Standards for the accreditation of Masters & Doctoral programmes in health psychology

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Introduction
The British Psychological Society (‘the Society’) is the learned and professional body, incorporated by Royal Charter, for psychology in the United Kingdom. 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 purpose of the Society’s accreditation process is to further that objective.

What is accreditation?
Accreditation through Partnership is the process by which the British Psychological Society works with education providers to ensure quality standards in education and training are met by all programmes on an ongoing basis. Our approach to accreditation is based on partnership rather than policing, and we emphasise working collaboratively with programme providers through open, constructive dialogue that allows for exploration, development and quality enhancement.

Benefits of accreditation
Delivering a programme that meets the standards required for accreditation is a significant commitment, and there are many reasons why Society accreditation is worth your investment of time and money:

- It is a highly regarded marker of quality that prospective students and employers value.
- It enhances the marketability of your programmes.
- It gives your graduates a route to Society membership, an integral part of students’ development as psychologists, or as part of the wider psychological workforce.
- It is a high quality benchmarking process aimed at getting the best out of programmes.
- It provides an opportunity for you and your students to influence the society and its support for education providers and students.
- Together we have a powerful voice in raising the profile of psychology and psychological practice in the UK and internationally.

Our standards
In 2017, the Society’s Partnership and Accreditation Committee (PAC) and its constituent Education and Training Committees reviewed the overarching programme standards, with the aim of providing greater clarity and more effective signposting to other relevant guidance in a way that is helpful to programmes when they articulate their work.

Our standards are intended to be interpreted and applied flexibly, in a way that enables programmes to develop distinctive identities that make the most of particular strengths shared by their staff team, or those that are reflected in the strategic priorities of their department or university. During partnership visits, the questions that visiting teams will ask will be designed specifically to give education providers every opportunity to confirm their achievement of the standards.

Our standards are organised around eight overarching standards, as follows:
The standards have been derived following extensive consultation between the Society and education providers, and must be achieved by all accredited programmes. Each overarching standard is followed by a rationale for its inclusion, together with guidance and signposting of other relevant resources.

**This document**

This document sets out the accreditation standards for the accreditation of programmes in health psychology. The standards came into operation on 1 October 2017.

If you are submitting a new programme for accreditation, or are preparing for an accreditation visit or review, you should read these standards in conjunction with the relevant process handbook. All handbooks can be downloaded from [www.bps.org.uk/accreditationdownloads](http://www.bps.org.uk/accreditationdownloads).

Accredited Masters programmes meet the underpinning academic knowledge requirements for full membership of the Division of Health Psychology. Completion will provide a basis for entry to further professional training towards eligibility to practise as a health psychologist, and for Chartered membership of the Society (CPsychol) and full membership of the Division.
Accredited Doctoral programmes meet the requirements for Chartered membership of the Society (CPsychol) and full membership of the Division of Health Psychology. Such programmes will seek to prepare trainees for professional practice as a health psychologist. Practitioner psychologists are statutorily regulated by the Health and Care Professions Council (HCPC), and it is a legal requirement that anyone who wishes to practise using a title protected by the Health Professions Order 2001 is on the HCPC’s Register. Programmes will also, therefore, need to seek approval from the HCPC.

A working model of the requirements for Stage 1 and Stage 2 training is outlined below:
Our standards for Masters programmes in health psychology
The core training of a health psychologist: Statement of intent

Training in health psychology is typically conducted in two stages. The first involves completion of a BPS accredited Masters degree in health psychology. This is followed by the supervised practice of five key health psychology competencies in at least two applied settings. This, along with a substantial research dissertation, can be conducted under the auspices of a number of HEIs. These courses lead to a doctoral qualification in health psychology and provide the equivalent of a minimum of two years full-time practice placement. Alternatively, trainees can follow the BPS ‘independent practice route’, leading to the Stage 2 Qualification in Health Psychology, which is a Society doctoral level qualification.

This requires supervised practice during which a portfolio of evidence is developed demonstrating the acquisition of skills in relevant working contexts and with appropriate supervision. This is formally assessed through examination of the portfolio and a viva. This again takes the equivalent of a minimum of two years full-time experience to complete. Both the HEI and the BPS routes lead to eligibility to apply for Chartered membership of the Society, full membership of the Division of Health Psychology and entry to the HCPC register as a health psychologist.

The training programmes provide supervision in a range of skills and competencies that are applicable across a wide range of health settings. Core competencies 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.
Programme standard 1: Programme design

The design of the programme must ensure that successful achievement of the required learning outcomes is marked by the conferment of an award at the appropriate academic level.

1.1 Credits and level of award: Master’s programmes seeking accreditation against stage one of the requirements for Chartered Membership of the Society (CPsychol) must comprise 180 credits, and must result in the award of a level 7 qualification (level 11 in Scotland).

1.2 Duration and location of studies:
   1.2.1 For postgraduate professional training programmes in psychology, the total period of study must be no less than three years full-time (or the equivalent part-time). Stage one Master’s programmes are typically undertaken over a period of one year full-time (or its part-time equivalent).
   1.2.2 The Society does not stipulate a maximum study period within which an accredited programme must be completed.
   1.2.3 Up to one third of the total credits of an accredited UK programme may be undertaken outside of the UK. Where a greater proportion is undertaken abroad, we consider this to be a separate programme requiring separate accreditation.

1.3 Award nomenclature: The education provider must ensure that the title of any award accurately reflects the level of students’ achievements, represents appropriately the nature and field(s) of study undertaken and is not misleading, either to potential employers or to the general public.

1.4 Assessment requirements:
   1.4.1 Programmes must have in place an assessment strategy that maps clearly on to programme and module learning outcomes, incorporates a wide range of formative and summative assessments, and which reflects students’ development of knowledge and skills as they progress through their studies. Each of the core content areas specified in Programme Standard 2, below, must be assessed at the appropriate level, but need not be assessed separately (with the exception of the empirical research project).
   1.4.2 Accredited postgraduate programmes must stipulate a minimum pass mark of 50 per cent for all modules that contribute to the accredited award where quantified marking is employed. No compensation across modules is permissible.
   1.4.3 Assessment rules, regulations and other criteria should be published in a full and accessible form and made freely available to students, staff and external examiners.
   1.4.4 Assessment practices should be fair, valid, reliable and appropriate to the level of the award being offered. Assessment should be undertaken only by appropriately qualified staff, who have been adequately trained and briefed, and given regular opportunities to enhance their expertise as assessors.
   1.4.5 Education providers should have in place policies and procedures to deal thoroughly, fairly and expeditiously with problems which arise in the assessment of students. These should include the grounds for student appeals against assessment outcomes, and the process that students should follow if they wish to pursue an appeal.
1.4.6 Education providers should ensure that detailed and up to date records on student progress and achievement are kept. Throughout a programme of study, students should receive prompt and helpful feedback about their performance in relation to assessment criteria so that they can appropriately direct their subsequent learning activities.

1.5 Inclusive assessment:

1.5.1 Education providers should have inclusive assessment strategies in place that anticipate the diverse needs and abilities of students.

1.5.2 Where reasonable adjustments need to be made for disabled students, these should apply to the process of assessment, and not to the learning outcomes being assessed.

Rationale for inclusion

The Society has clear expectations about teaching, learning and assessment on accredited programmes, and the provisions that should be built into the design of those programmes to ensure quality. The standards outlined above will ensure that those seeking entry to specific grades of Society membership on the basis of having completed an accredited programme have met the stipulations set out in the Society’s Royal Charter, Statutes and Rules.

Guidance and signposting

- Part A of the UK Quality Code addresses Setting and Maintaining Academic Standards, and signposts relevant qualifications and credit frameworks, as well as guidance on the characteristics of different qualifications. Providers may also find it helpful to refer to a further five chapters from Part B of the Quality Code (www.qaa.ac.uk):
  - Chapter B1: Programme Design, Development and Approval
  - Chapter B3: Learning and Teaching
  - Chapter B6: Assessment of Students and the Recognition of Prior Learning
  - Chapter B9: Academic Appeals and Student Complaints
  - Chapter B11: Research Degrees
- The Society’s standards require that all accredited stage one MSc and Doctoral programmes stipulate a minimum 50 per cent pass mark for all modules that contribute to the accredited award. This requirement applies to all assessments for which quantified marking is employed, and does not affect those assessment tasks to which pass/fail grading applies. Some providers operate a standard 40 per cent pass mark for their postgraduate programmes; accredited programmes will need to seek variation from the provider’s standard regulations in order to meet this requirement. Graduates who do not achieve the necessary 50 per cent pass mark for all modules contributing to the accredited degree should receive an alternative award to enable them to be distinguished from those who have achieved the expected standard.
- The Equality Challenge Unit has produced guidance on Managing Reasonable Adjustments in Higher Education, which providers may find helpful (www.ecu.ac.uk).
- The Society’s accreditation standards make provision for students to undertake some study or placement time abroad as part of their programme (up to one third of the total
credits of the accredited programme). Study abroad opportunities may not be available for all students, and arrangements will vary across different providers. Where study abroad opportunities are available, the UK provider must ensure that the study abroad being undertaken allows students to cover all of the required curriculum appropriately by the time they have completed their programme (though not necessarily in the same way as others on their cohort), and that this learning will effectively support their progression. More detailed information is available in our guide to studying abroad on an accredited programme, which can be downloaded from www.bps.org.uk/internationalaccreditation.

- Where more than one third of the total credits for the programme are undertaken outside of the UK, the Society considers this to be a separate programme requiring separate accreditation. Information regarding the Society’s international accreditation process can be found at www.bps.org.uk/internationalaccreditation.

- The Society does not specify a maximum study period for an accredited programme. It is expected that individual education providers will have in place regulations governing the maximum permissible period of time that may elapse from initial enrolment to completion, regardless of individual circumstances, to ensure the currency of their knowledge, their skills, and the award conferred upon them.
2.1 Programme content requirements

Context
The purpose of Stage 1 training is to build upon undergraduate knowledge and skills, to provide an in depth knowledge and understanding of the discipline informed by current scholarship and research, including a critical awareness of current issues and developments in health psychology. This knowledge and understanding, and the associated core skills, will support students in their progression to Stage 2 training, where they can begin to develop their practice under supervision; there should not be an expectation of applied practice at Stage 1.

Core skills
Accredited programmes are expected to support their students’ development of a range of core and transferrable skills that are central to health psychology practice and to a range of other areas of employment. The standards for the accreditation of Stage 1 programmes are outcomes based, and encourage the development of critical thinking skills and ways of working such that students engage with the discipline by:

- Critically evaluating the current knowledge, theory and evidence base relevant to the discipline (Note: this may comprise both psychological theory and knowledge from other disciplines), and understand that this is an important first step for all work and activities;
- Identifying and developing skills and capabilities relevant to progression to health psychology practice;
- Using a range of techniques and research methods applicable to psychological enquiry;
- Applying relevant ethical, legal and professional practice frameworks (e.g. BPS, HCPC), and maintaining appropriate professional boundaries;
- Communicating effectively (verbally and non-verbally) with colleagues, research supervisors, and a wider audience;
- Critically reflecting on and synthesising all of the above to inform their developing professional identity as a trainee health psychologist; and
- Disseminating their work appropriately in a range of appropriate written (e.g. professional reports, journal papers, conference posters) and oral (e.g. presentations, one-to-one feedback) formats.

It is expected that the development of the above core skills will be embedded throughout each of the following curriculum areas. Development of skills in critical self-reflection should underpin Stage 1 training. This will provide preparation for and continuity with Stage 2 training and professional practice.

Note: Ethical and professional practice frameworks are not specifically outlined separately in the curriculum requirements below as these are considered core skills; however programmes will find it useful to refer to work that has been undertaken by the Society’s Ethics Committee to support the teaching and assessment of ethical thinking and decision-making (see Programme Standard 3).
Curriculum
Accredited programmes should ensure that students develop the above core skills across the curriculum areas outlined below. Programmes are encouraged to develop specific emphasis and focus on some areas in more depth than others, to reflect the areas of strength of the staff team delivering the programme, or to promote a distinctive identity for the programme as a whole. However, each area should be covered as a minimum as outlined below in relation to the knowledge and skills that students should be able to demonstrate on successful completion of their programme.

Research and research methods¹
Students should demonstrate the ability to use a range of techniques and research methods applicable to advanced scholarship in the discipline. Students should learn how to conduct qualitative and quantitative research of relevance to health psychology, and each student should conduct at least one empirical study, and a mini systematic review (Note: This should not be a full-scale publishable systematic review, but a piece of work that moves students beyond working with single papers and allows them to demonstrate their ability to synthesise the quality of the evidence base in a chosen area). Students should have the appropriate skills and capabilities to collect and analyse data relevant to health psychology.

Contexts and perspectives in health psychology
Students should demonstrate a critical understanding of historical and current theories / approaches in health psychology. This includes awareness of related disciplines, such as medical sociology, medical ethics, medicine, behavioural medicine, health policy, and / or health economics.

Physiological and psychosomatic disease processes
Building on a fundamental understanding of the physiology of health and illness, students should be able to appraise and evaluate evidence relating to the epidemiology of health and illness, including acute and long-term conditions, stress, and psychoneuroimmunology.

Note: When selecting which long term conditions to address, programmes should consider current public health priorities and/or most prevalent diseases.

Client groups and other stakeholders
Students should have the knowledge and skills to enable them to progress to working with a range of client groups across the lifespan. This should include: cross-cultural perspectives (e.g. those relating to ethnicity or religion); sex and gender differences; children and the role of the family in health and illness; and death, dying and bereavement. Students should also have the knowledge and skills relevant to working with other professionals, including: an understanding of theories of leadership, and the role of collaborative working in interdisciplinary / multidisciplinary teams.

Health-related behaviour and cognitions
Students should be able to critically evaluate theoretical models of health-related behaviour and cognitions. This should include: health enhancing and compromising behaviours; efficacy and control beliefs; attributions; health beliefs and attitudes; social and individual representations of health and illness; symptom and risk perception; and

¹ In order for students to be able to progress on to Stage 2 training, and for them to be active consumers of research, the project should involve collecting original empirical data from participants, or equivalent alternatives such as computational modelling of empirical data or secondary data analysis, making use of existing large quantitative or qualitative data sets. Systematic reviews are not included within the permissible equivalent alternatives.
Interventions: Applications of health psychology

Students should be able to compare and contrast a range of interventions applicable to health psychology settings and health and wellbeing outcomes (e.g. cognitive-behavioural approaches, motivational interviewing). Students should understand issues relevant to the design and evaluation of a range of interventions. This should involve knowledge of: health needs assessment; the process of formulation, based on assessment, which informs choice of intervention; management of acute and long-term conditions; behavioural change techniques; and health education and promotion.

Healthcare and professional settings

Students should have the knowledge and skills to enable them to progress to working within a range of settings and contexts relevant to health psychology. This should include appropriate use of communication and interviewing skills such as development of rapport and trust, questioning, reinforcement, reflection of content and feeling, and non-verbal communication. Students should also have a critical understanding of the impact of hospitalisation on adults and children; preparation for stressful medical procedures; adherence; and issues related to patient satisfaction.

Measurement issues

Students should demonstrate a critical understanding of psychometric issues relating to the development of outcome measures for acute and long-term conditions, stress and coping, health-related quality of life, and other psychological outcome measures. Students should have exposure to the practical administration of some psychometric tests, and also an understanding of scale development.

Professional issues

Students should recognise the need to take responsibility for their own professional development (e.g. through PDP), and should therefore understand the principles and utility of critical self-reflection for their development as trainee health psychologists. Students should be aware of the legal and statutory obligations and restrictions on health psychology practice in the UK context. Students should be introduced to the implementation of policy, strategy and legislation in health contexts (including European and international perspectives on health psychology).

2.2 Teaching and learning:

2.2.1 A clear programme specification must be in place that provides a concise description of the intended learning outcomes of the programme, and which helps students to understand the teaching and learning methods that enable the learning outcomes to be achieved, and the assessment methods that enable achievement to be demonstrated with adequate breadth and depth. The programme specification (and any module specifications) must include learning outcomes that reflect the specific programme content requirements outlined above.

2.2.2 Education providers must be able to document the intended programme and module learning outcomes, and the ways in which these are mapped on to the programme content requirements outlined above.
2.2.3 Programmes must have a statement of orientation and values that underlie their programme specification. In addition to articulating learning outcomes and an assessment strategy that reflect the Stage 1 training requirements outlined in this handbook, programmes must be able to show how their orientation and values inform their teaching and learning strategy.

2.2.4 Students are entitled to expect a learning experience which meets their needs, and which is underpinned by competent, research-informed teaching, and a supportive and enabling learning environment.

2.3 Research:

2.3.1 Education providers must be able to demonstrate how they have taken account of the Society's Supplementary guidelines for research and research methods in designing, developing and delivering their research methods and project provision.

Rationale for inclusion

The Society's standards for accredited programmes reflect contemporary theory, research and practice, enabling accredited programmes to develop psychologists who will be fit for purpose for the future. As such, these reflect the optimal academic and professional standards, promoted by the Society through the award of Graduate Membership (MBPsS) and the Graduate Basis for Chartered Membership (GBC), and Chartered Membership (CPsychol) respectively. The Society is keen that these standards create flexibility for programmes to develop distinctive identities, by making the most of particular strengths around research and practice shared by their staff team, or those that are reflected in the strategic priorities of their department or university.

Guidance and signposting

- Education providers are free to map topics in any academically coherent combination, which could range from delivering core content areas within dedicated modules, or embedding coverage across a number of modules. The Society encourages programmes to deliver core content across modules within an integrated curriculum that offers a pedagogical development of students' knowledge, understanding, and skills.

- Providers may find it helpful to refer to Chapter B3 of the UK Quality Code, which addresses Learning and Teaching (www.qaa.ac.uk).

- It is important to note that Stage 1 training programmes fulfil the significant role of enabling graduates to fulfil those Standards of Proficiency set out by the Health and Care Professions Council that are deemed to represent the key concepts and bodies of knowledge that are relevant to the practice of practitioner psychologists (SOP 13; www.hcpc-uk.org/education).

- The Society has produced Supplementary guidelines for research and research methods on Society accredited postgraduate programmes (revised April 2017). A further document, Supplementary guidelines for research and research methods on Society accredited undergraduate and conversion programmes, was also published in April 2017.
Programme standard 3: Working ethically and legally

The programme must evaluate students’ understanding of working ethically and legally.

3.1 All accredited programmes must include teaching on the Society's *Code of Ethics and Conduct* and relevant supplementary ethical guidelines.

3.2 Accredited programmes must have mechanisms in place to ensure that all research undertaken by students that involves human participants is conducted in line with the Society's *Code of Human Research Ethics*.

3.3 Programmes must ensure that students are taught and assessed on ethics beyond the submission of ethics applications for research projects.

3.4 Programmes should familiarise students with the distinct role of the Society as the professional body for psychology, and the Health and Care Professions Council as the statutory regulator for practitioner psychologists in the UK. Programmes should ensure that students are aware of the legal and statutory obligations and restrictions on the practice of psychology in the UK context.

3.5 Master’s and Doctoral programmes are also expected to make students aware of the Health and Care Professions Council’s *Guidance on Conduct and Ethics for Students*.

Rationale for inclusion

The inclusion of this standard reflects the particular importance of ethics and ethical practice to psychologists, and to the Society as the professional body for psychology and psychological practitioners. Students and trainees on accredited programmes need to be able to: identify the presence of an ethical issue (ethical sensitivity); formulate the morally ideal course of action by identifying the relevant ethical issues and using these principles to consider appropriate actions (ethical reasoning); decide what they wish and intend to do (ethical motivation); and execute and implement what they intend to do (ethical implementation). They also need to develop commitment to the ethical principles of respect, competence, responsibility, and integrity – as appropriate to their level of study. In addition, all prospective psychologists and psychological practitioners need to understand the legislative and regulatory requirements that apply to psychological practice in the UK. This standard therefore differentiates between working ethically and working legally to reflect the above considerations.

Guidance and signposting

- The Society’s *Code of Ethics and Conduct*, *Code of Human Research Ethics*, and supplementary ethical guidelines provide clear ethical principles, values and standards to guide and support psychologists’ decisions in the difficult and challenging situations they may face. Further information can be found at [www.bps.org.uk/ethics](http://www.bps.org.uk/ethics).

- The Society’s Ethics Committee has produced Guidance on teaching and assessment of ethical competence in psychology education (2015), available at [www.bps.org.uk/ethics](http://www.bps.org.uk/ethics), which outlines ethical competencies, and how these may be taught and assessed at different levels of study. Programmes are encouraged to make use of the guidance as appropriate to their provision.
• The Health and Care Professions Council has produced a learning resource that is
designed to support the understanding of ethical issues that individuals may encounter.
Whilst it is primarily intended to contextualise the HCPC’s Guidance on Conduct and
Ethics for Students, it presents a useful resource for students and trainees at all levels
of study (www.hcpc-uk.org/education/learningresource).

• All accredited programmes are expected to include formal teaching on ethics, and
should be able to demonstrate how working ethically is integral to all aspects of their
provision, including research (as outlined below), and placement activities (where
applicable). The assessment strategy for the programme should consider understanding
of ethical principles as appropriate to the level of study.

• Students need to understand the ethical frameworks that apply to their research, and
how to engage with these, as well as understanding the ethical implications of the
research that they encounter. They also need to understand ethics as applied to working
with people more generally.

• Providers should have in place mechanisms for identifying and dealing with academic
and (where applicable) professional misconduct. The programme should consider the
ways in which these mechanisms are publicised.
Programme standard 4: Selection and admissions

The programme must apply appropriate selection and entry criteria that are consistent with promoting equality of opportunity and access to psychology to as diverse a range of applicants as possible.

4.1 **Equality, diversity and inclusion:** The programme must implement and monitor equality, diversity and inclusion policies in relation to applicants.

4.2 **Selection and entry requirements:** for stage one Master’s programmes:

   4.2.1 The Society normally expects entrants to accredited Master’s programmes to be eligible for the Graduate Basis for Chartered membership (GBC). Programmes may also accept applicants who are not eligible for the GBC, provided they have a clear rationale for doing so, and are able to put in place any additional support required by such applicants. This may include support a) to get up to speed on relevant aspects of psychological theory and research, and b) to build on what they have learned at undergraduate level to develop the core skills outlined by the Society for accredited Master’s programmes. Programmes may choose to retain eligibility for the GBC as a minimum entry requirement should they so wish.

   4.2.2 Programmes must provide clear information to students indicating that, in order to be eligible for Chartered membership of the Society and full Division membership, they will need to have completed both a programme granting eligibility for the GBC and an accredited Master’s programme prior to commencing stage two training. Whilst students will normally complete GBC prior to their MSc, the reverse is also permissible.

4.3 **Recognition of prior learning:**

   4.3.1 Where the education provider offers applicants the opportunity to seek exemption from undertaking a proportion of the programme, effective processes should be in place for assessing and recognising their prior learning and experience.

   4.3.2 Stage one Master’s programmes may operate procedures for the recognition of prior learning (RPL) against the learning outcomes of the accredited award. The RPL procedure should ensure that any exemptions against the taught content of the programme are granted on the basis of learning undertaken at level 7 (level 11 in Scotland).

4.4 For providers that accept students on to their postgraduate programmes who do not hold eligibility for the Graduate Basis for Chartered Membership of the Society (GBC), a support mechanism should be in place to identify any gaps in such applicants’ underpinning knowledge, and ways of addressing these.

4.5 Education providers must demonstrate that the process of selecting candidates for entry on to their programme is based on academic and professional decision-making. Whilst administrative and central services staff play a crucial role in supporting selection and recruitment processes, appropriate academic oversight must be in place. In particular, programme staff should have responsibility for confirming any selection criteria or other checking and validation processes to be applied, and for adjudicating over any non-standard or otherwise complex applications.
Rationale for inclusion
The Society is interested in the ways in which education providers implement their equality, diversity and inclusion policies. It is particularly important that those progressing to undertake professional training in psychology, and therefore those moving into employment as psychologists, reflect the demographics of the populations with whom they will be working. Similarly, the Society is keen to promote diversity in psychology students progressing towards careers as academics or researchers. Overall, it is important that psychological knowledge and expertise is reflected across a diverse range of people, and that this diversity is ultimately reflected throughout the Society’s membership. Widening access to professional training, including by providing greater flexibility in relation to the order of studies that students undertake, is key to enhancing the diversity of the workforce in the longer term. The Society is also committed to ensuring that applicants whose first qualification is in a subject other than psychology, and who have gained eligibility for the GBC through completion of a conversion award, are not unfairly disadvantaged by any selection or recruitment policies operated by the education provider (in particular, in relation to their prior academic attainment).

Guidance and signposting
- Chapter B2 of the UK Quality Code addresses Recruitment, Selection and Admission to Higher Education. Chapter B6 also considers Assessment of Students and the Recognition of Prior Learning. Finally, Part C of the Quality Code outlines expectations around the provision of fit for purpose, accessible and trustworthy information regarding the learning opportunities offered for the benefit of a range of audiences, including applicants and the general public. Providers may find it helpful to review their provision against these resources (www.qaa.ac.uk).
- The Office for Fair Access (OfFA) is the independent regulator of fair access to higher education in England. Like OfFA, the Society believes that everyone with the potential and ambition to succeed in higher education should have equal opportunity to do so, whatever their income or background (www.offa.org.uk). Whilst its remit covers England only, OfFA provides a series of resources on widening access that all providers will find useful.
- The Society declares its commitment to promote equality, diversity and inclusion and to challenge prejudice and discrimination, and actively promotes a culture of equality, diversity and inclusion within our discipline. In demonstrating achievement of this standard, education providers are encouraged to hold or be in the process of seeking an Athena SWAN award, along with other relevant equality charter marks. Providers of accredited programmes should take steps to identify under-represented groups (e.g. men, black and minority ethnic students) and encourage their participation in psychology education and training and in the wider psychological workforce. Individuals’ identities are shaped by a range of factors that intersect in different ways, and providers should consider the steps they are able to take to promote and improve the participation of other underrepresented groups and to encourage greater representation (www.ecu.ac.uk).
- Whilst it is permissible for providers to accept applicants on to their programmes who do not hold the GBC, our experience suggests that such students often require additional support to be able to engage fully in teaching and learning building on the different areas of the GBC curriculum, in particular research methods. Some providers have found it useful to ensure that such applicants have undertaken an empirical research project as
part of their undergraduate degree, and have completed a research design and analysis module; it may be more appropriate for students who do not meet this criterion to be counselled to complete a conversion programme and to re-apply at a later date.

- Providers wishing to check whether applicants have gained eligibility for the GBC may establish the accreditation status of any qualifications held by applicants by checking their inclusion on the Society’s online database of accredited courses (www.bps.org.uk/bpslegacy/ac). Applicants whose qualifications are not accredited by the Society may seek confirmation of their eligibility for the GBC by making an individual application to the Society for Graduate Membership (www.bps.org.uk/graduate).
Programme standard 5: Student development and professional membership

The programme must be able to articulate a strategy for supporting students’ personal and professional development.

5.1 The programme must have in place mechanisms for the support of students’ personal development, including the provision of a personal tutor system.

5.2 Students should have access to discipline-specific professional development. Psychologists should be involved in supporting student development, and specific resources should be allocated to this aspect of the provision. For postgraduate professional training programmes, this should include the involvement of practitioner psychologist(s) in providing careers advice.

5.3 Providers must ensure that their graduates are able to articulate how their learning equips them with transferable and subject-specific skills that are of value to employers. Accredited stage one Master’s programmes are expected to support their students’ development of a range of core and transferrable skills that are central to psychological practice and to a range of other areas of employment. The standards for the accreditation of Stage 1 programmes are outcomes based, and encourage the development of critical thinking skills and ways of working such that students engage with the discipline by:

- Critically evaluating the current knowledge, theory and evidence base relevant to the discipline (Note: this may comprise both psychological theory and knowledge from other disciplines), and understand that this is an important first step for all work and activities;
- Identifying and developing skills and capabilities relevant to progression to health psychology practice;
- Using a range of techniques and research methods applicable to psychological enquiry;
- Applying relevant ethical, legal and professional practice frameworks (e.g. BPS, HCPC), and maintaining appropriate professional boundaries;
- Communicating effectively (verbally and non-verbally) with colleagues, research supervisors, and a wider audience;
- Critically reflecting on and synthesising all of the above to inform their developing professional identity as a trainee health psychologist; and
- Disseminating their work appropriately in a range of appropriate written (e.g. professional reports, journal papers, conference posters) and oral (e.g. presentations, one-to-one feedback) formats.

5.4 Systems for student support should empower learners to take personal control of their own development, by providing opportunities for the exercise of choice, decision-making, and responsibility within a supportive environment, in order to promote the development of autonomous learning.

5.5 The programme must provide students with information on the benefits of completing an accredited programme, and gaining membership of the Society and its Member Networks at the appropriate level. Providers should emphasise the benefits of Society membership for students’ and graduates’ professional development.
Rationale for inclusion

This standard is included because close attention to students’ personal and professional development is key to their employability. Education providers may link with local and/or national employers in a variety of ways, and the Society is keen to develop its understanding of these approaches through partnership visits. Additionally, the Society believes it is important that education providers communicate the benefits of completing an accredited programme to their students. Belonging to the Society is an integral part of being a psychologist. It recognises graduates’ qualifications and reflects their aspiration to represent the highest possible professional standards.

Guidance and signposting

- Chapter B4 of the UK Quality Code addresses Enabling Student Development and Achievement. Chapter B3 also considers Learning and Teaching, and specifically emphasises the need to enable every student to monitor their progress and further their academic development through the provision of regular opportunities to reflect on feedback and engage in dialogue with staff. Finally, Part C of the UK Quality Code addresses the information that should be provided to students about their programme of study and their achievements. Providers may find it helpful to review their provision against these resources (www.qaa.ac.uk).

- The Society’s role is to develop and support the discipline of psychology, and to disseminate psychological knowledge to the public and policy makers. Joining the Society enables students to contribute to the Society’s work and benefit from the resources the Society provides as they develop professionally.

- Completion of an accredited programme offers graduates a clear route to Society membership at the appropriate level, and therefore access to the full range of membership benefits, including a variety of services, publications, conferences, training and networking opportunities. Society membership also presents graduates with opportunities for developing and influencing the profession as leaders in their field in the future. For more information on the benefits of Society membership, see www.bps.org.uk/membership.

- In demonstrating their achievement of this standard, education providers should consider the interface between any careers advice and support that might be provided by their central or School / Faculty-based employability unit, and the guidance that can be provided by practitioner psychologists and other qualified practitioners over the course of the programme.

- Postgraduate programmes should also pay particular attention to professional development where students on accredited programmes are taught alongside other student groups (for example, those that do not hold eligibility for the GBC, or other professional groups).
Programme standard 6: Academic leadership and programme delivery

The education provider must have appropriate human resources in place to support the effective delivery of the programme, including appointing an appropriately qualified and experienced director or co-ordinator.

6.1 Staffing strategy:

6.1.1 Education providers must be able to outline a clear strategy in relation to the leadership and co-ordination of the programme. The Programme Director must operate with a level of autonomy that enables them to effectively oversee the programme’s governance and delivery.

6.1.2 Providers need to demonstrate that their overall staffing strategy supports the long-term sustainability of the provision, and the capacity to continue to meet the Society’s accreditation standards on an ongoing basis. In the interests of promoting a holistic learning experience for students, the Society would normally expect the core programme delivery team to be located predominantly in one department or on one site.

6.1.3 Programmes must have in place sufficient appropriately qualified staff in order to be able to provide a learning experience that meets students’ needs, and which is underpinned by competent, research-informed teaching. The staff team as a whole needs to be able to deliver (i.e. teach and assess) across the required programme content (see Programme standard 2) at the appropriate level, and supervise students’ empirical research projects.

6.1.4 Education providers must be able to outline the steps they are taking structurally and culturally to advance equality, and to improve the career prospects of underrepresented groups within the discipline and profession.

6.2 Qualifications of Programme Director and staff:

6.2.1 Programme Directorship: The Programme Director holds overall professional and academic responsibility for ensuring that the programme meets the Society’s standards, and for maintaining the accreditation of the programme. The Programme Director must have the programme as his/her major commitment, and be free to devote sufficient time to ensure its effective and efficient running.

6.2.2 The Programme Director must be a practitioner psychologist registered with the Health and Care Professions Council, and with practice experience relevant to health psychology.

6.2.3 Programme staff: For postgraduate professional training programmes:

- All staff contributing to the delivery of accredited programmes will normally hold, as a minimum, a postgraduate qualification in psychology and/or a demonstrable track record in research or other scholarly activity of relevance to applied psychology.

- Dissertation or thesis supervision should only be undertaken by psychologists or other suitably qualified individuals who hold a qualification at Doctoral level, or who hold a demonstrable track record of research in applied psychology.
Where the programme includes placement opportunities, a Placement Co-ordinator should be identified who holds responsibility and professional accountability for the oversight (quality assurance) and safeguarding (governance) of any placement experience undertaken as part of the programme. The Placement Co-ordinator role, and any assessment of students’ placement performance, may only be undertaken by an HCPC registered practitioner psychologist. Placement organisation also includes a range of operational and logistical tasks that support placement delivery. These may be undertaken by administrative and professional services staff.

Delivery teams for postgraduate professional training programmes must be able to demonstrate appropriate current links to practice, such that the team as a whole has the necessary knowledge, experience and skills to support trainees’ learning, and (where appropriate) development of practice competence. It is expected that the majority of staff on the core delivery team for the programme will be qualified in health psychology.

6.3 **Staff student ratio:**

   **6.3.1** Education providers should provide a calculation of their current staff student ratio (SSR) in the evidence they submit in support of an application for accreditation, or in advance of a partnership visit. Postgraduate professional training programmes must operate a minimum staff student ratio of 1:10, based on FTEs.

   **6.3.2** Given minimum staffing requirements, and the range of tasks that programme staff must undertake in order to deliver a quality student experience (see 6.5 below), programmes with small cohort sizes will require an enhanced SSR.

6.4 **Staffing levels:**

   **6.4.1** There are key roles and functions that the Society considers are essential to the effective and efficient delivery of an accredited programme. Programmes must therefore have sufficient staff with enough time allocated to carry out the range of tasks that are associated with: teaching; organising, co-ordinating and monitoring placements (if appropriate); training and supporting supervisors or other assessors; research supervision; marking; providing personal support to students; supporting their professional development; and liaising with employers, visiting speakers and other external stakeholders.

   **6.4.2** In the interests of providing a positive and coherent student experience, education providers must ensure that programme staff are readily accessible to students, and that students have clear guidance on arrangements for liaising with staff outside of any core contact hours.

   **6.4.3** All programmes must pay particular attention to ensuring that staffing levels are such that students receive research supervision at a level consistent with the programme’s aims and that research supervision loads for staff are appropriate to enable them to provide adequate supervision at the required level.

   **6.4.4** Where staff have other duties (e.g. other teaching or practice commitments) these must be taken into account in setting staffing levels and must be such that they do not interfere with the execution of the major responsibility of programme delivery. They must also be reflected appropriately in any SSR return.
6.5 Professional services support staff:

6.5.1 Programmes must have access to sufficient dedicated administrative, technical or other learning support staff to support their effective delivery. Postgraduate programmes require specialist administrative support to meet the specific needs of their staff and students. This should include awareness of and expertise in overseeing placement/supervised practice activities (where applicable), including an understanding of the fitness to practise procedures that apply.

6.5.2 The education provider must be able to demonstrate that the support that is provided is sufficient to meet the needs of the provision in question. Where shared or distributed arrangements for support staff are in place, the education provider must demonstrate their equivalence to the minimum standards outlined above.

6.6 Staff professional development:

6.6.1 Staff are entitled to expect an institutional culture which values and rewards professionalism and scholarship, and which provides access to development opportunities which assist them in their support for student learning. Institutions should support initial and continuing professional development for all staff.

6.6.2 All core members of programme teams are expected to undertake continuing professional development that is necessary to their role within the programme, and, where appropriate, relevant to their professional practice. It is expected that this would include undertaking relevant research, knowledge transfer and other scholarly activity, and/or attendance at relevant conferences. Opportunities for development should be available to all staff who are engaged in, or are supporting, teaching, research and scholarship.

6.6.3 Education providers must have a training and mentoring strategy in place to support early-career staff to undertake core roles, including teaching, supervision and assessment of students’ work.

6.6.4 Accredited postgraduate programmes should be conducted within a demonstrable research culture, evidenced by the active current publication record of members of the programme team and other staff allied to the delivery of the programme.

6.6.5 The Programme Director of an accredited postgraduate programme must have sufficient time to conduct research, knowledge transfer, consultancy/organisational and/or clinical work; normally this will be at least one day per week.
Rationale for inclusion
This standard is included as contact with and support from sufficient numbers of appropriately qualified and experienced staff whose professional development is well supported will contribute significantly to the quality of the overall student experience. Additionally, the leadership and co-ordination of the programme is central to shaping students’ experience and their development as psychologists or members of the wider psychological workforce.

Guidance and signposting
- The Society’s minimum requirement is that directors of accredited postgraduate programmes are registered with the HCPC as a practitioner psychologist. Whilst it will typically be the case that the Programme Director’s qualifications and experience will be specific to the modality in question, colleagues with a broader portfolio of qualifications and experience may also hold directorship roles, provided that delivery of the overall student experience is underpinned by an adequate overall modality-specific resource.
- The Society would encourage Programme Directors to hold Chartered Membership and full membership of the relevant Division as a way of demonstrating appropriate qualifications and experience for the role. Information on the requirements for becoming a Chartered Member of the Society can be found at www.bps.org.uk/cpsychol.
- Where appropriate, Programme Directors may be supported in aspects of their role by colleagues with complementary skills and experience to their own. Education providers may wish to consider the roles that other programme team members may take in relation to the leadership and co-ordination of the programme as part of their staff development strategy, particularly in connection with longer-term succession planning or to support the development of leadership potential.
- In the interests of the longer-term sustainable delivery of the programme, providers should have contingency plans in place to ensure that an appropriately qualified and experienced individual has been identified who could deputise for the Programme Director should the need arise (e.g. sickness absence, parental leave, sabbatical).
- The Society expects accredited programmes to be delivered by staff who engage in a range of research activities. A track record of academic and/or practitioner research may be demonstrated in a variety of ways, including successful completion of projects supervised.
- Both the co-ordination and operational components of placement delivery need to be undertaken effectively in order to provide students with a placement experience that meets their needs, appropriate to their level of training. The professional oversight and safeguarding aspect of placement co-ordination should be undertaken by an individual who has a good understanding of the professional boundaries within which a student should be operating, and how their placement should contribute to their development within the given modality, at the appropriate level. Systems need to be in place to support consultation across the programme team to ensure that any placements being identified, selected and undertaken have an appropriate modality-specific focus, and are appropriate to the skills the student needs to develop. Any liaison undertaken with placement providers will need to be informed by an understanding of those skills, and of the requirements of the specific programme of education concerned.
• The standards for postgraduate programmes specify certain roles that may only be undertaken by practitioner psychologists. With this in mind, and given the requirement that providers demonstrate that their overall staffing strategy supports the long-term sustainability of the provision, and the capacity to continue to meet the Society’s accreditation standards on an ongoing basis, providers should ensure appropriate security across the staff team as a whole. This will ensure that there is some flexibility for the redeployment of resources in the event of staff turnover, and also ensures that responsibility for programme and module development does not sit with a single individual.

• The Society supports the inclusive principles set out in the Equality Challenge Unit’s Athena SWAN charter, and would encourage providers of accredited programmes to pursue gaining Athena SWAN recognition and to take steps to improve the career prospects of women psychologists. At undergraduate and postgraduate levels, psychology is a subject that attracts a high proportion of women students, and yet the gender balance among senior academics and practitioners reflects a very different picture. Individuals’ identities are shaped by a range of factors that intersect in different ways, and providers should consider the steps they are able to take to promote and improve the career prospects of other underrepresented groups and to encourage greater representation. (www.ecu.ac.uk).

• Programme providers are encouraged to consult the Society’s Supplementary guidance on the roles and contributions of psychology technical staff (2014), and its Supplementary guidance on the roles and contributions of administrative and professional services staff (2017). (www.bps.org.uk/accreditationdownloads).

• Chapter B3 of the UK Quality Code addresses Learning and Teaching, and specifically emphasises the need for higher education providers to assure themselves that everyone involved in teaching or supporting student learning is appropriately qualified, supported and developed. This includes: appropriate and current practitioner knowledge and an understanding of the subject they teach and of the disciplinary scholarship appropriate to the academic level of the students they are teaching; and the necessary skills and experience to facilitate learning in the students they are interacting with, and to use approaches grounded in sound learning and teaching scholarship and practice. Providers may find it helpful to review their provision against these resources (Chapter B3 Indicator 4, www.qaa.ac.uk).
Programme standard 7: Discipline-specific resources

The education provider must have appropriate discipline-specific resources in place to support the effective delivery of the programme.

7.1 The education provider must be able to outline the discipline-specific and general resources and facilities that are in place to support student learning. Education providers must offer students access to learning resources that are appropriate to the range of theoretical and practical work in which students are engaged.

7.2 Education providers should ensure that students are advised of the discipline-specific and general learning resources to which they have access, and are provided with the necessary support and/or training to enable them to make appropriate use of these.

Rationale for inclusion
This standard is included because the learning experience must be underpinned by access to resources that are appropriate to the psychology programme(s) offered by the education provider. The availability of appropriate resources is key to the delivery of psychology as a science, with associated levels of practical work culminating in students’ completion of individual research at the appropriate level.

Guidance and signposting
- Resources will normally include teaching, tutorial and laboratory space, learning resources (such as texts and journals, available in hard copy and/or electronically, computing facilities), psychological testing materials, specialist equipment supporting psychological research, software supporting data collection and analysis in psychology research, and other IT and/or audiovisual facilities (e.g. to enable the recording of practice role plays and competency assessment tasks), as appropriate to the provision in question.
- Chapter B3 of the UK Quality Code addresses Learning and Teaching, and specifically sets out the expectation that education providers, working with their staff, students and other stakeholders, articulate and systematically review and enhance the provision of learning opportunities and teaching practices, so that every student is enabled to develop as an independent student, study their chosen subject(s) in depth and enhance their capacity for analytical, critical and creative thinking. In particular, there is an expectation that providers maintain physical, virtual and social learning environments that are safe, accessible and reliable for every student, promoting dignity, courtesy and respect in their use (Chapter B3 Indicator 6, www.qaa.ac.uk).
Programme standard 8: Quality management and governance

The education provider's quality management systems must make regular provision for the periodic review of the validity and relevance of the programme, such that it continues to reflect our standards, and meets the needs of the programme's stakeholders.

8.1 Assurance and enhancement of quality:

8.1.1 The quality management mechanisms that are in place should provide for periodic review of the programme's aims and intended learning outcomes and content, the strategies associated with programme delivery, and the assessment methods that are used to evaluate students’ achievement of the learning outcomes. Overall, they should ensure that the programme continues to reflect contemporary learning, research and practice in psychology.

8.1.2 Programmes will appoint appropriate External Examiners whose expertise will be of relevance to the breadth and depth of provision being offered. They will ensure that External Examiners are provided with adequate information to support their role, and that systems are in place to monitor action that is taken in response to any issues raised.

8.1.3 The External Examiner for the programme should normally be a practitioner psychologist registered with the Health and Care Professions Council, and with practice experience relevant to health psychology. Other examiners with a broader range of qualifications and experience may be recruited in addition to undertake specific tasks (e.g. individual thesis examination).

8.2 Stakeholder engagement:

8.2.1 Students should have the opportunity to provide feedback on the design and delivery of the programme via the quality management mechanisms that are in place. Programmes should identify ways in which any difficulties identified (whether as informal or formal complaints) may be satisfactorily resolved, and changes to current systems and practices made where appropriate.

8.2.2 Both formal and informal mechanisms of quality assurance should be in place, including regular staff student liaison meetings. Issues raised by stakeholders, including students, should be documented and contribute to the quality management processes of the provider.
Rationale for inclusion
This standard is included because Accreditation through Partnership relies upon education providers having in place robust quality management mechanisms that facilitate self-evaluation of module and programme learning outcomes against the Society’s accreditation standards and other indicators of academic standards. The Society recognises education providers’ quality management mechanisms as a reliable source of evidence of continued achievement of the standards.

Guidance and signposting
- Part A of the UK Quality Code addresses Setting and Maintaining Academic Standards. Part C addresses the information that providers set out in relation to their arrangements for managing academic standards and quality assurance and enhancement, and the records they maintain of all arrangements for delivering higher education with others. Providers may also find it helpful to refer to a further five chapters from Part B of the Quality Code (www.qaa.ac.uk):
  - Chapter B5: Student Engagement, and in particular the role of students as partners in the assurance and enhancement of their educational experience.
  - Chapter B7: External Examining
  - Chapter B8: Programme Monitoring and Review
  - Chapter B9: Academic Appeals and Student Complaints, and in particular ensuring that students have opportunities to raise matters of concern without risk of disadvantage
  - Chapter B10: Managing Higher Education Provision with Others, which specifically highlights that degree-awarding bodies have ultimate responsibility for academic standards and the quality of learning opportunities irrespective of where these are delivered or who provides them.
- External peer review offers a valuable perspective upon the ways in which the programme compares to others of a similar nature nationally. With this in mind, enabling the Society to have sight of internal quality review reports and External Examiners’ reports, and the programme’s response to these, allows our reviewers to gain insight into the extent to which the education provider’s quality management mechanisms function effectively for the benefit of students, and the discipline as a whole.
- All providers are encouraged to consider the ways in which employer feedback might be harnessed as part of the quality management and programme development process.
Our standards for Doctoral programmes in health psychology
The core training of a health psychologist: Statement of intent

Training in health psychology is typically conducted in two stages. The first involves completion of a BPS accredited Masters degree in health psychology. This is followed by the supervised practice of five key health psychology competencies in at least two applied settings. This, along with a substantial research dissertation, can be conducted under the auspices of a number of HEIs. These courses lead to a doctoral qualification in health psychology and provide the equivalent of a minimum of two years full-time practice placement. Alternatively, trainees can follow the BPS ‘independent practice route’, leading to the Stage 2 Qualification in Health Psychology, which is a Society doctoral level qualification.

This requires supervised practice during which a portfolio of evidence is developed demonstrating the acquisition of skills in relevant working contexts and with appropriate supervision. This is formally assessed through examination of the portfolio and a viva. This again takes the equivalent of a minimum of two years full-time experience to complete. Both the HEI and the BPS routes lead to eligibility to apply for Chartered membership of the Society, full membership of the Division of Health Psychology and entry to the HCPC register as a health psychologist.

The training programmes provide supervision in a range of skills and competencies that are applicable across a wide range of health settings. Core competencies 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 settings.
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.
Programme standard 1: Programme design

The design of the programme must ensure that successful achievement of the required learning outcomes is marked by the conferment of an award at the appropriate academic level.

1.1 Credits and level of award: Doctoral programmes seeking accreditation against the requirements for Chartered Membership of the Society (CPsychol) must comprise 540 credits, and must result in the award of a level 8 qualification (level 12 in Scotland).

1.2 Duration and location of studies:
   1.2.1 For postgraduate professional training programmes in psychology, the total period of study must be no less than three years full-time (or the equivalent part-time). For stage two Doctoral programmes, where recognition of existing competence is awarded, the minimum period of supervised professional practice to be undertaken by trainees is two years full-time (or the equivalent part-time).
   1.2.2 The Society does not stipulate a maximum study period within which an accredited programme must be completed.
   1.2.3 Up to one third of the total credits of an accredited UK programme may be undertaken outside of the UK. Where a greater proportion is undertaken abroad, we consider this to be a separate programme requiring separate accreditation.

1.3 Award nomenclature: The education provider must ensure that the title of any award accurately reflects the level of trainees’ achievements, represents appropriately the nature and field(s) of study undertaken and is not misleading, either to potential employers or to the general public.

1.4 Assessment requirements:
   1.4.1 Programmes must have in place an assessment strategy that maps clearly on to programme and module learning outcomes, incorporates a wide range of formative and summative assessments, and which reflects trainees’ development of knowledge and skills as they progress through their studies. Each of the competencies specified in Programme Standard 2, below, must be assessed at the appropriate level.
   1.4.2 Accredited postgraduate programmes must stipulate a minimum pass mark of 50 per cent for all modules that contribute to the accredited award where quantified marking is employed. No compensation across modules is permissible.
   1.4.3 Assessment rules, regulations and other criteria should be published in a full and accessible form and made freely available to trainees, staff and external examiners.
   1.4.4 Assessment practices should be fair, valid, reliable and appropriate to the level of the award being offered. Assessment should be undertaken only by appropriately qualified staff, who have been adequately trained and briefed, and given regular opportunities to enhance their expertise as assessors.
   1.4.5 Education providers should have in place policies and procedures to deal thoroughly, fairly and expeditiously with problems which arise in the assessment of trainees. These should include the grounds for trainee appeals against assessment outcomes, and the process that trainees should follow if they wish to pursue an appeal.
1.4.6 Education providers should ensure that detailed and up to date records on trainee progress and achievement are kept. Throughout a programme of study, trainees should receive prompt and helpful feedback about their performance in relation to assessment criteria so that they can appropriately direct their subsequent learning activities.

1.5 Inclusive assessment:

1.5.1 Education providers should have inclusive assessment strategies in place that anticipate the diverse needs and abilities of students.

1.5.2 Where reasonable adjustments need to be made for disabled students, these should apply to the process of assessment, and not to the competencies being assessed.

Rationale for inclusion
The Society has clear expectations about teaching, learning and assessment on accredited programmes, and the provisions that should be built into the design of those programmes to ensure quality. The standards outlined above will ensure that those seeking entry to specific grades of Society membership on the basis of having completed an accredited programme have met the stipulations set out in the Society’s Royal Charter, Statutes and Rules.

Guidance and signposting

- Part A of the UK Quality Code addresses Setting and Maintaining Academic Standards, and signposts relevant qualifications and credit frameworks, as well as guidance on the characteristics of different qualifications. Providers may also find it helpful to refer to a further five chapters from Part B of the Quality Code (www.qaa.ac.uk):
  - Chapter B1: Programme Design, Development and Approval
  - Chapter B3: Learning and Teaching
  - Chapter B6: Assessment of Students and the Recognition of Prior Learning
  - Chapter B9: Academic Appeals and Student Complaints
  - Chapter B11: Research Degrees

- The Health and Care Professions Council sets out its requirements around programme design and delivery and assessment in its Standards of Education and Training (SETs 4 and 6; www.hcpc-uk.org/education). Information on the threshold level of qualification for entry to the HCPC Register is provided in SET 1.

- The Society’s standards require that all accredited stage one MSc and Doctoral programmes stipulate a minimum 50 per cent pass mark for all modules that contribute to the accredited award. This requirement applies to all assessments for which quantified marking is employed, and does not affect those assessment tasks to which pass/fail grading applies. Some providers operate a standard 40 per cent pass mark for their postgraduate programmes; accredited programmes will need to seek variation from the provider’s standard regulations in order to meet this requirement. Graduates who do not achieve the necessary 50 per cent pass mark for all modules contributing to the accredited degree should receive an alternative award to enable them to be distinguished from those who have achieved the expected standard.
• The Equality Challenge Unit has produced guidance on Managing Reasonable Adjustments in Higher Education, which providers may find helpful (www.ecu.ac.uk).

• The Society’s accreditation standards make provision for trainees to undertake some study or placement time abroad as part of their programme (up to one third of the total credits of the accredited programme). Study abroad opportunities may not be available for all trainees, and arrangements will vary across different providers. Where study abroad opportunities are available, the UK provider must ensure that the study abroad being undertaken allows trainees to cover all of the required curriculum and competencies appropriately by the time they have completed their programme (though not necessarily in the same way as others on their cohort), and that this learning will effectively support their progression. More detailed information is available in our guide to studying abroad on an accredited programme, which can be downloaded from www.bps.org.uk/internationalaccreditation.

• Where more than one third of the total credits for the programme are undertaken outside of the UK, the Society considers this to be a separate programme requiring separate accreditation. Information regarding the Society’s international accreditation process can be found at www.bps.org.uk/internationalaccreditation.

• The Society does not specify a maximum study period for an accredited programme. It is expected that individual education providers will have in place regulations governing the maximum permissible period of time that may elapse from initial enrolment to completion, regardless of individual circumstances, to ensure the currency of their knowledge, their competence, and the award conferred upon them.
Programme standard 2: Programme content
(learning, research and practice)

The programme must reflect contemporary learning, research and practice in psychology.

2.1 Programme content requirements

2.1.1 Required competencies for accredited Doctorates in health psychology

CORE UNIT 1: GENERIC PROFESSIONAL COMPETENCE

Candidates must demonstrate:

- that they have sufficient professional experience to practise as an autonomous practitioner;
- 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;
- that they can communicate their ideas and conclusions clearly and effectively to the appropriate audience;
- that they are able to exercise personal responsibility and largely autonomous initiative in complex and unpredictable situations in professional practice;
- that they can continue their development in both health psychology and related areas at an advanced level; and
- that they are able to understand organisational and systemic issues of relevance to the practice of applied psychologists.

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

(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 an 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.

CU1.1 Professional autonomy and accountability

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

a Practise within legal and ethical boundaries.

b Practise as an autonomous professional.

c Demonstrate the need to engage in continuing professional development.

a 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 Ethics and Conduct* and the HCPC's *Standards of Conduct, Performance and Ethics*.

2. Implement appropriate systems for record keeping, and for regular audit and review of practice.

3. Ensure records and data for research and practice remain anonymous, confidential and secure unless otherwise agreed.

4. Define clearly his or her own qualifications and capabilities and those of 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.

**b 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 own practice and professional development needs.

4. Identify and assess personal and work related challenges to their own physical and emotional well-being and fitness to practise.

5. Develop strategies to cope with challenges and unforeseen circumstances including seeking and using appropriate supervision, management and professional support.

**c 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 updated log of CPD activity and learning outcomes.
CU1.2 Professional skills

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

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

a  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 types 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.

b  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.

c  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.

d 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.

e 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.

CORE UNIT 2: 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 healthcare 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 & Johnston framework that are recommended to deliver low intensity interventions. This self-evaluation should be used to identify priorities towards the development of high intensity skills during Stage two training.

- 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.

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

(i) A 3000 word (maximum excluding references and appendices) 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 3000 word (maximum, excluding references and appendices) 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).

CU2.1 Conduct psychological interventions within a healthcare context to change behaviour of individuals and groups

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

a 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.

b 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.

c 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.

d Design, plan, implement and deliver health psychology interventions based on the assessment and formulation.

e Evaluate and communicate the outcomes of health psychology behaviour change interventions.

a 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:

(i) Define and gather relevant information to determine the target behaviour(s), the targeted individuals and groups, and the targeted interventions and/or service outcomes.

(ii) Determine the use of appropriate theories and models to inform the structure and content of the assessment.

(iii) 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.

(iv) Specify the resources (including personnel, equipment and financial resources) necessary to conduct the assessment and who will conduct the assessment, where and when.

(v) Determine own professional competence to proceed with assessment based on preliminary investigations and undertake appropriate training or supervision to conduct assessment as necessary.

(vi) Assess the current status of the behaviour and associated cognitions and emotions (e.g. frequency, duration, intensity, variation, context).
(vii) 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.

(viii) Communicate effectively and professionally, to establish rapport, engender empathy, utilise active listening and questioning skills, collaborative decision making and information giving.

(ix) Accurately record, document and store relevant information gathered during the assessment in accordance with professional standards and local governance policies and procedures.

b 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:

(i) 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.

(ii) Describe and evaluate the information gained from the assessment to determine the pattern of behaviour and its relationship to antecedents and consequences / health outcomes.

(iii) 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).

(iv) Gather formal feedback or further information from relevant others.

(v) Decide whether additional information and further assessment are necessary.

(vi) Revise the working formulation regarding the maintenance processes involved in the targeted health behaviours as appropriate.

c 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:

(i) 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.

(ii) Indicate specific areas that require further clarification within the assessment and formulation.

(iii) Consider the outcomes of the formulation and any implications for the client(s).

(iv) Refer client(s) on to alternative services, professionals or agencies for further intervention if appropriate.
d To design, plan and implement and deliver psychological interventions based on the assessment and formulation, the competent health psychologist will be able to:

(i) Define the cognitive, emotional and behavioural objectives or health outcomes of an intervention.

(ii) Design the methodology (content and processes) of the intervention required to conduct an effective intervention based on the assessment and formulation.

(iii) Use the evidence base and the formulation to select appropriate elements of theories or models to inform the intervention strategies, techniques, components and methods.

(iv) Identify and evaluate psychological, cultural, environmental, organisational and societal facilitators of, and barriers to, the implementation and/or effectiveness of the intervention.

(v) Plan how to enhance the facilitators and reduce the barriers to the intervention effectiveness and outcomes.

(vi) Identify the resources required to implement the intervention and address any gaps in resources that may impede effective delivery of the intervention.

(vii) 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).

(viii) 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.

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

(i) Identify or design relevant outcome and process measures to determine the efficacy and mechanisms of the intervention.

(ii) Identify effective and non-effective components of the psychological intervention.

(iii) Conduct an intervention review with the client/s to develop plans to maintain health change outcomes and reinforce factors influencing lasting change.

(iv) Recommend changes to improve the efficacy of the intervention.

(v) Determine whether further follow-up is required to maintain change or whether referral on to other services, professionals or agencies is required.

CORE UNIT 3: RESEARCH COMPETENCE

Candidates must demonstrate:

- 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;
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.

The Society's core requirement for all accredited Doctoral programmes is that trainees demonstrate the ability to conceptualise, design and conduct independent, original research of a quality to satisfy peer review, extend the forefront of the discipline, and merit publication. This should include the ability to: identify appropriate research questions; understand and reflect on ethical issues; choose appropriate research methods and approaches to analysis; report outcomes; and identify appropriate pathways for dissemination.

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.

CU3.1 Conduct systematic reviews

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

a Define topic and search parameters.

b Conduct a search using appropriate databases and sources.

c Summarise findings from the review.

a 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.

b 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.

c 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.
CU3.2 Design and conduct psychological research

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

a Identify theoretical models and research findings relevant to proposed research questions.

b Define the resources and constraints relevant to the conduct of the research.

c Conduct preliminary investigations of existing models and methods.

d Collect data as specified by research protocols.

a 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).

b 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 e.g., NHS Research & Development.

c 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.

d 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.

**CU3.3 Analyse and evaluate psychological research data**

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

a. Analyse data as specified by research protocols.

b. Interpret the results of data analysis.

c. Evaluate research findings and make recommendations based on research findings.

d. Write up and report research methods and findings.

e. Review the research process.

f. Review and evaluate relationships between current issues in psychological theory and practice.

- **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.

- **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.

c 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.

d 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.

e 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.

f 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 have an impact on current psychological theories and practices.
   2. Discuss the potential impact of current research and developments with relevant others including healthcare professionals and policy makers.
   3. Inform relevant others when new research or developments may or will affect current psychological practices.

CU3.4 Initiate, develop and evaluate the impact of psychological research

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

a Monitor and evaluate studies in relation to agreed protocols.

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

b 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.

CORE UNIT 4: 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 e.g. 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 & client) who have any management or strategic links or relationship.

Consultancy is typically a defined service (provided for a specified fee)\(^2\) 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 e.g. line manager.

The nature of a piece of consultancy requires the consultant to draw upon skills found

\(^2\) It is recognised that not all consultancy opportunities will involve payment to the trainee; however, trainees should provide an estimated costing of the consultancy project and this estimate should be agreed with the client.
within the other competencies included within the Stage 2 qualification e.g. 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:

- Have an understanding of the application of theories / models of communication, organisational consultancy, organisational development and the management of change within the consultancy process and project delivery.
- 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.
- Understand the barriers and facilitators of effective project delivery (incorporating time, resource, relationship and conflict management).
- Are able to plan, document, monitor, review and adjust their consultancy work / project deliverables using appropriate theoretical frameworks / models and procedures.
- Can manage the consultancy project deliverables, process and outcomes more effectively by engaging with, and actively planning the client-consultant relationship.
- 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, excluding appendices) 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 excluding appendices) 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.
CU4.1 Assessment of requests for consultancy

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

a Identify, prioritise and agree realistic expectations, needs, deliverables and outcome requirements of the client regarding the proposed consultancy project.

b 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.

c Assess feasibility of proposed consultancy and any problems or challenges with providing agreed deliverables.

a 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.

b 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, synthesise 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.

c To assess feasibility of proposed consultancy and any problems or 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).

CU4.2 Plan consultancy

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

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

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

a  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) and taking into account resource availability and all possible constraints/barriers to conducting it.

b  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 timescales 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 and areas of 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.
CU4.3 Establish, develop and maintain working relationships with clients

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

a Identify and engage with client’s contact procedures and plan and prepare for initial discussions regarding consultancy opportunities.

b Develop, maintain and monitor working relationships.

da 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 timescales.
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.

db To develop, maintain and monitor working relationships, 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 timescales 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 a 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.
CU4.4 Conduct consultancy

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

a. To agree and document the client-consultant contract.

b. Establish systems or processes to deliver the planned consultancy.

c. Implement the planned consultancy.

d. Close the consultancy.

a. 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, timescales 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.

b. 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.

c. 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.

d 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.

**CU4.5 Review the process and outcomes of consultancy**

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

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

a 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.

**CU4.6 Evaluate the impact of the consultancy outcomes**

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

a Design and implement an evaluation process appropriate to the consultancy project process.

b Assess the outcomes of the evaluation and present/report and document them for the client’s needs.
a 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.

b 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).

CORE UNIT 5: TEACHING AND 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 healthcare 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:
- oral and written skills relating to small and large group teaching/training (and including individual tutoring);
- the use of different teaching approaches including face-to-face teaching such as lectures, seminars and discussion groups;
- 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;
- the ability to select teaching techniques appropriate to the characteristics of the person / group and the setting in which they are taught;
- 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) A 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.

CU5.1 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:

a Assess teaching / training needs.

b Develop the structure and content of health psychology teaching / training programmes.

c Select appropriate teaching / training methods, approaches and materials.

d Prepare materials for learners to maximise their knowledge and skills in health psychology (e.g. learning aims and outcomes information, presentation materials and references / guidance).

a 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.

b 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.

c 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 / assessment.

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.
CU5.2 Deliver teaching / training programmes encompassing knowledge, skills and practices in health psychology

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

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

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

CU5.3 Evaluate teaching / training programmes encompassing knowledge, skills and practices in health psychology

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

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

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

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

a 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.

b 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 teaching / training plan, methods of delivery, and personal and professional skills of the trainee are identified.
2. Seek feedback from learners and relevant others.
3. In light of feedback, make recommendations for modifications to teaching / training programmes, the trainer’s professional skills/background and trainee needs.

c 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.

2.1.2 The structure of training

All accredited programmes are required to provide education and training to ensure that trainees develop and demonstrate competence in the units outlined below. In practice, gaining experience and developing and demonstrating the required competencies will normally take place within trainees’ work settings, in many cases overlapping with existing work demands. Where normal work functions do not afford the opportunity to cover the required competencies then additional tasks, projects, placements or voluntary work will need to be negotiated. 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 settings such as in academic or health professional education, health promotion, or in the NHS, or working with different client / target groups. Programmes are responsible for ensuring that this variety of applications of health psychology is achieved.

2.2 Teaching and learning:

2.2.1 A clear programme specification must be in place that provides a concise description of the intended learning outcomes of the programme, and which helps trainees to understand the teaching and learning methods that enable the learning outcomes to be achieved, and the assessment methods that enable achievement to be demonstrated with adequate breadth and depth. The programme specification (and any module specifications) must include learning outcomes that reflect the specific programme content requirements outlined above.

2.2.2 Education providers must be able to document the intended programme and module learning outcomes, and the ways in which these are mapped on to the programme content requirements outlined above.

2.2.3 Programmes must have a statement of orientation and values that underlie their programme specification. In addition to articulating learning outcomes and an assessment strategy that reflect the competencies outlined in this handbook, programmes must be able to show how their orientation and values inform their teaching and learning strategy.

2.2.4 Trainees are entitled to expect a learning experience which meets their needs, and which is underpinned by competent, research-informed teaching, and a supportive and enabling learning environment.

2.3 Research:

2.3.1 Education providers must be able to demonstrate how they have taken account of the Society’s Supplementary guidelines for research and research methods in designing, developing and delivering their research methods and project provision.
2.4 Supervised practice:

2.4.1 Programmes must provide a minimum of two years' full-time supervised practice, or its part-time equivalent. Supervision is defined as a personal interaction between the trainee health psychologist and their supervisor for the purpose of addressing the trainee's needs and performance in relation to the requirements of the accredited programme. It may take place by means of face-to-face meetings, telephone conversations and / or e-mail communication. Supervision may also occur between supervisors and groups of trainees.

2.4.2 Programmes must have access to an adequate number of appropriately qualified and experienced placement supervisors.

2.4.3 Trainees will have a co-ordinating placement tutor or supervisor with overall responsibility for the candidate throughout the programme, who is qualified in the relevant domain of psychology. The identification of a co-ordinating tutor or supervisor is intended to ensure that the trainee participates in supervision with an appropriately qualified psychologist for the majority of their training. The co-ordinating supervisor may be a member of the programme team.

2.4.4 In addition, trainees may have additional practice supervisors to whom supervision responsibilities are delegated with mutual agreement from the main supervisor. All supervisors must be appropriately qualified, but may be registered in a different domain of psychology, or be a member of another profession:

(i) Psychologists providing supervision to trainees on accredited programmes must be registered with the Health and Care Professions Council.

(ii) Members of other professions who are providing supervision to trainees on accredited programmes should normally be registered with an appropriate professional or statutory body.

The nature of supervision provided will depend on the organisational context in which the placement takes place and may range from supervision of specific case work to supervision of the whole placement experience. It is for programmes to ensure that all supervisors, based on their training, experience and CPD, have the appropriate competencies to be offering the particular services in which they are supervising the trainee.

2.4.5 All supervisors are expected to have completed training in supervision as recognised by the Society or provided by the education provider.

2.4.6 A formal working contract should be in place between the trainee, the programme and the placement outlining the amount, frequency and nature of the supervision that will take place as well as any planned interaction between the three parties involved (programme-trainee, placement-trainee, placement-programme) for the purposes of placement monitoring. Supervision should normally take place on a face-to-face basis, although education providers may specify within the contract any circumstances under which alternative arrangements may be put in place. The contract should also make explicit reference to these training standards, and the specific competencies that need to be developed must have been mutually agreed in person to ensure that expectations can be clearly set and communicated on all sides. The supervision required may differ depending on the stage of development of the trainee and
any specific learning needs that may have been identified. A plan should also be in place for dealing with problems that may arise on placement.

2.4.7 Health psychologists in training should make an appropriately detailed progress report (verbal or written) to their supervisor once each month, and the supervisor should give appropriately detailed and prompt feedback on this report every month, either in person, verbally or in written form.

Rationale for inclusion

The Society’s standards for accredited programmes reflect contemporary theory, research and practice, enabling accredited programmes to develop psychologists who will be fit for purpose for the future. As such, these reflect the optimal academic and professional standards, promoted by the Society through the award of Graduate Membership (MBPsS) and the Graduate Basis for Chartered Membership (GBC), and Chartered Membership (CPsychol) respectively. The Society is keen that these standards create flexibility for programmes to develop distinctive identities, by making the most of particular strengths around research and practice shared by their staff team, or those that are reflected in the strategic priorities of their department or university.

Guidance and signposting

- Education providers are free to map topics in any academically coherent combination, which could range from delivering core content areas within dedicated modules, or embedding coverage across a number of modules. The Society encourages programmes to deliver core content across modules within an integrated curriculum that offers a pedagogical development of students’ knowledge, understanding, and skills.

- Providers may find it helpful to refer to Chapter B3 of the UK Quality Code, which addresses Learning and Teaching (www.qaa.ac.uk).

- The Health and Care Professions Council sets out its requirements around programme design and delivery (including curriculum guidance) and practice-based learning in its Standards of Education and Training (SETs 4 and 5; www.hcpc-uk.org/education).

- The Society has produced Supplementary guidelines for research and research methods on Society accredited postgraduate programmes (revised April 2017). A further document, Supplementary guidelines for research and research methods on Society accredited undergraduate and conversion programmes, was also published in April 2017.
## Programme standard 3: Working ethically and legally

The programme must evaluate trainees’ understanding of working ethically and legally.

<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>3.1</td>
<td>All accredited programmes must include teaching on the Society's <em>Code of Ethics and Conduct</em> and relevant supplementary ethical guidelines.</td>
</tr>
<tr>
<td>3.2</td>
<td>Accredited programmes must have mechanisms in place to ensure that all research undertaken by trainees that involves human participants is conducted in line with the Society's <em>Code of Human Research Ethics</em>.</td>
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<tr>
<td>3.3</td>
<td>Programmes must ensure that trainees are taught and assessed on ethics beyond the submission of ethics applications for research projects.</td>
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<tr>
<td>3.4</td>
<td>Programmes should familiarise trainees with the distinct role of the Society as the professional body for psychology, and the Health and Care Professions Council as the statutory regulator for practitioner psychologists in the UK. Programmes should ensure that trainees are aware of the legal and statutory obligations and restrictions on the practice of psychology in the UK context.</td>
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<tr>
<td>3.5</td>
<td>Master’s and Doctoral programmes are also expected to make trainees aware of the Health and Care Professions Council’s <em>Guidance on Conduct and Ethics for Students</em>.</td>
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### Rationale for inclusion

The inclusion of this standard reflects the particular importance of ethics and ethical practice to psychologists, and to the Society as the professional body for psychology and psychological practitioners. Students and trainees on accredited programmes need to be able to: identify the presence of an ethical issue (ethical sensitivity); formulate the morally ideal course of action by identifying the relevant ethical issues and using these principles to consider appropriate actions (ethical reasoning); decide what they wish and intend to do (ethical motivation); and execute and implement what they intend to do (ethical implementation). They also need to develop commitment to the ethical principles of respect, competence, responsibility, and integrity – as appropriate to their level of study. In addition, all prospective psychologists and psychological practitioners need to understand the legislative and regulatory requirements that apply to psychological practice in the UK. This standard therefore differentiates between working ethically and working legally to reflect the above considerations.

### Guidance and signposting

- The Society’s *Code of Ethics and Conduct*, *Code of Human Research Ethics*, and supplementary ethical guidelines provide clear ethical principles, values and standards to guide and support psychologists’ decisions in the difficult and challenging situations they may face. Further information can be found at [www.bps.org.uk/ethics](http://www.bps.org.uk/ethics).
- The Society’s Ethics Committee has produced *Guidance on teaching and assessment of ethical competence in psychology education* (2015), available at [www.bps.org.uk/ethics](http://www.bps.org.uk/ethics), which outlines ethical competencies, and how these may be taught and assessed at different levels of study. Programmes are encouraged to make use of the guidance as appropriate to their provision.
• The Health and Care Professions Council has produced a learning resource that is designed to support the understanding of ethical issues that individuals may encounter. Whilst it is primarily intended to contextualise the HCPC’s Guidance on Conduct and Ethics for Students, it presents a useful resource for students and trainees at all levels of study (www.hcpc-uk.org/education/learningresource).

• All accredited programmes are expected to include formal teaching on ethics, and should be able to demonstrate how working ethically is integral to all aspects of their provision, including research (as outlined below), and placement activities (where applicable). The assessment strategy for the programme should consider understanding of ethical principles as appropriate to the level of study.

• Students need to understand the ethical frameworks that apply to their research, and how to engage with these, as well as understanding the ethical implications of the research that they encounter. They also need to understand ethics as applied to working with people more generally.

• Providers should have in place mechanisms for identifying and dealing with academic and (where applicable) professional misconduct. The programme should consider the ways in which these mechanisms are publicised.
Programme standard 4: Selection and admissions

The programme must apply appropriate selection and entry criteria that are consistent with promoting equality of opportunity and access to psychology to as diverse a range of applicants as possible.

4.1 The programme must implement and monitor equality, diversity and inclusion policies in relation to applicants.

4.2 Selection and entry requirements:
   
   4.2.1 The Society normally expects entrants to accredited stage two Doctoral programmes to be eligible for the Graduate Basis for Chartered membership (GBC) and have completed a Society accredited Master’s programme in the relevant domain of psychology (unless the requirements of the latter are integrated into the Doctoral award). Programmes may also accept applicants who do not hold these qualifications, provided they have a clear rationale for doing so, and are able to put in place any additional support required by such applicants. This may include support to get up to speed on relevant aspects of psychological theory and research. Programmes may choose to retain eligibility for the GBC and completion of an accredited Master’s as a minimum entry requirement should they so wish.

   4.2.2 Programmes must provide clear information to trainees indicating that, in order to be eligible for Chartered membership of the Society and full Division membership, they will need to have completed both a programme granting eligibility for the GBC and an accredited Master’s programme prior to commencing stage two training. Whilst trainees will normally undertake their training in this order (GBC followed by completion of an accredited stage one Master’s programme), the reverse is also permissible (accredited stage one Master’s programme followed by an accredited conversion award); however, stage one training must be undertaken prior to commencing stage two training.

4.3 Recognition of prior learning:

   4.3.1 Where the education provider offers applicants the opportunity to seek exemption from undertaking a proportion of the programme, effective processes should be in place for assessing and recognising their prior learning and experience.

   4.3.2 Doctoral programmes may operate procedures for the recognition of prior learning (RPL) or existing competence (REC) against the learning outcomes of the accredited award. The RPL procedure should ensure that any exemptions against the taught content of the programme are granted on the basis of learning undertaken at level 7 (level 11 in Scotland). However, graduates of Society-accredited stage one programmes may not use aspects of their stage one Master’s as the basis for seeking exemption from aspects of the stage two programme.

   4.3.3 The REC procedure should ensure that any exemptions against practice requirements are granted on the basis of competence gained following the trainee’s achievement of eligibility for the GBC and completion of an accredited stage one Master’s programme. In addition, any work put forward for REC purposes must have been supervised by an individual who meets the requirements for supervision of professional practice outlined in Programme standard 2.
4.4 For providers that accept trainees on to their postgraduate programmes who do not hold eligibility for the Graduate Basis for Chartered Membership of the Society (GBC), a support mechanism should be in place to identify any gaps in such applicants’ underpinning knowledge, and ways of addressing these.

4.5 Education providers must demonstrate that the process of selecting candidates for entry on to their programme is based on academic and professional decision-making. Whilst administrative and central services staff play a crucial role in supporting selection and recruitment processes, appropriate academic oversight must be in place. In particular, programme staff should have responsibility for confirming any selection criteria or other checking and validation processes to be applied, and for adjudicating over any non-standard or otherwise complex applications.

Rationale for inclusion

The Society is interested in the ways in which education providers implement their equality, diversity and inclusion policies. It is particularly important that those progressing to undertake professional training in psychology, and therefore those moving into employment as psychologists, reflect the demographics of the populations with whom they will be working. Similarly, the Society is keen to promote diversity in psychology trainees progressing towards careers as academics or researchers. Overall, it is important that psychological knowledge and expertise is reflected across a diverse range of people, and that this diversity is ultimately reflected throughout the Society’s membership. Widening access to professional training, including by providing greater flexibility in relation to the order of studies that trainees undertake, is key to enhancing the diversity of the workforce in the longer term. The Society is also committed to ensuring that applicants whose first qualification is in a subject other than psychology, and who have gained eligibility for the GBC through completion of a conversion award, are not unfairly disadvantaged by any selection or recruitment policies operated by the education provider (in particular, in relation to their prior academic attainment).

Guidance and signposting

- Chapter B2 of the UK Quality Code addresses Recruitment, Selection and Admission to Higher Education. Chapter B6 also considers Assessment of Students and the Recognition of Prior Learning. Finally, Part C of the Quality Code outlines expectations around the provision of fit for purpose, accessible and trustworthy information regarding the learning opportunities offered for the benefit of a range of audiences, including applicants and the general public. Providers may find it helpful to review their provision against these resources (www.qaa.ac.uk).

- The Health and Care Professions Council sets out its requirements around programme admissions, including the recognition of prior learning and equality and diversity, in its Standards of Education and Training (SET 2; www hcpc-uk.org/education).

- The Office for Fair Access (OfFA) is the independent regulator of fair access to higher education in England. Like OfFA, the Society believes that everyone with the potential and ambition to succeed in higher education should have equal opportunity to do so, whatever their income or background (www.offa.org.uk). Whilst its remit covers England only, OfFA provides a series of resources on widening access that all providers will find useful.
• The Society declares its commitment to promote equality, diversity and inclusion and to challenge prejudice and discrimination, and actively promotes a culture of equality, diversity and inclusion within our discipline. In demonstrating achievement of this standard, education providers are encouraged to hold or be in the process of seeking an Athena SWAN award, along with other relevant equality charter marks. Providers of accredited programmes should take steps to identify underrepresented groups (e.g. men, black and minority ethnic students) and encourage their participation in psychology education and training and in the wider psychological workforce. Individuals’ identities are shaped by a range of factors that intersect in different ways, and providers should consider the steps they are able to take to promote and improve the participation of other underrepresented groups and to encourage greater representation (www.ecu.ac.uk).

• Doctoral programmes comprise a minimum of three years’ full-time study (or the part-time equivalent). For some providers, the first year of study comprises study at level 7 (level 11 in Scotland), with the remainder at level 8 (level 12 in Scotland); for others, the entire programme of study is at level 8 (12). Where procedures for the recognition of prior learning (RPL) or existing competence (REC) are in place, these must operate against the learning outcomes of the accredited award, at whatever level these are validated. The only circumstance under which an applicant to a Doctoral programme may seek exemption on the basis of their Stage One Masters qualification is where the first year of the Doctoral programme is equivalent to an accredited Masters programme; any placement experience undertaken as part of the Masters may not be considered for REC for the purposes of seeking exemption from aspects of the Stage Two component of the Doctoral programme.

• Whilst it is permissible for providers to accept applicants on to their programmes who do not hold the GBC, our experience suggests that such trainees often require additional support to be able to engage fully in teaching and learning building on the different areas of the GBC curriculum, in particular research methods. Some providers have found it useful to ensure that such applicants have undertaken an empirical research project as part of their undergraduate degree, and have completed a research design and analysis module; it may be more appropriate for students who do not meet this criterion to be counselled to complete a conversion programme and to re-apply at a later date.

• Providers of Stage Two doctoral programmes will need to have a mechanism in place to ensure that applicants have both gained eligibility for the GBC and completed a Society-accredited Stage One award prior to commencing their Stage Two training. Education providers may establish the accreditation status of any qualifications held by applicants by checking their inclusion on the Society’s online database of accredited courses (www.bps.org.uk/bpslegacy/ac). Applicants whose qualifications are not accredited by the Society may seek confirmation of their eligibility for the GBC by making an individual application to the Society for Graduate Membership (www.bps.org.uk/graduate).
Programme standard 5: Trainee development and professional membership

The programme must be able to articulate a strategy for supporting trainees’ personal and professional development.

5.1 The programme must have in place mechanisms for the support of trainees’ personal development, including the provision of a personal tutor system.

5.2 Providers must ensure that their graduates explicitly understand how their learning equips them with transferable skills that are of value to employers. Specific consideration should be given to supporting trainees in being able to articulate the skills they are developing as they progress in their studies.

5.3 Systems for trainee support should empower learners to take personal control of their own development, by providing opportunities for the exercise of choice, decision-making, and responsibility within a supportive environment, in order to promote the development of autonomous learning.

5.4 The programme must provide trainees with information on the benefits of completing an accredited programme, and gaining membership of the Society and its Member Networks at the appropriate level. Providers should emphasise the benefits of Society membership for trainees’ and graduates’ professional development.

5.5 Trainees should have access to discipline-specific professional development. Psychologists should be involved in supporting student development, and specific resources should be allocated to this aspect of the provision. For postgraduate professional training programmes, this should include the involvement of practitioner psychologist(s) in providing careers advice.

Rationale for inclusion

This standard is included because close attention to trainees’ personal and professional development is key to their employability. Education providers may link with local and / or national employers in a variety of ways, and the Society is keen to develop its understanding of these approaches through partnership visits. Additionally, the Society believes it is important that education providers communicate the benefits of completing an accredited programme to their trainees. Belonging to the Society is an integral part of being a psychologist. It recognises graduates’ qualifications and reflects their aspiration to represent the highest possible professional standards.

Guidance and signposting

- Chapter B4 of the UK Quality Code addresses Enabling Student Development and Achievement. Chapter B3 also considers Learning and Teaching, and specifically emphasises the need to enable every student to monitor their progress and further their academic development through the provision of regular opportunities to reflect on feedback and engage in dialogue with staff. Finally, Part C of the UK Quality Code addresses the information that should be provided to students about their programme of study and their achievements. Providers may find it helpful to review their provision against these resources (www.qaa.ac.uk).
• The Society’s role is to develop and support the discipline of psychology, and to disseminate psychological knowledge to the public and policy makers. Joining the Society enables trainees to contribute to the Society’s work and benefit from the resources the Society provides as they develop professionally.

• Completion of an accredited programme offers graduates a clear route to Society membership at the appropriate level, and therefore access to the full range of membership benefits, including a variety of services, publications, conferences, training and networking opportunities. Society membership also presents graduates with opportunities for developing and influencing the profession as leaders in their field in the future. For more information on the benefits of Society membership, see www.bps.org.uk/membership.

• In demonstrating their achievement of this standard, education providers should consider the interface between any careers advice and support that might be provided by their central or School/Faculty-based employability unit, and the guidance that can be provided by practitioner psychologists and other qualified practitioners over the course of the programme.

• Postgraduate programmes should also pay particular attention to professional development where trainees on accredited programmes are taught alongside other trainee groups (for example, those that do not hold eligibility for the GBC, or other professional groups).
Programme standard 6: Academic leadership and programme delivery

The education provider must have appropriate human resources in place to support the effective delivery of the programme, including appointing an appropriately qualified and experienced director or co-ordinator.

6.1 Staffing strategy:

6.1.1 Education providers must be able to outline a clear strategy in relation to the leadership and co-ordination of the programme. The Programme Director must operate with a level of autonomy that enables them to effectively oversee the programme’s governance and delivery.

6.1.2 Providers need to demonstrate that their overall staffing strategy supports the long-term sustainability of the provision, and the capacity to continue to meet the Society’s accreditation standards on an ongoing basis. In the interests of promoting a holistic learning experience for trainees, the Society would normally expect the core programme delivery team to be located predominantly in one department or on one site.

6.1.3 Programmes must have in place sufficient appropriately qualified staff in order to be able to provide a learning experience that meets trainees’ needs, and which is underpinned by competent, research-informed teaching. The staff team as a whole needs to be able to deliver (i.e. teach and assess) across the required programme content (see Programme Standard 2) at the appropriate level, and supervise trainees’ research.

6.1.4 Education providers must be able to outline the steps they are taking structurally and culturally to advance equality, and to improve the career prospects of underrepresented groups within the discipline and profession.

6.2 Qualifications of Programme Director and staff:

6.2.1 Programme Directorship: The Programme Director holds overall professional and academic responsibility for ensuring that the programme meets the Society’s standards, and for maintaining the accreditation of the programme. The Programme Director must have the programme as his/her major commitment, and be free to devote sufficient time to ensure its effective and efficient running.

6.2.2 The Programme Director must be a practitioner psychologist registered with the Health and Care Professions Council, and with practice experience relevant to health psychology.

6.2.3 Programme staff: For postgraduate professional training programmes:

- All staff contributing to the delivery of accredited programmes will normally hold, as a minimum, a postgraduate qualification in psychology and/or a demonstrable track record in research or other scholarly activity of relevance to applied psychology.

- Dissertation or thesis supervision should only be undertaken by psychologists or other suitably qualified individuals who hold a qualification at Doctoral level, or who hold a demonstrable track record of research in applied psychology.
• A Placement Co-ordinator should be identified who holds responsibility and professional accountability for the oversight (quality assurance) and safeguarding (governance) of any supervised practice undertaken as part of the programme. The Placement Co-ordinator role, and the assessment of students’ attainment of professional competencies in practice, may only be undertaken by an HCPC registered practitioner psychologist. Placement organisation also includes a range of operational and logistical tasks that support placement delivery. These may be undertaken by administrative and professional services staff.

• Delivery teams for postgraduate professional training programmes must be able to demonstrate appropriate current links to practice, such that the team as a whole has the necessary knowledge, experience and skills to support trainees’ learning, and (where appropriate) development of practice competence. It is expected that the majority of staff on the core delivery team for the programme will be qualified in health psychology.

6.3 Staff student ratio:

6.3.1 Education providers should provide a calculation of their current staff student ratio (SSR) in the evidence they submit in support of an application for accreditation, or in advance of a partnership visit. Postgraduate professional training programmes must operate a minimum staff student ratio of 1:10, based on FTEs.

6.3.2 Given minimum staffing requirements, and the range of tasks that programme staff must undertake in order to deliver a quality trainee experience (see 6.4 below), programmes with small cohort sizes will require an enhanced SSR.

6.4 Staffing levels:

6.4.1 There are key roles and functions that the Society considers are essential to the effective and efficient delivery of an accredited programme. Programmes must therefore have sufficient staff with enough time allocated to carry out the range of tasks that are associated with: teaching; organising, co-ordinating and monitoring placements (if appropriate); training and supporting supervisors or other assessors; research supervision; marking; providing personal support to trainees; supporting their professional development; and liaising with employers, visiting speakers and other external stakeholders.

6.4.2 In the interests of providing a positive and coherent student experience, education providers must ensure that programme staff are readily accessible to students, and that students have clear guidance on arrangements for liaising with staff outside of any core contact hours.

6.4.3 All programmes must pay particular attention to ensuring that staffing levels are such that trainees receive research supervision at a level consistent with the programme’s aims and that research supervision loads for staff are appropriate to enable them to provide adequate supervision at the required level.

6.4.4 Where staff have other duties (e.g. other teaching or practice commitments) these must be taken into account in setting staffing levels and must be such that they do not interfere with the execution of the major responsibility of programme delivery. They must also be reflected appropriately in any SSR return.
6.5 Professional services support staff:

6.5.1 Programmes must have access to sufficient dedicated administrative, technical or other learning support staff to support their effective delivery. Postgraduate programmes require specialist administrative support to meet the specific needs of their staff and trainees. This should include awareness of and expertise in overseeing placement/supervised practice activities (where applicable), including an understanding of the fitness to practise procedures that apply.

6.5.2 The education provider must be able to demonstrate that the support that is provided is sufficient to meet the needs of the provision in question. Where shared or distributed arrangements for support staff are in place, the education provider must demonstrate their equivalence to the minimum standards outlined above.

6.6 Staff professional development:

6.6.1 Staff are entitled to expect an institutional culture which values and rewards professionalism and scholarship, and which provides access to development opportunities which assist them in their support for trainee learning. Institutions should support initial and continuing professional development for all staff.

6.6.2 All core members of programme teams are expected to undertake continuing professional development that is necessary to their role within the programme, and, where appropriate, relevant to their professional practice. It is expected that this would include undertaking relevant research, knowledge transfer and other scholarly activity, and/or attendance at relevant conferences. Opportunities for development should be available to all staff who are engaged in, or are supporting, teaching, research and scholarship.

6.6.3 Education providers must have a training and mentoring strategy in place to support early-career staff to undertake core roles, including teaching, supervision and assessment of students’ work.

6.6.4 Accredited postgraduate programmes should be conducted within a demonstrable research culture, evidenced by the active current publication record of members of the programme team and other staff allied to the delivery of the programme.

6.6.5 The Programme Director of an accredited postgraduate programme must have sufficient time to conduct research, knowledge transfer, consultancy/organisational and/or clinical work; normally this will be at least one day per week.
**Rationale for inclusion**

This standard is included as contact with and support from sufficient numbers of appropriately qualified and experienced staff whose professional development is well supported will contribute significantly to the quality of the overall trainee experience. Additionally, the leadership and co-ordination of the programme is central to shaping trainees’ experience and their development as psychologists or members of the wider psychological workforce.

**Guidance and signposting**

- The Society’s minimum requirement is that directors of accredited postgraduate programmes are registered with the HCPC as a practitioner psychologist. Whilst it will typically be the case that the Programme Director’s qualifications and experience will be specific to the modality in question, colleagues with a broader portfolio of qualifications and experience may also hold directorship roles, provided that delivery of the overall student experience is underpinned by an adequate overall modality-specific resource.

- The Society would encourage Programme Directors to hold Chartered Membership and full membership of the relevant Division as a way of demonstrating appropriate qualifications and experience for the role. Information on the requirements for becoming a Chartered Member of the Society can be found at [www.bps.org.uk/cpsychol](http://www.bps.org.uk/cpsychol).

- Where appropriate, Programme Directors may be supported in aspects of their role by colleagues with complementary skills and experience to their own. Education providers may wish to consider the roles that other programme team members may take in relation to the leadership and co-ordination of the programme as part of their staff development strategy, particularly in connection with longer-term succession planning or to support the development of leadership potential.

- In the interests of the longer-term sustainable delivery of the programme, providers should have contingency plans in place to ensure that an appropriately qualified and experienced individual has been identified who could deputise for the Programme Director should the need arise (e.g. sickness absence, parental leave, sabbatical).

- The Society expects accredited programmes to be delivered by staff who engage in a range of research activities. A track record of academic and/or practitioner research may be demonstrated in a variety of ways, including successful completion of projects supervised.

- Both the co-ordination and operational components of placement delivery need to be undertaken effectively in order to provide trainees with a supervised practice experience that meets their needs, appropriate to their level of training. The professional oversight and safeguarding aspect of placement co-ordination should be undertaken by an individual who has a good understanding of the professional boundaries within which a trainee should be operating, and how their supervised practice should contribute to their development within the given modality, at the appropriate level. Systems need to be in place to support consultation across the programme team to ensure that any placements or supervised practice opportunities being identified, selected and undertaken have an appropriate modality-specific focus, and are appropriate to the skills the trainee needs to develop. Any liaison undertaken with placement providers will need to be informed by an understanding of those skills, and of the requirements of the specific programme of training concerned.
• The standards for postgraduate programmes specify certain roles that may only be undertaken by practitioner psychologists. With this in mind, and given the requirement that providers demonstrate that their overall staffing strategy supports the long-term sustainability of the provision, and the capacity to continue to meet the Society’s accreditation standards on an ongoing basis, providers should ensure appropriate security across the staff team as a whole. This will ensure that there is some flexibility for the redeployment of resources in the event of staff turnover, and also ensures that responsibility for programme and module development does not sit with a single individual.

• The Society supports the inclusive principles set out in the Equality Challenge Unit’s Athena SWAN charter, and would encourage providers of accredited programmes to pursue gaining Athena SWAN recognition and to take steps to improve the career prospects of women psychologists. At undergraduate and postgraduate levels, psychology is a subject that attracts a high proportion of women trainees, and yet the gender balance among senior academics and practitioners reflects a very different picture. Individuals’ identities are shaped by a range of factors that intersect in different ways, and providers should consider the steps they are able to take to promote and improve the career prospects of other underrepresented groups and to encourage greater representation. (www.ecu.ac.uk).

• Programme providers are encouraged to consult the Society’s Supplementary guidance on the roles and contributions of psychology technical staff (2014), and its Supplementary guidance on the roles and contributions of administrative and professional services staff (2017). (www.bps.org.uk/accreditationdownloads).

• Chapter B3 of the UK Quality Code addresses Learning and Teaching, and specifically emphasises the need for higher education providers to assure themselves that everyone involved in teaching or supporting student learning is appropriately qualified, supported and developed. This includes: appropriate and current practitioner knowledge and an understanding of the subject they teach and of the disciplinary scholarship appropriate to the academic level of the students they are teaching; and the necessary skills and experience to facilitate learning in the students they are interacting with, and to use approaches grounded in sound learning and teaching scholarship and practice. Providers may find it helpful to review their provision against these resources (Chapter B3 Indicator 4, www.qaa.ac.uk).

• The Health and Care Professions Council sets out its requirements around programme governance, management and leadership, including staffing, in its Standards of Education and Training (SET 3; www.hcpc-uk.org/education).
## Programme standard 7: Discipline-specific resources

The education provider must have appropriate discipline-specific resources in place to support the effective delivery of the programme.

### 7.1 The education provider must be able to outline the discipline-specific and general resources and facilities that are in place to support trainee learning. Education providers must offer trainees access to learning resources that are appropriate to the range of theoretical and practical work in which trainees are engaged.

### 7.2 Education providers should ensure that trainees are advised of the discipline-specific and general learning resources to which they have access, and are provided with the necessary support and/or training to enable them to make appropriate use of these.

### Rationale for inclusion

This standard is included because the learning experience must be underpinned by access to resources that are appropriate to the psychology programme(s) offered by the education provider. The availability of appropriate resources is key to the delivery of psychology as a science, with associated levels of practical work culminating in trainees’ completion of individual research at the appropriate level.

### Guidance and signposting

- Resources will normally include teaching, tutorial and laboratory space, learning resources (such as texts and journals, available in hard copy and/or electronically, computing facilities), psychological testing materials, specialist equipment supporting psychological research, software supporting data collection and analysis in psychology research, and other IT and/or audiovisual facilities (e.g. to enable the recording of practice role plays and competency assessment tasks), as appropriate to the provision in question.

- Chapter B3 of the UK Quality Code addresses Learning and Teaching, and specifically sets out the expectation that education providers, working with their staff, students and other stakeholders, articulate and systematically review and enhance the provision of learning opportunities and teaching practices, so that every student is enabled to develop as an independent student, study their chosen subject(s) in depth and enhance their capacity for analytical, critical and creative thinking. In particular, there is an expectation that providers maintain physical, virtual and social learning environments that are safe, accessible and reliable for every student, promoting dignity, courtesy and respect in their use (Chapter B3 Indicator 6, [www.qaa.ac.uk](http://www.qaa.ac.uk)).

- The Health and Care Professions Council sets out its requirements around programme governance, management and leadership, including the resources available to support learning in all settings, in its Standards of Education and Training (SET 3; [www.hcpc-uk.org/education](http://www.hcpc-uk.org/education)).
Programme standard 8: Quality management and governance

The education provider’s quality management systems must make regular provision for the periodic review of the validity and relevance of the programme, such that it continues to reflect our standards, and meets the needs of the programme’s stakeholders.

8.1 Assurance and enhancement of quality:

8.1.1 The quality management mechanisms that are in place should provide for periodic review of the programme’s aims and intended learning outcomes and content, the strategies associated with programme delivery, and the assessment methods that are used to evaluate trainees’ achievement of the learning outcomes. Overall, they should ensure that the programme continues to reflect contemporary learning, research and practice in psychology.

8.1.2 In order for the Society to be able to accredit a Doctoral programme, the programme must gain and successfully maintain ongoing approval from the Health and Care Professions Council.

8.1.3 Programmes will appoint appropriate External Examiners whose expertise will be of relevance to the breadth and depth of provision being offered. They will ensure that External Examiners are provided with adequate information to support their role, and that systems are in place to monitor action that is taken in response to any issues raised.

8.1.4 The External Examiner for the programme should be a practitioner psychologist registered with the Health and Care Professions Council, and with practice experience relevant to health psychology. Other examiners with a broader range of qualifications and experience may be recruited in addition to undertake specific tasks (e.g. individual thesis examination).

8.1.5 Policies and procedures for the nomination and appointment of External Examiners must be explicit, and, where the programme makes use of additional individuals who are not qualified in the relevant modality (for example, for the individual external examination of trainees’ research theses) clear and transparent criteria for their appointment must be in place.

8.2 Stakeholder engagement:

8.2.1 Trainees should have the opportunity to provide feedback on the design and delivery of the programme via the quality management mechanisms that are in place. Programmes should identify ways in which any difficulties identified (whether as informal or formal complaints) may be satisfactorily resolved, and changes to current systems and practices made where appropriate.

8.2.2 Both formal and informal mechanisms of quality assurance should be in place, including regular staff trainee liaison meetings. Issues raised by stakeholders, including trainees, should be documented and contribute to the quality management processes of the provider.

8.2.3 Providers of accredited Doctoral programmes must be able to demonstrate the involvement of appropriate stakeholders in the programme, particularly for the purposes of internal review and governance. This would normally include trainees, practice placement providers, supervisors, and employers; if appropriate, service users and carers must also be involved.
Rationale for inclusion
This standard is included because Accreditation through Partnership relies upon education providers having in place robust quality management mechanisms that facilitate self-evaluation of module and programme learning outcomes against the Society’s accreditation standards and other indicators of academic standards. The Society recognises education providers’ quality management mechanisms as a reliable source of evidence of continued achievement of the standards.

Guidance and signposting

- Part A of the UK Quality Code addresses Setting and Maintaining Academic Standards. Part C addresses the information that providers set out in relation to their arrangements for managing academic standards and quality assurance and enhancement, and the records they maintain of all arrangements for delivering higher education with others. Providers may also find it helpful to refer to a further five chapters from Part B of the Quality Code (www.qaa.ac.uk):
  - Chapter B5: Student Engagement, and in particular the role of students as partners in the assurance and enhancement of their educational experience.
  - Chapter B7: External Examining
  - Chapter B8: Programme Monitoring and Review
  - Chapter B9: Academic Appeals and Student Complaints, and in particular ensuring that students have opportunities to raise matters of concern without risk of disadvantage
  - Chapter B10: Managing Higher Education Provision with Others, which specifically highlights that degree-awarding bodies have ultimate responsibility for academic standards and the quality of learning opportunities irrespective of where these are delivered or who provides them.

- External peer review offers a valuable perspective upon the ways in which the programme compares to others of a similar nature nationally. With this in mind, enabling the Society to have sight of internal quality review reports and External Examiners’ reports, and the programme’s response to these, allows our reviewers to gain insight into the extent to which the education provider’s quality management mechanisms function effectively for the benefit of trainees, and the discipline as a whole.

- The Health and Care Professions Council sets out its requirements around programme governance, management and leadership in its Standards of Education and Training (SET 3) together with information about its programme approval and monitoring processes (www.hcpc-uk.org/education).

- All providers are encouraged to consider the ways in which employer feedback might be harnessed as part of the quality management and programme development process.