EXECUTIVE SUMMARY

The NHS KSF is closely linked to Agenda for Change paybands and has several elements, all based on a system of generic dimensions relevant to work within the NHS. Each knowledge and skill dimension is articulated in terms of four levels of increasing complexity, and each level can be mapped onto specific job activities. Every post has an ‘Outline’ expressed as levels (1-4) on six core dimensions plus additional dimensions selected from a list of 24 optional dimensions. The additional subset is normally not more than eight dimensions. The dimensions are used in annual reviews to assess and determine progression in the post. There are two crucial ‘gateways’ at the beginning and the end of every Agenda for Change payband. The following aspects of the KSF are potentially relevant to clinical psychology training.

Post Outlines; all NHS posts, including ‘clinical psychology trainee’, must have a post outline. In theory this could be individual to each trainee post or each programme, but the Joint DCP/Union committee have helpfully produced a National Outline that was accepted by the Group of Trainers in Clinical Psychology at its Annual Conference in November 2005.

Foundation Gateway Review; within their first few months on a programme all trainees can expect a meeting with a tutor or manager to discuss their engagement with a subset of KSF dimensions selected for the Foundation Gateway. This subset of KSF dimensions is likely to be specific to individual programmes since it will depend on the sequencing of the curriculum. The result will be a Personal Development Plan.

Annual Developmental Review; the KSF dimensions should be considered as part of an annual review process at the end of years 1, 2 and 3 and a Personal Development Plan incorporating them should be produced. Once again, the progression through the dimensions and levels is likely to be specific to particular programmes.
Second Gateway Review and Progression; since psychology trainees graduate after three years, before the second gateway in year six, this not relevant.

Trainee Selection; the KSF applies primarily to individual posts within Agenda for Change Bands, but selection is to a new post in a new Band. Therefore the KSF has limited relevance to trainee selection. It could, however, be helpful for referees to outline attainment of KSF dimensions in previous posts where relevant.

Appointments of Graduates to First Posts; as for selection, the KSF has limited application to appointments to new posts. Nevertheless, it could be reassuring to employers of newly qualified psychologists to know that the attainment of the CTCP competencies guarantees attainment of the KSF dimensions at the trainee psychologist levels. This could be achieved by mapping the KSF Dimensions against the CTCP competencies.
INTRODUCTION TO THE KSF

Context

A radical reform of the NHS’s employment policy and practice has taken place over the past 3 years, and it encompasses all NHS staff except medical doctors and some very senior managers at board level.

There are three strands to the new employment arrangements;

1. the NHS KSF and its associated development review process – which together form the basis of the career and pay progression strand,
2. job evaluation, which places jobs in Agenda for change Bands, (band 6 in the case of clinical psychology trainees)
3. employment terms and conditions.

The NHS KSF

Overview

The NHS KSF consists of six core dimensions and 24 specific and ‘optional’ dimensions organized into four ‘themes’; health and well-being (10), estates and facilities (3), information and knowledge (3) and general (8).

Each dimension has four levels which represent increasing degrees of mastery and skill within the dimension.

Table 2 shows all the dimensions of the KSF, with the relevant trainee dimensions and levels shaded in grey.

KSF Post Outline

Every NHS post is banded on an Agenda for Change Band and also has an outline setting its NHS KSF dimensions and levels. The combination of dimensions and levels gives a broad KSF outline for a post. Employee must achieve the relevant dimensions at the specified level to progress to the higher pay-points in the Band. For trainees on Band 6 this would be after 6 years in post (see Table 1), but since clinical psychology training takes place over only 3 years, the issue of progression based on the KSF will not be relevant.
Table 1, Band 6, the trainee band

<table>
<thead>
<tr>
<th>Point</th>
<th>Band 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transitional Points</td>
<td></td>
</tr>
<tr>
<td>(To be phased out)</td>
<td></td>
</tr>
<tr>
<td>19,523*</td>
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<td>20,458*</td>
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<td>21,448*</td>
<td></td>
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<tr>
<td>23</td>
<td>22,328</td>
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<td>First Gateway</td>
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<td>24</td>
<td>23,208</td>
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<tr>
<td>25</td>
<td>24,198</td>
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<td>27</td>
<td>26,068</td>
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<tr>
<td>28</td>
<td>26,948</td>
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<td>Second Gateway</td>
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<td>29</td>
<td>27,828</td>
</tr>
<tr>
<td>30</td>
<td>28,817</td>
</tr>
<tr>
<td>31</td>
<td>30,247</td>
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</tbody>
</table>

The post of trainee clinical psychologist may differ between programmes due to different emphases and other local factors, and in theory each course could develop its own post outline. However, the Society’s standards for accredited doctoral programmes in clinical psychology provide a degree of uniformity across programmes. Consequently the joint DCP/Union committee developed a generic KSF outline for the post of trainee clinical psychologist that was considered and approved at the GTiCP Directors’ meeting in November 2005.

The grey shading in Table 2 indicates a dimension and level that the joint DCP/Union committee identified as relevant to the post of trainee psychologist.
### TABLE 2: KSF Dimensions with Levels for Trainees (where applicable)

<table>
<thead>
<tr>
<th>DIMENSIONS</th>
<th>LEVEL DESCRIPTORS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CORE</strong></td>
<td>1</td>
</tr>
<tr>
<td>1 Communication</td>
<td>Communicate with a limited range of people on day-to-day matters</td>
</tr>
<tr>
<td>2 Personal and people development</td>
<td>Contribute to own personal development</td>
</tr>
<tr>
<td>3 Health, safety and security</td>
<td>Assist in maintaining own and others’ health, safety and security</td>
</tr>
<tr>
<td>4 Service improvement</td>
<td>Make changes in own practice and offer suggestions for improving services</td>
</tr>
<tr>
<td>5 Quality</td>
<td>Maintain the quality of own work</td>
</tr>
<tr>
<td>6 Equality and diversity</td>
<td>Act in ways that support equality and value diversity</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DIMENSIONS</th>
<th>LEVEL DESCRIPTORS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HEALTH AND WELLBEING</strong></td>
<td>1</td>
</tr>
<tr>
<td>HWB1 Promotion of health wellbeing and prevention of adverse effects on health and wellbeing</td>
<td>Contribute to promoting health and wellbeing and preventing adverse effects on health and wellbeing</td>
</tr>
<tr>
<td>HWB2 Assessment and care planning to meet health and wellbeing needs</td>
<td>Assist in the assessment of people’s health and wellbeing needs</td>
</tr>
<tr>
<td>HWB3 Protection of health wellbeing</td>
<td>Recognise and report situations where there might be a need for protection</td>
</tr>
<tr>
<td>HWB4 Enablement to address health and wellbeing needs</td>
<td>Help people meet daily health and wellbeing needs</td>
</tr>
<tr>
<td>HWB5 Provision of care to meet health and wellbeing needs</td>
<td>Undertake care activities to meet individuals’ health and wellbeing needs</td>
</tr>
<tr>
<td>HWB6 Assessment and treatment planning</td>
<td>Undertake tasks related to the assessment of physiological and psychological functioning</td>
</tr>
<tr>
<td>HWB7 Interventions and treatments</td>
<td>Assist in providing interventions and/or treatments</td>
</tr>
<tr>
<td>HWB8 Biomedical investigation and intervention</td>
<td>Undertake tasks to support biomedical investigations and/or interventions</td>
</tr>
<tr>
<td>HWB9 Equipment and devices to meet health and wellbeing needs</td>
<td>Assist in the production and/or adaptation of equipment and devices</td>
</tr>
<tr>
<td>HWB10 Products to meet health and wellbeing needs</td>
<td>Prepare simple products and ingredients</td>
</tr>
<tr>
<td>DIMENSIONS</td>
<td>LEVEL DESCRIPTORS</td>
</tr>
<tr>
<td>------------</td>
<td>------------------</td>
</tr>
<tr>
<td><strong>ESTATES AND FACILITIES</strong></td>
<td>1</td>
</tr>
<tr>
<td>EF1 Systems, vehicles and equipment</td>
<td>Carry out routine maintenance of simple equipment, vehicle and system components</td>
</tr>
<tr>
<td>EF2 Environments and buildings</td>
<td>Assist with the maintenance and monitoring of environments, buildings and/or items</td>
</tr>
<tr>
<td>EF3 Transport and logistics</td>
<td>Transport people and/or items</td>
</tr>
<tr>
<td><strong>INFORMATION AND KNOWLEDGE</strong></td>
<td>1</td>
</tr>
<tr>
<td>IK1 Information processing</td>
<td>Input, store and provide data and information</td>
</tr>
<tr>
<td>IK2 Information collection and analysis</td>
<td>Collect, collate and report routine and simple data and information</td>
</tr>
<tr>
<td>IK3 Knowledge and information resources</td>
<td>Access, appraise and apply knowledge and information</td>
</tr>
<tr>
<td><strong>GENERAL</strong></td>
<td>1</td>
</tr>
<tr>
<td>G1 Learning and development</td>
<td>Assist with learning and development activities</td>
</tr>
<tr>
<td>G2 Development and Innovation</td>
<td>Appraise concepts, models, methods, practices, products and equipment developed by others</td>
</tr>
<tr>
<td>G3 Procurement and commissioning</td>
<td>Monitor, order and check supplies of goods and/or services</td>
</tr>
<tr>
<td>G4 Financial management</td>
<td>Monitor expenditure</td>
</tr>
<tr>
<td>G5 Services and project management</td>
<td>Assist with the organisation of services and/or projects</td>
</tr>
<tr>
<td>G6 People management</td>
<td>Supervise people’s work</td>
</tr>
</tbody>
</table>
Only a subset of dimensions have been selected for the trainee outline, and since developmental review (see below) and progression depend on satisfactory attainment of these dimensions there may be some merit in having less rather than more.

To develop a full NHS KSF post outline it is also necessary to specify matters in greater detail by dentifying specific areas/activities for each relevant dimension and level. Some generic examples are provided in the KSF Handbook. This more specific level provides the basis for staff development opportunities and relates the NHS KSF to the actual delivery of services for the public.

However, there are a number of reasons why such a detailed specification of KSF activities may not be helpful for the post of trainee clinical psychologist.

First, there are major gaps in the KSF when considered in the light of the requirements of clinical psychology training (required competencies as specified in the Society’s standards). The omissions cluster around, ethics, research and development, theoretical underpinnings and professional knowledge and skills (e.g. the basis for formulation). It seems fruitless to pursue a detailed specification of KSF activities for trainee clinical psychologists with the foreknowledge that it would be a very incomplete description of their actual activities in post.

Second, there is a level mismatch between some KSF dimensions and the requirements of the CTCP criteria in the areas of research and evaluation. The Doctoral level training requires trainees to exceed the specified KSF level in relation to several dimensions (e.g. Service Improvement, Quality, Learning and Development, Development and Innovation). It would be inappropriate to stipulate a detailed KSF-based description which falls short of the requirements of the professional body.

Third, the KSF dimensions are generic and multi-faceted. They are articulated at a much more general level than the competencies specified within the Society’s standards and would not map onto them in a 1-to-1 way. Any map of specific KSF activities in relation to required competencies would be extremely complex, with many cross-linkages. It is hard to see what would be gained from such an exercise.

1For example, the ‘personal and people development’, ‘service improvement’ and ‘quality’ dimensions in the KSF include, within their levels, basic improvement of own practice as well as improvement of services. These aspects are clearly differentiated in the CTCP criteria with personal aspects relating to reflective practice. Moreover, the KSF dimensions, ‘promotion of health wellbeing’, ‘prevention of adverse effects on health and wellbeing’ and ‘interventions and treatments’ all include evaluation of the activity at level 3 or 4 as well as the activity itself at lower levels. In contrast the CTCP criteria include generic evaluation skills, but they are not linked to specific knowledge and skill domains.]
Developmental Review

The KSF stipulates that all NHS staff (and clinical psychology trainees are employed as NHS staff) will have annual developmental reviews based upon the KSF dimensions.

The development review process has four stages:
1. a joint review between the individual and their reviewer (normally their manager) of the individual’s work against the demands of their post
2. the production of an agreed Personal Development Plan (PDP) which identifies the individual’s learning and development needs and interests
3. learning and development by the individual supported by their reviewer
4. an evaluation of the learning and development that has taken place and how it has been applied by the individual in their work.

The first development reviews relate to the ‘Foundation Gateway’ and take place during the first 12 months in post. There should be a preparatory meeting and the review meeting itself within this period. The Foundation Gateway uses a subset of the KSF dimensions chosen from the KSF post outline. It checks that individuals can apply the basic knowledge and skills required from the outset in a post. The purpose of the foundation gateway and the support given in the first 12 months in post is to enable individuals to build a sound foundation from which they can develop to meet the full NHS KSF post outline over a number of years. The result will be a personal development plan.

After this there are annual developmental reviews, based on an increasing number of the KSF post outline dimensions. Each review will be the basis for a personal development plan that is reviewed at the next annual review.

The annual review at the ‘Second Gateway’ considers all the dimensions for the post at the specified levels (they do not all have to be actively demonstrated in the previous year, they could have been achieved earlier in post). The Second Gateway determines progression to the higher pay points in a Band.

However, the second gateway is reached after six years in post, and training is normally completed within this period. Therefore KSF progression at the second gateway is not normally relevant to clinical psychology trainees.

Since trainee clinical psychologists are NHS employees they can expect to have foundation gateway reviews, annual developmental reviews and personal development plans. These could be incorporated into the existing annual review processes involving personal tutors or other programme staff. Progression through the KSF dimensions over the three years of training will depend crucially on how a programme’s teaching and placements are scheduled. So the dimensions chosen for the Foundation Gateway and the developmental review at the end of Year 2 will need to be specified programme by programme.

Progression Between Bands; New Posts

The KSF applies principally to progression within Bands. However, it is also intended as a basis for career development and life-long learning, and when appointing to new posts managers are expected determine that the appointee is able and ready to engage with the KSF dimensions relevant to the post.

The KSF guidelines are not clear about how the system will be used in relation to progression to new posts and pay Bands. There is a presumption that staff who progress to a higher Band/grade within a profession (See Table 3 below for the clinical psychology progression) will normally have achieved the KSF levels for the relevant dimensions at the Band below. BUT the FAQ’s for the KSF make it clear that a person is not always required to have passed through the second gateway of the previous Band, and other sources of evidence of fitness for the new post may be used.
Moreover, some staff will progress to posts that are not within a system of linked Bands (e.g. from a profession to management), and others may come into posts from overseas, so linear progression through gateways and Bands is untenable.

There are two areas where the KSF could potentially touch on clinical psychology training; selection of trainees and appointment to first posts.

Trainee Selection

A large proportion of trainees come into training from psychology assistant posts Banded at level 5, but a very significant minority come from other routes, and will not have had contact with the NHS KSF.

*It is therefore impractical and probably contrary to equal opportunities legislation to use attainment of the second gateway at the Assistant Psychologist, Band 5, as a criterion for entry to programmes. However, where managers have completed KSF developmental review, then mention of the outcome in references could provide useful information.*

Appointment to First Posts

Most clinical psychology trainees will graduate after 3 years, without having completed the KSF second gateway.

*The KSF guidelines do make it clear that qualifications alone, (e.g. the DClinPsy) cannot replace the KSF dimensions at the second gateway, BUT they can provide evidence of achievement of the KSF dimensions and levels.*

*Although it is not a requirement of the KSF, it would be helpful and reassuring to employers of newly qualified psychologists to know that trainees who meet the Society’s standards and graduate from training programmes have achieved all the KSF dimensions for the trainee grade.*

*This could be achieved quite simply by mapping the KSF dimensions and levels against the required competencies to check that they are included in training. (See Appendix A)*
### Table 3: Table of KSF Levels for Psychology Posts

<table>
<thead>
<tr>
<th>Dimensions</th>
<th>Outlines</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8a</th>
<th>8b</th>
<th>8c</th>
<th>8d</th>
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</thead>
<tbody>
<tr>
<td>1 Communication</td>
<td></td>
<td>2</td>
<td>3</td>
<td>3</td>
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<tr>
<td>2 Person and people</td>
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<tr>
<td>3 Health safety and security</td>
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<td>2</td>
<td>2</td>
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<td>4 Service improvement</td>
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<td>6 Equality and diversity</td>
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<td>IK2 Information collection</td>
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<td>3/4</td>
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<td>and analysis</td>
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<tr>
<td>G1 Learning and development</td>
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<td>1</td>
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<tr>
<td>G5 Service and project</td>
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<td>3/4</td>
<td>3/4</td>
<td>3/4</td>
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<td>management</td>
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<tr>
<td>G6 People management</td>
<td></td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>3/4</td>
<td>4</td>
<td></td>
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</tr>
</tbody>
</table>

**SOURCES**


Both sources are on the DoH website: [www.dh.gov.uk](http://www.dh.gov.uk)
APPENDIX A

THE KSF AND REQUIRED COMPETENCIES

The KSF dimensions and the competencies outlined in the Society’s standards are not articulated at the same level of generality or specificity; the NHS KSF is a broad generic, pan-professional framework that focuses on the application of knowledge and skills – it does not describe the specific knowledge and skills that professionals need to develop.

The mapping in the tables below takes the competencies required by the Society and asks whether they encompass the KSF dimensions identified as relevant to trainees by the DCP. To the extent that the competencies include the KSF dimensions, the attainment of the competencies implies attainment of the KSF.

The mapping procedure is not entirely straightforward since a given competency (e.g. ‘On the basis of a formulation, implementing psychological therapy or other interventions appropriate to the presenting problem’…), could target a treatment, health promotion or a care delivery procedure. Since these are covered in different KSF dimensions it is a matter of conjecture whether attaining the CTCP competency entails meeting one or all of these. Other KSF dimensions show a progression throughout their levels e.g. (1) progression from personal development to development of others and development of services in ‘Service Improvement’ ‘Personal and People Development’ and ‘Quality’, and (2) progression from service delivery to service evaluation in HWB1 and HWB7. Consequently these dimensions appear several times in the tables, mapped against quite different competencies.

Where the competency exceeds the trainee KSF level on a dimension, then the mapping considers the relevant (higher) level on the KSF. In some cases this affects which dimensions are mapped since more complex skills appear at higher levels of the KSF dimensions (e.g. evaluation of a skill often appears first at levels 3 and 4).

The KSF dimensions are well represented within the competencies. For all KSF dimensions the trainee KSF level as it appears in the DCP table is contained within at least one of the competencies. For most KSF dimensions the relevant level is found in several of the competencies.

Comments on KSF Dimensions

There are major gaps in the KSF around ethics, research and development, theoretical underpinnings and professional knowledge and skills (e.g. the basis for formulation). These gaps are evident in the lack of cross mappings to these aspects of the competencies.

HWB5 (Provision of care) is not included in the DCP list of dimensions.

Some KSF dimensions are multi-faceted and therefore relate to the competencies in multiple domains;

- Both the ‘Service Improvement’ and the ‘Quality’ dimensions as defined by the KSF include, within their levels, basic improvement of own practice as well as improvement of services.
- ‘HWB1; Promotion of health wellbeing and prevention of adverse effects on health and wellbeing’ includes evaluation at levels 3 and 4.
- HWB7; Interventions and treatments includes evaluation at level 3.

Several KSF dimensions may be encompassed by one aspect of psychological practice as reflected in the standards (e.g. psychological ‘intervention’ or ‘therapy’ referred to in the Society’s standards could include KSF dimensions referring to care, treatment and/or health promotion).

In summary, the competencies required by the Society appear robust and inclusive in the light of the KSF dimensions.
The mapping considers three ways in which the Society’s standards (left-hand column) may relate to the KSF dimensions (middle column);

1. **Bold** = The standard implies activities that entail the KSF Dimension at the relevant trainee level or above.
2. Normal = The standard implies activities that involve the KSF Dimension, but not necessarily at or above the trainee level.
3. Italics = The standard implies activities that are likely to include the KSF Dimension at the trainee level or above, but there is no guarantee of this in all cases.

Please note: in the table below, all references to BPS standards refer to Programme Standard 1 (learning, research and practice)/Required competencies/Required learning outcomes for accredited doctorates in clinical psychology.

Because there are complexities in the interpretation of the Society’s standards, and neither system is specified in terms of specific activities, there is no attempt to include the KSF level for each dimension.

Adjustment for the trainee being under supervision (clinical and/or research) has generally been made by refraining from giving KSF level 4 where this relates to highly complex cases or interventions, and this has affected the mapping in some cases.

The mapping also considers the ways in which both the Society’s standards and the KSF dimensions map on to the Ten Essential Shared Capabilities (right-hand column).
<table>
<thead>
<tr>
<th>Required learning outcomes for accredited Doctorates in clinical psychology</th>
<th>KSF DIMENSIONS</th>
<th>10 ESSENTIAL SHARED CAPABILITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 Programmes must enable trainees to work as clinical psychologists with the range of clients and services specified below in a range of settings, especially those seen as having high priority within the National Health Service. Newly qualified clinical psychologists should understand and embrace the core purpose and philosophy of the profession as described in the document prepared by the Division of Clinical Psychology. They should be committed to reducing psychological distress and enhancing and promoting psychological well-being through the systematic application of knowledge derived from psychological theory and evidence. Their work will be based on the fundamental acknowledgement that all people have the same human value and the right to be treated as unique individuals. Programmes that meet these criteria will be considered to appropriately reflect current NHS policies such as The Ten Essential Shared Capabilities. Thus by the end of their Programme, trainees will have:</td>
<td>Communication&lt;br&gt;Personal and people development&lt;br&gt;Equality and Diversity&lt;br&gt;HWB1 Promotion of health wellbeing and prevention of adverse effects on health and wellbeing&lt;br&gt;HWB2 Assessment and care planning to meet health and wellbeing needs&lt;br&gt;HWB6 Assessment and treatment planning&lt;br&gt;HWB7 Interventions and treatments</td>
<td>5. Promoting recovery&lt;br&gt;2. Respecting diversity&lt;br&gt;3. Practising ethically</td>
</tr>
<tr>
<td>2.1.1 The skills, knowledge and values to develop working alliances with clients, including individuals, carers and/or services, in order to carry out psychological assessment, develop a formulation based on psychological theories and knowledge, carry out psychological interventions, evaluate their work and communicate effectively with clients, referrers and others, orally, electronically and in writing;</td>
<td>Communication&lt;br&gt;Personal and people development&lt;br&gt;HWB1 Promotion of health wellbeing and prevention of adverse effects on health and wellbeing&lt;br&gt;HWB2 Assessment and care planning to meet health and wellbeing needs&lt;br&gt;HWB6 Assessment and treatment planning&lt;br&gt;HWB7 Interventions and treatments</td>
<td>5. Promoting recovery&lt;br&gt;1. Working in partnership&lt;br&gt;7. Providing service user centred care</td>
</tr>
<tr>
<td>2.1.2 The skills knowledge and values to work effectively with clients from a diverse range of backgrounds, understanding and respecting the impact of difference and diversity upon their lives;</td>
<td>Communication&lt;br&gt;Equality and Diversity</td>
<td>2. Respecting diversity</td>
</tr>
<tr>
<td>2.1.3 The skills, knowledge and values to work effectively with systems relevant to clients, including for example statutory and voluntary services, self-help and advocacy groups, user-led systems and other elements of the wider community;</td>
<td>Communication&lt;br&gt;HWB1 Promotion of health wellbeing and prevention of adverse effects on health and wellbeing&lt;br&gt;Servive Improvement&lt;br&gt;Personal and people development&lt;br&gt;G1 Learning and development&lt;br&gt;G2 Development and Innovation&lt;br&gt;Quality</td>
<td>1. Working in partnership</td>
</tr>
<tr>
<td>2.1.4 The skills, knowledge and values to work in a range of indirect ways to improve psychological aspects of health and healthcare;</td>
<td>Communication&lt;br&gt;Personal and people development&lt;br&gt;Service Improvement&lt;br&gt;HWB1 Promotion of health wellbeing and prevention of adverse effects on health and wellbeing</td>
<td>1. Working in partnership</td>
</tr>
<tr>
<td>2.1.5</td>
<td>The skills, knowledge and values to conduct research that enables the profession to develop its knowledge base and to monitor and improve the effectiveness of its work; and</td>
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<td>-------</td>
<td>-------------------------------------------------------------------------------------------------</td>
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</tr>
<tr>
<td></td>
<td><strong>G1 Learning and development</strong> <strong>G2 Development and Innovation</strong> <strong>Service improvement</strong> <strong>IK2 Information collection and analysis</strong> <strong>G2 Development and Innovation Quality</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>8. Making a difference</td>
<td></td>
</tr>
<tr>
<td>2.1.6</td>
<td>High level skills in managing a personal learning agenda and self-care, and in critical reflection and self-awareness that enable transfer of knowledge and skills to new settings and problems.</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Personal and people development</strong> <strong>Service improvement</strong> <strong>Quality</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>10. Personal development and learning</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2.2</th>
<th>In order to achieve these goals programmes will have the following learning outcomes.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.2.1</td>
<td>Knowledge and understanding of psychological theory and evidence, encompassing specialist client group knowledge across the profession of Clinical Psychology and the knowledge required to underpin clinical and research practice.</td>
</tr>
<tr>
<td>2.2.2</td>
<td>A professional and ethical value base, including that set out in the BPS Code of Ethics and Conduct, the DCP statement of the Core Purpose and Philosophy of the profession and the DCP Professional Practice Guidelines.</td>
</tr>
<tr>
<td>2.2.3</td>
<td>Clinical and research skills that demonstrate work with clients and systems based on a scientist-practitioner and reflective-practitioner model that incorporates a cycle of assessment, formulation, intervention and evaluation.</td>
</tr>
<tr>
<td></td>
<td><strong>Communication Quality</strong> <strong>HWB1 Promotion of health wellbeing and prevention of adverse effects on health and wellbeing</strong> <strong>HWB2 Assessment and care planning to meet health and wellbeing needs</strong> <strong>HWB6 Assessment and treatment planning</strong> <strong>HWB7 Interventions and treatments</strong> <strong>G2 Development and Innovation</strong> <strong>IK2 Information collection and analysis</strong></td>
</tr>
<tr>
<td></td>
<td>5. Promoting recovery <strong>8. Making a difference</strong></td>
</tr>
<tr>
<td>2.2.4</td>
<td>Professional competence relating to personal and professional development and awareness of the clinical, professional and social context within which the work is undertaken.</td>
</tr>
<tr>
<td></td>
<td><strong>Personal and people development</strong> <strong>Equality &amp; Diversity Quality</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2.3</th>
<th>The following statements are intended as broad, high-level summaries of the required objectives that demonstrate competence.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.3.1</td>
<td><strong>Transferable skills</strong></td>
</tr>
<tr>
<td></td>
<td>Deciding, using a broad evidence and knowledge base, how to assess, formulate and intervene psychologically, from a range of possible models and modes of intervention with clients, carers and service systems</td>
</tr>
<tr>
<td></td>
<td><strong>HWB1 Promotion of health wellbeing and prevention of adverse effects on health and wellbeing</strong> <strong>HWB2 Assessment and care planning to meet health and wellbeing needs</strong> <strong>HWB6 Assessment and treatment planning</strong> <strong>HWB7 Interventions and treatments</strong></td>
</tr>
<tr>
<td></td>
<td>8. Making a difference <strong>5. Promoting recovery</strong></td>
</tr>
<tr>
<td></td>
<td>Generalising and synthesising prior knowledge and experience in order to apply them critically and creatively in different settings and novel situations</td>
</tr>
<tr>
<td></td>
<td><strong>G2 Development and Innovation</strong> <strong>IK2 Information collection and analysis</strong></td>
</tr>
<tr>
<td></td>
<td>8. Making a difference</td>
</tr>
<tr>
<td></td>
<td>Demonstrating self-awareness and sensitivity and working as a reflective practitioner</td>
</tr>
<tr>
<td></td>
<td><strong>Personal and people development</strong> <strong>Quality</strong></td>
</tr>
<tr>
<td></td>
<td>8. Making a difference</td>
</tr>
<tr>
<td>Ability to think critically, reflectively and evaluatively</td>
<td>Personal and people development</td>
</tr>
<tr>
<td>----------------------------------------------------------</td>
<td>---------------------------------</td>
</tr>
<tr>
<td>Making informed judgements on complex issues in specialist fields, often in the absence of complete information.</td>
<td>G2 Development &amp; Innovation</td>
</tr>
<tr>
<td>Ability to communicate psychologically-informed ideas and conclusions clearly and effectively to specialist and non-specialist audiences, in order to facilitate problem solving and decision making.</td>
<td>Communication</td>
</tr>
<tr>
<td>Exercising personal responsibility and largely autonomous initiative in complex and unpredictable situations in professional practice.</td>
<td>Personal and people development</td>
</tr>
<tr>
<td>Drawing on psychological knowledge of complex human developmental and neuropsychological processes across the lifespan to facilitate adaptability and change in individuals, groups, families, organisations and communities.</td>
<td>Service improvement</td>
</tr>
<tr>
<td>Ability to work effectively whilst holding in mind alternative, competing explanations.</td>
<td>Communication</td>
</tr>
</tbody>
</table>

### 2.3.2 Psychological Assessment

| Developing and maintaining effective working alliances with clients, including individuals, carers and services. | Communication | 1. Working in partnership |
| Ability to choose, use and interpret a broad range of assessment methods appropriate: | HWB2 Assessment and care planning to meet health and wellbeing needs | 6. Identifying people’s needs and strengths |
| • to the client and service delivery system in which the assessment takes place | HWB6 Assessment and treatment planning | 6. Identifying people’s needs and strengths |
| • to the type of intervention which is likely to be required | HWB2 Assessment and care planning to meet health and wellbeing needs | 6. Identifying people’s needs and strengths |
| Assessment procedures in which competence is demonstrated will include: | HWB6 Assessment and treatment planning | 6. Identifying people’s needs and strengths |
| • formal procedures (use of standardised psychometric instruments) | IK2 Information collection and analysis | 6. Identifying people’s needs and strengths |
| • systematic interviewing procedures | HWB2 Assessment and care planning to meet health and wellbeing needs | 6. Identifying people’s needs and strengths |
| • other structured methods of assessment (e.g. observation or gathering information from others); and | HWB6 Assessment and treatment planning | 6. Identifying people’s needs and strengths |
| • assessment of social context and organisations | Service improvement | 6. Identifying people’s needs and strengths |
| Conducting appropriate risk assessment and using this to guide practice | Health, safety and security | 9. Promoting safety and positive risk taking |
| **2.3.3 Psychological Formulation** | Equality and Diversity | 6. Identifying people’s needs and strengths |
| Developing formulations of presenting problems or situations which integrate information from assessments within a coherent framework that draws upon psychological theory and evidence and which incorporates interpersonal, societal, cultural and biological factors | Communication | 6. Identifying people’s needs and strengths |
| Using formulations with clients to facilitate their understanding of their experience | Communication | 6. Identifying people’s needs and strengths |
| Using formulations to plan appropriate interventions that take the client's perspective into account | HWB7 Interventions & Treatments | 7. Providing service user centred care |
| Using formulations to assist multi-professional communication, and the understanding of clients and their care | Communication | 6. Identifying people's needs and strengths |
| Revising formulations in the light of ongoing intervention and when necessary re-formulating the problem | HWB7 Interventions & Treatments | 6. Identifying people's needs and strengths |

### 2.3.4 Psychological Intervention

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

#### Communication
- Personal and people development
- Service improvement

#### Quality
- HWB1 Promotion of health wellbeing and prevention of adverse effects on health and wellbeing
- HWB6 Assessment and treatment planning
- HWB7 Interventions and treatments
- HWB2 Assessment and Care Planning

#### 5. Promoting recovery

#### 7. Providing service user centred care

#### 1. Working in partnership

### 2.3.5 Evaluation

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

#### Service improvement
- HWB1 Promotion of health wellbeing and prevention of adverse effects on health and wellbeing
- HWB2 Assessment and care planning to meet health and wellbeing

#### Quality
- HWB3 Protection of Health and Wellbeing

#### 8. Making a difference
<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
<th>Code</th>
<th>Related Codes</th>
<th>Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.3.6</td>
<td>Research</td>
<td></td>
<td></td>
<td>8. Making a difference</td>
</tr>
<tr>
<td></td>
<td>Identifying, reviewing and critically appraising a substantial body of research evidence which is at the forefront of clinical psychology practice.</td>
<td>Quality</td>
<td>IK2 Information collection and analysis</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Understanding applicable techniques for clinical research and advanced academic enquiry, including quantitative and qualitative approaches.</td>
<td>Quality</td>
<td>IK2 Information collection and analysis</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Conducting service evaluation and small N research</td>
<td>Quality</td>
<td>IK2 Information collection and analysis</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Conducting collaborative research</td>
<td>Communication</td>
<td>IK2 Information collection and analysis</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Conceptualising, designing and conducting independent, original research of a quality to satisfy peer review, extend the forefront of the discipline, and merit publication: including identifying research questions, demonstrating an understanding of ethical issues, choosing appropriate research methods and analysis, reporting outcomes and identifying appropriate pathways for dissemination</td>
<td>Service improvement</td>
<td>IK2 Information collection and analysis</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Understanding the need and value of undertaking clinical research and development post-qualification, contributing substantially to the development of theory and practice in clinical psychology.</td>
<td>Service improvement</td>
<td>IK2 Information collection and analysis</td>
<td></td>
</tr>
<tr>
<td>2.3.7</td>
<td>Personal and Professional Skills and Values</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Understanding of ethical issues and applying these in complex clinical contexts, ensuring that informed consent underpins all contact with clients and research participants</td>
<td></td>
<td>2. Respecting diversity</td>
<td>3. Practising ethically</td>
</tr>
<tr>
<td></td>
<td>Appreciating the inherent power imbalance between practitioners and clients and how abuse of this can be minimised</td>
<td>Equality and Diversity</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Understanding the impact of differences, diversity and social inequalities on people’s lives, and their implications for working practices</td>
<td>Equality and Diversity</td>
<td>2. Respecting diversity</td>
<td>4. Challenging inequality</td>
</tr>
<tr>
<td></td>
<td>Understanding the impact of one’s own value base upon clinical practice</td>
<td>Equality and Diversity</td>
<td>2. Respecting diversity</td>
<td>4. Challenging inequality</td>
</tr>
<tr>
<td>Working effectively at an appropriate level of autonomy, with awareness of the limits of own competence, and accepting accountability to relevant professional and service managers</td>
<td>Health, safety and security</td>
<td>9. Promoting safety and positive risk taking</td>
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<td></td>
</tr>
<tr>
<td>Managing own personal learning needs and developing strategies for meeting these</td>
<td>Personal and people development Quality</td>
<td>10. Personal development and learning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Using supervision to reflect on practice, and making appropriate use of feedback received</td>
<td>Personal and people development Service improvement Quality</td>
<td>9. Promoting safety and positive risk taking 10. Personal development and learning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Developing strategies to handle the emotional and physical impact of own practice and seeking appropriate support when necessary, with good awareness of boundary issues</td>
<td>Personal and people development Service improvement Quality</td>
<td>9. Promoting safety and positive risk taking 10. Personal development and learning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Working collaboratively and constructively with fellow psychologists and other colleagues and users of services, respecting diverse viewpoints</td>
<td>Communication Equality and Diversity</td>
<td>2. Respecting diversity 1. Working in partnership</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monitoring and maintaining the health, safety, and security of self and others.</td>
<td>Health safety and security</td>
<td>9. Promoting safety and positive risk taking</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 2.3.8 Communication and Teaching

<table>
<thead>
<tr>
<th>Communicating effectively clinical and non-clinical information from a psychological perspective in a style appropriate to a variety of different audiences (e.g. to professional colleagues, and to users and their carers)</th>
<th>Communication G1 Learning and development</th>
<th>8. Making a difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adapting style of communication to people with a wide range of levels of cognitive ability, sensory acuity and modes of communication</td>
<td>Communication Equality and Diversity G1 Learning and development</td>
<td>2. Respecting diversity</td>
</tr>
<tr>
<td>Preparing and delivering teaching and training which takes into account the needs and goals of the participants (for example by appropriate adaptations to methods and content)</td>
<td>Communication G1 Learning and development</td>
<td>8. Making a difference</td>
</tr>
<tr>
<td>Understanding the supervision process for both supervisee and supervisor roles</td>
<td>Personal and people development</td>
<td>10. Personal development and learning</td>
</tr>
<tr>
<td>Understanding the process of providing expert psychological opinion and advice, including the preparation and presentation of evidence in formal settings.</td>
<td>Personal and people development Communication G1 Learning and development</td>
<td>8. Making a difference 1. Working in partnership</td>
</tr>
<tr>
<td>Understanding the process of communicating effectively through interpreters and having an awareness of the limitations thereof.</td>
<td>Communication Equality and Diversity</td>
<td>2. Respecting diversity</td>
</tr>
<tr>
<td>Supporting others’ learning in the application of psychological skills, knowledge, practices and procedures.</td>
<td>Communication G1 Learning and development Personal and people development</td>
<td>8. Making a difference 1. Working in partnership</td>
</tr>
</tbody>
</table>

### 2.3.9 Service Delivery

<table>
<thead>
<tr>
<th>Adapting practice to a range of organisational contexts, on the basis of an understanding of pertinent organisational and cultural issues</th>
<th>Equality and Diversity Service improvement</th>
<th>1. Working in partnership 2. Respecting diversity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Providing supervision at an appropriate level within own sphere of competence.</td>
<td>G1 Learning and development Personal and people development Quality</td>
<td>1. Working in partnership 8. Making a difference</td>
</tr>
<tr>
<td>Understanding of consultancy models and the contribution of consultancy to practice</td>
<td>Service improvement Personal and people development</td>
<td>1. Working in partnership</td>
</tr>
</tbody>
</table>
| Understanding of leadership theories and models, and their application to service development and delivery. | Service Improvement  
Personal and people development  
Quality | 1. Working in partnership |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Working effectively with formal service systems and procedures.</td>
<td>Service Improvement</td>
<td>1. Working in partnership</td>
</tr>
<tr>
<td>Awareness of the legislative and national planning context of service delivery and clinical practice</td>
<td>Service Improvement</td>
<td>9. Promoting safety and positive risk taking</td>
</tr>
</tbody>
</table>
| Working with users and carers to facilitate their involvement in service planning and delivery | Communication  
Personal and people development  
Service improvement | 1. Working in partnership  
7. Providing service user centred care |
| Working effectively in multi-disciplinary teams | Communication  
 HWB1 Promotion of health wellbeing and prevention of adverse effects on health and wellbeing  
 HWB2 Assessment and care planning to meet health and wellbeing needs  
 HWB6 Assessment and treatment planning  
 HWB7 Interventions and treatments | 1. Working in partnership |
| Understanding of change processes in service delivery systems | Service improvement | 8. Making a difference |
| Understanding quality assurance principles and processes. | Quality  
Personal and people development | 8. Making a difference |

Produced by Dr Reg Morris on behalf of the Group of Trainers in Clinical Psychology, September 2006, in collaboration with Dr Suzanne Collins and Dr Laura Golding.

Modified September 2010 to take account of revised BPS standards