Dear Colleague,

Re: Potential Developments in the Future Training of UK Clinical Neuropsychologists

We are writing to you to ask for your help in advising us how we might develop our future training programmes for Clinical Neuropsychology so that they are fit for purpose.

Historically the DoN sought to establish its own professional training route and qualification. This qualification was set up in 2004 and was originally known as the Practitioner Full Membership Qualification (PFMQ) and is now known as the Qualification in Clinical Neuropsychology (QiCN). Successful completion of the QiCN entitles an individual to join the BPS Specialist Register of Clinical Neuropsychologists (SRCN).

The objective of the qualification was to establish a standard of practice in clinical neuropsychology that would assure the essential skills and underpinning knowledge for the expert and professional application of psychology in this field.

The QiCN has two routes: the adult and paediatric qualifications. The entry criteria to the QiCN are currently set at the eligibility for Full Membership of the Division of Clinical Psychology for entry onto the adult route and Full Membership of the Divisions of Clinical Psychology, or Division of Educational and Child Psychology (DECP) or Scottish Division of Educational Psychology for entry onto the paediatric route.

As most of you will be aware there has been growing concern that our present arrangements for training Clinical Neuropsychologists can be expensive and time consuming. After 9 years of QiCN operation the DoN is well aware of strengths and weaknesses of the process and changing professional and economic circumstances over that period. One of the major challenges within the current climate is the time and expense that it takes to complete the QiCN. On average it takes about 12 years to train as a Clinical Neuropsychologist and perhaps considerably longer for those who work part-time and take out for maternity leave and/or carer responsibilities.
The Professional Standards Unit [PSU] of the DoN was given the specific role of reviewing the current programmes and brainstorming how the DoN might develop training to provide greater choice and flexibility, whilst reducing the costs and time to qualification, without compromising on quality.

There are a number of factors that the DoN need to be mindful in respect of the future training needs of our membership and these have been identified in the consultation document accompanying this letter. A brief summary of those factors include the following: Potentially extensive supply of candidates to undertake clinical neuropsychology training; The positive attributes of university courses as valuable learning experiences; The importance of a pre-requisite Clinical or Educational Psychology Training that provides core clinical and transferable skills; The availability of funding, supervision and relevant clinical experience; The economic viability of University courses; The future funding and costs of undergraduate and post-graduate training; The requests from other Divisions for a number of their members to be able to access QiCN; The importance of the DoN having direct input into early neuropsychology training; The importance of an HCPC protected title.

In respect of the future of Clinical Neuropsychology training a significant body of work has already been undertaken in the development of a Competency Framework for the UK Clinical Neuropsychology Profession. The purpose of developing a competency framework was to develop transparent standards for Clinical Neuropsychology practice in the UK; To objectively regulate entry to the specialism of Clinical Neuropsychology in the UK (entry to the Division of Neuropsychology’s specialist register) and to identify the expected competencies developed by candidates undertaking the Qualification in Clinical Neuropsychology (QiCN). Two competency frameworks have been developed; one for paediatric neuropsychology and the other for adult neuropsychology. The frameworks aim to specify competencies required to practice paediatric and adult neuropsychology.

The following is a proposed framework for our future training that the PSU believes would firstly maintain, if not enhance, professional standards across UK clinical neuropsychology practice based on the DoN competency framework and secondly introduce flexibility in our training pathways that will facilitate candidates’ training needs and the development of the profession in a sustainable manner.

The PSU has drawn on the competencies to identify possible future pathways for training based on a model that contains three levels [Levels 1A, 1B and 2].

**Level 1A** refers to “Core applied generic skills necessary for professional neuropsychology training.”

**Level 1B** relates to “Advanced Psychometric, Cognitive and Behavioural Assessment.”
Level 2 refers to “Specialist Neuropsychological Assessment and Intervention Skills.”

The PSU believes that this over-arching framework would allow education providers the flexibility to develop a number of potential pathways, for example:

**Pathway 1 [Traditional pathway]**

The individual completes an elementary level [BSc Psychology and experience or PhD]. They then proceed to Level 1A training [via the D Clin Psych or D.Ed Psych]. Level 1B and level 2 is completed via the traditional QiCN.

**Pathway 2 [Adapted for further applied Psychologists]**

The individual completes an elementary level [BSc Psychology and experience or PhD]. Level 1A is undertaken via applied training plus any further specifications from the DoN. Level 1B and 2 is completed via the traditional QiCN.

**Pathway 3 [Fast track for Clin/Ed/Applied Psychologists]**

The individual completes an elementary level [BSc Psychology and experience or PhD]. Level 1A is undertaken via applied training plus any further specifications from the DoN. Level 1B is completed within an applied course [e.g. D Clin Psychol training]. Level 2 is completed via the traditional QiCN but over a shorter time period.

**Pathway 4 [Fast-track for Joint Clinical Psych and Neuropsych or pure Clinical Neuropsych]**

The individual completes an elementary level [BSc Psychology and experience or PhD]. Level 1A and Level 1B and 2 is completed via a D.Clin Neuropsych which includes generic clinical training and neuropsychological competencies. Such a course may be a 3 year doctorate training an individual as a Clinical Neuropsychologist or a 4 year doctorate training an individual as a Clinical Neuropsychologist and Clinical or Educational Psychologist.

The proposed training framework has a number of implications and these will be discussed in the PSU consultation document. The PSU believe that the model acknowledges the following: that many applied psychologists and indeed other health and education providers wish to gain some expertise or supervised experience in the understanding and managing of brain-behaviour relationships for
clinical and normally developing populations; The current route to the QiCN (Pathway 1) will remain in place for those candidates wishing to continue this pathway of training; Pathway 1 will be adapted to form a new Pathway 2 so that BPS Applied Psychologists (who are not clinical or educational psychologists) can also enter the QiCN and a new faster pathway (Pathway 3) will be developed for Applied Psychologists in Training who believe that they may wish to train as Clinical Neuropsychologists prior to completing their initial Applied qualification or at least gain advanced psychometric and cognitive assessment skills; Pathway 4 would allow those psychology graduates or PhD holders who wish to train directly in clinical neuropsychology (without having to complete another applied psychology qualification) to complete a course that provides all essential elements of the competency framework at Levels 1A, 1B and 2, in a 3 year doctorate or to complete a 4 year doctorate for a dual qualification. The PSU recognise that the government and HCPC may need to consider how this change in the professional training landscape should be reflected in the regulatory landscape.

The PSU recognises that the proposals in changes in training will offer much more choice and flexibility in the future for Clinical Neuropsychologists. It does not intend to be prescriptive in who will develop these courses and how they will be funded, that has to be decisions made by the University sector at a local level. These proposals are potentially radical and therefore the attached consultation document is extensive to document the issues in as much detail as possible for careful consideration.

We invite our membership to consider them at length. We need to understand the level of support for these proposals but we also need to understand the concerns that members might have. To that end we invite you and your colleagues to complete the feedback questions at our Questback webpage:

https://response.questback.com/britishpsychologicalsociety/donfeedback2013/

The feedback webpage will remain open until midnight on Sunday 1st September and the results of the consultation will be published in a future DoN Newsletter. The PSU is grateful for the time taken to consider the consultation document and any feedback that you wish to submit. We would like to hear from as many interested parties as possible so please encourage your colleagues to respond as well.

Professor Gus A Baker
Chair of the DoN Professional Standards Unit