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

Draft standards

Executive summary and recommendations

Introduction

At the group's last meeting on 4 September 2007, the group considered a first draft of standards using the QAA subject benchmark statement for clinical psychology.

The group requested that draft standards be produced for each discipline in the first instance. Draft standards for the following disciplines are attached:

- Clinical psychology
- Educational Psychology
- Counselling Psychology
- Health Psychology
- Occupational Psychology
- Forensic Psychology
- Sport and Exercise Psychology

A number of the draft standards are common across some or all of the disciplines.

The standards have been put together primarily using the draft subject benchmark statements produced by the British Psychological Society (BPS). These documents and two documents used in putting together the first draft for sport and exercise psychology are appended.

Decision

The group is invited to discuss the attached draft standards.

The group will wish to ensure that the standards are:

- absolutely necessary for safe and effective practice;
- set at a minimum or threshold level;
- conform to our obligations as a qualifications body; and are
- couched in language appropriate to their primary role in legislation.

The following questions may assist the group in considering the draft standards:

- Is the standard a necessary threshold competence standard? (i.e. is the standard set at an appropriate level; is the standard aspirational or aimed at good practice; is the standard a conduct standard rather than a threshold standard?)
- If challenged, could HPC clearly explain why the standard was necessary?
- Does the proposed standard reflect the standard content of pre-registration education and training programmes?
- Does the standard clarify, in a profession-specific context, the intention of the generic standards?
- Is the standard applicable to the specific discipline? Or could it apply to all applied psychology disciplines?

A further, single draft will be produced for the next meeting which will draw together the generic standards for all applied psychologists with standards specific to each discipline.

Background information

None

Resource implications

None

Financial implications

None

Appendices

- British Psychological Society, Benchmark statements for applied psychology
- British Psychological Society, Criteria for the Accreditation of MSc Programmes in Sport and Exercise Psychology.
- British Association of Sport and Exercise Sciences, BASES Psychology section - Guidelines to the supervised experience framework

Date of paper

2 October 2007

Date	Ver.	Dept/Cmte	Doc Type	Title	Status	Int. Aud.
2007-09-28	a	POL	PPR	Cover sheet - draft standards - 12.10.2007	Final DD: None	Public RD: None

CLINICAL PSYCHOLOGISTS

This is a draft of standards for clinical psychologists.

The PLG may wish to consider the rationale and points for discussion outlined in the commentary paper.

In addition, the PLG may wish to consider whether standard 3a.1 is articulated in the correct terms. This standard focuses more on named client groups than the standards for other disciplines/ existing professions regulated by the Council. This may be wholly appropriate, but this difference in emphasis is highlighted to the PLG.

References:

- Quality Assurance Agency benchmark statement for clinical psychology
- Quality Assurance Agency Scotland, Scottish subject benchmark statement Clinical psychology and applied psychology (clinical associate) Scotland (July 2006)
- British Psychological Society, Criteria for the accreditation of postgraduate training programmes in clinical psychology (July 2007)

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CLINICAL PSYCHOLOGISTS

Registrant clinical psychologists must:

	Professional autonomy and accountability
1a.1	**be able to practise within the legal and ethical boundaries of their profession** - understand the need to act in the best interests of service users at all times - understand what is required of them by the Health Professions Council - understand the need to respect, and so far as possible uphold, the rights, dignity, values and autonomy of every service user including their role in the diagnostic and therapeutic process and in maintaining health and wellbeing - be aware of current UK legislation applicable to the work of their profession
PS	*- understand the power imbalance between practitioners and clients and how this can be minimised* *- understand the complex ethical and legal issues of any form of dual relationship and the impact these may have on clients*
1a.2	**be able to practise in a non-discriminatory manner**
1a.3	**understand the importance of and be able to maintain confidentiality**
1a.4	**understand the importance of and be able to obtain informed consent**
1a.5	**be able to exercise a professional duty of care**
1a.6	**be able to practise as an autonomous professional, exercising their own professional judgement** - be able to assess a situation, determine the nature and severity of the problem and call upon the required knowledge and experience to deal with the problem - be able to initiate resolution of problems and be able to exercise personal initiative - know the limits of their practice and when to seek advice or refer to another professional - recognise that they are personally responsible for and must be able to justify their decisions
1a.7	**recognise the need for effective self-management of workload and resources and be able to practise accordingly**

CLINICAL PSYCHOLOGISTS

1a.8	**understand the obligation to maintain fitness to practise** - understand the need to practise safely and effectively within their scope of practice - understand the need to maintain high standards of personal conduct - understand the importance of maintaining their own health - understand both the need to keep skills and knowledge up to date and the importance of career-long learning
PS	*- be able to manage the physical and emotional impact of their practice* *- be able to maintain a high standard of professional effectiveness by adopting strategies for psychological self-care, critical self awareness, and by being able to maintain a safe working environment*

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CLINICAL PSYCHOLOGISTS

Ref	Standard
	Professional relationships
1b.1	**be able to work, where appropriate, in partnership with other professionals, support staff, service users and their relatives and carers** - understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team - understand the need to engage service users and carers in planning and evaluating diagnostics, treatments and interventions to meet their needs and goals - be able to make appropriate referrals
PS	*- be able to support the learning of others in the application of psychological skills, knowledge, practices and procedures* *- be able to prepare and deliver teaching and training for staff and carers which takes into account the needs and goals of the participants*
1b.2	**be able to contribute effectively to work undertaken as part of a multi-disciplinary team**
PS	*- understand the role of the clinical psychologist across a range of settings and services* *- understand consultancy models and the contribution of consultancy*
1b.3	**be able to demonstrate effective and appropriate skills in communicating information, advice, instruction and professional opinion to colleagues, service users, their relatives and carers** - be able to communicate in English to the standard equivalent to level 7 of the International English Language Testing System, with no element below 6.5[1] - understand how communication skills affect the assessment of service users and how the means of communication should be modified to address and take account of factors such as age, physical ability and learning ability - be able to select, move between and use appropriate forms of verbal and non-verbal communication with service

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

CLINICAL PSYCHOLOGISTS

	users and others - be aware of the characteristics and consequences of non-verbal communication and how this can be affected by culture, age, ethnicity, gender, religious beliefs and socio-economic status - understand the need to provide service users (or people acting on their behalf) with the information necessary to enable them to make informed decisions - understand the need to use an appropriate interpreter to assist service users whose first language is not English, wherever possible - recognise that relationships with service users should be based on mutual respect and trust, and be able to maintain high standards of care even in situations of personal incompatibility
PS	*- be able to evaluate the feedback needs of clients* *- be able to select the appropriate means for communicating feedback to clients* *- be able to explain the nature and purpose of specific psychological techniques to clients* *- be able to communicate ideas and conclusions clearly and effectively to specialist and non-specialist audiences* *- be able to summarise and present complex ideas in an appropriate form*
1b.4	**understand the need for effective communication throughout the care** **of the service user** - recognise the need to use interpersonal skills to encourage the active participation of service users

CLINICAL PSYCHOLOGISTS

Ref	Standard
	Identification and assessment of health and social care needs
2a.1	**be able to gather appropriate information**
2a.2	**be able to select and use appropriate assessment techniques** - be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment
PS	*- be able to conduct risk assessment* *- 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* *- be able to use formal assessment procedures (standardised psychometric instruments), systematic interviewing procedures and other structured methods of assessment*
2a.3	**be able to undertake or arrange investigations as appropriate**
2a.4	**be able to analyse and critically evaluate the information collected**
PS	*- be able to interpret assessment methods* *- be able to develop psychological formulations using the outcomes of assessment, drawing on theory, research and explanatory models* *- be able to revise formulations in the light of ongoing intervention and when necessary re-formulating the intervention*

CLINICAL PSYCHOLOGISTS

Ref	Standard
	Formulation and delivery of plans and strategies for meeting health and social care needs
2b.1	**be able to use research, reasoning and problem solving skills to determine appropriate actions** - recognise the value of research to the critical evaluation of practice - be able to engage in evidence-based practice, evaluate practice systematically, and participate in audit procedures - be aware of a range of research methodologies - be able to demonstrate a logical and systematic approach to problem solving - be able to evaluate research and other evidence to inform their own practice
PS	*- be able to conduct fundamental research* *- be able to search and critically appraise literature and other sources of information* *- be able to conduct service evaluation and small n research* *- be able to understand and use applicable techniques for clinical research and academic enquiry, including qualitative and quantitative approaches*
2b.2	**be able to draw on appropriate knowledge and skills in order to make professional judgements** - be able to change their practice as needed to take account of new developments - be able to demonstrate a level of skill in the use of information technology appropriate to their practice
PS	*- be able to adapt practice where necessary to take account of organisational and cultural contexts* *- be able to make informed judgements on complex issues in the absence of complete data* *- be able to work effectively whilst holding alternative competing explanations in mind* *- be able to recognise when (further) intervention is inappropriate, or unlikely to be helpful* *- be able to decide how to assess, formulate and intervene psychological from a range of possible models and modes of intervention with clients, carers and service systems*

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CLINICAL PSYCHOLOGISTS

	- be able to generalise and synthesise prior knowledge and experience in order to apply them critically and creatively in different settings and novel situations *- be able to draw on knowledge of development, social and neuropsychological processes across the lifespan to facilitate adaptability and change in individuals, groups, families, organisations and communities* *- understand therapeutic techniques and processes as applied when working with a range of different individuals in distress including those who experience difficulties related to: anxiety; mood; adjustment to adverse circumstances or life events; eating; psychosis; use of substances; and those with somatoform, psychosexual, developmental, personality, cognitive and neurological presentations*
2b.3	**be able to formulate specific and appropriate management plans including the setting of timescales** - understand the requirement to adapt practice to meet the needs of different groups distinguished by, for example, physical, psychological, environmental, cultural or socio-economic factors
PS	*- be able to use psychological formulations to plan appropriate interventions that take the client's perspective into account* *- be able to use psychological formulations with clients to facilitate their understanding of their experience* *- understand the need to implement interventions and care plans in partnership with clients, other professionals and carers*
2b.4	**be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely and skilfully** - understand the need to maintain the safety of both service users and those involved in their care
PS	*- be able to, on the basis of psychological formulation, implement psychological therapy or other interventions appropriate to the presenting problem and to the psychological and social circumstances of the client* *- be able to integrate and implement therapeutic interventions based on knowledge and practice in at least two evidence-based models of formal psychological therapy. This includes cognitive behaviour therapy and at least one evidence-based approach, such as brief psychodynamic or interpersonal psychotherapy, systemic or integrative integrations*

CLINICAL PSYCHOLOGISTS

2b.5	**be able to maintain records appropriately** - be able to keep accurate, legible records and recognise the need to handle these records and all other information in accordance with applicable legislation, protocols and guidelines - understand the need to use only accepted terminology in making records

CLINICAL PSYCHOLOGISTS

Ref	Standard
	Critical evaluation of the impact of, or response to, the registrant's actions
2c.1	**be able to monitor and review the ongoing effectiveness of planned activity and modify it accordingly** - be able to gather information, including qualitative and quantitative data that helps to evaluate the responses of service users to their care - be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with the service user - recognise the need to monitor and evaluate the quality of practice and the value of contributing to the generation of data for quality assurance and improvement programmes - be able to make reasoned decisions to initiate, continue, modify or cease treatment or the use of techniques or procedures, and record the decisions and reasoning appropriately
2c.2	**be able to audit, reflect on and review practice** - understand the principles of quality control and quality assurance - be aware of the role of audit and review in quality management, including quality control, quality assurance and the use of appropriate outcome measures - be able to maintain an effective audit trail and work towards continual improvement - participate in quality assurance programmes, where appropriate - understand the value of reflection on practice and the need to record the outcome of such reflection - recognise the value of case conferences and other methods of review
PS	*- recognise the role and value of supervision in a clinical psychology context* *- be able to recognise gaps in the evidence base and, where necessary, adapt practice to meet the needs of service users*

CLINICAL PSYCHOLOGISTS

Ref	Standard
	Knowledge, understanding and skills
3a.1	**know and understand the key concepts of the bodies of knowledge which are relevant to their profession-specific practice** - understand the structure and function of the human body, relevant to their practice, together with knowledge of health, disease, disorder and dysfunction - be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process - recognise the role of other professions in health and social care - understand the theoretical basis of, and the variety of approaches to, assessment and intervention
PS	*- understand theories and evidence concerning psychological development and psychological difficulties across the lifespan and their assessment and remediation* *- understand psychological models related to a range of presentations including:* • *clients with presentations from acute to enduring and mild to severe* • *problems with biological or neuropsychological causation* • *problems with psychosocial factors* *- understand psychological models related to:* • *clients with significant levels of challenging behaviour* • *clients with development learning disabilities and cognitive impairment* • *clients with communication difficulties* • *working with clients, carers and families* *- understand social approaches such as those informed by community, critical and social constructivist perspectives* *- understand leadership theories and models, and their application to service delivery and clinical practice problems of coping, adaptation and resilience to adverse circumstances and life events* *- understand the impact of differences such as gender, sexuality, ethnicity, culture, religion and age on psychological*

	wellbeing *- understand the impact of psychopharmacological and other clinical interventions on psychological work with clients*
3a.2	**know how professional principles are expressed and translated into action through a number of different approaches to practice, and how to select or modify approaches to meet the needs of an individual, groups or communities**
3a.3	**understand the need to establish and maintain a safe a practice environment** - be aware of applicable health an safety legislation, and any relevant safety policies and procedures in force at the workplace, such as incident reporting, and be able to act in accordance with these - be able to work safely, including being able to select appropriate hazard control and risk management, reduction or elimination techniques in a safe manner in accordance with health and safety legislation - be able to select appropriate protective equipment and use it correctly - be able to establish safe environments for practice, which minimise risks to service users, those treating them, and others, including the use of hazard control and particularly infection control

EDUCATIONAL PSYCHOLOGISTS

This is a draft of standards for educational psychologists.

References:

(All British Psychological Society publications)

- Benchmark statements for applied psychology
- Criteria for the accreditation of three-year training programmes in Education Psychology in England, Northern Ireland and Wales (June 2006).
- Criteria for the accreditation of Education Psychology Training Programmes in Scotland (June 2006)

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EDUCATIONAL PSYCHOLOGISTS

- Registrant educational psychologists must:

	Professional autonomy and accountability
1a.1	**be able to practise within the legal and ethical boundaries of their profession** - understand the need to act in the best interests of service users at all times - understand what is required of them by the Health Professions Council - understand the need to respect, and so far as possible uphold, the rights, dignity, values and autonomy of every service user including their role in the diagnostic and therapeutic process and in maintaining health and wellbeing - be aware of current UK legislation applicable to the work of their profession
PS	*- understand the power imbalance between practitioners and clients and how this can be minimised* *- understand the complex ethical and legal issues of any form of dual relationship and the impact these may have on clients*
1a.2	**be able to practise in a non-discriminatory manner**
1a.3	**understand the importance of and be able to maintain confidentiality**
1a.4	**understand the importance of and be able to obtain informed consent**
1a.5	**be able to exercise a professional duty of care**
1a.6	**be able to practise as an autonomous professional, exercising their own professional judgement** - be able to assess a situation, determine the nature and severity of the problem and call upon the required knowledge and experience to deal with the problem - be able to initiate resolution of problems and be able to exercise personal initiative - know the limits of their practice and when to seek advice or refer to another professional - recognise that they are personally responsible for and must be able to justify their decisions
1a.7	**recognise the need for effective self-management of workload and resources and be able to practise accordingly**

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1a.8	**understand the obligation to maintain fitness to practise** - understand the need to practise safely and effectively within their scope of practice - understand the need to maintain high standards of personal conduct - understand the importance of maintaining their own health - understand both the need to keep skills and knowledge up to date and the importance of career-long learning
PS	*- be able to manage the physical and emotional impact of their practice* *- be able to maintain a high standard of professional effectiveness by adopting strategies for psychological self-care,* *critical self awareness, and by being able to maintain a safe working environment*

EDUCATIONAL PSYCHOLOGISTS

Ref	Standard
	Professional relationships
1b.1	**be able to work, where appropriate, in partnership with other professionals, support staff, service users and their relatives and carers** - understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team - understand the need to engage service users and carers in planning and evaluating diagnostics, treatments and interventions to meet their needs and goals - be able to make appropriate referrals
PS	*- be able to work and develop partnerships with families, schools and local education authorities* *- understand the need engage children, young people and their carers as active participants in the assessment process and in the evaluation of interventions*
1b.2	**be able to contribute effectively to work undertaken as part of a multi-disciplinary team**
PS	*- understand the role of the educational psychologist across a range of settings and services* *- understand consultancy models and the contribution of consultancy to practice*
1b.3	**be able to demonstrate effective and appropriate skills in communicating information, advice, instruction and professional opinion to colleagues, service users, their relatives and carers** - be able to communicate in English to the standard equivalent to level 7 of the International English Language Testing System, with no element below 6.5[1] - understand how communication skills affect the assessment of service users and how the means of communication should be modified to address and take account of factors such as age, physical ability and learning ability - be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others

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	- be aware of the characteristics and consequences of non-verbal communication and how this can be affected by culture, age, ethnicity, gender, religious beliefs and socio-economic status - understand the need to provide service users (or people acting on their behalf) with the information necessary to enable them to make informed decisions - understand the need to use an appropriate interpreter to assist service users whose first language is not English, wherever possible - recognise that relationships with service users should be based on mutual respect and trust, and be able to maintain high standards of care even in situations of personal incompatibility
PS	*- be able to evaluate the feedback needs of children* *- be able to select the appropriate means for communicating feedback to children, teachers and parents* *- be able to explain the nature and purpose of specific psychological techniques to children, teachers and parents* *- be able to communicate ideas and conclusions clearly and effectively to specialist and non-specialist audiences* *- be able to summarise and present complex ideas in an appropriate form*
1b.4	**understand the need for effective communication throughout the care of the service user** - recognise the need to use interpersonal skills to encourage the active participation of service users

EDUCATIONAL PSYCHOLOGISTS

Ref	Standard
	Identification and assessment of health and social care needs
2a.1	**be able to gather appropriate information**
2a.2	**be able to select and use appropriate assessment techniques** - be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment
PS	*- be able to develop appropriate psychological assessments based on an appraisal of the influence of the ecology of the learning environment on the experiences of thinking, learning and behaving in a range of educational and other settings for both individuals and groups* *- be able to conduct risk assessment* *- 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* *- be able to use formal assessment procedures (standardised psychometric instruments), systematic interviewing procedures and other structured methods of assessment*
2a.3	**be able to undertake or arrange investigations as appropriate**
PS	*- understand the need to develop interventions in partnership with schools*
2a.4	**be able to analyse and critically evaluate the information collected**
PS	*- be able to interpret assessment methods* *- be able to develop psychological formulations using the outcomes of assessment, drawing on theory, research and explanatory models* *- be able to revise formulations in the light of ongoing intervention and when necessary re-formulating the intervention*

EDUCATIONAL PSYCHOLOGISTS

Ref	Standard
	Formulation and delivery of plans and strategies for meeting health and social care needs
2b.1	**be able to use research, reasoning and problem solving skills to determine appropriate actions** - recognise the value of research to the critical evaluation of practice - be able to engage in evidence-based practice, evaluate practice systematically, and participate in audit procedures - be aware of a range of research methodologies - be able to demonstrate a logical and systematic approach to problem solving - be able to evaluate research and other evidence to inform their own practice
PS	*- be able to conduct fundamental research* *- be able to search and critically appraise literature and other sources of information* *- be able to understand and use applicable techniques for research and academic enquiry, including qualitative and quantitative approaches*
2b.2	**be able to draw on appropriate knowledge and skills in order to make professional judgements** - be able to change their practice as needed to take account of new developments - be able to demonstrate a level of skill in the use of information technology appropriate to their practice
PS	*- be able to adapt practice where necessary to take account of organisational and cultural contexts* *- be able to make informed judgements on complex issues in the absence of complete data* *- be able to recognise when (further) intervention is inappropriate, or unlikely to be helpful* *- be able to draw on knowledge of child and adolescent development to identify needs and promote change with individuals and groups* *- be able to work whilst holding alternative competing explanations in mind* *- be able to decide how to assess, formulate and intervene psychologically from a range of possible*

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	models and modes of intervention *- be able to generalise and synthesise prior knowledge and experience in order to apply them critically and creatively in different settings and novel situations*
2b.3	**be able to formulate specific and appropriate management plans including the setting of timescales** - understand the requirement to adapt practice to meet the needs of different groups distinguished by, for example, physical, psychological, environmental, cultural or socio-economic factors
PS	*- be able to use psychological formulations to plan appropriate interventions that take the client's perspective into account*
2b.4	**be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely and skilfully** - understand the need to maintain the safety of both service users and those involved in their care
PS	*- be able to apply counselling and therapeutic skills in work with children, their families and other professionals* *- be able to develop interventions aimed at raising educational standards*
2b.5	**be able to maintain records appropriately** - be able to keep accurate, legible records and recognise the need to handle these records and all other information in accordance with applicable legislation, protocols and guidelines - understand the need to use only accepted terminology in making records

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EDUCATIONAL PSYCHOLOGISTS

Ref	Standard
	Critical evaluation of the impact of, or response to, the registrant's actions
2c.1	**be able to monitor and review the ongoing effectiveness of planned activity and modify it accordingly** - be able to gather information, including qualitative and quantitative data that helps to evaluate the responses of service users to their care - be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with the service user - recognise the need to monitor and evaluate the quality of practice and the value of contributing to the generation of data for quality assurance and improvement programmes - be able to make reasoned decisions to initiate, continue, modify or cease treatment or the use of techniques or procedures, and record the decisions and reasoning appropriately
2c.2	**be able to audit, reflect on and review practice** - understand the principles of quality control and quality assurance - be aware of the role of audit and review in quality management, including quality control, quality assurance and the use of appropriate outcome measures - be able to maintain an effective audit trail and work towards continual improvement - participate in quality assurance programmes, where appropriate - understand the value of reflection on practice and the need to record the outcome of such reflection - recognise the value of case conferences and other methods of review
PS	*- recognise the role and value of supervision in an educational psychology context* *- be able to recognise gaps in the evidence base and, where necessary, adapt practice to meet the needs of service users*

EDUCATIONAL PSYCHOLOGISTS

Ref	Standard
	Knowledge, understanding and skills
3a.1	**know and understand the key concepts of the bodies of knowledge which are relevant to their profession-specific practice** - understand the structure and function of the human body, relevant to their practice, together with knowledge of health, disease, disorder and dysfunction - be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process - recognise the role of other professions in health and social care - understand the theoretical basis of, and the variety of approaches to, assessment and intervention
PS	*- understand the science and theories of child and adolescent development* *- understand the influence of school ethos and culture, education curricula, communication systems, management and leadership styles* *- understand the issues leading to underachievement amongst vulnerable groups, social exclusion and poor behaviour* *- understand the impact of differences such as gender, sexuality, ethnicity, culture, religion and age on psychological wellbeing and educational achievement* *- understand leadership theories and models, and their application to practice*
3a.2	**know how professional principles are expressed and translated into action through a number of different approaches to practice, and how to select or modify approaches to meet the needs of an individual, groups or communities**
3a.3	**understand the need to establish and maintain a safe a practice environment** - be aware of applicable health an safety legislation, and any relevant safety policies and procedures in force at the workplace, such as incident reporting, and be able to act in accordance with these - be able to work safely, including being able to select appropriate hazard control and risk management, reduction or elimination techniques in a safe manner in accordance with health and safety legislation - be able to select appropriate protective equipment and use it correctly

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	- be able to establish safe environments for practice, which minimise risks to service users, those treating them, and others, including the use of hazard control and particularly infection control

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COUNSELLING PSYCHOLOGISTS

This is a draft of standards for counselling psychologists.

References:

(All British Psychological Society publications)

- Benchmark statements for applied psychology
- Criteria for the accreditation of doctoral training programmes in counselling psychology (November 2005)
- Qualification in counselling psychology – Candidate handbook, 2007-2008
- Qualification in counselling psychology – Useful forms and sample log book

The PLG's attention is particular drawn to standard 3a.1, second discipline specific standard which may need more rewording to ensure that it is appropriate as a threshold standard.

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COUNSELLING PSYCHOLOGISTS

Registrant counselling psychologists must:

	Professional autonomy and accountability
1a.1	**be able to practise within the legal and ethical boundaries of their profession** - understand the need to act in the best interests of service users at all times - understand what is required of them by the Health Professions Council - understand the need to respect, and so far as possible uphold, the rights, dignity, values and autonomy of every service user including their role in the diagnostic and therapeutic process and in maintaining health and wellbeing - be aware of current UK legislation applicable to the work of their profession
PS	*- understand the power imbalance between practitioners and clients and how this can be minimised* *- understand the complex ethical and legal issues of nay form of dual relationship and the impact these may have on clients*
1a.2	**be able to practise in a non-discriminatory manner**
1a.3	**understand the importance of and be able to maintain confidentiality**
1a.4	**understand the importance of and be able to obtain informed consent**
1a.5	**be able to exercise a professional duty of care**
1a.6	**be able to practise as an autonomous professional, exercising their own professional judgement** - be able to assess a situation, determine the nature and severity of the problem and call upon the required knowledge and experience to deal with the problem - be able to initiate resolution of problems and be able to exercise personal initiative - know the limits of their practice and when to seek advice or refer to another professional - recognise that they are personally responsible for and must be able to justify their decisions
1a.7	**recognise the need for effective self-management of workload and resources and be able to practise accordingly**

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Date 2007-09-28
Ver. b
Dept/Cmte POL
Doc Type PPR
Title Draft standards of proficiency - Counselling Psychology
Status Draft DD: None
Int. Aud. Public RD: None

COUNSELLING PSYCHOLOGISTS

1a.8	**understand the obligation to maintain fitness to practise** - understand the need to practise safely and effectively within their scope of practice - understand the need to maintain high standards of personal conduct - understand the importance of maintaining their own health - understand both the need to keep skills and knowledge up to date and the importance of career-long learning
PS	*- be able to manage the physical and emotional impact of their practice* *- be able to maintain a high standard of professional effectiveness by adopting strategies for psychological self-care, critical self awareness, and by being able to maintain a safe working environment*

COUNSELLING PSYCHOLOGISTS

Ref	Standard
	Professional relationships
1b.1	**be able to work, where appropriate, in partnership with other professionals, support staff, service users and their relatives and carers** - understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team - understand the need to engage service users and carers in planning and evaluating diagnostics, treatments and interventions to meet their needs and goals - be able to make appropriate referrals
1b.2	**be able to contribute effectively to work undertaken as part of a multi-disciplinary team**
PS	*- understand the role of the counselling psychologist across a range of settings and services* *- understand consultancy models and the contribution of consultancy to practice*
1b.3	**be able to demonstrate effective and appropriate skills in communicating information, advice, instruction and professional opinion to colleagues, service users, their relatives and carers** - be able to communicate in English to the standard equivalent to level 7 of the International English Language Testing System, with no element below 6.5[1] - understand how communication skills affect the assessment of service users and how the means of communication should be modified to address and take account of factors such as age, physical ability and learning ability - be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others - be aware of the characteristics and consequences of non-verbal communication and how this can be affected by culture, age, ethnicity, gender, religious beliefs and socio-economic status - understand the need to provide service users (or people acting on their behalf) with the information necessary to

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

	enable them to make informed decisions - understand the need to use an appropriate interpreter to assist service users whose first language is not English, wherever possible - recognise that relationships with service users should be based on mutual respect and trust, and be able to maintain high standards of care even in situations of personal incompatibility
PS	*- be able to evaluate the feedback needs of clients* *- be able to select the appropriate means for communicating feedback to clients* *- be able to explain the nature and purpose of specific psychological techniques to clients* *- be able to communicate ideas and conclusions clearly and effectively to specialist and non-specialist audiences* *- be able to summarise and present complex ideas in an appropriate form*
1b.4	**understand the need for effective communication throughout the care of the service user** - recognise the need to use interpersonal skills to encourage the active participation of service users

COUNSELLING PSYCHOLOGISTS

Ref	Standard
	Identification and assessment of health and social care needs
2a.1	**be able to gather appropriate information**
2a.2	**be able to select and use appropriate assessment techniques** - be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment
PS	*- be able to conduct risk assessment* *- 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* *- be able to use formal assessment procedures (standardised psychometric instruments), systematic interviewing procedures and other structured methods of assessment*
2a.3	**be able to undertake or arrange investigations as appropriate**
2a.4	**be able to analyse and critically evaluate the information collected**
PS	*- be able to interpret assessment methods* *- be able to develop psychological formulations using the outcomes of assessment, drawing on theory, research and explanatory models* *- be able to critical evaluate the primary philosophical paradigms that inform psychological theory with particular regard to their relevant to, and impact upon, the understanding of the subjectivity and inter-subjectivity of experience throughout human development* *- be able to revise formulations in the light ongoing intervention and when necessary re-formulating the intervention*

COUNSELLING PSYCHOLOGISTS

Ref	Standard
	Formulation and delivery of plans and strategies for meeting health and social care needs
2b.1	**be able to use research, reasoning and problem solving skills to determine appropriate actions** - recognise the value of research to the critical evaluation of practice - be able to engage in evidence-based practice, evaluate practice systematically, and participate in audit procedures - be aware of a range of research methodologies - be able to demonstrate a logical and systematic approach to problem solving - be able to evaluate research and other evidence to inform their own practice
PS	*- be able to conduct fundamental research* *- be able to search and critically appraise literature and other sources of information* *- be able to understand and use applicable techniques for clinical research and academic enquiry, including qualitative and quantitative approaches*
2b.2	**be able to draw on appropriate knowledge and skills in order to make professional judgements** - be able to change their practice as needed to take account of new developments - be able to demonstrate a level of skill in the use of information technology appropriate to their practice
PS	*- be able to contrast, compare and critically evaluate a range of models of therapy* *- be able to critical evaluate theories of mind and personality* *- be able to adapt practice where necessary to take account of organisational and cultural contexts* *- be able to make informed judgements on complex issues in the absence of complete data* *- be able to recognise when (further) intervention is inappropriate, or unlikely to be helpful* *- be able to work effectively whilst holding competing explanations in mind*

COUNSELLING PSYCHOLOGISTS

2b.3	**be able to formulate specific and appropriate management plans including the setting of timescales** - understand the requirement to adapt practice to meet the needs of different groups distinguished by, for example, physical, psychological, environmental, cultural or socio-economic factors
PS	*- be able to use psychological formulations to plan appropriate interventions that take the client's perspective into account*
2b.4	**be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely and skilfully** - understand the need to maintain the safety of both service users and those involved in their care
PS	*- be able to implement psychological therapy or other interventions appropriate to the presenting problem and to the psychological and social circumstances of the client*
2b.5	**be able to maintain records appropriately** - be able to keep accurate, legible records and recognise the need to handle these records and all other information in accordance with applicable legislation, protocols and guidelines - understand the need to use only accepted terminology in making records

COUNSELLING PSYCHOLOGISTS

Ref	Standard
	Critical evaluation of the impact of, or response to, the registrant's actions
2c.1	**be able to monitor and review the ongoing effectiveness of planned activity and modify it accordingly** - be able to gather information, including qualitative and quantitative data that helps to evaluate the responses of service users to their care - be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with the service user - recognise the need to monitor and evaluate the quality of practice and the value of contributing to the generation of data for quality assurance and improvement programmes - be able to make reasoned decisions to initiate, continue, modify or cease treatment or the use of techniques or procedures, and record the decisions and reasoning appropriately
2c.2	**be able to audit, reflect on and review practice** - understand the principles of quality control and quality assurance - be aware of the role of audit and review in quality management, including quality control, quality assurance and the use of appropriate outcome measures - be able to maintain an effective audit trail and work towards continual improvement - participate in quality assurance programmes, where appropriate - understand the value of reflection on practice and the need to record the outcome of such reflection - recognise the value of case conferences and other methods of review
PS	*- recognise the role and value of supervision in a counselling psychology context* *- be able to recognise gaps in the evidence base and, where necessary, adapt practice to meet the needs of service users*

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COUNSELLING PSYCHOLOGISTS

Ref	Standard
	Knowledge, understanding and skills
3a.1	**know and understand the key concepts of the bodies of knowledge which are relevant to their profession-specific practice** - understand the structure and function of the human body, relevant to their practice, together with knowledge of health, disease, disorder and dysfunction - be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process - recognise the role of other professions in health and social care - understand the theoretical basis of, and the variety of approaches to, assessment and intervention
PS	*- understand the philosophical bases which underpin those psychological theories which are relevant to counselling psychology* *- understand the philosophy, theory and practice of at least one specific model of psychological therapy (A model of psychological therapy is a particular therapeutic approach in relation to which there is a body of theory and research which has implications for therapeutic practice and which offers an explanation with internal consistency about the nature of the person, of psychological difficulty, of the therapeutic relationship and the process of change.)* *- understand the spiritual and cultural traditions relevant to counselling psychology* *- understand the nature of the therapeutic relationship* *- understand theories of human cognitive, emotional, behavioural, social and physiological functioning relevant to counselling psychology* *- know about different theories of lifespan development* *- understand social and cultural contexts and the nature of relationships throughout the lifespan* *- know about theories of psychopathology and of change* *- understand the impact of differences such as gender, sexuality, ethnicity, culture, religion and age on psychological wellbeing* *- understand the impact of psychopharmacological and other clinical interventions on psychological work with clients*
3a.2	**know how professional principles are expressed and translated into action through a number of different**

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	approaches to practice, and how to select or modify approaches to meet the needs of an individual, groups or communities
3a.3	**understand the need to establish and maintain a safe a practice environment** - be aware of applicable health an safety legislation, and any relevant safety policies and procedures in force at the workplace, such as incident reporting, and be able to act in accordance with these - be able to work safely, including being able to select appropriate hazard control and risk management, reduction or elimination techniques in a safe manner in accordance with health and safety legislation - be able to select appropriate protective equipment and use it correctly - be able to establish safe environments for practice, which minimise risks to service users, those treating them, and others, including the use of hazard control and particularly infection control

HEALTH PSYCHOLOGISTS

This is a draft of standards for health psychologists.

References:

(All British Psychological Society publications)

- Benchmark statemeents for applied psychology
- Criteria for the accreditation of MSc programmes in Health Psychology (September 2006)
- Criteria for the accreditation of stage 2 programmes in Health Psychology (November 2001)
- Qualification in Health Psychology (Stage 2) – Candidate Handbook 2007-2008

HEALTH PSYCHOLOGISTS

Registrant health psychologists must:

	Professional autonomy and accountability	
1a.1	**be able to practise within the legal and ethical boundaries of their profession** - understand the need to act in the best interests of service users at all times - understand what is required of them by the Health Professions Council - understand the need to respect, and so far as possible uphold, the rights, dignity, values and autonomy of every service user including their role in the diagnostic and therapeutic process and in maintaining health and wellbeing - be aware of current UK legislation applicable to the work of their profession	
PS	*- understand the power imbalance between practitioners and clients and how this can be minimised* *- understand the complex ethical and legal issues of any form of dual relationship and the impact these may have on clients*	
1a.2	**be able to practise in a non-discriminatory manner**	
1a.3	**understand the importance of and be able to maintain confidentiality**	
1a.4	**understand the importance of and be able to obtain informed consent**	
1a.5	**be able to exercise a professional duty of care**	
1a.6	**be able to practise as an autonomous professional, exercising their own professional judgement** - be able to assess a situation, determine the nature and severity of the problem and call upon the required knowledge and experience to deal with the problem - be able to initiate resolution of problems and be able to exercise personal initiative - know the limits of their practice and when to seek advice or refer to another professional - recognise that they are personally responsible for and must be able to justify their decisions	
1a.7	**recognise the need for effective self-management of workload and resources and be able to practise accordingly**	

HEALTH PSYCHOLOGISTS

1a.8	**understand the obligation to maintain fitness to practise** - understand the need to practise safely and effectively within their scope of practice - understand the need to maintain high standards of personal conduct - understand the importance of maintaining their own health - understand both the need to keep skills and knowledge up to date and the importance of career-long learning
PS	*- be able to manage the physical and emotional impact of their practice* *- be able to maintain a high standard of professional effectiveness by adopting strategies for psychological self-care, critical self awareness and by being able to maintain a safe working environment*

HEALTH PSYCHOLOGISTS

Ref	Standard
	Professional relationships
1b.1	**be able to work, where appropriate, in partnership with other professionals, support staff, service users and their relatives and carers** - understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team - understand the need to engage service users and carers in planning and evaluating diagnostics, treatments and interventions to meet their needs and goals - be able to make appropriate referral
1b.2	**be able to contribute effectively to work undertaken as part of a multi-disciplinary team**
PS	*- understand the role of the health psychologist across a range of settings and services* *- understand consultancy models and the contribution of consultancy to practice*
1b.3	**be able to demonstrate effective and appropriate skills in communicating information, advice, instruction and professional opinion to colleagues, service users, their relatives and carers** - be able to communicate in English to the standard equivalent to level 7 of the International English Language Testing System, with no element below 6.5[1] - understand how communication skills affect the assessment of service users and how the means of communication should be modified to address and take account of factors such as age, physical ability and learning ability - be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others - be aware of the characteristics and consequences of non-verbal communication and how this can be affected by culture, age, ethnicity, gender, religious beliefs and socio-economic status - understand the need to provide service users (or people acting on their behalf) with the information necessary to

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	enable them to make informed decisions - understand the need to use an appropriate interpreter to assist service users whose first language is not English, wherever possible - recognise that relationships with service users should be based on mutual respect and trust, and be able to maintain high standards of care even in situations of personal incompatibility
PS	- *be able to evaluate the feedback needs of clients* - *be able to select the appropriate means for communicating feedback to clients* - *be able to explain the nature and purpose of specific psychological techniques to clients* - *be able to communicate ideas and conclusions clearly and effectively to specialist and non-specialist audiences* - *be able to summarise and present complex ideas in an appropriate form*
1b.4	**understand the need for effective communication throughout the care of the service user** - recognise the need to use interpersonal skills to encourage the active participation of service users

HEALTH PSYCHOLOGISTS

Ref	Standard
	Identification and assessment of health and social care needs
2a.1	**be able to gather appropriate information**
2a.2	**be able to select and use appropriate assessment techniques** - be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment
PS	*- be able to conduct risk assessment* *- be able to choose and use a broad range of psychological assessment methods, appropriate to the environment and the type of intervention likely to be required* *- be able to use formal assessment procedures (standardised psychometric instruments), systematic interviewing procedures and other structured methods of assessment*
2a.3	**be able to undertake or arrange investigations as appropriate**
2a.4	**be able to analyse and critically evaluate the information collected**
PS	*- be able to interpret assessment methods* *- be able to develop psychological formulations using the outcomes of assessment, drawing on theory, research and explanatory models* *- be able to revise formulations in the light of ongoing intervention and when necessary re-formulating the intervention*

HEALTH PSYCHOLOGISTS

Ref	Standard
	Formulation and delivery of plans and strategies for meeting health and social care needs
2b.1	**be able to use research, reasoning and problem solving skills to determine appropriate actions** - recognise the value of research to the critical evaluation of practice - be able to engage in evidence-based practice, evaluate practice systematically, and participate in audit procedures - be aware of a range of research methodologies - be able to demonstrate a logical and systematic approach to problem solving - be able to evaluate research and other evidence to inform their own practice
PS	*- be able to conduct fundamental research* *- be able to search and critically appraise literature and other sources of information* *- be able to understand and use applicable techniques for clinical research and academic enquiry, including qualitative and quantitative approaches*
2b.2	**be able to draw on appropriate knowledge and skills in order to make professional judgements** - be able to change their practice as needed to take account of new developments - be able to demonstrate a level of skill in the use of information technology appropriate to their practice
PS	*- be able to adapt practice where necessary to take account of organisational and cultural contexts* *- be able to make informed judgements on complex issues in the absence of complete data* *- be able to recognise when (further) intervention is inappropriate, or unlikely to be helpful* *- be able to work effectively whilst holding competing explanations in mind*

HEALTH PSYCHOLOGISTS

2b.3	**be able to formulate specific and appropriate management plans including the setting of timescales** - understand the requirement to adapt practice to meet the needs of different groups distinguished by, for example, physical, psychological, environmental, cultural or socio-economic factors
PS	*- be able to use psychological formulations to plan appropriate interventions that take the client's perspective into account*
2b.4	**be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely and skilfully** - understand the need to maintain the safety of both service users and those involved in their care
PS	*- be able to, on the basis of psychological formulation, implement psychological therapy or other interventions appropriate to the presenting problem and to the psychological and social circumstances of the client*
2b.5	**be able to maintain records appropriately** - be able to keep accurate, legible records and recognise the need to handle these records and all other information in accordance with applicable legislation, protocols and guidelines - understand the need to use only accepted terminology in making records

HEALTH PSYCHOLOGISTS

Ref	Standard
	Critical evaluation of the impact of, or response to, the registrant's actions
2c.1	**be able to monitor and review the ongoing effectiveness of planned activity and modify it accordingly** - be able to gather information, including qualitative and quantitative data that helps to evaluate the responses of service users to their care - be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with the service user - recognise the need to monitor and evaluate the quality of practice and the value of contributing to the generation of data for quality assurance and improvement programmes - be able to make reasoned decisions to initiate, continue, modify or cease treatment or the use of techniques or procedures, and record the decisions and reasoning appropriately
2c.2	**be able to audit, reflect on and review practice** - understand the principles of quality control and quality assurance - be aware of the role of audit and review in quality management, including quality control, quality assurance and the use of appropriate outcome measures - be able to maintain an effective audit trail and work towards continual improvement - participate in quality assurance programmes, where appropriate - understand the value of reflection on practice and the need to record the outcome of such reflection - recognise the value of case conferences and other methods of review
PS	*- recognise the role and value of supervision in a health psychology context* *- be able to recognise gaps in the evidence base and, where necessary, adapt practice to meet the needs of service users*

9

HEALTH PSYCHOLOGISTS

Ref	Standard
	Knowledge, understanding and skills
3a.1	**know and understand the key concepts of the bodies of knowledge which are relevant to their profession-specific practice** - understand the structure and function of the human body, relevant to their practice, together with knowledge of health, disease, disorder and dysfunction - be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process - recognise the role of other professions in health and social care - understand the theoretical basis of, and the variety of approaches to, assessment and intervention
PS	*- understand historical and current theories and approaches in health psychology* *- be aware of the following disciplines related to health psychology: medical sociology; medical ethics; medicine' behaviour medicine; health policy; health economics; medical anthropology* *- know about epidemiology of health and illness including* • *causes of mortality and morbidity* • *behavioural epidemiology* • *biostatistics* • *inequalities in health* *- understand the following topics relevant to health psychology:* • *biological mechanisms of health and disease* • *health-related cognitions* • *stress, health and illness* • *chronic illness/ disability* • *individual differences in health and illness* • *lifespan, gender and cross-cultural perspectives* *- understand the impact of differences such as gender, sexuality, ethnicity, culture, religion and age on psychological*

	wellbeing *- understand the impact of psychopharmacological and other clinical interventions on psychological work with clients*
3a.2	**know how professional principles are expressed and translated into action through a number of different approaches to practice, and how to select or modify approaches to meet the needs of an individual, groups or communities**
3a.3	**understand the need to establish and maintain a safe a practice environment** - be aware of applicable health an safety legislation, and any relevant safety policies and procedures in force at the workplace, such as incident reporting, and be able to act in accordance with these - be able to work safely, including being able to select appropriate hazard control and risk management, reduction or elimination techniques in a safe manner in accordance with health and safety legislation - be able to select appropriate protective equipment and use it correctly - be able to establish safe environments for practice, which minimise risks to service users, those treating them, and others, including the use of hazard control and particularly infection control

OCCUPATIONAL PSYCHOLOGISTS

This is a draft of standards for occupational psychologists.

The PLG's attention is drawn to whether the standards for occupational psychologists are presently sufficiently detailed in order to articulate the specific nature of the discipline.

References:

(All British Psychological Society publications)

- Benchmark statements for applied psychology
- Criteria for the Accreditation of Postgraduate Programmes in Occupational Psychology (June 2006)
- Qualification in Occupational Psychology – Candidate Handbook 2007-2008

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OCCUPATIONAL PSYCHOLOGISTS

Registrant occupational psychologists must:

	Professional autonomy and accountability
1a.1	**be able to practise within the legal and ethical boundaries of their profession** - understand the need to act in the best interests of service users at all times - understand what is required of them by the Health Professions Council - understand the need to respect, and so far as possible uphold, the rights, dignity, values and autonomy of every service user including their role in the diagnostic and therapeutic process and in maintaining health and wellbeing - be aware of current UK legislation applicable to the work of their profession
PS	*- understand the power imbalance between practitioners and clients and how this can be minimised* *- understand the complex ethical and legal issues of any form of dual relationship and the impact these may have on clients*
1a.2	**be able to practise in a non-discriminatory manner**
1a.3	**understand the importance of and be able to maintain confidentiality**
1a.4	**understand the importance of and able to obtain informed consent**
1a.5	**be able to exercise a professional duty of care**
1a.6	**be able to practise as an autonomous professional, exercising their own professional judgement** - be able to assess a situation, determine the nature and severity of the problem and call upon the required knowledge and experience to deal with the problem - be able to initiate resolution of problems and be able to exercise personal initiative - know the limits of their practice and when to seek advice or refer to another professional - recognise that they are personally responsible for and must be able to justify their decisions
1a.7	**recognise the need for effective self-management of workload and resources and be able to practise accordingly**

OCCUPATIONAL PSYCHOLOGISTS

1a.8	**understand the obligation to maintain fitness to practise** - understand the need to practise safely and effectively within their scope of practice - understand the need to maintain high standards of personal conduct - understand the importance of maintaining their own health - understand both the need to keep skills and knowledge up to date and the importance of career-long learning
PS	*- be able to manage the physical and emotional impact of their practice* *- be able to maintain a high standard of professional effectiveness by adopting strategies for psychological self-care, critical self awareness, and by being able to maintain a safe working environment*

3

OCCUPATIONAL PSYCHOLOGISTS

Ref	Standard
	Professional relationships
1b.1	**be able to work, where appropriate, in partnership with other professionals, support staff, service users and their relatives and carers** - understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team - understand the need to engage service users and carers in planning and evaluating diagnostics, treatments and interventions to meet their needs and goals - be able to make appropriate referral
PS	*- be able to support the learning of others in the application of psychological skills, knowledge, practices and procedures* *- be able to prepare and deliver teaching and training for staff and carers which takes into account the needs and goals of the participants*
1b.2	**be able to contribute effectively to work undertaken as part of a multi-disciplinary team**
PS	*- understand the role of the occupational psychologist across a range of settings and services* *- understand consultancy models and the contribution of consultancy to practice*
1b.3	**be able to demonstrate effective and appropriate skills in communicating information, advice, instruction and professional opinion to colleagues, service users, their relatives and carers** - be able to communicate in English to the standard equivalent to level 7 of the International English Language Testing System, with no element below 6.5[1] - understand how communication skills affect the assessment of service users and how the means of communication should be modified to address and take account of factors such as age, physical ability and learning ability - be able to select, move between and use appropriate forms of verbal and non-verbal communication with service

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	users and others - be aware of the characteristics and consequences of non-verbal communication and how this can be affected by culture, age, ethnicity, gender, religious beliefs and socio-economic status - understand the need to provide service users (or people acting on their behalf) with the information necessary to enable them to make informed decisions - understand the need to use an appropriate interpreter to assist service users whose first language is not English, wherever possible - recognise that relationships with service users should be based on mutual respect and trust, and be able to maintain high standards of care even in situations of personal incompatibility
PS	*- be able to evaluate the feedback needs of patients* *- be able to select the appropriate means for communicating feedback to patients* *- be able to explain the nature and purpose of specific psychological techniques to patients* *- be able to communicate ideas and conclusions clearly and effectively to specialist and non-specialist audiences* *- be able to summarise and present complex ideas in an appropriate form*
1b.4	**understand the need for effective communication throughout the care** **of the service user** - recognise the need to use interpersonal skills to encourage the active participation of service users

OCCUPATIONAL PSYCHOLOGISTS

Ref	Standard
	Identification and assessment of health and social care needs
2a.1	**be able to gather appropriate information**
2a.2	**be able to select and use appropriate assessment techniques** - be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment
PS	*- be able to conduct risk assessment* *- 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* *- be able to use formal assessment procedures (standardised psychometric instruments), systematic interviewing procedures and other structured methods of assessment*
2a.3	**be able to undertake or arrange investigations as appropriate**
2a.4	**be able to analyse and critically evaluate the information collected**
PS	*- be able to interpret assessment methods* *- be able to develop psychological formulations using the outcomes of assessment, drawing on theory, research and explanatory models* *- be able to revise formulations in the light of ongoing intervention and when necessary re-formulating the intervention*

6

OCCUPATIONAL PSYCHOLOGISTS

Ref	Standard
	Formulation and delivery of plans and strategies for meeting health and social care needs
2b.1	**be able to use research, reasoning and problem solving skills to determine appropriate actions** - recognise the value of research to the critical evaluation of practice - be able to engage in evidence-based practice, evaluate practice systematically, and participate in audit procedures - be aware of a range of research methodologies - be able to demonstrate a logical and systematic approach to problem solving - be able to evaluate research and other evidence to inform their own practice
PS	*- be able to conduct fundamental research* *- be able to search and critically appraise literature and other sources of information* *- be able to understand and use applicable techniques for clinical research and academic enquiry, including qualitative and quantitative approaches*
2b.2	**be able to draw on appropriate knowledge and skills in order to make professional judgements** - be able to change their practice as needed to take account of new developments - be able to demonstrate a level of skill in the use of information technology appropriate to their practice
PS	*- be able to adapt practice where necessary to take account of organisational and cultural contexts* *- be able to make informed judgements on complex issues in the absence of complete data* *- be able to recognise when (further) intervention is inappropriate, or unlikely to be helpful* *- be able to work effectively whilst holding alternative, competing expectations in mind*

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OCCUPATIONAL PSYCHOLOGISTS

2b.3	**be able to formulate specific and appropriate management plans including the setting of timescales** - understand the requirement to adapt practice to meet the needs of different groups distinguished by, for example, physical, psychological, environmental, cultural or socio-economic factors
PS	*- be able to use psychological formulations to plan appropriate interventions that take the client's perspective into account*
2b.4	**be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely and skilfully** - understand the need to maintain the safety of both service users and those involved in their care
PS	*- be able to implement psychological therapy or other interventions appropriate to the presenting problem and to the psychological and social circumstances of the client*
2b.5	**be able to maintain records appropriately** - be able to keep accurate, legible records and recognise the need to handle these records and all other information in accordance with applicable legislation, protocols and guidelines - understand the need to use only accepted terminology in making records

OCCUPATIONAL PSYCHOLOGISTS

Ref	Standard
	Critical evaluation of the impact of, or response to, the registrant's actions
2c.1	**be able to monitor and review the ongoing effectiveness of planned activity and modify it accordingly** - be able to gather information, including qualitative and quantitative data that helps to evaluate the responses of service users to their care - be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with the service user - recognise the need to monitor and evaluate the quality of practice and the value of contributing to the generation of data for quality assurance and improvement programmes - be able to make reasoned decisions to initiate, continue, modify or cease treatment or the use of techniques or procedures, and record the decisions and reasoning appropriately
2c.2	**be able to audit, reflect on and review practice** - understand the principles of quality control and quality assurance - be aware of the role of audit and review in quality management, including quality control, quality assurance and the use of appropriate outcome measures - be able to maintain an effective audit trail and work towards continual improvement - participate in quality assurance programmes, where appropriate - understand the value of reflection on practice and the need to record the outcome of such reflection - recognise the value of case conferences and other methods of review
PS	*- recognise the role and value of supervision in an occupational psychology context* *- be able to recognise gaps in the evidence base and, where necessary, adapt practice to meet the needs of service users*

9

OCCUPATIONAL PSYCHOLOGISTS

Ref	Standard
	Knowledge, understanding and skills
3a.1	**know and understand the key concepts of the bodies of knowledge which are relevant to their profession-specific practice** - understand the structure and function of the human body, relevant to their practice, together with knowledge of health, disease, disorder and dysfunction - be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process - recognise the role of other professions in health and social care - understand the theoretical basis of, and the variety of approaches to, assessment and intervention
PS	- *understand the following related to occupational psychology:* • *human-machine interaction* • *health and safety* • *personnel selection and assessment* • *performance appraisal and career development* • *counselling and personal development* • *training* • *employee relations and motivation* • *organisational development and change*
3a.2	**know how professional principles are expressed and translated into action through a number of different approaches to practice, and how to select or modify approaches to meet the needs of an individual, groups or communities**
3a.3	**understand the need to establish and maintain a safe a practice environment** - be aware of applicable health an safety legislation, and any relevant safety policies and procedures in force at the workplace, such as incident reporting, and be able to act in accordance with these

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OCCUPATIONAL PSYCHOLOGISTS

	- be able to work safely, including being able to select appropriate hazard control and risk management, reduction or elimination techniques in a safe manner in accordance with health and safety legislation - be able to select appropriate protective equipment and use it correctly - be able to establish safe environments for practice, which minimise risks to service users, those treating them, and others, including the use of hazard control and particularly infection control

FORENSIC PSYCHOLOGISTS

This is a draft of standards for forensic psychologists.

The PLG's attention is particularly drawn to standard 2b.4. Information is taken here from the draft BPS benchmark statement. However, this does not seem to be easy to incorporate into the standards. In particular, this excerpt gives 'examples' of skills, whereas the standards need to be specific as they have to be **necessary** standards for safe and effective practice.

References:

(All British Psychological Society publications)

- Benchmark statements for applied psychology
- Criteria for the accreditation of MSc Programmes in Forensic Psychology (February 2006)
- Criteria for the accreditation of stage 2 training programmes in forensic psychology (September 2005)
- Diploma in Forensic Psychology Candidate Handbook 2007-2008

FORENSIC PSYCHOLOGISTS

Registrant forensic psychologists must:

	Professional autonomy and accountability
1a.1	**be able to practise within the legal and ethical boundaries of their profession** - understand the need to act in the best interests of service users at all times - understand what is required of them by the Health Professions Council - understand the need to respect, and so far as possible uphold, the rights, dignity, values and autonomy of every service user including their role in the diagnostic and therapeutic process and in maintaining health and wellbeing - be aware of current UK legislation applicable to the work of their profession
PS	*- understand the power imbalance between practitioners and clients and how this can be minimised* *- understand the complex legal and ethical issues of any form of dual relationship and the impact these may have on clients*
1a.2	**be able to practise in a non-discriminatory manner**
1a.3	**understand the importance of and be able to maintain confidentiality**
1a.4	**understand the importance of and be able to obtain informed consent**
1a.5	**be able to exercise a professional duty of care**
1a.6	**be able to practise as an autonomous professional, exercising their own professional judgement** - be able to assess a situation, determine the nature and severity of the problem and call upon the required knowledge and experience to deal with the problem - be able to initiate resolution of problems and be able to exercise personal initiative - know the limits of their practice and when to seek advice or refer to another professional - recognise that they are personally responsible for and must be able to justify their decisions
1a.7	**recognise the need for effective self-management of workload and resources and be able to practise accordingly**

2

FORENSIC PSYCHOLOGISTS

1a.8	**understand the obligation to maintain fitness to practise** - understand the need to practise safely and effectively within their scope of practice - understand the need to maintain high standards of personal conduct - understand the importance of maintaining their own health - understand both the need to keep skills and knowledge up to date and the importance of career-long learning
PS	*- be able to manage the physical and emotional impact of their practice* *- be able to maintain a high standard of professional effectiveness by adopting strategies for psychological self-care, critical self awareness, and by being able to maintain a safe working environment*

3

FORENSIC PSYCHOLOGISTS

Ref	Standard
	Professional relationships
1b.1	**be able to work, where appropriate, in partnership with other professionals, support staff, service users and their relatives and carers** - understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team - understand the need to engage service users and carers in planning and evaluating diagnostics, treatments and interventions to meet their needs and goals - be able to make appropriate referral
PS	*- be able to support the learning of others in the application of psychological skills, knowledge, practices and procedures* *- be able to prepare and deliver teaching and training for other professionals which takes into account the needs and goals of the participants*
1b.2	**be able to contribute effectively to work undertaken as part of a multi-disciplinary team**
PS	*- understand the role of the forensic psychologist across a range of settings and services* *- understand consultancy models and the contribution of consultancy to practice*
1b.3	**be able to demonstrate effective and appropriate skills in communicating information, advice, instruction and professional opinion to colleagues, service users, their relatives and carers** - be able to communicate in English to the standard equivalent to level 7 of the International English Language Testing System, with no element below 6.5[1] - understand how communication skills affect the assessment of service users and how the means of communication should be modified to address and take account of factors such as age, physical ability and learning ability

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

4

FORENSIC PSYCHOLOGISTS

	- be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others - be aware of the characteristics and consequences of non-verbal communication and how this can be affected by culture, age, ethnicity, gender, religious beliefs and socio-economic status - understand the need to provide service users (or people acting on their behalf) with the information necessary to enable them to make informed decisions - understand the need to use an appropriate interpreter to assist service users whose first language is not English, wherever possible - recognise that relationships with service users should be based on mutual respect and trust, and be able to maintain high standards of care even in situations of personal incompatibility
PS	*- be able to evaluate the feedback needs of clients* *- be able to select the appropriate means for communicating feedback to clients* *- be able to explain the nature and purpose of specific psychological techniques to clients* *- be able to communicate ideas and conclusions clearly and effectively to specialist and non-specialist audiences* *- be able to summarise and present complex ideas in an appropriate form*
1b.4	**understand the need for effective communication throughout the care of the service user** - recognise the need to use interpersonal skills to encourage the active participation of service users

FORENSIC PSYCHOLOGISTS

Ref	Standard
	Identification and assessment of health and social care needs
2a.1	**be able to gather appropriate information**
2a.2	**be able to select and use appropriate assessment techniques** - be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment
PS	*- be able to conduct risk assessment* *- 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* *- be able to use formal assessment procedures (standardised psychometric instruments), systematic interviewing procedures and other structured methods of assessment*
2a.3	**be able to undertake or arrange investigations as appropriate**
2a.4	**be able to analyse and critically evaluate the information collected**
PS	*- be able to interpret assessment methods* *- be able to develop psychological formulations using the outcomes of assessment, drawing on theory, research and explanatory models* *- be able to revise formulations in the light of ongoing intervention and when necessary re-formulating the intervention*

FORENSIC PSYCHOLOGISTS

Ref	Standard
	Formulation and delivery of plans and strategies for meeting health and social care needs
2b.1	**be able to use research, reasoning and problem solving skills to determine appropriate actions** - recognise the value of research to the critical evaluation of practice - be able to engage in evidence-based practice, evaluate practice systematically, and participate in audit procedures - be aware of a range of research methodologies - be able to demonstrate a logical and systematic approach to problem solving - be able to evaluate research and other evidence to inform their own practice
PS	*- be able to conduct fundamental research* *- be able to search and critically appraise literature and other sources of information* *- be able to understand and use applicable techniques for clinical research and academic enquiry, including qualitative and quantitative approaches*
2b.2	**be able to draw on appropriate knowledge and skills in order to make professional judgements** - be able to change their practice as needed to take account of new developments - be able to demonstrate a level of skill in the use of information technology appropriate to their practice
PS	*- be able to adapt practice where necessary to take account of organisational and cultural contexts* *- be able to make informed judgements on complex issues in the absence of complete data* *- be able to recognise when (further) intervention is inappropriate, or unlikely to be helpful* *- be able to work effectively whilst holding alternative competing explanations in mind*

7

FORENSIC PSYCHOLOGISTS

2b.3	**be able to formulate specific and appropriate management plans including the setting of timescales** - understand the requirement to adapt practice to meet the needs of different groups distinguished by, for example, physical, psychological, environmental, cultural or socio-economic factors
PS	*- be able to use psychological formulations to plan appropriate interventions that take the client's perspective into account*
2b.4	**be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely and skilfully** - understand the need to maintain the safety of both service users and those involved in their care

PS	*- be able to implement psychological therapy or other interventions appropriate to the presenting problem and to the psychological and social circumstances of the client*
	- be able to conduct psychological applications and interventions….
	
	["Examples include
	    o *assessment and treatment of offenders (on an individual basis or through implementing and supporting large scale programmes)*
	    o *support or treatment of staff*
	    o *assistance with investigations (e.g. crime scene analysis)*
	    o *organisational consultancy work or operational research (e.g. investigation of factors undermining good order in a prison and producing and implementing an action plan, improving the performance of a staff team, reducing sickness absence or producing a new selection system)"]*

2b.5	**be able to maintain records appropriately** - be able to keep accurate, legible records and recognise the need to handle these records and all other information in accordance with applicable legislation, protocols and guidelines - understand the need to use only accepted terminology in making records

FORENSIC PSYCHOLOGISTS

Ref	Standard
	Critical evaluation of the impact of, or response to, the registrant's actions
2c.1	**be able to monitor and review the ongoing effectiveness of planned activity and modify it accordingly** - be able to gather information, including qualitative and quantitative data that helps to evaluate the responses of service users to their care - be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with the service user - recognise the need to monitor and evaluate the quality of practice and the value of contributing to the generation of data for quality assurance and improvement programmes - be able to make reasoned decisions to initiate, continue, modify or cease treatment or the use of techniques or procedures, and record the decisions and reasoning appropriately
2c.2	**be able to audit, reflect on and review practice** - understand the principles of quality control and quality assurance - be aware of the role of audit and review in quality management, including quality control, quality assurance and the use of appropriate outcome measures - be able to maintain an effective audit trail and work towards continual improvement - participate in quality assurance programmes, where appropriate - understand the value of reflection on practice and the need to record the outcome of such reflection - recognise the value of case conferences and other methods of review
PS	*- recognise the role and value of supervision in a forensic psychology context* *- be able to recognise gaps in the evidence base and, where necessary, adapt practice to meet the needs of service users*

FORENSIC PSYCHOLOGISTS

Ref	Standard
	Knowledge, understanding and skills
3a.1	**know and understand the key concepts of the bodies of knowledge which are relevant to their profession-specific practice** - understand the structure and function of the human body, relevant to their practice, together with knowledge of health, disease, disorder and dysfunction - be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process - recognise the role of other professions in health and social care - understand the theoretical basis of, and the variety of approaches to, assessment and intervention

PS	- *understand the legal framework of the law and the civil and criminal justice systems*
	- *understand the applications of psychology to processes in the justice system, including:*
	   • *psychology applied to the process of investigation*
	   • *psychology applied to the legal process*
	   • *psychology as applied to the court dispersal system including community and custodial practices*
	- *understand the psychological interventions related to different client groups including victims of offences, offenders, litigants, appellants and individuals seeking arbitration and mediation*
	- *understand the impact of differences such as gender, sexuality, ethnicity, culture, religion and age on psychological wellbeing*

3a.2	**know how professional principles are expressed and translated into action through a number of different approaches to practice, and how to select or modify approaches to meet the needs of an individual, groups or communities**
3a.3	**understand the need to establish and maintain a safe a practice environment** - be aware of applicable health an safety legislation, and any relevant safety policies and procedures in force at the workplace, such as incident reporting, and be able to act in accordance with these - be able to work safely, including being able to select appropriate hazard control and risk management, reduction or

	elimination techniques in a safe manner in accordance with health and safety legislation - be able to select appropriate protective equipment and use it correctly - be able to establish safe environments for practice, which minimise risks to service users, those treating them, and others, including the use of hazard control and particularly infection control

SPORT AND EXERCISE PSYCHOLOGISTS

This is a draft of standards for sport and exercise psychologists.

The PLG's attention is drawn to whether the existing draft standards for sport and exercise psychologists are presently sufficiently detailed in order to articulate the specific nature of the discipline.

References:

(British Psychological Society publications unless otherwise stated)

- Criteria for the Accreditation of MSc Programmes in Sport and Exercise Psychology (June 2005)
- Qualification in Sport and Exercise Psychology (Stage 2) – Candidate Handbook (Draft v.7, effective October 2007)
- British Association of Sport and Exercise Sciences, BASES Psychology Section: Guidelines to the supervised experience framework (October 2004)

SPORT AND EXERCISE PSYCHOLOGISTS

Registrant sport and exercise psychologists must:

		Professional autonomy and accountability
1a.1		**be able to practise within the legal and ethical boundaries of their profession** - understand the need to act in the best interests of service users at all times - understand what is required of them by the Health Professions Council - understand the need to respect, and so far as possible uphold, the rights, dignity, values and autonomy of every service user including their role in the diagnostic and therapeutic process and in maintaining health and wellbeing - be aware of current UK legislation applicable to the work of their profession
PS		*- understand the power imbalance between practitioners and clients and how this can be minimised* *- understand the complex ethical and legal issues of nay form of dual relationship and the impact these may have on clients*
1a.2		**be able to practise in a non-discriminatory manner**
1a.3		**understand the importance of and be able to maintain confidentiality**
1a.4		**understand the importance of and be able to obtain informed consent**
1a.5		**be able to exercise a professional duty of care**
1a.6		**be able to practise as an autonomous professional, exercising their own professional judgement** - be able to assess a situation, determine the nature and severity of the problem and call upon the required knowledge and experience to deal with the problem - be able to initiate resolution of problems and be able to exercise personal initiative - know the limits of their practice and when to seek advice or refer to another professional - recognise that they are personally responsible for and must be able to justify their decisions
1a.7		**recognise the need for effective self-management of workload and resources and be able to practise accordingly**

SPORT AND EXERCISE PSYCHOLOGISTS

1a.8	**understand the obligation to maintain fitness to practise** - understand the need to practise safely and effectively within their scope of practice - understand the need to maintain high standards of personal conduct - understand the importance of maintaining their own health - understand both the need to keep skills and knowledge up to date and the importance of career-long learning
PS	*- be able to manage the physical and emotional impact of their practice* *- be able to maintain a high standard of professional effectiveness by adopting strategies for psychological self-care, critical self awareness, and by being able to maintain a safe working environment*

SPORT AND EXERCISE PSYCHOLOGISTS

Ref	Standard
	Professional relationships
1b.1	**be able to work, where appropriate, in partnership with other professionals, support staff, service users and their relatives and carers** - understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team - understand the need to engage service users and carers in planning and evaluating diagnostics, treatments and interventions to meet their needs and goals - be able to make appropriate referral
1b.2	**be able to contribute effectively to work undertaken as part of a multi-disciplinary team**
PS	*- understand the role of the sport and exercise psychologist across a range of settings and services* *- understand consultancy models and the contribution of consultancy to practice*
1b.3	**be able to demonstrate effective and appropriate skills in communicating information, advice, instruction and professional opinion to colleagues, service users, their relatives and carers** - be able to communicate in English to the standard equivalent to level 7 of the International English Language Testing System, with no element below 6.5[1] - understand how communication skills affect the assessment of service users and how the means of communication should be modified to address and take account of factors such as age, physical ability and learning ability - be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others - be aware of the characteristics and consequences of non-verbal communication and how this can be affected by culture, age, ethnicity, gender, religious beliefs and socio-economic status

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

	- understand the need to provide service users (or people acting on their behalf) with the information necessary to enable them to make informed decisions - understand the need to use an appropriate interpreter to assist service users whose first language is not English, wherever possible - recognise that relationships with service users should be based on mutual respect and trust, and be able to maintain high standards of care even in situations of personal incompatibility
PS	*- be able to evaluate the feedback needs of clients* *- be able to select the appropriate means for communicating feedback to clients* *- be able to explain the nature and purpose of specific psychological techniques to clients* *- be able to communicate ideas and conclusions clearly and effectively to specialist and non-specialist audiences* *- be able to summarise and present complex ideas in an appropriate form*
1b.4	**understand the need for effective communication throughout the care of the service user** - recognise the need to use interpersonal skills to encourage the active participation of service users

SPORT AND EXERCISE PSYCHOLOGISTS

Ref	Standard
	Identification and assessment of health and social care needs
2a.1	**be able to gather appropriate information**
2a.2	**be able to select and use appropriate assessment techniques** - be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment
PS	*- be able to conduct risk assessment* *- 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* *- be able to use formal assessment procedures (standardised psychometric instruments), systematic interviewing procedures and other structured methods of assessment* *- be able to assess current participation in physical activity and conduct an analysis of individual needs* *- know about and be able to use psychological questionnaires*
2a.3	**be able to undertake or arrange investigations as appropriate**
2a.4	**be able to analyse and critically evaluate the information collected**
PS	*- be able to interpret assessment methods* *- be able to develop psychological formulations using the outcomes of assessment, drawing on theory, research and explanatory models* *- be able to revise formulations in the light of ongoing intervention and when necessary re-formulating the intervention*

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SPORT AND EXERCISE PSYCHOLOGISTS

Ref	Standard
	Formulation and delivery of plans and strategies for meeting health and social care needs
2b.1	**be able to use research, reasoning and problem solving skills to determine appropriate actions** - recognise the value of research to the critical evaluation of practice - be able to engage in evidence-based practice, evaluate practice systematically, and participate in audit procedures - be aware of a range of research methodologies - be able to demonstrate a logical and systematic approach to problem solving - be able to evaluate research and other evidence to inform their own practice
PS	*- be able to conduct fundamental research* *- be able to search and critically appraise literature and other sources of information* *- be able to understand and use applicable techniques for clinical research and academic enquiry, including qualitative and quantitative approaches*
2b.2	**be able to draw on appropriate knowledge and skills in order to make professional judgements** - be able to change their practice as needed to take account of new developments - be able to demonstrate a level of skill in the use of information technology appropriate to their practice
PS	*- be able to develop and use physical activity promotion strategies* *- be able to apply counselling skills* *- be able to adapt practice where necessary to take account of organisational and cultural contexts* *- be able to make informed judgements on complex issues in the absence of complete data* *- be able to recognise when (further) intervention is inappropriate, or unlikely to be helpful* *- be able to work effectively whilst holding competing explanations in mind*

SPORT AND EXERCISE PSYCHOLOGISTS

2b.3	**be able to formulate specific and appropriate management plans including the setting of timescales** - understand the requirement to adapt practice to meet the needs of different groups distinguished by, for example, physical, psychological, environmental, cultural or socio-economic factors
PS	*- be able to use psychological formulations to plan appropriate interventions that take the client's perspective into account*
2b.4	**be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely and skilfully** - understand the need to maintain the safety of both service users and those involved in their care
PS	*- be able to implement psychological therapy or other interventions appropriate to the presenting problem and to the psychological and social circumstances of the client*
2b.5	**be able to maintain records appropriately** - be able to keep accurate, legible records and recognise the need to handle these records and all other information in accordance with applicable legislation, protocols and guidelines - understand the need to use only accepted terminology in making records

SPORT AND EXERCISE PSYCHOLOGISTS

Ref	Standard
	Critical evaluation of the impact of, or response to, the registrant's actions
2c.1	**be able to monitor and review the ongoing effectiveness of planned activity and modify it accordingly** - be able to gather information, including qualitative and quantitative data that helps to evaluate the responses of service users to their care - be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with the service user - recognise the need to monitor and evaluate the quality of practice and the value of contributing to the generation of data for quality assurance and improvement programmes - be able to make reasoned decisions to initiate, continue, modify or cease treatment or the use of techniques or procedures, and record the decisions and reasoning appropriately
2c.2	**be able to audit, reflect on and review practice** - understand the principles of quality control and quality assurance - be aware of the role of audit and review in quality management, including quality control, quality assurance and the use of appropriate outcome measures - be able to maintain an effective audit trail and work towards continual improvement - participate in quality assurance programmes, where appropriate - understand the value of reflection on practice and the need to record the outcome of such reflection - recognise the value of case conferences and other methods of review
PS	*- recognise the role and value of supervision in a sport and exercise psychology context* *- be able to recognise gaps in the evidence base and, where necessary, adapt practice to meet the needs of service users*

9

SPORT AND EXERCISE PSYCHOLOGISTS

Ref	Standard
	Knowledge, understanding and skills
3a.1	**know and understand the key concepts of the bodies of knowledge which are relevant to their profession-specific practice** - understand the structure and function of the human body, relevant to their practice, together with knowledge of health, disease, disorder and dysfunction - be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process - recognise the role of other professions in health and social care - understand the theoretical basis of, and the variety of approaches to, assessment and intervention
PS	- *understand the following aspects of psychology relevant to sport and exercise psychology* • *social psychology;* • *developmental psychology;* • *cognitive psychology;* • *psychobiology* - *understand theories related to:* • *motivation for and participation in sports and exercise* • *groups and teams* • *leadership* - *know about the following:* • *performance enhancement* • *psychomotor learning and sport performance* • *coaching science*
3a.2	**know how professional principles are expressed and translated into action through a number of different approaches to practice, and how to select or modify approaches to meet the needs of an individual, groups**

	or communities
3a.3	**understand the need to establish and maintain a safe a practice environment**
	- be aware of applicable health an safety legislation, and any relevant safety policies and procedures in force at the workplace, such as incident reporting, and be able to act in accordance with these
	- be able to work safely, including being able to select appropriate hazard control and risk management, reduction or elimination techniques in a safe manner in accordance with health and safety legislation
	- be able to select appropriate protective equipment and use it correctly
	- be able to establish safe environments for practice, which minimise risks to service users, those treating them, and others, including the use of hazard control and particularly infection control

Subject Benchmarks for Applied Psychology

16 May 2005

Contents

Background

Subject benchmark statements provide a means for the academic community to describe the nature and characteristics of programmes in a specific subject. They also represent general expectations about the standards for the award of qualifications at a given level and articulate the attributes and capabilities that those possessing such qualifications should be able to demonstrate.

Subject benchmark statements are used for a variety of purposes. Primarily, they are an important external source of reference for higher education institutions when new programmes are being designed and developed in a subject area. They provide general guidance for articulating the learning outcomes associated with the programme but are not a specification of a detailed curriculum in the subject. Benchmark statements provide for variety and flexibility in the design of programmes and encourage innovation within an agreed overall framework.

Subject benchmark statements also provide support to institutions in pursuit of internal quality assurance. They enable the learning outcomes specified for a particular programme to be reviewed and evaluated against agreed general expectations about standards.

Finally, Subject benchmark statements may be one of a number of external reference points that are drawn upon for the purposes of external review. Reviewers do not use Subject Benchmark statements as a crude checklist for these purposes however. Rather, they are used in conjunction with the relevant programme specifications, the institution's own internal evaluation documentation, in order to enable reviewers to come to a rounded judgement based on a broad range of evidence.

Summary

In September 2004, the British Psychological Society (BPS) launched a widespread consultation throughout its constituencies on the subject benchmark statements which had been drafted for each of the areas of applied psychology (*with the exception of the benchmark statements for Clinical Psychology which had been approved by the BPS and the Quality Assurance Agency (QAA) early in 2004*). The draft benchmark statements were initially derived from existing regulations and accreditation criteria for each of the relevant areas of psychology. As part of the consultation process, a meeting was held on the 2 November 2004 with subject specialists from applied psychology to develop the benchmark statements for each area. At the beginning of 2005, teleconferences were held with subject specialists from those areas of applied psychology which were not represented at the meeting held on the 2 November 2004.

As a consequence of the consultation process, the benchmark statements were revised. The benchmark statements detailed within this document for each area of applied psychology now represent the extant statement for the benchmarking of academic standards. The benchmark statements appear in alphabetical order. In due course, the statements may be revised to reflect developments in psychology and the experiences of institutions and others who are working with them.

When considering the benchmark statements, it is important to note that for some areas of applied psychology the whole of the training takes place on an accredited course (for example, a Doctorate in Clinical Psychology). For other areas training includes two accredited courses (for example, Stage 1 and Stage 2 qualifications in Health Psychology). In other areas, training includes both an MSc and a period of assessed supervised practice (for example, occupational psychology). The benchmark statements reflect all of the elements of the training route and focuses on the point at which competence to register for Chartered status has been achieved. The standards required for BPS registration (Chartered status) are consistent with the QAA D level descriptor and this is emphasised throughout this document. This is not to say that all qualifications which form part of the training route are Doctorates, in many areas they are not, but rather that at the point at which a psychologist has completed their training and achieved all of the competencies required for registration they will have achieved D level.

Subject Benchmark: Clinical Psychology

1. Foreword

This benchmark statement describes the nature and standards of programmes of study in clinical psychology that lead to awards made by higher education institutions (HEIs) in the United Kingdom (UK) in the subject. It sets out a general framework for describing these programmes under three main categories.

Expectations of the health professional in providing patient/client services;

The application of practice in securing, maintaining or improving health and well-being;

The knowledge, understanding and skills that underpin the education and training of health care professionals.

This represents the shared context upon which the education and training of all health care professionals rests. It is important to emphasise that benchmark statements will continue to evolve in the light of experience and further developments in health care.

The main section of this statement, in addition to describing the nature and extent of programmes leading to awards in clinical psychology, describes the profession-specific expectations and requirements under the same three categories, but emphasises that as a postgraduate qualification clinical psychology education and training builds upon the prerequisite knowledge and skills gained from the undergraduate degree in psychology.

The section on standards accords with the relevant level descriptor for awards in the qualifications frameworks published by the Quality Assurance Agency for Higher Education.

The section on teaching, learning and assessment draws attention to the key role of practice in the design of client-centred learning opportunities for trainees, and to the importance of ensuring that professional competence, developed through practice, is adequately assessed and rewarded. It also notes how essential it is that the integration of theory and practice is a planned process within the overall arrangements made for teaching and learning. The importance of professional accountability teamworking, interprofessional collaboration and communication are also emphasised.

Finally, the statement does not set a national curriculum for programmes leading to awards in clinical psychology. It acknowledges that the requirements of the professional and statutory regulatory bodies need to be incorporated into the design of programmes. It seeks to encourage HEIs and service providers to work collaboratively in the design and delivery of their curricula. Its essential feature is the specification of threshold standards, incorporating academic and practitioner elements, against which HEIs are expected, as a minimum, to set their standards for the award.

2. Philosophy

The work of clinical psychologists is based on the fundamental acknowledgement that all people have the same human value and the right to be treated as unique individuals. Clinical psychologists will treat all people - both clients and colleagues - with dignity and respect and will work with them collaboratively as partners towards the achievement of mutually agreed goals. In doing this, clinical psychologists will adhere to, and be guided by, explicit and public statements of the ethical principles that underpin their work.

3. Purpose

Clinical psychology aims to reduce psychological distress and to enhance and promote psychological wellbeing by the systematic application of knowledge derived from psychological theory and research.

4. Aims

Clinical psychology services aim to enable service users to have the necessary skills and abilities to cope with their emotional needs and daily lives in order to maximise psychological and physical well-being; to develop and use their capacity to make informed choices in order to enhance and maximise independence and autonomy; to have a sense of self-understanding, self-respect and self-worth; to be able to enjoy good social and personal relationships; and to access commonly valued social and environmental facilities.

Clinical psychology services aim to enable other service providers to develop psychologically-informed ways of thinking; to use psychological knowledge to enhance and develop their professional practice to the benefit of their clients; to be able to enhance their sense of self-understanding, self-respect and self-worth; and to use psychological data to aid decision-making at a clinical, organisational and societal level.

5. How these aims are achieved

The core skills of a clinical psychologist are:

- assessment;
- formulation;
- intervention;
- evaluation and research;
- communication.

Assessment of psychological processes and behaviour is a competence derived from the theory and practice of both academic and applied psychology. It is different from other activities such as diagnosis and includes both assessing individual change and stability and comparing the individual with others. Assessment procedures include:

- the development and use of psychometric tests;
- the application of systematic observation and measurement of behaviour in both daily life contexts and other settings;
- devising self-monitoring strategies for individual service users;

- the use of formal and informal interviews with clients, carers and other professionals.

Results of these assessments are integrated within the context of the historical and developmental processes that will have shaped either an individual, family, group or organisation. Clinical psychologists have the ability to assess the suitability of different measurement procedures depending on the purpose for which the assessment is needed, as well as being competent to devise and use one-off, individualised assessment procedures.

Formulation is the summation and integration of the knowledge that is acquired by this assessment process (which may involve a number of different procedures). This will draw on psychological theory and research to provide a framework for describing a problem, how it developed and is being maintained. Because of their particular training in the linkage of theory to practice, clinical psychologists will be able to draw on a number of different explanatory models and so a formulation may comprise a number of provisional hypotheses. This process provides the foundation from which actions derive. What makes this activity unique to clinical psychologists is the knowledge base and information on which they draw. The ability to access, review, critically evaluate, analyse and synthesise data and knowledge from a psychological perspective is one that is distinct to psychologists, both academic and applied.

Intervention, if appropriate, is based on the formulation. This may involve the utilisation of one or more psychotherapeutic models or approaches to facilitate change. Other sorts of intervention may include training of others (professional staff, relatives and carers), the provision of psychological knowledge by teaching or the development of psychological skills through supervision and consultation. All these interventions are tests of the provisional hypotheses contained in the formulation and are subject to modification in the light of experience and new data.

Evaluation is, therefore, a critical and integral part of the clinical psychologist's work. All activities and interventions need to be evaluated both during their implementation and afterwards to assess the stability and security of change. Research includes the ongoing evaluation of assessment, formulation and intervention in relation to specific services provided. It also includes explorations of psychological processes and outcomes (basic research), the development and evaluation of specific psychological interventions (primary research) and the consolidation and evaluation of primary research (secondary research). Basic and primary research in clinical psychology is typically uni-professional; secondary research is more usually conducted in collaboration with other professionals.

Communication skills are clearly integral to all aspects of a clinical psychologist's role. Effective communication skills are routinely essential in relation to all aspects of work with service users and their families and with other professional staff. Communication skills include direct face to face communication, all forms of electronic and verbal communication to individual clients, their families and other key people, and the dissemination of research.

In summary, it is the mixture and synthesis of competencies, built on the body of psychological theory and data, which are applied to helping people solve personal, family, group, work or organisational problems, that makes clinical psychology unique in health and social care.

6. Clinical psychologists as scientist-practitioners

Clinical psychologists are more than psychological therapists. While many do practise psychotherapy at a high level, this is not a skill distinct to clinical psychologists, nor should it be. The background and training of clinical psychologists is rooted in the science of psychology, and clinical psychology is one of the applications of psychological science to help address human problems. The ability to design and carry out innovative applied research is a skill developed to a doctoral level in training and is important for the development and delivery of evidence-based practice. In addition, one element of research competence is critical evaluation of research activity. While there are data that support many clinical activities, there are still major gaps in the knowledge base. One of the contributions made by clinical psychologists is the development and testing of new interventions and activities, based on psychological theory. Thus practice feeds and draws on research and theory that in turn influences practice.

7. Clinical psychologists as reflective practitioners

Clinical psychologists are cognisant of the importance of self-awareness and the need to appraise and reflect on their own practice. They are also aware of the importance of diversity, the social and cultural context of their work, working within an ethical framework, and the need for continuing professional and personal development.

8. Who uses clinical psychology services?

Clinical psychologists work with individuals, couples, families, groups (therapeutic, staff, informal carers) and at the organisational and community level. They work in a variety of settings, including hospital wards, day centres, Community Mental Health Teams, NHS Trusts, primary and social care contexts and forensic settings, and with all age groups from very young children to older people. They work with people with mild, moderate and severe mental health problems, developmental and learning disabilities, physical and sensory disability, and brain injury; people who have substance misuse problems and people with a range of physical health problems (eg HIV and AIDS, cancer, heart disease, pain, diabetes).

9. Clinical psychology programmes and maintenance of professional standards

Entry to training requires the Graduate Basis for Registration as defined by The British Psychological Society. The prerequisite undergraduate degree provides an education that develops a knowledge framework encompassing basic theory and scientific principles (and the limits of such theory and principles) in the domains of human behaviour, experience and interaction.

Programmes are delivered at postgraduate level in accordance with the frameworks for higher education qualifications produced by the Quality Assurance Agency for Higher Education. As applied to clinical psychology, this means that newly qualified individuals will be able to make informed judgements on complex clinical and research problems, often in the absence of complete information, and are able to communicate their ideas and conclusions clearly and effectively to specialist and non-specialist audiences. These will be based on a systematic understanding of a substantial body of knowledge that is at the forefront of the discipline and profession of clinical psychology. Newly qualified individuals will have contributed to the creation

and development of new knowledge and be able to continue to undertake applied research and development at an advanced level. They will have the qualities and transferable skills necessary for employment, requiring the exercise of personal responsibility and be largely autonomous in taking the initiative in complex and unpredictable clinical situations.

Training should encompass theoretical, research and applied foundations of psychology applied to the diverse range of needs of people in the health, social care and educational settings. All programmes provide a generic training, enabling graduates to work with a wide range of clients. Training takes place over three years of full-time study at the end of which successful candidates are awarded a doctorate of clinical psychology, and are eligible for registration. Chartered psychologists agree to abide by The British Psychological Society *Code of Conduct* and can be removed from the register for breaches of this Code. The British Psychologist Society has a formal disciplinary process with representation of both non-psychologists and senior and experienced psychologists.

10. Standard for Award

The chartered clinical psychologist as a health care practitioner
Expectations held by the profession, employers and public

Professional autonomy and accountability of the clinical psychologist

The award holder should be able to:

- maintain the standards and requirements of The British Psychological Society and the Division of Clinical Psychology (DCP);

- adhere to The British Psychological Society's *Code of Conduct,* ethical principles and guidelines and the DCP *Professional Practice Guidelines*;

- understand the legal and ethical responsibilities of clinical psychology practice including patient consent and confidentiality;

- demonstrate awareness of the legislative and national planning context of service delivery and clinical psychology practice;

- recognise the obligation to maintain fitness for practice and the need for continuing professional development;

- contribute to the development and dissemination of evidence-based practice within professional contexts;

- recognise and cope with uncertainty, making informed judgements on complex clinical issues in the absence of complete data;

- make appropriate clinical decisions.

Professional relationships

The award holder should be able to:

- participate effectively in interprofessional and multi-agency approaches to health and social care;

- recognise professional scope of practice and make referrals, where appropriate;

- demonstrate understanding of consultancy models and the contribution of consultancy to practice;

- work with others to deliver effective health care;

- understand the impact of difference, diversity and social inequalities on people's lives, and its implications for working practices;

- work effectively with users and carers to facilitate their involvement in service planning and delivery;

- maintain appropriate records and make accurate reports.

Personal and professional skills

The award holder should be able to:

- demonstrate the ability to deliver high quality patient/client-centred care both as a solo practitioner and as a member of multidisciplinary and multi-agency teams;

- practise in an anti-discriminatory, anti-oppressive manner;

- draw upon clinical psychology knowledge, theory and skills in order to make professional judgements;

- demonstrate high levels of research skills and scholarship;

- work effectively at a high level of autonomy in complex and unpredictable situations, with awareness of the limits of their own competence, and accepting accountability to relevant professional and service managers;

- demonstrate self-awareness and ability to work as a reflective practitioner;

- demonstrate a high level of communication skills in a style appropriate to specialist and non-specialist audiences;

- initiate and respond to change in a flexible manner, demonstrating transferable skills;

- understand the importance and role of continuing professional development and engage in self-directed learning that promotes professional development;

- manage the emotional and physical impact of their own practice;

- understand the importance and role of supervision and demonstrate its appropriate use;

- demonstrate self-management skills and independence of thought and action;

- demonstrate culturally competent practice.

Profession and employer context

The award holder should be able to:

- show an understanding of the role of the clinical psychologist within health and social care services;

- adapt clinical psychology practice to a range of organisational contexts, on the basis of an understanding of pertinent organisational and cultural issues;

- contribute to the development of the profession's responsibility to the NHS through teaching, research supervision and training of psychologists and other professionals;

- take responsibility for their own professional development;

- demonstrate an ability to contribute to team management and functioning;

- participate in the development of new services;

- recognise the value of research and other scholarly activity in relation to the development of the profession and of patient/client care.

11. The application of clinical psychology practice in securing, maintaining or improving health and well-being

Clinical psychology practice and the application of professional skills are underpinned by psychological theory, evidence and understanding. The qualified clinical psychologist possesses a broad range of core skills encompassing profession-specific and generic enabling skills.

Profession-specific skills

Sound clinical psychology practice is based on clinical and research skills that demonstrate work with clients and systems based on a scientist practitioner and reflective practitioner model. This incorporates a cycle of assessment, formulation, intervention and evaluation. Hence, clinical psychologists can generalise and synthesise prior knowledge and experience in order to apply them in different settings and novel situations. They are able to think critically about, reflect upon and evaluate such knowledge and experience within a framework of evidence-based practice.

Psychological Assessment

- Developing and maintaining effective working alliances with clients, including individuals, families, carers and services.

- Ability to choose, use and interpret a broad range of psychological assessment methods appropriate:
  - to the client and service delivery system in which the assessment takes place;
  - to the type of intervention which is likely to be required.

- Assessment procedures in which competence is demonstrated will include:
  - formal procedures (use of standardised instruments);
  - systematic interviewing procedures;
  - other structured methods of assessment (eg observation or gathering information from others).

- Conducting appropriate risk assessment and using this to guide practice.

Psychological Formulation

- Developing psychological formulations of presenting problems or situations which integrate information from assessments within a coherent framework

that draws upon psychological theory and evidence and which incorporates interpersonal, societal, cultural and biological factors.

- Using formulations with clients to facilitate their understanding of their experience.

- Using formulations to plan appropriate interventions that take the client's perspective into account.

- Using formulations to assist multiprofessional understanding and communication, and the understanding of clients and their care.

- Revising formulations in the light of ongoing intervention and when necessary re-formulating the problem.

Psychological Intervention

- On the basis of a formulation, implementing psychological therapy or other interventions appropriate to the presenting problem and to the psychological, cultural and social circumstances of the client(s), and to do this in a collaborative manner with:
    - individuals;
    - couples, families or groups;
    - teams/services/organisations.

- Implementing and recording interventions through, and with, other professions and/or with individuals who are formal (professional) carers for a client, or who care for a client by virtue of family or partnership arrangements.

- Recognising when (further) intervention is inappropriate, or unlikely to be helpful, and communicating this sensitively to clients and carers.

Evaluation and research

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

- Auditing clinical effectiveness.

- Identifying gaps in the evidence base and, where such gaps exist, adapting established practice to meet the specific needs of service users. In such cases, ongoing evaluation of adaptations is critical and forms the basis of new developments in theory and practice.

- The development of theory and practice in clinical psychology through research.

12. Knowledge, understanding and skills that underpin the education and training of clinical psychologists

Knowledge and understanding

The clinical psychology award holder should be able to demonstrate:

- ˙ systematic acquisition and understanding of a substantial body of knowledge, including theories and evidence concerning psychological development and psychological difficulties across the lifespan and their assessment and remediation. This should include theory and evidence at the forefront of the discipline relating to:

  i   a wide breadth of presentations - from acute to enduring and from mild to severe;

  ii   problems ranging from those with mainly biological causation to those emanating mainly from psychosocial factors;

  iii   problems of coping/adaptation to adverse circumstances that are not themselves reversible by psychological intervention (eg physical disability, physical illness, bereavement);

  iv   clients from a range of backgrounds reflecting the demographic characteristics of the population;

  v   clients with significant levels of challenging behaviour;

  vi   clients across a range of levels of intellectual functioning over a range of ages;

  vii   clients whose disability makes it difficult for them to communicate;

  viii   carers and families;

  ix   social and contextual factors;

  x   teamwork, service delivery systems, and the legislative and policy frameworks;

- ˙ detailed knowledge and understanding of research methods including:

  i   research design and methods including small N designs and those methods, both quantitative and qualitative, that are most useful in the conduct of applicable clinical research including service evaluation;

  ii   ethical issues in research;

  iii   statistical analysis including both exploratory and hypothesis testing methods;

  iv   critical appraisal of published research;

  v   the undertaking of supervised research work involving both a major project and also some smaller scale clinical evaluation.

The award holder will demonstrate the ability to complete an independent research project at doctoral level successfully. This will include the ability to conceptualise, design, carry out and communicate the results of research that is relevant to clinical psychology theory and practice and represents a contribution to the field.

Skills

The required skills are embedded in sections 10 and 11 above.

13. Teaching, Learning and Assessment

A prerequisite for enrolment on a clinical psychology programme is the achievement of the Graduate Basis for Registration. Thus the knowledge and skills that form the starting point for a candidate are as set out in the subject

benchmark statement for the undergraduate psychology degree (Quality Assurance Agency for Higher Education Psychology benchmark statement, 2002)

Detailed decisions about the strategies and methods for teaching, learning and assessment are for institutions to determine, but should ensure that the learning outcomes associated with clinical psychology programmes can be achieved. Nonetheless, programmes must promote an integrative approach to the application of theory and practice. Learning opportunities and assessment systems should facilitate the acquisition of the full range of professional competencies. Fundamental to the basis upon which trainees are prepared for their professional career, is the provision of programmes of academic study and practice-based learning which lay the foundation for career-long professional development and lifelong learning, to support best professional practice and the maintenance of professional standards.

Teaching and learning in clinical psychology

It is essential that programmes provide a holistic experience of training that enables trainees to develop an integrated set of learning outcomes constituting a generic training in clinical psychology. Training should be provided as a collaboration between HEIs and clinical services and supervisors. An appropriate structure should be in place to facilitate this. Selection criteria should be specified and should apply equally to all candidates. Programmes should be directed by appropriately qualified chartered clinical psychologists.

Programmes must provide a balanced and developmental set of academic, research and clinical experiences throughout training. The academic component needs to provide an integrated curriculum supporting the clinical and research training. The research training needs to be carefully planned and have sufficient time devoted to it to enable trainees to conduct research at a postgraduate level and to be in a position to contribute to the knowledge base of the profession. The clinical experience component of training needs to ensure the attainment of competence across the range of required experience.

It is important to recognise that the scope of clinical psychology is substantial, so that initial training provides a secure foundation encompassing the range of skills and knowledge demonstrated by the profession. Further skills and knowledge will need to be acquired through continuing professional development appropriate to the specific employment pathways taken by newly qualified psychologists in line with clinical governance and lifelong learning frameworks.

Clinical experience will be gained in service delivery systems that offer a coherent clinical context. This will usually be a setting oriented towards a population defined by age (eg child, adult, older people), by special needs (eg learning disabilities, serious mental health problems, health-related problems, substance misuse) or by a service delivery focus (eg psychological therapy). In addition, clinical experience will be gained in a range of service contexts (primary, secondary and tertiary care, in-patient, out-patient, community), with service delivery models ranging from independently organised work through to integrated interprofessional working.

Programmes will be delivered in collaboration with placement providers to reflect national and local priorities.

Trainees must undertake substantial pieces of clinical work over a substantial period of time in each of a range of settings, including:

- in-patient or other residential facilities for individuals with high dependency needs, both acute and long term;

- secondary health care;

- community and primary care.

Trainees must gain competence in a variety of modes and types of work, including:

- direct work;

- indirect, through staff and/or carers;

- staff training, supervision and consultancy;

- work within multidisciplinary teams and specialist service systems, including some observation or other experience of change and planning in service systems;

- working in more than one recognised model of formal psychological therapy.

It is essential that supervision in clinical placements reflects the Committee on Training in Clinical Psychology guidelines on clinical supervision. Hence, trainees on clinical placements should receive a minimum of one hour individual supervision and three hours contact time per week. Facilities for trainees on placement must include access to office and clinical facilities. The trainee experience in clinical placements must be monitored regularly through appropriately timed visits by programme staff. It is essential that clinical supervisors have access to appropriate training.

It is essential that research be integrated into practice through the inclusion of service-related research projects as well as a larger scale independent doctoral level study. This study should be of a standard that is likely to be publishable in a peer reviewed journal. Adequate research supervision and advice must be available to support trainee research, in order to promote post-qualification practice that includes research activity through conducting and facilitating research and applying research to inform practice.

Effective learning opportunities that underpin programme delivery require the deployment of appropriately qualified clinical academic staff who maintain an involvement in regular professional activity relevant to the programme, including clinical work and research. Programmes must be delivered in effective collaboration between HEIs, placement providers and clinical supervisors. Opportunities for interprofessional learning should be maximised.

Sufficient time must be allocated to all components of learning.

Opportunities for enhancement and appraisal of personal and professional development must be provided.

Assessment

The evaluation of trainees must include assessments of academic, research and clinical competence. Programmes must ensure that the assessment system promotes the learning outcomes identified in the programme specification and can demonstrate that these learning outcomes have been achieved. The assessment must give appropriate weighting to professional competence.

The HEI must take responsibility for ensuring that there are adequate procedures to ensure that trainees who are incompetent or whose behaviour is unethical do not obtain a qualification in clinical psychology.

14. Academic and Practitioner Standards

A doctorate in clinical psychology is a vocational qualification as well as an academic award, and as such, must prepare graduates for professional activities across widely differing fields. In particular, graduates must possess all the professional competencies to be able to function as a qualified clinical psychologist and this represents the threshold for entry to the profession.

Newly qualified clinical psychologists should understand and embrace the core purpose and philosophy of the profession as described in the document prepared by the DCP of The British Psychological Society. They should be committed to reducing psychological distress and enhancing and promoting psychological wellbeing through the systematic application of knowledge derived from psychological theory and evidence. Their work will be based on the fundamental acknowledgement that all people have the same human value and the right to be treated as unique individuals.

Thus award holders will have:

- the skills, knowledge and values to develop working alliances with clients, including individuals, carers and/or services, in order to carry out psychological assessment; develop a formulation based on psychological theories and knowledge; carry out psychological interventions; evaluate their work; and communicate effectively with clients, referrers and others, orally, electronically and in writing;

- the skills knowledge and values to work effectively with clients from a diverse range of backgrounds, understanding and respecting the impact of difference and diversity upon their lives;

- the skills, knowledge and values to work effectively with systems relevant to clients, including, for example, statutory and voluntary services, self-help and advocacy groups, user-led systems and other elements of the wider community;

- the skills, knowledge and values to work in a range of indirect ways to improve psychological aspects of health and healthcare;

- the skills, knowledge and values to conduct research that enables the profession to develop its knowledge base and to monitor and improve the effectiveness of its work;

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

The delivery and assessment of these outcomes is in accordance with the doctoral level descriptors specified in the Quality Assurance Agency for Higher Education frameworks for higher education qualifications. It is expected that the minimum duration of programmes is three years, with at least 50 per cent of time allocated to supervised clinical experience. The competencies attained are consistent with those described in the National Occupational Standards for Applied Psychology.

Subject Benchmark: Counselling Psychology

1. Foreword

This Subject Benchmark sets out the competencies required of a counselling psychology and the knowledge, understanding and skills which trainees must develop in order to become competent counselling psychologists. It does not provide a national curriculum for counselling psychology but training providers should ensure that the programmes they design enable trainees to develop all of the skills and competencies described in this guidance.

Entry to training requires the Graduate Basis for Registration (GBR) as defined by the British Psychological Society. The prerequisite undergraduate degree provides an education that develops a knowledge framework encompassing basic theory and scientific principles (and the limits of such theory and principles) in the domains of human behaviour, experience and interaction.

Counselling psychology programmes are delivered at post-graduate level in accordance with the framework for higher education qualifications and encompass theoretical, research and applied foundations of psychology applied to the diverse range of needs of people in a variety of settings. Training takes place over three years of full-time study, including academic study, supervised practice and research, at the end of which successful candidates are awarded a doctorate in counselling psychology or the BPS Qualification in Counselling Psychology, depending on their favoured training route, and are eligible for registration as a counselling psychologist.

If the award is accredited by the British Psychological Society award holders will be eligible for registration as a Chartered Counselling Psychologists. Chartered Psychologists agree to abide by the British Psychological Society code of conduct and can be removed from the register for breaches of the code. The British Psychological Society has a formal disciplinary process with representation of both non-psychologists and senior and experienced psychologists.

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

2. Philosophy

Counselling psychology is embedded in the discipline of psychology and concerns itself with applied areas of psychological work, which overlap with the provinces of psychotherapy, clinical psychology, generic counselling and psychiatry. Therefore, counselling psychology is situated at the interface between scientific and clinical enquiry. It derives insights about psychological functioning from the study of the full range of human life, including that manifest in clinical practice, whilst also being open to influence from complementary perspectives. Although it is subject to current scientific investigation, it derives knowledge from sources of insight into the mind that are based on *evolving*

paradigms. In this way counselling psychology can also contribute to the pursuit of psychology in general.

Counselling psychology emphasises the exploration of the meaning of events and experiences, especially emotionally. Counselling psychologists, therefore, focus on people's mental representations of events and the particular significance of these for relationships with themselves and others. This view opens up a wide range of philosophical and theoretical questions for psychologists pure and applied and entails *diverse* approaches to research and enquiry. Whilst acknowledging the diversity of effective therapeutic approaches, counselling psychologists will seek to demonstrate a *coherent* integration of theory, practice and inquiry.

More specifically, counselling psychologists recognize the pivotal role of intersubjective experience and collaborative formulation between those participating in deriving understanding and approaches to people's often profound psychological distress. As a vital balance to these intersubjective experiences, counselling psychologists emphasize the value of maintaining external consultation with experienced members of this and related professions for their ethical and clinical sensitivity. This stance is embodied in the notion of the *reflective practitioner*, emphasizing, as it does, the joint creation of meaning within the *therapeutic alliance*.

Counselling psychologists bring aspects of themselves to this shared enterprise, derived both from their training and their wider knowledge. This personal history is combined with an explicit use of psychological theories to analyse the process of a particular therapy or counselling situation. This particularly differentiates counselling psychology from psychological therapies practised by non-psychologists.

In addition to the links to the parent discipline already described, counselling psychology is informed by a number of *philosophical* stances underlying issues of development and change. There is a particular focus on the wide range of human psychological functioning across the lifespan, which leads to a consideration of ways of addressing developmental obstacles and promoting developmental change. Related areas of enquiry remain concerned with the social and cultural context within which human development occurs.

Within psychology generally there are many distinct views of human beings and a range of methods by which these views may be researched. These distinctive theoretical stances concerning the nature of a person can inform each other through the insights developed in clinical work. Thus, counselling psychology respects and incorporates insights from studies in the laboratory, from field-work and from the clinical setting.

3. Purpose

The profession of counselling psychology is a distinctive profession within psychology whose specialist focus links most closely with psychotherapy and counselling. Counselling psychology pays particular attention to the meanings, beliefs, context and processes that are constructed both within and between people and which affect the psychological well-being of the person.

4. Aims

Counselling psychologists are competent, reflective, ethically sound, resourceful and informed practitioners of counselling psychology able to work in therapeutic and non-therapeutic contexts. They aim to value the imaginative, interpretive, personal and intimate aspects of the practice of counselling psychology, commit themselves to ongoing personal and professional development and inquiry, understand, develop and apply

models of psychological enquiry for the creation of new knowledge which is appropriate to the multi-dimensional nature of relationships between people, appreciate the significance of wider social, cultural and political domains within which counselling psychology operates and adopt a questioning and evaluative approach to the philosophy, practice, research and theory that constitutes counselling psychology.

5. How these aims are achieved

The core skills of a counselling psychologist are:

* assessment;
* formulation;
* intervention;
* evaluation and research;
* communication

Award holders will have the skills which will enable them to :

* Be competent, reflective, ethically sound, resourceful and informed practitioners of counselling psychology able to work in therapeutic and non-therapeutic contexts;

* Value the imaginative, interpretive, personal and intimate aspects of the practice of counselling psychology;

* Commit themselves to ongoing personal and professional development and inquiry;

* Understand, develop and apply models of psychological inquiry for the creation of new knowledge which is appropriate to the multi-dimensional nature of the relationships between people;

* Appreciate the significance of the wider social, cultural and political domains within which counselling psychology operates; and

* Adopt a questioning and evaluative approach to the philosophy, practice, research and theory which constitutes counselling psychology.

6. Counselling psychologists as scientist-practitioners

Counselling psychologists are more than psychological therapists. While many do practise psychotherapy at a high level this is not a skill distinct to counselling psychologists, nor should it be. The background and training of counselling psychologists is rooted in the science of psychology, and counselling psychology is one of the applications of psychological science to help address human problems. The ability to design and carry out innovative applied research is a skill developed to a doctoral level in training and is important for the development and delivery of evidence-based practice. In addition, one element of research competence is critical evaluation of research activity. While there are data that support many clinical activities, there are still major gaps in the knowledge base. One of the contributions made by counselling psychologists is the development and testing of new interventions and activities, based on psychological theory. Thus practice feeds and draws on research and theory that in turn influences practice.

7. Counselling psychologists as reflective practitioners

Counselling psychologists are cognisant of the importance of self-awareness and the need to appraise and reflect on their own practice. They are also aware of the importance of

diversity, the social and cultural context of their work, working within an ethical framework, and the need for continuing professional and personal development.

8. Who uses counselling psychology services?

Counselling psychologists work therapeutically with people across the life span. Their work is informed by psychological theory and research, but the intervention taken in therapy (including the number and frequency of sessions) varies according to the particular needs of the individual client and the context in which the intervention takes place. Counselling psychologists work with adults, students, young people, families, couples, older adults and groups and in health, medical, organisational and community and social settings.

9. Counselling psychology programmes and the maintenance of professional Standards

Entry to training requires the Graduate Basis for Registration (GBR) as defined by the British Psychological Society. The prerequisite undergraduate degree provides an education that develops a knowledge framework encompassing basic theory and scientific principles (and the limits of such theory and principles) in the domains of human behaviour, experience and interaction.

Counselling psychology programmes are delivered at post-graduate level in accordance with the Framework for Higher Education Qualifications. They encompass theoretical, research and applied foundations of psychology applied to the diverse range of needs of people in a variety of settings. Training takes place during three years of full-time study (or part time equivalent), including academic study, supervised practice and research, at the end of which successful candidates are awarded a doctorate in counselling psychology and are eligible for registration with the BPS as a Chartered Counselling Psychologist.

If the award is accredited by the British Psychological Society award holders will be eligible for registration as a Chartered Counselling Psychologists. Chartered Psychologists agree to abide by the British Psychological Society code of conduct and can be removed from the register for breaches of the code. The British Psychological Society has a formal disciplinary process with representation of both non-psychologists and senior and experienced psychologists.

10. Standard for Award

The counselling psychologist as a practitioner:

Expectations held by the profession, employers and public

Professional autonomy and accountability of the counselling psychologist

The award holder should be able to:

- Maintain the standards and requirements of the British Psychological Society and Division of Counselling Psychology;

- adhere to the British Psychological Society's code of conduct, Ethical Principles and Guidelines and the Division of Counselling Psychology Professional Practice Guidelines;

- understand the legal and ethical responsibilities of counselling psychology practice including patient consent and confidentiality;

- demonstrate awareness of the legislative and national planning context of service delivery and counselling psychology practice;

- recognise the obligation to maintain fitness for practice and the need for continuing professional development;

- contribute to the development and dissemination of evidence-based practice within professional contexts;

- recognise and cope with uncertainty, making informed judgements on complex issues in the absence of complete data;

- make appropriate professional decisions.

Professional relationships

The award holder should be able to:

- participate effectively in inter-professional and multi-agency working.

- Recognise the professional scope of practice and make referrals where appropriate;

- demonstrate understanding of consultancy models and the contribution of consultancy to practice;

- work with others to deliver effective psychological interventions;

- understand the impact of difference and diversity on people's lives, and its implications for working practices;

- work effectively with users and carers to facilitate their involvement in service planning and delivery;

- maintain appropriate records and make accurate reports.

Personal and professional skills

The award holder should be able to:

- demonstrate the ability to deliver high quality patient/client-centred care both as a solo practitioner and as a member of multi-disciplinary and multi-agency teams;

- practise in an anti-discriminatory, anti-oppressive manner;

- draw upon counselling psychology knowledge, theory and skills in order to make professional judgements;

- demonstrate high levels of research skills and scholarship;

- work effectively at a high level of autonomy in complex and unpredictable situations, with awareness of the limits of own competence, and accepting accountability to relevant professional and service managers;

- demonstrate self-awareness and ability to work as a reflective practitioner;

- demonstrate a high level of communication skills in a style appropriate to specialist and non-specialist audiences;

- initiate and respond to change in a flexible manner, demonstrating transferable skills;

- engage in self-directed learning that promotes professional development;

- manage the emotional and physical impact of his/ her practice;

- understand the importance and role of supervision and demonstrate its appropriate use;

- demonstrate self-management skills and independence of thought and action;

- demonstrate culturally competent practice.

Profession and employer context

The award holder should be able to:

- show an understanding of the role of the counselling psychologist within health and social care services and other relevant agencies;

- adapt counselling psychology practice to a range of organisational contexts, on the basis of an understanding of pertinent organisational and cultural issues;

- contribute to the development of the profession's responsibility to social agencies and organisations through teaching, research supervision and training of psychologists and other professionals;

- take responsibility for his/her professional development;

- demonstrate an ability to contribute to team management and functioning;

- participate in the development of new services;

- recognise the value of research and other scholarly activity in relation to the development of the profession and of patient/client care.

11. The application of counselling psychology practice in securing, maintaining or improving health and well-being

Counselling psychology practice and the application of professional skills are underpinned by psychological theory, evidence and understanding. The qualified counselling psychologist possesses a broad range of core skills encompassing profession-specific and generic enabling skills.

Profession-specific skills

Sound counselling psychology practice is based on clinical and research skills that demonstrate work with clients and systems based on a scientist-practitioner and reflective-practitioner model. This incorporates a cycle of assessment, intervention and evaluation. Hence counselling psychologists can generalise and synthesise prior knowledge and experience in order to apply them in different settings and novel situations, and are able to think critically, reflectively and evaluatively within a framework of evidence-based practice.

Psychological Assessment

- Developing and maintaining effective working alliances with clients, including individuals, families, carers and services

- Ability to choose, use and interpret a broad range of psychological assessment methods appropriate:
  - To the client and service delivery system in which the assessment takes place

-       To the type of intervention which is likely to be required

- Assessment procedures in which competence is demonstrated will include
    -   Formal procedures (use of standardised instruments)
    -   Systematic interviewing procedures
    -   Other structured methods of assessment (e.g. Observation or gathering information from others)

- Conducting appropriate risk assessment and using this to guide practice

Psychological Intervention

- Implementing psychological therapy or other interventions at a high level appropriate to the presenting problem and to the psychological, cultural and social circumstances of the client(s), and to do this in a collaborative manner with:
    -   Individuals
    -   Couples, families or groups
    -   Teams/services/organisations

- Implementing and recording interventions through and with other professions and/or with individuals who are formal (professional) carers for a client, or who care for a client by virtue of family or partnership arrangements

- Recognising when (further) intervention is inappropriate, or unlikely to be helpful, and communicating this sensitively to clients and carers

Evaluation

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

- Auditing effectiveness.

12. Knowledge, understanding and skills that underpin the education and training of counselling psychologists

Philosophy

The counselling psychology award holder should be able to demonstrate:

- That they have developed an understanding of the underpinning philosophy including:
    -   An understanding of the diverse philosophical bases which underpin those psychological theories that are of particular relevance to counselling psychology.
    -   The ability to critically evaluate 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
    -   An understanding of spiritual and cultural traditions relevant to counselling psychology.

Theoretical Models

- That they are able to relate their philosophical understanding of counselling psychology to the following points. In particular that they:

  - Have an understanding, at D level, of the philosophy, theory and practice of at least one specific model of psychological therapy. (A model of psychological therapy is a particular therapeutic approach in relation to which there is a body of theory and research which has implications for therapeutic practice and which offers an explanation with internal consistency about the nature of the person, of psychological difficulty, of the therapeutic relationship and the process of change.)

  - Have the ability to practise safely and at a high level in the same specific model(s).

  - Have the ability to formulate clients' concerns within the specifically chosen therapeutic model(s).

  - Have a working knowledge and understanding of at least one further model of psychological therapy.

  - Have an understanding of the therapeutic relationship and alliance as conceptualised by each model studied.

  - Have the ability to contrast, compare and critically evaluate a range of models of therapy.

  - Have the ability to monitor and evaluate their therapeutic practice.

Psychological Knowledge

- That they have developed high level psychological knowledge:

  - Have a knowledge of theories of human cognitive, emotional, behavioural, social and physiological functioning relevant to counselling psychology.

  - Are able to consider and critically evaluate theories of mind and personality.

  - Have a knowledge of different theories of lifespan development.

  - Have an understanding of social and cultural contexts and the nature of relationships throughout the lifespan.

  - Have a knowledge of theories of psychopathology and of change and the ability to critically evaluate these theories.

  - Have an understanding of the use and interpretation of tests and other assessment procedures.

  - Have a knowledge of psychopharmacology and have the ability to critically evaluate its effects from research and practice.

Research and Enquiry

- That they are able to assess and interpret the possibilities and limitations of different research modalities and their relevance to counselling psychology. In particular they will have:

  - A knowledge of the research evidence on process and outcomes of psychological therapy relevant to counselling psychology.

  - A knowledge of quantitative and qualitative approaches to research and inquiry.

- The ability to critically analyse and evaluate published research relevant to counselling psychology
- An understanding of a variety of research designs.
- The ability to devise and evaluate research questions and select an appropriate methodology.
- Demonstrate ability to design, conduct, critically evaluate and report on a research project.
- An understanding of research ethics and be able to apply them.
- The ability to reflect on their experience of being a researcher.

Ethics

- That they continuously evaluate their practice in light of the ethical principles and in particular that they:
  - Are committed to best practice in the interests of their clients.
  - Strive to do no harm by recognising appropriate boundaries and the dynamics of power.
  - Undertake to maintain their fitness to practise and their continuing professional development.
  - Have the ability to apply ethical principles in reasoning and decision making.
  - Hold themselves accountable to the public and the profession for their personal integrity.
  - Understand anti-discriminatory practice.

Personal Development

- That they have actively and systematically engaged in personal development work and developed a greater understanding of personal issues so that they can demonstrate:
  - An understanding of therapy from the perspective of a client.
  - An understanding through therapy of their own life.
  - An ability for critical self-reflection on the use of self in the therapeutic process.
  - A personal philosophy to include responsibility and accountability in relation to their counselling psychology practice.
  - An understanding of the dynamics present in therapeutic and other relationships.
  - Creativity and artistry in the use of language and metaphor in the service of empathic understanding.

Professional Issues

- That they seek high standards of professional conduct as counselling psychologists in the interests of all those with whom they come into contact and:
  - Understand the purpose and practice of receiving supervision.
  - Accept responsibility for their continuing professional development by developing greater powers of awareness and the courage to pursue deeper personal knowledge and understanding relevant to working well.

- Have an ability to present and communicate professional knowledge and information.

- Have the ability to manage professional relationships including appropriate liaison.

- Have a commitment to abide by the BPS ethical framework and professional codes of conduct and that of any Statutory Regulator.

- Have a knowledge of organisational policies and contextual and legal frameworks within which they practice.

Client work

- That they endeavour to provide services of counselling, psychotherapy and psychological consultancy appropriate to the level and breadth of there experience and have:

  - The ability to initiate, develop, maintain and end a purposeful therapeutic alliance.

  - An understanding of explicit and implicit communications in a therapeutic relationship.

  - The ability to conduct psychological assessments and make formulations of a range of presentations.

  - A personal, coherent and ethical way of working with clients.

  - The ability to operate safely and professionally in a range of modalities, contexts and time-frames of therapeutic practice. (Modalities are defined as work with individuals, couples, groups, families or organisations.)

  - The ability to reflect critically on their practice and consider alternative ways of working.

  - The ability to respond appropriately to the complex demands of clients.

13. Teaching, Learning and Assessment

A prerequisite for enrolment on a counselling psychology programme is the achievement of GBR. Thus the knowledge and skills that form the starting point for a candidate are as set out in the benchmark statement for the undergraduate psychology degree (QAA psychology benchmark statement, 2002).

Detailed decisions about the strategies and methods for teaching, learning and assessment are for institutions to determine, but should ensure that the learning outcomes associated with counselling psychology programmes can be achieved. Nonetheless, programmes must promote an integrative approach to the application of theory and practice. Learning opportunities and assessment systems should facilitate the acquisition of the full range of professional competencies. Fundamental to the basis upon which trainees are prepared for their professional career, is the provision of programmes of academic study and practice-based learning which lay the foundation for career-long professional development and lifelong learning to support best professional practice and the maintenance of professional standards.

Teaching and learning in counselling psychology

It is essential that programmes provide an holistic experience of training that enables trainees to develop an integrated set of learning outcomes. Learning is a partnership between the teachers and professional support staff, who provide learning opportunities, and students engaged in the learning process.   All students registered on the accredited

programme must be supervised and, normally, this supervision must be undertaken by Chartered counselling psychologists with experience of supervision at postgraduate level. There must be a coherent plan for managing the supervision process such that the philosophy of the programme is reflected in the supervision of its trainees.

Placement learning is a planned period of learning, normally outside the institution at which the student is enrolled, where the learning outcomes are an intended part of a programme of study. It includes those circumstances where students have arranged their own learning opportunity with a placement provider.

As an intended part of an accredited programme of study, institutions should ensure that

- Their responsibilities for placement learning are clearly defined;
- The intended learning outcomes contribute to the overall aims of the programme;
- Any assessment of placement learning is part of a coherent assessment strategy; and
- Normally, all supervision is carried out by Chartered Counselling Psychologists.

Institutions should have in place policies and procedures to ensure that their responsibilities for placement learning are met and that learning opportunities during a placement are appropriate. Institutions should be able to assure themselves that placement providers know what their responsibilities are during the period of the placement. Prior to placements, institutions should ensure that students are made aware of their responsibilities and rights. Institutions should ensure that students are provided with appropriate guidance and support in preparation for, during and after their placements.

Collaborative provision (that is, where two or more agencies or institutions are involved in the delivery of training), wherever and however offered, should enlarge teaching and learning opportunities without prejudice to the standard of a higher education award and the quality of the learning experience available to students. Quality assurance arrangements for collaborative provision should be no less rigorous and open to scrutiny than those for non-collaborative provision and should enable an awarding institution to satisfy itself that its requirements and expectations in respect of its standards and quality are being met by its partner(s). The scope and nature of the respective partners to a collaborative arrangement, for both the standard and quality of provision and for the students learning experience, should be clearly defined, recorded and subject to periodic review. Collaborative arrangements should seek to encourage and enhance institutional and educational, development where desired by the partners, whilst recognising and respecting differences in institutional contexts, ethos and purposes. Students on collaborative programmes should be fully and accurately informed of the relevant responsibilities of the parties involved and how the collaborative relationship affects their entitlements and responsibilities as students.

Assessment

The evaluation of trainees must include assessments of academic, research and clinical competence. Programmes must ensure that the assessment system promotes the learning outcomes identified in the programme specification and can demonstrate that these learning outcomes have been achieved. The assessment must give appropriate weighting to professional competence.

The programme must take responsibility for ensuring that there are adequate procedures to ensure that trainees who are incompetent or whose behaviour is unethical do not obtain a qualification in counselling psychology.

14. Academic and Practitioner Standards

A Doctorate in Counselling Psychology is a high level practitioner qualification as well as an academic award, and as such, must prepare graduates for professional activities across widely differing fields. In particular, graduates must possess all the professional competencies to be able to function as a qualified counselling psychologist and this represents the threshold for entry to the profession.

Newly qualified counselling psychologists should understand and embrace the core purpose and philosophy of the profession. They should be committed to reducing psychological distress and enhancing and promoting psychological well-being through the systematic application of knowledge derived from psychological theory and evidence. Their work will be based on the fundamental acknowledgement that all people have the same human value and the right to be treated as unique individuals.

Thus award holders will:

• Be competent, reflective, ethically sound, resourceful and informed practitioners of counselling psychology able to work in therapeutic and non-therapeutic contexts;

• Value the imaginative, interpretive, personal and intimate aspects of the practice of counselling psychology;

• Commit themselves to ongoing personal and professional development and inquiry;

• Understand, develop and apply models of psychological inquiry for the creation of new knowledge which is appropriate to the multi-dimensional nature of the relationships between people;

• Appreciate the significance of the wider social, cultural and political domains within which counselling psychology operates; and

• Adopt a questioning and evaluative approach to the philosophy, practice, research and theory which constitutes counselling psychology.

The delivery and assessment of these outcomes is in accordance with the doctoral level descriptors specified in the QAA Framework for Higher Education Qualifications and level 12 of the Scottish Credit and Qualifications Framework. The minimum duration of programmes is three years, with an appropriate proportion of time allocated to supervised Counselling Psychology experience. The competencies attained are consistent with those described in the National Occupational Standards for Applied Psychology.

Subject Benchmark: Educational Psychology (England, Wales, Scotland & N.I.)

1. Foreword

This Subject Benchmark sets out the competencies required of an educational psychologist and the knowledge, understanding and skills which trainees must develop in order to become competent educational psychologists. It does not provide a national curriculum for educational psychology but training providers should ensure that the programmes they design enable trainees to develop all of the skills and competencies described in this guidance.

Entry to training requires the Graduate Basis for Registration (GBR) as defined by the British Psychological Society. The prerequisite undergraduate degree provides an education that develops a knowledge framework encompassing basic theory and scientific principles (and the limits of such theory and principles) in the domains of human behaviour, experience and interaction.

Educational psychology programmes are delivered at post-graduate D level in accordance with the framework for higher education qualifications and encompass theoretical, research and applied foundations of psychology applied to the diverse range of needs of people in a variety of settings. Training takes place over three years of full-time study at the end of which successful candidates are awarded a Doctorate in Educational Psychology and are eligible for registration as a Chartered Educational Psychologist.

If the award is accredited by the British Psychological Society award holders will be eligible for registration as a Chartered Educational Psychologists. Chartered Psychologists agree to abide by the British Psychological Society code of conduct and can be removed from the register for breaches of the code. The British Psychological Society has a formal disciplinary process with representation of both non-psychologists and senior and experienced psychologists.

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

2. Philosophy

The work of educational psychologists is based on the fundamental acknowledgement that all people have the same human value and the right to be treated as unique individuals. Educational psychologists will treat all people - both clients and colleagues - with dignity and respect and will work with them collaboratively as partners towards the achievement of mutually agreed goals. In doing this, educational psychologists will adhere to and be guided by explicit and public statements of the ethical principles that underpin their work.

3. Purpose

Educational psychology aims to promote child development and learning through the application of psychology by working with individual and groups of children, teachers and other adults in schools, families, other Local Education Authority officers, health and social services and other agencies.

4. Aims

Educational psychologists aim to work in partnership with a diverse population of children, young people, their families and Services in a range of contexts and settings. Their work is based on a fundamental acknowledgement of the importance of promoting equal opportunities in practice.

5. How these aims are achieved

The core skills of an educational psychologist are:

- assessment;
- formulation;
- intervention;
- evaluation and research;
- communication

Educational psychologists have the skills, knowledge and values to:

- Develop interventions with schools as organisations to support their effectiveness through developing an understanding of the influence of school ethos and culture, educational curricula, communication systems, management and leadership styles.

- Develop effective psychological interventions to raise educational standards generally and specifically for gender and minority groups, tackling the underachievement of vulnerable groups, promoting inclusion and reducing social exclusion, supporting behaviour policy development and managing organisational change.

- Develop appropriate psychological assessments and interventions based on an appraisal of the influence of the ecology of the learning environment on the experiences of thinking, learning and behaving in a diverse range of educational settings for both individuals and groups.

- Develop partnerships and effective collaboration with the interacting systems of families, schools and other agencies.

- Develop appropriate psychological assessment, intervention and evaluation, identifying needs and promoting change with individuals and groups through the application of psychological knowledge including those related to specialist educational needs.

- Conduct research that enables the profession to develop its knowledge base and to monitor and improve the effectiveness of its work through evidence based practice.

- Manage a personal learning agenda and self-care, promoting critical reflection and self-awareness that enables the transfer of knowledge and skills to new settings and problems.

6. Educational psychologists as scientist-practitioners

The background and training of educational psychologists is rooted in the science of psychology, and educational psychology is one of the applications of psychological science to help address human problems. The ability to design and carry out innovative applied research is a skill developed to a doctoral level in training and is important for the development and delivery of evidence-based practice. In addition, one element of research competence is critical evaluation of research activity. While there are data that support many clinical activities, there are still major gaps in the knowledge base. One of the contributions made by educational psychologists is the development and testing of new interventions and activities, based on psychological theory. Thus practice feeds and draws on research and theory that in turn influences practice.

7. Educational psychologists as reflective practitioners

Educational psychologists are cognisant of the importance of self-awareness and the need to appraise and reflect on their own practice. They are also aware of the importance of diversity, the social and cultural context of their work, working within an ethical framework, and the need for continuing professional and personal development.

8. Who uses educational psychology services?

The roles of an educational psychologist include that of assessor, statutory advisor, consultant, counsellor, educator, researcher and policy contributor. They engage in joint working with children or young people, especially those who have special educational needs, parents, staff in mainstream and special education, local authority education managers, professionals from other services (social work, health boards, voluntary agencies). The contexts include families, nurseries, primary, secondary and special schools, community and self-help groups, local authority policy and initiative development groups

9. Educational psychology programmes and the maintenance of professional standards

Entry to training requires the Graduate Basis for Registration (GBR) as defined by the British Psychological Society. The prerequisite undergraduate degree provides an education that develops a knowledge framework encompassing basic theory and scientific principles (and the limits of such theory and principles) in the domains of human behaviour, experience and interaction.

Educational psychology programmes are delivered at post-graduate level in accordance with the Framework for Higher Education Qualifications. They encompass theoretical, research and applied foundations of psychology applied to the diverse range of needs of people in a variety of settings. Training takes place during three years of full-time study (or part time equivalent), including academic study, supervised practice and research, at the end of which successful candidates are awarded a doctorate in educational psychology and are eligible for registration with the BPS as a Chartered Educational Psychologist.

If the award is accredited by the British Psychological Society award holders will be eligible for registration as a Chartered Educational Psychologists. Chartered Psychologists agree to abide by the British Psychological Society code of conduct and can be removed from the register for breaches of the code. The British Psychological Society has a formal disciplinary process with representation of both non-psychologists and senior and experienced psychologists.

10. Standard for Award

The Educational Psychologist as a practitioner:

Expectations held by the profession, employers and public

Professional autonomy and accountability of the educational psychologist

The award holder should be able to:

- maintain the standards and requirements of The British Psychological Society and Division of Educational and Child Psychology;

- adhere to the British Psychological Society's Code of Conduct, Ethical Principles and Guidelines and the Division of Educational and Child Psychology Professional Practice Guidelines;

- understand the legal and ethical responsibilities of educational psychology practice including client consent and confidentiality;

- demonstrate awareness of the legislative and national planning context of service delivery and educational psychology practice;

- recognise the obligation to maintain fitness for practice and the need for continuing professional development;

- contribute to the development and dissemination of evidence-based practice within professional contexts;

- recognise and cope with uncertainty, making informed judgements on complex issues in the absence of complete data;

- make appropriate decisions.

Professional relationships

The award holder should be able to:

- participate effectively in inter-professional and multi-agency approaches to education and social care;

- recognise professional scope of practice and make referrals where appropriate;

- demonstrate understanding of consultancy models and the contribution of consultancy to practice;

- work with others to deliver effective services;

- understand the impact of difference and diversity on people's lives, and its implications for working practices;

- work effectively with users and carers to facilitate their involvement in service planning and delivery;

- maintain appropriate records and make accurate reports.

Personal and professional skills

The award holder should be able to:

- demonstrate the ability to deliver high quality client-centred care both as a solo practitioner and as a member of multi-disciplinary and multi-agency teams;

- practise in an anti-discriminatory, anti-oppressive manner;

- draw upon educational psychology knowledge, theory and skills in order to make professional judgements;

- demonstrate high levels of research skills and scholarship;

- work effectively at a high level of autonomy in complex and unpredictable situations, with awareness of the limits of own competence, and accepting accountability to relevant professional and service managers;

- demonstrate self-awareness and ability to work as a reflective practitioner;

- demonstrate a high level of communication skills in a style appropriate to specialist and non-specialist audiences;

- initiate and respond to change in a flexible manner, demonstrating transferable skills;

- engage in self-directed learning that promotes professional development;

- manage the emotional and physical impact of their practice;

- understand the importance and role of supervision and demonstrate its appropriate use;

- demonstrate self-management skills and independence of thought and action;

- demonstrate culturally competent practice.

Profession and employer context

The award holder should be able to:

- show an understanding of the role of the educational psychologist within education and social care services;

- adapt educational psychology practice to a range of organisational contexts, on the basis of an understanding of pertinent organisational and cultural issues;

- contribute to the development of the profession's responsibility to educational services through teaching, research supervision and training of psychologists and other professionals;

- take responsibility for his/her professional development;

- demonstrate an ability to contribute to team management and functioning;

- participate in the development of new services;

- recognise the value of research and other scholarly activity in relation to the development of the profession and of patient/client care.

11. The application of educational psychology practice in securing, maintaining or improving health and well-being

Educational psychology practice and the application of professional skills are underpinned by psychological theory, evidence and understanding. The qualified educational psychologist possesses a broad range of core skills encompassing profession-specific and generic enabling skills.

12. Knowledge, understanding and skills that underpin the education and training of educational psychologists

The educational psychology award holder should be able to demonstrate that they have the skills, knowledge and values to:

- Develop interventions with schools as organisations to support their effectiveness through developing an understanding of the influence of school ethos and culture, educational curricula, communication systems, management and leadership styles.

- Develop effective psychological interventions to raise educational standards generally and specifically for gender and minority groups, tackling the underachievement of vulnerable groups, promoting inclusion and reducing social inclusion, supporting behaviour policy development and managing organisational change.

- Develop appropriate psychological assessments and interventions based on an appraisal of the influence of the ecology of the learning environment on the experiences of thinking, learning and behaving in a diverse range of educational settings for both individuals and groups.

- Develop partnerships and effective collaboration with the interacting systems of families, schools and other agencies.

- Develop appropriate psychological assessment, intervention and evaluation, identifying needs and promoting change with individuals and groups through the application of psychological knowledge including those related to specialist educational needs.

- Conduct research that enables the profession to develop its knowledge base and to monitor and improve the effectiveness of its work through evidence based practice.

- Manage a personal learning agenda and self-care, promoting critical reflection and self-awareness that enables the transfer of knowledge and skills to new settings and problems.

In order to achieve the professional standards outlined above the educational psychologist in training will develop

- Knowledge and understanding encompassing the historic and current legislative context of the profession; ethical practice, knowledge and understanding of structures and systems within educational settings in addition to local authorities, CAMHS, health and voluntary bodies.

- A professional and ethical value base including reference to the BPS Code of Conduct, the DECP's Guidelines for the Practice of Professional Educational Psychology and other relevant codes of practice.

- Knowledge, awareness, skills and values that enable effective work with diverse client populations through a clear understanding of the demographic characteristics of communities including the influence of culture, gender, ethnicity and factors influencing social exclusion.

- Skills, knowledge and awareness of effective communication strategies and the ability to promote constructive interpersonal relationships with all role partners.

- Assessment, intervention and research skills that demonstrate the impact of work with individuals, groups and systems. This shall be based on a cycle of

clarification, formulation, intervention and evaluation consistent with the scientist-practitioner and reflective-practitioner model.

- Professional competence relating to personal and professional development and awareness of the educational, professional and social context within which work is undertaken.

The following high level summaries are intended as broad statements of the required demonstrable competencies. It is essential that programmes provide a holistic experience of training that enables educational psychologists in training to develop this integrated set of learning outcomes.

- Core professional skills

  - Deciding, using a broad evidence and knowledge base, how to assess, formulate and intervene psychologically from a range of possible models and modes of intervention with clients, carers, teachers and service systems.

  - Generalising and synthesising prior knowledge and experience in order to apply them in different settings and novel situations.

  - Demonstrating self-awareness and working as a reflective practitioner.

  - Ability to think critically, reflectively and evaluatively.

- Core professional practice skills:

  - Developing professional practice which adheres, within law, to the BPS Code of Conduct and reflects ethical practice.

  - Applies knowledge of, and demonstrates the ability to operate effectively within, the legal, national and local frameworks for educational psychology practice.

  - Applying educational psychology across a variety of different contexts through the development of creative approaches that draw on a wide range of theoretic models, frameworks and psychological paradigms.

  - Understanding the impact of differences and diversity on life opportunities and the implications for promoting equal opportunities and ethical applied educational psychology practice.

  - Engaging in a dynamic, responsive and evolving process to maintain and develop professional practice through the process of appropriate professional reflection and CPD.

  - Working effectively at an appropriate level of autonomy, with awareness of the limits of own competence and accepting accountability to relevant professional, academic and service managers.

  - Developing strategies to deal with the emotional and physical impact of practice and seeking appropriate support where necessary, with due consideration of boundaries.

  - Engaging in and learning from interactive supervision processes.

- Practice of applied educational psychologists:

  - Practice evolves from robust psychological models, theories and frameworks with due ethical consideration.

  - Intervention focuses on applying knowledge, skills and expertise to support identified local and national initiatives.

- To bring about change for individuals, children, young people and their families by working at different levels or contexts (individuals, families, groups, communities, organisations, local authorities and national priorities).

- Ability to select, use and interpret a broad range of assessment instruments with due consideration to their relevance to the client, their needs and likely interventions.

- Apply a range of professionally appropriate counselling and therapeutic skills in work with children, their families and other professionals. This may be provided independently, on the basis of training or expertise, or through or with other professionals and should incorporate appropriate review and evaluation.

- Developing practice based on evidence-based approaches, incorporating evaluation, monitoring and review of outcomes.

- Promoting the psychological well-being of clients with particular regard to their emotional and social needs.

- Developing and maintaining effective working relationships with key role partners including children, young people, their carers, teachers and other professionals, working collaboratively, where appropriate, with these role partners, to promote effective outcomes for clients.

- Supporting children, young people and their carers in contributing to the assessment processes and the evaluation of interventions.

- Application of evaluation, research and enquiry.

  - Planning and conducting rigorous research, identifying research questions, demonstrating an understanding of ethical issues, choosing and implementing appropriate methods and analysis, reporting outcomes and identifying appropriate pathways for dissemination including publication relevant to profession educational psychology.

  - Select, design and implement approaches to evaluate interventions, leading to evidence based practice with key role partners, in terms of effectiveness, appropriateness and impact of practice with individuals, groups, organisational and system levels.

  - Work with key role partners to support the design, implementation, conduct, evaluation and dissemination of research activities, and to support local authorities in conducting robust evidence based research.

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

  - Identifying and critically appraising research evidence relevant to practice.

- Effective communication:

  - Effectively communicating psychological knowledge and insights through verbal interactions and a variety of written methods, taking into account the audience and the purpose of communication.

  - Developing the interpersonal communication skills needed to practice effectively including

- Skills of consultation and problem solving

- Conciliation and negotiation

- Communicating to audiences

- Interpersonal communication.

- Developing appropriate recording skills to document effectively

- Consultations

- Policy documents

- In-service training materials

- Court and Tribunal work

- Research and evaluation activities.

- Service delivery:

- Developing practice skills appropriate to a range of organisational contexts reflecting the nature and culture of the organisation and the task.

- Awareness and understanding of the legislative and local and national priorities and how these influence service delivery and service policy.

- Understanding and applying the consultation model of service delivery.

- Making professional contributions within multi-disciplinary teams.

- Supporting children, young people and their carers in contributing to the evaluation of interventions and reviews of service delivery.

- Understanding service delivery systems and change processes.

- Developing personal professional practice skills within the service context in response to the evolving needs of the service and the LEA context.

- Developing the professional management and organisational skills needed to deliver service activities to appropriate performance standards.

13. Teaching, Learning and Assessment

A prerequisite for enrolment on an educational psychology programme is the achievement of GBR. Thus the knowledge and skills that form the starting point for a candidate are as set out in the benchmark statement for the undergraduate psychology degree (QAA Psychology benchmark statement, 2002).

Detailed decisions about the strategies and methods for teaching, learning and assessment are for institutions to determine, but should ensure that the learning outcomes associated with educational psychology programmes can be achieved. Nonetheless, programmes must promote an integrative approach to the application of theory and practice. Learning opportunities and assessment systems should facilitate the acquisition of the full range of professional competencies. Fundamental to the basis upon which trainees are prepared for their professional career is the provision of programmes of academic study and practice-based learning which lay the foundation for career-long professional development and lifelong learning to support best professional practice and the maintenance of professional standards.

Teaching and learning in educational psychology

Learning is a partnership between the teachers and professional support staff, who provide learning opportunities, and students engaged in the learning process. Both

groups should be involved in the development of good practice in teaching, learning and assessment. All students registered on the accredited programme must be supervised and, normally, this supervision must be undertaken by Chartered Educational Psychologists with experience of supervision at postgraduate level. There must be a coherent plan for managing the supervision process such that the philosophy of the programme is reflected in the supervision of its trainees.

Placement learning is a planned period of learning, normally outside the institution at which the student is enrolled, where the learning outcomes are an intended part of a programme of study. It includes those circumstances where students have arranged their own learning opportunity with a placement provider.

As an intended part of an accredited programme of study, institutions should ensure that

- Their responsibilities for placement learning are clearly defined;

- The intended learning outcomes contribute to the overall aims of the programme;

- Any assessment of placement learning is part of a coherent assessment strategy; and

- Normally, all supervision is carried out by a Chartered Educational Psychologist.

Institutions should have in place policies and procedures to ensure that their responsibilities for placement learning are met and that learning opportunities during a placement are appropriate. Institutions should be able to assure themselves that placement providers know what their responsibilities are during the period of the placement. Prior to placements, institutions should ensure that students are made aware of their responsibilities and rights. Institutions should ensure that students are provided with appropriate guidance and support in preparation for, during and after their placements.

Collaborative provision (that is, where two or more agencies or institutions are involved in the delivery of training), wherever and however offered, should enlarge teaching and learning opportunities without prejudice to the standard of a higher education award and the quality of the learning experience available to students. Quality assurance arrangements for collaborative provision should be no less rigorous and open to scrutiny than those for non-collaborative provision and should enable an awarding institution to satisfy itself that its requirements and expectations in respect of its standards and quality are being met by its partner(s). The scope and nature of the respective partners to a collaborative arrangement, for both the standard and quality of provision and for the students learning experience, should be clearly defined, recorded and subject to periodic review. Collaborative arrangements should seek to encourage and enhance institutional and educational, development where desired by the partners, whilst recognising and respecting differences in institutional contexts, ethos and purposes. Students on collaborative programmes should be fully and accurately informed of the relevant responsibilities of the parties involved and how the collaborative relationship affects their entitlements and responsibilities as students.

Assessment

The evaluation of trainees must include assessments of academic, research and professional competence. Programmes must ensure that the assessment system promotes the learning outcomes identified in the programme specification and can demonstrate that these learning outcomes have been achieved. The assessment must give appropriate weighting to professional competence.

The Programme must take responsibility for ensuring that there are adequate procedures to ensure that trainees who are incompetent or whose behaviour is unethical do not obtain a qualification in educational psychology.

14. Academic and Practitioner Standards

A qualification in educational psychology is a vocational qualification as well as an academic award, and as such, must prepare graduates for professional activities across widely differing fields. In particular, graduates must possess all the professional competencies to be able to function as a qualified educational psychologist and this represents the threshold for entry to the profession.

Newly qualified educational psychologists should understand and embrace the core purpose and philosophy of the profession as described in the document prepared by the Division of Educational and Child Psychology of the British Psychological Society. They should be committed to reducing psychological distress and enhancing and promoting psychological well-being through the systematic application of knowledge derived from psychological theory and evidence. Their work will be based on the fundamental acknowledgement that all people have the same human value and the right to be treated as unique individuals.

Thus award holders will have:

- The skills, knowledge and values to develop interventions with schools as organisations to support their effectiveness through developing an understanding of the influence of school ethos and culture, educational curricula, communication systems, management and leadership styles.

- The skills, knowledge and values to develop effective psychological interventions to raise educational standards generally and specifically for gender and minority groups, tackling the underachievement of vulnerable groups, promoting inclusion and reducing social inclusion, supporting behaviour policy development and managing organisational change.

- The skills, knowledge and values to develop appropriate psychological assessments and interventions based on an appraisal of the influence of the ecology of the learning environment on the experiences of thinking, learning and behaving in a diverse range of educational settings for both individuals and groups.

- The skills, knowledge and values to develop partnerships and effective collaboration with the interacting systems of families, schools and other agencies.

- The skills, knowledge and values to develop appropriate psychological assessment, intervention and evaluation, identifying needs and promoting change with individuals and groups through the application of psychological knowledge including those related to specialist educational needs.

- The skills, knowledge and values to conduct research that enables the profession to develop its knowledge base and to monitor and improve the effectiveness of its work through evidence based practice.

- High level skills in managing a personal learning agenda and self-care, promoting critical reflection and self-awareness that enables the transfer of knowledge and skills to new settings and problems.

The delivery and assessment of these outcomes is in accordance with the doctoral level descriptors specified in the QAA Framework for Higher Education Qualifications. The minimum duration of programmes is three years full time, with at least 300 days over three

years allocated to supervised clinical experience. The competencies attained are consistent with those described in the National Occupational Standards for Applied Psychology.

1. Foreword

This Subject Benchmark sets out the competencies required of a forensic psychologist and the knowledge, understanding and skills which trainees must develop in order to become competent forensic psychologists. It does not provide a national curriculum for forensic psychology but training providers should ensure that the programmes they design enable trainees to develop all of the skills and competencies described in this guidance.

Entry to training requires the Graduate Basis for Registration (GBR) as defined by the British Psychological Society. The prerequisite undergraduate degree provides an education that develops a knowledge framework encompassing basic theory and scientific principles (and the limits of such theory and principles) in the domains of human behaviour, experience and interaction.

Programmes are delivered at D level in accordance with the Framework for Higher Education Qualifications and encompass theoretical, research and applied foundations of psychology applied to the diverse range of needs of people in forensic settings. Training provides the underpinning knowledge base, research skills and structured and assessed supervised practice enabling trainees to develop high level competence in the full range of forensic psychology practice.

Award holders will be eligible for registration as a Chartered Forensic Psychologist. Chartered Psychologists agree to abide by the British Psychological Society Code of Conduct and can be removed from the Register for breaches of the Code. The British Psychological Society has a formal disciplinary process with representation of both non-psychologists and senior and experienced psychologists.

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

2. Philosophy

The work of forensic psychologists is based on the fundamental acknowledgement that all people have the same human value and the right to be treated as unique individuals. Forensic psychologists will treat all people - both clients and colleagues - with dignity and respect and will work with them collaboratively as partners towards the achievement of mutually agreed goals. In doing this, forensic psychologists will adhere to and be guided by explicit and public statements of the ethical principles that underpin their work.

3. Purpose

To develop and apply psychological principles, knowledge, models and methods in an ethical and scientific way in order to promote the well-being and effectiveness of individuals, groups, organisations and society.

4. Aims

Forensic Psychologists work in partnership with other professionals in diverse populations and organisations and in a range of contexts and settings. They are concerned with the application of psychological knowledge and skills in relation to the full range of legal and judicial processes.

5. How these aims are achieved

The core skills of a forensic psychologist are:

- assessment;
- formulation;
- intervention;
- evaluation and research;
- communication

Assessment of psychological processes and behaviour is a competence derived from the theory and practice of both academic and applied psychology. Assessment procedures include:

- the application of systematic observation and measurement of behaviour in both daily life contexts and other settings;

- risk assessment;

- the use of formal and informal interviews.

Forensic psychologists have the ability to assess the suitability of different measurement procedures depending on the purpose for which the assessment is needed, as well as being competent to devise and use one-off, individualised assessment procedures. Formulation is the summation and integration of the knowledge that is acquired by this assessment process (which may involve a number of different procedures). This will draw on psychological theory and data to provide a framework for describing a problem, how it developed and is being maintained. Because of their particular training in the linkage of theory to practice, forensic psychologists will be able to draw on a number of different explanatory models and so a formulation may comprise a number of provisional hypotheses. This provides the foundation from which actions derive. The ability to access, review, critically evaluate, analyse and synthesise data and knowledge from a psychological perspective is one that is distinct to psychologists, both academic and applied.

Intervention, if appropriate, is based on the formulation. This may involve the utilisation of one or more models or approaches to facilitate change. Other sorts of intervention may include training of others (professional staff, relatives and carers), the provision of psychological knowledge by teaching or the development of psychological skills through supervision and consultation. All these interventions are tests of the provisional hypotheses contained in the formulation and are subject to modification in the light of experience and new data.

Evaluation is, therefore, a critical and integral part of the forensic psychologist's work. All activities and interventions need to be evaluated both during their implementation and afterwards to assess the stability and security of change.

In summary, it is the mixture and synthesis of competencies, built on the body of psychological theory and data, which are applied to judicial processes.

6. Forensic psychologists as scientist-practitioners

The background and training of forensic psychologists is rooted in the science of psychology, and forensic psychology is one of the applications of psychological science to help address human problems. The ability to design and carry out innovative applied research is a skill developed in training and is important for the development and delivery of evidence-based practice. In addition, one element of research competence is critical evaluation of research activity. While there are data that support many forensic activities, there are still major gaps in the knowledge base. One of the contributions made by forensic psychologists is the development and testing of new interventions and activities, based on psychological theory. Thus practice feeds and draws on research and theory that in turn influences practice.

7. Forensic psychologists as reflective practitioners

Forensic psychologists are cognisant of the importance of self-awareness and the need to appraise and reflect on their own practice. They are also aware of the importance of diversity, the social and cultural context of their work, working within an ethical framework, and the need for continuing professional and personal development.

8. Who uses forensic psychology services?

Forensic psychologists work with individuals and groups who have come into contact with the criminal or civil justice system and related organisations and community agencies . They work in a variety of settings, including the prison and probation services, hospitals, secure units, the civil and criminal courts and with the police service. Their work includes the assessment of offenders, the management of individuals prior to sentencing, working with the victims of crime, work involving family and domestic issues, including those affecting children, and policy issues.

9. Forensic psychology programmes and the maintenance of professional standards

Entry to training requires the Graduate Basis for Registration (GBR) as defined by the British Psychological Society. The prerequisite undergraduate degree provides an education that develops a knowledge framework encompassing basic theory and scientific principles (and the limits of such theory and principles) in the domains of human behaviour, experience and interaction.

Programmes are delivered at D level in accordance with the Framework for Higher Education Qualifications and encompass theoretical, research and applied foundations of psychology applied to the diverse range of needs of people in forensic settings. Training takes place in two stages over a minimum of three years, providing the underpinning knowledge base, research skills and structured and assessed supervised practice enabling trainees to develop practical competence in the full range of forensic psychology practice. Successful candidates are awarded the BPS Diploma in Forensic Psychology and are eligible for registration.

Holders of the British Psychological Society Diploma in Forensic Psychology will also be eligible for registration as a Chartered Forensic Psychologists. Chartered Psychologists agree to abide by the British Psychological Society Code of Conduct and can be removed from the Register for breaches of the Code. The British Psychological Society has a formal disciplinary process with representation of both non-psychologists and senior and experienced psychologists.

10. Standard for Award

The Chartered Forensic Psychologist as a practitioner:

Expectations held by the profession, employers and public

Professional autonomy and accountability of the forensic psychologist

The award holder should be able to:

- maintain the standards and requirements of The British Psychological Society and Division of Forensic Psychology;

- adhere to the British Psychological Society's Code of Conduct, Ethical Principles and Guidelines and the Division of Forensic Psychology Professional Practice Guidelines;

- understand the legal and ethical responsibilities of forensic psychology practice including client consent and confidentiality;

- demonstrate awareness of the legislative and national planning context of service delivery and forensic psychology practice;

- recognise the obligation to maintain fitness for practice and the need for continuing professional development;

- contribute to the development and dissemination of evidence-based practice within professional contexts;

- recognise and cope with uncertainty, making informed judgements on complex issues in the absence of complete data;

- make appropriate decisions.

Professional relationships

The award holder should be able to:

- participate effectively in inter-professional and multi-agency working.

- recognise professional scope of practice and make referrals where appropriate;

- demonstrate understanding of consultancy models and the contribution of consultancy to practice;

- work with others to deliver effective psychological interventions.

- understand the impact of difference and diversity on people's lives, and its implications for working practices;

- maintain appropriate records and make accurate reports.

Personal and professional skills

The award holder should be able to:

- demonstrate the ability to deliver high quality psychological intervention both as a solo practitioner and as a member of multi-disciplinary and multi-agency teams;

- practise in an anti-discriminatory, anti-oppressive manner;

- draw upon forensic psychology knowledge, theory and skills in order to make professional judgements;

- demonstrate high levels of research skills and scholarship;

- work effectively at a high level of autonomy in complex and unpredictable situations, with awareness of the limits of own competence, and accepting accountability to relevant professional and service managers;

- demonstrate self-awareness and ability to work as a reflective practitioner;

- demonstrate a high level of communication skills in a style appropriate to specialist and non-specialist audiences;

- initiate and respond to change in a flexible manner, demonstrating transferable skills;

- engage in self-directed learning that promotes professional development;

- manage the emotional and physical impact of his/ her practice;

- understand the importance and role of supervision and demonstrate its appropriate use;

- demonstrate self-management skills and independence of thought and action;

- demonstrate culturally competent practice.

Profession and employer context

The award holder should be able to:

- show an understanding of the role of the forensic psychologist within the Judicial system.

- adapt forensic psychology practice to a range of organisational contexts, on the basis of an understanding of pertinent organisational and cultural issues;

- contribute to the development of the profession's responsibility to the judicial system through teaching, research supervision and training of psychologists and other professionals;

- take responsibility for his/her professional development;

- demonstrate an ability to contribute to team management and functioning;

- participate in the development of new services;

- recognise the value of research and other scholarly activity in relation to the development of the profession .

11. The application of forensic psychology practice in securing, maintaining or improving health and well-being

Forensic psychology practice and the application of professional skills are underpinned by psychological theory, evidence and understanding. The qualified forensic psychologist possesses a broad range of core skills encompassing profession-specific and generic enabling skills.

Sound forensic psychology practice is based on practice and research skills that demonstrate work with clients and systems based on a scientist-practitioner and reflective-practitioner model. This incorporates a cycle of assessment, intervention and evaluation. Hence forensic psychologists can generalise and synthesise prior knowledge and

experience in order to apply them in different settings and novel situations, and are able to think critically, reflectively and evaluatively within a framework of evidence-based practice.

Profession-Specific Skills

Holders of the Diploma in Forensic Psychology will have developed skills enabling them to:

- Conduct psychological applications and interventions:
  - Concerned with the cycle of assessment and intervention aimed at producing or setting the scene for changes individual, operational or organisational functioning. Typically this involves
    - identification, exploration and formulation of relevant issues and objectives;
    - planning, achieving necessary working relationships, implementation and evaluation of efficacy.
    - It can also involve the consideration and direction of other personnel.
    - It always involves drawing upon a multi-faceted base of knowledge and skills in a systematic, analytical, responsive and ethical manner.

    Examples include
      - assessment and treatment of offenders (on an individual basis or through implementing an d supporting large-scale programmes);
      - support or treatment of staff;
      - assistance with investigations (e.g. crime scene analysis);
      - organisational consultancy work or operational research (e.g. investigation of factors undermining good order in a prison and producing and implementing an action plan, improving the performance of a staff team, reducing staff sickness absence or introducing a new selection system).

- Research:
  - Concerned with the design, conduct, analysis and evaluation of applied psychological research in forensic settings. Typically this involves
    - the generation of ideas for specific research, the formulation of testable research questions;
    - the definition of parameters and resources required for research;
    - the planning, preparation and design of psychological research investigations and the identification of appropriate research tools;
    - negotiating for access and resources to conduct research;
    - the collection of data;
    - appropriate analysis of research data and appropriate interpretation and evaluation of results; and
    - the formulation of recommendation on the outcomes of research.
    - It may involve co-operation and collaboration with other professionals at each stage of the research process.

    Examples include:

- o The development of psychological assessment tools or methods;

- o The design and evaluation of treatment programmes;

- o The design and evaluation of specific interventions for particular client groups or individuals;

- o Identification and clarification of patters or factors involved in the functioning of organisations, groups or samples of individuals.

- • Communicating psychological knowledge and advice to other professionals

  - Concerned with giving information, advice, guidance and feedback to personnel, agencies and organisations to enable effective problem solving and decision-making, formulation and implementation of policy and practice and with preparing and presenting evidence in formal settings. The emphasis is upon using appropriate communication skills to exert a constructive and psychologically based influence within current systems.

    Examples include:

    - o Advising on aspects of investigation strategy, design of service delivery, regime development, the planning of treatment or of operational initiatives;

    - o Providing evidence to courts, investigations, tribunals or review bodies;

    - o Informing or giving feedback on the handling of patients or prisoners.

- • Training other professionals in psychological skills and knowledge

  - Concerned with imparting to other professionals knowledge and skills where there is an important psychological component, including identification and analysis of needs to improve or prepare for job performance in specific areas, planning, designing and evaluating training and development programmes and assessment procedures.

    Examples include training in

    - o Interviewing;

    - o Stress management;

    - o Interpersonal skills;

    - o Analysing crime;

    - o Hostage awareness;

    - o Research methods; and

    - o Psychological interventions.

12. Knowledge, understanding and skills that underpin the education and training of forensic psychologists

Knowledge and understanding

The forensic psychology award holder should be able to demonstrate a substantial body of theoretical knowledge. This should include theory and research evidence relating to:

- • The context of practice in forensic psychology

- Appreciation of the legal framework of the law and the civil and criminal justice systems;

- Appreciation of the particular ethical and professional considerations applying to forensic practice.

• Applications of psychology to processes in the justice system

- Psychology applied to the process of investigation;

- Psychology applied to the legal process;

- Psychology as applied to the court dispersal system including community and custodial practices

• Working with specific client groups encountered in forensic psychology

- Assessment and intervention with victims of offences (adults and children);

- Assessment and intervention with offenders (adults and children);

- Assessment and intervention with litigants, appellants and individuals seeking arbitration and mediation;

- Applications and interventions within criminal and civil justice systems

• Using and communicating information in forensic psychological practice

- Approaches to assessment;

- Criteria for professional report production;

- Giving of expert testimony;

- Consultancy, project management and organisational interventions.

• Research

- A knowledge of quantitive and qualitative approaches to research

- Exploratory and hypothesis testing statistical analytic methods

- An understanding of ethics related to forensic research

- Ability to design, conduct, critically evaluate and report on a research project

- The appropriate and tailored dissemination of research

13. Teaching, Learning and Assessment

A prerequisite for enrolment on a forensic psychology programme is the achievement of GBR. Thus the knowledge and skills that form the starting point for a candidate are as set out in the benchmark statement for the undergraduate psychology degree (QAA Psychology benchmark statement, 2002).

Detailed decisions about the strategies and methods for teaching, learning and assessment are for institutions to determine, but should ensure that the learning outcomes associated with forensic psychology programmes can be achieved. Nonetheless, programmes must promote an integrative approach to the application of theory and practice. Learning opportunities and assessment systems should facilitate the acquisition

of the full range of professional competencies. Fundamental to the basis upon which trainees are prepared for their professional career, is the provision of programmes of academic study and practice-based learning which lay the foundation for career-long professional development and lifelong learning to support best professional practice and the maintenance of professional standards.

Teaching and learning in forensic psychology

Learning is a partnership between the teachers and professional support staff, who provide learning opportunities, and students engaged in the learning process. Both groups should be involved in the development of good practice in teaching, learning and assessment. All students registered on the accredited programme must be supervised and, normally, this supervision must be undertaken by Chartered Forensic Psychologists with experience of supervision at postgraduate level. There must be a coherent plan for managing the supervision process such that the philosophy of the programme is reflected in the supervision of its trainees.

Placement learning is a planned period of learning, normally outside the institution at which the student is enrolled, where the learning outcomes are an intended part of a programme of study. It includes those circumstances where students have arranged their own learning opportunity with a placement provider.

As an intended part of an accredited programme of study, institutions should ensure that

- Their responsibilities for placement learning are clearly defined;

- The intended learning outcomes contribute to the overall aims of the programme;

- Any assessment of placement learning is part of a coherent assessment strategy; and

- Normally, all supervision is carried out by Chartered Forensic Psychologists.

Institutions should have in place policies and procedures to ensure that their responsibilities for placement learning are met and that learning opportunities during a placement are appropriate. Institutions should be able to assure themselves that placement providers know what their responsibilities are during the period of the placement. Prior to placements, institutions should ensure that students are made aware of their responsibilities and rights. Institutions should ensure that students are provided with appropriate guidance and support in preparation for, during and after their placements.

Collaborative provision (that is, where two or more agencies or institutions are involved in the delivery of training), wherever and however offered, should enlarge teaching and learning opportunities without prejudice to the standard of a higher education award and the quality of the learning experience available to students. Quality assurance arrangements for collaborative provision should be no less rigorous and open to scrutiny than those for non-collaborative provision and should enable an awarding institution to satisfy itself that its requirements and expectations in respect of its standards and quality are being met by its partner(s). The scope and nature of the respective partners to a collaborative arrangement, for both the standard and quality of provision and for the students learning experience, should be clearly defined, recorded and subject to periodic review. Collaborative arrangements should seek to encourage and enhance institutional and educational, development where desired by the partners, whilst recognising and respecting differences in institutional contexts, ethos and purposes. Students on collaborative programmes should be fully and accurately informed of the relevant responsibilities of the parties involved and how the collaborative relationship affects their entitlements and responsibilities as students.

Assessment

The evaluation of trainees must include assessments of academic, research and clinical competence. Programmes must ensure that the assessment system promotes the learning outcomes identified in the programme specification and can demonstrate that these learning outcomes have been achieved. The assessment must give appropriate weighting to professional competence.

The programme must take responsibility for ensuring that there are adequate procedures to ensure that trainees who are incompetent or whose behaviour is unethical do not obtain a qualification in forensic psychology.

14. Academic and Practitioner Standards

The Diploma in Forensic Psychology is a vocational qualification as well as an academic award, and as such, must prepare graduates for professional activities across widely differing fields. In particular, graduates must possess all the professional competencies to be able to function as a qualified forensic psychologist and this represents the threshold for entry to the profession.

Newly qualified forensic psychologists should understand and embrace the core purpose and philosophy of the profession. They should be committed to reducing psychological distress and enhancing and promoting psychological well-being through the systematic application of knowledge derived from psychological theory and evidence. Their work will be based on the fundamental acknowledgement that all people have the same human value and the right to be treated as unique individuals.

Thus award holders will have:

- the skills, knowledge and values to work within the judicial system in order to carry out psychological assessment, develop formulation based psychological interventions and evaluate their work and communicate effectively.
- the skills knowledge and values to work effectively with clients from a diverse range of backgrounds, understanding and respecting the impact of difference and diversity upon their lives;
- the skills, knowledge and values to work effectively with relevant systems, including statutory agencies and voluntary services.
- the skills, knowledge and values to work in a range of indirect ways to improve psychological provision within forensic settings and organisations;
- the skills, knowledge and values to conduct research that enables the profession to develop its knowledge base and to monitor and improve the effectiveness of its work;
- high level skills in managing a personal learning agenda and self-care, and in critical reflection and self-awareness that enable transfer of knowledge and skills to new settings and problems.

The delivery and assessment of these outcomes is in accordance with the D level descriptors specified in the QAA Framework for Higher Education Qualifications and level 12 of the Scottish Credit and Qualifications Framework. It is expected that the minimum duration of programmes is three years, with at least two years allocated to supervised experience. The competencies attained are consistent with those described in the National Occupational Standards for Applied Psychology.

Subject Benchmark: Health Psychology

1. Foreword

This Subject Benchmark sets out the competencies required of a health psychology and the knowledge, understanding and skills which trainees must develop in order to become competent health psychologists. It does not provide a national curriculum for health psychology but training providers should ensure that the programmes they design enable trainees to develop all of the skills and competencies described in this guidance.

Entry to training requires the Graduate Basis for Registration (GBR) as defined by the British Psychological Society. The prerequisite undergraduate degree provides an education that develops a knowledge framework encompassing basic theory and scientific principles (and the limits of such theory and principles) in the domains of human behaviour, experience and interaction.

Programmes are delivered at D level in accordance with the Framework for Higher Education Qualifications and encompass theoretical, research and applied foundations of psychology applied to consultancy, teaching and research in health psychology. Training takes place in two stages over a minimum of three years, providing the underpinning knowledge base, research skills and structured and assessed supervised practice enabling trainees to develop practical competence in the full range of health psychology practice. Successful candidates are awarded the BPS Qualification in Health Psychology or a postgraduate university award and are eligible for registration.

Holders of the British Psychological Society Qualifications in Health Psychology, or postgraduate degrees in health psychology which have been accredited by the BPS, will also be eligible for registration as a Chartered Health Psychologists. Chartered Psychologists agree to abide by the British Psychological Society Code of Conduct and can be removed from the Register for breaches of the Code. The British Psychological Society has a formal disciplinary process with representation of both non-psychologists and senior and experienced psychologists.

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

2. Philosophy

Health psychology is the practice and application of psychological research to behaviour relevant to health, illness and healthcare.

3. Purpose

To develop and apply psychological principles, knowledge, models and methods in an ethical and scientific way in order to promote the development, well-being and effectiveness of individuals, groups, organisations and society.

4. Aims

Health psychology aims to enhance and promote psychological well-being by the systematic application of knowledge derived from psychological theory and data. This includes:

- The scientific study of the psychological processes of health, illness and healthcare.

- The application of psychology to

    - The promotion and maintenance of health

    - The analysis and improvement of the healthcare system and health policy formation

    - The prevention of illness and the enhancement of outcomes of those who are ill

- The development of professional skills in research, consultancy and teaching/training

5. How these aims are achieved

The core skills of a health psychologist are:

- assessment;
- formulation;
- intervention;
- evaluation and research;
- communication

The core skills of a health psychologist include:

- Generic professional competence

    - Implementing and maintaining systems for legal, ethical and professional standards in applied psychology

    - Contributing to the continuing professional development of oneself as a professional applied psychologist

    - Providing psychological advice and guidance to others

    - Providing feedback to clients

- Research competence

    - Conducting systematic reviews

    - Designing and conducting psychological research

    - Analysing and evaluating psychological research data

    - Initiating and developing psychological research

- Consultancy competence

    - Planning consultancy

    - Establishing, developing and maintaining working relationships with clients

    - Conducting consultancy

    - Monitoring the implementation of consultancy

    - Evaluating the impact of consultancy

- Teaching and training competence
  - Planning and designing training programmes that enable students to learn about psychological knowledge, skills and practice
  - Delivering training programmes
  - Planning and implementing assessment procedures for training programmes
  - Evaluating training programmes

6. Health psychologists as scientist-practitioners

The background and training of health psychologists is rooted in the science of psychology, and health psychology is one of the applications of psychological science to help address human problems. The ability to design and carry out innovative applied research is a skill developed to a doctoral level in training and is important for the development and delivery of evidence-based practice. In addition, one element of research competence is critical evaluation of research activity. While there are data that support many clinical activities, there are still major gaps in the knowledge base. One of the contributions made by health psychologists is the development and testing of new interventions and activities, based on psychological theory. Thus practice feeds and draws on research and theory that in turn influences practice.

7. Health psychologists as reflective practitioners

Health psychologists are cognisant of the importance of self-awareness and the need to appraise and reflect on their own practice. They are also aware of the importance of diversity, the social and cultural context of their work, working within an ethical framework, and the need for continuing professional and personal development.

8. Who uses health psychology services?

Health psychologists work in hospitals, academic health research units, health authorities and university departments. They may deal with issues identified by healthcare agencies, including NHS trusts and health authorities, health professionals such as GPs, nurses and rehabilitation therapists, and organizations and employers outside the healthcare system. Their work includes:

- The use of psychological theories and interventions to stop prevent damaging behaviours (such as smoking, drug abuse, poor diet) and to change health-related behaviour in community and workplace settings;

- Promoting and protecting health by encouraging behaviours such as exercise, healthy dietary choice, teeth brushing, health checks/ self-examination;

- Health related cognitions – investigating the processes which can explain, predict and change health and illness behaviours;

- Processes influencing health care delivery – the nature and effects of communication between health care practitioners and patients, including interventions to improve communication, facilitate adherence, prepare for stressful medical procedures etc.;

- Psychological aspects of illness – looking at the psychological impact of acute and chronic illness on individuals, families and carers. Psychological interventions may be used to help promote self-management, facilitate coping with pain or illness, to improve quality of life and to reduce disability and handicap.

9. Health psychology programmes and the maintenance of professional standards

Entry to training requires the Graduate Basis for Registration (GBR) as defined by the British Psychological Society. The prerequisite undergraduate degree provides an education that develops a knowledge framework encompassing basic theory and scientific principles (and the limits of such theory and principles) in the domains of human behaviour, experience and interaction.

Health psychology programmes are delivered at Doctorate level in accordance with the Framework for Higher Education Qualifications. They encompass theoretical, research and applied foundations of psychology applied to the diverse range of needs of people in a variety of settings. Training takes place during three years of full-time study (or part time equivalent), including academic study, supervised practice and research, at the end of which successful candidates achieve a doctorate in health psychology and are eligible for registration with the BPS as a Chartered Health Psychologist.

If the award is accredited by the British Psychological Society award holders will be eligible for registration as a Chartered Health Psychologists. Chartered Psychologists agree to abide by the British Psychological Society code of conduct and can be removed from the register for breaches of the code. The British Psychological Society has a formal disciplinary process with representation of both non-psychologists and senior and experienced psychologists.

10. Standard for Award

The Chartered Health Psychologist as a practitioner:

Expectations held by the profession, employers and public

Professional autonomy and accountability of the health psychologist

The award holder should be able to:

- maintain the standards and requirements of The British Psychological Society and Division of Health psychology;

- adhere to the British Psychological Society's Code of Conduct, Ethical Principles and Guidelines and the Division of Health Psychology Professional Practice Guidelines;

- understand the legal and ethical responsibilities of health psychologist practice including patient consent and confidentiality;

- demonstrate awareness of the legislative and national planning context of service delivery and health psychologist practice;

- recognise the obligation to maintain fitness for practice and the need for continuing professional development;

- contribute to the development and dissemination of evidence-based practice within professional contexts;

- recognise and cope with uncertainty, making informed judgements on complex issues in the absence of complete data;

- make appropriate decisions.

Professional relationships

The award holder should be able to:

- participate effectively in inter-professional and multi-agency approaches to health and social care;

- recognise professional scope of practice and make referrals where appropriate;

- demonstrate understanding of consultancy models and the contribution of consultancy to practice;

- work with others to deliver effective health care;

- understand the impact of difference and diversity on people's lives, and its implications for working practices;

- work effectively with users and carers to facilitate their involvement in service planning and delivery;

- maintain appropriate records and make accurate reports.

Personal and professional skills

The award holder should be able to:

- demonstrate the ability to deliver high quality client-centred care both as a solo practitioner and as a member of multi-disciplinary and multi-agency teams;

- practise in an anti-discriminatory, anti-oppressive manner;

- draw upon health psychologist knowledge, theory and skills in order to make professional judgements;

- demonstrate high levels of research skills and scholarship;

- work effectively at a high level of autonomy in complex and unpredictable situations, with awareness of the limits of own competence, and accepting accountability to relevant professional and service managers;

- demonstrate self-awareness and ability to work as a reflective practitioner;

- demonstrate a high level of communication skills in a style appropriate to specialist and non-specialist audiences;

- initiate and respond to change in a flexible manner, demonstrating transferable skills;

- engage in self-directed learning that promotes professional development;

- manage the emotional and physical impact of their practice;

- understand the importance and role of supervision and demonstrate its appropriate use;

- demonstrate self-management skills and independence of thought and action;

- demonstrate culturally competent practice.

Profession and employer context

The award holder should be able to:

- show an understanding of the role of the health psychologist within health and social care services;

- adapt health psychologist practice to a range of organisational contexts, on the basis of an understanding of pertinent organisational and cultural issues;

- contribute to the development of the profession's responsibility to the health and social care agencies through teaching, research supervision and training of psychologists and other professionals;

- take responsibility for his/her professional development;

- demonstrate an ability to contribute to team management and functioning;

- participate in the development of new services;

- recognise the value of research and other scholarly activity in relation to the development of the profession and of patient/client care.

11. The application of health psychologist practice in securing, maintaining or improving health and well-being

Health psychology practice and the application of professional skills are underpinned by psychological theory, evidence and understanding. The qualified health psychologist possesses a broad range of core skills encompassing profession-specific and generic enabling skills.

Profession Specific Skills

Training draws upon the knowledge base to develop applied skills which are outlined in the sections above in addition to the specific competencies which provide the core skills of a health psychologist.

- Generic professional competence

  - Implementing and maintaining systems for legal, ethical and professional standards in applied psychology

  - Contributing to the continuing professional development of oneself as a professional applied psychologist

  - Providing psychological advice and guidance to others

  - Providing feedback to clients

- Research competence

  - Conducting systematic reviews

  - Designing and conducting psychological research

  - Analysing and evaluating psychological research data

  - Initiating and developing psychological research

- Consultancy competence

  - Planning consultancy

  - Establishing, developing and maintaining working relationships with clients

  - Conducting consultancy

  - Monitoring the implementation of consultancy

  - Evaluating the impact of consultancy

- Teaching and training competence

  - Planning and designing training programmes that enable students to learn about psychological knowledge, skills and practice

  - Delivering training programmes

  - Planning and implementing assessment procedures for training programmes

  - Evaluating training programmes

12. Knowledge, understanding and skills that underpin the education and training of health psychologists

Knowledge and understanding

- Context and perspectives in health psychology

  - Historical overview and current theories and approaches in health psychology

  - Awareness of related disciplines (medical sociology; medical ethics; medicine; behaviour medicine; health policy; health economics; medical anthropology)

  - The impact of social and cultural factors

- Epidemiology of health and illness

  - Causes of mortality/ morbidity

  - Behavioural epidemiology

  - Bio-statistics

  - Inequalities in health

- Biological mechanisms of health and disease

- Health-related behaviour

  - Theoretical models

  - Protective/ promotional behaviour

  - Behavioural risk factors

  - Socio-cultural factors

- Health-related cognitions

- Individual differences, health and illness

- Stress, health and illness

- Chronic illness/ disability

- Lifespan, gender and cross-cultural perspectives in health psychology

- Health care contexts

- Applications of health psychology

- Research methods

  - Experimental design

  - Advanced qualitative and quantitative data analysis

- Empirical research project

- Professional issues

13. Teaching, Learning and Assessment

A prerequisite for enrolment on a stage one health psychology programme is the achievement of GBR. Thus the knowledge and skills that form the starting point for a candidate are as set out in the benchmark statement for the undergraduate psychology degree (QAA Psychology benchmark statement, 2002.

Detailed decisions about the strategies and methods for teaching, learning and assessment are for institutions to determine, but should ensure that the learning outcomes associated with health psychology programmes can be achieved. Nonetheless, programmes must promote an integrative approach to the application of theory and practice. Learning opportunities and assessment systems should facilitate the acquisition of the full range of professional competencies. Fundamental to the basis upon which trainees are prepared for their professional career is the provision of programmes of academic study and practice-based learning which lay the foundation for career-long professional development and lifelong learning to support best professional practice and the maintenance of professional standards.

Teaching and learning in health psychology

Learning is a partnership between the teachers and professional support staff, who provide learning opportunities, and students engaged in the learning process.

Assessment

The evaluation of trainees must include assessments of academic, professional and research competence. All programmes must ensure that the assessment system promotes the learning outcomes identified in the programme specification and can demonstrate that these learning outcomes have been achieved.

The Programme must take responsibility for ensuring that there are adequate procedures to ensure that trainees who are incompetent or whose behaviour is unethical do not obtain a qualification in health psychology.

14. Academic and Practitioner Standards

The qualifications leading to registration as a Chartered Health Psychologist are vocational qualifications as well as academic awards and, as such, must prepare graduates for professional activities across widely differing fields. In particular, graduates must possess all the professional competencies to be able to function as a qualified health psychologist and this represents the threshold for entry to the profession.

Newly qualified health psychologists should understand and embrace the core purpose and philosophy of the profession as described in the document prepared by the Division of Health psychology of the British Psychological Society. They should be committed to reducing psychological distress and enhancing and promoting psychological well-being through the systematic application of knowledge derived from psychological theory and evidence. Their work will be based on the fundamental acknowledgement that all people have the same human value and the right to be treated as unique individuals.

Thus award holders will:

- Have developed a broad range of psychological expertise based on academic knowledge and a range of qualitative and quantitative research skills, including the use of psychological models;

- Have made explicit links between the scientific and theoretical background to their work and its practical application, thereby developing a scholarly and critical approach to the scientific foundations of health psychology;

- Have developed effective communication skills, both spoken and written, including the ability to disseminate psychological approaches to others as and when appropriate;

- Have developed the ability to plan a continuing extension and development of their own skills and knowledge base, in order to equip themselves to make a contribution to the development of psychological knowledge and their profession;

- Have developed an ethical approach to their work so that, for example, they can recognise the limits of their own competence and the range of applicability of the models and methods they are using;

- Have developed an awareness of multidisciplinary work in teaching, research and consultancy;

- Have developed an interest in their own areas of specialisation and have carried out some intensive study in an area of their own choice;

- Be aware of the implications of working in a multicultural and multiracial society and of equal opportunities legislation and practice; and

- Understand the social, political and organisational contexts in which psychologists work and the effect that these have on service delivery.

The delivery and assessment of these outcomes is in accordance with the D level descriptors specified in the QAA Framework for Higher Education Qualifications and level 12 of the Scottish Credit and Qualifications Framework. It is expected that the minimum duration of training is three years full time study and supervised practice. The competencies attained are consistent with those described in the National Occupational Standards for Applied Psychology.

Subject Benchmark: Occupational Psychology

1. Foreword

This Subject Benchmark sets out the competencies required of an occupational psychologist and the knowledge, understanding and skills which trainees must develop in order to become competent occupational psychologists. It does not provide a national curriculum for occupational psychology but training providers should ensure that the programmes they design enable trainees to develop all of the skills and competencies described in this guidance.

Entry to training requires the Graduate Basis for Registration (GBR) as defined by the British Psychological Society. The prerequisite undergraduate degree provides an education that develops a knowledge framework encompassing basic theory and scientific principles (and the limits of such theory and principles) in the domains of human behaviour, experience and interaction.

Programmes are delivered at D level in accordance with the Framework for Higher Education Qualifications and encompass theoretical, research and applied foundations of psychology applied to the diverse range of needs of people at work and organisations. Training takes place over a minimum of three years, providing the underpinning knowledge base, research skills and structured and assessed supervised practice enabling trainees to develop practical competence in the full range of occupational psychology practice. Successful candidates are awarded the Practitioner Membership of the Division of Occupational Psychology and are eligible for registration.

Practitioner Members of the Division of Occupational Psychology will also be eligible for registration as a Chartered Occupational Psychologists. Chartered Psychologists agree to abide by the British Psychological Society Code of Conduct and can be removed from the Register for breaches of the Code. The British Psychological Society has a formal disciplinary process with representation of both non-psychologists and senior and experienced psychologists.

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

2. Philosophy

The work of occupational psychologists is based on the fundamental acknowledgement that all people have the same human value and the right to be treated as unique individuals. Occupational psychologists will treat all people - both clients and colleagues - with dignity and respect and will work with them collaboratively as partners towards the achievement of mutually agreed goals. In doing this, occupational psychologists will adhere to and be guided by explicit and public statements of the ethical principles that underpin their work.

3. Purpose

To develop, apply and evaluate psychological principles, knowledge, theories and methods in an ethical and appropriate way (i.e. systematic, evidence-based and reflective) in order to promote work related issues. This includes the development, well-being and effectiveness of organisations, groups and individuals for the benefit of Society.

4. Aims

Occupational psychology is the application of psychological theory and research evidence to the field of work and the work environment.

5. How these aims are achieved

The core skills of an occupational psychologist are:

- assessment;
- formulation;
- intervention;
- evaluation and research;
- communication

Award holders will have the necessary skills for:

- Developing, implementing and maintaining personal and professional standards and ethical practice;

- Applying psychological and related methods, concepts, models, theories and knowledge derived from reproducible research findings;

- Researching and developing new and existing psychological methods, concepts, models, theories and instruments in psychology; and

- Communicating psychological knowledge, principles, methods, needs and policy requirements.

6. Occupational psychologists as scientist-practitioners

The background and training of occupational psychologists is rooted in the science of psychology and occupational psychology is one of the applications of psychological science to help address individual and organisational problems related to work. The ability to design and carry out innovative applied research is important for the development and delivery of evidence-based practice. In addition, one element of research competence is critical evaluation of research activity. While there are data that support many work and organisational activities, there are still major gaps in the knowledge base. One of the contributions made by occupational psychologists is the development and testing of new interventions and activities, based on psychological theory. Thus practice feeds and draws on research and theory that in turn influences practice.

7. Occupational psychologists as reflective practitioners

Occupational psychologists are cognisant of the importance of self-awareness and the need to appraise and reflect on their own practice. They are also aware of the importance of diversity, the social and cultural context of their work, working within an ethical framework, and the need for continuing professional and personal development.

8. Who uses occupational psychology services?

Occupational psychologists often work for large companies (both in the private and public sectors), in government and public services, in management training centres and for private consultancies. They usually work alongside other professionals such as managers, trade union representatives, training officers and specialist staff from the firm or industry concerned. The Civil Service is one of the largest employers of occupational psychologists. Areas of expertise include counselling and personal development, the design of environments and of work, employee relations and motivation, human-machine interaction, organisational development, performance appraisal and career development, personnel selection and assessment and training.

9. Occupational psychology programmes and the maintenance of professional standards

Entry to training requires the Graduate Basis for Registration (GBR) as defined by the British Psychological Society. The prerequisite undergraduate degree provides an education that develops a knowledge framework encompassing basic theory and scientific principles (and the limits of such theory and principles) in the domains of human behaviour, experience and interaction.

Occupational psychology programmes are delivered at post-graduate level in accordance with the Framework for Higher Education Qualifications. They encompass theoretical, research and applied foundations of psychology applied to the diverse range of needs of people in a variety of settings. Training takes place during three years of full-time study (or part time equivalent), including academic study, supervised practice and research, at the end of which successful candidates are awarded a doctorate in occupational psychology and are eligible for registration with the BPS as a Chartered Occupational Psychologist.

If the award is accredited by the British Psychological Society award holders will be eligible for registration as a Chartered Occupational Psychologists. Chartered Psychologists agree to abide by the British Psychological Society code of conduct and can be removed from the register for breaches of the code. The British Psychological Society has a formal disciplinary process with representation of both non-psychologists and senior and experienced psychologists.

10. Standard for Award

The Chartered Occupational Psychologist as a practitioner:

Expectations held by the profession, employers and public

Professional autonomy and accountability of the occupational psychologist

The award holder should be able to:

- maintain the standards and requirements of The British Psychological Society and Division of Occupational psychology;

- adhere to the British Psychological Society's Code of Conduct, Ethical Principles and Guidelines and the Division of Occupational Psychology Professional Practice Guidelines;

- understand the legal and ethical responsibilities of occupational psychology practice including client consent and confidentiality;

- demonstrate awareness of the legislative and national planning context of service delivery and occupational psychology practice;

- recognise the obligation to maintain fitness for practice and the need for continuing professional development;

- contribute to the development and dissemination of evidence-based practice within professional contexts;

- recognise and cope with uncertainty, making informed judgements on complex issues in the absence of complete data;

- make appropriate decisions.

Professional relationships

The award holder should be able to:

- participate effectively in inter-professional and multi-agency approaches to health and social care and organisational effectiveness;

- recognise professional scope of practice and make referrals where appropriate;

- demonstrate understanding of consultancy models and the contribution of consultancy to practice;

- work with others, including stakeholders, to deliver effective services;

- understand the impact of difference and diversity on people's lives, and its implications for working practices;

- work effectively with users and carers to facilitate their involvement in service planning and delivery;

- maintain appropriate records and make accurate reports.

Personal and professional skills

The award holder should be able to:

- demonstrate the ability to deliver high quality client-centred services both as a solo practitioner and as a member of multi-disciplinary and multi-agency teams;

- practise in an anti-discriminatory, anti-oppressive manner;

- draw upon occupational psychology knowledge, theory and skills in order to make professional judgements;

- demonstrate high levels of research skills and scholarship;

- work effectively at a high level of autonomy in complex and unpredictable situations, with awareness of the limits of own competence, and accepting accountability to relevant professional and service managers;

- demonstrate self-awareness and ability to work as a reflective practitioner;

- demonstrate a high level of communication skills in a style appropriate to specialist and non-specialist audiences;

- initiate and respond to change in a flexible manner, demonstrating transferable skills;

- engage in self-directed learning that promotes professional development;

- manage the emotional and physical impact of their practice;

- understand the importance and role of supervision and demonstrate its appropriate use;

- demonstrate self-management skills and independence of thought and action;

- demonstrate culturally competent practice.

Profession and employer context

The award holder should be able to:

- show an understanding of the role of the occupational psychologist within organisations and services;

- adapt occupational psychology practice to a range of organisational contexts, on the basis of an understanding of pertinent organisational and cultural issues;

- contribute to the development of the profession's responsibility to organisations through teaching, research supervision and training of psychologists and other professionals;

- take responsibility for his/her professional development;

- demonstrate an ability to contribute to team management and functioning;

- participate in the development of new services, tools and methods.

- recognise the value of research and other scholarly activity in relation to the development of the profession and of service delivery.

11. The application of occupational psychology practice in securing, maintaining or improving health and well-being

Sound occupational psychology practice is based on practice and research skills that demonstrate work with clients and systems based on a scientist-practitioner and reflective-practitioner model. This incorporates a cycle of assessment, intervention and evaluation. Hence occupational psychologists can generalise and synthesise prior knowledge and experience in order to apply them in different settings and novel situations, and are able to think critically, reflectively and evaluatively within a framework of evidence-based practice.

Profession-specific skills

The following high level summaries are intended as broad statements of the required demonstrable competencies. By the completion of their training occupational psychologists should be able to:

- Develop, implement and maintain personal and professional standards and ethical practice

  - Establish, maintain and develop systems for the security and control of information, ensuring compliance with legal, ethical and professional practices and establish, implement and evaluate procedures to ensure competence in psychological practice

  - Implement, monitor and evaluate developments in legal, ethical and professional standards in occupational psychology

  - Contribute to the development of self as a practitioner, including the establishment, evaluation and implementation of development processes, the organisation and utilisation of competent consultation and advice and the incorporation of best practice into one's work.

- Respond to unpredictable contexts and events professionally and ethically, working autonomously as an occupational psychologist, evaluating and responding to change and applying creative and innovative techniques, principles and solutions to psychological practice

- Formulate developments in legal, ethical and professional standards in occupational psychology, seeking out and participating in professional activities and making recommendations for policy change.

- Apply psychological and related methods, concepts, models, theories and knowledge derived from reproducible research findings

  - Identify, prioritise and agree the expectations and requirements of the client, assessing the proposed consultancy and reviewing psychological literature and other information sources regarding the consultancy.

  - Plan the consultancy, determining the aims, objectives, criteria, theoretical frameworks and scope of the consultancy, assessing the resources, requirements and constraints and producing implementation plans.

  - Establish, develop, maintain and monitor working relationships, agreements and practices with the client

  - Conduct the consultancy, establishing operations to deliver the consultancy, implementing the planned activities, maintaining systems for recording the processes and outcomes of the consultancy and analysing and interpreting the results and outcomes of the consultancy.

  - Direct the implementation of consultancy, procuring resources, assessing the capabilities of human resources required to deliver the consultancy, advising and guiding designated others, ensuring technical support and overseeing and directing the delivery of the consultancy.

  - Monitor and review the consultancy, prioritising and implementing changes identified by the monitoring process, reviewing the clients needs, requirements and expectations and implementing quality assurance and control mechanisms.

  - Evaluate the impact of applications, establishing evaluation needs and designing and implementing the evaluation and assessing the outcomes.

- Research and develop new and existing psychological methods, concepts, models, theories and instruments in occupational psychology

  - Designing research activities in occupational psychology

  - Conducting research

  - Analysing and evaluating psychological research data

  - Initiating and developing psychological research and knowledge

  - Producing and evaluating original psychological research and knowledge

  - Conducting systematic reviews

- Communicate psychological knowledge, principles, methods, needs and policy requirements.

  - Promote psychological principles, practices, services and benefits

  - Provide psychological advice and guidance to others and facilitate the use of psychological services

- Provide psychological advice to aid policy decision making
- Communicate the processes and outcomes of psychological and other applications and developments
- Disseminate psychological knowledge to address current issues in society
- Prepare and present evidence in formal settings
- Provide expert psychological opinion to informal information requests
- Provide feedback to clients

In addition to these core competencies, occupational psychologists will develop the knowledge and skills to enable them to:

- Develop and train the application of psychological skills, knowledge, practices and procedures
- Manage the provision of psychological systems, services and resources.

12. Knowledge, understanding and skills that underpin the education and training of occupational psychologists

Knowledge and understanding

The underpinning knowledge base for occupational psychology includes:

- Human-machine interaction
- Design of environments and work: Health and Safety
- Personnel selection and assessment
- Performance appraisal and career development
- Counselling and personal development
- Training
- Employee relations and motivation
- Organisational development and change
- Occupational psychology research

13. Teaching, Learning and Assessment

A prerequisite for enrolment on an occupational psychology programme is the achievement of GBR. Thus the knowledge and skills that form the starting point for a candidate are as set out in the benchmark statement for the undergraduate psychology degree (QAA Psychology benchmark statement, 2002).

Detailed decisions about the strategies and methods for teaching, learning and assessment are for institutions to determine, but should ensure that the learning outcomes associated with occupational psychology programmes can be achieved. Nonetheless, programmes must promote an integrative approach to the application of theory and practice. Learning opportunities and assessment systems should facilitate the acquisition of the full range of professional competencies appropriate to the level of training. Fundamental to the basis upon which trainees are prepared for their professional career is the provision of programmes of academic study and practice-based learning which lay the foundation for career-long professional development and lifelong learning to support best professional practice and the maintenance of professional standards.

Teaching and learning in occupational psychology

Learning is a partnership between the teachers and professional support staff, who provide learning opportunities, and students engaged in the learning process. All students registered on the accredited programme must be supervised and, normally, this supervision must be undertaken by Chartered Occupational Psychologists with experience of supervision at postgraduate level. There must be a coherent plan for managing the supervision process such that the philosophy of the programme is reflected in the supervision of its trainees.

Placement learning is a planned period of learning, normally outside the institution at which the student is enrolled, where the learning outcomes are an intended part of a programme of study. It includes those circumstances where students have arranged their own learning opportunity with a placement provider. Where institutions include supervised practice as an intended part of an approved programme of study, institutions should ensure that

- Their responsibilities for placement learning are clearly defined;

- The intended learning outcomes contribute to the overall aims of the programme;

- Any assessment of placement learning is part of a coherent assessment strategy; and

- Normally, all supervision is carried out by Chartered Occupational Psychologists.

Institutions should have in place policies and procedures to ensure that their responsibilities for placement learning are met and that learning opportunities during a placement are appropriate. Institutions should be able to assure themselves that placement providers know what their responsibilities are during the period of the placement. Prior to placements, institutions should ensure that students are made aware of their responsibilities and rights. Institutions should ensure that students are provided with appropriate guidance and support in preparation for, during and after their placements.

Collaborative provision (that is, where two or more agencies or institutions are involved in the delivery of training), wherever and however offered, should enlarge teaching and learning opportunities without prejudice to the standard of a higher education award and the quality of the learning experience available to students. Quality assurance arrangements for collaborative provision should be no less rigorous and open to scrutiny than those for non-collaborative provision and should enable an awarding institution to satisfy itself that its requirements and expectations in respect of its standards and quality are being met by its partner(s). The scope and nature of the respective partners to a collaborative arrangement, for both the standard and quality of provision and for the students learning experience, should be clearly defined, recorded and subject to periodic review. Collaborative arrangements should seek to encourage and enhance institutional and educational, development where desired by the partners, whilst recognising and respecting differences in institutional contexts, ethos and purposes. Students on collaborative programmes should be fully and accurately informed of the relevant responsibilities of the parties involved and how the collaborative relationship affects their entitlements and responsibilities as students.

Assessment

The evaluation of trainees must include assessments of academic, research and practice competence. Programmes must ensure that the assessment system promotes the learning outcomes identified in the programme specification and can demonstrate that these learning outcomes have been achieved. The assessment must give appropriate weighting to professional competence.

The programme must take responsibility for ensuring that there are adequate procedures to ensure that trainees who are incompetent or whose behaviour is unethical do not obtain a qualification in occupational psychology.

14. Academic and Practitioner Standards

Qualification as a Chartered Occupational Psychologist includes vocational as well as academic competence and, as such, must prepare graduates for professional activities across widely differing fields. In particular, graduates must possess all the professional competencies at D level to be able to function as a qualified occupational psychologist as this represents the threshold for entry to the profession.

Newly qualified occupational psychologists should understand and embrace the core purpose and philosophy of the profession. They should be committed to reducing psychological distress and enhancing and promoting psychological well-being through the systematic application of knowledge derived from psychological theory and evidence. Their work will be based on the fundamental acknowledgement that all people have the same human value and the right to be treated as unique individuals.

Thus award holders will be able to:

- demonstrate the ability to deliver high quality psychological services both as a solo practitioner and as a member of multi-disciplinary and multi-agency teams;

- practise in an anti-discriminatory, anti-oppressive manner;

- draw upon occupational psychology knowledge, theory and skills in order to make professional judgements;

- demonstrate high levels of research skills and scholarship;

- work effectively at a high level of autonomy in complex and unpredictable situations, with awareness of the limits of own competence, and accepting accountability to relevant professional and service managers;

- demonstrate self-awareness and ability to work as a reflective practitioner;

- demonstrate a high level of communication skills in a style appropriate to specialist and non-specialist audiences;

- initiate and respond to change in a flexible manner, demonstrating transferable skills;

- engage in self-directed learning that promotes professional development;

- manage the emotional and physical impact of their practice;

- understand the importance and role of supervision and demonstrate its appropriate use;

- demonstrate self-management skills and independence of thought and action;

- demonstrate culturally competent practice.

The delivery and assessment of these outcomes is in accordance with the D level descriptors specified in the QAA Framework for Higher Education Qualifications and level 12 of the Scottish Credit and Qualifications Framework. The minimum duration of training is three years full time. The competencies attained are consistent with those described in the National Occupational Standards for Applied Psychology.

The
British
Psychological
Society

Membership and Professional Training Board

Division of Sport and Exercise Psychology Training Committee

Criteria for the Accreditation of MSc Programmes in Sport and Exercise Psychology

June 2005

CRITERIA FOR THE ACCREDITATION OF POSTGRADUATE TRAINING PROGRAMMES IN SPORT AND EXERCISE PSYCHOLOGY

INTRODUCTION

This document sets out the criteria for the accreditation of postgraduate training programmes in Sport and Exercise Psychology. It is based on the policies of the Society concerning postgraduate training outlined in *Quality Assurance Policies and Practice for Postgraduate Training*, 3rd edition (Membership and Professional Training Board, June 2005). The Division of Sport and Exercise Psychology Training Committee (DSEPTC) has prepared this document for use in the accreditation process on behalf of the Board. The criteria listed below will be reviewed and updated on a regular basis. They provide guidance for accreditation teams taking part in the peer-review of training programmes and assist the DSEPTC in formulating its recommendations in a way, which helps to ensure fairness and comparability in the accreditation of different programmes.

This booklet is divided into three sections: accreditation criteria, policy statements of the Membership and Professional Training Board, and the precepts of the Code of Practice for the Assurance of Academic Quality and Standards in Higher Education (Quality Assurance Agency for Higher Education, 1998 -). The latter is used by kind permission of the QAA.

In order to gain accreditation a programme must meet the accreditation criteria, comply with all relevant policies of the Board, and reflect the QAA Code of Practice.

The aim of accreditation

The aim of accreditation is to secure for potential Chartered Psychologists a high standard of professional education by co-operating with organisations able to provide professional education of the requisite standard. In this context, a potential Chartered Psychologist is a person holding or eligible to hold the Society's Graduate Basis for Registration as a Chartered Psychologist who has been accepted onto an accredited programme.

The objective of accreditation

Accreditation will ensure that programmes meet the criteria for accreditation devised by the Society's Training Committees under the auspices of their respective Divisions of the Society, and the Membership and Professional Training Board of the Society.

Graduates of accredited programmes

In keeping with the Society Statute 12 (3) b, since obtaining the Graduate Basis for Registration the Member "shall have successfully completed a period of study of, or practice in, psychology, or a combination of both, acceptable to the Council and shall be judged by the Council to have reached a standard sufficient for professional practice in psychology without supervision, the relevant period being of three years duration if full-time or an equivalent period if part-time, or such greater period as the Council may stipulate." Such a person may become a member of the Society and

their name may be added to the Register of Chartered Psychologists. Graduates of programmes which both comply with the above statute and meet these accreditation criteria will have acquired the underpinning knowledge relevant to full Membership of the Division of Sport and Exercise Psychology (DSEP). In order to gain Chartered Status, a further two years' training is required.

Accreditation Criteria

1 Programme titles

The DSEPTC takes the view that there must be a direct correlation between the title of a programme and its content. To that end, it is possible that HE providers may present programmes such as MSc Sport and Exercise Psychology, MSc Exercise and Sport Psychology, MSc Sport Psychology, and MSc Exercise Psychology.

2 Structure of accredited programmes

The DSEPTC takes no view on the structure of programmes and the topics listed in the core curriculum may be grouped in different combinations from those listed below. Institutions are free to map topics in any academically coherent combination.

3 Curriculum

All accredited programmes must deliver the curriculum at Master's level. In addition to delivering all core components, accredited programmes must include at least four of the other taught components.

Core Components	Other Taught Components
Research Methods • Quantitative Methods • Qualitative Methods	Performance • motor skills • practice techniques • cognition, learning and perception
Professional Skills/Counselling • BPS Code of Conduct • Ethics • Counselling Skills • Reflective practice • Communication skills • Awareness of cognate disciplines • Equal opportunities	Psychological Skills • arousal and anxiety • confidence • coping and techniques such as relaxation, goal setting, biofeedback, imagery, stress inoculation
Project Planning • Research design • Ethical approval • Dissemination of project plans • Liaison with external agencies* (where appropriate)	Lifespan issues • Early-life • Mid-life • Later-life
Empirical Research Project	Social processes • interpersonal and communication skills • team cohesion • group identity • trust, cooperation and competition • leadership
	Exercise and Physical Activity • Determinants (e.g. motives, barriers & adherence) • outcomes in relation to mood, self-esteem, and cognition

	• problems of addiction and injury
	Individual differences • personality • motivation • gender • special groups such as the elite and the disabled • talent identification
NB All points must be covered with the possible exception of *	Within any topic area a majority of points must be covered

4   Underpinning resources
Human resources

The Programme Director of an accredited MSc must be a Chartered Psychologist holding full membership of the DSEP. They must be of a sufficiently senior status and have relevant academic and managerial skills. Additionally, they must devote a substantial proportion of their time to the programme and have sufficient time to undertake relevant research and/or consultancy work.

Concerning other staff, there must be a minimum staff student ratio of 1:10, and sufficient administrative staff and technical support dedicated to the programme.

5   Physical resources

The physical resources must reflect the nature of the curriculum delivery. There must be adequate laboratory provision, book stock, and journal holdings.

Policy Statements of the Membership and Professional Training Board Relevant to the Accreditation of Postgraduate Training Programmes

Accredited programmes

1. The British Psychological Society will co-operate with Higher Education Institutions (HEIs) in order to ensure a high standard of professional education and knowledge in the discipline of Psychology. The criteria by which the Society will judge these standards will be placed in the public arena and any HEI programme in the United Kingdom fulfilling the relevant criteria will be granted accreditation by the Membership and Professional Training Board (MPTB).

2. The Board will accredit programmes of study which meet accreditation criteria, comply with relevant Board policy and reflect the precepts of the *Code of Practice for the Assurance of Academic Quality and Standards in Higher Education* (Quality Assurance Agency for Higher Education, 1998-).

3. The accreditation of programmes covers UK institutions whose students are normally resident in the UK. In all instances the awarding institution must be listed in the World Higher Education Database.

4. In the design of programmes of study there should be explicit and reasoned coherence between the aims and intended learning objectives/outcomes, the modes and criteria of assessment, the strategies for teaching, and the resources for learning (Higher Education Quality Council, 1996, used by kind permission of the copyright holder).

5. The Society defines a programme of study as a coherent learning experience followed by an individual, the successful completion of which results in the conferment of a named HE award. In addition to the aforementioned, an accredited programme of study must also meet the criteria for accreditation devised by the appropriate subsystem of the Society. In all instances, successful students must be issued with a certificate bearing the name of the accredited programme of study. An HEI may offer two or more programmes in the same branch of applied psychology and these will be considered as separate programmes.

6. Normally, new programmes will gain accreditation for a maximum of three cohorts; established programmes will gain accreditation for a maximum of five cohorts.

7. The award conferred upon students successfully completing an accredited programme must comply with the National Qualifications Frameworks. Specifically, where a programme provides a full training from GBR to eligibility for Chartered Status, the award conferred must be at doctoral level; where the programme provides a knowledge base – which may also include work placement – the award must be an MSc.

Distance learning programmes

8. The Board limits the accreditation of all programmes other than those taught on a face-to-face basis to the provision of underpinning knowledge and research.

Admission to an accredited programme

9. The Society will accredit programmes of study which meet its criteria only if all entrants are eligible for the Graduate Basis for Registration as a Chartered Psychologist (GBR). Where HEIs wish to admit students who are not so eligible, an alternative award title should be adopted so as to distinguish between the two

groups. Where there is common teaching between the two groups, at the time of accreditation, the HEI will be expected to demonstrate to the Society that the teaching of psychology is at the appropriate postgraduate level.

Attendance requirements

10. Students or trainees registered on an accredited postgraduate programme are expected to attend at least 80% of the scheduled sessions.

Modification of an accredited programme

11. Accredited programmes may be modified provided they remain in compliance with the accreditation criteria. Any change to award title must be notified to the Quality Assurance Department of the Society.

Teaching

12. All accredited programmes must include teaching on the Society's *Code of Conduct, Ethical Principles and Guidelines*.

13. Where the accredited programme of study also includes elements of practice, the teaching and learning associated with this must be embedded into the programme and must be given equal weight to the academic component of study.

Assessment

14. Where the accredited programme of study includes elements of practice, the HEI must ensure that students who do not reach an acceptable level of performance in professional practice do not receive the named accredited award.

External examiners

15. The External Examiner for an accredited programme of study must be a Chartered Psychologist holding full membership of the Division within whose domain the programme falls.

Staffing

16. The Programme Director of an accredited programme of study must be a Chartered Psychologist holding full membership of the Division within whose domain the programme falls. Additionally, the Director should be of an appropriately senior academic status within the HEI. In practice this will mean that an individual employed by an HEI as Programme Director will be a minimum of a Senior Lecturer at a pre-1992 University, or a Principal Lecturer at an HEI which gained university status in 1992.

Collaborative provision

17. Where the accredited programme of study also includes elements of practice the precepts of the relevant QAA Code of Practice must be complied with.

18. The Society must be kept informed of all collaborative provision concerning accredited programmes.

Code of Practice for the Assurance of Academic Quality and Standards in Higher Education (Quality Assurance Agency for Higher Education, 1998-)*

* The Society is grateful to the QAA for its permission to use the Code.

1   Postgraduate Research Programmes

Institutional arrangements

1.1. Institutions will put in place effective arrangements to maintain appropriate academic standards and enhance the quality of postgraduate research programmes.

1.2. Institutional regulations for postgraduate research degree programmes will be clear and readily available to students and staff. Where appropriate, regulations will be supplemented by similarly accessible, subject-specific guidance at the level of the faculty, school or department.

1.3. Institutions will develop, implement and keep under review a code or codes of practice applicable across the institution, which include(s) the areas covered by this document. The code(s) should be readily available to all students and staff involved in postgraduate research programmes.

1.4. Institutions will monitor the success of their postgraduate research programmes against appropriate internal and/or external indicators and targets.

The research environment

1.5. Institutions will only accept research students into an environment that provides support for doing and learning about research and where high quality research is occurring.

Selection, admission and induction of students

1.6. Admissions procedures will be clear, consistently applied and will demonstrate equality of opportunity.

1.7. Only appropriately qualified and prepared students will be admitted to research programmes.

1.8. Admissions decisions will involve at least two members of the institution's staff who will have received instruction, advice and guidance in respect of selection and admissions procedures. The decision-making process will enable the institution to assure itself that balanced and independent admissions decisions have been made, that support its admissions policy.

1.9. The entitlements and responsibilities of a research student undertaking a postgraduate research programme will be defined and communicated clearly.

1.10. Institutions will provide research students with sufficient information to enable them to begin their studies with an understanding of the academic and social environment in which they will be working.

Supervision

1.11. Institutions will appoint supervisors who have the appropriate skills and subject knowledge to support, encourage and monitor research students effectively.

1.12. Each research student will have a minimum of one main supervisor. He or she will normally be part of a supervisory team. There must always be one clearly identified point of contact for the student.

1.13. Institutions will ensure that the responsibilities of all research student supervisors are clearly communicated to supervisors and students through written guidance.

1.14. Institutions will ensure that the quality of supervision is not put at risk as a result of an excessive volume and range of responsibilities assigned to individual supervisors.

Progress and review arrangements

1.15. Institutions will put in place and bring to the attention of students and relevant staff clearly defined mechanisms for monitoring and supporting student progress.

1.16. Institutions will put in place and bring to the attention of students and relevant staff clearly defined mechanisms for formal reviews of student progress, including explicit review stages.

1.17. Institutions will provide guidance to students, supervisors and others involved in progress monitoring and review processes about the importance of keeping appropriate records of the outcomes of meetings and related activities.

Development of research and other skills

1.18. Institutions will provide research students with appropriate opportunities for personal and professional development.

1.19. Each student's development needs will be identified and agreed jointly by the student and appropriate academic staff, initially during the student's induction period; they will be regularly reviewed during the research programme and amended as appropriate.

1.20. Institutions will provide opportunities for research students to maintain a record of personal progress, which includes reference to the development of research and other skills.

Feedback mechanisms

1.21. Institutions will put in place mechanisms to collect, review and, where appropriate, respond to feedback from all concerned with postgraduate research programmes. They will make arrangements for feedback to be considered openly and constructively and for the results to be communicated appropriately.

Assessment

1.22. Institutions will use criteria for assessing research degrees that enable them to define the academic standards of different research programmes and the achievements of their graduates. The criteria used to assess research degrees must be clear and readily available to students, staff and external examiners.

1.23. Research degree assessment procedures must be clear; they must be operated rigorously, fairly, and consistently; include input from an external examiner; and carried out to a reasonable timescale.

1.24. Institutions will communicate their assessment procedures clearly to all the parties involved, i.e. the students, the supervisor(s) and the examiners.

Student representations

1.25. Institutions will put in place and publicise procedures for dealing with student representations that are fair, clear to all concerned, robust and applied consistently. Such procedures will allow all students access to relevant information and an opportunity to present their case.

Complaints

    1.26. Independent and formal procedures will exist to resolve effectively complaints from research students about the quality of the institution's learning and support provision.

Appeals

    1.27. Institutions will put in place formal procedures to deal with any appeals made by research students. The acceptable grounds for appeals will be clearly defined.

2   Collaborative Provision, and Flexible and Distributed Learning

Part A

2.A1   The awarding institution is responsible for the academic standards of all awards granted in its name.

2.A2   The academic standards of all awards made under a collaborative arrangement should meet the expectations of the UK Academic Infrastructure. This applies equally to awards made as a result of FDL arrangements.

2.A3   Collaborative arrangements should be negotiated, agreed and managed in accordance with the formally stated policies and procedures of the awarding institution.

2.A4   An up-to-date and authoritative record of the awarding institution's collaborative partnerships and agents, and a listing of its collaborative programmes operated through those partnerships or agencies, should form part of the institution's publicly available information. This also applies to FDL programmes where these warrant a separate identification.

2.A5   The awarding institution should inform any professional, statutory and regulatory body (PSRB), which has approved or recognised a programme that is the subject of a possible or actual collaborative arrangement, of its proposals and of any final agreements which involve the programme. This applies equally to programmes for which significant FDL arrangements are developed after the programme has been approved or recognised. In any case, the status of the programme in respect of PSRB recognition should be made clear to prospective students.

2.A6   The awarding institution's policies and procedures should ensure that there are adequate safeguards against financial or other temptations that might compromise academic standards or the quality of learning opportunities.

2.A7   Collaborative arrangements should be fully costed and should be accounted for accurately and fully. This applies equally to FDL arrangements.

2.A8   The educational objectives of a partner organisation should be compatible with those of the awarding institution.

2.A9   An awarding institution should undertake, with due diligence, an investigation to satisfy itself about the good standing of a prospective partner or agent, and of their capacity to fulfil their designated role in the arrangement. This investigation should include the legal status of the prospective partner or agent, and its capacity in law to contract with the awarding institution.

2.A10   There should be a written and legally binding agreement or contract setting out the rights and obligations of the parties and signed by the authorised representatives of the awarding institution and the partner organisation or agent.

2.A11   The agreement or contract should make clear that any 'serial' arrangement whereby the partner organisation offers approved collaborative and/or FDL provision elsewhere or assigns, through an arrangement of its own, powers delegated to it by the awarding institution, may be undertaken only with the

express written permission of the awarding institution in each instance. The awarding institution is responsible for ensuring that it retains proper control of the academic standards of awards offered through any such arrangements (see also paragraph 20 of the Introduction).

2.A12 The awarding institution is ultimately responsible for ensuring that the quality of learning opportunities offered through a collaborative arrangement is adequate to enable a student to achieve the academic standard required for its award. This applies equally to learning opportunities offered through FDL arrangements.

2.A13 An awarding institution that engages with another authorised awarding body jointly to provide a programme of study leading to a dual or joint academic award should be able to satisfy itself that it has the legal capacity to do so, and that the academic standard of the award, referenced to the *FHEQ* (the *SCQF* in Scotland), meets its own expectations, irrespective of the expectations of the partner awarding body.

2.A14 The scope, coverage and assessment strategy of a collaborative programme should be described in a programme specification that refers to relevant subject benchmark statements and the level of award, and that is readily available and comprehensible to stakeholders. This applies equally to programmes offered through FDL arrangements.

2.A15 The awarding institution should make appropriate use of the *Code* to ensure that all aspects of the *Code* relevant to the collaborative arrangement are addressed by itself and/or the partner organisation, and should make clear respective responsibilities of the awarding institution and a partner organisation in terms of addressing the precepts of the *Code*. This applies equally to FDL arrangements that involve other organisations.

2.A16 In the case of a collaborative or FDL arrangement with a partner organisation, or engagement with an agent, the awarding institution should be able to satisfy itself that the terms and conditions that were originally approved have been, and continue to be, met.

2.A17 The awarding institution should be able to satisfy itself that staff engaged in delivering or supporting a collaborative programme are appropriately qualified for their role, and that a partner organisation has effective measures to monitor and assure the proficiency of such staff. This applies equally to staff engaged in delivering of supporting an FDL programme.

2.A18 The awarding institution should ensure that arrangements for admission to the collaborative or FDL programme take into account the precepts of Section 10 of the Agency's *Code of practice* on Student recruitment and admissions (2001), or any successor document.

2.A19 The awarding institution is responsible for ensuring that the outcomes of assessment for a programme provided under a collaborative or FDL arrangement meet the specified academic level of the award as defined in the *FHEQ* (or *SCQF* in Scotland), in the context of the relevant subject benchmark statement(s).

2.A20 The awarding institution should ensure that a partner organisation involved in the assessment of students understands and follows the requirements approved by the awarding institution for the conduct of assessments, which themselves should be referenced to Section 6 of the Agency's *Code* on Assessment of students (2000), or any successor document.

2.A21 External examining procedures for programmes offered through collaborative arrangements should be consistent with the awarding institution's normal

practices. This applies equally to programmes offered through FDL arrangements.

2.A22 The awarding institution must retain ultimate responsibility for the appointment and functions of external examiners. The recruitment and selection of external examiners should be referenced to Section 4 of *Code* on External examining (2004), or any successor document.

2.A23 External examiners of collaborative programmes must receive briefing and guidance approved by the awarding institution sufficient for them to fulfil their role effectively. This applies equally to FDL programmes.

2.A24 An awarding institution should ensure that:

- It has sole authority for awarding certificates and transcripts relating to the programmes of study delivered through collaborative arrangements. This applies equally to programmes delivered through FDL arrangements;

- The certificate and/or transcript records (a) the principal language of instruction where this was not English, and (b) the language of assessment if that was not English*. Where this information is recorded on the transcript only, the certificate should refer to the existence of the transcript;

- Subject to any overriding statutory or other legal provision in any relevant jurisdiction, the certificate and/or the transcript should record the name and location of any partner organisation engaged in delivery of the programme of study.

*Except for awards for programmes or their elements relating to the study of a foreign language where the principal language of assessment is also the language of study.

*Reference in this section of the *Code* to 'foreign language' or a language that is 'not English' does not include programmes provided and assessed by Welsh institutions in the Welsh language.

2.A25 The minimum level of information that prospective and registered students should have about a collaborative programme is the programme specification approved by the awarding institution. This applies equally to an FDL programme.

2.A26 The information made available to prospective students and those registered on a collaborative programme should include information to students about the appropriate channels for particular concerns, complaints and appeals, making clear the channels through which they can contact the awarding institution directly. This applies equally for students registered on an FDL programme.

2.A27 The awarding institution should monitor regularly the information given by the partner organisation or agent to prospective students and those registered on a collaborative programme. This applies equally to students registered on an FDL programme.

2.A28 The awarding institution should ensure that it has effective control over the accuracy of all public information, publicity and promotional activity relating to its collaborative provision, and provision offered through FDL arrangements.

Part B

2.B1   Students should have access to:

- Documents that set out the respective responsibilities of the awarding institution and the programme presenter for the delivery of an FDL programme or element of study;

- Descriptions of the component units or modules of an FDL programme or element of study, to show the intended learning outcomes and teaching, learning and assessment methods of the unit or module;

- A clear schedule for the delivery of their study materials and for assessment of their work.

2.B2   The awarding institution, whether or not working through a programme presenter, should ensure that students can be confident that:

- Any FDL programme or element offered for study has had the reliability of its delivery system tested, and that contingency plans would come into operation in the event of the failure of the designed modes of delivery;

- The delivery system of an FDL programme or element of study delivered through e-learning methods is fit for its purpose, and has an appropriate availability and life expectancy;

- The delivery of any study materials direct to students remotely through, for example, e-learning methods or correspondence, is secure and reliable, and that there is a means of confirming its safe receipt;

- Study materials, whether delivered through staff of a programme presenter or through web-based or other distribution channels, meet specified expectations of the awarding institution in respect of the quality of teaching and learning-support material for a programme or element of study leading to one of its awards;

- The educational aims and intended learning outcomes of a programme delivered through FDL arrangements are reviewed periodically for their continuing validity and relevance, making reference to the precepts of Section 7 of the Agency's *Code* on Programme approval, monitoring and review (2000), or any successor document.

2.B3   Prospective students should receive a clear and realistic explanation of the expectations placed upon them for study of the FDL programme or elements of study, and for the nature and extent of autonomous, collaborative and supported aspects of learning.

2.B4   Students should have access to:

- A schedule for any learner support available to them through timetabled activities, for example tutorial sessions or web-based conferences;

- Clear and up-to-date information about the learning support available to them locally and remotely for their FDL programme or elements of study;

- Documents that set out their own responsibilities as learners, and the commitments of the awarding institution and the support provider (if appropriate) for the support of an FDL programme or element of study.

2.B5   Students should have:

- From the outset of their study, an identified contact, either local or remote through email, telephone, fax or post, who can give them constructive feedback on academic performance and authoritative guidance on their academic progression;

- Where appropriate, regular opportunities for inter-learner discussions about the programme, both to facilitate collaborative learning and to provide a basis for facilitating their participation in the quality assurance of the programme;

- Appropriate opportunities to give formal feedback on their experience of the programme.

2.B6   The awarding institution, whether or not working through a support provider, should be able to ensure that students can be confident that:

- Staff who provide support to learners on FDL programmes have appropriate skills, and receive appropriate training and development;

- Support for learners, whether delivered through staff of a support provider or through web-based or other distribution channels, meets specified expectations of the awarding institution for the quality of learner support for a programme of study leading to one of its awards.

2.B7   Students should have access to:

- Information on the ways in which their achievements will be judged, and the relative weighting of units, modules or elements of the programme in respect of assessment overall;

- Timely formative assessment on their academic performance to provide a basis for individual constructive feedback and guidance, and to illustrate the awarding institution's expectations for summative assessment.

2.B8   The awarding institution, whether or not working through a programme presenter or support provider, should ensure that students can be confident that:

- Their assessed work is properly attributed to them, particularly in cases where the assessment is conducted through remote methods that might be vulnerable to interception or other interference;

- Those with responsibility for assessment are capable of confirming that a student's assessed work is the original work of that student only, particularly in cases where the assessment is conducted through remote methods;

- Any mechanisms, such as web-based methods or correspondence, for the transfer of their work directly to assessors, are secure and reliable, and that there is a means of proving or confirming the safe receipt of their work.

3   Students with Disabilities

3.1.   Institutions should ensure that in all their policies, procedures and activities, including strategic planning and resource allocation, consideration is given to the means of enabling disabled students' participation in all aspects of the academic and social life of the institution.

The physical environment

3.2.   Institutions should ensure that disabled students can have access to the physical environment in which they will study, learn, live and take part in the social life of their institution.

3.3. Institutions should ensure that facilities and equipment are as accessible as possible to disabled students.

Information for applicants, students and staff

3.4. The institution's publicity, programme details and general information should be accessible to people with disabilities and describe the opportunities for disabled students to participate.

The selection and admission of students

3.5. In selecting students institutions should ensure equitable consideration of all applicants.

3.6. Disabled applicants' support needs should be identified and assessed in an effective and timely way, taking into account the applicant's views.

Enrolment, registration and induction of students

3.7. The arrangements for enrolment, registration and induction of new entrants should accommodate the needs of disabled students.

Learning and teaching, including provision for research and other postgraduate students

3.8. Programme specifications should include no unnecessary barriers to access by disabled people.

3.9. Academic support services and guidance should be accessible and appropriate to the needs of disabled students.

3.10. The delivery of programmes should take into account the needs of disabled people or, where appropriate, be adapted to accommodate their individual requirements.

3.11. Institutions should ensure that, wherever possible, disabled students have access to academic and vocational placements including field trips and study abroad.

3.12. Disabled research students should receive the support and guidance necessary to secure equal access to research programmes.

Examination, assessment and progression

3.13. Assessment and examination policies, practices and procedures should provide disabled students with the same opportunity as their peers to demonstrate the achievement of learning outcomes.

3.14. Where studying is interrupted as a direct result of a disability-related cause, this should not unjustifiably impede a student's subsequent academic progress.

Staff development

3.15. Induction and other relevant training programmes for all staff should include disability awareness/equality and training in specific services and support.

Access to general facilities and support

3.16. Students with disabilities should have access to the full range of support services that are available to their non-disabled peers.

Additional specialist support

3.17. Institutions should ensure that there are sufficient designated members of staff with appropriate skills and experience to provide specialist advice and support to disabled applicants and students, and to the staff who work with them.

3.18. Institutions should identify and seek to meet the particular needs of individual disabled students.

3.19. Internal communications systems should ensure that appropriate staff receive information about the particular needs of disabled students in a clear and timely way.

3.20. Institutions should have a clearly defined policy on the confidentiality and disclosure of information relating to a person's disabilities that is communicated to applicants, students and staff.

Complaints

3.21. Institutions should ensure that information about all complaints and appeals policies and procedures is available in accessible formats and communicated to students.

3.22. Institutions should have in place policies and procedures to deal with complaints arising directly or indirectly from a student's disability.

Monitoring and evaluation

3.23. Institutional information systems should monitor the applications, admissions, academic progress and nature of impairment of disabled students.

3.24. Institutions should operate systems to monitor the effectiveness of provision for students with disabilities, evaluate progress and identify opportunities for enhancement.

4   External Examining

4.1. An institution should ask its external examiners, in their expert judgement, to report on:

   i)   Whether the academic standards set for its awards, or part thereof, are appropriate;

   ii) The extent to which its assessment processes are rigorous, ensure equity of treatment for students and have been fairly conducted within institutional regulations and guidance;

   iii) The standards of student performance in the programmes or parts of programmes which they have been appointed to examine;

   iv) Where appropriate, the comparability of the standards and student achievements with those in some other higher education institutions;

   v)   Good practice they have identified.

4.2. Institutions should state clearly and communicate to all concerned the various roles, powers and responsibilities assigned to their external examiners, including the extent of their authority in examination/assessment boards.

4.3. Prior to the confirmation of mark lists, pass lists or similar documents, institutions will expect external examiners to endorse the outcomes of the assessment(s) they have been appointed to scrutinise.

4.4. Institutions will make every effort to ensure that their external examiners are competent to undertake the responsibilities defined in their contract.

4.5. Institutions should define explicit policies and regulations governing the nomination and appointment of external examiners, and premature termination of the contract by either party.

4.6. Institutional procedures should ensure that potential conflicts of interest are identified and resolved prior to the appointment of external examiners.

4.7. Institutions should ensure that, once appointed, external examiners are provided with sufficient information and support to enable them to carry out their responsibilities effectively. Specifically, external examiners must be properly prepared by the recruiting institution to ensure they understand and can fulfil their responsibilities.

4.8. Institutions should state clearly, and communicate to all concerned, the programmes and awards, or parts of programmes, to which each external examiner is appointed.

4.9. Institutions will wish to agree with their external examiners the evidence each considers necessary to ensure the effective discharge of external examining responsibilities, and will provide them with a range of relevant information.

4.10. Institutions should require external examiners to submit at agreed times a written report that provides comments and judgements on the assessment process and the standards of student attainment.

4.11. Institutions should indicate the required form and coverage of external examiners' reports.

4.12. Institutions should ask external examiners to send their reports to the head of the institution, or named person(s) designated by the head of the institution to exercise responsibility for the handling of these reports. Institutions should ensure that the reports are considered within the institution at both subject and institutional levels.

4.13. Full and serious consideration should be given by the institution to comments and recommendations contained within external examiners' reports, and the outcomes of the consideration, including actions taken, should be formally recorded.

4.14. Institutions should ensure that external examiners are, within a reasonable time, provided with a considered response to their comments and recommendations, including information on any actions taken by the institution.

5 Academic Appeals and Student Complaints

5.1. Institutions should have effective procedures for resolving student complaints and academic appeals. Students should have a full opportunity to raise, individually or collectively, matters of proper concern to them without fear of disadvantage and in the knowledge that privacy and confidentiality will be respected.

5.2. The procedures should be ratified by the governing body or other body with ultimate corporate responsibility and should form a part of the institution's overall framework for quality assurance.

5.3. Institutions should ensure that their procedures are fair and decisions are reasonable and have regard to any applicable law.

5.4. Institutions should address student complaints and appeals in a timely manner, using simple and transparent procedures. Informal resolution should be an option at all stages of the complaints procedure which should operate, in the first instance, at the level at which the matter arose.

Information

5.5. Information on complaints and appeals procedures should be published, accurate, complete, clearly presented, readily accessible and issued to students and staff.

5.6. Sources of impartial help, advice, guidance and support should be advertised widely within the institution.

Internal processes

5.7. The complaints and appeals procedures should identify the persons or bodies from whom authoritative guidance may be sought on the applicability and operation of the procedures.

5.8. Those responding to, investigating or adjudicating upon complaints or appeals must, as required by law, do so impartially, and must not act in any matter in which they have a material interest or in which any potential conflict of interest might arise.

5.9. A complainant or appellant should be entitled to be accompanied at all stages of the complaints or appeals process by a person of his or her choosing.

5.10. The documentation should indicate what further internal procedures, if any, are open to a student dissatisfied with the response to a complaint or outcome of an appeal.

Remedies

5.11. Institutions should ensure that where a complaint or appeal is upheld, appropriate remedial action is implemented.

5.12. Institutions should meet reasonable and proportionate incidental expenses necessarily incurred by a successful complainant or appellant.

Monitoring, evaluation and review

5.13. Institutions should have in place effective arrangements for the regular monitoring, evaluation and review of complaints and appeals.

5.14. Institutions should keep their monitoring, evaluation and review arrangements under scrutiny, taking into account current good practice.

6   Assessment of Students

6.1. As bodies responsible for academic standards, institutions should have effective procedures for:

   i)   Designing, approving, supervising and reviewing the assessment strategies for programmes and awards;

   ii) The consistent implementation of rigorous assessment practices which ensure that the academic/professional standard for each award and award element is set and maintained at the appropriate level and that student performance is properly judged against this.

6.2. The principles, procedures and processes of all assessment should be explicit, valid, and reliable.

6.3. Institutions should have effective mechanisms to deal with breaches of assessment regulations, and the resolution of appeals against assessment decisions.

Assessment panels and boards

6.4. Institutions should implement effective, clear, and consistent policies in respect of the membership, procedures, powers and accountability of assessment panels and boards of examiners. Where there is more than one such body the relative powers of each should be defined.

Conduct of assessment

6.5. Institutions should ensure that assessment is conducted with rigour and fairness and with due regard for security.

Scheduling and amount of assessment

6.6. Institutions should ensure that the scheduling and amount of assessment are consistent with an effective and appropriate measurement of the achievement by students of the intended learning outcomes and that they effectively support learning.

Marking and grading

6.7. Institutions should publish, and implement consistently, clear criteria for the marking and grading of assessments.

6.8. Institutions should ensure that there are robust mechanisms for marking and for the moderation of marks.

6.9. Institutions should evaluate periodically the maintenance and development of their academic standards.

6.10. Institutions should publish clear criteria for the aggregation of marks and grades and the rules and regulations for progression, final awards and classifications.

6.11. Institutions should ensure that where they practise compensation and/or condonation (condonement) the regulations are clear and consistent and their application does not jeopardise the integrity of awards and standards.

Feedback to students on performance

6.12. Institutions should ensure that appropriate feedback is provided to students on assessed work in a way that promotes learning and facilitates improvement.

Staff development and training

6.13. Institutions should ensure that all staff involved in the assessment of students are competent to undertake their roles and responsibilities.

Language of assessment

6.14. The languages of assessment and teaching will normally be the same. If, for any reason, this cannot be achieved, institutions must ensure that their academic standards are not consequently put at risk.

Professional and accreditation body requirements

6.15. Institutions should ensure that where a programme forms part of the qualifications regime of a professional or statutory body, clear information is available to staff and students about specific assessment requirements that must be met for progression towards the professional qualification.

Review of regulations

6.16. Institutions should have effective mechanisms for the review and development of assessment regulations.

Recording, documentation and publication of assessment decisions

6.17. Institutions should ensure that assessment decisions are recorded and documented accurately and systematically.

6.18. Institutions should ensure that the decisions of relevant examination boards are published as quickly as possible, consistent with rigour of assessment and accuracy.

7 **Programme Approvals, Monitoring and Review**

7.1. Institutions should ensure that their responsibilities for standards and quality are discharged effectively through their procedures for:

- The design of programmes;
- The approval of programmes;
- The monitoring and review of programmes.

7.2. Institutions should ensure that the overriding responsibility of the academic authority (e.g. senate or academic board) to set, maintain and assure standards is respected and that any delegation of power by the academic authority to approve or review programmes is properly defined and exercised.

7.3. Institutions should ensure that the approval and review of programmes involves appropriate persons who are external to the design and delivery of the programme. Such contributions should be sought in a way that will promote confidence that the standards and quality of the programmes are appropriate.

7.4. Approval and review processes should be clearly described and communicated to those who are involved with them.

Programme design

7.5. Institutions should publish guidance, for use within the institution, on principles to be considered when programmes are designed.

Programme approval

7.6. Institutions should ensure that programme approval decisions are informed by full consideration of academic standards and the quality of the learning opportunities. The final decision to approve a programme should be taken by the academic authority, or a body acting on its behalf. The body should be independent of the academic department, or other unit, that will offer the programme and have access to any necessary specialist advice.

Programme monitoring and review

7.7. Institutions should monitor the effectiveness of their programmes:

- To ensure that programmes remain current and valid in the light of developing knowledge in the discipline, and practice in its application;
- To evaluate the extent to which the intended learning outcomes are being attained by students;
- To evaluate the continuing effectiveness of the curriculum and of assessment in relation to the intended learning outcomes;
- To ensure that appropriate actions are taken to remedy any identified shortcomings.

7.8. Institutions should periodically review the continuing validity and relevance of programme aims and intended learning outcomes.

7.9. Institutions should evaluate the effectiveness of programme approval, monitoring and review practices.

8   Career Education, Information and Guidance

8.1. The institution should have a clear, documented and accessible policy for career education, information and guidance (CEIG), including statements of the institution's objectives and of students' entitlements and responsibilities.

8.2. CEIG provision should be impartial, client-focused, confidential, collaborative, accessible and in accordance with the institution's equal opportunities policy.

8.3. CEIG provision should be subject to the institution's quality assurance procedures.

8.4. The institution should seek to identify and cater for the special needs of students who may be disadvantaged in the labour market.

Institutional context

8.5. The institution should ensure that its CEIG provision is designed to prepare its students for a successful transition to employment or further study and for effective management of their career thereafter.

8.6. The institution should ensure that CEIG interests are represented in appropriate internal decision-making forums.

8.7. CEIG should be promoted internally, with mechanisms in place to support and encourage collaboration with academic and other appropriate departments for the benefit of students.

Students

8.8. Students should be provided with information on the services available to them while registered at the institution and those which will continue to be available to them when they have left.

8.9. The institution should make clear in its information to prospective and present students how the skills and knowledge acquired during study are intended to be of use to them in the development of their careers

External relations

8.10. The institution should promote close collaboration between employers and CEIG providers to maximise the benefits to both students and employers.

8.11. The institution should ensure that its CEIG provision takes account of developments in the employment market and work opportunities in the community at large.

Staff

8.12. The institution should ensure that all members of its staff involved with CEIG provision, including academic staff, have the skills, knowledge and training appropriate to the role they are undertaking.

Monitoring, feedback, evaluation and improvement

8.13. Providers of CEIG services should be required to account formally and regularly for the quality and standards of their services with the objective of promoting continuous improvement.

8.14. The institution should ensure that data collected by the institution on graduate destinations informs its CEIG provision.

9 Placement Learning

9.1. Where placement learning is an intended part of a programme of study, institutions should ensure that:

- Their responsibilities for placement learning are clearly defined;

- The intended learning outcomes contribute to the overall aims of the programme; and

- Any assessment of placement learning is part of a coherent assessment strategy.

Institutional policies and procedures

9.2. Institutions should have in place policies and procedures to ensure that their responsibilities for placement learning are met and that learning opportunities during a placement are appropriate.

Placement providers

9.3. Institutions should be able to assure themselves that placement providers know what their responsibilities are during the period of placement learning.

Student responsibilities and rights

9.4. Prior to placements, institutions should ensure that students are made aware of their responsibilities and rights.

Student support and information

9.5. Institutions should ensure that students are provided with appropriate guidance and support in preparation for, during, and after their placements.

Staff development

9.6. Institutions should ensure that their staff who are involved in placement learning are competent to fulfil their role.

Dealing with complaints

9.7. Institutions should ensure that there are procedures in place for dealing with complaints and that all parties (higher education institutions, students and placement providers) are aware of, and can make use of them.

Monitoring and evaluation of placement learning opportunities

9.8. Institutions should monitor and review the effectiveness of their policies and procedures in securing effective placement learning opportunities.

10 Recruitment and Admissions

10.1. Institutions should ensure that they establish policies and procedures for the recruitment and admission of students that are fair, clear and explicit and are implemented consistently. Transparent entry requirements, both academic and non-academic, should be used to underpin judgements that are made during the selection process for entry.

Recruitment

10.2. Institutions should ensure that promotional materials are relevant, accurate at the time of publication, not misleading, accessible, and provide information that will enable applicants to make informed decisions about their options.

Selection

10.3. Institutions should ensure that selection policies and procedures are transparent and are followed fairly, courteously, consistently and expeditiously; that information concerning applicants remains confidential between designated parties, and that decisions are made by those equipped to make the required judgements.

10.4. Institutions should ensure that applicants are made aware of the obligations placed on prospective students at the time the offer of a place is made.

Information to successful applicants

10.5. Institutions should ensure that prospective students are informed of any significant changes to a programme made between the time the offer of a place on that programme is made and registration is complete, and that they are advised of the options available in the circumstances.

10.6. Institutions should explain to successful applicants their arrangements for the enrolment, registration, induction and orientation of new students and ensure that these promote efficient and effective means of integrating the entrants fully as students.

Monitoring and review of recruitment, admission and enrolment policies and procedures

10.7. Policies and procedures related to admissions and enrolment should be kept under regular review to ensure that they continue to support the mission and strategic objectives of the institution, and that they remain current and valid in the light of changing circumstances.

Staff development and training

10.8. Institutions should ensure that all those involved in recruitment and admissions are competent to undertake their roles and responsibilities.

Complaints

10.9. Institutions should have policies and procedures in place for responding to applicants' complaints about the operation of their admissions process and should ensure that all staff involved with admissions are familiar with the policies and procedures.

The information contained within this document is for Psychology Supervised Experience (SE) supervisees registering for SE October 2004 onwards.

1. Overview

1.1. BASES SE aims to provide sport and exercise scientists with the guidance, environment and opportunities that will facilitate the development of the competencies expected for BASES accreditation for scientific support and/ or research across all sections. SE is part of a series of stepping stones to a career in sport or exercise science.

1.2. For the successful completion of SE the supervisee will be required to attain the required level in the competencies, knowledge and skills identified by their section in this document. Upon being judged to have attained these levels, the supervisee should be in a position to make a formal application for BASES accreditation.

1.3. Normally, the methods by which SE is gained include observation of good practice, working jointly with the supervisor, undertaking activities designed to develop, disseminate and apply the body of knowledge in a variety of settings, and attendance at relevant BASES or other appropriate conferences and workshops.

1.4. SE is the normally recommended but optional route to BASES accreditation. However, the completion of SE does not lead automatically to accreditation and applicants should ensure they are working towards fulfilment of ALL the accreditation requirements (see Appendix 1).

1.5. Members may apply for accreditation without having undertaken SE.

1.6. The normal length of SE is 3 years. 'Fast tracking' is available for individuals with appropriate qualifications, experience and expertise. Applicants applying for exemption will need to provide significant evidence to support their application for exemption. For example, a two year SE programme for a student who has **completed both undergraduate and postgraduate courses** may be appropriate for exemption in some circumstances. However, this is dependent upon the extensive evidence-based knowledge that s/he should have amassed from postgraduate modules and experiences beyond undergraduate work. It also depends upon the quality of supervision of practical work (by a BASES accredited psychologist) undertaken whilst studying for a postgraduate qualification. No student or university course will automatically receive exemption. Each case is treated on an individual basis governed by the quality and clarity of the supervisee's application.

1.7. Individuals registered for SE shall be entitled to use the name 'Probationary Sport and Exercise Scientist' until accredited or for a maximum period of six years.

2. SE Psychology Framework

2.1. It is important for the supervisee to 'leave' SE with evidence of knowledge and understanding in a number of key areas and sub-domains that will be relevant for their sport or exercise psychology practice. These include 'core' areas of psychology (and research principles) as well as more specific sport or exercise psychology topics. In all of these areas, the emphasis is placed on:

1

- understanding the key theoretical concepts and showing knowledge of their practical implications

- demonstrating the practical applications, relevant when working with a client, team or agency, to an autonomous level.

2.2. The SE Psychology Framework lists 7 competencies and related sub-competencies. These competencies are consistent with the two types of competency, 'knowledge-based' (BASES Competencies 1 - 3(i) and 'practice based' (BASES Competencies: 3(ii) - 7), recommended by the International Society of Sport Psychology (ISSP) in its recently published position paper (*IJSP*. volume 13, issue 1, 2003).

2.3. BASES has also drawn from the guidelines and certification requirements adopted by the British Psychological Society (BPS; www.bps.org.uk), the Association for the Advancement of Applied Sport Psychology (AAASP; www.aaasponline.org) and feedback from the Home Countries Sports Institutes and national governing bodies of sport. The combined result of this synthesis of material is an emphasis on core psychology knowledge (and research principles), sport and/ or exercise specific psychology knowledge, and a wide variety of real world practical experiences demanding a range of interpersonal skills.

2.4. There are three Support Accreditation Pathways from which to choose. All require coverage of each competency, however selected sub-competencies are specific to sport psychology or exercise psychology alone (see Table 1). If you are pursuing sport and exercise psychology accreditation then you are not exempt from these sub-competencies.

Table 1. Competency Requirements Specific to Sport Psychology or Exercise Psychology

Supervised Experience Accreditation Pathway	Competency Requirements
Sport Psychology Support	1-7 (except sub-competency 2B)
Exercise Psychology Support	1-7 (except sub-competency 2C)
Sport and Exercise Psychology Support	1-7

The Supervised Experience Psychology Framework

1.   Core Psychology
      1 (i)   Social psychology
      1 (ii)   Developmental psychology
      1 (iii)   Cognitive psychology
      1 (iv)   Psychobiology
      1 (v)   Individual differences
      1 (vi)   Conceptual and ethical perspectives
      1 (vii)   Research methods and statistics.

2.a)   Sport and Exercise Psychology Pathways:

For those pursuing SP or EP alone or both SP and EP
      2a (i)   Motivation and participation for sport and exercise (inc. environmental correlates)
      2a (ii)   Group and team-based topics and theories
      2a (iii)   Issues in professional practice
      2a (iv)   Auxiliary areas.

2.b)   Exercise Psychology Pathway

For those pursuing SP & EP or EP alone
      2b (i)   Epidemiology of physical activity
      2b (ii)   Physical activity promotion strategies
      2b (iii)   Mental health

2b (iv) Special populations.

2.c)   **Sport Psychology Pathway**

For those pursuing SP & EP or SP alone
- 2c (i)   Performance enhancement
- 2c (ii)   Psychomotor learning and sport performance
- 2c (iii)   Special population-based topics
- 2c (iv)   Coaching science.

3.   **Counselling Skills for Sport and Exercise Psychologists**
- 3 (i)   Knowledge and evaluation of approaches to counselling and consultancy
- 3 (ii)   Practical application of counselling skills.

4.   **Communication and Presentation Skills for Sport and Exercise Psychologists**
- 4 (i)   Researcher: communicating to academics and researchers
- 4 (ii)   Educator: communicating to students
- 4 (iii)   Consultant: communicating to performers, coaches, other sport audiences and/ or health promotion agencies, clients, specialist groups and health professionals.

5.   **Assessment and Evaluation for Sport and Exercise Psychologists**
- 5 (i)   Psychological demands of specific sport environments or   exercise contexts
- 5 (ii)   Knowledge of psychological questionnaires
- 5 (iii)   Individual needs analysis/ assessment of current physical activity participation
- 5 (iv)   Group needs analysis
- 5 (v)   Monitoring and evaluation systems
- 5 (vi)   Reflective practice.

6.   **Practical Experiences as a Sport or Exercise Psychologists**
- 6 (i)   Applications of ethical issues
- 6 (ii)   Safeguards (Child Protection and Welfare Policy)
- 6 (iii)   Negotiation of roles and responsibilities
- 6 (iv)   One-to-one contact hours
- 6 (v)   Group education workshops/ contact hours
- 6 (vi)   Range and type of sport or exercise experience
- 6 (vii)   Range of age group, gender and special populations experience
- 6 (viii) Integrated sport or exercise psychology support to coaches and support staff/ agencies or organisations.

7.   **Practical Experiences of Sport, Exercise and Physical Activity**
- 7 (i)   Competitive experience as a sport performer and/ or exercise participant/ exercise contexts
- 7 (ii)   Coaching and team leader/ management experience and qualifications or experience of exercise leadership through additional qualifications (e.g., YMCA, ACSM, BACR, NVQ or PE qualification).

…

The SE Competencies and their Sub-Competencies

1. Core Psychology

Six major areas of core psychology are listed in this section, with examples of the topics normally identified as relevant to these areas. Along with a seventh area, research methods and statistics, these topics parallel those required in psychology degrees that confer eligibility for Graduate Basis for Registration (GBR) with the BPS. A benefit of achievement in these areas is preparation value for the BPS Qualifying Examination or Conversion Diploma, for those who seek to gain GBR through this route. Details and the full syllabus setting out the core areas of the BPS Qualifying Exam can be found on the BPS website (http://www.bps.org.uk/index.cfm) - Click 'Publications' on left of the home page, click 'Free document area', scroll down to 'Society Exam Regulations and Forms' and then 'Regulations and Reading Lists for the QE'. For a hardcopy of the document contact the BPS.

Achievement and goals in each of the areas can be rated from (on a six-point scale) Level 0 to Level 5 using the following 'coverage' guidelines for theories and research (see Table 3). The term 'module' applies to a unit of study.

Table 3. Guidelines for Core Psychology Benchmarks.

0	No coverage.
1	Minimal coverage, acquired through 'lay' experience or popular readings.
2	Limited coverage, acquired as part of an A-level or access course.
3	Moderate coverage, with selected areas studied as part of an undergraduate non-GBR module*.
4	Thorough coverage, covered substantially in an undergraduate module*.
5	Full coverage, dealt with critically, comprehensively and in-depth as part of an undergraduate or postgraduate sport/ exercise psychology module, or in an undergraduate psychology or psychology/ sport exercise degree which gives GBR*.

*Alternatively, personal study/ development through additional classes, workshops, relevant conference presentations (as an attendee or speaker) and selected readings set by and/ or discussed and reviewed with supervisor. **Please refer to the SE Structured Reading and Evaluation Sheet/ Summary Sheet; SE Workshop/ Conference/ Symposium/ Seminar Evaluation Sheet/ Summary sheet.**

Candidates are required to reach level 5 in four out of the first five sub-competencies of this section, i.e. 1(i) to 1(v). Level 2 will be acceptable in one chosen area of the first five competencies provided that compensatory strengths are demonstrated in the other areas. Level 5 is compulsory for 1 (vi) – Conceptual and Ethical Perspectives. For 1 (vii) – Research Methods and Statistics, supervisees must reach at least a 4 in this area.

This method of compensation has been included to mirror the approach sometimes used by the British Psychological Society (BPS) (See BPS document 'Quality Assurance Policies and Practice for First Qualifications in Psychology' - Section A6.1.1 - Coverage and Assessment for Undergraduate Awards).

A thorough knowledge and understanding of these core psychology topics and theories is expected from a supervisee during the SE process. Satisfying this category is a significant undertaking. Both supervisee and supervisor must be committed to 'no short cuts' in ensuring that the supervisee leaves SE 'broad and deep' in theory-to-practice terms.

Core Psychology: Rating Your Level Accurately as a First Time Applicant

In general terms, supervisees from a psychology background who provide evidence that their undergraduate degree gives GBR will be able to claim 5 for the Core Psychology areas. However, you may think that even then you could do with more work in an individual area to self-improve knowledge. If this is the case and when degree programmes (e.g., sport science) do not cover these areas adequately, level 5 can be reached with alternative activities such as additional classes, selected readings, workshops, etc., so long as the evaluation of these is evidence-based (i.e., written up using the appropriate BASES templates and reviewed with the supervisor). For each competency, we have provided some example texts that can help with these areas and move you gradually from 3's to 4's to a 5 over the duration of SE.

For sport science graduates, you do need to be realistic with respect to what **core psychology** you have covered in **sport** psychology modules. We suggest that a broad undergraduate or MSc sport psychology module would most probably equate to a level 2 or 3 on the Core Psychology areas depending on how much emphasis was placed on that particular domain of psychology within the module content and learning outcomes.

A narrower, more in-depth module focused on, for example, 'The Social Psychology of Sport' may contain learning outcomes and assessment that provides for a level 4 rating for social psychology, and a rating of 2 or 3 for other areas (e.g., individual differences) that are integrated within the module structure. The bottom line here is that a combination of MSc or BSc modules in sport psychology is unlikely to provide you with a 5 in all of these core areas. For many domains, if not all, some additional reading of concepts or topics that you have not covered to any reasonable depth should be carried out using the texts that we have recommended (or others of choice).

1 Core Psychology Topics

Dependent on your level and reported goal activities, you should submit a minimum of **two** BASES SE Structured Reading and Evaluation Sheets with each End-of-Year Report. In addition you should submit a BASES SE Structured Reading and Evaluation **Summary** Sheet with each End-of-Year Report.

Likewise, dependent on your level and your goal activities, you should submit a minimum of **two** detailed examples of any other relevant templates (e.g., BASES SE Workshop/ Conference/ Symposium/ Seminar Evaluation Sheet) representing work that you have conducted towards the goal. You should also submit a Summary sheet of this work over the year.

1 (i) Social Psychology

Related Topics: Attributions and interpersonal perception. Attitudes and prejudice, conflict, social identification. Leadership, cohesion and productivity. Social influence: conformity and obedience, helping behaviour. Interpersonal attraction and relationships.

Recommended Readings:

Brehm, S. S., Kassin, S. M. & Fein, S. (2002). *Social Psychology* (5th ed.). Boston: Houghton Mifflin.

Franzoi, S.L. (2002). *Social Psychology* (3rd ed.). New York: McGraw-Hill.

1 (ii) Developmental Psychology

Related Topics: Perceptual, motor, emotional and cognitive development during infancy and childhood. Changes throughout the lifespan. Development of self and identity. Gender roles. Socialisation.

Recommended Readings:

Slater, A. & Muir, D. (1999). *The Blackwell Reader in Developmental Psychology*. Oxford: Blackwell Publishers.

Vasta, R., Haith, M. M. & Miller, S. A. (2001). *Child Psychology: A Modern Science*. (3rd ed.). New York: Wiley.

1 (iii) Cognitive Psychology

***Related Topics*:** Learning, memory and perception. Motor control. Skill acquisition, maintenance and enhancement. Thinking and reasoning, problem solving, decision-making.

Recommended Readings:

Matthews, G., Davies, D. R., Westerman, S. J. & Stammers, R. B. (2000). *Human Performance*. Philadelphia: Psychology Press.

Solso, R. L. (2001). *Cognitive Psychology* (6th ed.). Boston: Allyn and Bacon.

1 (iv) Psychobiology

***Related Topics*:** The structure and organization of the central nervous system. Hormones and behaviour. Behavioural genetics. Psychopharmacology, drug action and behaviour. Evolutionary perspectives. Human neuropsychology and arousal. Biological bases of abnormalities.

Recommended Readings:

Carlson, N. R. (2002). *Physiological Psychology* (5th ed.). London: Allyn & Bacon.

Kalat, J. W. (2001). *Biological Psychology*. Toronto: Wadsworth.

1 (v) Individual differences

***Related Topics*:** Theories and measurement of personality and intelligence. Abnormal and clinical psychology. Environmental and cultural influences. Psychoanalytic, behaviourist, social learning, humanist perspectives. Interactionist approaches.

Recommended Readings:

Cooper, C. (2002). *Individual Differences*. London: Arnold.

Pervin, L. A. & John, O. P. (2000). *Personality: Theory and Research*. New York: John Wiley.

1 (vi) Conceptual and ethical perspectives

***Related Topics*:** History of psychology. Psychology as science. Critiques of traditional approaches in psychology. Critical psychology and subjectivity. Moral issues in theory, research and practice. Research into practical and ethical issues.

Recommended Readings:

Bem, S. & Looren de Jong, H. (1997). *Theoretical Issues in Psychology*. London: Sage.

Jones, D. & Elcock, J. (2001). *History and Theories of Psychology*. London: Arnold.

1 (vii) Research methods and statistics

Supervisees must reach **at least a 4** in this area (see Table 4) and BASES expect you to have covered and understood the areas outlined/ bullet pointed below. Usually these will be included within undergraduate and postgraduate research methods courses. Provide this evidence in terms of module content, and set appropriate reading goals where you are lacking in knowledge base:

***Related Topics*:**

- Hypothesis testing and experimental design: Hypotheses, independent and dependent variables, and experimental manipulation. The role of random sampling. Experimental and quasi-experimental designs. Causality. Single-subject designs and case studies. Observational approaches. Survey research. Questionnaire design. Experimental artifacts.

- Quantitative methods: descriptive and summary statistics, measures of central tendency and dispersion. Probability theory. The normal distribution. Significance testing: type 1 and type 2 errors. Correlations, *t*-tests, analysis of variance, regression. Non-parametric alternatives.

- Qualitative approaches: interviews, naturalistic and participant observation, content analysis, discourse analysis, grounded theory and focus groups.

- Advanced statistics: Multi-factor or mixed model analyses. Repeated measures. Multiple regression. Factor analysis.

- Research skills: Use of psychological equipment and measurement (eg GSR). Reporting an investigation.

Recommended Readings:

Altman, D. G., Machin, D., Bryant, T. N. & Gardner, M. J. (2000). *Statistics with Confidence* (2nd ed.). Bristol: BMJ Books.

Banister, P., Burman, E., Parker, I., Taylor, M. & Tindall, C. (1994). *Qualitative Methods in Psychology: A Research Guide*. Buckingham: Open University Press.

Thomas, J. R & Nelson, J. K. (2001). *Research Methods in Physical Activity*. (4th ed.). Champaign, IL: Human Kinetics.

Table 4. Guidelines for Research Methods and Statistics Benchmarks

0	No coverage.
1	Minimal coverage: Many topics not covered.
2	Limited coverage: Some topics covered but not in any detail
3	Moderate coverage: At least half the topics covered within research methods/ stats modules or further structured reading.
4	Thorough coverage: Most of the topics covered within research methods/ stats modules or further structured reading.
5	Full coverage: All of the topics covered within research methods/ stats modules or further structured reading.

2. Sport and Exercise Psychology

There are three potential pathways that supervisees may take during SE dependent upon their eventual aims for support accreditation:

1. The sport psychology pathway
2. The exercise psychology pathway
3. The sport and exercise psychology pathway.

Section 2a 'Sport and Exercise Psychology' presents competencies related to both sport and exercise psychology pathways and all should be completed to level 5.

Section 2b 'Exercise Psychology' presents competencies related to the exercise psychology pathway. Attainment of these competencies is not required if a supervisee is seeking completion of SE in Sport Psychology alone. However, a basic understanding of these principles is advisable for referral purposes. Those pursuing accreditation in exercise psychology, or sport and exercise psychology must complete these competencies to level 5.

Section 2c 'Sport Psychology' presents competencies related to the sport psychology pathway. Attainment of these competencies is not required if a supervisee is seeking completion of SE in Exercise Psychology alone. However, a basic understanding of these principles is advisable for referral purposes. Those pursuing accreditation in sport psychology, or sport and exercise psychology must complete these competencies to level 5.

Achievement and goals in each of the areas should be rated using the following 'coverage' guidelines for theories and research (see Table 5). The term 'module' applies to a unit of study.

Table 5. Guidelines for Sport and Exercise Psychology Benchmarks.

0	No coverage.
1	Minimal coverage of sub-topics, acquired through 'lay' experience or popular readings.
2	Limited coverage of most sub-topics, acquired as part of an A-level, access course or introductory undergraduate module.
3	Moderate coverage of some sub-topics studied as part of an undergraduate module or postgraduate module or sport psychology option on a psychology programme*.
4	Thorough coverage of most sub-topics, covered substantially in specific undergraduate or postgraduate sport psychology modules*.
5	Full coverage of all sub-topics, dealt with critically and comprehensively as part of specific modules on undergraduate or postgraduate sport or exercise psychology programmes (MSc and PhD)**.

* Alternatively, personal study/ development through additional classes, workshops, relevant conference presentations (as attendees or speaker), relevant presentations evaluated by an appropriate peer and selected journal/ book readings set by and discussed with supervisor. Please refer to the Structured Reading and Evaluation Sheet/ Summary Sheet; SE Workshop/ Conference/ Symposium/ Seminar Evaluation Sheet/ Summary sheet.

** Attaining a level 5 may require additional work beyond an MSc postgraduate qualification given that MSc module content may not provide for full in-depth coverage of all of the relevant sub-topics.

Sport and Exercise Psychology: Rating Your Level Accurately as a First Time Applicant

As with Core Psychology category ratings, evidence-based honesty is the best policy. Typically, supervisees holding a sport and exercise science undergraduate degree would probably rate themselves between 2 and 5 on each of these knowledge-based categories. Clearly it depends on the module content and breadth, and whether you are applying for SE before or after completion of a postgraduate course. If you have taken fairly broad undergraduate and postgraduate modules then you may have covered most categories but only to a level 3 (and 2 in some cases). However, narrower, more in-depth modules focused on, for example, 'Sport Motivation', 'The Psychology of Performance Enhancement' or 'The Psychology of Coaching' will probably justify at least level 4 if not 5 in the relevant category. This is dependent on module content and you will need to make an honest judgement of this.

Supervisees from a psychology background will need to be realistic with respect to what **sport and exercise psychology topics** they have covered in their **core** psychology courses. In this case, GBR is not the issue. From experience of psychology graduates, there appears to be limited coverage of sport or exercise specific topics in mainstream courses and therefore we would not expect a psychology graduate to claim any more than a level 2 on most categories. In fact we would probably expect a mix of Level 1 and 2 with perhaps the occasional level 3 if you happened to opt for a specific sport/ exercise module offered by your programme.

As the emphasis with BASES SE is on becoming a sport and/ or exercise psychologist, greater significance is placed on acquiring the sport and exercise specific knowledge. Therefore, those

supervisees from a psychology background may have a little more catching up to do compared with supervisees from a sport and exercise science background. This should not be a problem with careful goal setting and good supervision.

Once again level 5 can be reached with alternative activities such as additional classes, selected readings, workshops, etc., so long as the evaluation of these is evidence-based (i.e. written up using appropriate templates and reviewed with supervisor). For each competency, we have provided some example texts that can help with these areas and move you gradually from level 0 to level 5 over the course of SE.

2a Sport and Exercise Psychology Topics

Dependent on your level and reported goal activities, you should submit a minimum of two BASES SE Structured Reading and Evaluation Sheets with each End-of-Year Report. In addition you should submit a BASES SE Structured Reading and Evaluation Summary Sheet with each End-of-Year Report.

Likewise, dependent on your level and your goal activities, you should submit a minimum of two detailed examples of any other relevant templates (e.g., BASES SE Workshop/ Conference/ Symposium/ Seminar Evaluation Sheet) representing attendance work that you have conducted towards the goal. You should also submit a Summary sheet of this work over the year.

2a (i) Motivation and Participation for Sport and Exercise

Related Topics: Achievement goal theory (including Motivational climate); Competence Motivation theory; Self-determination theory (Intrinsic/ Extrinsic Motivation); Constructs of Control.; Attribution theory; Self-efficacy theory; The Sport Commitment Model; Burnout in Sport.

Recommended Readings:

Biddle, S. & Mutrie, N. (2001). *The Psychology of Physical Activity*. London. Routledge. (Chapter 2, 3 & 4).

Duda, J. L. (Ed). (1998). *Advances in Sport and Exercise Psychology Measurement*. Fitness Information Technology.

Horn, T. S. (2002). *Advances in Sport Psychology*. Champaign, IL: Human Kinetics.

Loughlan, C. & Mutrie, N. (1995). Conducting an exercise consultation: Guidelines for health professionals. *Journal of the Institute of Health Education*, **33**, 78-82.

Roberts, G. C. (2002). *Advances in Motivation in Sport and Exercise*. Champaign, IL: Human Kinetics.

Singer, R. N, Hausenblas, H. A. & Janelle, C. M. (Eds.). (2001). *Handbook of Sport Psychology*. New York. Wiley.

2a (ii) Group and team based topics and theories

Related Topics: Group Dynamics; Group Structure; Group Cohesion; Group Productivity; Social Loafing; Group Identity; Role Clarity/ Ambiguity; Role Overload; and Collective Efficacy.

Recommended Readings:

Carron, A. V. & Hausenblas, H. (1998). *Group Dynamics in Sport* (2nd ed.). Morgantown, WV: FIT.

Gill, D. (2000). *Psychological Dynamics in Sport and Exercise* (2nd ed.). Champaign, IL: Human Kinetics.

2a (iii) Issues in Professional Practice

Related Topics: Understanding the issues that have emerged in the professional practice literature including: Perceptions of sport and exercise psychologists; Consultancy effectiveness factors and methods of evaluation; Barriers to entry; Programmes of applied work reported by consultants working with individuals, groups and teams in a variety of populations.

Recommended Readings:

Supervisees are encouraged to access relevant papers within the professional practice sections of *The Sport Psychologist*, as well as the *Journal of Applied Sport Psychology*. Accounts of work experiences within sport consultancy textbooks/ chapters should also promote the development of this knowledge competency.

For assistance and interest, we have included a selection of some of the most relevant and frequently cited papers from the Professional Practice section of *The Sport Psychologist* (see Table 6). There is no rating scale for this sub-competency. It is expected that **supervisees review at least 10 articles** during their SE period using this list or from sources noted above. Please use the BASES SE Structured Reading and Evaluation Sheet to review each article. Please submit a minimum of **two** Structured Reading and Evaluation Sheets with your End-of-Year Report as well as the Structured Reading and Evaluation Summary Sheet to report on any other reading you have completed.

Table 6. Important TSP Professional Practice Articles (1988-2004)

Author(s)	Date	Title	Vol & Pages
Andersen, M. B., Van Raalte, J. L. & Brewer, B. W.	1994	Assessing the Skills of Sport Psychology Supervisors	8, 238-247
Anderson, A. G., Miles, A., Mahoney, C. & Robinson	2002	Evaluating the Effectiveness of Applied Sport Psychology Practice: Making the Case for a Case Study Approach	16, 432-453
Baillie, H. F. & Danish, S.J.	1992	Understanding the Career Transition of Athletes	6, 77-98
Bull, S. J.	1995	Reflections on a 5-Year Consultancy Program with the England Women's Cricket Team	9, 148-163
Butler, R. J. & Hardy, L.	1992	The Performance Profile: Theory and Application	6, 253-264
Dale, G. A. & Wrisberg, C. A.	1996	The Use of a Performance Profiling Technique in a Team Setting: Getting the Athletes and Coach on the "Same Page".	10, 261-277
Danish, S. J., Petitpas, A. J. & Hale, B. D.	1992	A Developmental-Educational Intervention Model of Sport Psychology	6, 403-415
Evans, L., Hardy, L. & Flemming, S.	2000	Intervention Strategies with Injured Athletes: An Action Research Study	14, 188-206
Gardner, F. L. & Moore, Z. E	2004	The Multi-Level Classification System for Sport psychology (MLCS-SP)	18, 89-109
Hanrahan, S. J.	1998	Practical Consideration for Working with Athletes with Disabilities	12, 346-357
Hardy, L. & Parfitt, G.	1994	The Development of a Model for the Provision of Psychological Support to a National Squad	8, 126-142
Jones, G.	1993	The Role of Performance Profiling in Cognitive Behavioural Interventions in Sport	7, 160-172
Meyers, A. W.	1997	Sport Psychology Services to the US Olympic Festival: An Experiential Account	11, 454-468
Murphy, S.M.	1988	The On-Site Provision of Sport Psychology Services at the 1987 U.S. Olympic Festival	2, 337-350
Partington, J. & Orlick, T	1991	An Analysis of Olympic Sport Psychology Consultants' Best Ever Consulting Experiences	5, 183-193
Ravizza, K.	1988	Gaining Entry With Athletic Personnel for Season-Long Consulting	2, 243-254

2a (iv) Auxiliary areas

Sport and exercise psychologists are expected to be aware of areas outside of sport and exercise psychology.

These may include such areas as:
- physiology
- biomechanics
- sociology
- nutrition
- physiotherapy/ massage.

Supervisees should have a basic understanding of the scope of these areas so that appropriate advice can be sought should particular problems in these domains arise. In addition, such knowledge can facilitate multidisciplinary and interdisciplinary work. Aside from academic modules, alternative activities such as consultations with experts, observations of experts in practice,

readings, workshops, etc., can be integrated into activities and goals, so long as the evaluation of these is evidence-based (i.e., the applicant should provide summary reflections on the experience, event, meeting, or reading etc using the BASES SE Auxiliary Areas Activity Evaluation Sheets).

To claim level 5 in this area we would request evidence of some experience in **each area** based upon academic modules completed or practical experience gained. If you can only provide honest evidence in three of the areas, then rate yourself at level 3, and set goals for the other two areas appropriately. **However,** supervisees may choose to omit up to one area if a greater level of expertise exists in another and you can provide this evidence accordingly (e.g., thorough coverage of physiology at undergraduate level). Applicants should use the BASES SE Auxiliary Areas Activity Evaluation Sheet to reflect on these experiences. The applicant should submit a minimum of two BASES SE Auxiliary Areas Activity Evaluation Sheets with their End-of-Year Report as well as a BASES SE Auxiliary Areas Activity Evaluation Summary Sheet to present a general reflection on these experiences.

2b Exercise Psychology

Dependent on your level and reported goal activities, you should submit a minimum of **two** BASES SE Structured Reading and Evaluation Sheets with each End-of-Year Report. In addition you should submit a BASES SE Structured Reading and Evaluation Summary Sheet with each End-of-Year Report.

Likewise, dependent on your level and your goal activities, you should submit a minimum of **two** detailed examples of any other relevant templates (e.g., BASES SE Workshop/ Conference/ Symposium/ Seminar Evaluation Sheet) representing attendance work that you have conducted towards the goal. You should also submit a Summary sheet of this work over the year.

2b(i) Epidemiology of Physical Activity and Health

***Related Topics*:** The relationship between physical activity and health; Relative risk of physical inactivity; Prevalence of physical inactivity in the UK, USA and Europe; The evidence for the current physical activity recommendations.

Recommended Readings:

Biddle, S. & Mutrie, N. (2001) *The Psychology of Physical Activity*. HEA, London: Routledge. (ch.1.)

Department of Health Chief Medical Officer's report - at least five a week (2004). Evidence on the relationship between physical activity and health.
http://www.dh.gov.uk/PublictionsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4080994&chk=1Ft10f

Dishman, R.K., Washburn, R.A. & Heath, G.W. (2004). *Physical Activity Epidemiology*. Champaign, IL: Human Kinetics.

Game Plan. The Government Plan for Sport and Physical Activity

http://www.number-10.gov.uk/su/sport/report/01.htm

Hardman, A. & Stensel, D. (2003). *Physical Activity and Health: The Evidence Explained*. Routledge. London.

Let's Make Scotland More Active: A strategy for Physical Activity.

Physical Activity Task Force. http://www.scotland.gov.uk/library5/culture/lmsa-00.asp

McKenna, J. & Riddoch, C. (2003). *Perspectives on Health and Exercise*. Palgrave. London.

Pate, R. R., Pratt, M., Blair, S. N., Haskell, W. L., Macera, C. A., Bouchard, C., Buchner, D., Ettinger, W., Heath, G. W., King, A. C., Kriska, A., Leon, A. S., Marcus, B. H., Morris, J., Paffenbarger, R. S., Patrick, K., Pollock, M. L., Rippe, J. M., Sallis, J. & Wilmore, J. H. (1995):

Physical Activity and Public Health. *The Journal of the American Medical Association*, **273**, 402-407.

Physical activity and health: A report of the Surgeon General
http://www.cdc.gov/nccdphp/sgr/sgr.htm/

WHO Global Strategy on Diet, Physical Activity and Health

http://www.who.int/hpr/gs.consultation.document,shtm1

2b (ii) Physical activity promotion strategies

*Related Topics***:** Models of behaviour change (e.g., transtheoretical, model, social-cognitive models, theory of planned behaviour); Effective interventions for increasing physical activity (e.g., community, individual, environmental, policy/legislation); Promotional strategies in different settings (e.g., schools & high education, workplace, GP referral schemes, communities, NHS).

Recommended Readings:

Biddle, S. J. M. & Mutrie, N. (2001). *The Psychology of Physical Activity: Determinants, Well-Being and Interventions*. London: Routledge. (Chapters 11 and 12).

Blamey, A. & Mutrie, N. (2004). Changing the individual to promote health enhancing physical activity: the difficulties of producing evidence and translating it into practice. *Journal of Sport Sciences*, **22**, 741-754.

Estabrooks, P. A. & Gyurcsik, N.C. (2003). Evaluating the impact of behavioural interventions that target physical activity: issues of generalizability and public health. *Psychology of Sport and Exercise*, **4**, 41-55.

HAD Evidence Base for promoting physical activity http:/www.hda-online.org.uk/htm1/research/evidencebase.htm1

Hillsdon, M., Thorogood, M., White, I., Foster, C., (2002). Advising people to take more exercise is ineffective: a randomized controlled trial of physical activity promotion in primary care. *International Journal of Epidemiology*. **31**, 808-815.

Kahn, E. B., Ramsey, L. T., Brownson, R. C., Heath, G. W., Howze, E. H. Powell, K. E., Stone, E. J., Rajab, M. W., Corso, P; Task Force on Community Preventive Services (2002). The effectiveness of interventions to increase physical activity. *American Journal of Preventative Medicine,* **22**, 73-107.

King, A. (1994) in Dishman, R. K. (1994). *Advances in Exercise Adherence*. Champaign, IL: Human Kinetics.

McKenna, J. & Riddoch, C. (2003). *Perspectives on Health and Exercise*. Palgrave. London.

National Quality Assurance Framework for GP Referral Schemes.

Proshaska, J. O. & Marcus B. H. (1994). The transtheoreatical model: Applications to Exercise. Chapter 6 in Dishman, R: *Advances in Exercise Adherence*. Champaign, IL: Human Kinetics.

US Community Services Guide - Physical Activity: A review of Effective Interventions.http://www.thecommunityguide.org/pa/default.htm

2b (iii) Mental Health

*Related Topics***:** Promotion of good mental health (self-esteem, affect, stress, cognitive function, enjoyment, quality of life); Prevention and treatment of poor mental health (anxiety, depression, substance abuse, schizophrenia and other mental illnesses); Mechanisms by which physical activity influences mental health.

Recommended Readings:

Biddle, S., Fox, K. & Boucher, S. (Eds.). (2000). *Physical Activity and Psychological Well- Being.* London: Routledge.

Biddle, S. & Mutrie, N. (2001). *Psychology of Physical Activity; Determinants, Well-Being and Interventions*. Routledge, London. (Chapter 8, 9 & 10).

Buckworth, J. & Dishman, R. (2002). *Exercise Psychology*. Champaign, IL: Human Kinetics.

Morgan, W. P. (Ed.). (1997). *Physical Activity and Mental Health.* Taylor & Francis, Washinton, DC.

Fox, K. (1997). The Physical Self. From Motivation to Well-Being. Champaign, IL: Human Kinetics.

2b (iv) Special populations in physical activity and exercise

Related Topics: Gender issues in physical activity and exercise; Clinical populations (e.g., cancer, depression, HIV, obesity, osteoporosis, diabetes); Older adults; Children; Disabled people; Eating disorders; Muscle dysmporhia; Exercise dependence.

Recommended Readings:

ACSM's Exercise Management for Persons with Chronic Diseases and Disabilities. (2003). (2nd ed.). Champaign, IL: Human Kinetics.

Biddle, S. & Mutrie, N. (2001). *Psychology of Physical Activity: Determinants, Well-Being and Interventions*. Routledge, London. (Chapters 9 & 10).

Bull, S. J. (1999). (Ed.). *Adherence Issues in Sport and Exercise*. Chichester, England: John Wiley & Sons. (Chapter 4).

2c Sport Psychology

Dependent on your level and reported goal activities, you should submit a minimum of **two** BASES SE Structured Reading and Evaluation Sheets with each End-of-Year Report. In addition you should submit a BASES SE Structured Reading and Evaluation Summary Sheet with each End-of-Year Report.

Likewise, dependent on your level and your goal activities, you should submit a minimum of **two** detailed examples of any other relevant templates (e.g., BASES SE Workshop/ Conference/ Symposium/ Seminar Evaluation Sheet) representing attendance work that you have conducted towards the goal. You should also submit a Summary sheet of this work over the year.

2c (i) Performance enhancement

Related Topics: Stress and the Stress Process in Sport; Arousal and Anxiety theories including the notion of directional interpretations; Stress management and stress inoculation; Concentration and attentional style; Goal setting; Imagery; Self-talk; Relaxation; Self-Confidence; Coping (adaptive and maladaptive strategies).

Recommended Readings:

Bull, S., Albinson, J. & Shambrook, C. (1996). *The Mental Game Plan: Getting Psyched for Sport*. Sports Dynamics.

Hardy, L., Jones, G. & Gould, D. (1996). *Understanding Psychological Preparation for Sport: Theory and Practice of Elite Performers*. Chichester: Wiley.

Hill, K. L. (2000). *Frameworks for Sport Psychologists*. Champaign, IL: Human Kinetics.

Horn, T. S. (1992; 2002). *Advances in Sport Psychology*. Champaign, IL: Human Kinetics.

Orlick, T. (1998). *In Pursuit of Excellence*. Champaign, IL: Human Kinetics.

Weinberg, R. S. & Gould, D. (2003). Foundations of Sport and Exercise Psychology. Champaign, IL: Human Kinetics.

Williams, J. (2001). *Applied Sport Psychology: Personal Growth to Peak Performance*. (4th ed.). California: Mayfield.

2c (ii). Psychomotor learning and sport performance

*Related Topics***:** Cognitive and perceptual processes (e.g., information processing, memory, attention, anticipation, visual perception, kinesthesia). Motor learning theories and skill acquisition factors (e.g., schema theory of motor learning, specificity and variability of learning, movement skills, stages of skill development, skill acquisition strategies, practice). Developmental factors influencing motor control and learning. Motor control.

Recommended Readings:

Magill, R. A. (2001). *Motor Learning: Concepts and Applications*. (6th ed.). Dubuque: Wm. C. Brown.

Schmidt, R. A. (1991). *Motor Learning and Performance: From Principles to Practice*. Champaign, IL: Human Kinetics.

Schmidt, R. A. & Lee, T. D. (1999). *Motor Control and Learning: A Behavioural Emphasis*. (3rd ed.). Champaign, IL: Human Kinetics.

Schmidt, R. A. & Wrisberg, C. A. (2000). *Motor Learning and Performance: A Problem-Based Learning Approach*. (2nd ed.). Champaign, IL: Human Kinetics.

Williams A. M., Davids, K. & Williams, J. (1999). *Visual Perception and Action in Sport*. London: E & F N Spon.

2c (iii) Special populations

*Related Topics***:** Psychology of Sports Injury and Rehabilitation; Career transitions in sport; Organisational stress in sport; Working with disabled athletes; Youth Sport and Sport Parenting; Gender issues in sports; Working with elite athletes.

Recommended Readings:

Cockerill, I. C. (2002). *Solutions in Sport Psychology*. Thomson Learning.

Horn, T. S (1992). *Advances in Sport Psychology*. Champaign, IL: Human Kinetics.

Murphy, S. M. (Ed) (1995). *Sport Psychology Interventions*. Champaign, IL: Human Kinetics.

Van Raalte, J. & Brewer, B. (1996; 2001). *Exploring Sport and Exercise Psychology*. APA publications.

2c (iv) Coaching science

*Related Topics***:** Coaching behaviour, the role of the coach, and coach-athlete relationships. Leadership and coaching styles. Coaching Effectiveness Training (e.g., Smith and Smoll's programmes). Coaching Behavior Assessment System (CBAS) and other equivalent instrumentation.

Recommended Readings:

Cox, R. (2001). *Sport Psychology: Concepts and Applications*. W.C.Brown.

Jowett, S. & Meek, G. (2002). The Coach-Athlete Relationship. In I. Cockerill (Ed.). *Solutions in Sport Psychology*: Thomson Learning.

Lyle, J. (2002). *Sports Coaching Concepts: A Framework for Coaches' Behaviour*. London: Routledge.

Williams, J. (2001). *Applied Sport Psychology: Personal Growth to Peak Performance*. (4th ed.). California: Mayfield.

3. Counselling Skills

In line with other organisations (e.g., AAASP), BASES continues to place an emphasis on the role of sport and/ or exercise psychologist as a counsellor. Supervisees should gain a knowledge and critical appreciation of counselling approaches as well as experience of counselling in a sporting or exercise/ health context. With theory and application in mind, the supervisee will be required to attain Level 5 on both of the following competencies (see Table 7).

3 (i) Knowledge and evaluation of approaches to counselling and consultancy

Related Topics: Psychodynamic approaches and the role of defence mechanisms. The humanistic school of counselling (e.g., client-centred therapy, self-actualisation and peak experiences, transactional analysis). Learning approaches (e.g., operant and classical conditioning, behaviour modification, social learning). Cognitive therapies (e.g., rational-emotive behaviour therapy, personal construct theory and repertory grids, unhelpful thinking patterns and motivational interviewing).

Table 7. Guidelines for Approaches to Counselling and Consultancy Benchmarks

0	No coverage.
1	Minimal coverage, acquired through popular readings.
2	Limited coverage, acquired as part of an A-level or access course.
3	Moderate coverage, with selected areas studied as part of an undergraduate module or postgraduate module.
4	Thorough coverage, through a specific undergraduate module, postgraduate module, counselling-related option or workshop.
5	Full coverage, dealt with critically, comprehensively and in-depth, through a 15-20 hour counselling course.

Recommended Readings:

Hill, K. L. (2000). *Frameworks for Sport Psychologists*. Champaign, IL: Human Kinetics.

Nelson-Jones, R. (1988). *Practical Counselling and Helping Skills: Helping Clients to Help Themselves*. London, Cassell,

Palmer, A., Dainow, S. & Milner, P. (1999). *Counselling: The BAC Counselling Reader*. London: Sage publications.

Rogers, C. R. (1961). *On Becoming a Person*. Boston: Houghton Mifflin

Rogers, C. R. (1985) A client-centered/person-centered approach to therapy. In I.L. Kutush & A. Wolf (Eds.). *Psychotherapists' Casebook: Theory and Technique in Practice*. San Francisco: Josey-Bass.

Rollnick, S., Mason, P. & Butler, C. (1999). *Health Behaviour Change*. Edinburgh: Churchill-Livingstone.

3(ii) Practical application of counselling skills.

Supervisees are expected to receive formal training and a wide range of experiences in counselling skills, starting with observation of sessions and leading to autonomy in practice. Ultimately to achieve level 5, supervisees are required to provide evidence of attending a 15-20 hour counselling course (see Table 8). This may be a local vocational course, evening class, or a dedicated 10-15 credit counselling module at undergraduate or postgraduate level. Supervisees

are also directed to the BASES SE One-to-one Communication/ Counselling Skills Evaluation Sheet and the BASES SE One-to-one Communication Skills Supervisor Evaluation Sheet which may be used as documented evidence of work to support a counselling skills course. In their first year of SE, supervisees may use a role playing situation to practice their counselling skills as opposed to a real client. Applicants should submit a minimum of two BASES SE One-to-one Communication/ Counselling Skills Evaluation Sheets with their End-of-Year Report. Supervisees should arrange for their supervisor to observe their application of counselling skills in a one-to-one situation on at least one occasion. The BASES SE One-to-one Communication Skills Supervisor Evaluation Sheet should be submitted with each End-of-Year Report.

Table 8. Guidelines for Practical Application of Counselling Skills Benchmarks

0	No experience.
1	Minimal experience, acquired without training.
2	Limited experience, through experiences such as observing sport/ exercise psychologists and informal role playing
3	Moderate experience, including practical experiences as part of an undergraduate or postgraduate module that introduces counselling (e.g., a couple of sessions)
4	Thorough experience, through practical experiences on modules **as well as** a specific counselling-related workshop (e.g., BASES 1 day workshop), or examples of sessions with reflections on use/ application of counselling skills
5	Advanced experience, through a 15-20 hour counselling course or a specific 10-15 credit module in counselling, including examples of sessions with reflections on use/ application of counselling skills

4. Communication and Presentation Skills

The SE process should ensure that a range of skills are developed and enhanced in order to allow the sport and exercise psychologist to fulfil several communication and presentation roles. As a practicing sport and/ or exercise psychologist, you will need to be proficient in communicating to colleagues, students, teams and individual athletes, and the media - in both verbal and written forms:

Therefore, along with listening skills, we are looking for you to demonstrate the following kinds of skills:

- Planning skills: preparation and organisation; establishing, introducing and concluding; identifying audience needs and knowledge base; selectivity.

- Oral presentation skills: timing and pacing; nonverbal behaviour (e.g., eye contact, facial expression, posture); paralinguistic delivery (e.g., tone, pitch, volume); audience participation; audience engagement.

- Written presentation skills: patterns of composition; grammar, spelling and punctuation; sources of information; footnotes, bibliographies and references; proofreading and revising; citing others' work and refraining from plagiarism.

- IT skills: PowerPoint; graph & drawing packages; web pages.

The three roles that you will play can be categorised into:

4(i) Researcher: communicating with academics, other researchers or consultants.

(e.g., through papers, research projects, PowerPoint presentations, oral presentations at conferences, seminars and workshops).

4(ii) Educator: communicating with students

(e.g., through lectures or guest presentations to students; written handouts and work booklets on educational/ academic topics etc).

4(iii) Consultant: communicating with sport performers, coaches, other sport audiences or exercisers and exercise related audiences

(e.g., through educational workshops and presentations to sport clients; one-to-one work; handouts/ booklets to clients on a specific topic; interviews with the media via TV and Radio; professional articles in magazines or newspapers.

Supervisees are required to rate their proficiency and experience in these three roles on a single 6-point 0-5 scale (see Table 9).

Table 9. Guidelines for Communication and Presentation Skills Benchmarks

0	No coverage.
1	Minimal coverage, such as presenting informally as a student to other students.
2	Limited coverage, communicating in one of the above roles in written and oral formats.
3	Moderate coverage, communicating in two of the above in both written and oral formats.
4	Thorough coverage, communicating on a regular basis in all three roles in both written and oral formats.
5	Full coverage, communicating regularly and extensively in all roles (i.e., to academics, students, sports or exercise related personnel, or media) in both written and oral formats.

Details and evaluation of these should be evidence-based through the use of the following BASES SE Templates:

- A One-to-One Communication/ Counselling Skills Evaluation Sheet. Applicants should submit a minimum of two sheets with their End-of-Year Report.
- A One-to-One Communication Skills Supervisor Evaluation Sheet. Applicants should submit at least one sheet with their End-of-Year Report to demonstrate a one-to-one observation by their supervisor.
- A Group Session Reflection Sheet. Applicants should submit a minimum of two sheets with their End-of-Year Report. NB: Supervisees will need to distribute a Group Session Feedback and Evaluation Form and summarise the ratings.
- A Group Session Supervisor Evaluation Sheet. Applicants should submit at least one sheet with their End-of-Year Report to demonstrate a group session observation by their supervisor.
- An Oral and Written Communication List Sheet. Applicants should submit this summary sheet with their End-of-Year Report.

5. Assessment and Evaluation

The SE guidelines now turn to some of the more specific practical competencies that are pivotal to the quality of your process and content work on a one-to-one and group basis. This section is split into six sub-sections that will guide you to becoming a consultant who is knowledgeable and

experienced in the psychological assessment, needs analysis, monitoring and evaluation of clients in a variety of sports or exercise contexts. **Level 5 is required in all six sub-sections of this competence**

5 (i) Psychological demands of specific sport or exercise environments

A starting phase for a consultant working with a new client is commonly referred to as 'Sport Analysis' or 'Needs Analysis'. This essentially means the understanding on the consultant's part of the performance-related demands of that particular sport or exercise context, and its psychological demands in particular. Without this knowledge, the consultant jeopardises his/her working relationship with the client, and it is even more critical if the consultant has not experienced the sport or exercise context as a performer or participant. Supervisees are required to show that they appreciate the specific psychological demands of the various contexts within which they work, the potential negative psychological responses, and ultimately the skills and strategies that may pertain most to developing positive psychological responses in the performer or participant.

Aligned with stress-based approaches, demands can be both internal and external and have the potential of activating a range of psychological responses in the client that can impact on performance, participation, well-being etc. Every sport or exercise context differs in some manner based upon demands such as organisational structure, culture, nature of evaluation, expectation, time, nature of interaction, number of participants, ambient variables/ environmental conditions and so on. It is important for a supervisee to be able to appreciate the idiosyncratic demands of that sport or exercise context so that they 'walk into' the consultation process with a clear awareness of skills and techniques that may be relevant to that context. This only comes through spending time getting to know various types of sport or exercise situations and their cultures in detail.

Over the course of the SE process, BASES feel that supervisees should be able to report on the specific psychological demands of at least 2 contrasting sports and/ or exercise contexts per year or 6 in total over the SE period (see Table 10). This might be achieved through a direct 'assignment' or via a pre-consultation report that is completed prior to a supervisee engaging in work with a specific client or group or team. BASES have provided a BASES SE Psychological Demands/ Sport Analysis Sheet for supervisees to complete for this sub-competency. This report might be 500-750 words in length including a section on the relevant psychological skills and strategies that might need to be considered in an assessment of and intervention with performers in that sport or exercise context.

For example, if time (i.e. too much time taken!) and scoring system (i.e., immediate punishment for mistakes) represent psychological demands of golf that can trigger excessive cognitive and somatic anxiety (i.e., psychological responses), one would expect attentional control (skill) and pre-performance routines (strategy) to be important to the golfer within his/her psychological arsenal. This template of awareness (even with this very basic example) may be useful for you during your psychological assessment/ needs analysis of the golfer. In other words, you have stored knowledge that you can draw upon if necessary, and this can make the rapport building, intake interview and needs analysis a lot more effective, convincing and, most importantly, accurate.

Please complete and submit the BASES SE Psychological Demands/ Sport Analysis Sheet for 6 sports over the course of your SE period. You should submit a minimum of two BASES SE Psychological Demands/ Sport Analysis Sheet with each End-of-Year Report. Supervisees can list any other experiences (within the supervision year) that have also contributed to their understanding of the psychological demands of various sports or exercise contexts. Such experiences may include workshops, conference attendance, reading materials, observation of new sports or exercise situations and/or interviews. All of these 'experiences' should be referenced correctly and listed appropriately on the BASES SE Psychological Demands/ Sport Analysis Sheet to support this section.

Table 10. Guidelines for Assessment and Evaluation Benchmarks

0	No sports or exercise contexts examined

1	Psychological demands of 2 sports or exercise contexts examined.
2	Psychological demands of 3 sports or exercise contexts examined
3	Psychological demands of 4 sports or exercise contexts examined
4	Psychological demands of 5 sports or exercise contexts examined
5	Psychological demands of 6 sports or exercise contexts examined

5 (ii) Knowledge of psychological questionnaires

While the debate over employing questionnaires and psychometric testing in applied sport and exercise psychology rages on, appreciating the pros and cons and having the knowledge base to develop an informed opinion is critical. The use of 'research' tools for individual applied work is generally to be cautioned. It certainly demands that the tool offers not just valid and reliable information, but it has to provide highly sport or exercise specific and situationally relevant information.

As an applied practitioner, you may only need to look at the items of a generic sport or exercise research tool and recognise that they may not carry face or content validity to the specific assessment that you wish to make of the individual. In addition, published research tools may still contain sub-scales that lack appropriate validity and an understanding of the psychometrics of the instrument is important in helping a practitioner to reach an informed decision. Some practitioners never use a questionnaire for psychological assessment purposes, others may use a recognised 'research tool' (e.g., CSAI-2) only to support their qualitative findings, and a final group may develop their own sport- or exercise-specific inventory due to the items in research questionnaires having a poor fit to the sport, exercise context or age of the athlete or client.

Whatever the supervisee's style, it is important for supervisees to be informed on these issues, to become knowledgeable about the range of tools and most importantly, to justify the process underlying the most appropriate choice.

To attain this competency, BASES feel it is appropriate that supervisees explore the pros and cons of psychometric testing by critically appraising a number of tools of their choice. This requires an awareness of the literature of relevance to the measure.

Recommended Readings:

Duda, J. L. (1998). *Advances in Sport and Exercise Psychology Measurement*. Fitness Information Technology.

Ostrow, A. C. (1996). *Directory of Psychological Tests in the Sport and Exercise Sciences*. Fitness Information Technology.

Below we have listed a brief number of the more 'popular' psychological questionnaires. However, these are only as a guide and you may choose alternatives that are relevant to your work or domains of interest.

'Sport' Questionnaires
Competitive State Anxiety Inventory – 2 (CSAI-2)
Brunel Mood Scale (BRUMS)
Sport Anxiety Scale (SAS)
Task and Ego Orientation in Sport Questionnaire (TEOSQ)
Perceptions of Success Questionnaire (POSQ)
Test of Performance Strategies (TOPS)
Psychological Skills Inventory for Sports (PSIS)
Flow State Scale (FSS-2)
Group Environment Questionnaire (GEQ)
Sport Motivation Scale (SMS) – Situational Motivational Scale (SiMS)
Leadership Scale for Sports (LSS)
Perceived Motivational Climate in Sport Questionnaire – 2 (PMCSQ-2)

Causal Dimension Scale II.

'Exercise' Questionnaires
SF12/36
Nottingham Health Profile
Exercise-Induced Feeling Inventory
EuroQoL
Physical self perception profile
Self Perception Profile
BDI-II
Children's Depression Inventory
Behavioural Regulations in Exercise Questionnaire
Exercise Motivation Inventory
Borg Scale
General Health Questionnaire
Multidimensional Body Self-Relations Questionnaire
Self-Efficacy Scale
Social Support Scale
Stage of Change Ladder
Decisional Balance
Feeling Scale
Felt Arousal Scale
AD-ACL
IPAQ
RPE
SAPAC.

BASES have provided supervisees with the BASES SE Psychological Questionnaire Evaluation Sheet for each inventory that they review. Supervisors should comment upon the quality of this in their supervisory report and sign off the supervisee sheet to show the process of completion. Dependent on your level and your goal activities, you should submit a minimum of **two** BASES SE Psychological Questionnaire Evaluation Sheets with your End-of-Year Report. According to the number of questionnaires with which they are familiar, the supervisee can rate themselves on 0-5 on overall knowledge (see Table 11).

Table 11. Guidelines of Knowledge of Psychological Questionnaires Benchmarks

0	None reviewed and critiqued
1	2 inventories/ scales reviewed and critiqued
2	3 inventories/ scales reviewed and critiqued
3	4 inventories/ scales reviewed and critiqued
4	5 inventories/ scales reviewed and critiqued
5	6 inventories/ scales reviewed and critiqued

5 (iii) Individual needs analysis/ assessment of current physical activity participation

The psychological assessment of an individual athlete or client can take a number of forms – all of which contribute to an analysis of the individual's needs with respect to mental skills development, performance enhancement, participation, and psychological well-being, behavioural change and successful transitions. A range of qualitative and quantitative techniques and events may form or rather 'inform' the process of individual assessment and experience of this range is an important competency for the practitioner. Key components of an individual needs analysis may include:

- Intake interviews (perhaps motivational interviewing in the exercise context) and meetings with the use of effective questioning and interpersonal skills
- In-depth performance/ individual profiling (i.e. repertory grid techniques, performance profile)

- Behavioural observations in training and competition or exercise contexts
- Video analysis
- Psychological questionnaires/ inventories
- Relevant competition statistics or other objective scores/ measures relevant in the exercise context
- Third party observations and feedback (i.e., interview information from coach, parent, partner, peer)
- Informal conversations/ observations
- Physical Activity Assessment e.g. self-report, pedometers, accelerometers, fitness assessment.

It is the role of the supervisee/ supervisor team to ensure that a needs analysis system is implemented for each consultation and to demonstrate that such techniques/ skills are being developed. It is appreciated that some consultations may be the one off 'one stop' shop but it is important to cultivate the professional habit of working with clients through the process of identifying individual needs to education, implementation, and monitoring of mental skills/ sport or exercise psychology support plans.

It is important for the supervisee to be able to gain experience and competency in most of these components of needs analysis. Clearly some will be more frequently used than others. However, a rating of competency and experience in individual needs analysis on a basis of employing these different components is requested (see Table 12). In sum, the supervisor and supervisee should ensure that experience is gained in applying a range of assessment components outside of an established competence in intake interviews.

BASES have developed a BASES SE Individual Needs Analysis Case Summary Sheet that allows the supervisee to document the activities, techniques and skills that the supervisee incorporated in their detailed needs analysis of each client. Please submit a minimum of **two** examples of these sheets in your End-of-Year Report along with the BASES SE Individual Needs Analysis Yearly Summary Sheet that allows you to simply list and demonstrate the range/ number of needs analysis components that you have employed in your consultancy over the course of that year. Once again the supervisor should comment on the quality of the intake and needs analysis process evident in the supervisee's report.

Table 12. Guidelines for Individual Needs Analysis/ Assessment of Current Physical Activity Participation Benchmarks

0	No formal experience of applying components.
1	Minimal experience. Initial use of intake interviews.
2	Limited experience of intake interviews with some additional use of other assessment components.
3	A more developed experience of intake interviews with greater experience of applying other assessment components.
4	Thorough experience of intake interviews in tandem with other assessment components
5	Comprehensive experience and a refined ability to employ a multi-method approach (leading to clear goals and activities for the client) via a triangulation of needs analysis procedures.

5 (iv) Group/ Organisation needs analysis

The competency to conduct a comprehensive psychological assessment and needs analysis of a team and members within a team/ organisational system is frequently overlooked. Lack of time forces many psychologists to bypass an accurate assessment of team or group culture and team or group needs in favour of implementing 'trusted' strategies (e.g., team building) that are not based upon any information about the dynamics of the team and cultural context of the group. This information can be gained from a group needs analysis, so as to inform the support process and help interventions to be more grounded. Again, there are a variety of qualitative and quantitative

methods of conducting an audit, evaluation or psychological appraisal of a group. The components under 'individual needs analysis' need to be translated accordingly (e.g., team/ group profiling; observations of communication skills; team/ group member interview/ audits).

Key components of group/ organisational needs analysis therefore may include:

- Team member audits/ intake interviews with the use of effective questioning and interpersonal skills
- In-depth team profiling (i.e., repertory grid techniques, performance profiling)
- Behavioural observations (e.g., communication skills) in training and competition or exercise contexts
- Video analysis
- Psychological questionnaires/ inventories
- Relevant competition statistics or other objective scores/ measures relevant in the exercise context
- Third party observations and feedback (i.e., interview information from coach, parent, partner, peer)
- Informal chats/ observations of group behaviour.

The supervisee should conduct group needs analyses and log the processes, methods, purposes of those methods and a reflection of the process (see Table 13). Accordingly, BASES have developed the BASES SE Group Needs Analysis Case Summary Sheet that allows the supervisee to document the activities, techniques and skills that the supervisee incorporated in their detailed needs analysis of team, organisation or exercise group. Applicants should submit a minimum of **two** examples of these sheets in their End-of-Year Report along with the BASES SE Group Needs Analysis Yearly Summary Sheet that allows you to list and demonstrate the range/ number of needs analysis components that you have employed in your consultancy over the course of that year. Once again the supervisor should comment on the quality of the intake and needs analysis process conducted by the supervisee in his/ her report.

Table 13. Guidelines for Group/ Organisation Needs Analysis Benchmarks

0	No formal experience of applying components.
1	Minimal experience of formal team profiling and team member audits including staff.
2	Limited experience of formal team profiling and team member audits including staff.
3	A more developed experience of formal team profiling and team member audits including use of other methods.
4	Thorough experience of formal team profiling and team member audits with the appropriate support of other assessment methods.
5	Comprehensive experience of group needs analysis techniques leading to clear goals and activities for the group or team clients via a triangulation of needs analysis procedures.

5 (v) Monitoring and evaluation systems

The systems of monitoring and evaluation of applied work are key elements of the individual and team/ group intervention process, particularly if the work is long term and progressive. Practitioners need to be aware of the effects of their work and to monitor changes as their work takes its course. In addition, the evaluation of work by client/ coach/ parent etc. is important both during and at the end of a performance phase or period of consultation. Within the exercise context this may involve fitness assessments, assessment of the stage of change, physical activity recall, pedometry, attitude change or perceived progress.

The supervisee/ supervisor team needs to ensure this competency develops through experience of individual and group case work. Ideally, the supervisee should become proficient in applying single-case design methods to their consultations (See Hrycaiko, D.W. & Martin, G.L. (1996). Applied research studies with single-subject designs: Why so few? *Journal of Applied Sport*

Psychology, **8**, 183-199). Single case design systems allow 'changes' (i.e., cognitive, behavioural, social or otherwise) to be monitored closely over time and build in the importance of validation/ evaluation from the client and significant others. It is not appropriate for all types of intervention, but the principle of establishing some sort of baseline level (point A) via a needs analysis and monitoring the efficiency of an intervention towards a desired end point (point B) is a process that is expected of high quality consultants.

Supervisees may use a variety of qualitative and quantitative methods to monitor and evaluate the effectiveness of intervention and case work. BASES have developed the BASES SE Client Monitoring and Evaluation Case Summary Sheet for reporting on the content and nature of intervention, monitoring and evaluation work conducted with clients in a supervision year. Please submit at least **two** detailed examples using this template – up to 4 clients are required to achieve level 5 over the course of SE. You should also include the summary results from the BASES SE Group Session Feedback and Evaluation Sheet (if your client is a team/ group) or a BASES SE One-to-one Communication/ Counselling Skills Evaluation Sheet (if you have worked with an individual client. Getting to grips with completing the monitoring and evaluation sheet in detail will help your proficiency in producing a well-refined case study report when you apply for accreditation. Competency ratings in this category are based on quality, quantity and duration of experience (see Table 14).

Table 14. Guidelines for Monitoring and Evaluation Systems Benchmarks

0	No formal monitoring and evaluation work with clients.
1	Formal monitoring and evaluation work with at least 1 client beyond a 2 month programme or two consultancy sessions.
2	Formal monitoring and evaluation work of at least 2 client beyond a 2 month period or two consultancy sessions.
3	Formal monitoring and evaluation work of at least 4 clients beyond a 2 month period or two consultancy sessions.
4	Formal monitoring and evaluation work of at least 5 clients beyond a 2 month period or two consultancy sessions.
5	Formal monitoring and evaluation work of at least 6 clients beyond a 2 month period or two consultancy sessions.

5 (vi) Reflective Practice

The ongoing reflection and evaluation of work by the consultant him/herself and a relevant peer (e.g., supervisor), is viewed as an essential element of supervisee training. Supervisees are expected to employ appropriate reflective techniques as an ongoing process throughout SE and the BASES templates provided for supervisees function to bring this process to life for every competency category.

A potential model for undertaking reflective practice is the 3-stage process. At the core of this process is the confidential reflective log. Staged reflection (Ghaye & Lilleyman, 2001) should be encouraged to encompass immediate (outcome and emotion focused recorded within a few hours of experience) and delayed reflection (a more systematic and rigorous process of reflection maybe using a reflection guide (e.g., Johns, 2000) as long as their source and rationale is provided.

As a final stage of reflection students should submit a yearly report which summarises key reflections of their work and development as a sport/ exercise psychologist with statements regarding the outcome and further action/ consideration. It is important to remember that the outcome of reflection may not always result in a change in practice though a generation of knowledge/ changed perspective may indeed emerge from the process.

There is no rating of competency in this sub-category. What BASES require is:

i) The applicant to include three examples of reflections on any aspect of their consultancy in their End-of-Year Report. This may be a session with an athlete, team or any event/ incident during the course of your supervision year. These reflections are separate to the other sheets that you will complete and are designed to be more personal and introspective. BASES have provided a BASES SE Reflective Practice Sheet for you to document these three reflections.

ii) A summary reflection of your supervision year incorporating reflections of **at least** four meetings with your supervisor and in what ways you feel you have developed as a sport and/or exercise psychologist. BASES have included the BASES SE Annual Reflections Summary Sheet for you to employ for this purpose and include with your End-of-Year Report.

Recommended Reading:

Anderson, A. (1998). *Reflections of a Budding Sports Psychologist - First Meetings.* Publication by the British Psychological Society Sport and Exercise Division.

Anderson, A. G., Knowles, Z. & Gilbourne, D. (In Press). Reflective practice for applied sport psychologists: A review of concepts, models, practical implications and thoughts on dissemination. *The Sport Psychologist.*

Ghaye, T. & Lilleyman, S. (2000). *Reflection: Principles and Practice for Healthcare Professionals.* Salisbury, UK: Quay Books.

Johns, C. (2000). *Becoming a Reflective Practitioner: A Reflective and Holistic Approach to Clinical Nursing, Practice Development and Clinical Supervision.* London: Blackwell Science.

6. Practical Experiences as a Sport or Exercise Psychology Consultant

Work as a sport or exercise psychology consultant should form the backbone of the SE process and many of the tasks required to develop other competencies in your portfolio stem from your work as an active probationary practitioner. This section is essentially about ensuring that you develop a range of experiences and go through the correct processes as you invest in each experience. Health and Exercise agencies or work within National Governing Bodies of sport (NGBs) from local leagues to World Class Performance programmes will present you with a variety of challenges to your work e.g., the 1-hour workshop to mixed age groups, the 2-hour training camp session to 13 year olds at the end of the day, the one-to-one with no dedicated room facility. Agencies and NGBs are looking for practitioners who are well-rounded and who can handle a variety of situations. As a supervisee, you have to be fully prepared and ready for a high level of disorganisation when working with Agencies or NGB's and that level of readiness and preparation only comes from being more organised than the next person. With these points in mind, the breakdown of this section should help you achieve a more well-rounded and organised position.

Supervisees are expected to gain Level 5 in all eight areas except for 6(vii) where Level 4 is acceptable.

6(i) Applications of ethical issues

The knowledge and understanding of ethics in sport and exercise psychology is tested by the application of ethical principles when a certain situation or dilemma arises. As part of satisfying the knowledge-based competency 1 (vi) 'Conceptual and Ethical Perspectives', you should have read and understood the ethical principles in the BASES code of conduct (www.bases.org.uk) as well as briefed yourself on the BPS, AAASP and ISSP ethic guidelines.

The supervisee should log and reflect upon those instances where knowledge of ethical principles is **applied directly** to work and practice.

For example, when a clinical issue emerges in a one-to-one consultation and you feel that it outside of your **competence** (e.g., eating disorder), you may make the appropriate decision to

recommend referral. Likewise, you may be contacted by the press to give them an insight into why a certain professional celebrity choked in a match or is working on weight loss issues. You feel that any answer (with no information whatsoever!) is inappropriate **personal conduct** and would lower the **integrity** of yourself and the discipline. Maintaining **confidentiality** when pressured by a coach; choosing not to socialise with the team; maintaining lack of involvement in team selection or being aware of the appropriate course of action if a personal relationship develops are additional examples of the in-vivo 'tests of ethical principles' that you will face in your role as a practitioner.

BASES would like you to consider your application of ethics in certain situations when they are put to the test. You may note, for instance:

- The situation/ event
- The ethical principle(s) that were relevant to apply
- Whether the principles were severely 'tested'
- What course of action that you took
- Was it appropriate? What would you do next time?

This includes not only the times when you applied ethical principles correctly, but also the times when you didn't. The process here is "action---reflection---learning" and we have all made mistakes! It is how you deal with and learn from them that is the concern for BASES.

BASES have developed the BASES SE Ethical Applications Sheet. You should discuss these with your supervisor during your supervision sessions. There is no rating of competency required. Your competency will be evaluated by **submitting between 3 to 5 completed examples** of the BASES SE Ethical Applications Sheet with your End-of-Year Report that document your application of ethical principles within your behaviour as a practitioner over the course of the year.

6 (ii) Safeguards

Protection of the public is of paramount importance for sport and exercise scientists. During your SE you must ensure that you are aware of health and safety regulations, child protection policies, and equity issues ensuring that the people with whom you work are treated with care and consideration. BASES have developed a series of **SE Welfare Policy** templates containing a number of actions for supervisees to complete. The structured reading and task sheet covers a number of actions required including website reading and a full CRB check updated at all times. The workshop sheet refers to any reflecting on BASES welfare workshops that may be attended. The Welfare Policy applications sheet is similar to the Ethical applications sheet and asks supervisees to document and appraise those occasions when a welfare policy issue arose in their working practice.

There is no scale for this competency. Supervisees are required to complete the reading and task sheets and provide evidence of the CRB check during the course of SE. Supervisees are encouraged to attend the relevant workshop and submit examples of when they applied the welfare policy in their work

6 (iii) Negotiation of roles and responsibilities

During your initial contacts with a client or organisation, developing a clear set of roles and responsibilities as a practitioner is important. The content of what you can offer? What you can't offer? What is expected of you? What your expectations are? etc should help you to clarify your roles and responsibilities within a contract.

BASES have provided the BASES SE Negotiation of Roles and Responsibilities: Case Summary Sheet whereby you can report on how you went through this process with your client. This is simply a summary sheet for each client explaining the process/ outcomes of your negotiations, and your roles and responsibilities.

In terms of developing experience at this, you should follow the same rating scale as for monitoring and evaluation when submitting your report (see Table 15).

Table 15. Guidelines for Negotiation of Roles and Responsibilities Guidelines

0	no evidence of negotiations and summaries of roles and responsibilities.
1	evidence of negotiations and summaries of roles and responsibilities with 1 client/ group or agency.
2	evidence of negotiations and summaries of roles and responsibilities with 2 clients/ groups or agencies, etc.
3	evidence of negotiations and summaries of roles and responsibilities with 3 clients (including 1 which must be a team sport/ group or agencies, etc).
4	evidence of negotiations and summaries of roles and responsibilities with 5 clients (including 1 which must be a team sport/ group or agencies, etc).
5	evidence of negotiations and summaries of roles and responsibilities with 6 clients (including 2 which must be a team sport or group and 2 of which must be from different sports or exercise contexts).

Supervisees should submit a minimum of 2 BASES SE Negotiation of Roles and Responsibilities: Case Summary Sheets in their first SE year in order to ensure that the process continues over at least two years. In addition, you are required to present the process from different sports or groups including 2 team sports or group situations.

6 (iv) One-to-one contact hours

The minimum standard expected from an active probationer is 150 one-to-one contact hours over the SE process. In accordance with 6 (vi) these hours must stem from work in a variety of sports or exercise contexts. Supervisees should ensure that no more than 75% of the contact hours are spent with one sport/ client group. At least 5 hours up to a maximum of 15 of these hours should involve observations of other accredited sport or exercise/ health psychologists (or other appropriate health professionals e.g., clinical psychologists, counsellors, physiotherapist, GP referral staff or organisational psychologist) in one-to-one meetings with a client. This may be achieved by video of client consultation (with permission) and/or via staged consultations by the supervisor with a 'role playing' client. Supervisees should complete an Auxiliary Areas Activity Evaluation Sheet to reflect on these observations of others. There is license to achieve a large proportion of these hours in the final year of SE. However, a balance across all 3 years is recommended (see Table 16).

Table 16. Guidelines for One-to-One Contact Hours

0	No formal contact hours.
1	Less than 25 client contact hours*.
2	25-50 client contact hours (By end-of-year 1- at least 25 hours is suggested)*.
3	51-100 client contact hours (At least 75 hours needs to have been achieved by the end-of-year 2 of SE)*.
4	100-149 client contact hours*.
5	150 or more contact hours*.

(and observations)*

Supervisees should list their hours on a log or spread sheet using the following criteria: Client Code (Badminton Player X), Gender, Age, Date, Time, Location, Length of consultation. This spread sheet should be submitted with your End-of-Year Report with the number of contact hours written in the appropriate sub-competency box. This sheet will also aid the completion of 6 (vi) and 6 (vii) with respect to range of ages and gender.

6 (v) Group education workshops/ contact hours

Aside from individual client consultations, it is important that you log your experiences of group education workshops and formal interactions with teams or exercise groups in terms of presenting mental skills/ performance-related material. The one-off group presentation to the local health club or county team falls into this category, and it is nevertheless important to build experience of these opportunities. This category does not mean 'seminars to students' or academic-related presentations, which is handled under communication skills.

This competence is devoted solely to you being asked by an internal or external team or organisation to deliver a workshop, meeting or discussion of a sport or exercise psychology-related topic. Over the course of the SE process, we would expect 30 hours of this type of activity (i.e., 15-20 'workshops/ presentations') in 3 years (see Table 17). In addition, you should ensure that you devote between 5-10 hours observing accredited sport or exercise psychologists (or appropriate health professions), presenting to teams/ groups (see one-to-one contact hours as above). Once again, supervisees may complete the Auxiliary Areas Activity Evaluation Sheet to reflect on observations of others conducting group work.

Table 17. Guidelines for Group Education Workshops/ Contact Hours Benchmarks

0	No formal group contact hours.
1	Less than 10 hours of group work*.
2	10-15 hours of group work*.
3	16-20 hours of group work*.
4	21-29 hours of group work*.
5	30 or more hours of group work*.

(and 5-10 observation hours)*

Supervisees are required to log these in a spread sheet in a form akin to the following:

Type of Group, Date, Key Topic, Duration of Workshop (hrs/ mins)
As with 6(iv), this spread sheet should be submitted with the End-of-Year Report.

6 (vi) Range and type of sport and/ or exercise consultancy experience

Developing your skills and experience in a range of sports or exercise contexts (e.g., active, sedentary, medical conditions, and age groups), is important to BASES. SE is a process for developing sport and exercise psychologists as opposed to tennis psychologists, rugby psychologists, golf psychologists or rowing psychologists etc. or exercise psychologists with experience of only one sample population (as may be experienced in a large research project). Supervisees who have played or coached particular sports will certainly have their preferences and may form the bulk of their work around sports within which they feel most comfortable. Nevertheless, there is a need to push yourself beyond your comfort zone.

It is important that you demonstrate working with a range of sports or exercise contexts to some level, and you will have already needed to do this to fulfil other competencies, and the completion of existing BASES Templates will probably demonstrate this. It is expected that you will have worked with 6 different sports – A minimum of 2 individual and 2 team sports or within 6 different exercise contexts to the point of at least group educational sessions with your 'weakest' so to speak. Ratings of yourself can be based along the scale outlines in Table 18.

Table 18. Guidelines for Range and Type of Sport and/or Exercise Consultancy Experience Benchmarks

0	No coverage.
1	1 team/ group or 1 individual.
2	1 team/ group and 1 individual.
3	1 team/ group; 2 individual -or- 2 team/ group; 1 individual.
4	2 team/ group; 2 individual - in-depth.

5	> 2 team/ group and/or > 2 individual - in-depth.

Supervisees can note their position on the scale and clarify this through their contact hours log sheets. These should also be clear from other sections of the report (e.g. 5(i) Psychological demands of specific sport environments or exercise contexts).

6 (vii) Range of age group, gender and special populations experience

Throughout the SE process it is essential that the supervisee gains experience of working with a range of age groups and populations throughout the training experience. The fundamental/ basic goal that BASES would like to ensure each applicant achieves is for the supervisee to have worked with males and females on a one-to-one basis, and senior (18 years +) and junior (U-18) athletes/ clients. You will attain the required 4 on the 0-5 scale below if you organise this appropriately throughout the three-year period. For a 5, you will need to have worked with a special population (e.g., disability sport or a specific medical condition), and we encourage you of course to go for a 5, although it is not mandatory. The rating scale in Table 19 should act as a guide for each report.

Table 19. Guidelines for Range of Age Group, Gender and Special Populations Experience Benchmarks

0	No client work.
1	1 age group or 1 gender only of one-to-one clients.
2	Both age groups or both genders of one-to-one clients.
3	Both age groups and both genders of one-to-one clients.
4	A range of one-to-one client work amongst both age groups (i.e., 10-13; 14-18; 18-50; 50+) and genders.
5	As above, plus work within another special population.

6 (viii) Integrated sport or exercise psychology support to coaches and support staff/ agencies or organisations

One of the experiences that we are looking for the supervisee to take advantage of is to work within a sport science/ sports medicine or health and exercise support team. Emerging roles for a sport psychology or exercise psychology consultant not only include working through the coach/ health care professional, but also with the coach/ health care professional on their own psychological skills and coping strategies. In addition, support staff are not immune to stress and may need your support at times. Working in an integrated fashion with other sport/ exercise, science/ medical personnel (e.g., fitness coach/ dietician/ physiotherapist) can ensure a more interdisciplinary service for the individual, particularly with respect to lifestyle management, goal setting plans and rehabilitation programmes. (N.B. Some of these experiences will be relevant to the exercise psychologist and will need modification for the exercise context).

Therefore, the key experiences for a supervisee to gain during their SE process include:

- Experience of group coach/ health care professional education sessions (i.e., delivery of material)
- Experience of one-to-one work with a coach/ health care professional and/or support staff member (i.e., coach as client)
- Experience of education sessions to other disciplines (e.g., to nutritionists; physios; medics; fitness coaches) regarding your role as a sport psychology or exercise psychology consultant etc
- Examples of integrating with a support staff member(s) when working with particular athletes-clients on their programme of development/ intervention.

On completing SE, we would expect you to have demonstrated at least 2 examples of satisfying each of these 4 criteria and feel at home working as part of a multi-disciplinary team. BASES have developed the BASES SE Integrated Support Staff Education/ Support Sheet for you to document

these experiences. In your yearly report, please present a minimum of 2 examples, with a total of 8 examples being covered by the end of your SE.

7. Practical Experiences of Sport, Exercise and Physical Activity

An understanding and experience of the competitive sport or exercise context from a performers/ participants perspective is considered to be an important attribute for the practitioner. In addition, an experiential appreciation of the role of significant others in the sport or exercise process (i.e., coaches/ team leaders) is essential. In simple terms, the more you can demonstrate that you have walked a mile in a performer or clients shoes, the better the understanding, empathy and rapport that you are more likely to create or facilitate in your practice. Please read the competencies 7(i) and 7(ii) below.

7 (i) Competitive experience as a sport performer/ exercise participant

Supervisees are not expected to have been or aspire to be World Class athletes or fitness fanatics. It is an empathy for competitive sport or exercise that is sought. A minimum of **2 on a 6 point scale** presented below in Table 20 is viewed as satisfactory.

Table 20. Guidelines for Competitive Experience as a Sport Performer/ Exercise Participant Benchmarks

0	No experience of competitive sport as a performer.
1	Some experience of competitive sport at school (i.e., a junior), but less than 2 years experience of regular, structured competitive sport at a senior level (club, county or national leagues/ events). Or less than 2 years of regular exercise participation.
2	Some experience of competing at a range of sports at school; Participation in club and county competitive leagues over at least 3 seasons in one sport/ activity. Or at least 3 years of regular exercise participation.
3	Experience of competing in a range of sports, and long term participation (i.e., greater than 3 seasons) in one sport at senior county level. Greater than 3 years of exercise participation and some form of instructional qualification.
4	As above, but competed to national or international level as a junior or senior in one sport. As above but have progressed to instructing instructors.
5	As above, but competed nationally or internationally at multiple sports. As above and recognised at a national or international expert in your area of participation or instruction.

7(ii) Coaching and team leader/ management experience and qualifications

Supervisees are encouraged to have gained at least one recognised National Governing Body coaching qualification, and to have attended 3 coach education workshops on topics of their choice throughout the 3 year SE process. In addition, they are encouraged to list in full their experiences in a coaching capacity. Supervisees are not required to be high level performance coaches, but evidence of experience as a coach within youth sport/ senior sport is preferable and a goal to be monitored by supervisors over the course of the SE process.

A list of coaching qualification(s), coach education workshops and a summary list of coaching activities (if applicable) can be documented in the annual report at any time during the SE process. For exercise these may include British Association of Cardiac Rehabilitation (BACR), YMCA, ACSM or other recognised personal training awards.

Appendix 1: Accreditation Criteria

INDIVIDUAL ACCREDITATION

Applications for individual Accreditation will be assessed according to the category or categories for which an application is made (research or scientific support). The individual will be required to demonstrate the ability to develop the body of knowledge and/or professional practice through appropriate expertise. This will normally be achieved via a period of SE.

The individual will:

1   be a full member of BASES.

and will normally be expected:

2   to hold a first degree at honours level in Sport and Exercise Science or a related discipline.

3   to hold a higher degree in Sport and Exercise Science or a related discipline, or to have equivalent and appropriate postgraduate experience.

4   to have made presentations on Sport and Exercise Science to BASES or other appropriate conferences and workshops.

5   to have followed an appropriate programme of CPD normally including workshops approved by BASES. A list of these will be published annually.

6   to have undertaken further appropriate peer group review as follows:

A   for ***research Accreditation***:
- to have published at least 3 articles on Sport & Exercise Science in refereed scientific journals to which you can demonstrate having made a significant contribution.
- to demonstrate the ability to lead research through for example evidence relating to supervision of postgraduate research students, successful grant applications and project management.

B   for ***scientific support Accreditation***:
Through a submission of a portfolio, including a detailed case study, provide evidence of:
- an active involvement in the scientific study of Sport and Exercise through the application and dissemination of knowledge to client groups or the lay public. This may take the form of published articles on Sport and Exercise Science in professional, sport, or health and exercise publications, presentations to various client groups, and/or media reports.
- the intellectual rigour and scientific nature of the support work as well as the applicant's ability to transpose relevant scientific knowledge into effective work with clients in the field.
- evidence based practice.
- reflective practice with regular review of the quality of the services provided, collaboration with a recognised sport organisation or exercise and health client group involvement with a variety of client groups.

For further details on BASES Accreditation please visit
http://www.bases.org.uk/newsite/accredind.asp

Section-specific competencies in the tabular format

	Current Level Rating (e.g. 2)	Evidence Attached to Support Current Level Rating (e.g. degree certificate)	Evidence Reference (e.g. Appendix1(i) A)	Target Level for Forthcoming SE Year (e.g. 3)	Specific Activities/Actions Set to Attain Target Level in Forthcoming SE Year
Competency Category					
1. Core Psychology					
Sub-competency Category					
1(i) Social Psychology					
1(ii) Developmental Psychology					
1(iii) Cognitive Psychology					
1(iv) Psychobiology					
1(v) Individual differences					
1(vi) Conceptual and ethical perspectives					
1(vii) Research Methods and Statistics					

	Current Level Rating (e.g. 2)	Evidence Attached to Support Current Level Rating (e.g. degree certificate)	Evidence Reference (e.g. Appendix1(i) A)	Target Level for Forthcoming SE Year (e.g. 3)	Specific Activities/Actions Set to Attain Target Level in Forthcoming SE Year
Competency Category					
2A. Sport and Exercise Psychology					
Sub-competency Category					

		Current Level Rating (e.g. 2)	Evidence Attached to Support Current Level Rating (e.g. degree certificate)	Evidence Reference (e.g. Appendix1(i) A)	Target Level for Forthcoming SE Year (e.g. 3)	Specific Activities/Actions Set to Attain Target Level in Forthcoming SE Year
2a(i)	Motivation and participation for sport and exercise					
2a(ii)	Group and team-based topics and theories					
2a(iii)	Issues in professional practice					
2a(iv)	Auxiliary areas					

		Current Level Rating (e.g. 2)	Evidence Attached to Support Current Level Rating (e.g. degree certificate)	Evidence Reference (e.g. Appendix1(i) A)	Target Level for Forthcoming SE Year (e.g. 3)	Specific Activities/Actions Set to Attain Target Level in Forthcoming SE Year
Competency Category						
2B. Exercise Psychology						
Sub-competency Category						
2b(i)	Epidemiology of physical activity					
2b(ii)	Physical activity promotion strategies					
2b(iii)	Mental health					
2b(iv)	Special populations					

	Current Level Rating (e.g. 2)	Evidence Attached to Support Current Level Rating (e.g. degree certificate)	Evidence Reference (e.g. Appendix1(i) A)	Target Level for Forthcoming SE Year (e.g. 3)	Specific Activities/Actions Set to Attain Target Level in Forthcoming SE Year
Competency Category					
2C. Sport Psychology					
Sub-competency Category					

	Current Level Rating (e.g. 2)	Evidence Attached to Support Current Level Rating (e.g. degree certificate)	Evidence Reference (e.g. Appendix1(i) A)	Target Level for Forthcoming SE Year (e.g. 3)	Specific Activities/Actions Set to Attain Target Level in Forthcoming SE Year
2c(i)	Performance enhancement				
2c(ii)	Psychomotor learning and sport performance				
2c(iii)	Special population-based topics				
2c(iv)	Coaching science				

	Current Level Rating (e.g. 2)	Evidence Attached to Support Current Level Rating (e.g. degree certificate)	Evidence Reference (e.g. Appendix1(i) A)	Target Level for Forthcoming SE Year (e.g. 3)	Specific Activities/Actions Set to Attain Target Level in Forthcoming SE Year
Competency Category					
3. Counselling Skills					
Sub-competency Category					
3(i)	Knowledge and evaluation of approaches to counselling and consultancy				
3(ii)	Practical application of counselling skills				

	Current Level Rating (e.g. 2)	Evidence Attached to Support Current Level Rating (e.g. degree certificate)	Evidence Reference (e.g. Appendix1(i) A)	Target Level for Forthcoming SE Year (e.g. 3)	Specific Activities/Actions Set to Attain Target Level in Forthcoming SE Year
Competency Category					
4. Communication and Presentation Skills					
Sub-competency Category					

	Current Level Rating (e.g. 2)	Evidence Attached to Support Current Level Rating (e.g. degree certificate)	Evidence Reference (e.g. Appendix1(i) A)	Target Level for Forthcoming SE Year (e.g. 3)	Specific Activities/Actions Set to Attain Target Level in Forthcoming SE Year
All		4(i). Researcher: 4(ii). Educator: 4(iii). Consultant:			

	Current Level Rating (e.g. 2)	Evidence Attached to Support Current Level Rating (e.g. degree certificate)	Evidence Reference (e.g. Appendix1(i) A)	Target Level for Forthcoming SE Year (e.g. 3)	Specific Activities/Actions Set to Attain Target Level in Forthcoming SE Year
Competency Category					
5. Assessment and Evaluation					
Sub-competency Category					
5 (i)	Psychological demands of specific sport environments or exercise contexts				
5(ii)	Knowledge of psychological questionnaires				
5(iii)	Individual needs analysis of current physical activity participation				
5(iv)	Group needs analysis				
5(v)	Monitoring and evaluation systems				
5(vi)	Reflective practice				

	Current Level Rating (e.g. 2)	Evidence Attached to Support Current Level Rating (e.g. degree certificate)	Evidence Reference (e.g. Appendix1(i) A)	Target Level for Forthcoming SE Year (e.g. 3)	Specific Activities/Actions Set to Attain Target Level in Forthcoming SE Year
Competency Category					
6. Practical Experiences as a Sport/Exercise Psychologist					
Sub-competency Category					
6(i) Applications of ethical issues					
6(ii) Safeguards					
6(iii) Negotiation of roles and responsibilities					
6(iv) One-to-one contact hours					
6(v) Group education workshops/contact hours					
6(vi) Range and type of sport or exercise experience					
6(vii) Range of age group, gender and special populations experience					
6(viii) Integrated sport or exercise psychology support to coaches and support staff/agencies or organisations					

	Current Level Rating (e.g. 2)	Evidence Attached to Support Current Level Rating (e.g. degree certificate)	Evidence Reference (e.g. Appendix1(i) A)	Target Level for Forthcoming SE Year (e.g. 3)	Specific Activities/Actions Set to Attain Target Level in Forthcoming SE Year
Competency Category					
7. Practical Experiences of Sport, Exercise & Physical Activity					
Sub-competency Category					

	Current Level Rating (e.g. 2)	Evidence Attached to Support Current Level Rating (e.g. degree certificate)	Evidence Reference (e.g. Appendix1(i) A)	Target Level for Forthcoming SE Year (e.g. 3)	Specific Activities/Actions Set to Attain Target Level in Forthcoming SE Year
7(i)					
Competitive experience as a sport performer and/or exercise participant/exercise contexts					
7(ii)					
Coaching and team leader and management experience and qualifications or experience of exercise leadership through additional qualifications					