

The British
Psychological Society

Promoting excellence in psychology

Qualification in Health Psychology (Stage 2)

Candidate handbook

June 2018



The British
Psychological Society
Qualifications

www.bps.org.uk/qualifications

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1. Welcome

1.1 Introduction

The British Psychological Society ('the Society') is the learned and professional body, incorporated by Royal Charter, for psychologists in the United Kingdom. The Society has a total membership and subscribership of approximately 60,000, and is a registered charity. Under its Royal Charter, the key objective of the Society is 'to promote the advancement and diffusion of the knowledge of psychology pure and applied, and especially to promote the efficiency and usefulness of members by setting up a high standard of professional education and knowledge'.

The Society's Qualification in Health Psychology (Stage 2) is a route to eligibility for Chartered membership of the Society and Full membership of the Division of Health Psychology (DHP). We very much hope that you will find your time on the qualification fulfilling and rewarding.

This Candidate Handbook will provide you with full details about the competencies which you will be expected to develop and the methods by which you will be assessed. It also includes information about the key people you will have contact with during your enrolment. The handbook is designed to supplement the *Regulations for the Society's Postgraduate Qualifications* which you should read carefully and adhere to at all times.

1.2 Eligibility for registration

Practitioner psychologists are regulated by the Health and Care Professions Council (HCPC) and the titles of practitioner psychologist and health psychologist are protected by law. This means that in order to use one of these titles in the UK, you need to be appropriately registered in the UK. The QHP (Stage 2) is a HCPC approved qualification, which means that upon successful completion of the Qualification you will be eligible to apply for registration with the HCPC.

1.3 Scope of health psychology

Core competencies for health psychology training include: planning and managing psychological interventions, research, consultancy, teaching and training, and generic professional (psychology) skills. In addition to these core competencies, trainee health psychologists may acquire a range of other skills such as managing the emotional distress that may accompany living with chronic disease which may become evident during behaviour change interventions. Skills acquired during training are theoretically based and highly transferable across a range of contexts. The same behavioural change principles, for example, are applicable in settings as wide ranging as media campaigns to reduce smoking, working with individuals to maximise control over their diabetes and working with elderly people or care providers to prevent falls.

Health psychologists are the only health care professional group trained to a doctoral level in behaviour change interventions. They work in a range of settings and with a range of problems. They specialise in working with both people who have illnesses and long-term conditions as well as people who are currently physically well, but who want to make improvements in their health. Settings can vary from large scale public health programmes to individual or small group consultations.

Health psychologists work with a range of people, including those who have chronic health or pain conditions, those at risk of disease as a consequence of their behaviour, family members affected by illness and so on. Interventions may be as varied as supporting adjustment to diagnosis, smoking cessation groups, increasing exercise and healthy eating in the context of type-2 diabetes, and helping people manage chronic pain. Health psychologists may work directly

with individuals or groups, support other health professionals doing so, or work indirectly through the development of remote approaches such as media or online interventions. In addition to their intervention skills, health psychologists have high level research and consultancy skills that enable them to develop appropriate and targeted research studies. These may range in scope from analysis of outcomes of a service provision to large scale publishable research. Health psychologists have made considerable contributions to international research focusing on a range of issues relevant to the psychological care of individuals with health problems as well as using practice-based evidence to guide their work. This may involve working in a variety of health care and other settings, including services for children, adults and older adults. They may work in primary, secondary or tertiary care within statutory, third sector, private healthcare and academic organisations. Most of their work will be conducted in physical health care settings, although they may collaborate with other health professionals across a range of additional settings.

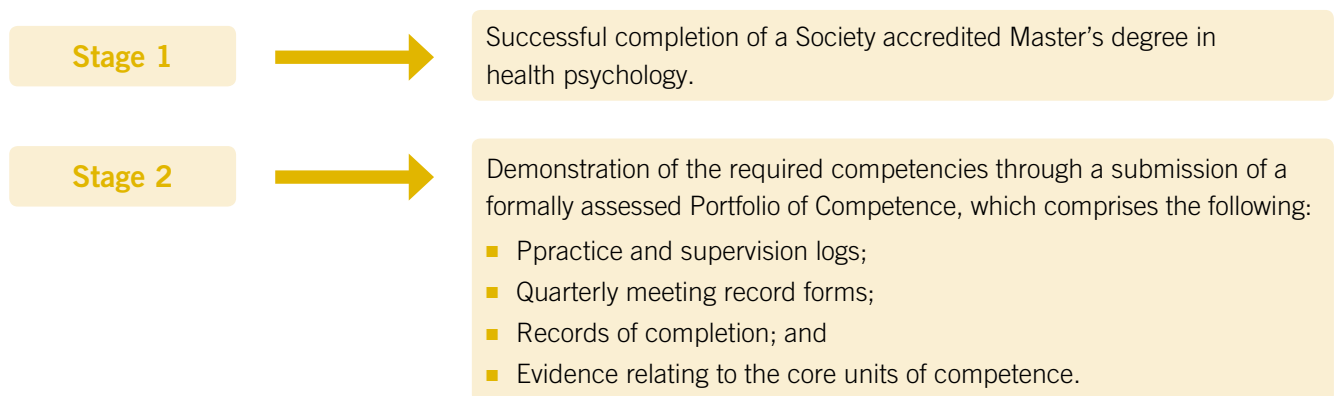
The work of health psychologists is empirically and theoretically based: they adopt a scientist practitioner perspective. UK health psychologists have contributed to the development of NICE guidelines on behavioural change as well as other taxonomies of similar interventions. They are also expert in their implementation. This combination of empirical base, theoretical understanding and use of reputable guidelines ensures they deliver interventions of the highest standard, and are equipped to teach or supervise other health professionals in their use. As with all other professional psychologists, their work is subject to reflective practice and collaborative supervision by other psychologists. Any intervention is also necessarily responsive to service user goals and engagement, as well as being culturally sensitive.

1.4 Training as an independent candidate

The Qualification in Health Psychology (QHP) (Stage 2) provides a route where you can acquire the competencies necessary to become a safe, effective, ethical and autonomous practitioner in health psychology. It builds on the knowledge and skills that you gained during your Stage 1 training and is designed so that you can take responsibility for your own learning and training. You will undertake the Qualification with the support of the Qualifications Team, via your dedicated Qualifications Administrator, and your Co-ordinating Supervisor. The typical length of enrolment on the QHP is two years full-time or part-time equivalent.

Please note that stage 1 must be awarded before you can commence training towards the QHP.

The training route is outlined as follows:



1.5 Aims of the QHP (Stage 2)

Upon successful completion of the QEP(S) (Stage 2) you will:

- be an effective, ethical and reflective practitioner who will engage in lifelong learning and development as commensurate for an independent applied psychology practitioner;
- be competent across the five content areas of health psychology; and
- understand, develop and apply models of psychological inquiry for the creation of new knowledge, which is appropriate to the multidimensional nature of relationships between people.

1.6 Structure and level of health psychology training

The QHP (Stage 2) comprises three dimensions

- **Knowledge dimension: The underpinning knowledge base (MSc)**
- **Research dimension: The research element of training (MSc and Stage 2)**
- **Practice dimension: Supervised practice during Stage 2**

You will be required to demonstrate how you have met the following five competencies:

- Generic professional;
- Psychological interventions;
- Research;
- Consultancy; and
- Teaching and training.

The QHP (Stage 2) is a doctoral level award (level 8) which conforms to the Quality Assurance Agency (QAA) D-level descriptors and describes the level of achievement which can be expected for doctoral level training. In order to ensure that successful candidates meet the level required, the doctoral level descriptors are embedded in the five competencies which underpin the qualification.

1.7 Length of training

The minimum length of training is three years full-time. The period is split across the two stages of training and the breakdown is as follows:

- Stage 1: One year
- Stage 2: Two years (or the part-time equivalent)

2. About us

The Qualification in Health Psychology (Stage 2) is administered by a programme team. The programme team consists of the Health Psychology Qualifications Board (HPQB), the Qualifications Team and the Assessment Team.

2.1 Health Psychology Qualifications Board

The Board consists of the following roles:

Chair

The Chair of the Board oversees all matters relating to the qualification, including enrolment and assessment, advising the Board on policy and procedural updates, and ensuring that results are released within the given deadline.

Chief Supervisor/Registrar

The Chief Supervisor/Registrar is responsible for approving your Co-ordinating Supervisor and scrutinising your enrolment application. Along with the Qualifications Administrator, they also have responsibility for all communications with you relating to the qualification and is on hand to help with any queries or questions you have throughout your enrolment. Further, they have oversight of the supervisory process and remain separate from the assessment process at all times.

Assistant Chief Supervisor

The Assistant Chief Supervisor supports the work of the Chief Supervisor/Registrar and is also responsible for reviewing your Quarterly Meeting Record Forms.

Chief Assessor

The Chief Assessor has oversight of the entire assessment process and manages a team of assessors who assess the work you submit throughout your period of enrolment.

External Examiner

The Board also appoints an External Examiner to oversee the enrolment and assessment processes and ensure that standards are maintained.

2.2 Qualifications Team

The role of the Qualifications Team is to ensure the smooth running and ongoing development of the Society's qualifications. Your main point of contact with the Qualifications Team will be your Qualifications Administrator, who will liaise with members of the Board on your behalf to answer questions and help with queries that you have. You can expect the Qualifications Administrator to do the following:

- answer your queries relating to the administration of your training;
- forward any queries that s/he is not able to answer (which are usually those of an academic nature) to the appropriate Board Officer;
- process your enrolment application and payment;
- process your assessments (e.g. sending these to the relevant assessor, logging the outcome of assessment and issuing your results letters); and
- ensure that the BPS Qualifications pages of the website are kept up-to-date.

The Qualifications Administrator will be happy to help you wherever possible. However, time taken dealing with enquiries inevitably takes time away from other work, so it is important that you check the *Candidate Handbook*, *Postgraduate Regulations* and website for the answer to your

questions before contacting the Qualifications Administrator. By only contacting the Qualifications Administrator for questions which cannot be answered from these sources, you will help us to speed up our responses to all enquiries.

2.3 Assessment Team

The HPQB has a team of experienced assessors who are responsible for assessing submissions to determine whether you have demonstrated the competencies.

3. Enrolment

3.1 Eligibility to enrol

In order to be eligible to apply to enrol for the QHP (Stage 2) you will need to:

- be a current member of the Society with the Graduate Basis for Chartered Membership (GBC);
- have been awarded a Society-accredited Master's Degree in Health Psychology;
- be in a position to undertake supervised practice; and
- engage the support of a Co-ordinating Supervisor for the QHP (please see Section 3.2).

3.2 Engaging a Co-ordinating Supervisor

Your main source of support will be your Co-ordinating Supervisor (CS) who has overall responsibility for the entire supervision process. They will be your first point of contact to discuss your plan of training and preparation for assessment. It is advisable that you ensure that they are able to undertake the necessary functions for the full period of your enrolment. You must secure formal approval of a potential CS before you can submit an application to enrol. In order to request approval, please complete and submit a Request for Ratification of Supervisor form, which is available from the Society's website, along with your CS's CV. Even if your CS has supervised for the QHP before, we will still need to check that they meet our criteria (set out below). The decision will, also, be based on the number of candidates that your proposed CS currently supervises, in case this is at a level which could restrict their capacity to provide you with the supervisory support that you need.

Once you have received your approval letter, you are required to submit your Plan of Training within six months of the date on the letter. If you do not submit your Plan of Training within six months, you must re-request approval so that we are sure that you are appropriately supported in your training.

Your Co-ordinating Supervisor will:

- be a Chartered psychologist;
- be a Full Member of the Division of Health Psychology (DHP);
- be entered on the Society's Register of Applied Psychology Practice Supervisors (RAPPS);
- be registered with the Health and Care Professions Council as an Health psychologist; and
- fulfil ongoing supervisor training requirements.

If your Co-ordinating Supervisor is not entered on RAPPS, they will need to contact your Qualifications Administrator who will arrange for them to undertake the Society's approved supervisor training. This consists of two distance learning modules, one focusing on core supervisory skills (module 1) and the other on supervising specifically for the QHP (Stage 2) (module 2) and a face-to-face workshop.

If your Co-ordinating Supervisor has not supervised for the QHP (Stage 2) before but is already on RAPPS through another means, they will be exempt from module 1 and will only need to complete module 2 and the workshop to ensure that they are sufficiently familiar with the QHP (Stage 2) in order to support you through the Qualification.

Your Co-ordinating Supervisor is required to perform the following duties:

- hold a minimum of six face-to-face supervisory meetings with you during each year of your training, including four face-to-face meetings held quarterly where you are both required to complete a Quarterly Supervisory Meeting Record form (please see Section 4.5);
- take on a co-ordinating role in relation to the overall supervision process, especially where you have one or more additional supervisors;
- offer support to additional supervisors in relation to the specific supervision that they will be providing, ensuring that they understand the requirements;
- oversee the preparation of, review and countersign your Plan of Training, whilst addressing other aspects of your practice, where required;
- complete a placement audit as part of the enrolment, subsequently for any change of setting and for review on an annual basis;
- ensure that a risk assessment is undertaken at enrolment and, subsequently for any change of setting;
- provide you with information relevant to your training (e.g. academic, ethical, organisational, professional);
- encourage you to reflect on your learning and practice, and to engage in creativity, problem-solving and the integration of theory into practice;
- listen to your views and concerns regarding your work in progress and offer appropriate advice;
- countersign your practice and supervision log and oversee the collation of supporting evidence; and;
- complete the required sections of your Records of Completion and write the Supervisor's Report(s) required for inclusion in your Portfolio of Competence.

You will need to agree a contract with your Co-ordinating Supervisor (CS) before you apply to enrol. You are advised to ensure that the contract includes details of all fees payable to your CS, along with how often contact will be made and the method of communication. A copy of the contract must be submitted as part of your enrolment application. A sample contract is available on the QHP webpage which you can amend to suit your individual arrangements. Please note that the Qualifications Office are unable to advise on fee setting or become involved in the contracting process. Potential CSs may request references before entering into any arrangement with you.

CSs who do not continue to fulfil the criteria required for the role will no longer be approved to supervise and their candidates will need to find a new CS.

Please ensure that your CS has copies of this handbook, *Regulations for the Society's Postgraduate Qualifications*, and all correspondence between you and the Society, including all letters providing details of assessment results

You and your CS may agree that it is appropriate to engage the support of an additional supervisor to help guide you through some aspects of your training. For more information on this, please see Section 4.5.

3.3 Planning your training

3.3.1 The setting

All of your work should be within or linked to settings in which health psychology is applied. You are able to undertake supervised practice towards the QHP if you are employed or are a postgraduate student, providing that you are engaged in a paid or voluntary trainee health psychologist related role within any of the settings below:

- the health system (e.g. as a psychological assistant, assistant psychologist, health education officer, researcher);
- the community or private sector (e.g. within a school, patient group, community group or private or public company);
- an academic institution (e.g. research, lecturing); or
- any other public, private and voluntary work as deemed appropriate by the Qualifications Board.

Plus, additional training/development activities as required, such as:

- attendance at courses or seminars (e.g. in teaching, intervention or research presentation skills);
- conferences;
- visits or secondments;
- shadowing and observation;
- team/joint working; or
- networking.

You must ensure that your work will offer you the opportunities to gain experience and develop all the required competencies. In many cases, this will overlap substantially with existing work demands, however where normal work functions do not give you the opportunity to cover the required competencies, additional tasks, projects or placements will need to be negotiated – these may be sequential or occur concurrently.

You will also need to ensure that the placement setting is able to fulfil minimum requirements to support your learning alongside appropriate supervision arrangements, as follows:

- access to computer and internet;
- access to technical support staff; and
- access to any other relevant learning resources (for example, journals).

3.3.2 Areas of work

With the appropriate support and guidance you will gain direct experience of the realities of professional working in relevant contexts, develop practical skills and the ability to integrate theory into practice. There is no requirement that experience is gained in a prescribed range of settings, however total work in relation to the competencies should encompass at least two distinct areas of work – distinctiveness is defined in terms of substantial differences in both the nature of the work task and the client/target groups involved (e.g. healthy populations, patients, health care professionals, people with disabilities, etc.).

In practice, this could mean the following:

- the consultancy competence must be in a separate work area by definition (see Appendix 1 for further details);
- the generic professional competence should be written up to cover two work areas, one could be where you carried out your consultancy work;

- the teaching and training competence must cover two populations, which could mean two work areas, and, as such, may also be dovetailed with your logbook for the generic professional competence; and
- the research competence only needs to be covered in one work area.

It is acceptable to aggregate coverage of units where these are likely to be involved in an area of work. For example, one of the areas of work selected for addressing the research competence might be carrying out an evaluation of a health intervention. In addition to providing experience of most, if not all, of the Units of the Generic Professional Competence, this area of work might also entail an appreciable element of providing feedback to clients in the form of a technical report (Competency 4). It might, also, depending on context, lead to the exercise of Core Competency 5 (providing teaching/training to health care professionals).

Once you have established that your work setting is appropriate for undertaking the QHP you can start to draw up your Plan of Training under the guidance of your CS.

3.3.3 Formulating your plan

Your Plan of Training will need to satisfy the Qualifications Board that you understand what is required of you and that you have plans in place to show how you are going to meet these requirements. You will be helped in formulating your Plan of Training by your CS and will need to include details of the following:

- the areas of work through which the competencies will be addressed, with target dates for completion for each competence;
- the types of evidence which will demonstrate satisfactory performance within or across the competencies;
- appropriate placement approval documentation for the site(s) at which the work-based activities will be undertaken;
- any additional training/development activities which are required;
- any request for backdating of the Plan of Training, with appropriate supporting evidence;
- the name of your Co-ordinating Supervisor and any additional supervisors;
- the expected date of overall completion of your training;
- a copy of your official job description issued by the employing or voluntary organisation(s) outlining your main areas of work activity and responsibilities;
- additional information proposing how these areas of work activity/responsibilities relate to the competencies (it is not necessary to specify units);
- an estimate of the percentage of total work time spent on each area of work activity/responsibilities; and
- the total percentage of work time spent on core competencies overall.

Your Plan of Training should be carefully planned with the flexibility to allow necessary changes. Where practice outside of designated areas of work from the Plan of Training is encompassed in your supervision you should indicate this in your practice and supervision log.

Your Co-ordinating Supervisor should only accept that a role is acceptable to your needs if they are satisfied that the job description and information concerning opportunities for exercise of core competencies are an accurate description of your circumstances. They should discuss any doubts about this with you in the first instance. If any persist, they should then communicate these to the Chief Supervisor in writing.

Please note that when you apply for a job, you should make it clear to your potential employer that you intend to undertake, or are enrolled for, the QHP (Stage 2). You should provide your manager with all necessary information and obtain his/her consent and co-operation with respect to your training. An early meeting between yourself, your Co-ordinating Supervisor and an appropriate person in the workplace is strongly advised.

You must clearly indicate how each area of work meets a particular competence. You are not required to explicitly identify at the outset how you will fulfil each and every competence, but your Plan of Training will not normally be approved if your plans for two or more competencies are undecided. If your Plan is approved with any gaps, or if it fails to meet the set requirements, you will be required to submit a revised plan addressing these gaps within six months of the official commencement date of your Plan of training, which may include backdated practice.

Backdating

Your supervised practice will formally begin with the approval of the Plan of Training. However, this date may be backdated to encompass a period not normally greater than six months. If you wish to request backdating please indicate this on your enrolment application ensuring that it is justified in your Plan.

Any work undertaken during a backdated period must be supervised by either a health psychologist or other appropriate professional who fulfils the criteria of an additional supervisor (see Section 4.2).

Please note that:

- backdating cannot be granted when a Plan of Training has been rejected at the first attempt, as this would backdate into a period when the Plan was deemed to be unacceptable; also,
- your Plan cannot be backdated into a period prior to the award of your MSc (Stage 1), regardless of the means by which it was achieved.

3.3.4 Consent to act as a service user in practical or clinical settings

A situation may arise where you are required to provide consent to act as a service user in a role play setting as part of your placement. If you choose to not give consent, then you will need to identify an alternative placement that will allow you to meet the competencies. You are advised to discuss such instances with your Co-ordinating Supervisor in advance of submitting your Plan of Training so that you do not embark on a placement which is unsuitable for the purposes of the Qualification. You should discuss the consent form (available online) in a placement planning session with your supervisor(s) and if there is incongruence (for instance, your Co-ordinating Supervisor believes role play is necessary but the candidate does not consent to it), then an alternative placement should be planned. The Qualifications Board does not require you to role-play as service users to pass the assessment; therefore, a Plan of Training should be devised to avoid this scenario in cases where you do not provide consent.

3.4 Completing the QHP (Stage 2) on a part-time basis

The QHP (Stage 2) can be undertaken on a part-time basis (full time is defined as equivalent to a five day working week for 46 weeks a year for two years). Suitability of such work for supervised practice shall be judged on the basis of a job description which, in the opinion of the Qualifications Board, indicates a workload with what might normally be expected of a trainee health psychologist.

The Qualifications Board will round its estimate of psychological practice to the nearest quarter of the work of a trainee health psychologist. This means that the required amount of supervised practice can be specified in multiples of one year, as follows:

- if the job description essentially matches what would normally be expected, a two-year period of supervised practice will be sufficient;
- if the job description indicates the work to be approximately three-quarters of what would be expected, a three-year period should be specified;
- if the work is judged to be half of what would be expected, a four-year period should be specified.

Please note that less than half will not be considered further.

3.5 Overseas training

You are expected to commence and undertake most of your training in the United Kingdom. However, you may come across opportunities to undertake a period of training outside the UK. If you wish to undertake part of your training outside the UK, please, refer to the *Regulations for the Society's Postgraduate Qualifications* for further guidance.

3.6 How to enrol

In order to apply to enrol for the QHP (Stage 2), there are a number of documents which you will need to submit to demonstrate that you meet the necessary criteria, please see below:

1. Enrolment form;
2. Plan of training – including details of any backdating;
3. Supervisory contract;
4. Your Additional Supervisor(s) CV, if applicable (please see section 4.2)
5. Evidence of successful completion of a Society-accredited Master's degree in health psychology. Please send either your original certificate or a photocopy. **If you would prefer to send a photocopy, please ensure that it has been verified as a true copy of the original document by your Co-ordinating Supervisor;**
6. Your first Quarterly Supervisory Meeting Record form;
7. Job description and/or details of your PhD;
8. Health declaration form;
9. Equal opportunities form;
10. An application for Accreditation of Existing Competence (AEC), if applicable;
11. Copy of a current enhanced disclosure from the Disclosure Barring Service (DBS), Disclosure Scotland or Access Northern Ireland dated in the last two years;
12. Payment details; and
13. You are required to provide two completed references (forms available on our website), which can be sent with your enrolment form or separately, direct from referees. One of your referees must be a Chartered psychologist and registered with the HCPC as a practitioner psychologist. Your Co-ordinating Supervisor is not permitted to provide a reference, neither is a current candidate.

All standard enrolment forms can be downloaded from the BPS website.

Please, note that all signatures must be dated no earlier than six months before the date your fully completed application has been submitted to the Qualifications Office.

Provided that the documentation above is in order, you will receive an email acknowledgement and an estimated application processing time. Please note that incomplete application forms will not be accepted and will be returned to you for completion.

Your application can be submitted to your Qualifications Administrator either in the post (to the BPS Leicester office) or electronically via Hightail, which can be accessed from the Qualification webpage or by clicking on the following link: www.hightail.com/u/bpsqualifications04

Your application will be reviewed by the Chief Supervisor/Registrar who will write to you to confirm the outcome (see Section 3.7) within three months of receiving all of your enrolment documentation. Any original documents that you have sent in support of your application will be returned to you at this point.

Please advise us as soon as possible of any disability that may have an affect on your training or assessment whilst enrolled on the qualification so that reasonable adjustments to the assessment process can be discussed.

Any correspondence, including assessment results, will be sent to your e-mail address held on the Society's database. Please remember to notify the Society promptly of any changes to your contact details.

3.7 Outcomes of enrolment

Once the Chief Supervisor/Registrar has reviewed your enrolment application we will write to you to confirm the outcome. This will be either:

- Full approval; or
- Conditional approval: If there are any gaps in your Plan of Training. Full approval will be dependent on you addressing the conditions set out in your letter.

3.8 Accreditation of existing competence

You may feel that you can already demonstrate some of the competencies on the basis of prior work or postgraduate qualifications achieved. If this is the case, you can apply for Accreditation of Existing Competence (AEC) for up to two complete competencies or equivalent (e.g. four halves).

Any work or qualifications that you wish to use for AEC must have been completed after acquiring eligibility for Graduate Basis for Chartered membership and being awarded an MSc in health psychology (we will go by the date on your certificate or letter of successful completion).

Assessors will expect to see three complete competencies achieved during the course of your enrolment and presented in your final Portfolio of Competence. If you intend to request partial AEC for one or more competencies, the assessors will need to be satisfied that, in your Portfolio, you can provide evidence of completing the equivalent of those three competencies, in addition to the partial competencies where you are requesting AEC. When determining whether you are in a position to do this, the Chief Supervisor/Registrar will consider the overall number of Units of Competence that you will need to complete and the magnitude of these Units in the context of your individual Plan of Training.

Any work undertaken for AEC must be supervised by either a health psychologist or other appropriate professional who fulfils the criteria for an Additional Supervisor (see Section 4.2 for details). To apply, you will need to complete the AEC form (available online) and submit it with your enrolment application, along with supporting evidence. If your application for AEC is granted, this

will be confirmed in your enrolment letter. If AEC is not granted, you will not be able to resubmit your work under the AEC process. Applications for AEC can only be considered at enrolment.

It is important to note that where AEC is granted, this will reduce your assessment load but will not lead to a reduction in the amount of time you are required to be enrolled. This remains a minimum of two years irrespective of any AEC that is granted.

Evidence for any competences for which you are awarded AEC must be included in your Portfolio for your final assessment. Assessors may address these competences at viva to ensure that you are competent in the full range of areas required by the Qualification.

3.9 Fees and payment options

Details of the current fees for undertaking the QHP (Stage 2) are available on our website. The fees can be paid either in full, via bank transfer or by credit/debit card over the telephone. Please note that some fees can also be paid by interest free direct debit. If you wish to pay by direct debit, please contact your Qualifications Administrator.

Please be mindful that, depending on your chosen payment method, there may be additional costs imposed by either your bank or credit card company. The fee must be paid in sterling. Please find our bank details below:

Royal Bank of Scotland

Account Number: 11226510

Sort Code: 16-23-21

Branch: Leicester Market Street

Swift Code: RBOS GB 2L

IBAN Number: GB09 RBOS 16232111226510

If you do transfer money into the Society's account, please make sure that you inform your Qualifications Administrator, providing the date, amount and reference of the transaction. If there are any limitations imposed by your bank on the amount that you can transfer and/or the frequency of payments, please contact your Qualifications Administrator.

You also need to be aware of additional costs that you may incur during your training which are not set by the Society. These include, but are not limited to, supervision costs, travel costs (for instance, to supervisory meetings, events and conferences) and professional indemnity insurance.

Please do not combine Qualification fees with any other payments to the Society. Combining payments could lead to delays in processing your Qualification documents.

4. Programme of training and supervision

4.1 Contact with your Co-ordinating Supervisor

Throughout your enrolment you will have the support of your Co-ordinating Supervisor (CS) who will oversee your training and development as you progress. They will be your first point of contact to discuss any changes to your Plan of Training and your preparation for assessment and will perform the full list of duties outlined in Section 3.2.

You are required to have at least six face to face meetings with your CS in each 12-month period. Four of these meetings should be scheduled to take place quarterly so that you and your supervisor can discuss your progress and complete the Quarterly Supervisory Meeting Record (QSMR) (see Section 4.5). The remaining two (or more) meetings can be planned to best suit you and your CS. Contact by other means, such as email, telephone, or video should take place at least monthly. A record should be kept of all contact. If supervisory meetings are taking place via telephone, Skype or similar, it is imperative that confidentiality is maintained by ensuring that no-one else is in the room during your meeting.

4.2 Additional Supervisors

You can also choose to engage an additional supervisor to supervise specific areas of your training (e.g. research, workplace support), who may also be able to provide access to the necessary breadth of experience.

Your Additional Supervisor does not necessarily need to be a health psychologist (they could be a clinical, occupational or educational psychologist, nurse specialist or medical practitioner). However, they must adhere to a code of conduct enforced by a regulator or a generally recognised professional body of which they are a member in good standing. They will also need to demonstrate that they have the skills required to supervise your work. Your Co-ordinating Supervisor retains overall responsibility for your supervision.

Please ensure that your Additional Supervisor is fully aware of your Plan of Training so that they are able to provide you with the appropriate supervision. Your Additional Supervisor must be named on your Plan of Training in order to be approved.

Your Additional Supervisor(s) will be required to:

- liaise with your Co-ordinating Supervisor;
- provide you with direct supervision in a given area of work in line with your plan of training;
- countersign relevant documentation for both enrolment and assessment;
- listen to your views or concerns about work in progress and advise as appropriate;
- model and teach practical competence through illustration, prompting and feedback;
- encourage you to apply best practice and good communication; and
- appraise your effectiveness and provide positive and constructive feedback on your strengths and areas for development.

4.3 Changing your Supervisor

You may find that, during your enrolment, you need to change your Co-ordinating Supervisor or Additional Supervisor. This can occur for a variety of reasons, for example:

- changes in circumstances for one or more parties; and / or
- supervisory relationship problems.

All changes of supervisory support should be kept to a minimum: These roles should be taken on only after careful consideration of present and likely circumstances and of the responsibilities of the role. You will need to inform your Qualifications Administrator of any proposed change to your supervisory arrangements by completing the Change of Supervisor form and entering into a new contract. Any change is subject to the Chief Supervisor/Registrar's approval.

In the event that you need to change your Co-ordinating Supervisor, your original Co-ordinating Supervisor must complete the Supervisor's Report and send it to the Qualifications Administrator, who will forward it to the Chief Supervisor/Registrar. This report will detail the supervised practice that you have completed so far.

In the event that you need to change your Additional Supervisor, your current Additional Supervisor must complete the Supervisor's Report for the area(s) of work that they have been supervising and send this to the Qualifications Administrator, who will pass this on to the Chief Supervisor and your Co-ordinating Supervisor.

4.4 Updating your plan of training

Whilst it is expected that you make every effort to plan your training effectively at the outset, we recognise that either your own circumstances and/or those of your work environment may later change in ways it would not have been possible for you to foresee at the time you applied to enrol. It is, therefore, acceptable to revise your Plan of Training if your circumstances change.

In all cases, you should review your Plan regularly (at least quarterly) with your Co-ordinating Supervisor (CS). Whenever changes are needed, please, submit a Plan of Training revision form, along with your original Plan of Training, for approval by the Chief Supervisor/Registrar. Your original Plan and Plan of Training revision form must be accompanied by a Change of Setting form if the changes to your Plan involve any change in the settings(s) in which you are undertaking the Qualification. The Chief Supervisor/Registrar may request that you change some of the details and resubmit your request before it is approved.

A copy of your most recently approved Plan of Training must be included in your Portfolio of Competence (Section 5.1). The assessors will expect the work carried out and evidenced in your Portfolio of Competence to match your Plan of Training. Therefore, if you do not notify us of changes to your Plan, this may impact upon your assessment and in some circumstances may lead to your Portfolio of Competence being returned unmarked.

Completion of the period of supervised practice should not normally be delayed by a revision of the Plan of Training, but the Chief Supervisor/Registrar may grant an extension of this period if appropriate, subject to a written request.

Reasons for amending your Plan of Training could include:

- **Changes to an area of work.** If an area of work proves not to be achievable, you should endeavour to find a substitute. The substitute area of work should be as comprehensive in its coverage of units as the original. Where this is not possible, coverage of the missing units should be met through formulating additional areas of work or by extending existing units.
- **Coverage of units.** Opportunities might arise for coverage of additional units from areas of work indicated in your Plan of Training which you weren't able to foresee when you first formulated the Plan. For example, carrying out an evaluation of a health intervention might give rise to a clear need or opportunity for promoting awareness of the actual and potential contribution of applied psychological services in teaching and/or training. It may provide a

better way for you to cover this unit than one of the areas of work indicated in your plan. It is reasonable for substitutes to be found for an area or areas of work, which indicated in the Plan of Training appear not to be feasible.

- **Encountering difficulties in developing a particular competence.** During the course of enrolment, candidates may encounter difficulties in developing a particular competency(ies). If this happens, the Chief Supervisor/Registrar will be able to discuss with you/your supervisor what additional support might help in developing the specific competencies which have been identified as problematic.
- **Issues which may arise on placement.** Candidates may encounter difficulties while undertaking a particular placement. These difficulties may relate to health and safety or welfare and wellbeing which require some additional pastoral and/or academic support. You will have identified two named individuals (on your enrolment application) who you are able to take any concerns relating to such issues to, please follow this process and ensure that you also involve your Co-ordinating Supervisor, Additional Supervisor where necessary and the Chief Supervisor/Registrar.

4.5 Quarterly Supervisory Meeting Record

When you commence the QHP (Stage 2) your first quarterly meeting will agree the plan for development objectives in the first three months which must be linked to the units of competence (please see Appendix 1) and will be drawn from your Plan of Training. The first form should be included with your enrolment application.

Subsequently, you and your Co-ordinating Supervisor will have a face-to-face meeting once a quarter (as a minimum) at which you will review progress against the previous plan/objectives and agree the next set of development objectives for the coming three months, you will also need to identify the personnel (e.g. CS or Additional Supervisor) who will support you. Please ensure that this information is recorded on the QSMR form. The form also provides you and your Supervisor(s) with the opportunity to provide reflections and feedback.

The form must be submitted to your Qualifications Administrator by 1 February, 1 May, 1 August and 1 November each year until you submit your Portfolio of Competence. You must keep a copy of all quarterly forms so that they can be included in your Portfolio.

If you are continuing to work as a trainee health psychologist after you submit your work, you will be required to submit a statement **with** your portfolio signed by both you and your supervisors to outline what your supervisor arrangements will be beyond your submission.

4.6 Ethics and professional conduct

Whilst you are enrolled on the QHP (Stage 2), you are engaged in training which is aimed at furthering your career as a professional psychologist. It is, therefore, integral to your training that you act, at all times, in accordance with the standards of conduct expected by the Society.

Full details of the Society's expectations of candidates' conduct are outlined in the Regulations and you must abide by these throughout your training. In brief, you are required to:

- adhere to the Society's *Membership Conduct Rules* and the *Code of Ethics and Conduct*;
- adhere to any professional or regulatory body codes of conduct which apply in the country in which you are practising;
- avoid all practices of misconduct, including academic misconduct (for example, plagiarism and all other forms of cheating) and professional misconduct;

- take responsibility for many aspects of the administration related to your training;
- meet all deadlines, except where there are genuine extenuating circumstances that prevent you from doing so;
- communicate professionally with all relevant personnel;
- ensure that professional indemnity insurance is in place;
- pay all fees when they become due;
- make your status as a trainee clear to anyone with whom you have contact in relation to your training, and ensure that you comply with any legal requirements regarding your title; and
- manage your time effectively.

4.7 Support for candidates

As well as receiving support from your Qualifications Administrator, you will also have access to the dedicated area of the website for QHP (Stage 2) trainees, which includes all the documentation you need to help with your training. You are able to log in to this section of the website using your usual BPS log-on details.

The Board organises candidate workshops which review the QHP paperwork and assessment processes. They also provide an opportunity for you to discuss any queries that you have and meet with fellow candidates.

As a member of the Society you have access to PsychSource, which is a searchable gateway to the Society's 11 journals and books programme, plus 32 other key psychology journals, together with multimedia resources. It also provides access to EBSCO Discovery Service and links to a multitude of other Society resources supporting research, teaching and practice.

You are also encouraged to attend the Division of Health Psychology (DHP) conference. Further details of this and other events organised by the Society's Professional Development Centre can be accessed on the Society's website: www.bps.org.uk/pdc.

4.8 Support for supervisors

The Board organises workshops for co-ordinating supervisors and additional supervisors. These are face-to-face workshops which review the paperwork and processes, and provide an opportunity for supervisors to discuss any queries they may have and meet with fellow supervisors. Co-ordinating supervisors are required to attend a workshop at least once every two years in order to remain approved.

If your Co-ordinating Supervisors needs help or guidance, they should contact the Chief Supervisor/Registrar, via the Qualifications Office, in the first instance.

5. Assessment

5.1 Portfolio of Competence

The assessment consists of a Portfolio of Competence and an oral examination (viva) relating to your Portfolio. Your assessment will be conducted by two appropriately qualified assessors appointed by the Qualifications Board and overseen by the Chief Assessor.

You will need to register for assessment by submitting your completed Registration for Assessment form by the appropriate deadline to your Qualifications Administrator. Please note that late registration forms cannot be accepted. If, having registered, you fail to submit your complete Portfolio of Competence by the submission deadline, your work will not be examined and you will be required to re-register at a later round of the assessment process.

You will need to complete all documentation in conjunction with your Co-ordinating Supervisor. Your Co-ordinating Supervisor is expected to comment on issues such as any practical challenges that you may have faced, the quality of work that you have produced, or particularly significant learning experiences. They are also expected to read your submission before it is sent for assessment and agree that it is ready to be assessed.

5.2 Contents of your portfolio submission

Your Portfolio comprises a range of records and evidence designed to demonstrate how you have developed the required competencies in accordance with your Plan of Training. The types of required evidence are explained in more detail below. The first type of evidence covers your supervised practice whilst the second and third relate to additional material relating to the units of competence, respectively. Please ensure that you use APA referencing style.

Practice and supervision log. You are required to maintain a log throughout your entire period of supervised practice which provides details of the experiences that have enabled you to gain competence in each of the 17 units of competence. The practice aspects of your log must include:

- references in brackets e.g. (1.2, 1.4), to the units of competence addressed in the work which is detailed (specific competencies need not be referenced but the descriptions provided in Appendix 1 may be useful in completed the 'nature of task' columns);
- an indication of your role in the work, as follows:
 - 'primary' in which the work is primarily your own;
 - 'team' in which the work is shared directly with others; or
 - 'observer' in which you observed the work of another/others for training and development purposes;
 - the nature of the task or instruction (including proposed action taken, additional procedural details and client or target);
 - the outcome of the work (including what was achieved); and
 - future actions to be taken (next steps and implications, including any learning points).

The information on progress within core competencies and development of learning points provide an aide-mémoire for subsequent communication (including discussion of particular psychological issues) with your Co-ordinating Supervisor.

The supervision aspects of your log must include:

- details of the frequency, duration and provider of supervision;
- references in brackets to the units of competence addressed during supervision (specific competencies need not be referenced but the descriptions may be useful in completing the 'nature of task' columns); and
- any other aspects of your practice which were addressed.

In addition to recording quantity of supervision and coverage of units and specific competencies, the Practice and Supervision Log is intended to encourage reflection on major learning points. It is important that you reflect on the extent to which your experience has allowed you to acquire the competence in each component and to obtain your Co-ordinating Supervisor's signed approval of these documents.

The primary responsibility for maintaining the logs rests with you, although your Co-ordinating Supervisor has responsibility for overseeing that appropriate recording takes place, and countersigning the supervision records. It is important that you send the logs to your Co-ordinating Supervisor monthly so that s/he can confirm approval of its contents.

Plan of Training. Please ensure that you supply the current version.

Quarterly Supervisory Meeting Record Forms. You must retain a copy of each Quarterly Supervisory Meeting Record form that you submit and include this in your Portfolio. For further details about the forms, please see Section 4.5.

Records of Completion. As you complete each area of work indicated in your Plan of Training, you will need to fill in a Record of Completion. Each record must include details of:

- the area of work and units covered (indexed to where the evidence for each competency can be found);
- a brief report from your Co-ordinating Supervisor (as detailed on the Record of Completion the collection of reports for each competence makes up the Supervisor Report);
- a report from your Additional Supervisor, if applicable; and
- a list of the supporting evidence assembled

In addition to the above, your Portfolio must include a range of **other materials** providing supporting evidence that you have developed the competencies required under each of the 17 units of competence (see Appendix 1).

5.3 How to submit

You must submit one paper and one electronic copy of your portfolio. The paper copy should be sent to the BPS' Leicester office and the electronic sent via Hightail at www.hightail.com/u/bpsqualifications04. Please ensure that you have included your portfolio cover sheet and checklist (these can be downloaded from the website) at the front of both copies.

Late submissions will not be accepted unless you have an exceptional circumstance and the Board have granted an extension in advance.

5.4 Oral (viva voce) assessment

You are required to undertake a viva voce and present an oral account of your period of supervised practice. Your viva will be arranged once the assessors are satisfied that you have the potential to successfully fulfil the requirements of the qualification. If there are any serious shortfalls in your portfolio, you will be provided with feedback and asked to address the issues raised before resubmitting your portfolio at a future assessment session. Please note that this would receive a Competence Not Yet Demonstrated result.

The purpose of the viva is to confirm that you have achieved all the required competencies in the course of your supervised practice. You might be asked questions about any aspect of your Portfolio or your supervised practice which is relevant to the demonstration of these competencies. You might also be required to answer questions relating to any of the following:

- Ambiguities in your portfolio.
- Omissions in areas of coverage.
- Weaknesses in the quality of the work.
- Factual, typographical and/or substantive errors.

On the day of your viva, you must ensure that you bring with you one of the three forms of identification below, which will be checked by a member of our Qualifications Team before you begin your viva:

- A current valid passport
- A current valid photo card driving licence
- Another form of identification including a photograph which has been approved in advance by the Society

You must take all reasonable steps to ensure that you arrive on time for your viva. If you arrive later than 30 minutes after the published start time, we will not be able to conduct your assessment. If this happens, you will be required to re-register for a later assessment.

Please note that all viva assessments are recorded. Candidates are not permitted to make their own recording.

5.5 Outcome of assessment

All decisions regarding a candidate's performance in their assessment are presented to the Qualifications Board for ratification. You will be informed of your result in writing within one month of the meeting when the ratification took place.

Following the results letter, candidates who have successfully completed all requirements of the qualification will receive their certificate.

The overall outcome of assessment is one of the following:

- Competence Demonstrated;
- Competence Not Yet Demonstrated;
- Conditional Pass; or
- Fail.

Competence Demonstrated	This is at least as good as the general level of performance expected of the competent psychologist. It reflects a good match between the candidate's performance and their planned training objectives, where the candidate will have undertaken an appropriate workload and carried out the work competently, such that they are fit to practise independently and autonomously as a practitioner psychologist.
Competence Not Yet Demonstrated	This may reflect some degree of concern over aspects of the candidate's performance. It may also reflect minor difficulties in several areas or a major concern (not amounting to unprofessional or unethical conduct). However, it may indicate serious concern about the candidate's performance. If major difficulties are described in more than one area specified by the subheadings or if conduct is unethical then this category is used.
Conditional Pass	This category will be used in cases where the Portfolio contains unacceptable presentational errors (e.g. substantial spelling/typing errors, formatting problems or omissions and inaccuracies in references) that do not have a substantive bearing on the submission. Such work will need to be corrected and re-submitted before the final assessment decision can be awarded. A further viva will not be required Failure to anonymise or insufficient anonymisation unless other breaches in confidentiality would also fall into this category.
Fail	There is insufficient evidence that the candidate has been able to demonstrate competence in relation to the core functions after the permissible three submissions . The presentation of the Portfolio is inadequate with many errors and poorly organised material..

5.6 Resubmissions

You have three attempts at submission. If the outcome of your assessment is Competence Not Yet Demonstrated, you will be required to re-submit either all or part of your work.

Once you are ready to resubmit, you will need to register in line with the usual process. You will then need to submit your Portfolio via Hightail www.hightail.com/u/bpsqualifications04.

5.7 Proficiency in the English language

All submissions must be submitted in the English language. You are required to demonstrate a degree of proficiency in the English language which is equivalent to level 8 of the International English Language Testing System (IELTS).

Full details of IELTS can be obtained from www.ielts.org.

5.8 Appeals and complaints

For details of the appeals process against assessment decisions please refer to the *Regulations for the Society's Postgraduate Qualifications*

Appendix 1: Components and assessment requirements of all units of competence

This Appendix provides full details of the components and assessment requirements associated with each of the 17 Core Units of Competence. The following format has been used throughout this Appendix.

1.0 TITLE OF COMPETENCE

1.1a Unit of Competence

1. Sub-unit of Competence

In each case, details of the components of which the Unit is comprised will be presented first, followed by the evidence to be submitted (the assessment requirements) for the unit as a whole.

The units will be grouped under the five broad areas of skills which they define, namely:

- generic professional competence;
- psychological interventions competence;
- research competence;
- consultancy competence; and
- teaching and training competence.

Please note that word counts are not inclusive of references or appendices.

1.0 CORE UNITS OF GENERIC PROFESSIONAL COMPETENCE

Candidates must demonstrate:

1. that they have sufficient professional experience to practise as an autonomous practitioner;
2. that they are able to make informed professional judgments on complex issues, often in the absence of complete data, in accordance with current codes of professional legal and ethical conduct;
3. that they can communicate their ideas and conclusions clearly and effectively to the appropriate audience;
4. that they are able to exercise personal responsibility and largely autonomous initiative in complex and unpredictable situations in professional practice;
5. that they can continue their development in both health psychology and related areas at an advanced level.
6. that they are able to understand organisational and systemic issues of relevance to the practice of applied psychologists.

Evidence to be submitted:

- (i) Logbook of professional practice maintained over two years' full-time supervised practice. Candidates are required to keep a logbook throughout the equivalent of two years' full-time supervised practice following completion of Stage 1. Candidates must list experiences which have enabled them to develop and understanding of the substantial body of knowledge within health psychology and thus demonstrate competence in each component of all core units.
- (ii) A reflexive report of 3000 words (maximum) summarising personal and professional development as a health psychologist. Candidates should reflect on the extent to which their experiences, both planned and unforeseen, have allowed them to acquire specified competence in each component and to have their supervisor approve these comments.

(iii) A report of 1000 words (maximum) summarising the involvement of service users and/or carers in your training.

1.1 Professional autonomy and accountability

Attainment of competence in this unit involves demonstration of the ability to:

- 1.1a Practise within the legal ethical boundaries.
- 1.1b Practise as an autonomous professional.
- 1.1c Demonstrate the need to engage in continuing professional development.

1.1a To be able to practise within the legal and ethical boundaries of the profession, the competent health psychologist will:

1. Be aware of current legislation and ethical codes applicable to the work of health psychologists, including the Society's Code of Conduct and Ethics and the HCPC's Standards of Conduct, Performance and Ethics.
2. Implement appropriate systems for record keeping, and for regular audit and review of practise.
3. Ensure records and data for research and practice remain anonymous, confidential and secure unless otherwise agreed.
4. Define clearly the qualifications and capabilities of oneself and others working with and for health psychologists.
5. Practice in a non-discriminatory manner.
6. Understand the power imbalance between practitioners and clients and how this can be minimised.

1.1b To be able to practise as an autonomous professional, exercising one's own professional judgement, the competent health psychologist will be able to:

1. Know the limits of their practice, when to seek advice or refer to another professional.
2. Critically evaluate the impact of their work on a regular basis.
3. Appropriately use supervision and feedback about one's practice and professional development needs.
4. Identify and assess personal and work-related challenges to one's physical and emotional well-being and fitness to practice.
5. Develop strategies to cope with challenges and unforeseen circumstances including seeking and using appropriate supervision, management and professional support.

1.1c To demonstrate the need to engage in continuing professional development, the competent health psychologist will be able to:

1. Identify and evaluate new and emerging evidence relating to best practice in health psychology.
2. Ensure familiarity with relevant existing and emerging policy documents;
3. Actively seek and act appropriately on feedback from clients, stakeholders, managers and supervisors on practice.

4. Identify, seek and pursue opportunities to enhance and advance professional performance.
5. Keep an undated log of CPD activity and learning outcomes.

1.2 Professional Skills

Attainment of competence in this unit involves demonstration of the ability to:

- 1.2a Communicate effectively.
- 1.2b Provide appropriate advice and guidance on concepts and evidence derived from health psychology;
- 1.2c Build alliances and engage in collaborative working effectively.
- 1.2d Lead groups or teams effectively.
- 1.2e Understand organisational and systemic issues of relevance to the practice of applied psychologists.

1.2a To communicate effectively, the competent health psychologist will be able to:

1. Demonstrate an awareness of how non-verbal and verbal communication can be affected by culture, age, ethnicity, gender, religious beliefs and socio-economic status.
2. Understand the need to provide service users (or those acting on their behalf) with the information necessary for them to make informed decisions and to give informed consent.
3. Use appropriate interpersonal skills (to establish rapport, empathy, engage in active listening skills, use of various type of questioning skills) to initiate, develop, maintain and end therapeutic and professional relationships with clients/service users.
4. Use interpersonal skills to engage in collaborative working relationships with other professionals, and to encourage the active participation of service users in interventions

1.2b To provide appropriate advice and guidance based on concepts and evidence derived from health psychology, the competent health psychologist will be able to:

1. Recognise and where appropriate, offer up to date, relevant advice on psychological issues relating to health behaviour outcomes, care and to aid policy decision making.
2. Assess the purpose, utility and likely impact of the advice and guidance.
3. Explain the nature and purpose of specific psychological techniques to service users and relevant professionals.
4. Summarise, tailor, present complex ideas/advice and adapt the style of information/advice giving to suit different client and professional groups.
5. Obtain necessary permissions for the use of confidential and copyrighted information.
6. Evaluate the impact of psychological advice.

1.2c To build alliances and engage in collaborative working effectively, the competent health psychologist will be able to:

1. Build and sustain professional relationships collaboratively as a member of a team.
2. Contribute effectively to work undertaken as part of a multi-disciplinary team by highlighting evidence and theory derived from health psychology.
3. Demonstrate the need to engage service users and stakeholders in planning and evaluating service.
4. Engage in effective supervisory relationships for their professional practice.

1.2d To lead groups or teams effectively, the competent health psychologist will be able to:

1. Identify and utilise leadership styles appropriate to a particular context.
2. Allocate work to individuals and groups within the specific boundaries of their competence/work contexts and identify training needs as appropriate.
3. Use negotiation, influencing, facilitation and managements skills successfully within a multi-agency/disciplinary group or team.
4. Respond appropriately to influence of group dynamics, the professional and personal agendas of individual members and pressures relevant to the organisational context of the group or team.
5. Receive and act upon feedback on leadership competence from stakeholders and team members.

1.2e In demonstrating their understanding of organisational and systemic issues, the competent health psychologist will:

1. Understand the organisational context for their practice.
2. Understand the structures and functions of service providers applicable to the work of their profession.
3. Recognise the role of other professionals and stakeholders of relevance to their work, including the role of service users, carers, and/or community groups.
4. Be able to adapt their practice to different organisational contexts for service delivery, as appropriate.
5. Be able to bring psychological influence to bear; for example, through consultancy, training, and working effectively in multidisciplinary and/or cross-professional teams.

2.0 CORE COMPETENCIES IN PSYCHOLOGICAL INTERVENTIONS

Range of experience

Candidates must have experience of delivering interventions both face-to-face with individuals, and in a different setting (i.e. not involving direct contact with an individual), such as group work or online. Candidates' competence in working with individual clients on a face-to-face basis should be observed by their Supervisor (this can be the Workplace Supervisor, Workplace Contact, or the Co-ordinating Supervisor), such that the Supervisor can attest to the candidate's ability to assess, formulate and deliver an intervention with an individual client (**Note:** To complete this requirement observation of more than one session may be required).

Candidates must demonstrate:

- A detailed understanding of broad knowledge and applied health psychology skills that are required to plan, develop, deliver and evaluate psychological interventions within health care contexts. The competencies are based on the Health Behaviour Change Competency Framework (Dixon & Johnston, 2010), but encompass a breadth of psychological interventions. It is expected that, prior to commencing Stage 2 training, all candidates will evaluate the extent to which they have achieved the competencies outlined in the Dixon and Johnston framework that are recommended to deliver low intensity interventions. This self-evaluation should be used to identify priorities for the candidate's development of clinical skills.
- The process of undertaking an intervention should begin with a comprehensive assessment of individual needs that will result in the development of a formulation model of the theory, along with processes and constructs to be addressed in designing an effective intervention for that individual. The models, techniques and strategies that are utilised to deliver the intervention should be clearly described within the context of their content (theory, techniques, and outcomes) and their implementation processes (the therapeutic relationship, communication issues, application procedures, reflective practice). This competence is designed primarily to enable trainees to gain clinical and professional skills in the engagement and applied practice of communicating, relationship building with clients/individuals (central to intervention effectiveness) and delivering therapeutic intervention techniques in real life practice. Trainees must ensure that they can make professional judgements, communicate feedback about the outcomes and impact of the interventions involved in an individual's care based on their assessment and formulations to manage complex and unpredictable situations.
- Practitioner psychologists should recognise the benefits some clients may derive from receiving a diagnosis, but should also be mindful of the harm that can result from labelling – particularly the risk of pathologising an individual. 'Diagnosis – Policy and Guidance' also says that psychologists may seek to supplement or replace diagnoses, wherever appropriate, with evidence-based individual psychological formulations, models and theories as a way of informing their recommendations and interventions.

For further information see the following link www.bps.org.uk/news/new-society-guidance-diagnosis

Evidence to be submitted:

- (i) A 3000 word (maximum) Case Study of a psychological intervention that has been implemented through face-to-face work with an individual client, and which includes all elements of the process: Assessment, formulation, intervention and evaluation. This should be submitted together with a report from the candidate's supervisor detailing observation of the candidate working in this way, and the report should attest to the candidate's ability to assess, formulate and deliver an intervention with an individual client (note: to complete this requirement observation of more than one session may be required).

Additionally, candidates should submit a reflective report on the delivery of this intervention (**Note:** The reflective appendix is not included in the word count).

- (ii) A 2000 word (maximum) Case Study of a psychological intervention that has been implemented through a medium other than face-to-face work with an individual client (e.g. through group work or online), and which includes all elements of the process: assessment, formulation, intervention and evaluation.

Additionally, candidates should submit a reflective report on the delivery of this intervention (**Note:** The reflective appendix is not included in the word count).

2.1 Conduct psychological interventions within a health care context to change behaviour of individuals and groups

Attainment of competence in this unit involves demonstration of the ability to:

- 2.1a Select or design and implement appropriate health psychology tools to conduct health psychology baseline assessments of the needs of the client/patient population addressing the targeted health behaviour outcomes for this individual/group.
- 2.1b Develop a working formulation model regarding the cognitive, emotional and behavioural processes that should be addressed within intervention methodology based on the assessment information, data and outcomes.
- 2.1c Provide detailed feedback about the outcome of the assessment and formulation as appropriate to the service and role of the health psychologist delivering/directing the intervention.
- 2.1d Design, plan and implement and deliver health psychology interventions based on the assessment and formulation.
- 2.1e Evaluate and communicate the outcomes of health psychology interventions.

2.1a To select or design and implement appropriate tools to conduct psychological baseline assessments of the needs of the client/patient population addressing the targeted interventional outcomes for this individual/group, the competent health psychologist will be able to:

1. Define and gather relevant information to determine the target behaviour/s, the targeted individuals and groups, and the targeted interventions and/or service outcomes.
2. Determine the use of appropriate theories and models to inform the structure and content of the assessment.
3. Define and gather relevant information to determine the history, context and risk to the individual client as a result of their health behaviour/psychosocial factors and outcomes.
4. Specify the resources (including personnel, equipment and financial resources) necessary to conduct the assessment and who will conduct the assessment, where and when.
5. Determine own professional competence to proceed with assessment based on preliminary investigations and undertake appropriate training or supervision to conduct assessment as necessary.
6. Assess the current status of the behaviour and associated cognitions and emotions (e.g. frequency, duration, intensity, variation, context).
7. Assess the antecedents (that precede or cause the behaviour) and the consequences (that follow or are caused by behaviour). Antecedents and consequences may be psychological, social, environmental, physiological or psychological.
8. Communicate effectively and professionally, to establish rapport, engender empathy, utilise active listening and questioning skills, collaborative decision making and information giving.

9. Accurately record, document and store relevant information gathered during the assessment in accordance with professional standards and local governance policies and procedures.
10. Accurately record, document and store relevant information gathered during the assessment according to professional standards.

2.1b To develop a working formulation model regarding the cognitive, emotional and behavioural processes that should be addressed within intervention methodology based on the assessment information, data and outcomes, the competent health psychologist will be able to:

1. Use appropriate theories, models, the evidence base and assessment data/information to identify the role of cognitions and affect associated with the target health behaviour and health outcomes.
2. Describe and evaluate the information gained from the assessment to determine the pattern of behaviour and its relationship to antecedents and consequences/health outcomes.
3. Formulate a working hypothesis/model of the interactions between biological, medical, psychological, social and cultural factors relevant to the target health behaviour (gained from the evidence base and the assessment process).
4. Gather formal feedback or further information from relevant others.
5. Decide whether additional information and further assessment are necessary.
6. Revise the working formulation regarding the maintenance processes involved in the targeted health behaviours as appropriate.

2.1c To provide detailed feedback about the outcome of the assessment and formulation as appropriate to the service and role of the health psychologist delivering/directing the intervention, the competent health psychologist will be able to:

1. Provide appropriate feedback matched to the needs of the client, with a summary and review of information gathered during the assessment to facilitate the collaborative relationship and to obtain relevant additional information.
2. Indicate specific areas that require further clarification within the assessment and formulation.
3. Consider the outcomes of the formulation and any implications for the client(s).
4. Refer client(s) on to alternative services, professionals or agencies for further intervention if appropriate.

2.1d To design, plan and implement and deliver psychological interventions based on the assessment and formulation, the competent health psychologist will be able to:

1. Define the cognitive, emotional and behavioural objectives or health outcomes of an intervention.
2. Design the methodology (content and processes) of the intervention required to conduct an effective intervention based on the assessment and formulation.
3. Use the evidence base and the formulation to select appropriate elements of theories or models to inform the intervention strategies, techniques, components and methods.

4. Identify and evaluate psychological, cultural, environmental, organisational and societal facilitators of, and barriers to, the implementation and/or effectiveness of the intervention.
5. Plan how to enhance the facilitators and reduce the barriers to the intervention effectiveness and outcomes.
6. Identify the resources required to implement the intervention and address any gaps in resources that may impede effective delivery of the intervention.
7. Identify and address (where possible) any communication or relationship factors between trainee and client that may reduce the intervention effectiveness (e.g. conflicts of interests, personal issues).
8. Deliver an appropriate psychological intervention based on the assessment and formulation model, the resource analysis, the barriers and facilitators evaluation and the intervention methodological plan.

2.1e To evaluate and communicate the outcomes of psychological interventions, the competent health psychologist will be able to:

1. Identify or design relevant outcome and process measures to determine the efficacy and mechanisms of the intervention.
2. Identify effective and non-effective components of the psychological intervention.
3. Conduct an intervention review with the client/s to develop plans to maintain health change outcomes and reinforce factors influencing lasting change.
4. Recommend changes to improve the efficacy of the intervention.
5. Determine whether further follow-up is required to maintain change or whether referral on to other services, professionals or agencies is required.

3.0 CORE UNITS OF RESEARCH COMPETENCE

Candidates must demonstrate:

1. competence as an independent researcher in health psychology as evidenced in: research conceptualisation, design, sampling, implementation, data collection, data analysis, the evaluation of methods, the discussion of implications of the data in contributing to the development of new ideas and techniques, and the relationship of data to previously published research;
2. that they can make informed judgements on complex issues within the field of health psychology research, often in the absence of complete data, and communicate their conclusions effectively.

Evidence to be submitted for the Society's Qualification in Health Psychology

- (i) A report of a systematic review of literature relevant to health psychology of no more than 6000 words.
- (ii) A report of a major empirical study which will be a rigorous study of a topic relevant to health psychology. This will be a more ambitious study than would normally be undertaken for completion of an MSc thesis but at a level congruent with the Quality Assurance Agency (QAA) descriptor for Doctoral (D) level qualifications and at a level congruent with the Scottish Level 12 descriptors within the Scottish Credit and Qualifications Framework. The report will be no longer than 15,000 words.

This evidence must demonstrate the candidate's understanding of a substantial body of knowledge within the field of health psychology, and that they have created and interpreted new knowledge through original research.

Both of these evidence reports shall be written to a standard acceptable for publication in peer-reviewed academic journals relevant to health psychology at the time of submission. This standard shall apply both to the content and presentation of the work. Note that the word limits do not include references, tables or appendices.

Please note that research must be conducted in accordance with the Society's ethical principles. In addition, it is a requirement that all research has received ethics approval from an appropriate ethics committee. Candidates are required, therefore, to undertake their research within an organisation which has an ethics approval mechanism. Candidates must provide details of the ethics approval mechanism which they are utilising and a copy of the approval must be included with the evidence submitted for assessment.

3.1 Conduct systematic reviews

Attainment of competence in this unit involves demonstration of the ability to:

3.1a Define topic and search parameters.

3.1b Conduct a search using appropriate databases and sources.

3.1c Summarise findings from the review.

3.1a To define the topic and search parameters the competent health psychologist will be able to:

1. Conduct preliminary investigations into a research area and assess the extent to which research in the area has been adequately reviewed.
2. Identify and contact others who share an interest in the research area in order to acquire recent and unpublished studies.
3. Establish the viability of conducting a systematic review into the research area.
4. Plan the work involved and cost the work (including any staffing requirements).
5. Clarify the aims and objectives of the review including the criteria by which studies will be included in the review.
6. Design a search strategy including electronic databases, publication periods, keywords, journals requiring hand searches and researchers to be contacted directly.

3.1b In order to conduct a search using appropriate databases and sources the competent health psychologist will be able to:

1. If appropriate, establish a review group and develop communication and collaboration procedures for review group members.
2. Develop operational definitions of inclusion criteria and study/methodological categorisation (e.g. the types and strengths of evidence that are acceptable to the review).
3. Test search strategies and evaluate their sensitivity and specificity (e.g. in relation to sub-set of previously reviewed studies).
4. Search for, identify and review relevant studies.
5. Tabulate the characteristics of each study and assess each for methodological quality.

3.1c In order to summarise findings from the review the competent health psychologist will be able to:

1. Select appropriate methods for combining data.
2. Analyse results of eligible studies.
3. Assemble the most complete dataset feasible and, if appropriate, discuss with review group members.
4. If appropriate and possible:
 - set up a specialised database to input eligible studies;
 - use statistical synthesis of data (meta-analysis);
 - perform sensitivity analysis.
5. Present results in the most appropriate format for recipient audiences.
6. Prepare a structured report of the review which:
 - states the aims and objectives;
 - describes materials and methods;
 - reports results.
7. Publicise and disseminate results in appropriate publications.

3.2 Design and conduct psychological research

Attainment of competence in this unit involves demonstration of the ability to:

- 3.2a Identify theoretical models and research findings relevant to proposed research questions.
- 3.2b Define the resources and constraints relevant to the conduct of the research.
- 3.2c Conduct preliminary investigations of existing models and methods.
- 3.2d Collect data as specified by research protocols.

3.2a In order to identify theoretical models and research findings relevant to proposed research questions the competent health psychologist will be able to:

1. Search existing literature for theories, models and findings relevant to the developing research question.
2. Identify, describe and evaluate the links between existing theories and models and findings and the proposed research.
3. Specify research questions or hypotheses and select an appropriate research method to answer the defined question(s).

3.2b In order to define resources and constraints relevant to the conduct of the research the competent health psychologist will be able to:

1. Define and describe the scope of the research in relation to sampling, statistical power, generalisability and theoretical relevance.
2. Define research populations and specify sampling frames and procedures that will ensure the collection of valid and reliable data.
3. Evaluate the suitability of existing measures, techniques and models to the research question and identify constraints imposed by proposed research designs and available measures.

4. Identify resources and constraints that are likely to affect the design and execution of the research.
5. Describe and agree the roles and responsibilities of individuals who will conduct the research, including authorship on publications.
6. Check confidentiality and ethical considerations with relevant others and plan applications for ethical approval.
7. Check other permissions, for example, NHS Research & Development.

3.2c In order to conduct preliminary investigations of existing models and methods the competent health psychologist will be able to:

1. Undertake pilot studies capable of assessing the appropriateness and effectiveness of existing models, measures and techniques.
2. Review and evaluate the outcomes of the preliminary investigations in discussion with relevant others, where necessary.
3. Revise and finalise research questions and methods on the basis of pilot data.

3.2d In order to collect data specified by research protocols the competent health psychologist will be able to:

1. Implement data collection methods outlined in research protocols working within appropriate safety and ethical constraints.
2. Initiate monitoring systems, such as procedures for monitoring the quality of data collection as specified within research protocols.
3. Maintain data recording systems according to agreed formats and procedures specified in research protocols.
4. Review research protocols according to a pre-specified plan and, if appropriate, implement modifications to data collections procedures.
5. Identify and implement procedures to ensure the accuracy of recorded data.
6. Archive and store data in a manner which would allow other researchers to undertake appropriate analyses.
7. Demonstrate expertise in a range of data collection approaches regularly employed in health psychology.

3.3 Analyse and evaluate psychological research data

Attainment of competence in this unit involves demonstration of the ability to:

- 3.3a Analyse data as specified by research protocols.
- 3.3b Interpret the results of data analysis.
- 3.3c Evaluate research findings and make recommendations based on research findings.
- 3.3d Write up and report research methods and findings.
- 3.3e Review the research process.
- 3.3f Review and evaluate relationships between current issues in psychological theory and practice.

3.3a In order to analyse data as specified by research protocols the competent health psychologist will be able to:

1. Seek comment from relevant qualified others on the appropriateness of planned analysis.
2. Accurately use the analytical methods specified in research designs.
3. Where appropriate screen data and take actions to render data suitable for the chosen analysis or for an alternative analysis.
4. Identify and use techniques to check the accuracy of the output of the analysis.
5. Make necessary revisions in the analysis in response to feedback.
6. Demonstrate expertise in a range of both quantitative and qualitative data analysis procedures regularly employed in health psychology.

3.3b In order to interpret the results of data analysis the competent health psychologist will be able to:

1. Follow accepted interpretative techniques and interpret data within relevant theoretical frameworks.
2. Link interpretations to data analysis techniques in a comprehensible manner appropriate to the recipient audience.
3. Link interpretations to previous research findings.

3.3c In order to evaluate research findings and make recommendations based on research findings the competent health psychologist will be able to:

1. Consider the generalisability of conclusions drawn from research in relation to the limits of sampling, measurement, data collection and analysis.
2. Consider the relevance of particular findings to specified populations or settings for which they could potentially have relevance.
3. Consider the effects of resource limitations and established practices on the implementation of research-based recommendations.
4. Inform relevant others of the results of the research and its implications within an appropriate time frame.
5. Develop and justify recommendations for practice and future research based on present results and their interpretations.

3.3d In order to write up and report research methods and findings the competent health psychologist will be able to:

1. Prepare clear and comprehensive reports of research in accepted formats.
2. Obtain feedback from relevant others and modify reports in light of feedback.
3. Disseminate reports to relevant researchers and users.
4. Attribute sources using accepted formats.

3.3e In order to review the research process the competent health psychologist will be able to:

1. Consider the theoretical importance of completed research.
2. Evaluate the methodological adequacy of completed research including the operationalisation of theoretical constructs.

3. Develop and justify recommendations regarding future research based on reported results and their interpretations.

3.3f In order to review and evaluate relationships between current issues in psychological theory and practice the competent health psychologist will be able to:

1. Monitor current research and developments continually, to establish when and whether they might impact on current psychological theories and practices.
2. Discuss the potential impact of current research and developments with relevant others including health care professionals and policy makers.
3. Inform relevant others when new research or developments may or will affect current psychological practices.

3.4 Initiate, develop and evaluate the impact of psychological research

Attainment of competence in this unit involves demonstration of the ability to:

3.4a Monitor and evaluate studies in relation to agreed protocols.

3.4b Clarify and evaluate the implications of research outcomes for practice and organisational function.

3.4a In order to monitor and evaluate studies in relation to agreed protocols the competent health psychologist will be able to:

1. Monitor and evaluate progress in relation to the proposed objectives, methods and schedule of activities on a regular basis.
2. Negotiate, document and make any required modifications to the research protocol.
3. Inform relevant others of the progress of the research and its implications for future research and practice.

3.4b Clarify and evaluate the implications of research outcomes for practice:

1. Assess the extent to which research findings question or extend existing psychological models.
2. Assess the applicability of new findings to particular areas of health psychology practice.
3. Seek comment from relevant others on new findings and their potential implications for practice.
4. Justify developments in health psychology practice in relation to relevant and valid research findings.
5. Present interpretations of research findings clearly and in a comprehensible and appropriate format for particular audiences.
6. Discuss the utility of new practices suggested by research with relevant others.
7. Demonstrate new research-based practices to relevant others illustrating their worth and potential impact

4.0 CORE UNITS OF CONSULTANCY COMPETENCE

Guidelines for the Consultancy Competence

Health Psychology Consultancy is the use of specialist health psychology skills and knowledge to provide a service to an external business client, for example, public, private or third sector organisations. The consultant/ client relationship requires a level of independence in order

to ensure that both parties are free to express their needs and boundaries. Any consultancy provided within the same organisation must therefore not be between parties (consultant and client) who have any management or strategic links or relationship.

Consultancy is typically a defined service (provided for a specified fee) and generally relates to services that have demonstrable relevance to health psychology, and which the client does not have the expertise to carry out in-house. The consultancy client is the individual, group or organisation which enters into a negotiated contract with the consultant agreeing the objectives, process and conditions of the health psychology consultancy work. The consultancy project must be a specifically defined piece of work that is negotiated and conducted by the consultant directly and cannot be part of a larger piece of work that has been negotiated by another person, for example, line manager.

The nature of a piece of consultancy requires the consultant to draw upon skills found within the other competencies included within the Stage 2 qualification, for example, teaching and training, interventions etc. However, the consultancy competency and the submitted work for assessment must focus on the key processes of the client/consultant relationship management as defined through the competency framework below.

Examples of Health Psychology Consultancy requests might be:

- An NHS Trust who wants health psychology informed interventions developed to improve their diabetes outcomes, and for their staff to be trained to implement these new interventions.
- A charity (third sector organisation) who needs to engage with people from Black and Ethnic Minority groups who have lupus in order to improve exercise levels.
- An older adults' service wants to set up new processes for joint working between health and social services to improve health outcomes and reduce hospital admissions.

Candidates must demonstrate that they:

1. Have an understanding of the application of theories/models of communication, consultancy, development and the management of change within the consultancy process and project delivery.
2. Understand about the preparatory processes involved in pitching, negotiating and agreeing their scope of work, contract arrangements and project delivery specifications with their client prior to project implementation.
3. Understand the barriers and facilitators of effective project delivery (incorporating time, resource, relationship and conflict management).
4. Are able to plan, document, monitor, review and adjust their consultancy work/project deliverables using appropriate theoretical frameworks/models and procedures.
5. Can manage the consultancy project deliverables, process and outcomes more effectively by engaging with, and actively planning the client-consultant relationship.
6. Can exercise ethical and professional behaviour and personal responsibility with autonomous initiative within the consultancy project delivery and setting.

Evidence to be submitted for the Society's Qualification in Health Psychology

- (i) A case study (maximum 3000 words) which should include an account of the request and identification of the need for the health psychology consultancy, the negotiating, planning and management of the consultancy project process and reviews of relevant consultancy approaches, theories and techniques, and the consultancy methodology, design and implementation plan.

A clear description and report of the consultancy aims, objectives, deliverables, data collection or project work and outcomes and the evaluation process must be included.

- (ii) A contract and working agreement conditions document (maximum 3000 words) that specifies the project negotiations, agreed timescales and outcome deliverables, budget and resource planning, feasibility/scoping evaluation/studies, subsequent contract revisions, summary of meetings and correspondence demonstrating reflection on the communications and management of the client-consultant working relationship, consent procedures where appropriate, client assessments of the consultancy process and evidence of formal evaluation, feedback and reports from clients where appropriate.

4.1 Assessment of requests for consultancy

Attainment of competence in this unit involves demonstration of the ability to:

- 4.1a Identify, prioritise and agree realistic expectations, needs, deliverables and outcome requirements of the client regarding the proposed consultancy project.
- 4.1b Review appropriate (e.g. psychological, business) literature and other information sources for the relevant evidence base (research findings, reports, reviews, policy, guidelines), consultancy approaches, project methods and interventions relevant to the consultancy request.
- 4.1c Assess feasibility of proposed consultancy and any problems or challenges with providing agreed deliverables.

4.1a To Identify, prioritise and agree realistic expectations, needs, deliverables and outcome requirements of client regarding the proposed consultancy project, the competent health psychologist will be able to:

1. Identify and assess the client's expectations, needs, goals and deliverables/outcome requirements using valid and reliable elicitation methods (e.g. structured meetings, questionnaires, interviews or focus groups).
2. Identify the context and critical influences (e.g. organisational, personal, and political) that may affect the client's motivations and ability to support the consultancy process and project delivery.
3. Ascertain the appropriate focus for the consultancy e.g. individual, group or systems/service level.
4. Prioritise the client's needs, expectations and deliverables to maximise the potential effect and impact of the consultancy on the client's goals.
5. Identify and negotiate deliverables/outcomes that are commensurate with the needs and requirements of the client.

4.1b To review appropriate (e.g. psychological, business) literature and other information sources for the relevant evidence base (research findings, reports, reviews, policy, guidelines), consultancy approaches, project methods and interventions relevant to the consultancy request, the competent health psychologist will be able to:

1. Use appropriate search methods to critically examine, synthesize and review relevant information necessary to the development of the consultancy proposal, work plan and deliverables, (e.g. including published literature, policy, guidance, databases).

2. Summarise, collate and analyse any relevant evidence base to develop a relevant, realistic and appropriate consultancy proposal and project plan.

4.1c To assess feasibility of proposed consultancy and any problems of challenges with delivering on agreed deliverables, the competent health psychologist will be able to:

1. Identify the material, environmental, organisational and human resources necessary for the consultancy project to be implemented fully.
2. Identify the possible barriers facing the consultancy project delivery and outcomes and develop strategies to manage these effectively and proactively.
3. Negotiate roles, expectations of the client-consultant relationship and arrangements for financial payment/compensation, confidentiality, data protection and intellectual property agreements between the client and consultant. (And any additional connected stakeholders and partners).

4.2 Plan consultancy

Attainment of this competence requires demonstrating the ability to:

4.2a Determine the aims, objectives, criteria, theoretical frameworks and scope of consultancy.

4.2b Produce implementation plans for the delivery of the consultancy outcomes.

4.2a To determine the aims, objectives, criteria, theoretical framework and scope of consultancy the competent health psychologist will be able to:

1. Identify, develop and record the aims and objectives for the consultancy in an appropriate format.
2. Define clearly the outcome criteria for each stated operational objective.
3. Identify a relevant theoretical framework/model/s, if appropriate, to be used for the consultancy together with the rationale for inclusion/ exclusion.
4. Specify the scope of the consultancy project (e.g. deliverables/outcomes, impact, time management, finances (if this is pro bono, then indicative costs are required in the contract), and taking into account resource availability and all possible constraints/barriers to conducting it.

4.2b To produce implementation plans for the consultancy the competent health psychologist will be able to:

1. Prepare a project delivery plan for the entire consultancy process (e.g. Gantt chart) that outlines time-scales and project task completion actions for the client (individuals, teams, agencies and organisations) and the consultant.
2. Design, document and implement flexible and robust monitoring systems (e.g. regular meetings/updates and reporting systems where problems can be rectified), which will avoid potential problems in project delivery and allow for modifications to meet the changing needs of the project plan.
3. Identify and communicate within the consultancy project plans the roles, areas or responsibility of both the client (individuals, teams, agencies and organisations involved) and consultant.
4. Clarify channels and processes of communication and working practices between the client and the consultant. Document any challenges or difficulties in communication encountered during the consultancy process.

5. Discuss and agree the project delivery plans with, and distribute the plans to the client (relevant individuals, organisations and agencies).
6. Incorporate feedback from the client (and any associated stakeholders/partners the client wishes involved in the consultancy project) into the project delivery plans prior to their implementation.

4.3 Establish, develop and maintain working relationships with clients

Attainment of this competence requires demonstrating the ability to:

- 4.3a Identify and engage with client's contact procedures and plan and prepare for initial discussions regarding consultancy opportunities.
- 4.3b Develop, maintain and monitor working relationships.

4.3a To Identify and engage with client's contact procedures and plan and prepare for initial discussions regarding consultancy opportunities, the competent health psychologist will be able to:

1. Make arrangements for contacting clients within acceptable time-scales.
2. Abide by the BPS Generic Professional Practice Guidelines when interacting with the client, avoiding personal judgments and identifying any conflicts of interest.
3. Identify documents and discuss the client's concerns, needs and issues with the opportunity for consultancy.
4. Describe and agree the initial conditions and limits of confidentiality, data protection (including the storage of information) and non-disclosure of proprietary information, between the consultant and the client.

4.3b To develop, maintain and monitor working agreements and relationships with clients the competent health psychologist will be able to:

1. Offer information about options for working relationships to enable the client to make informed decisions.
2. Identify the client's issues, concerns and contractual needs and negotiate an optimal working agreement of the project delivery and contract implementation taking account of these.
3. Ensure that in the consultancy contract and the working agreements are clearly stated including the service(s) being provided, agreed time-scales for the project delivery (and any sub-components/tasks/actions), client-consultant specific roles, project objectives, costs, review of targets and resources.
4. Implement and maintain effective recording and monitoring systems of the working client-consultant relationship with the appropriate levels of security and confidentiality to ensure protection and management of the project delivery.
5. Negotiate and agree regular reviews with the client to maintain effective working relationships and ensure the contract remains realistic and deliverable.
6. Facilitate an active collaborative working relationship between the client and consultant that encourages an open communication style, mutual respect and joint decision making to ensure the smooth delivery of the project deliverables/outcomes, and that meets the needs of both parties.

7. Identify and document constructive course of action/s or procedures to manage and enhance working relationships between the client and consultant that are at risk or are impacting on project delivery

4.4 Conduct consultancy

Attainment of this competence requires demonstrating the ability to:

- 4.4a Agree and document the client-consultant contract.
- 4.4b Establish systems or processes to deliver the planned consultancy.
- 4.4c Implement the planned consultancy.
- 4.4d Close the consultancy.

4.4a To agree and document the client-consultant contract, the competent health psychologist will be able to:

1. Ensure the client-consultant working agreements, project objectives and plan, deliverables and outcomes, all services being provided, time-scales for the project delivery (and any sub-components/tasks/actions) are clearly agreed and documented in the contract and signed by all parties.
2. Document the client-consultant specific roles and expectations of each party, and confidentiality and intellectual property arrangements clearly within the contract.
3. Specify financial agreements and costs, processes to review targets and all resources required to undertake the project effectively.
4. Ensure all relevant parties associated with the client are aware of the contract agreements, details and specifications and that the appropriate client contact signs the contract (and on behalf of the organisation, stakeholders etc involved).
5. Ensure that the signed contract is disseminated appropriately and stored securely.

4.4b To establish systems or processes to deliver the planned consultancy the competent health psychologist will be able to

1. Make necessary checks, and obtain resources, consents and agreements for the proposed consultancy.
2. Conduct, analyse and interpret pre-consultancy investigations, using valid and reliable methods, within agreed timescales.
3. Make necessary amendments to consultancy plans in the light of the evaluated outcomes from the pre-consultancy investigations.
4. Gather and prepare all materials, resources, documents and instruments identified as required, to deliver the consultancy project.
5. Implement quality assurance and control mechanisms by setting targets that will enable the progress made within the consultancy to be measured against the objectives.
6. Identify and document contingency measures to deal with changing requirements and circumstances.

4.4c To implement the planned consultancy project the competent health psychologist will be able to:

1. Implement their planned project delivery programme following the actions and conditions agreed within the client-consultant contract and working agreement.

2. Regularly review the consultancy project plans, the contract deliverables and the project goals and objectives, making adjustments agreed with the client as necessary and documenting changes in the contract or working agreements.
3. Identify and manage problems promptly and discuss and document appropriate solutions with the client.
4. Maintain the appropriate levels of security and confidentiality throughout the consultancy project process.
5. Conduct the consultancy project process in compliance with relevant local and national legal, professional, ethical, safety and organisational law, guidelines and requirements.

4.4d To close the consultancy the competent health psychologist will be able to:

1. Document the deliverables/outcomes of the consultancy in relation to its initial aims and objectives.
2. Assess, document and communicate the reasons for any aspects or parts of the consultancy not being met.
3. Report the deliverables/outcomes and recommendations of the consultancy to the client (and all appropriate stakeholders as agreed with the client). This should comprise of a written/and/or oral presentation as required by the client.

4.5 Review the process and outcomes of consultancy

Attainment of competence in this unit involves demonstration of the ability to:

- 4.5a Review the implementation of the full consultancy process and implement changes identified by the reviewing process.

4.5a To review the implementation of the full consultancy process, the competent health psychologist will be able to:

1. Collect data or information as specified in the consultancy plan regarding the review, monitoring or evaluation of the project outcomes.
2. Analyse and compare information and data against the consultancy's objectives.
3. Prioritise changes according to the consultancy contract and client-consultant working agreement and ensure that the rationale for the proposed changes is clearly justified.
4. Identify and assess any changes which are necessary and desirable.
5. Negotiate, document and agree proposals for changes with the client.
6. Negotiate and agree new role requirements in relation to the revised expectations and requirements.

4.6 Evaluate the impact of the consultancy outcomes

Attainment of competence in this unit involves demonstration of the ability to:

- 4.6a Design and implement an evaluation process appropriate to the consultancy project process.
- 4.6b Assess the outcomes of the evaluation and present/report and document them for the client's needs.

4.6a To design and implement an evaluation the competent health psychologist will be able to:

1. Formulate and negotiate the purpose, scope and necessary resources for the evaluation with the client.
2. Select an evaluation methodology using suitable theories/models, concepts and frameworks that will facilitate the collection of data.
3. Analyse the evaluation data using valid and relevant methods.

4.6b To assess the outcomes of the evaluation the competent health psychologist will be able to:

1. Present evaluation conclusions, implications, recommendations and priorities in a comprehensible form/s.
2. Review, discuss and document evaluation conclusions for the client (and appropriate relevant others/stakeholders).
3. Discuss and agree further actions with the client (and appropriate relevant others/stakeholders).

5.0 CORE UNIT OF TEACHING AND TRAINING COMPETENCE

Guidelines for the teaching/training competence:

Range of experience

Candidates must have experience of teaching health psychology to two population types (e.g. undergraduate students, practising nurses, physiotherapists, health promoters or general practitioners). One of these groups must be health care professionals. A 'professional' is someone who is a member of, or in training to become a member of, a professional body. In addition candidates must have experience of both large and small group teaching and a broad range of teaching approaches. Across the two groups being taught, the amount of teaching experience will be taken into consideration. Candidates will normally be expected to have experience of at least one SERIES of teaching sessions. A series would normally be defined as five or more discrete sessions, each of which should normally last approximately one hour, to enable on-going dynamic reflection and development.

Candidates must demonstrate:

1. oral and written skills relating to small and large group teaching/training (and including individual tutoring);
2. the use of different teaching approaches including face-to-face teaching such as lectures, seminars and discussion groups;
3. the use of educational packages and/or distance learning programmes, including booklets, video and audio-taped information; and other written material designed to promote health behaviour change in patients, the general population and/or in health professionals;
4. the ability to select teaching techniques appropriate to the characteristics of the person/group and the setting in which they are taught;
5. the ability to exercise largely autonomous initiative in unpredictable situations within the teaching and training environment.

Evidence to be submitted for the Society's Qualification in Health Psychology

- (i) One 3000 word (maximum) case study based on observed and supervised teaching sessions to be submitted together with the observer's report (of no more than 500 words); the case study should include a teaching plan and evaluation and a reflective commentary of the teaching, exploring changes made as a result of the candidate's learning about their teaching as a result of feedback and self-reflection.

5.1 Plan and design teaching/training programmes that enable students to learn about knowledge, skills and practices in health psychology

Attainment of competence in this unit involves demonstration of the ability to:

- 5.1a Assess teaching/training needs.
- 5.1b Develop the structure and content of health psychology teaching/training programmes.
- 5.1c Select appropriate teaching/training methods, approaches and materials.
- 5.1d Prepare materials for learners to maximise their knowledge and skills in health psychology.

5.1a In order to assess teaching/training needs the competent health psychologist will be able to:

1. Assess the current teaching/training provision and levels of knowledge in a target group.
2. Discuss and agree the teaching/training needs with the learners and relevant others.
3. Explore ways in which development and teaching/training needs can be met.

5.1b In order to develop the structure and content of a teaching/training programme the competent health psychologist will be able to:

1. Consult with learners and relevant others about the relationship between proposed teaching/training content and delivery and anticipated learning outcomes.
2. Plan the structure and content of the programmes to fit identified teaching/training needs and outcomes/assessment, timescales and resources.
3. Submit plans to relevant others (supervisor or teaching observer) for comment and adjustment before finalising teaching/training programmes.

5.1c In order to select teaching/training methods and approaches the competent health psychologist will be able to:

1. Consider models of learning taking account of their strengths, limitations and appropriateness in terms of agreed learning needs and outcomes.
2. Taking account of available time and resources design teaching/training sessions which maximise learning opportunities for the target group.
3. Monitor the appropriateness of the selected teaching/training methods and materials and consider other approaches if planned methods are not achieving the desired learning objectives.

5.1d In order to prepare materials for learners to maximise their knowledge and skills in health psychology, the competent health psychologist will be able to:

1. Ensure the necessary resources and materials are available for implementation at the appropriate time and place (e.g. learning aims and outcomes information presentation materials and references/guidance).

5.2 Deliver teaching/training programmes encompassing knowledge, skills and practices in health psychology

Attainment of competence in this unit involves demonstration of the ability to:

5.2a Facilitate knowledge and where appropriate skill acquisition in the area of health psychology and or its application.

5.2a In order to facilitate learning in health psychology through the delivery of teaching/training the competent health psychologist will be able to:

1. Deliver the teaching/training programmes via a range of methods and using appropriate materials.
2. Competently and accurately respond to learners' queries and issues during and after teaching/training (e.g. provide further reading or advice).
3. Exercise largely autonomous initiative in unpredictable situations within the teaching and training environment.
4. Demonstrate the skills and knowledge necessary to present teaching/training sessions in a manner that will maximise learners' development.
5. Provide appropriate feedback to learners during teaching/training.

5.3 Evaluate teaching/training programmes encompassing knowledge, skills and practices in health psychology

Attainment of competence in this unit involves demonstration of the ability to:

5.3a Evaluate the outcomes of teaching/training programme in health psychology.

5.3b Identify factors contributing to the outcomes of teaching/training programme.

5.3c Identify improvements for the future design and delivery of teaching/training in health psychology.

5.3a In order to evaluate the outcomes of teaching/training programmes in health psychology the competent health psychologist will be able to:

1. Establish feedback procedures to ensure teaching/training needs are being met.
2. Review results of teaching/training programme assessments with relevant others.

5.3b To identify factors contributing to the outcomes of teaching/training programmes the competent health psychologist will:

1. In order to identify improvements, produce a reflective report on the teaching/training in which strengths and weaknesses of the training/training plan, methods of delivery, personal and professional skills of the trainee are identified.
2. Seek feedback from learners and relevant others.
3. Make recommendations for modifications to teaching/training programmes, the trainer professional skills/background and trainee needs in light of feedback.

5.3c To identify improvements for the future design and delivery of teaching/training in health psychology the trainee will:

1. Keep abreast of current issues, literature, evidence base and applied outcomes of the taught knowledge and skills in health psychology that are relevant to the teaching/training objectives.

Appendix 2: Useful web links

As taken from *The framework for higher education qualifications in England, Wales and Northern Ireland, the Quality Assurance Agency* (August 2008).

Descriptor for a qualification at Masters (M) level: Masters degree

Masters degrees are awarded to students who have demonstrated:

- (i) a systematic understanding of knowledge, and a critical awareness of current problems and/or new insights, much of which is at, or informed by, the forefront of their academic discipline, field of study, or area of professional practice;
- (ii) a comprehensive understanding of techniques applicable to their own research or advanced scholarship;
- (iii) originality in the application of knowledge, together with a practical understanding of how established techniques of research and enquiry are used to create and interpret knowledge in the discipline;
- (iv) conceptual understanding that enables the student:
 - to evaluate critically current research and advanced scholarship in the discipline; and
 - to evaluate methodologies and develop critiques of them and, where appropriate, to propose new hypotheses.

Typically, holders of the qualification will be able to:

- (a) deal with complex issues both systematically and creatively, make sound judgements in the absence of complete data, and communicate their conclusions clearly to specialist and non-specialist audiences;
- (b) demonstrate self-direction and originality in tackling and solving problems, and act autonomously in planning and implementing tasks at a professional or equivalent level;
- (c) continue to advance their knowledge and understanding, and to develop new skills to a high level; and holders will have:
- (d) the qualities and transferable skills necessary for employment requiring:
 - the exercise of initiative and personal responsibility;
 - decision-making in complex and unpredictable situations; and
 - the independent learning ability required for continuing professional development.

Descriptor for qualifications at Doctoral (D) level: Doctoral degree

Doctorates are awarded to students who have demonstrated:

- (i) the creation and interpretation of new knowledge, through original research or other advanced scholarship, of a quality to satisfy peer review, extend the forefront of the discipline, and merit publication;
- (ii) a systematic acquisition and understanding of a substantial body of knowledge which is at the forefront of an academic discipline or area of professional practice;
- (iii) the general ability to conceptualise, design and implement a project for the generation of new knowledge, applications or understanding at the forefront of the discipline, and to adjust the project design in the light of unforeseen problems;
- (iv) a detailed understanding of applicable techniques for research and advanced academic enquiry.

Typically, holders of the qualification will be able to:

- (a) 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;
- (b) continue to undertake pure and/or applied research and development at an advanced level, contributing substantially to the development of new techniques, ideas, or approaches; and holders will have:
- (c) 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.

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