

## **Education and Training Committee, 5 March 2015**

### **Results of profession-specific standards of proficiency consultation for practitioner psychologists**

#### **Executive summary and recommendations**

##### **Introduction**

We are currently reviewing the profession-specific standards of proficiency for the professions we regulate. The review of the profession-specific standards follows from the Council's approval of new generic standards of proficiency in March 2011. To ensure the process is manageable, we are reviewing the profession-specific standards in small groups of professions at a time. At the start of each review, we contact each of the professional bodies for the relevant professions and ask for their suggestions on any changes that they consider necessary. We then use their suggestions to revise the standards for public consultation.

Following a review of the standards by the professional body for practitioner psychologists – the British Psychological Society – we publically consulted on the draft standards between 14 July 2014 and 17 October 2014.

The Executive sought the advice of the practitioner psychologist member of the Education and Training Committee in preparing the consultation analysis and proposed standards.

The consultation response analysis and revised draft standards for practitioner psychologists are attached for the Committee's consideration, approval, and recommendation to Council.

##### **Decision**

The Committee is invited to:

- discuss the attached paper;
- agree and recommend to the Council the revised standards of proficiency for practitioner psychologists as set out in appendix one (subject to minor editing amendments and formal legal scrutiny); and
- agree and recommend to the Council the text of the consultation analysis document (subject to minor editing amendments and formal legal scrutiny).

## **Background information**

- Paper for Education and Training Committee, 5 June 2014, (enclosure 8 at [www.hpc-uk.org/aboutus/committees/archive/index.asp?id=670](http://www.hpc-uk.org/aboutus/committees/archive/index.asp?id=670))
- Paper agreed by Council, 2 July 2014, (enclosure 8 at [www.hpc-uk.org/aboutus/committees/archive/index.asp?id=673](http://www.hpc-uk.org/aboutus/committees/archive/index.asp?id=673))

## **Resource implications**

The resource implications of this round of consultation are accounted for in the Policy and Standards Department planning for 2014/15. The resource implications of the ongoing process of review and eventual publication of the revised standards of proficiency have been taken into account in the Policy and Standards work plan for 2015/16, and will continue to be taken into account in future years.

## **Financial implications**

The financial implications include the costs associated with a series of public consultations on new draft standards and publication of new standards for 15 professions. These costs are accounted in department planning for 2014/15. We anticipate further costs in 2015/16 for further consultations and publication of revised standards.

## **Appendices**

- Appendix one: Revised standards of proficiency for practitioner psychologists following the consultation
- Appendix two: List of additional standards suggested by respondents to the consultation
- Appendix three: List of amendments to the standards suggested by respondents to the consultation

## **Date of paper**

19 February 2015

## **Consultation on changes to the profession-specific standards of proficiency for practitioner psychologists**

Analysis of responses to the consultation on proposed profession-specific standards of proficiency for practitioner psychologists, and our decisions resulting from responses received

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# 1. Introduction

## About the consultation

- 1.1 We consulted between 14 July 2014 and 17 October 2014 on proposed changes to the profession-specific standards of proficiency for practitioner psychologists.
- 1.2 The standards of proficiency set out what we expect professionals on our Register—known as ‘registrants’—to know, understand, and be able to do when they apply to join our Register. We consulted on proposed changes to the standards as part of our regular periodic review of the standards.
- 1.3 We informed a range of stakeholders about the consultation including professional bodies, employers, and education and training providers, advertised the consultation on our website, and issued a press release.
- 1.4 We would like to thank all those who took the time to respond to the consultation document. You can download the consultation document and a copy of this responses document from our website: [www.hcpc-uk.org/aboutus/consultations/closed](http://www.hcpc-uk.org/aboutus/consultations/closed).

## About us

- 1.5 We are a regulator and were set up to protect the public. To do this, we keep a register of health and care professionals who meet our standards for their professional skills and behaviour. Individuals on our register are called “registrants”.
- 1.6 We currently regulate 16 health and care professions:
  - Arts therapists
  - Biomedical scientists
  - Chiropodists / podiatrists
  - Clinical scientists
  - Dietitians
  - Hearing aid dispensers
  - Occupational therapists
  - Operating department practitioners
  - Orthoptists
  - Paramedics
  - Physiotherapists
  - Practitioner psychologists
  - Prosthetists / orthotists
  - Radiographers
  - Social workers in England
  - Speech and language therapists

## Reviewing the standards of proficiency

- 1.7 The standards of proficiency for practitioner psychologists set standards for the safe and effective practice of the profession. They do so by describing what professionals must know, understand, and be able to do in order to apply to join our Register.
- 1.8 The standards play an important role in public protection. When a professional applies for or renews their registration, or if concerns are raised about their competence while they are registered with us, we use the standards of proficiency in checking whether they have the necessary knowledge and skills to be able to practise their profession safely and effectively.
- 1.9 The standards are divided into generic standards, which apply to all the professions on our Register, and standards specific to each individual profession. Under the new structure, most of the standards of proficiency will be profession-specific, listed under 15 new generic standards.
- 1.10 The purpose of the generic standards is to recognise commonality across all the professions that we regulate, while the purpose of the profession-specific and domain-specific standards is to set out additional standards for practitioner psychologists related to the generic standard.
- 1.11 We consulted on changes to the generic standards of proficiency between July and October 2010.<sup>1</sup> The new generic standards have now been agreed by our Council and were not the subject of this consultation.
- 1.12 The review of the profession-specific standards is an opportunity to make sure the standards of proficiency are relevant to each profession. We regularly review the standards of proficiency to:
  - reflect current practice or changes in the scope of practice of each profession;
  - update the language where needed to ensure it is relevant to the practice of each profession and to reflect current terminology;
  - reflect the standard content of pre-registration education programmes;
  - clarify the intention of existing standards; and
  - correct omissions or avoid duplication.
- 1.13 Our initial revision of the profession-specific and domain-specific standards was informed by discussions with the professional body for practitioner psychologists – the British Psychological Society (BPS). We then consulted on these draft revisions.

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<sup>1</sup> You can find more information about the consultation on our website here: [www.hcpc-uk.org/aboutus/consultations/closed/index.asp?id=110](http://www.hcpc-uk.org/aboutus/consultations/closed/index.asp?id=110)

- 1.14 In consulting on proposed changes to the standards, we asked our stakeholders to consider whether the changes we have suggested to the profession-specific standards of proficiency for each profession are appropriate, and whether other changes are necessary. We have used the responses we received to help us decide if any further amendments are needed.
- 1.15 Once the final sets of standards are approved, they will be published and become effective. We will then work with education providers to implement the new standards after they are published.

## About this document

- 1.16 This document summarises the responses we received to the consultation. The results of this consultation have been used to revise the proposed standards of proficiency for practitioner psychologists.
- 1.17 The document is divided into the following sections.
- **Section two** explains how we handled and analysed the responses we received, providing some overall statistics from the responses.
  - **Section three** summarises the general comments we received in response to the consultation.
  - **Section four** outlines the comments we received in relation to specific questions within the consultation.
  - **Section five** outlines our responses to the comments we received and the changes we are making as a result.
  - **Section six** lists the organisations which responded to the consultation.
- 1.18 This paper also has three appendices.
- Appendix one lists the standards after consultation (subject to minor editing amendments and legal scrutiny).
  - Appendix two lists all the comments we received suggesting additional standards.
  - Appendix three lists all the comments we received suggesting amendments to the draft standards.
- 1.19 In this document, 'you' or 'your' is a reference to respondents to the consultation, 'we', 'us' and 'our' are references to the HCPC.

## **2. Analysing your responses**

- 2.1 Now that the consultation has ended, we have analysed all the responses we received. Whilst we cannot include all of the responses in this document, a summary of responses can be found in sections three and four.

### **Method of recording and analysis**

- 2.2 The majority of respondents used our online survey tool to respond to the consultation. They self-selected whether their response was an individual or an organisation response, and, where answered, selected their response to each question (eg yes; no; partly; don't know). Where we received responses by email or by letter, we recorded each response in a similar manner.
- 2.3 When deciding what information to include in this document, we assessed the frequency of the comments made and identified themes. This document summarises the common themes across all responses, and indicates the frequency of arguments and comments made by respondents.

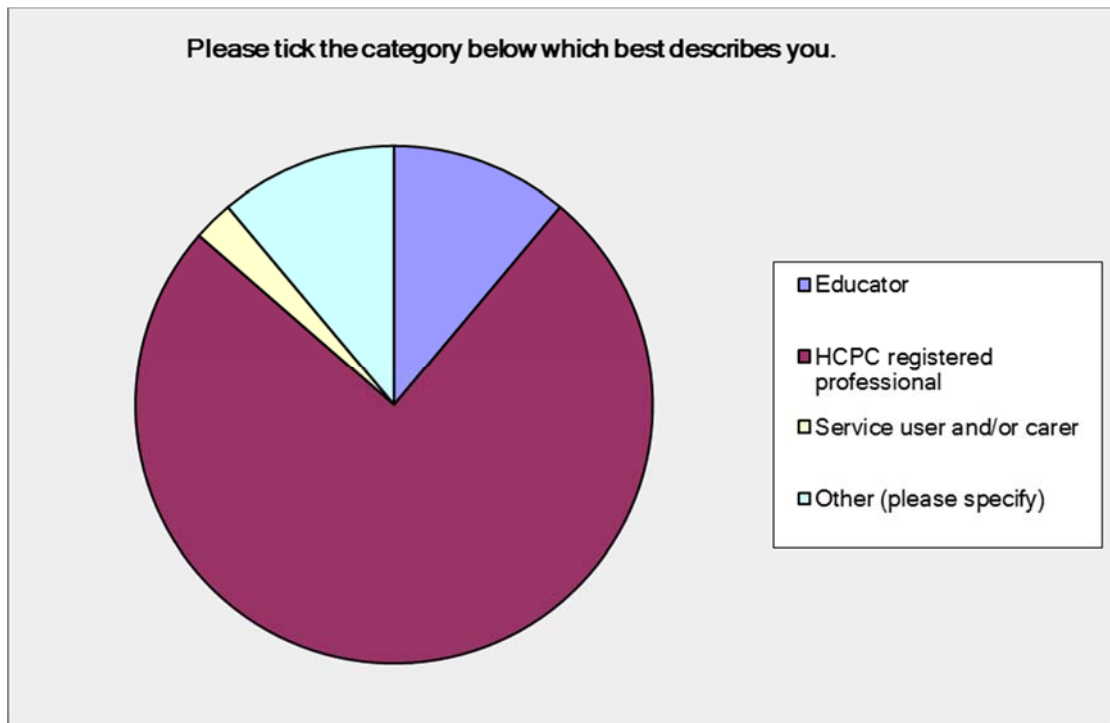
### **Statistics**

- 2.4 We received 94 responses to the consultation. 81 (86 per cent) of responses were received from individuals – of which 61 (75 per cent) were from HCPC registered professionals – and 13 (14 per cent) from organisations.<sup>2</sup>
- 2.5 The breakdown of respondents and of responses to each question is shown in the graphs and tables which follow.

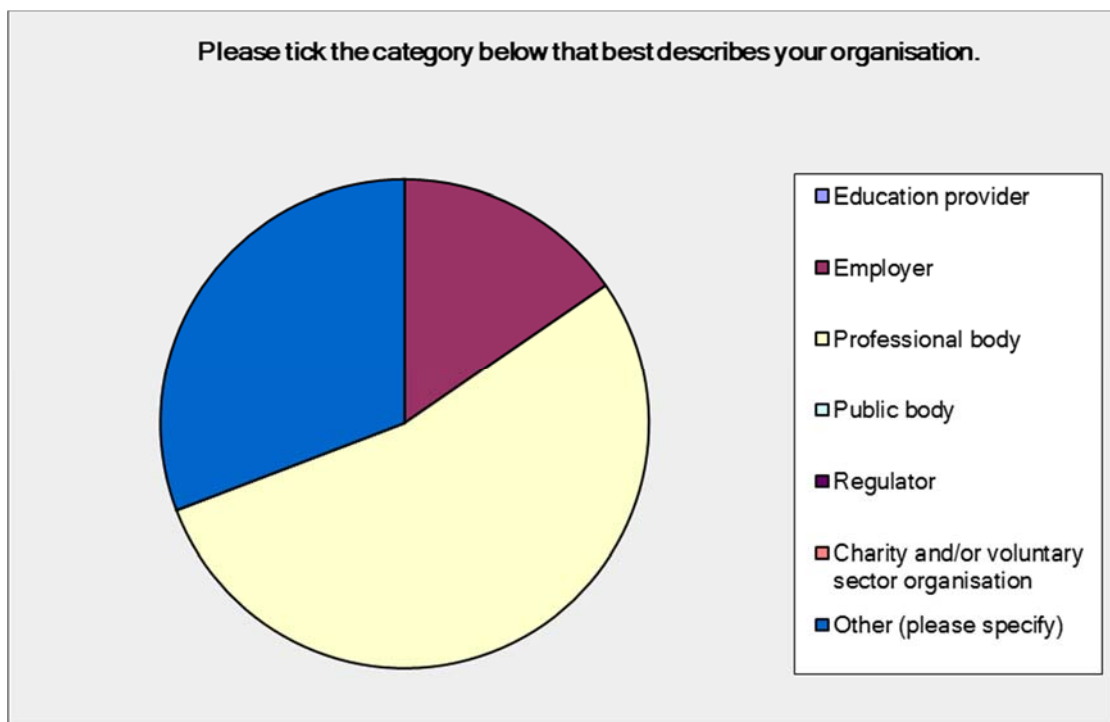
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<sup>2</sup> We received two responses from the same organisation which we counted as two separate responses under the 13 organisational responses received.

## Graph 1 – Breakdown of individual responses



## Graph 2 – Breakdown of organisation responses





**Table 1 – Breakdown of responses to each question**

Questions	Yes	No	Partly	Don't know
1. Do you think the standards are at a threshold level necessary for safe and effective practice?	47 (51%)	13 (14%)	27 (29%)	5 (5%)
2. Do you think any additional standards are necessary?	45 (51%)	35 (39%)	N/A	9 (10%)
3. Do you think there are any standards which should be reworded or removed?	35 (39%)	40 (44%)	N/A	15 (17%)
4. Do you have any comments about the language used in the standards?	36 (40%)	52 (57%)	N/A	3 (3%)

**Table 2 – Breakdown of responses by respondent type**

	Individuals				Organisations			
	Yes	No	Partly	Don't Know	Yes	No	Partly	Don't Know
Question 1	43 (54%)	10 (13%)	21 (27%)	5 (6%)	4 (31%)	3 (23%)	6 (46%)	0 (0%)
Question 2	35 (46%)	32 (42%)	N/A	9 (12%)	10 (77%)	3 (23%)	N/A	0 (0%)
Question 3	29 (38%)	33 (43%)	N/A	15 (19%)	6 (48%)	7 (54%)	N/A	0 (0%)
Question 4	27 (35%)	48 (62%)	N/A	3 (4%)	9 (69%)	4 (31%)	N/A	0 (0%)

- Percentages in the tables above have been rounded to the nearest whole number and therefore may not add to 100 per cent.
- Question five invited any further comments rather than a 'yes' or 'no' answers so it is not included in the above tables.

### **3. General comments**

- 3.1 This section outlines the general themes that arose from the responses we received to the consultation.

#### **Clinical supervision**

- 3.2 Several respondents emphasised the importance of clinical supervision. The majority of respondents supported strengthening the requirements for registrants in this area. The main suggestions included:
- a requirement for clinical supervision by a HCPC registered practitioner psychologist (one respondent voiced support for clinical supervision by a registrant from the same modality);
  - compliance with the BPS division of clinical psychology (DCP) guidance for clinical supervision; and
  - specifying a minimum amount of clinical supervision to ensure safe and effective practice.

#### **Employer tensions and meeting the standards**

- 3.3 A few respondents were concerned with employed registrants being able to meet the standards including the impact of heavy workloads which could pose a potential risk to service users.
- 3.4 Two solutions were proposed to tackle this issue:
- One respondent supported an additional standard prohibiting registrants, who are managers, from preventing those that they manage from meeting our standards.
  - A second respondent suggested strengthening the requirement for a registrant to inform their manager about any workload related issues which could compromise their practice.

#### **Interaction with other frameworks**

- 3.5 A few respondents mentioned other frameworks, standards, legislation or guidance, which outline recommendations and good practice for practitioner psychologists. They sought some reference to these in the revised standards, including:
- reference to BPS guidelines including the *Generic Professional Practice Guidelines*;
  - reference to the Data Protection Act;
  - use of BPS terminology;
  - reference to National Institute for Health and Care Excellence (NICE) definitions; and
  - amendments to the standards to bring them into line with the BPS' revised standards in various divisions and domains.

## **Role of reflection in practice**

- 3.6 A few respondents sought to strengthen the standards on the use of reflection in practice. Some respondents suggested strengthening these requirements for registrants in a particular domain. These included:
- requiring clinical psychologists to reflect on their role in supporting colleagues and others in the delivery of high quality care;
  - emphasising the importance of reflective practice for clinical psychologists and in becoming reflective practitioners;
  - ensuring that clinical psychologists understood the importance of the use of 'self' in therapy; and
  - referring to 'reflective practice' and 'self-awareness' for counselling psychologists.
- 3.7 However, other respondents supported strengthened reflection requirements for all registrants.

## **Psychometric theory and / or testing**

- 3.8 Several respondents suggested strengthening the standards or including additional requirements for the use of psychometric testing and / or theory in their practice.
- 3.9 Two respondents supported additional standards for psychometric testing and / or theory with regard to the key concepts of the knowledge base relevant to the profession. One respondent suggested an additional standard for all practitioner psychologists, whereas the second respondent suggested a domain-specific standard for clinical psychologists.
- 3.10 A few respondents sought to strengthen the requirements in this area with regard to a registrant's ability to draw on appropriate knowledge and skills to inform their practice. Comments included:
- support for requiring educational psychologists to be familiar with psychometric assessment theory and practices;
  - concern that this competence was only included as a separate standard for clinical psychologists;
  - support for its relevance to clinical psychologists; and
  - concern that the standards did not adequately reflect the use and analysis for clinical psychologists of psychometric assessments and their link to the evaluation of psychological and neuro psychological phenomena.

## **Scope of practice**

- 3.11 A few respondents commented that the standards needed to take account of the evolving scope of practice for the profession. Some of

these respondents were particularly concerned that the standards should reflect that many educational psychologists now work with young adults up to the age of 25 years.

## **Capacity**

- 3.12 A few respondents supported strengthening the requirements for practitioner psychologists to have a detailed understanding of capacity issues in the treatment or services they offer to their service users or clients.
- 3.13 Some suggestions included:
- requiring practitioner psychologists to take account of a service user's individual capacity in any treatment or care they provide;
  - requiring awareness of capacity legislation for educational psychologists; and
  - strengthening the standards in relation to consent and the need to communicate effectively in this area.

## **Additional domain-specific standards**

- 3.14 Several respondents suggested amendments to the proposed domain-specific standards to make them applicable to other domains. Some of these respondents sought amendments to the terminology or wording used in the standard. However, other respondents suggested that the standard should be applicable to another domain without requiring further amendments.
- 3.15 All suggestions received for new or amended domain-specific standards have been recorded in appendices two and three.

## **Applicability of profession-specific standards**

- 3.16 A few respondents commented on the applicability of individual profession-specific standards for all practitioner psychologists and suggested amendments to make them applicable to all domains or areas of practice.
- 3.17 Respondents most commonly suggested amendments to profession-specific standards under the following generic standards:
- standard 2 – be able to practise within the legal and ethical boundaries of their profession;
  - standard 9 – be able to work appropriately with others;
  - standard 13 – understand the key concepts of the knowledge base relevant to their profession; and
  - standard 14 – be able to draw on appropriate knowledge and skills to inform practice.

- 3.18 All suggestions received for ensuring that the profession-specific standards are applicable for all domains or areas of practice have been recorded in appendix three.

### **Use of ‘intervention’**

- 3.19 Several respondents supported reference to the term ‘intervention’ in the standards instead of other terminology used in the profession-specific and domain-specific standards, such as ‘diagnostic’, ‘treatment’ and ‘therapeutic’ (in some instances).
- 3.20 One respondent supported use of ‘intervention’ for all profession-specific standards as they felt it encompassed a broader range of work that better reflects the practice of a wider cohort of practitioner psychologists. They argued that this term incorporates both therapeutic approaches with individuals and approaches with groups, organisations and communities.

### **Use of ‘evidence-based’ or ‘evidence-informed’**

- 3.21 Several respondents commented on the use of ‘evidence-based’ or ‘evidence-informed’ in the standards. We had proposed amending the standards to include reference to ‘evidence-informed’ instead of ‘evidence-based’.
- 3.22 Four respondents supported reverting back to the use of ‘evidence-based’ in the majority of the standards. The reasons included:
- lack of clear definitions about what constitutes evidence-informed practice;
  - support for the use of the term ‘evidence-based’ for clinical psychologists which is widely understood, valued and demonstrable;
  - support for the use of the term ‘evidence-based’ as a means for developing innovation in practice; and
  - concern over the possible risks to service users if additional practices were labelled ‘evidence-informed’ which could result in techniques being used without a clear rationale or research base.
- 3.23 Other respondents who commented on this issue expressed a number of concerns on the use of ‘evidence-informed’ in the standards. They argued that this term was imprecise, subjective and open to differing interpretations. They also sought further explanation for our adoption of this term.
- 3.24 One respondent favoured a more nuanced approach, with a preference for the term ‘evidence-based practice’ but with the proviso that the term ‘evidence-informed practice’ is acceptable where strong evidence is lacking.

- 3.25 A few respondents supported use of the term ‘evidence-informed’ in the standards. One respondent thought the term recognised that there is not a well-developed evidence base for all interventions in every setting. Although in practice they did support a stronger reference to evidence-based in the standards but with a proviso to use both evidence and academic knowledge to inform their practice in some circumstances.
- 3.26 Other respondents thought the term ‘evidence-informed’ provided scope for practitioner psychologists to engage in research that can contribute to the evidence base; and questioned the standards usefulness in promoting ‘evidence-based’ approaches in all circumstances particularly for occupational psychologists.

### **Use of ‘service user’ or ‘client’**

- 3.27 Several respondents commented on the use of ‘service user’ or ‘client’ in the standards. There was a variety of opinions evident among respondents about which term they considered most appropriate. There was no clear majority in favour of either term.
- 3.28 Some respondents supported using the term service user throughout the standards. These respondents argued that the term was more inclusive than clients and that the term ‘client’ is not widely used in some domains.
- 3.29 Other respondents supported using the term client throughout the standards. These respondents argued that this term is more widely used and that there is a lack of clarity over what service user actually means.
- 3.30 Some respondents stated that either term could be used for certain domains and / or areas of practice, including educational psychologists and occupational psychologists.
- 3.31 Other respondents did not approve of either term. One respondent supported the use of ‘patient’ as an alternative. A second respondent questioned the applicability of both terms for all practitioner psychologists, particularly those who work with services as opposed to individuals.
- 3.32 Finally, one respondent commented that both terms are acceptable in the standards and are guided by context. For example, for health psychologists, they argued that both terms could be used throughout the standards. However, for other domains where practitioner psychologists do not work in a health setting the term client may be more appropriate, for example, it is used more commonly in consultancy based work.

## 4. Comments in response to specific questions

4.1 This section contains comments made in response to specific questions within the consultation document.

### Question 1. Do you think the standards are at a threshold level necessary for safe and effective practice?

4.2 About half of respondents (51 per cent) agreed that the draft standards are set at a threshold level necessary for safe and effective practice.

4.3 Some of these respondents commented that the standards:

- made an important statement about fitness to practise (FTP);
- were appropriate and more simpler than the existing standards;
- were as close as possible to ensuring safe and effective practice within a regulatory framework which seeks to define complex and nuanced practices; and
- set minimum requirements for what service users can expect practitioner psychologists to deliver in any treatment or care they provide.

4.4 A number of respondents **did not** or only **partly** agreed that the standards were set at a threshold level necessary for safe and effective practice (14 and 29 per cent respectively).

4.5 Out of those respondents, some proposed further areas for consideration in order to strengthen the standards. These included:

- differentiating between our expectations for newly qualified and more experienced registrants;
- requiring mandatory clinical supervision in order to ensure safe and effective practice; and
- clearly defining 'evidence-informed practice'.

### Question 2. Do you think any additional standards are necessary?

4.6 A slight majority (51 per cent) of respondents thought that additional standards were necessary; while 39 per cent stated that additional standards were not necessary.

4.7 The reasons provided by respondents for not proposing additional standards included:

- the standards effectively highlighted the range of skills and roles required of practitioner psychologists;
- the standards were exhaustive and sensible; and
- the standards clearly differentiated between the expectations for practitioner psychologists as opposed to other practitioners

involved in the wider profession, for example, assistant psychologists in counselling.

- 4.8 All of the additional standards suggested by respondents are set out in appendix two. The main areas suggested by respondents included additional standards relating to:
- recognising the breadth of competencies required in different domains and specialities; and
  - providing additional profession-specific detail including utilising appropriate assessment techniques, the role of research and the use of 'self' in therapy.

### **Question 3. Do you think there are any standards which should be reworded or removed?**

- 4.9 44 per cent of respondents did not think that any standards needed to be reworded or removed. However, 39 per cent of respondents sought amendments to the standards.
- 4.10 Some of the suggestions we received were based on concerns about the general use of language in the standards, these concerns have been summarised in response to question four below.
- 4.11 We have listed all the proposed amendments to the standards in appendix three. Respondents suggested changes to the standards for a number of reasons including:
- to make the profession-specific standards more appropriate to all domains;
  - to ensure that the domain-specific standards are appropriate for a distinct area of practice; and
  - to remove reference to some medical model terminology in the standards.

### **Question 4. Do you have any comments about the language used in the standards?**

- 4.12 The majority of respondents indicated that they had no comments to make about the language used in the standard. Some respondents suggested that the language of the standards could be further improved. Though all comments and suggestions received on the wording of the standards are listed in appendix three, this section seeks to address some of the overarching points made about language.
- 4.13 There was a noticeable difference in the responses we received from organisations and individuals; only 35 per cent of individual respondents commented on the use of language, compared with 69 per cent of organisations.



4.14 We received a number of comments in relation to terminology, for example, 'service user' / 'client', and 'evidence-informed' / 'evidence-based'. This issue has been covered in the general comments section.

4.15 Other suggestions we received about the language of the standards included:

- condensing the wording of the standards and competencies referred to therein;
- removing repetition from some of the standards;
- changing the structure of the profession-specific standards to better reflect the working context of all practitioner psychologists;
- ensuring the language is less opaque and more user friendly
- ensuring that the language used accurately reflects the level of competence to be expected at entry to the profession; and
- ensuring the language used in the standards is appropriate to individual domains.

### **Question 5: Do you have any other comments on the standards?**

4.16 Several respondents indicated that they had other comments to make regarding the standards. To avoid duplication, some of those comments have not been included here if the same issue has already been addressed elsewhere in this document.

4.17 Some respondents expressed concerns about the proposed standards, including:

- that there was too much emphasis on modality-specific rather than profession-specific standards;
- that a core subset of standards should be required of a registrant in order to maintain registration with the HCPC, beyond our requirement to practise within their scope of practice;
- that the standards were too management focus and detracted from other areas of practice;
- that some practitioner psychologists had limited skills and knowledge for working with children with autism, specifically in relation to the use of applied behaviour analysis in order to improve outcomes; and
- that an adversarial approach had been adopted for ensuring compliance with the standards.

4.18 Other respondents raised issues about HCPC processes and the wider regulation of practitioner psychologists:

- concern that the registration process for international applicants was not robust enough;
- an assertion that some practitioner psychologists were undertaking non-HCPC approved counselling qualifications;

- support for protection of the title 'psychologist' and the statutory regulation of clinical associates in applied psychology;
- the interrelationship between the standards of proficiency and standards of education and training (SETs); and
- the need for professionals to have greater awareness of the complaints procedures related to their work.

## 5. Our responses

- 5.1 We received a range of comments about the standards during the consultation process, including suggested amendments and possible additional standards, which we have carefully considered. The following section outlines our responses to these comments and sets out the changes we have made to the draft standards as a result.

### Level of detail in the standards

- 5.2 A number of comments we received suggested additional standards and amendments to provide more prescriptive detail about the requirements for practitioner psychologists. For example, a few respondents sought clarity on what our expectations would be for newly qualified registrants as opposed to their more experienced counterparts. We have also noted the comments received which supported additional domain-specific standards being made applicable to other domains with or without further amendments.
- 5.3 We considered the following in deciding whether we should make suggested changes or amendments:
- Is the standard necessary for safe and effective practice?
  - Is the standard set at the threshold level for entry to the Register?
  - Does the standard reflect existing requirements for practitioner psychologists on entry into the profession?
  - Does the standard reflect existing education and training?
  - Is the standard written in a broad and flexible way so that it can apply to the different environments and domains in which practitioner psychologists might practise or the different groups that they might work with?
- 5.4 The standards set out the proficiencies necessary to practise the profession. However, the standards are not a curriculum document nor are they intended to be a list of activities which registrants must undertake in any situation.
- 5.5 Part of our focus for the review of the standards is to ensure that the standards are relevant to the scope of practice of the practitioner psychologist profession. When making decisions about whether to make changes to the standards, we must therefore consider whether the changes would make the standards too specific or would limit the scope of the standards.
- 5.6 We also aim to avoid duplication in the standards, to ensure they are clearly worded, and maintain consistency with other HCPC standards wherever possible and appropriate.

## **The standards and scope of practice**

- 5.7 A number of respondents sought the inclusion of additional standards to apply to practitioner psychologists who work in more advanced roles or areas of practice and who utilise specialised skills.
- 5.8 The standards set out the threshold proficiencies required of applicants when they first apply to join the Register. Once on the Register, every time registrants renew their registration, they are asked to confirm that they continue to meet the standards of proficiency that apply to their own scope of practice - the area of their profession in which they have the knowledge, skills and experience to practise safely and effectively.
- 5.9 We recognise that a registrant's scope of practice will change over time and that the practice of experienced registrants may become more focused and specialised than that of newly registered colleagues. However, the standards are intended to set the threshold knowledge, understanding and skills required by a registrant for entry to our Register. Therefore, we do not outline or stipulate competencies above a threshold level.
- 5.10 However, where the scope of practice for the whole profession or domain of the profession evolves, the standards need to reflect this. Therefore the standards have acknowledged the evolving scope of practice of educational psychologists working with an older demographic of service users in a range of education settings.

## **Clinical supervision**

- 5.11 We received a number of comments from respondents who supported a mandatory requirement for our registrants to undertake clinical supervision in their practice.
- 5.12 While we recognise the value of appropriate supervision, we do not require registrants to undertake clinical supervision. Our competency requirements for supervision are more generally covered in the profession-specific standards.
- 5.13 We consider this to be a clinical governance matter for organisations, employers and / or individual professionals. The standards cover what registrants must know, understand and be able to do in order to practise safely and effectively. They are not intended to prescribe all of the activities that should be undertaken as part of an individual's job role.
- 5.14 We understand that approaches to clinical supervision vary across the professions we regulate, and that professional bodies often produce

profession-specific guidance on this issue and would recommend that our registrants follow this.

## **Terminology used in the standards**

- 5.15 We received a range of recommendations and comments on the use of appropriate terminology in the standards in order to ensure their applicability to all practitioner psychologists or specific domains.
- 5.16 We have noted the suggestion that 'intervention' may be a more appropriate term to use in some profession-specific and domain-specific standards as it covers a broader range of work which better reflects the practice of all practitioner psychologists. We have made some amendments to the profession-specific standards to reflect this.
- 5.17 We have noted the variety of comments and opinions received in relation to the merits and demerits of referring to 'evidence-informed' instead of 'evidence-based' interventions and approaches in the standards. We have reverted to use of 'evidence-based' in the majority of both the profession-specific and domain-specific standards. However, we have also acknowledge the role of 'evidence-informed' practice in the profession-specific standards.
- 5.18 We have carefully considered the comments received in relation to the use of 'service user' and 'client' in the standards. Both terms are appropriate and guided by context. There was no clear consensus among respondents over which term they considered more appropriate. For the benefit of consistency, we will use the term 'service user' in the standards. However, we will further clarify and explain the terminology used in the introduction to the new standards.

## **Comments on specific standards**

- 5.19 We have noted the comments received from a few respondents who supported stronger requirements for the use of reflection in practice. We believe that these requirements are evident for all our registrants under generic standard eleven – be able to reflect on and review practice, in addition to the domain-specific standard requiring counselling psychologists to reflect on the use of self in the therapeutic process.
- 5.20 We recognise the importance of our registrants understanding the implications of a service user's capacity in any treatment or service they offer to those that they work with. It is particularly important for registrants to modify their communication to take account of capacity related issues and obtain appropriate consent. We contend that this issue is appropriate covered in the proposed standards.

- 5.21 We have noted the concerns expressed by some respondents about the ability of some registrants to meet our standards due to their workload and related issues.
- 5.22 As autonomous health and care professionals, our registrants are required to meet our standards whether they work in an employed or self-employed environment. We also acknowledge that employers produce specific guidance and localised policies in a number of areas which can be used in conjunction with our standards.
- 5.23 We have concluded that, on balance, we are satisfied that the proposed standards do reflect the threshold entry requirements for entry to the Register as a practitioner psychologist.

## **Our decisions**

- 5.24 We have made a number of changes to the standards based on the comments we received in consultation as summarised below. The draft revised standards following consultation can be found in appendix one.
- We have used the term 'service user' throughout the standards as we feel it is a more appropriate and inclusive term for those that typically use or are affected by the services of practitioner psychologists.
  - We have made some minor amendments to a number of profession-specific and domain-specific standards to ensure their applicability for all practitioner psychologists, domains or areas of practice including standards 2.3, 8.15, 9.3, 9.10, 13.2, 13.19, 13.30, 13.36, 14.3, 14.37, 14.44, 14.51 and 14.75.
  - We have removed standard 2.12 as this ethical issue is covered in our standards of conduct, performance and ethics.
  - We have removed domain-specific standard 14.36 for clinical psychologists as this requirement is already covered in the profession-specific standards.
  - We have reverted to use of 'evidence-based' in the majority of both the profession-specific and domain-specific standards including standards 13.10, 14.1, 14.40, 14.51, 14.56, 14.62, 14.73, and 14.84. However, for profession-specific standard 12.1 we have referred to both 'evidence-based' and 'evidence-informed' practice.

## **6. List of respondents**

Below is a list of all the organisations that responded to the consultation.

ABA4All (Campaign group for applied behaviour analysis)  
Association of Educational Psychologists  
British Psychological Society  
Clinpsy (website)  
EMDR (Eye movement desensitisation and reprocessing) Association UK and Ireland  
Greater Glasgow and Clyde Area Psychology Committee  
National Association of Principal Educational Psychologists (NAPEP)  
Navigo Health and Social Care Community Interest Company  
NHS Education for Scotland  
Nottinghamshire Council Educational Psychology Service  
Royal College of Psychiatrists  
Telford & Wrekin and Shropshire Educational Psychology Service  
University of Edinburgh, School of Health in Social Science, Clinical and Health Psychology  
University of Glasgow, College of Medical, Veterinary and Life Sciences

## Appendix 1: Draft standards of proficiency for practitioner psychologists

New standards and amendments to standards are shown in **bold and underlined**. Deletions are shown in ~~strikethrough~~. The standards in this section are subject to legal scrutiny and may be subject to minor editing amendments prior to publication.

No.	Standard
<b>1</b>	<b>be able to practise safely and effectively within their scope of practice</b>
1.1	know the limits of their practice and when to seek advice or refer to another professional
1.2	recognise the need to manage their own workload and resources effectively and be able to practise accordingly
<b>2</b>	<b>be able to practise within the legal and ethical boundaries of their profession</b>
2.1	understand the need to act in the best interests of service users at all times
2.2	understand what is required of them by the Health and Care Professions Council
2.3	understand the need to respect and uphold the rights, dignity, values and autonomy of service users including their role in the <del>diagnostic</del> <b>assessment</b> , and <del>therapeutic</del> <b>treatment or intervention</b> process and in maintaining health and wellbeing
2.4	recognise that relationships with service users should be based on mutual respect and trust, and be able to maintain high standards of practice even in situations of personal incompatibility
2.5	understand current legislation applicable to the work of their profession
2.6	understand the importance of and be able to obtain informed consent



2.7	be able to exercise a professional duty of care
2.8	understand the complex ethical and legal issues of any form of dual relationship and the impact these may have on <b>service users</b> clients
2.9	understand the power imbalance between practitioners and <b>service users</b> clients and how this can be managed appropriately
2.10	be able to recognise appropriate boundaries and understand the dynamics of power relationships
2.11	understand the organisational context for their practice as a practitioner psychologist
2.12	<del>be able to act ethically to balance the interests of the organisation with respect to individual and group rights and needs</del>
<b>3</b>	<b>be able to maintain fitness to practise</b>
3.1	understand the need to maintain high standards of personal and professional conduct
3.2	understand the importance of maintaining their own health
3.3	understand both the need to keep skills and knowledge up to date and the importance of career-long learning
3.4	be able to manage the physical, psychological and emotional impact of their practice
<b>4</b>	<b>be able to practise as an autonomous professional, exercising their own professional judgement</b>
4.1	be able to assess a professional situation, determine the nature and severity of the problem and call upon the required knowledge and experience to deal with the problem
4.2	be able to make reasoned decisions to initiate, continue, modify or cease treatment, intervention or the use of techniques or procedures, and record the decisions and reasoning appropriately
4.3	be able to initiate resolution of problems and be able to exercise personal initiative

4.4	recognise that they are personally responsible for and must be able to justify their decisions
4.5	be able to make and receive appropriate referrals
4.6	understand the importance of participation in training, supervision and mentoring
<b>5.</b>	<b>be aware of the impact of culture, equality and diversity on practice</b>
5.1	understand the impact of differences such as gender, sexuality, ethnicity, culture, religion and age on psychological wellbeing and behaviour
5.2	understand the requirement to adapt practice to meet the needs of different groups and individuals
<b>6.</b>	<b>be able to practise in a non-discriminatory manner</b>
<b>7</b>	<b>understand the importance of and be able to maintain confidentiality</b>
7.1	be aware of the limits of the concept of confidentiality
7.2	understand the principles of information governance and be aware of the safe and effective use of health, social care and other relevant information
7.3	be able to recognise and respond appropriately to situations where it is necessary to share information to safeguard service users or the wider public
<b>8</b>	<b>be able to communicate effectively</b>
8.1	be able to demonstrate effective and appropriate verbal and non-verbal skills in communicating information, advice, instruction and professional opinion to service users, colleagues and others

8.2	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 <sup>3</sup>
8.3	understand how communication skills affect assessment of, and engagement with, service users and how the means of communication should be modified to address and take account of factors such as age, capacity, learning ability and physical ability
8.4	be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others
8.5	be aware of the characteristics and consequences of verbal and non-verbal communication and how this can be affected by factors such as age, culture, ethnicity, gender, socio-economic status and spiritual or religious beliefs
8.6	understand the need to provide service users or people acting on their behalf with the information necessary to enable them to make informed decisions
8.7	be able to select the appropriate means for communicating feedback to <b>service users</b> <del>clients</del>
8.8	be able to provide psychological opinion and advice in formal settings, as appropriate
8.9	be able to communicate ideas and conclusions clearly and effectively to specialist and non-specialist audiences
8.10	be able to explain the nature and purpose of specific psychological techniques to <b>service users</b> <del>clients</del>
8.11	be able to summarise and present complex ideas in an appropriate form
8.12	understand the need to assist the communication needs of service users such as through the use of an appropriate interpreter, wherever possible
8.13	recognise the need to use interpersonal skills to encourage the active participation of service users
8.14	be able to use formulations to assist multi-professional communication and understanding
8.15	understand explicit and implicit communications in a <b>practitioner – service user</b> <del>therapeutic</del> relationship
8.16	be able to appropriately define and contract work with commissioning <b>service users</b> <del>clients</del> or <del>client</del> <b>their</b> representatives

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<sup>3</sup> The International English Language Testing System (IELTS) tests competence in the English language. 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), must provide evidence that they have reached the necessary standard. Please visit our website for more information.

8.17	<b>Counselling psychologists only</b> understand how empathic understanding can be helped by creativity and artistry in the use of language and metaphor
<b>9</b>	<b>be able to work appropriately with others</b>
9.1	be able to work, where appropriate, in partnership with service users, other professionals, support staff and others
9.2	understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team
9.3	understand the need to engage service users and carers in planning and evaluating <del>diagnostics</del> <b>assessments</b> , treatments <del>and / or</del> interventions to meet their needs and goals
9.4	understand the need to implement interventions, care plans or management plans in partnership with <b>service users</b> , <del>clients</del> , other professionals and carers
9.5	be able to initiate, develop and end a <b>service user-practitioner</b> <del>client-practitioner</del> relationship
9.6	understand the dynamics present in relationships between <b>service users</b> <del>clients</del> and practitioners
9.7	be able to contribute effectively to work undertaken as part of a multi-disciplinary team
9.8	be able to plan, design and deliver teaching and training which takes into account the needs and goals of participants
9.9	be able to support the learning of others in the application of psychological skills, knowledge, practices and procedures
9.10	be able to use psychological formulations with <b>service users</b> <del>clients</del> to facilitate their understanding of their experience <b>or situation</b>
<b>10</b>	<b>be able to maintain records appropriately</b>
10.1	be able to keep accurate, comprehensive and comprehensible records in accordance with applicable legislation, protocols and guidelines
10.2	recognise the need to manage records and all other information in accordance with applicable legislation, protocols and guidelines
<b>11</b>	<b>be able to reflect on and review practice</b>
11.1	understand the value of reflection on practice and the need to record the outcome of such reflection

11.2	recognise the value of case conferences or other methods of review
11.3	be able to reflect critically on their practice and consider alternative ways of working
11.4	understand models of supervision and their contribution to practice
11.5	<b>Counselling psychologists only</b> be able to critically reflect on the use of self in the therapeutic process
<b>12</b>	<b>be able to assure the quality of their practice</b>
12.1	be able to engage in <b>evidence-based and</b> evidence-informed practice, evaluate practice systematically and participate in audit procedures
12.2	be able to gather information, including qualitative and quantitative data, that helps to evaluate the responses of service users to their care or experience
12.3	be aware of the role of audit and review in quality management, including quality control, quality assurance and the use of appropriate outcome measures
12.4	be able to maintain an effective audit trail and work towards continual improvement
12.5	be aware of, and able to participate in, quality assurance programmes, where appropriate
12.6	be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with the service user
12.7	be able to revise formulations in the light of ongoing intervention and when necessary reformulate the problem
12.8	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
12.9	be able to monitor agreements and practices with <del>clients</del> , <b>service</b> users, groups and organisations
<b>13</b>	<b>understand the key concepts of the knowledge base relevant to their profession</b>
13.1	understand the structure and function of the human body, together with knowledge of health, well-being, disease, disorder and dysfunction relevant to their domain.

13.2	be aware of the principles and applications of scientific enquiry, including the evaluation of <del>treatment</del> <b>the effectiveness of interventions</b> and the research process
13.3	recognise the role of other professions and stakeholders relevant to the work of their domain
13.4	understand the structures and functions of UK service providers applicable to the work of their domain
13.5	understand the theoretical basis of, and the variety of approaches to, assessment and intervention
13.6	understand the role of the practitioner psychologist across a range of settings and services
13.7	understand the concept of leadership and its application to practice
13.8	understand the application of consultation models to service-delivery and practice, including the role of leadership and group processes
13.9	<b>Clinical psychologists only</b> understand theories and evidence concerning psychological development and psychological difficulties across the lifespan and their assessment and remediation
13.10	understand more than one evidence- <del>based</del> <b>informed</b> model of formal psychological therapy
13.11	understand psychological models related to how biological, sociological and circumstantial or life-event-related factors impinge on psychological processes to affect psychological wellbeing
13.12	understand psychological models related to a range of presentations including: <ul style="list-style-type: none"> <li>– <del>clients</del> <b>service users</b> with presentations from acute to enduring and mild to severe;</li> <li>– problems with biological or neuropsychological aspects; and</li> <li>– 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</li> </ul>
13.13	understand psychological models related to <b>service users</b> <del>clients</del> : <ul style="list-style-type: none"> <li>– from a range of social and cultural backgrounds;</li> <li>– of all ages;</li> <li>– across a range of intellectual functioning;</li> <li>– with significant levels of challenging behaviour;</li> <li>– with developmental learning disabilities and cognitive impairment;</li> <li>– with communication difficulties;</li> <li>– with substance misuse problems; and</li> <li>– with physical health problems</li> </ul>
13.14	understand psychological models related to working:

	<ul style="list-style-type: none"> <li>– with <del>individual clients</del> <b>service users</b>, couples, families, carers, groups and at the organisational and community level; and</li> <li>– in a variety of settings including in-patient or other residential facilities with high-dependency needs, secondary health care and community or primary care</li> </ul>
13.15	understand change and transition processes at the individual, group and organisational level
13.16	understand social approaches such as those informed by community, critical and social constructivist perspectives
13.17	understand the impact of psychopharmacological and other clinical interventions on psychological work with <b>service users clients</b>
13.18	<b>Counselling psychologists only</b> understand the philosophical bases which underpin those psychological theories which are relevant to counselling psychology
13.19	understand the philosophy, theory and practice of more than one model of <b>formal</b> psychological therapy
13.20	understand psychological models related to a range of presentations including: <ul style="list-style-type: none"> <li>– <del>clients</del> <b>service users</b> with presentations from acute to enduring and mild to severe;</li> <li>– problems with biological or neuropsychological aspects; and</li> <li>– 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</li> </ul>
13.21	understand the therapeutic relationship and alliance as conceptualised by each model
13.22	understand the spiritual and cultural traditions relevant to counselling psychology
13.23	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
13.24	understand theories of human cognitive, emotional, behavioural, social and physiological functioning relevant to counselling psychology
13.25	understand different theories of lifespan development
13.26	understand social and cultural contexts and the nature of relationships throughout the lifespan
13.27	understand theories of psychopathology and of change
13.28	understand the impact of psychopharmacology and other interventions on psychological work with <b>service users clients</b>

13.29	<b>Educational psychologists only</b> understand the role of the educational psychologist across a range of school and community settings and services
13.30	understand the educational and emotional factors that facilitate or impede the provision of effective <b>teaching and learning</b>
13.31	understand psychological theories of, and research evidence in, child, adolescent and young adult development relevant to educational psychology
13.32	understand the structures and systems of a wide range of settings in which education, health and care are delivered for children, adolescents and young adults, including child protection procedures
13.33	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, adolescents and young adults
13.34	understand psychological models of the factors that lead to underachievement, disaffection and social exclusion amongst vulnerable groups
13.35	understand theories and evidence underlying psychological intervention with children, adolescents, young adults, their parents / carers, and education and other professionals
13.36	understand psychological models related to the influence on development of children, <del>and</del> adolescents <b>and young adults</b> from: <ul style="list-style-type: none"> <li>– family structures and processes;</li> <li>– cultural and community contexts; and</li> <li>– organisations and systems</li> </ul>
13.37	understand change and transition processes at the individual, group and organisational level
13.38	understand the theoretical basis of, and the variety of approaches to, consultation and assessment in educational psychology
13.39	<b>Forensic psychologists only</b> understand the application of psychology in the legal system
13.40	understand the application and integration of a range of theoretical perspectives on socially and individually damaging behaviours, including psychological, social and biological perspectives
13.41	understand psychological models related to a range of presentations including: <ul style="list-style-type: none"> <li>– <del>clients</del> <b>service users</b> with presentations from acute to enduring and mild to severe;</li> <li>– problems with biological or neuropsychological aspects; and</li> <li>– 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</li> </ul>



13.42	understand theory and its application to the provision of psychological therapies that focus on offenders and victims of offences
13.43	understand effective assessment approaches with individuals presenting with individual <del>and</del> or socially damaging behaviour
13.44	understand the development of criminal and antisocial behaviour
13.45	understand the psychological interventions related to different <del>client</del> <b>service user</b> groups including victims of offences, offenders, litigants, appellants and individuals seeking arbitration and mediation
13.46	<b>Health psychologists only</b> understand context and perspectives in health psychology
13.47	understand the epidemiology of health and illness
13.48	understand: <ul style="list-style-type: none"> <li>– biological mechanisms of health and disease;</li> <li>– health-related cognitions and behaviour;</li> <li>– stress, health and illness;</li> <li>– individual differences in health and illness;</li> <li>– lifespan, gender and cross-cultural perspectives; and</li> <li>– long-term conditions and disability</li> </ul>
13.49	understand applications of health psychology and professional issues
13.50	understand healthcare in professional settings
13.51	<b>Occupational psychologists only</b> understand the following in occupational psychology: <ul style="list-style-type: none"> <li>– human-machine interaction;</li> <li>– design of environments and work;</li> <li>– personnel selection and assessment;</li> <li>– performance appraisal and career development;</li> <li>– counselling and personal development;</li> <li>– training;</li> <li>– employee relations and motivation; and</li> <li>– organisational development and change</li> </ul>
13.52	<b>Sport and exercise psychology</b> understand cognitive processes, including motor skills, practice skills, learning and perception, and self-regulation
13.53	understand psychological skills such as:

	<ul style="list-style-type: none"> <li>– goal setting;</li> <li>– self-talk;</li> <li>– imagery;</li> <li>– pre-performance routines;</li> <li>– arousal control, such as relaxation and activation; and</li> <li>– strategies for stress and emotion management</li> </ul>
13.54	<p>understand exercise and physical activity including:</p> <ul style="list-style-type: none"> <li>– determinants, such as motives, barriers and adherence;</li> <li>– outcomes in relation to affect, such as mood and emotion;</li> <li>– cognition and mental health issues, such as self-esteem, eating disorders, depression and exercise dependence;</li> <li>– lifestyle and quality of life; and</li> <li>– injury</li> </ul>
13.55	<p>understand individual differences including:</p> <ul style="list-style-type: none"> <li>– mental toughness, hardiness and resilience;</li> <li>– personality;</li> <li>– confidence;</li> <li>– motivation;</li> <li>– self-concept and self-esteem; and</li> <li>– stress and coping</li> </ul>
13.56	<p>understand social processes within sport exercise psychology including:</p> <ul style="list-style-type: none"> <li>– interpersonal skills and relationships;</li> <li>– group dynamics and functioning;</li> <li>– organisational issues; and</li> <li>– leadership</li> </ul>
13.57	<p>understand the impact of developmental processes, including lifespan issues and processes related to career transitions and termination</p>
<b>14</b>	<b>be able to draw on appropriate knowledge and skills to inform practice</b>
14.1	be able to apply psychology across a variety of different contexts using a range of evidence-based informed and theoretical models, frameworks and psychological paradigms
14.2	be able to adapt practice as needed to take account of new developments or changing contexts

14.3	be able to conduct appropriate <del>diagnostic</del> <b>assessment</b> or monitoring procedures, treatment, interventions, therapy or other actions safely and effectively
14.4	be able to conduct consultancy
14.5	be able to formulate specific and appropriate management plans including the setting of timescales
14.6	be able to manage resources to meet timescales and agreed project objectives
14.7	be able to use psychological formulations to plan appropriate interventions that take the <b>service user's</b> <del>client's</del> perspective into account
14.8	be able to direct the implementation of applications and interventions carried out by others
14.9	be able to gather appropriate information
14.10	be able to make informed judgements on complex issues in the absence of complete information
14.11	be able to work effectively whilst holding alternative competing explanations in mind
14.12	be able to generalise and synthesise prior knowledge and experience in order to apply them critically and creatively in different settings and novel situations
14.13	be able to select and use appropriate assessment techniques
14.14	be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment
14.15	be able to choose and use a broad range of psychological assessment methods, appropriate to the <b>service user, client,</b> environment and the type of intervention likely to be required
14.16	be able to decide how to assess, formulate and intervene psychologically from a range of possible models and modes of intervention with <del>clients</del> <b>service users</b> and / or service systems
14.17	be able to use formal assessment procedures, systematic interviewing procedures and other structured methods of assessment relevant to their domain
14.18	be able to undertake or arrange investigations as appropriate
14.19	be able to analyse and critically evaluate the information collected

14.20	be able to critically evaluate risks and their implications
14.21	be able to demonstrate a logical and systematic approach to problem solving
14.22	be able to use research, reasoning and problem solving skills to determine appropriate actions
14.23	be able to recognise when further intervention is inappropriate, or unlikely to be helpful
14.24	recognise the value of research to the critical evaluation of practice
14.25	be aware of a range of research methodologies
14.26	be able to evaluate research and other evidence to inform their own practice
14.27	be able to initiate, design, develop, conduct and critically evaluate psychological research
14.28	understand a variety of research designs
14.29	be able to understand and use applicable techniques for research and academic enquiry, including qualitative and quantitative approaches
14.30	be able to use professional and research skills in work with <b>service users</b> <del>clients</del> based on a scientist-practitioner and reflective-practitioner model that incorporates a cycle of assessment, formulation, intervention and evaluation
14.31	understand research ethics and be able to apply them
14.32	be able to conduct service and large scale evaluations
14.33	be able to use information and communication technologies appropriate to their practice
14.34	<b>Clinical psychologists only</b> be able to assess social context and organisational characteristics
14.35	be able to develop psychological formulations using the outcomes of assessment, drawing on theory, research and explanatory models
14.36	<del>be able to identify, review and critically appraise a substantial body of research evidence relevant to clinical psychology practice</del>

14.37	be able to draw on knowledge of developmental, social and neuropsychological processes across the lifespan to facilitate adaptability and change in individuals, groups, families, organisations and communities
14.38	understand therapeutic techniques and processes as applied when working with a range of individuals in distress including: <ul style="list-style-type: none"> <li>– those who experience difficulties related to anxiety, mood, adjustment to adverse circumstances or life-events, eating, psychosis, use of substances; and</li> <li>– those with somatoform, psychosexual, developmental, personality, cognitive and neurological presentations</li> </ul>
14.39	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 <b>service user client</b>
14.40	be able to implement therapeutic interventions based on a range of evidence-based informed models of formal psychological therapy, including the use of cognitive behavioural therapy
14.41	be able to promote awareness of the actual and potential contribution of psychological services
14.42	be able to evaluate and respond to organisational and service delivery changes, including the provision of consultation
14.43	<b>Counselling psychologists only</b> be able to contrast, compare and critically evaluate a range of models of therapy
14.44	be able to draw on knowledge of developmental, social and neuropsychological processes across the lifespan to facilitate adaptability and change in individuals, groups, families, organisations and communities
14.45	be able to critically evaluate theories of mind and personality
14.46	understand therapy through their own life-experience
14.47	be able to adapt practice to take account of the nature of relationships throughout the lifespan
14.48	be able to formulate <b>service users' clients'</b> concerns within the chosen therapeutic models
14.49	be able to critically evaluate psychopharmacology and its effects from research and practice
14.50	be able to critically evaluate theories of psychopathology and change
14.51	be able to <del>integrate and</del> implement therapeutic <del>approaches</del> <b>interventions</b> based on a range of evidence-based informed <b>models of formal</b> psychological <b>therapy</b> <del>interventions</del>

14.52	be able to promote awareness of the actual and potential contribution of psychological services
14.53	be able to evaluate and respond to organisational and service delivery changes, including the provision of consultation
14.54	<b>Educational psychologists only</b> be able to develop psychological formulations using the outcomes of assessment, drawing on theory, research and explanatory models
14.55	be able to carry out and analyse large-scale data gathering, including questionnaire surveys
14.56	be able to work with key partners to support the design, implementation, conduct, evaluation and dissemination of research activities and to support evidence- <b>based informed</b> research
14.57	be able to formulate interventions that focus on applying knowledge, skills and expertise to support local and national initiatives
14.58	be able to develop and apply effective interventions to promote psychological wellbeing, social, emotional and behavioural development and to raise educational standards
14.59	be able to implement interventions and plans through and with other professions and / or with parents / carers
14.60	be able to adopt a proactive and preventative approach in order to promote the psychological wellbeing of <b>service users clients</b>
14.61	be able to choose and use a broad range of psychological interventions, appropriate to the <b>service user's client's</b> needs and settings
14.62	be able to integrate and implement therapeutic approaches based on a range of evidence- <b>based informed</b> psychological interventions
14.63	be able to promote awareness of the actual and potential contribution of psychological services
14.64	<b>Forensic psychologists only</b> be able to plan and design training and development programmes
14.65	be able to plan and implement assessment procedures for training programmes
14.66	be able to promote awareness of the actual and potential contribution of psychological services
14.67	be able to assess social context and organisational characteristics

14.68	be able to research and develop psychological methods, concepts, models, theories and instruments in forensic psychology
14.69	be able to evaluate and respond to organisational and service delivery changes, including the provision of consultation
14.70	be able to draw on knowledge of developmental and social changes and constraints across an individual's lifespan to facilitate adaptability and change
14.71	be able to implement interventions and care-plans through and with other professionals who form part of the service user care-team
14.72	be able, on the basis of empirically derived psychological formulation, to implement psychological therapy or other interventions appropriate to the presenting maladaptive <del>and</del> or socially damaging behaviour of the <b>service user</b> <del>client</del>
14.73	be able to integrate and implement evidence- <b>based</b> <del>informed</del> psychological therapy at either an individual or group level
14.74	<b>Health psychologists only</b> be able to plan and implement assessment procedures for training programmes
14.75	be able to develop appropriate psychological assessments based on appraisal of the influence of the <b>biological</b> , social and environmental context
14.76	be able to develop psychological formulations using the outcomes of assessment, drawing on theory, research and explanatory models
14.77	be able to carry out and analyse large-scale data gathering, including questionnaire surveys
14.78	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
14.79	be able to contrast, compare and critically evaluate a range of models of behaviour change
14.80	understand techniques and processes as applied when working with different individuals who experience difficulties
14.81	be able to develop and apply effective interventions to promote psychological wellbeing, social, emotional and behavioural development and to raise educational standards
14.82	be able to evaluate and respond to change in health psychology and in consultancy and service-delivery contexts
14.83	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 <b>service user</b> <del>client</del>

14.84	be able to integrate and implement therapeutic approaches based on a range of evidence-based informed psychological interventions
14.85	be able to choose and use a broad range of psychological interventions, appropriate to the client's service user's needs and settings
14.86	<b>Occupational psychologists only</b> be able to assess individuals, groups and organisations in detail
14.87	be able to use the consultancy cycle
14.88	be able to research and develop psychological methods, concepts, models, theories and instruments in occupational psychology
14.89	be able to use psychological theory to guide research solutions for the benefit of organisations and individuals
14.90	understand and be able to act and provide advice on policy development concerning employees' and job seekers' rights
14.91	be able to run, direct, train and monitor others in the effective implementation of an application
14.92	<b>Sport and exercise psychologists only</b> be able to assess social context and organisational characteristics
14.93	be able to develop psychological formulations using the outcomes of assessment, drawing on theory, research and explanatory models
14.94	be able to formulate service users' clients' concerns within the chosen intervention models
<b>15</b>	<b>understand the need to establish and maintain a safe practice environment</b>
15.1	understand the need to maintain the safety of both service users and those involved in their care or experience
15.2	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
15.3	be able to establish safe environments for practice, which minimise risks to service users, those treating them and others
15.4	<b>Sport and exercise psychologists only</b> be aware of the possible physical risks associated with certain sport and exercise contexts



## Appendix 2: Suggested additional standards

No.	Standard	Suggested additional standards
1.	be able to practise safely and effectively within their scope of practice	<p>A few respondents suggested additional standards or areas of further consideration under this standard. Several respondents commented on the issue of clinical supervision. They supported explicit reference to clinical supervision in the standard and highlighted its benefits both for registrants and service users.</p> <p>Two respondents sought additional standards on employer tensions and meeting the standards. One respondent suggested the inclusion of an additional standard detailing managerial responsibilities:</p> <ul style="list-style-type: none"> <li>• where registrants are in a supervisory or managerial role of other registrants, who are thus de facto service users, act with integrity, transparency and honesty in the exercise of those supervisory or managerial duties and responsibilities</li> </ul>
2.	be able to practise within the legal and ethical boundaries of their profession	<p>One respondent suggested the inclusion of an additional standard under this standard:</p> <ul style="list-style-type: none"> <li>• understand the current policy frameworks applicable to the work of their profession.</li> </ul>
3.	be able to maintain fitness to practise	<p>A few respondents suggested additional standards or areas of further consideration under this standard. Three respondents supported an additional standard on clinical supervision under this standard. This included:</p> <ul style="list-style-type: none"> <li>• be able to make use of supervision to develop their practice.</li> </ul> <p>One other respondent sought an additional standard covering the issue of fitness to practise when a registrant is suffering from psychological difficulties.</p>

4.	be able to practise as an autonomous professional, exercising their own professional judgement	<p>One respondent suggested an additional standard under this standard:</p> <ul style="list-style-type: none"> <li>• know when to consult colleagues within and outside the organisation in order to facilitate shared decision-making.</li> </ul> <p>This respondent commented that the requirement to work with others in order to foster joint decision-making in a practitioner psychologist's practice was absent from standards one and 4.6.</p>
5.	be aware of the impact of culture, equality, and diversity on practice	<p>One respondent sought an additional standard which detailed the need for practitioner psychologists to consider social justice and wider socio-political factors that affect well-being.</p>
6.	be able to practise in a non-discriminatory manner	
7.	Understand the importance of and be able to maintain confidentiality	<p>One respondent sought reference to the Data Protection Act under this standard.</p>
8.	be able to communicate effectively	<p>Two respondents suggested additional standards or areas of further consideration under this standard. One respondent sought an additional standard on capacity in the care of a service user. This would require a registrant to assess a service user's level of capacity and adjust their work to meet this.</p> <p>The second respondent suggested an additional standard under this standard:</p> <ul style="list-style-type: none"> <li>• be able to communicate effectively with individuals to empower and enable them to make changes, using collaborative shared decision making approaches and recognising the expertise the service user or client brings.</li> </ul> <p>They were concerned that the standard as drafted placed too great an emphasis on the registrant as an expert without taking account of their role to empower service users in their own care.</p>

9.	be able to work appropriately with others	<p>One respondent suggested two additional domain-specific standards for clinical psychologists under this standard:</p> <ul style="list-style-type: none"> <li>• be able to supervise, monitor, and lead improvements in the quality of psychological therapies provided by others; and</li> <li>• be able to contribute leadership in ensuring that all those involved in providing psychological care act in the best interests of the client.</li> </ul>
10.	be able to maintain records appropriately	
11.	be able to reflect on and review practice	<p>Two respondents supported additional domain-specific standards for clinical psychologists under this standard. They sought to strengthen the reflection requirements in this area. This included:</p> <ul style="list-style-type: none"> <li>• be able to critically reflect on the use on the use of self and therapy-informed personal disclosure in the therapeutic process.</li> </ul> <p>This respondent commented that this would be particularly helpful for trainee practitioner psychologists.</p>
12.	be able to assure the quality of their practice	
13.	understand the key concepts of the knowledge base relevant to their profession	<p>Several respondents sought additional standards or areas for further consideration under this standard. Both a thematic and domain-specific approach to the various proposed standards has been utilised in this section. Two respondents supported an additional standard referring to psychometric theory and / or testing under this standard. This included an additional domain-specific standard for clinical psychologists:</p> <ul style="list-style-type: none"> <li>• understand concepts of psychometric test theory relevant to selecting, using, and interpreting the results of measures used to assess psychological, interpersonal, and neuropsychological phenomena.</li> </ul>

		<p>This respondent also suggested the following additional domain-specific standards for clinical psychologists:</p> <ul style="list-style-type: none"> <li>• be able to integrate information from a range of biopsychosocial theoretical perspectives to arrive at intervention plans that are matched to specific client needs; and</li> <li>• understand leadership theories and models and their application to service development and delivery.</li> </ul> <p>One respondent suggested a number of additional domain-specific standards, together with amended standards for health psychologists, to reflect changes to the BPS' division standards in this area:</p> <ul style="list-style-type: none"> <li>• understand psychological models related to working with a range of client groups across the lifespan, including: <ul style="list-style-type: none"> <li>- cross-cultural perspectives;</li> <li>- sex and gender differences;</li> <li>- children and the role of the family in health and illness;</li> <li>- death, dying and bereavement;</li> </ul> </li> <li>• understand the theories of leadership, and the role of collaborative working in interdisciplinary / multidisciplinary teams;</li> <li>• be aware of the ways that factors such as personality, health literacy and emotional intelligence may impact on health-related behaviour and cognitions; and</li> <li>• understand issues relevant to the design and evaluation of a range of interventions, including knowledge of: <ul style="list-style-type: none"> <li>- health needs assessment;</li> <li>- the process of formulation, based on assessment, which informs choice of intervention;</li> <li>- management of acute and long-term conditions;</li> <li>- behavioural change techniques; and</li> <li>- health education and promotion.</li> </ul> </li> </ul> <p>One respondent suggested a number of additional domain-specific standards, together with amended standards for occupational psychologists, to reflect</p>
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		<p>changes to the BPS' division standards in this area:</p> <ul style="list-style-type: none"> <li>• critically understand and be able to critically evaluate a range of aspects and stages in the assessment of people in, or for, work settings, including: <ul style="list-style-type: none"> <li>- analysis of the job and the attributes required to perform it effectively;</li> <li>- the impact on organisations of best practice in assessment, and</li> <li>- the nature and effectiveness of different assessment methods, including issues of fairness, diversity and candidate reactions;</li> </ul> </li> <li>• critically understand the ways in which individuals learn and develop in the context of work and organisations, including: <ul style="list-style-type: none"> <li>- cognitive theories of learning and skill development;</li> <li>- theories of occupational choice and their framing of what individuals choose to do long term in their employment;</li> <li>- the psychological underpinnings of coaching and training;</li> <li>- evaluation of learning and development;</li> <li>- organizational perspectives on learning and development;</li> </ul> </li> <li>• understand and be able to evaluate concepts of leadership, power and influence, including: <ul style="list-style-type: none"> <li>- their impact on employee engagement, commitment and perceptions of fairness; and</li> <li>- positive and negative responses to work;</li> </ul> </li> <li>• understand psychological perspectives on wellbeing and work, including: <ul style="list-style-type: none"> <li>- how work links with individual and organisational well-being;</li> <li>- how work is structured and continues to evolve, including the interface of work and non-work;</li> <li>- any negative effects of work including theories of stress and pressure and the role of emotions;</li> <li>- positive and preventative paradigms;</li> <li>- mental and physical health, including symptoms and disorders and their manifestations in the workplace; and</li> <li>- the psychological evidence base for relevant interventions and how these might be implemented and evaluated in practice; and</li> </ul> </li> </ul>
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		<ul style="list-style-type: none"> <li>• understand and be able to use overall models for reflecting on evidence-based practice, and specific tools and techniques for gathering, analysing and feeding back data in organisational contexts.</li> </ul> <p>One respondent suggested a number of additional domain-specific standards acknowledging the evolving scope of practice of educational psychologists working with an older client group. These included:</p> <ul style="list-style-type: none"> <li>• have an informed understanding of post-school transition;</li> <li>• be familiar with good practice guidance;</li> <li>• understand the vulnerability faced by young adults with special educational needs in relation to transition and am [be] able to assess needs in relation to this process;</li> <li>• have an informed understanding of further education programmes and levels, types of employment, and the vulnerability of young adults in relation to attaining employment;</li> <li>• to consider individual requirements and to promote the needs of this population;</li> <li>• understand their particular role in supporting young adults, including those with special educational needs, into further education, employment and community living and be able to contribute alongside others to assist this;</li> <li>• have an awareness of legislation relating to adults including rights-related and capacity-related, be able to refer to such legislation and be able to draw upon literature to evaluate rights and risk;</li> <li>• be able to complete psychological assessments for young adults, and understand how to select appropriate assessment techniques and equipment;</li> <li>• be able to develop psychological formulations to assist the understanding of young adults, drawing upon theory, research and explanatory models to make professional judgements;</li> <li>• be able to use research, reasoning and problem-solving skills to determine [the] appropriate action and intervention for young adults, including to identify evidence-based practice and apply systematic</li> </ul>
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		<p>evaluation methods to support outcomes for psychological well-being and development;</p> <ul style="list-style-type: none"> <li>• understand the need for and have the ability to adapt practice to work with and meet the needs of young adults, including consideration of relevant psychological, environmental, cultural and socio-economic considerations relevant to this group; and</li> <li>• understand and know how to modify practice to facilitate the involvement and participation of young adults; promote accessibility of information; support informed consent; and make relevant written information and records with and for young adults</li> </ul> <p>One respondent sought an additional domain-specific standards for counselling psychologists who offer therapy, work in multidisciplinary settings and / or managerial positions but did not specify these standards. Another respondent was concerned that the language used in standards needed to accurately reflect the level of competence to be expected at entry to the profession. They were particularly concerned with the appropriate use of ‘psychological therapy’ and ‘psychological therapies’ in the standards. Finally, one respondent suggested an additional standard requiring all practitioner psychologists who practise eye movement desensitisation and reprocessing (EMDR) psychotherapy to undertake appropriate and accredited training in this area.</p>
14.	be able to draw on appropriate knowledge and skills to inform practice	<p>Several respondents sought additional standards or areas for further consideration under this standard. Three respondents suggested a number of additional domain-specific standards for clinical psychologists under this standard. These included:</p> <ul style="list-style-type: none"> <li>• be able to plan and design training and development programmes;</li> <li>• be able to directly influence quality improvement in clinical services by designing, conducting, and evaluating clinical audits;</li> <li>• be able to exert appropriate indirect influence on service delivery through consultancy, training and working effectively in multidisciplinary and cross-professional teams;</li> </ul>

		<ul style="list-style-type: none"> <li>• be able to develop and implement models of training, supervision and evaluation of psychological therapies including the training of multi-professional groups; and</li> <li>• be able to formulate a diverse range of client presentations through the consideration and application of established psychological theory.</li> </ul> <p>Two respondents supported additional domain-specific standards for clinical psychologists on the importance of research in their role. One respondent sought an additional standard requiring a greater emphasis on producing research. They commented this would capture how clinical psychologists should not only behave as applied scientists, but also contribute to the broader evidence base. The second respondent suggested the following additional domain-specific standard:</p> <ul style="list-style-type: none"> <li>• be able to design, conduct, critically evaluate and report on research at an advanced level [to reflect their Doctoral level research training skills]</li> </ul> <p>Four respondents sought additional domain-specific standards in psychometric assessment theory, measurements and related issues under this standard. This issue has been covered in the general comments section.</p> <p>Finally two respondents sought additional standards for the interventions carried out by practitioner psychologists. This included:</p> <ul style="list-style-type: none"> <li>• be aware of and undertake training in behavioural interventions; and</li> <li>• be able to undertake the least intrusive assessment, in context and over time, working with others to inform intervention.</li> </ul> <p>However, the second respondent only supported the latter standard for educational psychologists.</p>
15.	understand the need to establish and maintain a safe practice environment	Two respondents sought additional standards on general safeguarding issues under this standard. One respondent sought an additional standard requiring practitioner psychologists to communicate any concerns, which may affect their



		<p>ability to practise safely and effectively, to service managers. The second respondent suggested the following additional profession-specific standard:</p> <ul style="list-style-type: none"><li>• be able to recognise and respond to unethical and / or incompetent practice to ensure that the safety of service users is maintained.</li></ul> <p>They argued that this additional standard would go beyond the implicit requirements in standards 15.1 to 15.3.</p>
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## Appendix 3: Detailed comments on the draft standards

Respondents' proposed deletions are indicated in the text by ~~strikethrough~~ whilst additions are shown in **bold**.

This section does not include comments received about the generic standards, as they were not within the scope of the consultation.

No.	Standard	Comments
1	<b>be able to practise safely and effectively within their scope of practice</b>	
1.1	know the limits of their practice and when to seek advice or refer to another professional	
1.2	recognise the need to manage their own workload and resources effectively and be able to practise accordingly	<p>One respondent suggested amending this standard to the following wording:</p> <ul style="list-style-type: none"> <li>recognise the need to manage their own workload and resources effectively and <del>be able to practise accordingly</del> <b>highlight to managers if external factors may be at risk of compromising their practice, to ensure that the safety of service users is maintained</b></li> </ul>
2	<b>be able to practise within the legal and ethical boundaries of their profession</b>	One respondent was concerned that the standards in this section did not require educational psychologists to be familiar with psychometric theory and practice or the use of psychometric tests.
2.1	understand the need to act in the best interests of service users at all times	<p>One respondent suggested amending this standard to the following wording in order to make it applicable to all practitioner psychologists:</p> <ul style="list-style-type: none"> <li>understand the need to act in the best interests of service users <b>or clients</b> at all times</li> </ul>
2.2	understand what is required of them by the Health and Care Professions Council	

2.3	understand the need to respect and uphold the rights, dignity, values and autonomy of service users including their role in the diagnostic and therapeutic process and in maintaining health and wellbeing	<p>Three respondents commented on this standard. Two respondents were concerned about the applicability of this standard for all practitioner psychologists. One respondent was concerned with the references to 'health' and 'wellbeing' for occupational psychologists. Two respondents suggested amending the standard to make it applicable for clinical psychologists and / or all practitioner psychologists:</p> <ul style="list-style-type: none"> <li>• understand the need to respect and uphold the rights, dignity, values and autonomy of service users including their role in the <del>diagnostic and therapeutic</del> <b>assessment, formulation and intervention</b> processes and in maintaining health and wellbeing; or</li> <li>• understand the need to respect and uphold the rights, dignity, values and autonomy of service users including their role in the <b>assessment</b> <del>diagnostic</del> and <b>treatment or intervention</b> <del>therapeutic</del> process and in maintaining health and wellbeing</li> </ul>
2.4	recognise that relationships with service users should be based on mutual respect and trust, and be able to maintain high standards of practice even in situations of personal incompatibility	<p>One respondent suggested amending this standard to the following wording in order to make it applicable to all practitioner psychologists:</p> <ul style="list-style-type: none"> <li>• recognise that relationships with service users <b>and clients</b> should be based on mutual respect and trust, and be able to maintain high standards of practice even in situations of personal incompatibility</li> </ul>
2.5	understand current legislation applicable to the work of their profession	
2.6	understand the importance of and be able to obtain informed consent	<p>One respondent suggested amending this standard to the following wording in order to strengthen the informed consent requirements for those service users with more limited capacity:</p> <ul style="list-style-type: none"> <li>• understand the importance of and <b>make every effort</b> <del>be able to</del> obtain informed consent.</li> </ul> <p>This respondent argued in situations where obtaining informed consent from the service user is not possible that further consultation with other professionals, family members etc. is necessary in order to ensure that the practitioner psychologist acts in the best interest of their service user.</p>
2.7	be able to exercise a professional duty of care	

2.8	understand the complex ethical and legal issues of any form of dual relationship and the impact these may have on clients	
2.9	understand the power imbalance between practitioners and clients and how this can be managed appropriately	<p>Two respondents commented on this standard. One respondent considered this standard to be meaningful. However, the second respondent suggested amending this standard to the following wording in order to make it applicable to all practitioner psychologists:</p> <ul style="list-style-type: none"> <li>• understand the <b>dynamics of power relationships imbalance</b> between practitioners and <b>service users or clients</b>, and how this can be managed appropriately <b>through recognizing and maintaining appropriate boundaries</b></li> </ul> <p>This respondent commented that it was important that this standard required both an understanding of and the need to maintain boundaries and supported merging this and standard 2.10. They supported reference to the use of 'dynamics of power relationships' in the standard as opposed to 'power imbalance'.</p>
2.10	be able to recognise appropriate boundaries and understand the dynamics of power relationships	<p>One respondent suggested there was some duplication in this standard and that the issue was adequately covered in standards 2.8-2.9. They were concerned with the reference to 'boundaries' and 'dynamics' which could be limited to an individual practitioners' scope of practice and reiterated this point for standard 9.6.</p>
2.11	understand the organisational context for their practice as a practitioner psychologist	
2.12	be able to act ethically to balance the interests of the organisation with respect to individual and group rights and needs	<p>Four respondents commented on this standard. All of the respondents highlighted the use of 'organisation' in the standard. Two respondents suggested that the standard should be reworded to clarify it for those domains which do not tend to work with organisations. Two other respondents further queried what 'organisation' is being referred to in the standard, for example, employer, commissioner or the client. The second respondent was unclear about the standards applicability to individual practice.</p>

<b>3</b>	<b>be able to maintain fitness to practise</b>	
3.1	understand the need to maintain high standards of personal and professional conduct	
3.2	understand the importance of maintaining their own health	One respondent suggested including reference to mental health and capacity in this standard.
3.3	understand both the need to keep skills and knowledge up to date and the importance of career-long learning	One respondent suggested amending this standard to the following wording: <ul style="list-style-type: none"> <li>• understand both the need to keep skills and knowledge up to date and the importance of career-long learning <b>and development</b></li> </ul>
3.4	be able to manage the physical, psychological and emotional impact of their practice	Two respondents commented on this standard. Both respondents suggested amending this standard to the following wording in order to strengthen the requirement for registrants to maintain their health and wellbeing: <ul style="list-style-type: none"> <li>• be able to <b>reflect on their ability to</b> manage the physical, psychological and emotional impact of their practice <b>through supervision and occupational health channels</b>; or</li> <li>• be able to <del>manage</del> <b>aware of</b> the physical, psychological and emotional impact of their practice <b>and take steps towards ensuring their own wellbeing.</b></li> </ul>
<b>4</b>	<b>be able to practise as an autonomous professional, exercising their own professional judgement</b>	
4.1	be able to assess a professional situation, determine the nature and severity of the problem and call upon the required knowledge and experience to deal with the problem	
4.2	be able to make reasoned decisions to initiate, continue, modify or cease treatment, intervention or the use of techniques or procedures, and record the decisions and reasoning appropriately	

4.3	be able to initiate resolution of problems and be able to exercise personal initiative	
4.4	recognise that they are personally responsible for and must be able to justify their decisions	
4.5	be able to make and receive appropriate referrals	
4.6	understand the importance of participation in training, supervision and mentoring	One respondent supported a reference to mandatory supervision in this standard in order to maintain safe and effective practice.
<b>5.</b>	<b>be aware of the impact of culture, equality and diversity on practice</b>	
5.1	understand the impact of differences such as gender, sexuality, ethnicity, culture, religion and age on psychological wellbeing and behaviour	One respondent suggested amending this standard to the following wording: <ul style="list-style-type: none"> <li>• understand the impact of differences such as gender, sexuality, ethnicity, culture, religion, <del>and</del> age <b>and disability</b> on psychological wellbeing and behaviour</li> </ul>
5.2	understand the requirement to adapt practice to meet the needs of different groups and individuals	
<b>6.</b>	<b>be able to practise in a non-discriminatory manner</b>	
<b>7</b>	<b>understand the importance of and be able to maintain confidentiality</b>	
7.1	be aware of the limits of the concept of confidentiality	
7.2	understand the principles of information governance and be aware of the safe and effective use of health, social care and other relevant information	One respondent supported reference to the Data Protection Act in this and standard 7.3.

7.3	be able to recognise and respond appropriately to situations where it is necessary to share information to safeguard service users or the wider public	One respondent suggested amending this standard to the following wording in order to make it applicable to all practitioner psychologists: <ul style="list-style-type: none"> <li>be able to recognise and respond appropriately to situations where it is necessary to share information to safeguard service users, <b>clients</b>, or the wider public</li> </ul>
<b>8</b>	<b>be able to communicate effectively</b>	
8.1	be able to demonstrate effective and appropriate verbal and non-verbal skills in communicating information, advice, instruction and professional opinion to service users, colleagues and others	
8.2	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 <sup>4</sup>	Two respondents commented on this standard. There was a general consensus for strengthening the English language competency requirements for all practitioner psychologists. They supported increasing the IELTS requirements to levels 7.5 and 8 respectively.
8.3	understand how communication skills affect assessment of, and engagement with, service users and how the means of communication should be modified to address and take account of factors such as age, capacity, learning ability and physical ability	One respondent suggested amending this standard to the following wording: <ul style="list-style-type: none"> <li>understand how communication skills affect assessment of, and engagement with, service users and how the means of communication should be modified to address and take account of factors such as age, <b>mental</b> capacity, <b>learning intellectual and functional</b> ability and physical ability</li> </ul>
8.4	be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others	
8.5	be aware of the characteristics and consequences of verbal and non-verbal communication and how this can be affected by factors such as age, culture, ethnicity,	One respondent suggested amending this standard to the following wording:

<sup>4</sup> The International English Language Testing System (IELTS) tests competence in the English language. 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), must provide evidence that they have reached the necessary standard. Please visit our website for more information.

	gender, socio-economic status and spiritual or religious beliefs	<ul style="list-style-type: none"> <li>• be aware of the characteristics and consequences of verbal and non-verbal communication and how this can be affected by factors such as age, culture, ethnicity, gender, socio-economic status, <b>mental and physical disability</b> and spiritual or religious beliefs</li> </ul>
8.6	understand the need to provide service users or people acting on their behalf with the information necessary to enable them to make informed decisions	
8.7	be able to select the appropriate means for communicating feedback to clients	One respondent was concerned that this standard was unclear which would impact on the ability of practitioner psychologists to meet it.
8.8	be able to provide psychological opinion and advice in formal settings, as appropriate	
8.9	be able to communicate ideas and conclusions clearly and effectively to specialist and non-specialist audiences	
8.10	be able to explain the nature and purpose of specific psychological techniques to clients	
8.11	be able to summarise and present complex ideas in an appropriate form	
8.12	understand the need to assist the communication needs of service users such as through the use of an appropriate interpreter, wherever possible	
8.13	recognise the need to use interpersonal skills to encourage the active participation of service users	
8.14	be able to use formulations to assist multi-professional communication and understanding	
8.15	understand explicit and implicit communications in a therapeutic relationship	<p>Two respondents commented on this standard. Both respondents questioned its applicability for all practitioner psychologists including the reference to 'therapeutic relationship'. The second respondent suggested amending this standard to the following wording in order to make it applicable to all practitioner psychologists:</p> <ul style="list-style-type: none"> <li>• understand explicit and implicit communications in a <b>practitioner - client</b> therapeutic relationship</li> </ul>
8.16	be able to appropriately define and contract work with commissioning clients or client representatives	



8.17	<p><b>Counselling psychologists only</b>  understand how empathic understanding can be helped by creativity and artistry in the use of language and metaphor</p>	<p>Six respondents commented on this standard. Two respondents did not support this standard as drafted and considered it as requiring rewording or removal. Four other respondents supported making this standard applicable for certain domains. Two respondents highlighted the importance of ‘empathic understanding’ or ‘empathic listening’ to other practitioner psychologist groups engaged in therapeutic work including clinical psychologists and educational psychologists. Two other respondents suggested that this standard should also be made applicable to clinical psychologists. One of them suggested amending this standard to the following wording:</p> <ul style="list-style-type: none"> <li>• <del>understand</del> <b>appreciate</b> how empathy <del>ie</del> <b>and a greater understanding of a person’s needs</b> can be helped by creativity and artistry in the use of language and metaphor</li> </ul> <p>The second respondent was also concerned with the reference to ‘artistry’ in the standard which they considered to be vague.</p>
9	<p><b>be able to work appropriately with others</b></p>	
9.1	<p>be able to work, where appropriate, in partnership with service users, other professionals, support staff and others</p>	
9.2	<p>understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team</p>	<p>One respondent was concerned about possible ambiguity in this standard with the reference to ‘independent practitioner’.</p>
9.3	<p>understand the need to engage service users and carers in planning and evaluating diagnostics, treatments and interventions to meet their needs and goals</p>	<p>Three respondents commented on this standard. All of these respondents commented on the standards applicability for all practitioner psychologists. There was concern in relation to the terminology used in the standard including reference to ‘diagnostics’ and ‘treatments’ for occupational psychologists, sport and exercise psychologists etc. Two respondents suggested amending the standard to make it applicable for clinical psychologists and / or all practitioner psychologists:</p> <ul style="list-style-type: none"> <li>• understand the need to engage service users and carers in planning and evaluating <del>diagnostics, treatments and interventions</del> <b>assessment, intervention and outcome processes</b> to meet their needs and goals; or</li> </ul>

		<ul style="list-style-type: none"> <li>• understand the need to engage service users and carers in planning and evaluating <b>assessments, diagnostics, treatments and / or</b> interventions to meet their needs and goals</li> </ul>
9.4	understand the need to implement interventions, care plans or management plans in partnership with clients, other professionals and carers	<p>One respondent suggested amending this standard to the following wording in order to make it applicable to all practitioner psychologists:</p> <ul style="list-style-type: none"> <li>• understand the need to implement interventions, care plans or management plans in partnership with clients, other professionals and carers, <b>where appropriate</b>; or</li> <li>• understand the need to implement interventions, care plans or management plans <b>with the involvement of relevant stakeholders (such as clients / service users, other professionals and / or carers)</b>. <del>in partnership with clients, other professionals and carers</del></li> </ul>
9.5	be able to initiate, develop and end a client-practitioner relationship	<p>One respondent suggested amending this standard to the following wording:</p> <ul style="list-style-type: none"> <li>• be able to initiate, develop and <del>end</del> <b>conclude</b> a client-practitioner relationship</li> </ul>
9.6	understand the dynamics present in relationships between clients and practitioners	One respondent suggested removing this standard as they considered it to be vague and dependent on psychodynamic theory which is not applied by many practitioner psychologists.
9.7	be able to contribute effectively to work undertaken as part of a multi-disciplinary team	
9.8	be able to plan, design and deliver teaching and training which takes into account the needs and goals of participants	
9.9	be able to support the learning of others in the application of psychological skills, knowledge, practices and procedures	
9.10	be able to use psychological formulations with clients to facilitate their understanding of their experience	<p>One respondent suggested amending this standard to the following wording in order to make it applicable to all practitioner psychologists:</p> <ul style="list-style-type: none"> <li>• be able to use psychological formulations with clients to facilitate their understanding of their experience <b>or the situation</b></li> </ul>

<b>10</b>	<b>be able to maintain records appropriately</b>	Two respondents commented on standard ten. One respondent was concerned about possible repetition and duplication in this standard. The second respondent was concerned that these profession-specific standards were vague as to the type of information which should be recorded and how related concerns should be communicated.
10.1	be able to keep accurate, comprehensive and comprehensible records in accordance with applicable legislation, protocols and guidelines	
10.2	recognise the need to manage records and all other information in accordance with applicable legislation, protocols and guidelines	
<b>11</b>	<b>be able to reflect on and review practice</b>	
11.1	understand the value of reflection on practice and the need to record the outcome of such reflection	
11.2	recognise the value of case conferences or other methods of review	
11.3	be able to reflect critically on their practice and consider alternative ways of working	
11.4	understand models of supervision and their contribution to practice	Two respondents commented on this standard. One respondent was concerned that the standard was vague and supported an explicit reference to mandatory supervision. The second respondent queried whether newly qualified registrants would be aware of the various supervision models.
11.5	<b>Counselling psychologists only</b> be able to critically reflect on the use of self in the therapeutic process	Four respondents commented on this standard. They argued that the requirements contained in this standard were applicable to other domains. Two respondents suggested that this standard would also be potentially applicable to clinical psychologists (one of them also suggested that it was applicable to educational psychologists). Two other respondents

		suggested that the standard would be applicable to all practitioner psychologists who are involved in the therapeutic process / work.
<b>12</b>	<b>be able to assure the quality of their practice</b>	
12.1	be able to engage in evidence-informed practice, evaluate practice systematically and participate in audit procedures	<p>Five respondents commented on this standard. These respondents debated the merits and demerits of reference to 'evidence-based' or 'evidence-informed' in this standard. The majority of respondents supported reverting back to 'evidence-based'. This issue is covered in more detail in the general comments section. One respondent suggested amending the standard to the following wording:</p> <ul style="list-style-type: none"> <li>• be able to engage in <del>evidence-informed</del> <b>evidence-based</b> practice <b>(or evidence-informed practice where firm evidence is lacking)</b>, evaluate practice systematically and participate in audit procedures</li> </ul>
12.2	be able to gather information, including qualitative and quantitative data, that helps to evaluate the responses of service users to their care or experience	
12.3	be aware of the role of audit and review in quality management, including quality control, quality assurance and the use of appropriate outcome measures	
12.4	be able to maintain an effective audit trail and work towards continual improvement	
12.5	be aware of, and able to participate in, quality assurance programmes, where appropriate	Two respondents commented on this standard. One respondent supported reference to clinical supervision in the standard. The second respondent queried whether this standard referred to a practitioner psychologist's individual practice or higher level policies and procedures for service delivery.

12.6	be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with the service user	
12.7	be able to revise formulations in the light of ongoing intervention and when necessary reformulate the problem	
12.8	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	
12.9	be able to monitor agreements and practices with clients, users, groups and organisations	
<b>13</b>	<b>understand the key concepts of the knowledge base relevant to their profession</b>	
13.1	understand the structure and function of the human body, together with knowledge of health, well-being, disease, disorder and dysfunction relevant to their domain.	One respondent queried the applicability of profession-specific standards which referred to medical models for occupational psychologists and suggested their removal.
13.2	be aware of the principles and applications of scientific enquiry, including the evaluation of treatment effectiveness and the research process	<p>Two respondents suggested amending the standard to the following wording in order to make it applicable to all practitioner psychologists and / or educational psychologists:</p> <ul style="list-style-type: none"> <li>• be aware of the principles and applications of scientific enquiry, including the evaluation of <b>the treatment effectiveness of interventions</b> and the research process; or</li> <li>• be aware of the principles and applications of scientific enquiry, including the evaluation of <b>treatment the effectiveness of interventions / treatment</b> and the research process</li> </ul> <p>In relation to the former, this respondent was particularly supportive for using the term ‘intervention’ in those standards that apply to all practitioner psychologists.</p>

13.3	recognise the role of other professions and stakeholders relevant to the work of their domain	
13.4	understand the structures and functions of UK service providers applicable to the work of their domain	One respondent commented that this standard was unclear and that the term “service” is confusing as it used in different ways throughout the standards.
13.5	understand the theoretical basis of, and the variety of approaches to, assessment and intervention	
13.6	understand the role of the practitioner psychologist across a range of settings and services	One respondent was concerned with the expectation that those practitioner psychologists who work in one particular modality or domain being required to have a good understanding of other modalities and specialisms. They suggested amending the standard to the following wording: <ul style="list-style-type: none"> <li>• understand the role of their <b>own</b> practitioner psychologist <b>specialism</b> across a range of settings and services; or</li> <li>• understand the role of the practitioner psychologist across a range of settings and services <b>relevant to the work of their domain.</b></li> </ul>
13.7	understand the concept of leadership and its application to practice	One respondent supported combining this and standard 13.8 due to possible duplication.
13.8	understand the application of consultation models to service-delivery and practice, including the role of leadership and group processes	
13.9	<b>Clinical psychologists only</b> understand theories and evidence concerning psychological development and psychological difficulties across the lifespan and their assessment and remediation	Three respondents commented on this standard. Two respondents supported making this standard applicable to educational psychologists and suggested amending the standard to the following wording: <ul style="list-style-type: none"> <li>• understand theories and evidence concerning psychological development and psychological difficulties across the <b>0-25 age range lifespan</b> and their assessment and remediation</li> </ul> <p>The third respondent suggested including this standard for counselling psychologists and health psychologists.</p>
13.10	understand more than one evidence-informed model of formal psychological therapy	Three respondents commented on this standard. Two respondents suggested that this standard was also applicable to educational psychologists. The third respondent supported reverting back to the use of

		‘evidence-based’ in the standard when referring to established and evidence-based models of psychological therapies.
13.11	understand psychological models related to how biological, sociological and circumstantial or life-event-related factors impinge on psychological processes to affect psychological wellbeing	Two respondents commented on this standard. They suggested that this standard was applicable to educational psychologists and counselling psychologists respectively.
13.12	<p>understand psychological models related to a range of presentations including:</p> <ul style="list-style-type: none"> <li>– clients with presentations from acute to enduring and mild to severe;</li> <li>– problems with biological or neuropsychological aspects; and</li> <li>– 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</li> </ul>	<p>Three respondents commented on this standard. One respondent suggested amending the standard to the following wording in line with BPS terminology and best practice:</p> <ul style="list-style-type: none"> <li>• understand psychological models related to a range of presentations including: <ul style="list-style-type: none"> <li>– clients with presentations from acute to enduring and mild to severe;</li> <li>– <del>problems</del> <b>difficulties</b> with biological or neuropsychological aspects; and</li> <li>– <del>problems</del> <b>difficulties</b> with mainly psychosocial factors including <del>problems</del> <b>difficulties</b> of coping, adaptation and resilience to adverse circumstances and life events, including bereavement and other chronic physical and mental health conditions</li> </ul> </li> </ul> <p>The two other respondents suggested that this standard was applicable to health psychologists and educational psychologists. One of the respondents suggested the following amendments in order to make the standard applicable to the latter:</p> <ul style="list-style-type: none"> <li>• understand psychological models related to a range of presentations including: <ul style="list-style-type: none"> <li>– clients <b>across the 0-25 age range</b> with presentations from acute to enduring and mild to severe;</li> <li>– problems with biological or neuropsychological aspects; and</li> <li>– problems with mainly psychosocial factors including problems of coping, adaptation and resilience to adverse circumstances and life events, including bereavement <del>and other chronic physical and mental health conditions</del></li> </ul> </li> </ul>

		They suggested that the amended standard would potentially be applicable to educational psychologists dealing with issues of mental health rather than mental illness.
13.13	<p>understand psychological models related to clients:</p> <ul style="list-style-type: none"> <li>- from a range of social and cultural backgrounds;</li> <li>- of all ages;</li> <li>- across a range of intellectual functioning;</li> <li>- with significant levels of challenging behaviour;</li> <li>- with developmental learning disabilities and cognitive impairment;</li> <li>- with communication difficulties;</li> <li>- with substance misuse problems; and</li> <li>- with physical health problems</li> </ul>	<p>Four respondents commented on this standard. One respondent suggested amending the standard to the following wording in line with the BPS terminology and best practice:</p> <ul style="list-style-type: none"> <li>• understand psychological models related to clients: <ul style="list-style-type: none"> <li>- from a range of social and cultural backgrounds;</li> <li>- of all ages;</li> <li>- across a range of intellectual functioning;</li> <li>- with significant levels of challenging behaviour;</li> <li>- with developmental <b>learning intellectual</b> disabilities and cognitive impairment;</li> <li>- with communication difficulties;</li> <li>- with substance misuse problems; and</li> <li>- with physical health problems</li> </ul> </li> </ul> <p>Three other respondents suggested that this standard was applicable to counselling psychologists and / or educational psychologists (except in relation to substance abuse problems which are not a core skill for this modality). In relation to the latter, one of these respondents suggested amending the standard to the following wording:</p> <ul style="list-style-type: none"> <li>• understand psychological models related to clients: <ul style="list-style-type: none"> <li>- from a range of social and cultural backgrounds;</li> <li>- of <b>0-25 years</b> all ages;</li> <li>- across a range of intellectual functioning;</li> <li>- with significant levels of challenging behaviour;</li> <li>- with developmental learning disabilities and cognitive impairment;</li> <li>- with communication difficulties;</li> <li>- with substance misuse problems; and</li> <li>- with physical health problems</li> </ul> </li> </ul>
13.14	understand psychological models related to working:	Three respondents commented on this standard. Two respondents suggested the following amendments in order to make the standard applicable to educational psychologists:



	<ul style="list-style-type: none"> <li>– with individual clients, couples, families, carers, groups and at the organisational and community level; and</li> <li>– in a variety of settings including in-patient or other residential facilities with high-dependency needs, secondary health care and community or primary care</li> </ul>	<ul style="list-style-type: none"> <li>• understand psychological models related to working: <ul style="list-style-type: none"> <li>– with individual clients, couples, families, carers, groups and at the organisational and community level; and</li> <li>– in a variety of settings including in-patient or other residential facilities with high-dependency needs, secondary health care and community or primary care; or</li> </ul> </li> <li>• understand psychological models related to working: <ul style="list-style-type: none"> <li>– with individual clients, couples, families, carers, groups and at the organisational and <b>learning</b> community level; and</li> <li>– in a variety of settings including in-patient or other residential facilities with high-dependency needs, secondary health care and community or primary care</li> </ul> </li> </ul> <p>The third respondent suggested that this standard was also applicable to counselling psychologists.</p>
13.15	understand change and transition processes at the individual, group and organisational level	
13.16	understand social approaches such as those informed by community, critical and social constructivist perspectives	One respondent suggested that this standard was also applicable to counselling psychologists and health psychologists.
13.17	understand the impact of psychopharmacological and other clinical interventions on psychological work with clients	
13.18	<b>Counselling psychologists only</b> understand the philosophical bases which underpin those psychological theories which are relevant to counselling psychology	
13.19	understand the philosophy, theory and practice of more than one model of psychological therapy	One respondent suggested amending this standard to the following wording in order to reflect similar wording in standard 13.10: <ul style="list-style-type: none"> <li>• understand the philosophy, theory and practice of more than one <b>evidence-informed</b> model of <b>formal</b> psychological therapy</li> </ul>
13.20	understand psychological models related to a range of presentations including: <ul style="list-style-type: none"> <li>– clients with presentations from acute to enduring and mild to severe;</li> </ul>	

	<ul style="list-style-type: none"> <li>– problems with biological or neuropsychological aspects; and</li> <li>– 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</li> </ul>	
13.21	understand the therapeutic relationship and alliance as conceptualised by each model	
13.22	understand the spiritual and cultural traditions relevant to counselling psychology	
13.23	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	
13.24	understand theories of human cognitive, emotional, behavioural, social and physiological functioning relevant to counselling psychology	
13.25	understand different theories of lifespan development	One respondent supported the removal of this standard if standard 13.13 was made applicable to both clinical psychologists and counselling psychologists.
13.26	understand social and cultural contexts and the nature of relationships throughout the lifespan	One respondent supported the removal of this standard if standard 13.13 was made applicable to both clinical psychologists and counselling psychologists.
13.27	understand theories of psychopathology and of change	One respondent suggested amending this standard to the following wording: <ul style="list-style-type: none"> <li>• understand <b>and be able to critically evaluate</b> theories <b>and processes of change and transition at the individual, group and organizational level</b> of psychopathology and of change</li> </ul>

		They commented that this amendment merges standards 13.27 with 14.50 to remove duplication.
13.28	understand the impact of psychopharmacology and other interventions on psychological work with clients	<p>One respondent suggested amending this standard to the following wording:</p> <ul style="list-style-type: none"> <li>• understand <b>and be able to critically evaluate</b> the impact of <del>psychopharmacology</del> <b>psychopharmacological</b> and other <b>clinical</b> interventions on psychological work with clients, <b>on the basis of research and practice</b></li> </ul> <p>They commented that this amendment merges standard 13.28 with standard 14.49 in order to remove duplication. This amendment also seeks to reflect the wording used in standard 13.17 which is domain-specific to clinical psychologists.</p>
13.29	<b>Educational psychologists only</b> understand the role of the educational psychologist across a range of school and community settings and services	Three respondents commented on this standard. One respondent commented that there was limited acknowledgment of the therapeutic approaches and interventions used by educational psychologists in the domain-specific standards 13.29-13.38 including in relation to cognitive behavioural therapy (CBT). This includes their work in critical incident and bereavement support. Two other respondents were concerned that the standards did not take account of the evolving scope of practice of this profession for those educational psychologists working in further education settings and / or with young adults up to the age of 25 years. One of the respondents commented that all of the domain-specific standards should be reworded to encompass this changing scope of practice.
13.30	understand the educational and emotional factors that facilitate or impede the provision of effective learning	<p>One respondent suggested amending this standard to the following wording:</p> <ul style="list-style-type: none"> <li>• understand the educational and emotional factors that facilitate or impede the provision of effective <b>teaching and learning</b></li> </ul>
13.31	understand psychological theories of, and research evidence in, child, adolescent and young adult development relevant to educational psychology	
13.32	understand the structures and systems of a wide range of settings in which education, health and care are	One respondent suggested that this standard should further consider the changing scope of practice for educational psychologists working with

	delivered for children, adolescents and young adults, including child protection procedures	adults in an education setting, where the assessment techniques require proficiency in investigating adult cognition and personality.
13.33	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, adolescents and young adults	
13.34	understand psychological models of the factors that lead to underachievement, disaffection and social exclusion amongst vulnerable groups	
13.35	understand theories and evidence underlying psychological intervention with children, adolescents, young adults, their parents / carers, and education and other professionals	
13.36	understand psychological models related to the influence on development of children and adolescents from: <ul style="list-style-type: none"> <li>– family structures and processes;</li> <li>– cultural and community contexts; and</li> <li>– organisations and systems</li> </ul>	One respondent suggested that this standard was also applicable to educational psychologists. They suggested amending the standard to the following wording and incorporating content from standard 13.12: <ul style="list-style-type: none"> <li>• understand psychological models related to the influence on development of children and adolescents from: <ul style="list-style-type: none"> <li>– family structures and processes;</li> <li>– cultural and community contexts; and</li> <li>– organisations and systems; and</li> <li>– <b>problems with mainly psychosocial factors including problems of coping, adaptation and resilience to adverse circumstances and life events including bereavement.</b></li> </ul> </li> </ul>
13.37	understand change and transition processes at the individual, group and organisational level	
13.38	understand the theoretical basis of, and the variety of approaches to, consultation and assessment in educational psychology	One respondent commented that this standard should reference more than one model of psychological therapy. They suggested including reference to core skills which are relevant to both clinical psychologists and educational psychologists. However, they acknowledged that some reference should be made to elements which are different.

13.39	<p><b>Forensic psychologists only</b> understand the application of psychology in the legal system</p>	<p>One respondent suggested amending this standard to the following wording in order to reflect the knowledge base specified in the BPS' revised standards for forensic psychology:</p> <ul style="list-style-type: none"> <li>• understand the application of psychology in the legal <b>psychological theories and evidence of relevance to processes in the justice system, including:</b> <ul style="list-style-type: none"> <li>- <i>the legal framework of the civil and criminal justice systems;</i></li> <li>- <i>processes of investigation;</i></li> <li>- <i>the legal process;</i></li> <li>- <i>the process of detention;</i></li> <li>- <i>working with litigants, appellants, and individuals seeking arbitration and mediation; and</i></li> <li>- <i>interdisciplinary and multi-agency working.</i></li> </ul> </li> </ul>
13.40	<p>understand the application and integration of a range of theoretical perspectives on socially and individually damaging behaviours, including psychological, social and biological perspectives</p>	<p>One respondent suggested amending this standard to the following wording in order to reflect the knowledge base specified in the BPS' revised standards for forensic psychology:</p> <ul style="list-style-type: none"> <li>• understand the <b>forensic psychological theories</b> application and <b>evidence underpinning the development and training of others</b> integration of a range of theoretical perspectives on <del>socially and individually damaging behaviours, including psychological, social and biological perspectives</del></li> </ul>
13.41	<p>understand psychological models related to a range of presentations including:</p> <ul style="list-style-type: none"> <li>- clients with presentations from acute to enduring and mild to severe;</li> <li>- problems with biological or neuropsychological aspects; and</li> <li>- 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</li> </ul>	<p>One respondent suggested amending this standard to the following wording in order to reflect the knowledge base specified in the BPS' revised standards for forensic psychology:</p> <ul style="list-style-type: none"> <li>• understand psychological models related to <b>working with: a range of presentations including:</b> <ul style="list-style-type: none"> <li>- <del>clients with presentations from acute to enduring and mild to severe;</del></li> <li>- <del>problems with biological or neuropsychological aspects; and</del></li> <li>- <del>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</del></li> </ul> </li> </ul>

		<ul style="list-style-type: none"> <li>– <b>different types of offenders, patients and at risk individuals;</b></li> <li>– <b>victims / survivors;</b></li> <li>– <b>individuals across the lifespan (including children and young people in conflict with the law);</b></li> <li>– <b>males and females;</b></li> <li>– <b>professionals, groups and organisations</b></li> </ul>
13.42	understand theory and its application to the provision of psychological therapies that focus on offenders and victims of offences	<p>Two respondents suggested amending this standard:</p> <ul style="list-style-type: none"> <li>• understand theory and its application to the provision of psychological <b>interventions</b> therapies that focus on offenders and victims of offences; or</li> <li>• understand <b>and be able to contrast interventions available for theory and its application to the provision of psychological therapies that focus on offenders, patients and at risk individuals, and victims / survivors, professionals, groups and organisations, to inform the selection of appropriate interventions of offences</b></li> </ul> <p>The former amendment was an attempt by this respondent to bring further clarity where forensic psychologists are not provided with core training in psychological therapy. The second respondent suggested the latter amendment in order to reflect the knowledge base specified in the BPS' revised standards in this domain.</p>
13.43	understand effective assessment approaches with individuals presenting with individual and / or socially damaging behaviour	<p>One respondent suggested amending this standard to the following wording in order to reflect the knowledge base specified in the BPS' revised standards for forensic psychology:</p> <ul style="list-style-type: none"> <li>• understand <b>different approaches to effective assessment and formulation in relation to assessing approaches with individuals, groups and / or organisations in a forensic context presenting with individual and / or socially damaging behaviour</b></li> </ul>
13.44	understand the development of criminal and antisocial behaviour	<p>One respondent suggested amending this standard to the following wording in order to reflect the knowledge base specified in the BPS' revised standards for forensic psychology:</p>

		<ul style="list-style-type: none"> <li>• understand the <b>forensic psychological theories and evidence relevant to working with organisations to contribute to the development of practice, guidance and / or policy</b> <del>criminal and antisocial behaviour</del></li> </ul>
13.45	understand the psychological interventions related to different client groups including victims of offences, offenders, litigants, appellants and individuals seeking arbitration and mediation	<p>One respondent suggested amending this standard to the following wording in order to reflect the knowledge base specified in the BPS' revised standards for forensic psychology:</p> <ul style="list-style-type: none"> <li>• understand the <b>principles and procedures that forensic psychologists use when evaluating the practice of organisations and conducting consultancy</b> <del>psychological interventions related to different client groups including victims of offences, offenders, litigants, appellants and individuals seeking arbitration and mediation</del></li> </ul>
13.46	<b>Health psychologists only</b> understand context and perspectives in health psychology	<p>One respondent suggested amending this standard to the following wording in order to reflect the knowledge base specified in the BPS' revised standards for health psychology:</p> <ul style="list-style-type: none"> <li>• <b>critically understand historical and current context theories and approaches</b> <del>perspectives in health psychology</del></li> </ul>
13.47	understand the epidemiology of health and illness	<p>One respondent suggested amending this standard to the following wording in order to reflect the knowledge base specified in the BPS' revised standards for health psychology:</p> <ul style="list-style-type: none"> <li>• understand the <b>physiology of health and illness, and be able to appraise and evaluate evidence relating to the epidemiology of health and illness, including acute and long-term conditions, stress, and psychoneuroimmunology</b></li> </ul>
13.48	understand: <ul style="list-style-type: none"> <li>– biological mechanisms of health and disease;</li> <li>– health-related cognitions and behaviour;</li> <li>– stress, health and illness;</li> <li>– individual differences in health and illness;</li> <li>– lifespan, gender and cross-cultural perspectives; and</li> <li>– long-term conditions and disability</li> </ul>	<p>One respondent suggested amending this standard to the following wording in order to reflect the knowledge base specified in the BPS' revised standards for health psychology:</p> <ul style="list-style-type: none"> <li>• understand <b>and be able to critically evaluate theoretical models of health-related behaviour and cognitions, including:</b> <ul style="list-style-type: none"> <li>– <del>biological mechanisms of health and disease;</del></li> <li>– <del>health-related cognitions and behaviour;</del></li> <li>– <del>stress, health and illness;</del></li> <li>– <del>individual differences in health and illness;</del></li> <li>– <del>lifespan, gender and cross-cultural perspectives; and</del></li> <li>– <del>long-term conditions and disability</del></li> </ul> </li> </ul>



		<ul style="list-style-type: none"> <li>– <b>health enhancing and compromising behaviours;</b></li> <li>– <b>efficacy and control beliefs;</b></li> <li>– <b>attributions;</b></li> <li>– <b>health beliefs and attitudes;</b></li> <li>– <b>social and individual representations of health and illness;</b></li> <li>– <b>symptom and risk perception; and</b></li> <li>– <b>decision making by health psychologists and patients</b></li> </ul>
13.49	understand applications of health psychology and professional issues	<p>One respondent suggested amending this standard to the following wording in order to reflect the knowledge base specified in the BPS' revised standards for health psychology:</p> <ul style="list-style-type: none"> <li>• understand <b>and be able to compare and contrast a range of interventions applicable to applications of health psychology and professional issues settings and health and well-being outcomes</b></li> </ul>
13.50	understand healthcare in professional settings	<p>One respondent suggested amending this standard to the following wording in order to reflect the knowledge base specified in the BPS' revised standards for health psychology:</p> <ul style="list-style-type: none"> <li>• understand <b>the impact of hospitalisation on adults and children; preparation for stressful medical procedures; adherence; and issues related to patient satisfaction healthcare in professional settings</b></li> </ul>
13.51	<p><b>Occupational psychologists only</b>  understand the following in occupational psychology:</p> <ul style="list-style-type: none"> <li>– human-machine interaction;</li> <li>– design of environments and work;</li> <li>– personnel selection and assessment;</li> <li>– performance appraisal and career development;</li> <li>– counselling and personal development;</li> <li>– training;</li> <li>– employee relations and motivation; and</li> <li>– organisational development and change</li> </ul>	<p>One respondent suggested amending this standard to the following wording in order to reflect the knowledge base specified in the BPS' revised standards for occupational psychology:</p> <ul style="list-style-type: none"> <li>• <b>critically</b> understand the <b>perspective and context of following in occupational psychology practice, including:</b> <ul style="list-style-type: none"> <li>– <del>human-machine interaction;</del></li> <li>– <del>design of environments and work;</del></li> <li>– <del>personnel selection and assessment;</del></li> <li>– <del>performance appraisal and career development;</del></li> <li>– <del>counselling and personal development;</del></li> <li>– <del>training;</del></li> <li>– <del>employee relations and motivation; and</del></li> <li>– <del>organisational development and change</del></li> <li>– <b>business perspectives on organisations;</b></li> <li>– <b>the impact of globalization;</b></li> </ul> </li> </ul>



		<ul style="list-style-type: none"> <li>– <b>the design of working environments and consideration of risk management; and</b></li> <li>– <b>organisational change and development strategies.</b></li> </ul>
13.52	<p><b>Sport and exercise psychology</b> understand cognitive processes, including motor skills, practice skills, learning and perception, and self-regulation</p>	<p>One respondent suggested amending this standard to the following wording in order to reflect the knowledge base specified in the BPS' revised standards for sport and exercise psychology:</p> <ul style="list-style-type: none"> <li>• understand <b>and be able to appraise and evaluate evidence relating to cognitive processes in sport and / or exercise psychology, such as</b> including motor skills; <b>cognition,</b> practice skills, learning and perception; and <b>stress and emotions self-regulation</b></li> </ul>
13.53	<p>understand psychological skills such as:</p> <ul style="list-style-type: none"> <li>– goal setting;</li> <li>– self-talk;</li> <li>– imagery;</li> <li>– pre-performance routines;</li> <li>– arousal control, such as relaxation and activation; and</li> <li>– strategies for stress and emotion management</li> </ul>	<p>One respondent suggested amending this standard to the following wording in order to reflect the knowledge base specified in the BPS' revised standards for sport and exercise psychology:</p> <ul style="list-style-type: none"> <li>• understand <b>and be able to critically evaluate</b> psychological skills <b>and strategies of relevance to sport and / or exercise psychology, such as goal setting; self-talk; imagery; arousal control (relaxation and activation); and pre-performance routines</b> such as: <ul style="list-style-type: none"> <li>– goal setting;</li> <li>– self talk;</li> <li>– imagery;</li> <li>– pre-performance routines;</li> <li>– arousal control, such as relaxation and activation; and</li> <li>– strategies for stress and emotion management</li> </ul> </li> </ul>
13.54	<p>understand exercise and physical activity including:</p> <ul style="list-style-type: none"> <li>– determinants, such as motives, barriers and adherence;</li> <li>– outcomes in relation to affect, such as mood and emotion;</li> <li>– cognition and mental health issues, such as self-esteem, eating disorders, depression and exercise dependence;</li> <li>– lifestyle and quality of life; and</li> <li>– injury</li> </ul>	<p>One respondent suggested amending this standard to the following wording in order to reflect the knowledge base specified in the BPS' revised standards for sport and exercise psychology:</p> <ul style="list-style-type: none"> <li>• <b>critically</b> understand <b>evidence relating to participation in sport and / or exercise and well-being, such as mental health (for example, eating disorders, addiction, depression, exercise dependence); lifestyle and quality of life; injury; and adherence issues</b> and physical activity including: <ul style="list-style-type: none"> <li>– determinants, such as motives, barriers and adherence;</li> <li>– outcomes in relation to affect, such as mood and emotion;</li> </ul> </li> </ul>

		<ul style="list-style-type: none"> <li>- cognition and mental health issues, such as self-esteem, eating disorders, depression and exercise dependence;</li> <li>- lifestyle and quality of life; and</li> <li>- injury</li> </ul>
13.55	<p>understand individual differences including:</p> <ul style="list-style-type: none"> <li>- mental toughness, hardiness and resilience;</li> <li>- personality;</li> <li>- confidence;</li> <li>- motivation;</li> <li>- self-concept and self-esteem; and</li> <li>- stress and coping</li> </ul>	<p>One respondent suggested amending this standard to the following wording in order to reflect the knowledge base specified in the BPS' revised standards for sport and exercise psychology:</p> <ul style="list-style-type: none"> <li>• <b>critically understand evidence relating to individual differences in sport and / or exercise psychology, such as mental toughness and / or resilience; confidence; the self (concept, esteem); motivation; and personality</b> including: <ul style="list-style-type: none"> <li>- mental toughness, hardiness and resilience;</li> <li>- personality;</li> <li>- confidence;</li> <li>- motivation;</li> <li>- self-concept and self-esteem; and</li> <li>- stress and coping</li> </ul> </li> </ul>
13.56	<p>understand social processes within sport exercise psychology including:</p> <ul style="list-style-type: none"> <li>- interpersonal skills and relationships;</li> <li>- group dynamics and functioning;</li> <li>- organisational issues; and</li> <li>- leadership</li> </ul>	<p>One respondent suggested amending this standard to the following wording in order to reflect the knowledge base specified in the BPS' revised standards for sport and exercise psychology:</p> <ul style="list-style-type: none"> <li>• <b>critically understand evidence relating to social processes within in sport and / or exercise psychology, such as interpersonal relationships; group identity and functioning; organisational issues; and leadership</b> including: <ul style="list-style-type: none"> <li>- interpersonal skills and relationships;</li> <li>- group dynamics and functioning;</li> <li>- organisational issues; and</li> <li>- leadership</li> </ul> </li> </ul>
13.57	<p>understand the impact of developmental processes, including lifespan issues and processes related to career transitions and termination</p>	<p>One respondent suggested amending this standard to the following wording in order to reflect the knowledge base specified in the BPS' revised standards for sport and exercise psychology:</p> <ul style="list-style-type: none"> <li>• <b>critically understand evidence relating to the impact of developmental processes in sport and / or exercise psychology, such as</b> including <b>include</b> lifespan issues, and <del>processes related to career transitions and termination</del></li> </ul>

14	<b>be able to draw on appropriate knowledge and skills to inform practice</b>	One respondent made some general observations in relation to the profession-specific standards under generic standard 14. In general they felt the standards were repetitive and could be condensed further. They also suggested a number of standards which could be revised or made applicable to the wider group of practitioner psychologists. Finally, they suggested reordering the standards to reflect the cycle of psychological assessment, formulation, intervention and evaluation.
14.1	be able to apply psychology across a variety of different contexts using a range of evidence-informed and theoretical models, frameworks and psychological paradigms	
14.2	be able to adapt practice as needed to take account of new developments or changing contexts	
14.3	be able to conduct appropriate diagnostic or monitoring procedures, treatment, interventions, therapy or other actions safely and effectively	Two respondents suggested amending this standard to the following wording in order to make it applicable to all practitioner psychologists and / or clinical psychologists: <ul style="list-style-type: none"> <li>• be able to conduct appropriate <del>diagnostic</del> <b>assessment</b> or monitoring procedures, treatment, interventions, therapy or other actions safely and effectively</li> </ul>
14.4	be able to conduct consultancy	
14.5	be able to formulate specific and appropriate management plans including the setting of timescales	
14.6	be able to manage resources to meet timescales and agreed project objectives	One respondent suggested amending this standard to the following wording: <ul style="list-style-type: none"> <li>• be able to <b>develop effective time management skills in order to meet the demands of their role</b> <del>manage resources to meet timescales and agreed project objectives</del></li> </ul>

14.7	be able to use psychological formulations to plan appropriate interventions that take the client's perspective into account	
14.8	be able to direct the implementation of applications and interventions carried out by others	
14.9	be able to gather appropriate information	
14.10	be able to make informed judgements on complex issues in the absence of complete information	
14.11	be able to work effectively whilst holding alternative competing explanations in mind	
14.12	be able to generalise and synthesise prior knowledge and experience in order to apply them critically and creatively in different settings and novel situations	
14.13	be able to select and use appropriate assessment techniques	<p>Two respondents commented on this standard. One respondent suggested amending this standard to the following wording:</p> <ul style="list-style-type: none"> <li>• be able to <del>select and use appropriate assessment techniques</del> <b>evaluate, select, use and interpret a broad range of psychological assessment methods, procedures and techniques, appropriate to the client or system, and to the type of intervention that is likely to be required</b></li> </ul> <p>Both respondents were supportive of condensing standards 14.13-14.17 or 14.18 respectively in order to avoid duplication.</p>
14.14	be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment	

14.15	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	<p>One respondent suggested amending this standard to the following wording:</p> <ul style="list-style-type: none"> <li>• be able to <b>use standardised</b> <del>choose and use a broad range of</del> psychological assessment <b>processes to systematically gather information about a client, as appropriate to the client and to the practitioner's domain of practice</b> <del>methods, appropriate to the client, environment and the type of intervention likely to be required</del></li> </ul> <p>This respondent was supportive of condensing standards 14.13-14.17 to avoid duplication and create two new profession-specific standards.</p>
14.16	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	
14.17	be able to use formal assessment procedures, systematic interviewing procedures and other structured methods of assessment relevant to their domain	
14.18	be able to undertake or arrange investigations as appropriate	
14.19	be able to analyse and critically evaluate the information collected	
14.20	be able to critically evaluate risks and their implications	
14.21	be able to demonstrate a logical and systematic approach to problem solving	

14.22	be able to use research, reasoning and problem solving skills to determine appropriate actions	
14.23	be able to recognise when further intervention is inappropriate, or unlikely to be helpful	
14.24	recognise the value of research to the critical evaluation of practice	
14.25	be aware of a range of research methodologies	
14.26	be able to evaluate research and other evidence to inform their own practice	
14.27	be able to initiate, design, develop, conduct and critically evaluate psychological research	
14.28	understand a variety of research designs	
14.29	be able to understand and use applicable techniques for research and academic enquiry, including qualitative and quantitative approaches	One respondent suggested amending this standard to the following wording in order to include reference mixed-methods approaches: <ul style="list-style-type: none"> <li>• be able to understand and use applicable techniques for research and academic enquiry, including qualitative, <del>and</del> quantitative <b>and mixed-methods</b> approaches</li> </ul>
14.30	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	One respondent supported removing this standard as they argued that there is limited information on the scope, achievability, utility or effectiveness of a reflective practitioner model in broader psychological literature.
14.31	understand research ethics and be able to apply them	

14.32	be able to conduct service and large scale evaluations	
14.33	be able to use information and communication technologies appropriate to their practice	
14.34	<b>Clinical psychologists only</b> be able to assess social context and organisational characteristics	Four respondents commented on this standard. Three respondents suggested this standard was also applicable to educational psychologists. One respondent further clarified this by stating that the assessment models used in this domain take into account the impact of various environments, including the family and education setting. Whereas the fourth respondent suggested this standard was also applicable to counselling psychologists.
14.35	be able to develop psychological formulations using the outcomes of assessment, drawing on theory, research and explanatory models	Two respondents commented on this standard. One respondent suggested this standard was applicable for all practitioner psychologists, whereas the second respondent identified it as being applicable to educational psychologists.
14.36	be able to identify, review and critically appraise a substantial body of research evidence relevant to clinical psychology practice	Three respondents commented on this standard. All of the respondents suggested amending the wording of this standard: <ul style="list-style-type: none"> <li>• be able to identify, review and critically appraise a substantial body of research evidence relevant to <del>clinical</del> <b>educational</b> psychology practice; or</li> <li>• be able to identify, review and critically appraise a substantial body of research evidence relevant to <b>their clinical psychology</b> practice</li> </ul> <p>As for the former, two respondents suggested amending the standard in order to make it applicable to educational psychologists only. However, in relation to the latter, the third respondent suggested this amendment in order to make the standard applicable to all practitioner psychologists.</p>

14.37	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	<p>One respondent suggested amending this standard to the following wording:</p> <ul style="list-style-type: none"> <li>• be able to draw on knowledge of developmental, social and neuropsychological processes across the lifespan to facilitate adaptability and change in individuals, groups, families, organisations and communities</li> </ul> <p>They also suggested that this standard was also applicable to counselling psychologists.</p>
14.38	understand therapeutic techniques and processes as applied when working with a range of 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	<p>One respondent suggested that this standard was also applicable to counselling psychologists.</p>
14.39	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	<p>Three respondents commented on this standard. Two respondents suggested that this standard was also applicable to educational psychologists. However, the third respondent suggested that this standard was applicable to counselling psychologists.</p>
14.40	be able to implement therapeutic interventions based on a range of evidence-informed models of formal psychological therapy, including the use of cognitive behavioural therapy	<p>Two respondents commented on this standard. One respondent suggested amending the standard to the following wording:</p> <ul style="list-style-type: none"> <li>• be able to implement <b>therapeutic psychological</b> interventions based on a range of evidence-informed models of formal psychological therapy, including the use of cognitive behavioural therapy</li> </ul> <p>This respondent supported this amendment in order to ensure that the standards do not introduce a specific skillset that only applies to those practitioners whose scope of practice includes cognitive behavioural</p>



		therapy. The second respondent suggested this standard was also applicable to educational psychologists.
14.41	be able to promote awareness of the actual and potential contribution of psychological services	One respondent suggested this standard was also applicable to educational psychologists.
14.42	be able to evaluate and respond to organisational and service delivery changes, including the provision of consultation	One respondent suggested that this standard was also applicable to educational psychologists
14.43	<b>Counselling psychologists only</b> be able to contrast, compare and critically evaluate a range of models of therapy	
14.44	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	
14.45	be able to critically evaluate theories of mind and personality	
14.46	understand therapy through their own life-experience	One respondent suggested amending this standard to the following wording: <ul style="list-style-type: none"> <li>• <b>be able to utilise reflective practice, self-awareness and understand therapy through their own life-experiences within the therapeutic relationship</b></li> </ul>
14.47	be able to adapt practice to take account of the nature of relationships throughout the lifespan	
14.48	be able to formulate clients' concerns within the chosen therapeutic models	One respondent recommended the removal of this standard if their other recommendations in relation to standards 13.27, 13.28 and 14.35 were accepted.

14.49	be able to critically evaluate psychopharmacology and its effects from research and practice	One respondent recommended the removal of this standard if their other recommendations in relation to standards 13.27, 13.28 and 14.35 were accepted.
14.50	be able to critically evaluate theories of psychopathology and change	One respondent recommended the removal of this standard if their other recommendations in relation to standards 13.27, 13.28 and 14.35 were accepted.
14.51	be able to integrate and implement therapeutic approaches based on a range of evidence-informed psychological interventions	One respondent suggested amending this standard to the following wording: <ul style="list-style-type: none"> <li>• be able to <del>integrate and</del> implement therapeutic <b>interventions</b> <del>approaches</del> based on a range of evidence-informed <b>models of formal psychological therapy interventions</b></li> </ul>
14.52	be able to promote awareness of the actual and potential contribution of psychological services	
14.53	be able to evaluate and respond to organisational and service delivery changes, including the provision of consultation	
14.54	<b>Educational psychologists only</b> be able to develop psychological formulations using the outcomes of assessment, drawing on theory, research and explanatory models	
14.55	be able to carry out and analyse large-scale data gathering, including questionnaire surveys	One respondent suggested amending this standard to the following wording: <ul style="list-style-type: none"> <li>• be able to carry out and analyse <del>large-scale</del> data gathering, including questionnaire surveys</li> </ul> <p>Whilst the respondent acknowledged that this skill is necessary within the wider body of the profession, they argued that it was not practised by every individual educational psychologist.</p>

14.56	be able to work with key partners to support the design, implementation, conduct, evaluation and dissemination of research activities and to support evidence-informed research	
14.57	be able to formulate interventions that focus on applying knowledge, skills and expertise to support local and national initiatives	
14.58	be able to develop and apply effective interventions to promote psychological wellbeing, social, emotional and behavioural development and to raise educational standards	
14.59	be able to implement interventions and plans through and with other professions and / or with parents / carers	
14.60	be able to adopt a proactive and preventative approach in order to promote the psychological wellbeing of clients	Two respondents commented on the issue of terminology used in the standards with regard to 'service users' and 'clients'. One respondent voiced a preference for use of the term 'service users' in the domain-specific standards for educational psychologists. However, the second respondent voiced a preference for 'clients' which they considered was more widely used.
14.61	be able to choose and use a broad range of psychological interventions, appropriate to the client's needs and settings	
14.62	be able to integrate and implement therapeutic approaches based on a range of evidence-informed psychological interventions	

14.63	be able to promote awareness of the actual and potential contribution of psychological services	<p>One respondent suggested amending this standard to the following wording:</p> <ul style="list-style-type: none"> <li>• be able to promote awareness of the actual and potential contribution of psychological <b>interventions services</b></li> </ul> <p>This respondent queried the reference to ‘psychological services’ in the standard with regard to the individual intervention by the practitioner and / or the wider service.</p>
14.64	<b>Forensic psychologists only</b> be able to plan and design training and development programmes	
14.65	be able to plan and implement assessment procedures for training programmes	
14.66	be able to promote awareness of the actual and potential contribution of psychological services	
14.67	be able to assess social context and organisational characteristics	
14.68	be able to research and develop psychological methods, concepts, models, theories and instruments in forensic psychology	
14.69	be able to evaluate and respond to organisational and service delivery changes, including the provision of consultation	
14.70	be able to draw on knowledge of developmental and social changes and constraints across an individual’s lifespan to facilitate adaptability and change	

14.71	be able to implement interventions and care-plans through and with other professionals who form part of the service user care-team	
14.72	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	One respondent commented that this standard is almost identical to 14.73 and supported condensing both standards.
14.73	be able to integrate and implement evidence-informed psychological therapy at either an individual or group level	<p>One respondent suggested amending this standard to the following wording:</p> <ul style="list-style-type: none"> <li>• be able to integrate and implement evidence-informed psychological <b>intervention</b> therapy at either an individual or group level</li> </ul> <p>This respondent was concerned with the reference to ‘therapy’ in the standard, as they argued that not all forensic psychologists are provided with training in psychological therapy.</p>
14.74	<b>Health psychologists only</b> be able to plan and implement assessment procedures for training programmes	
14.75	be able to develop appropriate psychological assessments based on appraisal of the influence of the social and environmental context	<p>One respondent suggested amending this standard to the following wording in order to reflect current practice for health psychologists:</p> <ul style="list-style-type: none"> <li>• be able to develop appropriate psychological assessments based on appraisal of the influence of the <b>biological</b>, social and environmental context</li> </ul>
14.76	be able to develop psychological formulations using the outcomes of assessment, drawing on theory, research and explanatory models	
14.77	be able to carry out and analyse large-scale data gathering, including questionnaire surveys	

14.78	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	
14.79	be able to contrast, compare and critically evaluate a range of models of behaviour change	
14.80	understand techniques and processes as applied when working with different individuals who experience difficulties	One respondent suggested amending this standard to the following wording in order to reflect current practice for health psychologists: <ul style="list-style-type: none"> <li>• understand <b>therapeutic</b> techniques and processes as applied when working with different individuals who experience difficulties, <b>particularly those with physical health problems</b></li> </ul>
14.81	be able to develop and apply effective interventions to promote psychological wellbeing, social, emotional and behavioural development and to raise educational standards	One respondent suggested amending this standard to the following wording in order to reflect current practice for health psychologists: <ul style="list-style-type: none"> <li>• be able to develop and apply effective interventions to promote psychological wellbeing, social, emotional and behavioural development, <b>to support coping with and adjustment to physical health conditions and treatments</b>, and to raise educational standards</li> </ul> <p>This respondent sought further clarification on the use of the term 'educational standards' in this standard.</p>
14.82	be able to evaluate and respond to change in health psychology and in consultancy and service-delivery contexts	
14.83	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	

14.84	be able to integrate and implement therapeutic approaches based on a range of evidence-informed psychological interventions	
14.85	be able to choose and use a broad range of psychological interventions, appropriate to the client's needs and settings	
14.86	<b>Occupational psychologists only</b> be able to assess individuals, groups and organisations in detail	
14.87	be able to use the consultancy cycle	
14.88	be able to research and develop psychological methods, concepts, models, theories and instruments in occupational psychology	
14.89	be able to use psychological theory to guide research solutions for the benefit of organisations and individuals	
14.90	understand and be able to act and provide advice on policy development concerning employees' and job seekers' rights	One respondent supported the removal of this standard as they considered it unlikely that trainees would receive appropriate training on such issues unless in very specialized job roles. Therefore the legal and policy issues would be outside of the expertise of many occupational psychologists.
14.91	be able to run, direct, train and monitor others in the effective implementation of an application	

14.92	<b>Sport and exercise psychologists only</b> be able to assess social context and organisational characteristics	
14.93	be able to develop psychological formulations using the outcomes of assessment, drawing on theory, research and explanatory models	
14.94	be able to formulate clients' concerns within the chosen intervention models	
<b>15</b>	<b>understand the need to establish and maintain a safe practice environment</b>	
15.1	understand the need to maintain the safety of both service users and those involved in their care or experience	
15.2	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	
15.3	be able to establish safe environments for practice, which minimise risks to service users, those treating them and others	
15.4	<b>Sport and exercise psychologists only</b> be aware of the possible physical risks associated with certain sport and exercise contexts	



