application of psychological skills, knowledge, practices and procedures*
- *provide supervision at an appropriate level within own sphere of competence*

Commentary

- The first suggested standard seems to duplicate the generic standard.
- The second standard would seem to be inappropriate for this section but might be appropriate instead in the context of standards 2b.2 and 2b.3. Some rewording may be helpful as the standard in its existing terms may be too detailed; there is some overlap with 1b.
- The third suggested standard seems to duplicate the generic standard.
- The fourth suggested standard seems to duplicate the generic standard.
- The fifth and sixth standards refer to teaching and training members of staff and supporting the learning of others. It is argued that these skills are core skills expected to be developed and demonstrated during training and these standards have been reworded and added to the draft. However, the PLG will wish to examine closely whether standards in these terms are set at the threshold level necessary for safe and effective practice.
- Seventh standard – please see comments on supervision in relation to 1a.6

1b.2 be able to contribute effectively to work undertaken as part of a multi-disciplinary team

- *understand consultancy models and the contribution of consultancy to practice*

Commentary

- This standard seems appropriate.

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 6.5¹

- 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 communicate psychologically informed ideas and conclusions clearly and effectively to specialist and non-specialist audiences in order to facilitate problem solving and decision making.

- understand the process of providing expert psychological opinion and advice, including the preparation and presentation of evidence in formal settings

Commentary

- With reference to the first standard, something about presenting information in an appropriate form may be appropriate. A similar standard is included in the existing standards for clinical scientists: be able to summarise and present complex scientific ideas in an appropriate form (1b.4).
- The second standard seems to refer to acting as an expert in formal situations such as in tribunal proceedings. This may not be appropriate as a threshold standard for safe and effective practice.

¹ The International English Language Testing System (IELTS) tests competence in spoken and written English. Applicants who have qualified outside of the UK, whose first language is not English and who are not nationals of a country within the European Economic Area (EEA), have to provide evidence that they reached the necessary standard. We accept a number of other tests as equivalent to the IELTS examination. Please visit our website for more information.

- 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

The skills required for the application of practice

2a: Identification and assessment of health and social care needs

Registrant must:

2a.1 be able to gather appropriate information

- *able to choose, use and interpret a broad range of psychological assessment methods appropriate to the client and service delivery system in which the assessment takes place, and to the type of intervention likely to be required*
- *be able to conduct appropriate risk assessment and use this to guide practice*

Commentary

- These standards may be appropriate but may better fit under standard 2a.2.

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 use competently formal assessment procedures (standardised psychometric instruments), systematic interviewing procedures, and other structured methods of assessment (e.g. direct observation or gathering information from others)*
- *be able to assess social context and organisational characteristics*

Commentary

- These standards seem appropriate as threshold standards in this area.

2a.3 be able to undertake or arrange investigations as appropriate

2a.4 be able to analyse and critically evaluate the information collected

- *be able to develop psychological formulations of presenting problems or situations which integrate information from assessments within a coherent framework that draws upon psychological theory and evidence and which incorporates interpersonal, societal, cultural and biological factors*
- *be able to revise formulations in the light of ongoing intervention and when necessary re-formulating the problem*

Commentary

- The first standard would seem appropriate but may need some rewording for clarity.
- The second standard seems appropriate.

2b: Formulation and delivery of plans and strategies for meeting health and social care needs

Registrant must:

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 identify, review and critically appraise a substantial body of research evidence at the forefront of clinical psychology practice.*
- *understand applicable techniques for clinical research and advanced academic enquiry, including quantitative and qualitative approaches*
- *be able to conduct service evaluation and small n research*
- *be able to conduct collaborative research*
- *be able to conceptualise, design and conduct independent, original research of a quality to satisfy peer review and extend the forefront of the discipline. This includes identifying research questions, demonstrating an understanding of ethical issues, choosing appropriate research methods and analysis, reporting outcomes and identifying appropriate pathways for dissemination*
- *understand the need and value of undertaking clinical research and development in order to contribute to the development of theory and practice in clinical psychology*
- *be able to work with complexity across a range of perspectives, demonstrating flexibility in application of whichever approach is most appropriate for the client or the system*
- *be able to be critical of their own approach, and aware of how to practise in the absence of reliable evidence, as well as being able to contribute from their work to the evidence base*
- *be able to continue to undertake research and development at an advanced level, to contribute to the development of new techniques, ideas or approaches*

Commentary

- The first three standards seem appropriate but may need to be reworded for clarity.

Commentary

- The fourth standard may be inappropriate as a threshold standard and ideas of team working and partnership working with individuals are covered in 1b.
- The fifth standard may need rewording. Ideas of independent research are covered in the clinical scientists standards by the requirement to 'be able to conduct fundamental research'.
- The remaining standards may not be appropriate, in these terms, as threshold standards, and/or lack clarity. The PLG is invited to consider the ongoing draft of the standard and decide whether this aptly articulates the research skills it is necessary to possess in order to practise safely and effectively.

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 knowledge and understanding of psychological theory and evidence, encompassing specialist client group knowledge across the profession of clinical psychology and the knowledge to underpin clinical and professional practice*
- *be able to use clinical and research skills that demonstrate work with clients based on a scientist-practitioner and reflective-practitioner model that incorporates a cycle of assessment, formulation, intervention and evaluation.*
- *decide, using a broad evidence and knowledge base how to assess, formulate and intervene psychologically from a range of possible models and modes of intervention with clients, carers and service systems.*
- *be able to generalise and synthesise prior knowledge and experience in order to apply them critically and creatively in different settings and novel situations*
- *draw on psychological knowledge of complex developmental, social and neuropsychological processes across the lifespan to facilitate adaptability and change in individuals, groups, families, organisations and communities*
- *be able to make informed judgements on complex issues in clinical psychology, often in the absence of complete information, and be able to communicate ideas and conclusions clearly and effectively to specialist and non-specialist audiences*

Commentary

- The first of these standards may be too broad to provide a helpful and meaningful profession-specific elaboration on the generic standards.
- The PLG may wish to discuss the second of these standards, at least in its present terms, may be too broad to be meaningful, in that the references to assessment, formulation, intervention and evaluation would seem to mirror the structure inherent in the generic standards of proficiency.
- The PLG may wish to consider whether the third and fourth of these standards are specific enough in their existing terms to provide a helpful elaboration on the generic standards. (These have been added to the ongoing draft).
- The remaining standards seem appropriate, although some rewording or reorganisation of material may be necessary. For example, the reference to communication in the last standard may be usefully moved to 1b.

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
- *use psychological formulations with clients to facilitate their understanding of their experience*
- *use psychological formulations to plan appropriate interventions that take the client's perspective into account*
- *use formulations to assist multi-professional communication and the understanding of clients and their care*

Commentary

- These standards seem appropriate.

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
- *on the basis of a psychological formulation, implement psychological therapy or other interventions appropriate to the presenting problem and to the psychological and social circumstances of the client(s), and to do this in a collaborative manner with individuals; couples, families or groups; service organisations.*

- *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 and use of substances, and those with somatoform, psychosexual, developmental, personality, cognitive and neurological presentations.*
- *be able to integrate and implement therapeutic interventions based on knowledge and practice in at least two evidence-based models of formal psychological therapy. This includes cognitive behaviour therapy and at least one other evidence-based approach, such as brief psychodynamic or interpersonal psychotherapy, systemic or integrative interventions.*
- *understand social approaches to intervention; for example those informed by community, critical, and social constructivist perspectives*

Commentary

- With reference to the first standard, working collaboratively is covered in 1b.1. However, with some rewording, the remainder of the standard may be appropriate.
- The second standard seems appropriate but may be better placed in 2b.2.
- The PLG may wish to consider whether rewording of the third standard would be necessary to make this meaningful. A number of concepts seem to be bound up here:
 - the ability to integrate and implement a number of models into practice
 - knowledge/understanding/ability in specific psychological techniques/ models/therapies

The PLG may also wish to consider whether the standard would need be more specific – the standards are at a threshold level therefore it has to be specific about the models it is necessary to be able to integrate and implement. (The standard in its existing terms has been added to the ongoing draft).

- The fourth standard would be appropriate, with some rewording, but may be better placed in standard 3a.1.

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

2c: Critical evaluation of the impact of, or response to, the registrant's actions

Registrant must:

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 select and implement appropriate methods to evaluate the effectiveness, acceptability and broader impact of interventions (both individual and organisational), and using this information to inform and shape practice. Where appropriate this will also involve devising innovative procedures*

Commentary

- This standard seems to be sufficiently covered in the existing generic standards 2c.1 and 2c.2. Further, reference to 'innovative procedures' may be inappropriate as a threshold standard for safe and effective practice.

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

3a: Knowledge, understanding and skills

Registrant must:

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 psychological models and knowledge related to work with a range of clients and problems across the lifespan. This includes clients with a wide breadth of presentations – from acute to enduring and mild to severe; problems ranging from those with mainly biological and/or neuropsychological causation to those emanating from mainly psychosocial factors; problems of coping, adaptation and resilience to adverse circumstances and life events, including bereavement and other chronic physical and mental health conditions; clients from a range of backgrounds reflecting the demographic characteristics of the population (this includes understanding the impact of difference and diversity on people's lives including gender, sexuality, disability, ethnicity, culture, faith, cohort differences of age, socio-economic status and their implications for working practices).

- understand psychological models and knowledge related to work with clients with significant levels of challenging behaviour, clients across a range of levels of intellectual functioning over a range of ages, specifically to include clients with developmental learning disabilities and acquired cognitive impairment; clients whose disability makes it difficult for them to communicate

- understand psychological models and knowledge related to work with carers and families

- understand psychological models and knowledge related to work in a variety of settings including in-patient or other residential facilities for individuals with high dependency needs; secondary health care; and community or primary care.

- understand psychological models and knowledge related to work that is directly with clients, or indirect through staff and/or carers

Commentary

- These standards, on the whole, seem appropriate. However, some rewording may be necessary for clarity and to ensure that there is no duplication with other areas of the standards.

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

- *understand matters of professional competence related to personal and professional development and aware of the clinical, professional and social context within which professional practice takes place.*
- *be able to think critically, reflectively and in an evaluative manner*
- *be able to make informed judgements on complex issues in clinical psychology in the absence of complete information*
- *be able to work effectively whilst holding alternative competing explanations in mind*
- *understand leadership theories and models, and their application to service delivery and clinical practice*
- *understand change processes in service delivery systems*

Commentary

- The first two standards seem to duplicate matters covered elsewhere in the generic standards.
- The third standard may be appropriate.
- The third standard seems appropriate but would be better incorporated in standard 2b.2.
- The fifth standard seems appropriate but would be better placed in standard 3a.1.

3a.3 understand the need to establish and maintain a safe practice environment

- be aware of applicable health and safety legislation, and any relevant safety policies and procedures in force at 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 personal 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
- *understand the impact of psychopharmacological and other clinical interventions on psychological work with clients*

Commentary

- This standard seems more appropriate for inclusion in 3a.1.

