Division of Clinical Psychology

The British Psychological Society

Continuing Professional Development Guidelines

December 2010

Contents

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Tel: 0116 254 9568; E-mail: P4P@bps.org.uk.

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The British Psychological Society
St Andrews House, 48 Princess Road East, Leicester LE1 7DR, UK
Telephone: 0116 254 9568 Facsimile 0116 227 1314
E-mail: mail@bps.org.uk Website: www.bps.org.uk
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Foreword

Continuing Professional Development (CPD) has the dual purpose of helping psychologists to maintain and enhance their professional skills whilst also maintaining public confidence in the profession.

Between October 2005 and October 2008 all chartered psychologists who held a practising certificate were required to submit an annual record of the CPD undertaken by themselves as a way of providing evidence of maintaining professional competence and reflecting on the learning that took place. The British Psychological Society (the Society) and the Division of Clinical Psychology (DCP) developed guidance for CPD for all clinical psychologists reinforcing the idea that both formal and informal CPD activities should be part of the psychologist's professional life and in keeping with the Service Objectives.

On 1 July 2009, the responsibility for monitoring and assessing CPD transferred from the Society to the Health Professions Council (HPC) who is now the statutory regulator of all practising psychologists. Undertaking both a necessary and sufficient range and depth of CPD is now central to the revalidation and re-registration process for all practitioner psychologists registered with the HPC. Whilst the HPC has its own guidance on CPD this document addresses wider contexts and professional issues beyond meeting the requirements for re-registration.

CPD and its impact on one's repertoire of knowledge and skills on everyday clinical practice remains a core function and responsibility of all clinical psychologists. As past Chair of the DCP CPD Sub-committee I am very happy to endorse these revised CPD guidelines. I would like to thank all of the members of the Sub-committee, particularly Brenda Roberts, for drafting and developing this document.

Professor Zenobia Nadirshaw
Past Chair, DCP CPD Sub-committee

1. The Government's position on life-long learning

The accelerating rate of change in modern societies has a number of consequences. Among them is a need to redefine the role of education and training. However long and thorough is the process of initial professional training, it can no longer serve to prepare individuals adequately to carry out their professional duties for the rest of their careers. It is in acknowledgement of this situation that the Government of the UK has supported the development of the concept of 'life-long learning'. This emphasises the need for all of us, at every stage of our careers, to take part on a regular basis in activities and processes, which will enhance knowledge and skills, deepen understanding and maintain best practice.

1.1 The statutory regulation of professions: HPC

The Society has for many years supported the introduction of statutory regulation for psychologists who offer their professional services to the public. This regulation became the responsibility of the Health Professions Council (HPC) from 1 July 2009. Professional title(s) became legally protected and it will be an offence to use those titles if you are not on the HPC register. Regular updates from the Society's President about issues relating to Statutory Regulation are posted on the Society's website:
www.bps.org.uk/the-society/statutory-regulation

Chartered Clinical Psychologists with either current or previous DCP membership were automatically transferred to the HPC register when Statutory Regulation was introduced but individuals who are not Chartered will have to apply direct to the HPC for individual scrutiny of their qualifications and experience to determine eligibility for registration. Further information about the HPC's registration and CPD requirements is available on their website: **www.hpc-uk.org**

1.2 What is CPD?

The Health Professions Council define CPD as 'a range of learning activities through which health professionals maintain and develop throughout their career to ensure that they retain their capacity to practise safely, effectively and legally within their evolving scope of practice.'[1]

[1] Health Professions Council: **www.hpc-uk.org/registrants/cpd/glossary/**

1.3 Identifying and meeting the costs of CPD: The balance of responsibilities

All applied psychologists, irrespective of employment context should have the opportunity to engage in CPD activity and should enjoy a measure of protected time from their employers to do this. The Society currently recommends a minimum of 40 hours of recorded CPD per year. This is considered to be the minimum amount of CPD time needed for an individual to keep up-to-date and maintain their professional competence and applies to all practising chartered psychologists irrespective of the number of hours worked. Those working full-time would be expected to undertake considerably more CPD activity than the minimum and the DCP advises a 70-hour minimum for those working full-time. Some of this time should be employed time but the Society and the DCP recognise that the individual also has responsibilities both to undertake and record CPD each year. Therefore, some agreement with employers and managers over study leave and time should be entered into which balances the individual's need to undertake CPD and the organisation's need for a skilled and competent workforce.

2. The Society Context

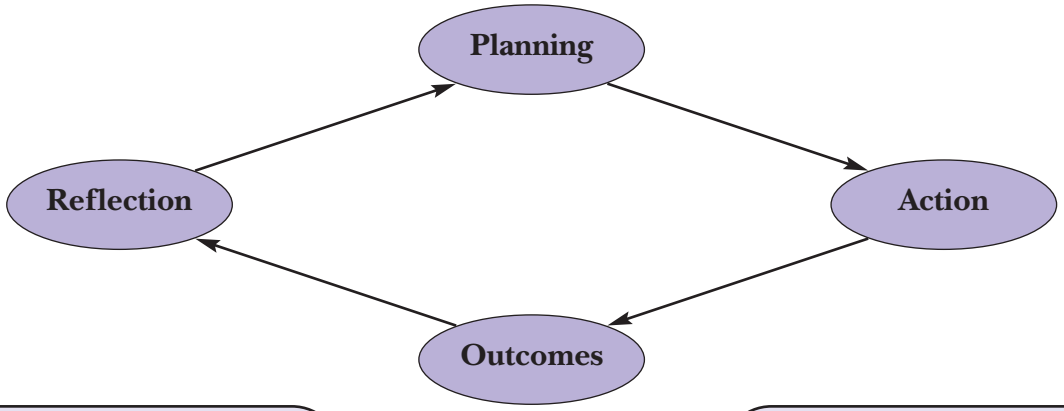
2.1 The Society's approach to CPD

CPD is seen as an integral part of psychologists' working lives, enabling us to keep up with the changes in the evidence base, technology and skill requirements as well as to enhance our professional skills and careers.

The model of CPD preferred by the Society is a cyclical one with four stages: Planning, Action, Outcomes and Reflection. In order to get the most out of CPD it is important to engage in the whole cycle with a focus not just on inputs, but, on outcomes and reflective evaluation, both the application of learning to practice and the identification of what has been learned through practice. What is required is a consideration of the effects of these actions on professional practice and some reflection on the whole experience.

CPD Cycle

- Review practice – this may link in with an appraisal.
- Identify CPD objectives (development needs) to help you achieve service goals and personal career goals.



- Reflect on the benefits of each CPD activity for your clients, your service and yourself.
- Evaluate how well each activity has met the objective you set.
- Identify any further learning.

- Undertake CPD activities.

- Identify learning gained and how it relates to your practice.

Getting the most out of CPD

For most people, engaging in CPD involves undertaking a range of formal and informal activities, which necessitates an investment in time and money. Whether you are employed or an independent practitioner, it is likely that you will need to justify the resources you have committed to CPD by identifying the benefits gained. The following 'good practice' pointers are intended to help you make the most out of your investment in CPD.

CPD plan

Carrying out a review of your own practice, on at least an annual basis, is a good starting point for planning your CPD. For many clinical psychologists this will link in with an employer appraisal and the process of producing a personal development plan. In addition you may have some areas that you wish to develop in order to progress personal career goals. Thinking about what you need to update (e.g. new developments in your field of expertise, changes in legislation) and the particular areas that you want to develop can help you to clarify your goals for the year ahead. This will help you to identify and prioritise your objectives for CPD for the year and to start planning the most appropriate activities to achieve the updating/new learning that you need.

For many there is likely to be a significant amount of CPD that is undertaken as the year progresses, in response to work for clients (e.g. researching a particular topic or learning a new technique). Whilst these learning needs may not have been identified when you carried out your review, your plan is a living document and can be adapted as the year progresses, to include new learning needs as they arise. There are also likely to be some opportunities for CPD that arise serendipitously, for example, a conference or workshop on a topic of interest, and reference to your CPD plan can reconfirm your objectives and help you decide which would be the most appropriate use of your time an resources.

CPD activities[2]

CPD can encompass a broad range of activities, both formal and informal. It is important to remember that most psychologists are engaging in many of these activities as a normal part of their professional life.

A list of CPD activities can be found on the HPC website: **www.hpc-uk.org/registrants/cpd/activities**.

The balance of activities undertaken is likely to vary at different stages in your career. It is important to remember that the focus of activities should be upon the learning outcomes and how these are enabling you to develop and grow professionally.

Employers of applied psychologists, including the NHS, may set up programmes of mandatory training. Attending these may serve an important regulatory or governance function. However, such activities do not automatically belong in your CPD log unless they are linked meaningfully to your development needs and you can show how your practice has benefited from them. Your CPD log is not a record of adherence to your conditions of employment but a record of how you personally have sought to enhance your professional skills, knowledge and practice.

[2] For a list of CPD activities please see the Appendix on page 19.

CPD Reflective Evaluation and Learning Outcomes

The important outcome for each individual is what you have learned as a result of undertaking a particular CPD activity. The aim of reflection is to identify what has been learned and how this learning has been used, or will be used. You may wish to consider:

- Whether the activity has been successful and has met the relevant professional development need.
- How your knowledge skills and/or understanding has changed.
- Whether your perspective or approach has changed in any way.
- How it has helped you to develop in relation to your professional activity.
- What you can do that is different.
- The benefits that this has for your clients and your service.

Reflecting upon how you have applied/will apply the learning to your practice can help you to evaluate how well each of your CPD activities has met your expectations, and to identify the types of activity from which you have achieved most benefit. You may also find that the process of evaluation throws up some new learning objectives, together with some that have only been partially met, and these can be carried forward to your next phase of CPD planning.

2.2 Statutory Regulation for Psychologists and the Society's CPD Policy

The onset of statutory regulation means that the independent regulator will take on the role of regulating the CPD of practising psychologists, but alongside this there is still an ethical obligation for members to comply with the Society's CPD policy, which means engaging in and maintaining a reflective record of their professional development activities throughout their careers. The Society strongly recommends that members maintain an ongoing reflective record of their CPD.

2.3 Society support for CPD

It should be noted that whilst the HPC takes on the regulatory function, it does not take on a development function and so the role of the Society to promote good CPD practice amongst its members by providing guidance, training and support for practitioners remains. The Society provides a CPD online system as an aid to planning and recording CPD:

- The online facility for planning and recording your CPD is available at: **www.bps.org.uk/mycpd**

In addition the Society's Learning Centre is the main source of information on CPD opportunities for members: **www.bps.org.uk/learningcentre**

If you have any queries or require any additional information about CPD please contact the CPD helpline: Tel: 0116 252 9916 (Monday – Friday, 9.00 a.m. – 5.00 p.m.) or e-mail: cpd@bps.org.uk

2.4 Code of Ethics and Conduct

Under the terms of its Royal Charter, the Society is required to maintain a Code of Conduct. The *Code of Ethics and Conduct* produced by the Society's Ethics Committee in 2006 should guide all members in their professional practice and relationships.
The code is based on four ethical principles, which constitute the main domains of responsibility within which ethical issues are considered. These are:

- Respect;
- Competence;
- Responsibility;
- Integrity.

Each ethical principle is described in the *Code of Ethics and Conduct* in a Statement of Values, reflecting the fundamental beliefs that guide ethical reasoning, decision-making and behaviour. Each ethical principle described is further defined by a set of standards setting out the ethical conduct that the Society expects of its members.

In planning, completing and recording CPD activity the Society expects all its members to observe this Code: **www.bps.org.uk/the-society/code-of-conduct**

In addition the Society has a declaration of human rights concerning torture and other cruel, inhuman or degrading treatment or punishment:
www.bps.org.uk/media-centre/press-releases/releases$/2005/declar.cfm

2.5 Equal Opportunities and Diversity Issues

All large populations will contain individuals who vary along many dimensions. Cultures may view these variations with delight, tolerance or malevolence. In the view of the Society, the four ethical principles in the preceding section should form the foundation for psychological services offered to all, and should not be restricted or curtailed in any way because of variations of such characteristics as diagnosis, age, ethnicity or sexuality.

At all levels of work, from large-scale service planning to the details of service delivery, psychologists must work in partnership with the intended users of the service as well as with other stakeholders, in order to bring as wide a range of viewpoints as possible to the planning and setting up of services.

For those psychologists working within the NHS, it should be noted that the Knowledge and Skills Framework (see Section 3.1.4 below) identifies Equality and Diversity as one of the six core Dimensions that all NHS staff must address.

All psychologists need to continue to develop cultural competencies through familiarisation with other world views relating to all aspects of psychological functioning, including mental health, disability, and gender roles.

Applied psychologists face many challenges concerning equal opportunity and diversity issues in their work settings and in their professional practice. Some of these challenges are as follows:

- Promoting a culture of equality and universal human rights;
- Delivering positive psychological outcomes for disempowered and disenfranchised groups of people;
- Offering sensitive and appropriate services which meet the needs of individual clients rather than the systems in which those services are embedded;
- Developing service or business plans and professional practices that incorporate the ethos and philosophy of positively valuing difference and diversity;
- Working through prejudiced attitudes and belief systems;
- Being open and explicit in situations where there are conflicting belief systems among individuals or groups and having robust systems for supervision and reflection in order to establish and maintain best practice.

It is beyond the scope of this document to identify or recommend ways to deal effectively with the many dilemmas raised by issues of diversity, as they touch on some of the differences between groups and peoples that cause the most profound difficulties and conflicts to humankind. All we can do here is encourage transparency and respect for difference and advise that training in these matters is an ongoing need, whilst acknowledging the depth and complexity of the psychological, spiritual, political and moral responses that these situations evoke.

2.6 Leadership, Mentorship and Supervision

Leadership is pertinent to all stages of a clinical psychologist's career and is not limited to psychologists occupying supervisory or management positions. Increasingly, and certainly within the NHS leadership opportunities will be available post-qualification onwards and the Division will be developing leadership programmes to facilitate this. Some courses already exist for those contemplating Consultant grade and the Division would wish to encourage members to include leadership development within CPD plans. Sometimes this may include reading or locally-based management courses which can help prepare members for later job demands. Developing consultancy and mentoring skills should also be considered as a career long process.

Continued Professional Supervision for a range of health professionals lies at the heart of a string of NHS strategic documents. Equally the Society and the DCP have produced policy documents which require supervision to be organised for all levels and grades of experience. Supervision should be available for all aspects of professional practice, including management and training. Members completing CPD logs should record received or conferred supervision as a CPD activity in order to demonstrate the links between ongoing professional practice, the supervision process and their continuous learning outcomes.

3. The Divisional Context

3.1 Within the NHS

3.1.1 Governance

'Clinical governance is the system through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care, by creating an environment in which clinical excellence will flourish.'[3]

CPD supports the delivery of high quality care and clinical governance. *A First Class Service* (DH) defined CPD as a process of life-long learning which meets the needs of patients and delivers health outcomes and priorities which enables professionals to expand and fulfil their potential.

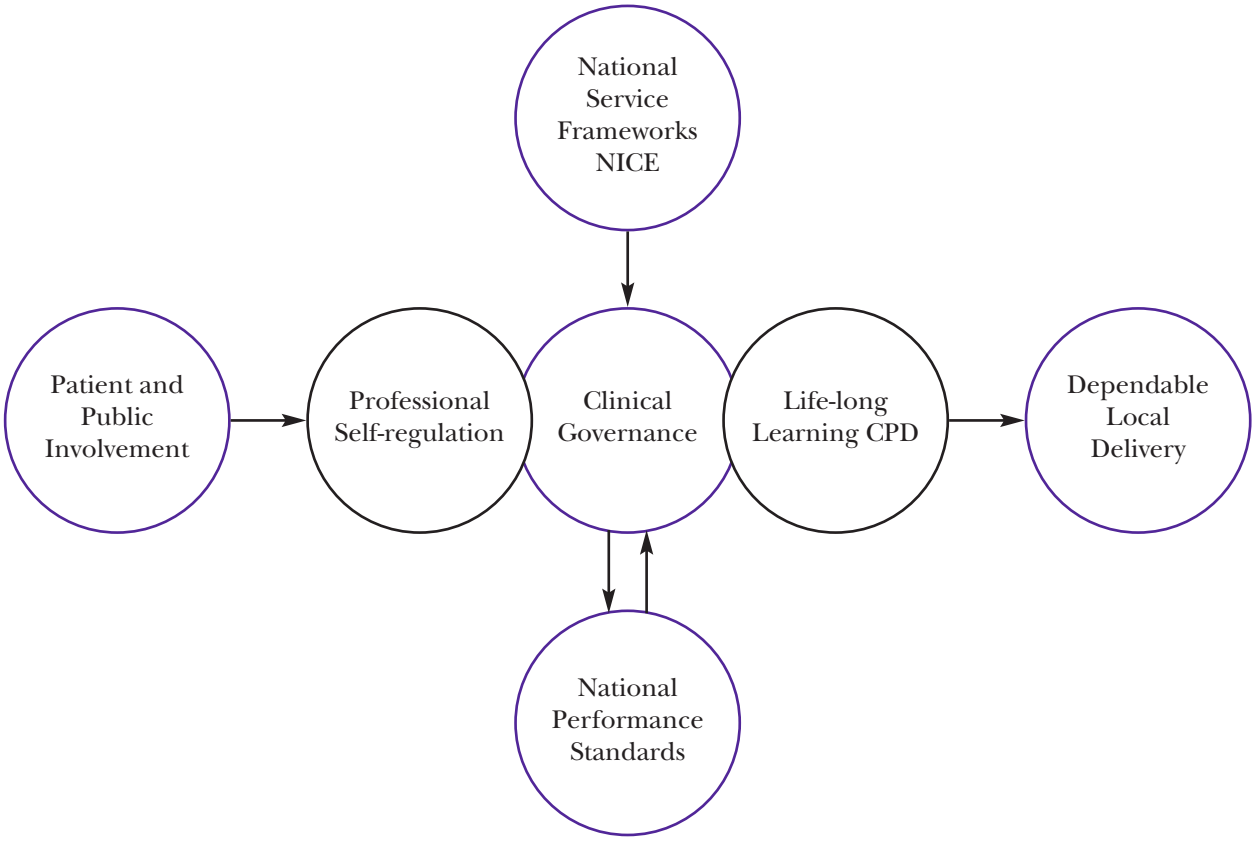
Governance refers to information recording and storage systems as well as to clinical care. Clinical psychologists must remain appraised of local, national and professional guidance and requirements concerning record keeping and systems for ensuring that the information they record and store is accessible only to appropriate others.

Trusts will vary in their governance structures and requirements. There may be advisory bodies or policy-making bodies for particular forms of work (e.g. CBT), for particular professional groups (e.g. psychological therapists) or for particular work settings (e.g. acute inpatient units).

All qualified clinical psychologists need to identify the governance arrangements relevant to their own working situation and satisfy themselves concerning the adequacy of their lines of access to these arrangements (including the adequacy of any proposals for dealing with conflicts of governance requirements from different bodies).

Participation in the development, implementation and monitoring of governance policies and procedures is highly recommended and is likely to provide many opportunities for CPD.

[3] Department of Health:
www.dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/dh_4006902



3.1.2 Multidisciplinary Teams and Partnership Working

All individuals, groups and teams working in health care settings can be expected to hold certain core values in common with each other. In addition, each discipline, group or profession will have its own particular contribution to make. Between the common ground and the particular approach there is space for either conflict or creativity. More recently, psychologists have begun to find themselves working with groups other than fellow clinicians to plan or deliver services. These may include service user and carer groups, commissioners and other less familiar stakeholders.

Among professional bodies of knowledge, psychology is best placed to encourage the exploration of shared assumptions, the identification of incompatible belief systems and the development of appropriate strategies for teams to genuinely work together such that differences are respected, valued and seen to contribute to multifaceted client care.

Developing and maintaining the skills, confidence and authority necessary to usefully apply this psychological knowledge in the workplace is a CPD need for all qualified clinical psychologists working in teams of all kinds.

Useful documents from the DCP include several authored by Professor Steve Onyett. These documents can be found on the Society website on the Professional Practice Board pages: **www.bps.org.uk/the-society/organisation-and-governance/professional-practice-board/**

Other useful references appear in Section 4 of this document.

3.1.3 Agenda for Change

This process applies to all directly employed NHS staff except very senior managers and those covered by the Doctors and Dentists Pay Review Body. Apart from these exceptions, all job descriptions and person specifications are now matched against national Job Evaluation (JE) profiles and allocated a pay band.

Psychologists may be employed from band 4 (psychology assistant) to band 9 and, rarely, beyond. Trainee clinical psychologists are employed on band 6 and may normally expect to be appointed at band 7 once qualified.

This may be under a preceptorship arrangement, such that with appropriate CPD over a specified period (usually not less than 18 months and probably nearer three years), upgrading to band 8a may be available. However, the move from band 7 to 8a should not be assumed and is only likely to occur if the post is established at 8a, with the explicit possibility of a newly-qualified clinical psychologist being offered the post initially as a preceptorship.

The additional competencies to be developed during this period will most probably relate to two of the AfC factors on the JE profile, namely Knowledge, Training and Experience (factor 2) and Freedom to Act (factor 8). The precise means by which the required additional competencies will be developed must be agreed from the outset with managers and employers.

Increasingly, clinical posts even up to band 8b are being advertised generically so that applicants may come from a wide variety of professional backgrounds. In order to compete successfully in this situation, it is essential that we become familiar with describing our practice in terms of the competencies we have, rather than the qualifications we have. Over a period, the CPD log may be of help in this process, if the reflective evaluation and learning outcomes sections of the log are written with this need in mind. Being explicit about how CPD activity will feed back into practice is a good way of clarifying which professional competencies we are attending to.

The emphasis on competencies, rather than on qualifications, is increasingly an element of training programmes in all professions, including clinical psychology doctoral programmes. The KSF process (see below) is the means by which Trusts will assess competencies, and all NHS clinicians need to be familiar with it.

Movement between bands, unless as above an 8a post is offered on band 7 as a preceptorship, is highly unlikely. In most cases, changing bands will mean changing jobs.

However, there is another particularly important boundary between 8b and 8c which marks the transition to consultant status. Preparing for this will be a serious undertaking which is a legitimate CPD focus.

3.1.4 Knowledge and Skills Framework (KSF)

The KSF defines and describes the knowledge and skills which NHS staff need to apply to their work in order to deliver quality services. It provides a simple, consistent, comprehensive and explicit framework on which to base review and development of all staff, including psychologists.

All NHS posts should have a KSF outline which defines the knowledge and skills needed

for the satisfactory performance of the tasks relevant to the post. There are 30 dimensions which together identify the total number of broad functions required by the NHS to enable it to provide a good quality service to the public. Each dimension has four levels. Six dimensions are common to every post, and must be used in every outline.

However, Trusts vary in the number of additional dimensions assigned to the outlines for different posts, in the level of performance assigned to each dimension, and in the detailed descriptions (called applications) of the tasks and duties in question.

This variability means it is difficult to compare a KSF outline from one Trust with one from another. Even if the same dimensions, at the same levels, are used, variance in the applications may make the jobs very different.

It is, therefore, essential that postholders know the dimensions, the levels and the applications in their KSF outlines so that gaps in required knowledge and skills can be clearly identified and plans made to close those gaps.

The KSF outline is used to define the initial (gateway) set of competencies needed in the early stages of performing a particular role, and also to define the full set of competencies needed to perform the same role at a higher level of competence. Increased competence, as measured on the KSF outline for the post, will result in the postholder moving up the pay band towards the next gateway.

In some services or localities the KSF fullset outline for posts on a given band may be adopted as the gateway KSF outline for the level above. However, because of the variabilities in applications, in levels and in dimensions even in similar jobs, KSF cannot always be used as a way of demonstrating preparedness for a new post or a higher band.

The British Psychological Society/Amicus Family of Psychology published *Life-long Learning and the Knowledge and Skills Framework for Applied Psychology* in June 2005, that set out KSF profiles for:

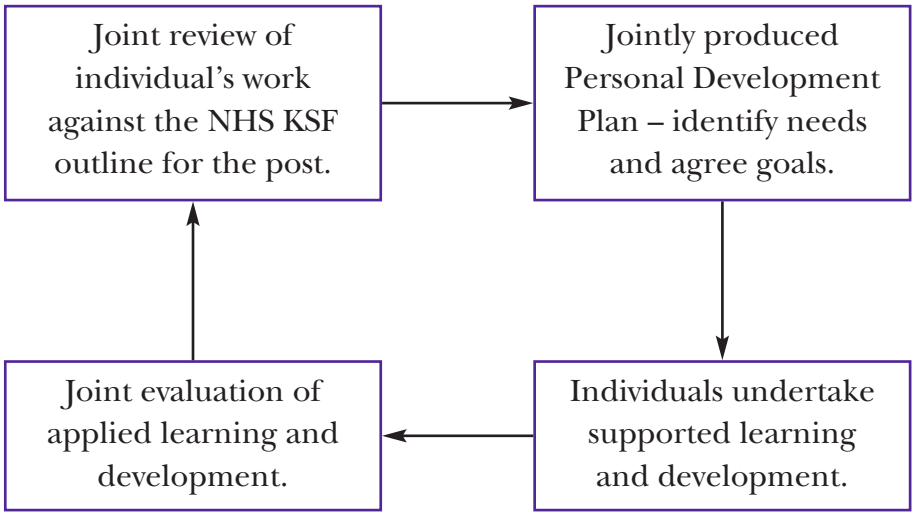
Clinical Psychology Assistant Practitioner	AfC Band 4
Clinical Psychology Assistant Practitioner Higher Level	AfC Band 5
Clinical Psychology Trainee	AfC Band 6
Clinical Psychologist	AfC Band 7
Clinical Psychologist Principal	AfC Band 8a-b
Clinical Psychologist Consultant	AfC Band 8c-d
Clinical Psychologist Consultant, Professional Lead/Head of Psychology Services	AfC Band 8d-9

It should be noted that although all posts should have gateway and fullset KSF outlines, Trusts are under no obligation to take note of these particular recommendations. The six core dimensions must be used, but beyond that Trusts are free to decide which competencies they require.

The Society's myCPD online planning and recording system enables users to record their CPD activities against appropriate KSF levels and dimensions. Only those dimensions which were used in the BPS/Amicus profiles referred to above will be available, but these should cover the majority of NHS Psychology posts.

3.1.5 Development Review Process – PDPs

NHS KSF forms the basis of a developmental review process. This is an ongoing annual cycle of review, planning development and evaluation for all NHS staff which links organisational and individual development needs.



Development is informed by looking at the individual's own learning and development needs against the requirements of the post as set out in the post's KSF outline. Each postholder should have their own Personal Development Plan based on their own strengths and learning needs. This, in turn, can be used as the basis for a CPD Plan.

It should, however, be noted that these documents have overlapping but distinct purposes. The CPD Plan is designed by the individual clinical psychologist, and whilst this will undoubtedly be heavily influenced by the individual's current work situation, it may also refer to future career planning (e.g. preparing for consultant posts or investigating the possibility of new kinds of role development such as becoming a Responsible Clinician under the new Mental Health legislation) or professional aspirations beyond the workplace (e.g. investigating the possibility of writing psychology books).

In contrast, a PDP will be service-focussed and possibly confined to annual discrete goals. It will probably be derived from the clinician's KSF outline. It is to be hoped that the preparation of each will be informed by the other so that where appropriate material from one may be easily imported into the other. However, the PDP is more likely than not to address service goals, which are achieved or not as the case may be. Personal reflections on learning may not be relevant or welcome in such documentation. Whatever the service outcomes, your own learning (and how it might affect your future professional behaviour) is what is important in your CPD Plan and Record.

3.1.6 New Ways of Working

New Ways of Working describes a whole systems approach to work force planning and development which is endorsed by all NHS professional bodies including the Society.

Recent policy guidance has concentrated on enhancing effective, person-centred services through new ways of working in multidisciplinary and multi-agency contexts.
For example, see: **www.bps.org.uk/the-society/organisation-and-governance/professional-practice-board/ppb-activities/new_ways_of_working_for_applied_psychologists.cfm**

The Multidisciplinary Teams focus on users and carers and are expected to change in structure and practice to provide an improved service.

The Creating Capable Teams Approach (CCTA) is a five-step approach developed to support the integration of NWW and the new roles into the structures and practices of an MDT within existing resources. The process helps a team reflect on function, the needs of service users and carers, the current workforce structure and the current and required capabilities. See DoH Mental Health. NWW. Developing and sustaining a capable and flexible workforce: April 2007:
www.dh.gov.uk/en/Healthcare/NationalServiceFrameworks/Mentalhealth/DH_074106

The importance of leadership in its several forms (Management; Clinical Leadership; Professional leadership; Team leadership) is emphasised and there can be several leaders for different purposes operating simultaneously. NWW promotes a culture shift in how practice in a team will manifest itself. See NWW – Implementation Guide – consultation paper, April 2007. Care Services Improvement Partnership:
www.newwaysofworking.org.uk/pdf/igapril2007.pdf

NWW promotes a model where responsibility is distributed amongst team members. The aim is to achieve a cultural shift enabling those with the most experience and skills to work face-to-face with those with the most complex needs and to supervise and support other staff to undertake less complex, and more routine work. This enables qualified staff to extend their practice, for example, non-medical prescribing and provides opportunities for new roles for example, Assistant Practitioner and PC MH workers.

Learning and development is a key function for effective implementation when extending roles and practice which this takes place in the context of service developments. The NMHE National Workforce Programme has produced a learning and development toolkit (DH publication Ref. 280397), setting out learning and development issues and priorities. It outlines contemporary guidance and available learning materials. These include the ten essential shared capabilities, as well as a range of other learning and development materials that are becoming available.

Some of the key principles underpinning NWW are highly relevant to CPD. These include:

- frequent reviews and annual appraisals linked to PDPs and AfC processes;
- provision of appropriate competencies for roles, training and supervision, which are essential to enable people to feel confident to take on and support others in NWW;
- formal arrangements that support profession-specific development to enable practitioners to feel confident in working differently;
- regularly updated advice from professional and regulatory bodies to members and registrants about NWW and on responsibility and accountability.

3.2 Other Professional Issues

3.2.1 Developing ourselves and others

At every career stage, clinical psychologists have some responsibility for assessing their own learning needs within the context in which they are working, and identifying some of the ways in which those learning needs may be met. We should also be prepared at every career stage to contribute to the development of other people. Formal teaching and clinical supervision are traditional and obvious ways of doing this. There are also plenty of other noteworthy ways of developing ourselves in the course of promoting the development of others, for example:

- newly-qualified clinical psychologists may mentor psychology assistants or trainee clinical psychologists
- training courses often have possible useful roles available in selection, interviewing, marking, mentoring, research supervision and participating in key course committees
- clerical, administrative and managerial colleagues may find great interest and benefit from the opportunity to discuss the psychological aspects of their work.

3.2.2. Developing teams, services and cultures

Clinical psychologists may find themselves embedded within a team, or invited to function as an external consultant, or placed somehow on the threshold, as it were, partly in and partly out of the team. This can be ambiguous and, perhaps, uncomfortable.

The discomforts of such threshold positions require appropriate management (perhaps through supervision or mentorship) but should not dissuade us from using the creative potentials available within such positions.

Beginning from our initial training in a number of different therapeutic modalities, clinical psychologists can be expected to have high-level skills in managing competing perspectives and tolerating ambiguity.

Such skills may have relevance at all levels of service planning and development by encouraging working groups and teams to explore and value differences and contrasts among them, and permitting the emergence of innovation.

3.2.3 Developing the profession

Since its establishment as a profession in the 1950s, clinical psychology has undergone a number of changes. The extent and pace of change is unlikely to slow in the foreseeable future.

All psychologists can and should take an active role in helping to ensure that the core values of the discipline are articulated and maintained while remaining flexible in the way those values are put into action.

Technological and social changes face us all with challenges and opportunities which will not have been intended or predicted. As psychologists we should remain alert to developing ways of tracking the effects of these changes, and understanding their implications for our knowledge base, our theories and our practice.

4. Further Information

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British Psychological Society CPD Policy
www.bps.org.uk/bps-learning-centre/cpd-resources/our-cpd-policy.cfm)

British Psychological Society Learning Centre
www.bps.org.uk/cpd

Division of Clinical Psychology Membership Services Unit – myCPD
www.bps.org.uk/myCPD

6. Appendix: CPD activities

A list of CPD activities.

1. Work-based Learning

- Learning by doing
- Case studies
- Reflective practice
- Clinical audit
- Coaching from others
- Discussions with colleagues
- Peer review
- Gaining, and learning from, experience
- Involvement in wider work of employer (for example, being a representative on a committee)
- Work shadowing
- Secondments
- Job rotation
- Journal club
- In-service training
- Supervising staff or students
- Visiting other departments and reporting back
- Expanding your role
- Analysing significant events
- Filling in self-assessment questionnaires
- Project work or project management
- Evidence of learning activities undertaken as part of your progression on the Knowledge and Skills Framework

2. Professional Activity

- Involvement in a professional body
- Membership of a specialist interest group
- Lecturing or teaching
- Mentoring
- Being an examiner
- Being a tutor
- Branch meetings
- Organising journal clubs or other specialist groups
- Maintaining or developing specialist skills (for example, musical skills)
- Being an expert witness
- Membership of other professional bodies or groups
- Giving presentations at conferences
- Organising accredited courses
- Supervising research
- Being a national assessor
- Being promoted

3. Formal/Educational

- Courses
- Further education
- Research
- Attending conferences
- Writing articles or papers
- Going to seminars
- Distance learning
- Courses accredited by professional body
- Planning or running a course

4. Self-directed Learning

- Reading journals/articles
- Reviewing books or articles
- Updating knowledge through the internet or TV
- Keeping a file of your progress

5. Other

- Public service
- Voluntary work
- Courses

The British Psychological Society
St Andrews House, 48 Princess Road East, Leicester LE1 7DR, UK
Tel: 0116 254 9568 Fax 0116 247 0787 E-mail: mail@bps.org.uk Website: www.bps.org.uk

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