The British Psychological Society
Qualifications

Qualification in Clinical Neuropsychology

Candidate Handbook

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Qualifications Office

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Contents

1. Welcome

Welcome to the British Psychological Society's Qualification in Clinical Neuropsychology (QiCN). We very much hope that you will find your period of enrolment a fruitful and fulfilling time.

This *Candidate Handbook* is designed to supplement the *Regulations for the Society's Postgraduate Qualifications* (provided on our website – addresses provided on inside front cover) which you should read carefully and adhere to at all times. It will provide you with full details of the QiCN, including the methods by which you will be assessed. It also includes information about the key people you will have contact with during your enrolment and important dates for you to note (such as when to submit your work and register for exams). If there is any aspect of your training about which you are still unclear after reading both this *Candidate Handbook* and the *Regulations* you should approach your Supervisor for further information.

This *Candidate Handbook* and other important information about the QiCN can be accessed by visiting: **www.bps.org.uk/qicn**

All forms and documents referred to in this *Candidate Handbook* are available to download from this web page. It is your responsibility to check these web pages regularly for the most up-to-date information about the QiCN.

2. Introduction to the Qualification in Clinical Neuropsychology (QiCN)

2.1 Background

Clinical neuropsychology overlaps with academic neuropsychology, using a scientific understanding of the relationship between brain and neuropsychological function. This in turn helps form the basis for assessment and rehabilitation of people with brain injury, or other neurological disease. Clinical neuropsychologists work with people of all ages with neurological problems, which might include traumatic brain injury, stroke, toxic and metabolic disorders, tumours and neuro-degenerative diseases. Clinical neuropsychologists require not only general clinical skills and knowledge of the broad range of mental health problems, but also a substantial degree of specialist knowledge in the neurosciences. Specialist skills are required in the assessment of neurological patients, and rehabilitation encompasses a broad range of specialist emotional, behavioural and cognitive interventions not only for the client, but also for the client's family and carers. Clinical neuropsychologists are also often involved in the management of rehabilitation facilities, and in individual case management. Leadership of multidisciplinary rehabilitation teams is frequently part of their clinical role.

Clinical neuropsychologists most commonly work in:

- **Acute settings:** working alongside neurosurgeons and neurologists and the allied disciplines, usually in a regional neurosciences centre. They are concerned with the early effects of trauma, neurosurgery and neurological disease.
- **Rehabilitation centres:** providing post-acute assessment, training and support for people who have sustained brain injury, or who have other neurological problems. The clinical neuropsychologist will play a central role in the multidisciplinary team which aims to maximise recovery, minimise disability, and prepare the client for return to the community or to a residential placement.
- **Community services:** performing a similar role as above but support those who have returned to community living.

Experienced clinical neuropsychologists also commonly act as expert witnesses for the courts, and research is an important aspect of neuropsychological practice.

2.2 Aims and features of the QiCN

The QiCN is designed as an advanced professional qualification in the field of clinical neuropsychology. It confers eligibility for Full Membership of the Division of Neuropsychology and entry to the Society's Specialist Register of Clinical Neuropsychologists. It provides a standard of competence for practice as a Clinical Neuropsychologist and is widely recognised as the professional qualification in this field. The objective of the qualification is to establish a standard of practice in clinical neuropsychology which will assure possession of the essential skills and underpinning knowledge for the expert and professional application of psychology in this field. It will enable competent practitioners to be identified and for the requirements for sound practice to be identified.

All candidates for the QiCN are studying via the independent route. Some may choose to pursue the knowledge and/or research dimensions through an accredited university course, but the overall pursuit of the qualification is independent for all candidates.

The main features of the Society's independent route are that candidates:

(a) are required to take responsibility for their own learning and professional development;

(b) are required to develop and demonstrate competences in relation both to the underpinning knowledge-base of the relevant area of applied psychology and to professional practice (including research) in that area;

(c) are provided with detailed information about the methods of assessment utilised within the qualification for which they are enrolled and the expectations of the relevant Qualifications Board at assessment;

(d) are supported in their training by Supervisors with expertise in relevant areas of applied psychology.

Independent route candidates do not, as a result of their enrolment, receive access to lectures, reading materials, lecturers or personal tutors, although some do make private arrangements with HEIs to gain access to their libraries and/or attend short courses. Full details of the information, support and resources which are provided for candidates and those which they are expected to secure for themselves are provided in the *Regulations*.

You must initially elect to undertake the QiCN in one of its two forms:
(i) Adult Clinical Neuropsychology;
(ii) Paediatric Clinical Neuropsychology.

You may also choose to undertake a dual qualification in both adult and paediatric clinical neuropsychology if you wish. See Section 6 for full requirements and further details.

The structure of the QiCN will be identical in each form but the nature of the case studies to be submitted, the cases entered in the Case Log, and the syllabus for the underpinning knowledge as reflected in the examinations and essays (or accredited qualifications conferring exemption) will differ as appropriate to an adult or a paediatric client group.

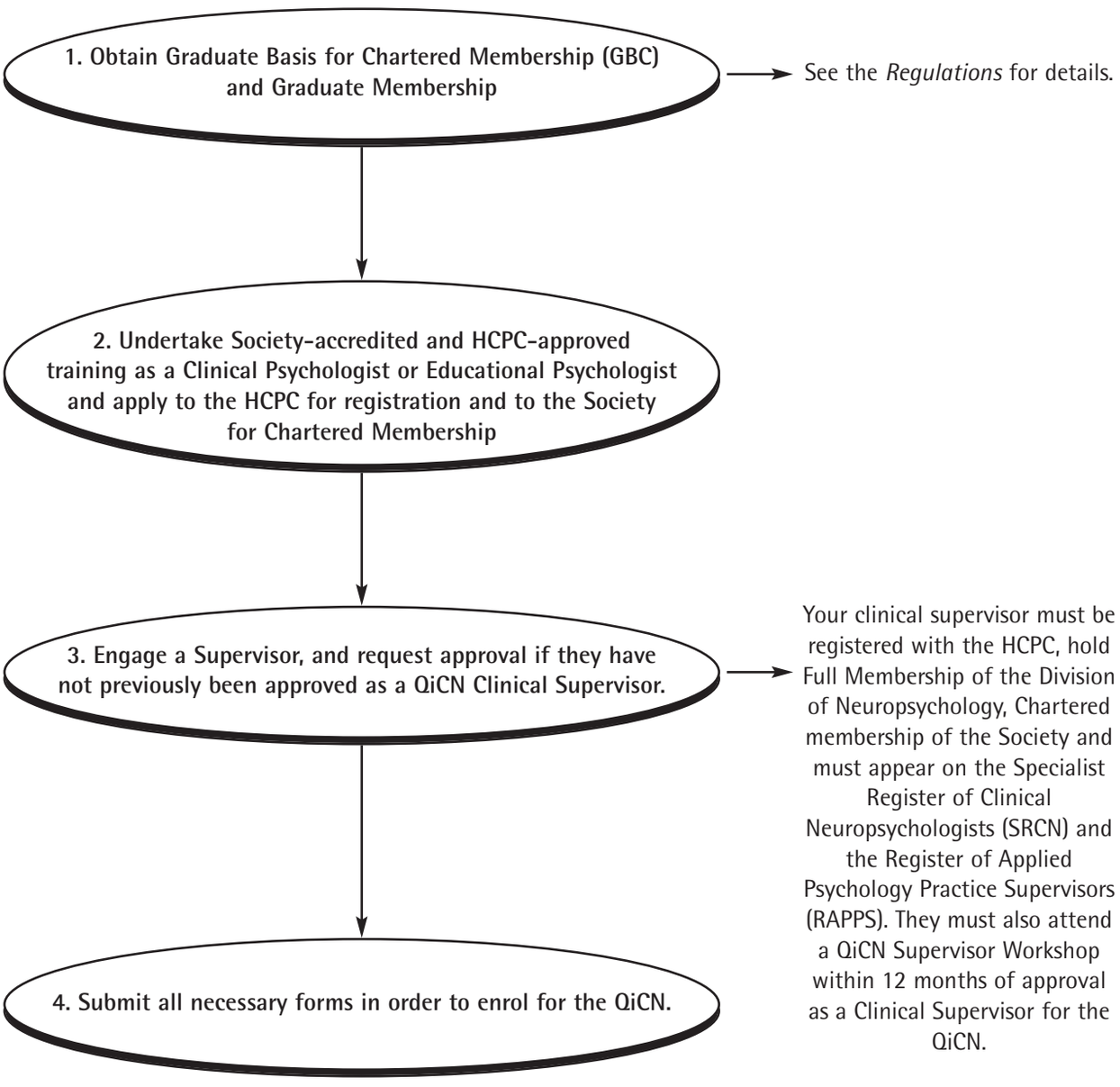
Although either form of the qualification will confer eligibility for Full Membership of the Division of Neuropsychology and entry onto the Specialist Register of Clinical Neuropsychologists, it is assumed that those so qualified will only regard themselves as competent in clinical practice under the Society's *Code of Ethics and Conduct* and the Health and Care Professions Council's *Standards of Conduct, Performance and Ethics* with the client group appropriate to the form of their qualification.

If you qualify under one form of the qualification you may be eligible to gain the other form of the qualification with exemptions to be determined by the Clinical Neuropsychology Qualifications Board, although it should be noted that any pre-requisites applying to the qualification must still be met. You may also elect to undertake the other form of the QiCN in its own right. See Section 6 for full details.

3. Enrolling for the QiCN

The steps required in enrolling for the Society's postgraduate qualifications are outlined in the *Regulations*. The application of this process to the QiCN is detailed below.

Figure 1: Steps required to enrol for the QiCN.



Once you have fulfilled steps 1 to 3 of Figure 1, you may submit an application to enrol for the QiCN. Your application to enrol must include:

(i) An Enrolment Form.
(ii) Two completed references (these can either be sent with the enrolment form or separately, direct from referees).
(iii) A Plan of Training.
(iv) A Supervision Plan.
(v) An Exemption Form and appropriate evidence (e.g. certificate/abstract) if applicable.
(vi) A copy of the contract signed by you and your supervisor (a sample contract is available on the QiCN webpage).
(vii) The Qualification Fee or payment details.
(viii) A copy of a current enhanced disclosure from either the Criminal Records Bureau (CRB), Disclosure Scotland or Access Northern Ireland. This must be dated in the last two years or from your current post.
(ix) An Equal Opportunities Form.

If you do not include all of the above, your enrolment application will be returned to you. Subsequently, you may be asked to adjust your supervision plan dates, so that any backdated supervised practice does not exceed 12 months from the date that your application is complete.

Steps 3 and 4 in Figure 1 above may be combined so that all necessary forms are submitted at the same time.

3.1 Eligibility to enrol

In order to be eligible to enrol for the Adult clinical neuropsychology qualification you must:

(a) have acquired the Graduate Basis for Chartered Membership with the British Psychological Society;
(b) hold Chartered Membership of the Society;
(c) provide evidence of completion of a Society-accredited qualification in clinical psychology;
(d) be registered as a Clinical Psychologist with the HCPC;
(e) be in a suitable post allowing you to gain the relevant experience.

In order to be eligible to enrol for the Paediatric clinical neuropsychology qualification you must:

(a) have acquired the Graduate Basis for Chartered Membership with the British Psychological Society;
(b) hold Chartered Membership of the Society;
(c) provide evidence of completion of a Society-accredited qualification in clinical psychology or educational psychology;
(d) be registered as a Clinical Psychologist or as an Educational Psychologist with the HCPC;
(e) be in a suitable post allowing you to gain relevant experience.

3.1.1 International applicants

If you have completed your clinical psychology or educational psychology training outside of the UK, you may not be able to fulfil criterion (c) above. If this is the case you will need to provide evidence of either:

(i) successful completion of a doctoral level programme in clinical psychology or educational psychology which confers professional recognition in the country where you trained and is broadly in line with Society-accredited doctorates in clinical psychology and educational psychology in terms of areas of coverage. You will need to map the syllabus for the qualification that you have completed onto the competences for Society-accredited doctorates in either clinical psychology or educational psychology (as appropriate to your area of training). Shortfalls will only be accepted in areas which are not built upon as part of the QiCN,
or
(ii) professional recognition as either a clinical psychologist or educational psychologist in the country in which you trained plus a minimum of 10 years' post-qualification experience.

You will also need to fulfil all other criteria listed in Section 3.1.

IMPORTANT NOTE
If your registration with the HCPC becomes affected in any way at any time during your enrolment for the QiCN, you must inform the Qualifications Office in writing immediately. Failure to do so will result in suspension of your enrolment while the matter is investigated. You must also notify us immediately if you undergo any disciplinary action with your employer, or if you engage in any activity which would appear on an enhanced criminal records check.

3.2 Supervised Practice

Supervised practice is the experiential process designed to develop a candidate's knowledge and skills so that s/he is competent to practise independently as a clinical neuropsychologist. Supervised practice builds upon the academic components of the QICN by requiring the development and demonstration of practical skills in applied settings.

The system is designed to ensure that candidates who complete the QiCN are able to meet, to an appropriate standard, a range of work demands within their particular contexts of employment. It maintains a clear emphasis on what the candidate actually does, and on the understanding and demonstration of good professional practice, whatever the setting. The key features of the system are that it:

- emphasises the acquisition and demonstration of generic and specific core competencies as a practitioner;
- is planned, with flexibility to allow necessary changes;
- is facilitated by experienced professionals, that is, your Supervisor(s);
- involves the recording and collection of evidence of achievement (see Section 7 for full details of what you will need to submit);
- is subject to independent assessment and ratification by the Clinical Neuropsychology Qualifications Board.

3.3 Finding a Supervisor

A key step in the process of enrolling for the QiCN is to identify and secure the support of a Supervisor. Supervisors must themselves be registered with the HCPC, Chartered members of the Society, Full Members of the Division of Neuropsychology and must appear on the Society's Specialist Register of Clinical Neuropsychologists and the Register of Applied Psychology Practice Supervisors, and it is your responsibility to find a suitable person and agree terms with him/her.

It is a condition of each candidate's enrolment that their Co-ordinating Supervisor must be approved by the Qualifications Board as part of the enrolment process.

Before requesting approval of a potential Co-ordinating Supervisor, you should make sure that the person you have identified is willing and able to undertake the following activities on your behalf:

(i) hold regular supervision meetings with you as detailed in your supervision plan during each year of your training;
(ii) take on a co-ordinating role in relation to the overall supervision process, for instance, where a candidate has one or more additional supervisors;
(iii) provide you with information relevant to your training (e.g. academic, ethical, organisational, professional);
(iv) encourage you to reflect on your learning and practice and to engage in creativity, problem-solving and the integration of theory into practice;
(v) listen to your views and concerns regarding your work in progress and offer appropriate advice;
(vi) ensure that work being undertaken is in accordance with the Society's Royal Charter and *Code of Ethics and Conduct*; the Division of Clinical Psychology's *Professional Practice Guidelines* or the Division of Educational and Child Psychology *Professional Practice Guidelines* as appropriate; and the Division of Neuropsychology's *Professional Practice Guidelines*, and that these are properly understood. Furthermore, you will be required to adhere to the HCPC's *Standards of Conduct, Performance and Ethics* as a condition of your registration with the HCPC.
(vii) countersign your Supervision Log, Case Log Record Sheets and Confirmation of Consent Form.

It typically takes a significant amount of time to accumulate the necessary experience to supervise a candidate undertaking the QiCN. Newly registered Clinical Neuropsychologists should gain two years' experience before beginning supervisor training. Training must be completed before supervision can be offered.

Those considering taking on the supervision of candidates may request written references before entering into an arrangement with any applicant. Candidates are advised to request that their potential Co-ordinating Supervisor provide them with details of all fees which would be incurred in relation to the supervision being provided and that a formal contract of supervision is drawn up. The Society requires candidates to submit a copy of the contract signed by the candidate and the Co-ordinating Supervisor at the point of enrolment. A sample contract is available online. All arrangements between candidates and Supervisors are private and external to the Society.

When agreeing terms with your proposed Co-ordinating Supervisor, you will need to agree how often contact will be made and which method(s) of communication is/are to be used, for example, face-to-face meetings, emails and/or telephone conversations. If a mixture of face-to-face and other means of supervision is agreed, this must be proposed in your enrolment application and approved by the Chief Supervisor. At least half (30 hours) of your supervision must be face-to-face, individual supervision.

If your proposed Co-ordinating Supervisor has not previously been approved in this role for the QiCN, you will need to liaise with them and seek approval at enrolment. You will need to provide a brief curriculum vitae for the proposed supervisor containing details of their training/education, their qualifications, a brief career history and details of their current post. Your Co-ordinating Supervisor will need to fulfil ongoing training requirements for the role of Supervisor for the QiCN.

IMPORTANT NOTE
If your Supervisor's registration with the HCPC or entry on the SRCN or RAPPS becomes affected in any way at any time during your enrolment for the QiCN, they must inform you and the Qualifications Office immediately.

3.4 Planning Your Training

You will need to provide details at enrolment regarding how you intend to fulfil each of the three dimensions. For the Knowledge Dimension you will need to confirm whether you are completing (or have already completed) a Society-accredited programme in clinical neuropsychology, or whether you are pursuing the Knowledge Dimension independently via the examinations and essays set by the Society.

For the Research Dimension you will need to either undertake a Society-accredited Masters programme in clinical neuropsychology, apply for exemption on the basis of previously completed research at doctoral level, or undertake a piece of research in line with the criteria in Appendix 4 of this *Candidate Handbook*.

For the Practice Dimension you will need to provide a detailed account of your supervision arrangements so that the Chief Supervisor can see that you understand what is required of you and have considered how you are going to meet these requirements. On your Plan of Training you will need to identify your Co-ordinating Supervisor (and any Designated Supervisors, if applicable). Your Supervision Plan will provide more detail about your supervision arrangements (see Section 3.5).

Your Plan of Training should be considered as a dynamic device to help with planning later work, and it is accepted that it may change over time as circumstances alter, particularly in relation to the practice dimension. It should, therefore, be kept under review and updated as necessary as your work and training opportunities and objectives develop. Any changes must be approved by the Chief Supervisor. If you need to add a new Supervisor to your Supervision Plan, or if you change your work setting, you will need to submit a Revision to Supervision Plan form which is available online. This will need to include all of your supervision arrangements, both the retrospective and prospective arrangements, so that the Chief Supervisor can ensure that this package of supervision is appropriate and coherent.

3.5 Your Supervised Practice

As well as identifying who your Co-ordinating Supervisor will be (and any Designated Supervisors, if applicable), your Supervision Plan should outline the frequency, nature and duration of supervision which you will receive. You must ensure that you demonstrate how you will achieve the required 60 hours of supervision over the course of your Supervision Plan, which will need to cover a two-year period or part-time equivalent. Please note that you can count all of the time that you engage in group supervision. On your Supervision Plan you will also need to indicate how you will access the required range of cases if this is not possible within your service.

Your application for backdating of up to 12 months of whole time clinical practice (or part-time equivalent) can be submitted for consideration by the Qualifications Board at the point of submitting your enrolment application. An application for backdating should provide details of the Supervisor who was in place during the backdated period, the proportion of time spent in neuropsychology during this time and the frequency, nature and duration of supervision received during this period, if these differ from your prospective period of supervised practice. No part of the backdated period can precede the date at which you become eligible to apply to enrol for the QiCN.

If you intend to register to submit your Clinical Portfolio at a particular assessment session, it is your responsibility to ensure that you plan your enrolment submission with this in mind. This is in order to allow sufficient time for you to complete your Supervised Practice and prepare your Clinical Portfolio in time for the submission deadline for that assessment session.

You are also advised to discuss with your Co-ordinating Supervisor whether you need to secure the support of an additional supervisor in order to achieve the required breadth of supervision. If this does prove to be the case, your additional supervisor will also need to be appropriately qualified[1] and approved by the Qualifications Board and this additional supervision will need to be incorporated into your Supervision Plan. You may opt to gain more than one supervisor if you feel this is necessary, although it is advisable for candidates to have a maximum of two supervisors. If you have more than one supervisor, one of these must be identified as the Co-ordinating Supervisor with overall responsibility for supervising you. This is to ensure that the supervision process remains focussed and the guidance you receive is consistent.

As with your Plan of Training, your Supervision Plan should be considered as a dynamic device which may change over time as circumstances alter. Any changes must be approved by the Chief Supervisor.

3.6 Title to be adopted by Candidates of the QiCN

As all candidates must be registered as either a Clinical Psychologist or Educational Psychologist with the HCPC, you may use the title(s) appropriate to that of your HCPC registration in your work. You may also refer to yourself as a Chartered Psychologist providing that you maintain your Chartered Membership with the Society. However, you are reminded of your responsibility not to mislead the public and must, therefore, ensure that it is clear to clients and employers that you are undertaking specialist training in clinical neuropsychology. More specifically, you should not use any title which may lead employers or clients to believe that you are already fully qualified in this field.

3.7 Chartered Membership of the Society and Registration with the Health and Care Professions Council (HCPC)

You must remain registered as a Clinical Psychologist or Educational Psychologist with the HCPC for the period of your enrolment. You must also maintain Chartered Membership of the Society for the duration of your enrolment. If you cease to be registered as such with the HCPC or if your Chartered Membership of the Society lapses during your enrolment for the QiCN for any length of time, you must inform the Qualifications Office immediately. Your enrolment as a candidate for the QiCN will be terminated, although re-enrolment may be allowed, at the discretion of the Qualifications Board and Qualifications Standards Committee, if Chartered Membership of the Society and registration with the HCPC as a

[1] Any proposed supervisor who does not fulfil all of the criteria to be approved as a Clinical Supervisor for the QiCN will need to be able to demonstrate that they hold all competencies relevant to the supervision they will provide. Such cases will be considered on an individual basis.

Clinical Psychologist or Educational Psychologist are resumed. If you re-enrol under these circumstances you would not normally be allowed to include in your portfolio any work undertaken whilst you were not enrolled.

3.8 Overseas Applicants

3.8.1 Previously acquired overseas experience

It is recognised that training in clinical neuropsychology can vary from country to country, and overseas applicants for the QiCN may have already undergone training in clinical neuropsychology to a high standard. The Qualifications Board has provisions in place allowing overseas applicants to apply for exemption from parts of the QiCN in certain situations.

Knowledge Dimension

The Qualifications Board allows overseas applicants to apply for exemption from the Knowledge Dimension of the QICN on the basis of a suitable overseas course. The onus is on the applicant to demonstrate that the syllabus for such a course is equal to that for the Knowledge Dimension of the QiCN. All applications of this nature will be considered on an individual basis by the Qualifications Board, and can only be submitted when a candidate has applied to enrol on the QiCN.

Practice Dimension

Applicants for the QiCN who are registered as clinical or educational psychologists with the HCPC on the grounds of qualification in another country may apply for backdating of clinical neuropsychology practice using practice undertaken since qualification as a clinical or educational psychologist in their home country. Such an application may, therefore, include practice undertaken prior to gaining HCPC registration as a clinical or educational psychologist. All practice used towards such an application must have been undertaken since gaining eligibility for the graduate basis for Chartered membership.

Eligible applicants should apply in writing for this experience to be backdated at the point of applying to enrol for the QiCN. Evidence of registration as a clinical or educational psychologist in another country must be provided. The maximum period of backdating that may be granted is 12 months of whole time experience, or the part-time equivalent. All applications of this nature will be considered on an individual basis by the Qualifications Board.

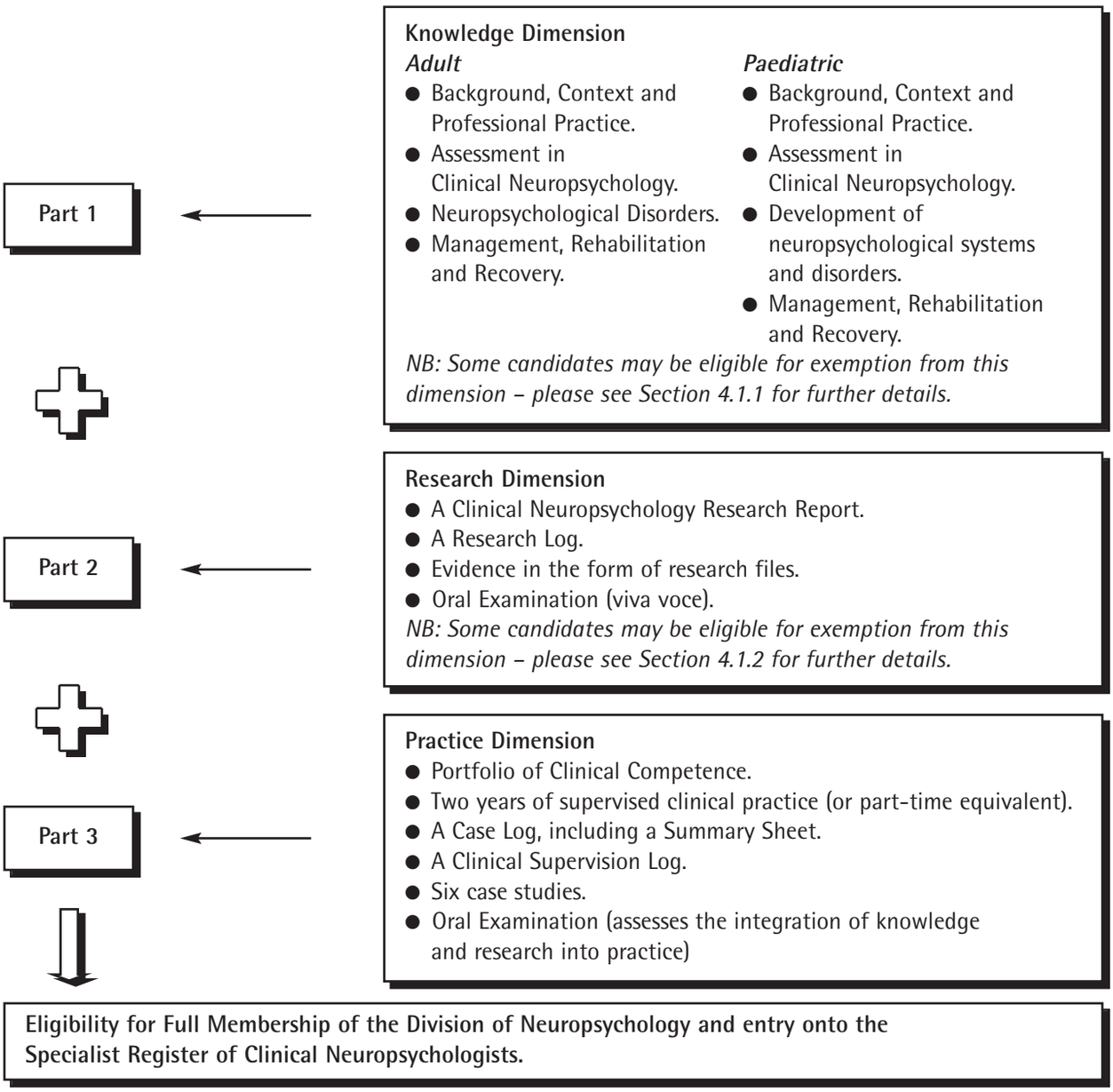
4. Overview and General Structure of the QiCN

As this is an advanced professional qualification, which has an existing professional qualification in clinical psychology (or educational psychology for some candidates for the paediatric route) as a prerequisite, the aspects of applied psychology to be assessed are limited to those which cannot be regarded as having been satisfied in the prior qualification. The qualification, therefore, involves the demonstration of competencies and underpinning knowledge specific to the practice of clinical neuropsychology.

Part 1 Knowledge Dimension – for the underpinning knowledge-base;
Part 2 Research Dimension – for the research element;
Part 3 Practice Dimension – for supervised practice.

When being assessed on the Practice Dimension, candidates will need to demonstrate adequate application of knowledge and research to their clinical practice. Candidates are, therefore, strongly advised to complete the Knowledge and Research Dimensions prior to submission of their Portfolio of Clinical Competence for the Practice Dimension.

Figure 2: Outline of the Structure of the QiCN.



4.1 Structure of the QiCN

4.1.1 Knowledge Dimension

Candidates who choose to complete the Knowledge Dimension independently must undertake four, two-hour examination papers and two essays, which are set by the Qualifications Board.

Further detail about the Underpinning Knowledge requirement is given in Section 5.1.1. The syllabi can be found in Appendices 1 and 2 for Adult and Paediatric clinical neuropsychology respectively.

IMPORTANT NOTE

A Society accredited postgraduate diploma in clinical neuropsychology will confer eligibility for exemption from the assessment of underpinning knowledge. The accredited postgraduate diploma qualifications at the University of Bristol and the University of Glasgow are accredited to achieve underpinning knowledge for the adult route, and the postgraduate diploma at University College London is accredited to achieve underpinning knowledge for the paediatric route.

An application for exemption can only be submitted at the point of enrolment or once a candidate is enrolled.

4.1.2 Research Dimension

You will be required to submit the following:

- A Clinical Neuropsychology Research Report;
- A Research Log;
- Supporting evidence in the form of research files.

A *viva voce* will be held once you have prepared the required evidence (and after the minimum period of registration). This will normally take place at the same time as any *viva voce* for the Practice Dimension.

IMPORTANT NOTE

Applications for exemption from the research dimension will normally be based on previous research in psychology, with applicants demonstrating knowledge of contemporary research including methods applicable to neuropsychology. Acceptable evidence includes a contemporary doctoral level qualification incorporating research e.g. DClinPsy, DEdPsy.

Applications for exemption can only be submitted when a candidate has applied to enrol on the QICN.

4.1.3 Practice Dimension

You will be required to submit a Portfolio of Clinical Competence consisting of:

- Portfolio Cover Sheet
- A Case Log, including a summary sheet, a 200-word summary for each substantive post giving rise to the cases in your case log, and individual record sheets for a representative sample of cases undertaken during the period of supervised practice.
- A Clinical Supervision Log for the same period.
- Six case studies drawn from the cases seen during the period of the supervision plan.

A *viva voce* will be held once you have prepared the required evidence and your Supervision Plan has been completed. This will normally take place at the same time as any *viva voce* which may be required for the Research Dimension.

5. Assessment

Full details of all general assessment procedures and requirements are provided in the Society's Regulations for Postgraduate Study. The assessment requirements for the QiCN are detailed below.

Candidates intending to submit or re-submit their portfolio for the Research or Practice Dimensions, or re-sit any component of the Knowledge Dimension, must register by the deadline using the appropriate Registration Form (copies obtainable from the QiCN webpage).

IMPORTANT NOTE
1. You must submit your completed Registration Form by the appropriate deadline (see Section 8). If you fail to do this you will not be able to submit your work until the next round of the assessment process.
2. If, having registered, you fail to submit your complete Portfolio by the published deadline, your work will not be examined and you will be required to re-register for the next round of the assessment process.
3. It is your responsibility to obtain the assessment and registration timetable and registration form.

5.1 Assessment of the QiCN

When examining and assessing candidates for the QiCN, the Qualifications Board will appoint highly experienced examiners and assessors who are Full Members of the Division of Neuropsychology who also appear on the Specialist Register of Clinical Neuropsychologists.

The guiding consideration in examining and assessing candidates for the QiCN is whether, in the view of the examiners or assessors, you have demonstrated professional competence and are able to work independently and unsupervised once accepted as a Full Member of the Division of Neuropsychology and entered onto the Specialist Register.

5.1.1 Knowledge Dimension

Candidates undertaking the non-taught underpinning knowledge component, comprising essays and exams, should expect to require one day per week for studying over a two year (full-time) period. This is a reasonable amount of time to request from employers in order to undertake this element of the QiCN. Candidates undertake four, two-hour examination papers which contain short answer questions, one paper each in the areas of:

Adult form of the QICN

Paper 1. Background, Context and Professional Practice (topics 1.1, 1.2, 1.3, 1.4 and 1.8; see Appendix 1)
Paper 2. Assessment in Clinical Neuropsychology (topic 1.5)
Paper 3. Neuropsychological Disorders (topic 1.6)
Paper 4. Management, Rehabilitation and Recovery (topic 1.7)

Paediatric form of the QICN

Paper 1. Background, Context and Professional Practice (topics 2.1, 2.2, and 2.8; see Appendix 2)
Paper 2. Assessment in Clinical Neuropsychology (topics 2.5 and 2.6)
Paper 3. Development of Neuropsychological Systems and Disorders (topics 2.3 and 2.4)
Paper 4. Management, Rehabilitation and Recovery (topic 2.7)

Candidates must also complete and submit two essays, each of up to 5000 words on topics drawn from a list prepared by the Qualifications Board.

Further detail about the Underpinning Knowledge requirement is given in Appendices 1 and 2 for Adult and Paediatric clinical neuropsychology respectively.

Specimen and past exam papers and essay questions are available from our website (www.bps.org.uk/qicn).

5.1.2 Research Dimension

The following details for the Research Dimension apply only to those candidates who do not have exemption from this component of the QiCN.

Research Log

This is a summary document which includes a record of activities and consents including dates obtained, and a record of supervision including dates and time and brief details of any research training events attended. The Research Log should be typed rather than handwritten.

Research Report

(i) You must produce for examination, clinical neuropsychology research which is clinically relevant. This can form a loose-bound research thesis of not more than 30,000 words in total including appendices. Alternatively, you can present a published paper on which you are the first author (or series of papers on the same topic), and which is found in a peer-reviewed journal of good quality. You must satisfy the examiners that you were the major contributor to any such published work. Work which is submitted for publication or which has been accepted for publication may be accepted at the examiners' discretion. Such published or submitted work must be comparable in size and quality to a research thesis.

(ii) Normally any research dissertation must be completed, or research paper published, not more than eight years before the date of registration for the qualification.

IMPORTANT NOTE
Assessors may request to see any piece or pieces of supporting evidence referred to in your Research Log so you must ensure these are all readily available should any such request be made.

5.1.3 Practice Dimension

Clinical Portfolio

Portfolio Cover Sheet

The Portfolio Cover Sheet is available to download from the QiCN page of the website. Please ensure that it is included at the front of all three copies of your portfolio.

Case Log

This will log the cases that you have been involved in and should be submitted as a typed document. The Case Log is a confidential document detailing a representative sample of cases seen in consecutive order during your supervised clinical practice. We recommend inclusion of at least 50 cases to satisfy the requirements below. The Case Log should state the client's diagnosis (putative or actual), reason for referral (diagnostic, other assessment, neuropsychological rehabilitation/treatment), age and frequency, duration and nature of contact (direct or indirect). On closing each case you and your supervisor must sign the Case Log for each case. The Case Log must cover a minimum period of two years full-time (or part-time equivalent) and represent a sufficient volume of work that may be expected during a period of two years in a full-time clinical neuropsychology post. For candidates undertaking the paediatric route, the age range of clients that can be included in the log is 0–18 years. It is important that you evidence your experience in assessment and therapeutic management of a range of conditions including those resulting from acquired and non-acquired damage, degenerative conditions and psychosomatic or factitious disorders and a range of disability from minor to very severe. Group and consultation work is acceptable within a candidate's supervision plan.

Cases closed (i.e. without further planned work) prior to the start of the Supervision Plan cannot be entered into the Case Log.

When compiling the Case Log, you need to bear in mind that your Co-ordinating Supervisor, and more importantly the appointed independent assessors, should be able to obtain a clear idea of the nature of your work. What exactly was your involvement? What approach was used for assessment and/or treatment? How often was the client seen and in what context? What use was made of psychological theory or knowledge? What tools or assessment instruments were used? Did you do the work alone or in conjunction with others? What evaluation was carried out? The Case Log should, therefore, summarise the items of evidence that demonstrate the skills and competence which the candidate has developed.
You will need to be able to discuss at *viva voce* all aspects of cases in your Case Log (including test selection, rationale, etc.) and may find this difficult if you do not deal directly with a good proportion of cases. You are, therefore, strongly advised to have direct, face-to-face contact with a significant number of your clients. This is especially important with the cases that you choose for your case studies. You are reminded of the importance of using the experience of face-to-face contact with clients to enhance your development while working towards the QiCN.

References to clients and professionals in the Case Log must be anonymised.

Clinical Supervision Log
You must accrue at least 60 hours of clinical supervision relating to clinical practice (in addition to supervision for the research study, if applicable, which must be logged separately). The Clinical Supervision Log will contain the date, duration, method (e.g. individual, group including the size of the group, face-to-face, telephone) and the Clinical Supervisor's name for each supervision session received. Each of these entries must be signed by the Clinical Supervisor and yourself. Details of the content of supervision sessions do not need to be provided, although it is expected that the supervision sessions listed in your Clinical Supervision Log relate to supervision on clinical cases and not, for example, research that you may be undertaking.

Clinical supervision should normally be face-face. This may not always be possible, for example, if working in a rural or remote setting it may be permissible to have a proportion of supervision by video link, telephone or as a group, but you are required to have such alternative methods of clinical supervision and their proportion to face-face agreed by the Qualifications Board near to the onset of training. There must be face-to-face individual supervision for at least half of the required hours. When receiving supervision as part of a group, the candidate can count all of the time.

Case Studies
Six formal Case Studies drawn from the cases seen during the course of your Supervision Plan will be presented for assessment. For full details on the format required for Case Studies, see Appendix 5.

In the **Adult form** of the QiCN, these must include a range of cases required to demonstrate competent management of common conditions. It is strongly recommended that candidates include at least one case each of TBI, focal CVA and degenerative disorder with at least one from the following group: primary epilepsy, brain tumour, brain infection where the presenting disorder/disease is the primary clinical presentation. The purpose of the intervention must be diagnostic assessment in at least two cases, and neuropsychological rehabilitation/ treatment in at least two cases. Not more than two cases should have a primary psychiatric diagnosis (e.g. schizophrenia). Examples of disorders that fall into the above categories can be found in the underpinning knowledge syllabus in Appendix 1.

In the **Paediatric form** of the QiCN these should demonstrate required competences in the management of commonly encountered conditions in paediatric practice. You must also demonstrate your competence over a range of developmental stages and degrees of learning difficulty. They should usually include at least one case each of traumatic brain injury, epilepsy and congenital disorder. It would be preferable if one case could have a primary psychiatric diagnosis or systemic illness. The purpose of the intervention must be diagnostic assessment in at least two cases, and in at least two cases the ability to develop effective rehabilitation or remedial programmes with the child/adolescent's family and educational establishment must be demonstrated. Examples of disorders that fall into the above categories can be found in the underpinning knowledge syllabus in Appendix 2.

The cases should be described in not more than 4000 words (excluding appendices), which must include

a referenced review of the literature particularly pertinent to cases. If any case studies within a portfolio exceed this word limit the portfolio will be returned unmarked. The detail given in these formal case studies will be greater than found in usual case reports and must make the reason for referral and the process of formulation, intervention and outcome very clear. See Appendix 4 for full details on the case studies. When selecting cases from your Case Log for presentation as case studies, you are advised to select cases which allow demonstration of the necessary clinical skills.
The Qualifications Board appreciates that candidates work in a range of settings and access to different types of cases vary from candidate to candidate. The Qualifications Board expects candidates to be able to demonstrate appropriate competence across a range of the types of work expected of clinical neuropsychologists and thus you should be equipped to work as such. While the Qualifications Board understands that it is unrealistic to expect candidates to comprehensively cover every condition or circumstance, you may need to go outside of your service to demonstrate competencies across a broad range of cases. Please discuss this in detail with your Supervisor.

While the Chief Supervisor is happy to answer general queries relating to cases that have been directed through the Qualifications Office, specific guidance on individual cases or individual settings cannot be offered.

References to clients in the case studies must be anonymised.

Medico-legal and private work
The Qualifications Board recognises that some candidates may be involved with medico-legal and private work. The following regulations apply to the inclusion of such cases in the clinical portfolio:

MEDICO-LEGAL CASES
1. That a distinction is made between 'Expert Witness' work where instruction comes from either Claimant or Defendant (albeit at the behest of the Court); and 'Treating Clinician' work instructed either as part of NHS work or privately instructed. The latter may come from someone acting for the Claimant such as a case manager or parent.
2. Expert Witness work should be excluded entirely from the Portfolio and Case Studies unless the case has settled and approval from both the Defendant and Claimant's legal advisors has been obtained. The reason for this is that the reports are owned by the court and not by the expert producing them.
3. Treating Clinician work should be permitted in both the Portfolio and Case Studies with the agreement of the instructing party and (where they have capacity in this matter) the Patient/Client. In the case of children their parent's agreement should be sought, bearing in mind the age and competency of the child to make such decisions for themselves.

PRIVATE CASES
4. This should be permitted with the agreement of the Patient/Client where they have capacity in the matter, otherwise by those who represent them and any instructing party (if different).

Viva Voce assessment
A *viva voce* will be arranged once the Qualifications Board is satisfied that the Portfolio of Clinical Competence indicates that the candidate has developed the requisite competencies and thus satisfied the requirements of the QICN.

Candidates' expectations of the *viva voce* are likely to be based on previous experiences, for instance, as part of their Doctorate in Clinical Psychology or Doctorate in Educational Psychology, or sometimes from a PhD. These *viva voces* have some similarities, for instance, they all aim to verify that the candidate's submitted work is their own, that they have satisfied the basic requirements for the qualification, However, given the nature of the QiCN candidates are also required to demonstrate that they have acquired the requisite competencies in applying knowledge and skills to clinical practice .

The purpose of this assessment is to assess your competence in the practice of clinical neuropsychology. Questions in the examination will be designed to explore this in depth. You will be required to demonstrate your competences in assessment, case formulation, treatment issues and aspects of

neuropsychology service delivery .
The focus of the *viva voce* will be based upon the clinical logs and case studies you have submitted but may also explore broader thematic issues and queries regarding competencies which arise from submitted material. Please remember to bring a copy of your Clinical Portfolio with you as you may wish to refer to this in the *viva voce*. Questions may be pitched at a level that will require you to justify or elaborate on the particular assessment or intervention strategy referred to in your submitted work. For example, you may be asked about alternative assessment/treatment approaches that could be considered. Your conceptual or psychometric knowledge may also be explored through appropriate questioning.

5.2 Outcome

Results for the Knowledge Dimension (exams and essays) are graded according to a percentage marking system, with a pass mark of 50 per cent.

The research (research dimension) and clinical portfolios (practice dimension) are graded according to the categories of 'competence demonstrated' or 'competence not yet demonstrated' for each of the broad areas of competence as detailed in Appendix 3. In situations where competence has not been demonstrated in one or more clinical portfolio case studies, feedback will be provided and the whole portfolio will need to be re-submitted and re-examined, and the candidate will be required to attend a further viva voce.

In cases where all of the competences have been demonstrated but there are minor typographical or referencing errors, the Qualifications Board may award a Conditional Pass, with the necessary corrections needing to be resubmitted within one month of the date of the letter confirming this outcome.

If, following your assessment, any of the competences are deemed to have not been demonstrated and you are required to attend a viva voce on your resubmission, you will need to submit a new supervision plan for a further period of supervised practice and your next opportunity for resubmission will be the next available assessment session.

All resubmissions will be treated as new submissions and will be allocated to new assessors. Your new assessors will not be aware of how many previous submission attempts you have had. If you fail to meet the required standards with a second resubmission (i.e. your third attempt) for any one dimension you will be considered to have failed the dimension and, therefore, to have failed the QICN.

5.3 Appeals and Complaints

For full details on the Appeals and Complaints Procedure, please see Section 8 of the *Regulations*.

6. Dual Qualification

You may wish to complete both forms of the QiCN: Adult and Paediatric. In order to undertake the second form of the QiCN, you must have already completed the first.

6.1 Requirements for candidates wishing to gain the Adult QiCN having previously gained the Paediatric form

(i) To be eligible to enrol for the Adult form of the QiCN you must be a Clinical Psychologist registered with the HCPC – this holds regardless of whether or not the Paediatric form of the qualification has been gained previously. Full details of the enrolment criteria which you would need to satisfy are in Section 3.

(ii) You will be exempt from the Research Dimension.

(iii) You will also be exempt from three of the four exam papers, but you will be required to sit Paper 3: Neuropsychological Disorders. You must also complete one essay of 5000 words from the relevant list of essay topics for this area.

(iv) You must complete a further year (or the part-time equivalent) of supervised clinical practice working with adults and submit a Case Log covering that period. The Case Log should demonstrate that experience has been gained in working with an appropriate range of conditions and levels of disability. You should accrue at least 30 hours of supervision from a Supervisor who fulfils all criteria for this role. A Supervision Log signed by both you and your Supervisor must be submitted.

(v) You must submit three adult Case Reports, one of which should describe an assessment case and one an intervention case.

6.2 Requirements for candidates wishing to gain the Paediatric QiCN having previously gained the Adult form

(i) To be eligible for the Paediatric form of the QiCN you will be registered with the HCPC as a Clinical Psychologist. Full details of the enrolment criteria which you would need to satisfy are in Section 3.

(ii) You will be exempt from the Research Dimension.

(iii) You will also be exempt from three of the four exam papers, but you will be required to sit Paper 3: Development of Neuropsychological Systems and Disorders. You must also complete one essay of 5000 words from the relevant list of essay topics for this area.

(iv) You must complete a further year (or the part-time equivalent) of supervised clinical practice working with children and submit a Case Log covering that period. The Case Log should demonstrate that experience has been gained in working with an appropriate range of conditions and levels of disability. You should accrue at least 30 hours of supervision from a Supervisor who fulfils all criteria for this role. A Supervision Log signed by both you and your Supervisor must be submitted.

(v) You must submit three paediatric Case Reports, one of which should describe an assessment case and one an intervention case.

IMPORTANT NOTE
In order to be awarded both the Adult and Paediatric form of the QiCN, a total of three years of full-time (or part-time equivalent) supervised clinical practice must be completed.

7. Key Contacts and their Roles

7.1 Qualifications Officer

The role of the Qualifications Officer is to ensure the smooth and efficient running of the Society's examinations and awards. Qualifications Officers liaise with candidates and the Executive Officers of the Qualifications Board regarding candidates' training and they also attend Qualifications Board meetings to advise on Society policy.

These are the kinds of things you can expect the Qualifications Officer to do for you:

(a) answer your queries relating to the administration of your training;
(b) forward any queries that they are unable to answer (which are usually those of an academic nature) to the appropriate Officer of the Board such as the Registrar/Chief Supervisor, the Chief Examiner/Chief Assessor or the Chair;
(c) send you copies of the *Candidate Handbook* and the *Regulations* when requested;
(d) process your enrolment form and fees;
(e) deal with work that you submit for assessment (e.g. sending these to the relevant Examiner or Assessor; logging the outcome of the assessment);
(f) make information available on the website about any exams or assessments you need to take, or issue this information in alternative formats, in agreement with the Qualifications Office;
(g) issue your results on behalf of the Registrar;
(h) post your certificate to you when you have completed the qualification.

See the Society's website (address on inside front cover) for contact details.

IMPORTANT NOTE
The Qualifications Officer will be happy to help you wherever possible. However, it would be helpful if candidates would check the *Candidate Handbook*, the *Regulations*, and website for the answer to their questions before contacting the Qualifications Officer. By only contacting the Qualifications Officer for questions which cannot be answered from these sources you will help us to speed up our response times to all enquiries.

7.2 Registrar

The Registrar shall have the prime responsibility of undertaking all other communications with you, as you are not permitted to communicate with any examiner or any member of the Qualifications Board except the Registrar on matters concerning your qualification. The Registrar will also advise you of your results.

7.3 Other Officers of the Qualifications Board

The Qualifications Board also includes a Chair, Chief Supervisor (which is usually combined with the role of Registrar), Chief Assessor (who has responsibility for the assessment process for the practice and research dimensions) and Chief Examiner (who has responsibility for the examinations and essays for the knowledge dimension).

IMPORTANT NOTE
Please ensure that you direct all communication pertaining to the QiCN through the Qualifications Office. You are not permitted to make direct contact with any member of the Qualifications Board on matters pertaining to the QiCN.

8. Key Dates

If you are intending to present for assessment of any part of the qualification you must register for assessment using the registration form available from the Qualifications Office and the website in advance of the registration deadline. The completed form must be submitted by the due date.

You must have received approval of your Supervision Plan and confirmation of your enrolment onto the QiCN before being eligible to register for assessment of any component of the Knowledge Dimension.

Failure to adhere to the registration and submission dates specified in the examination timetable will result in you not being examined.

Part 1: Knowledge Dimension

Written examinations will be held in Leicester, normally in May/June each year, and you must register for these by the deadline in March. Details of the exact dates and venue are specified on the examination timetable, which is available from the Society's website (www.bps.org.uk/qicn) or as hard copy from the Qualifications Office at the appropriate time in advance of the examinations.

Two hard copies and one electronic copy of your essays must be submitted by the due date also specified on the examination timetable. The hard copies must be identical to the electronic copy. The electronic copy must be submitted using the secure DropBox, details of which are provided at the point of registering for assessment.

Parts 2 and 3: Research and Practice Dimensions

You must submit **two hard copies and one electronic copy** of your Portfolio of Evidence, in accordance with the assessment timetable which is available from the Society's website (see inside front cover for addresses).

You will also be required to attend a *viva voce* assessment.

Viva voce assessments are normally held twice per year, in the Spring and the Autumn. The Spring *viva voces* are usually held in Leicester, and the Autumn *viva voces* are usually held in London. Please see the assessment timetable for exact dates. It is the candidate's responsibility to ensure that they are available to attend a *viva voce* on the specified date.

Results

Results for both sets of *viva voces* are ratified at Qualifications Board meetings arranged to take place shortly after the *viva voces*. Results for all examinations and essays for the Knowledge Dimension are ratified at the September meeting of the Qualifications Board. Results will be issued to candidates within one month of the corresponding ratification meeting. While it is understandable that you may want to telephone or email the Qualifications Office to check the status of your results letter before the end of this one-month period, the Qualifications Board asks that you refrain from doing so as such calls and emails unfortunately slow down the process of ratifying results and preparing letters. If you have not received your results within the timeframe specified above you may then obtain them by email from the Qualifications Office.

9. Current Fees

The fees chargeable with respect to the QiCN are as follows.

Qualification Fee
The fee covers candidates for their entire enrolment and can be paid in a lump sum at enrolment via BACS or card, or by monthly interest fee direct debit. Please see the separate schedule of fees on the website for further information.

Society Membership Fee
You must be a Chartered member throughout your enrolment on the QiCN. If your Society membership is terminated for any reason (for example, resignation, non-payment of fees, etc.) then your enrolment for the QiCN will automatically be terminated. Re-enrolment upon payment of the appropriate fees may be allowed if Society Membership is later resumed. Please see the *Regulations for the Society's Postgraduate Qualifications*, section 7.2, for further details.

Fees are reviewed annually and details of those currently in force are published on our website or obtainable, on request, from the Qualifications Office (see inside front cover for addresses).

IMPORTANT NOTE
If you are being partially or fully funded through the QiCN by your employer, please inform the Qualifications Office *at least eight weeks* in advance of any fees being due, in order for an invoice to be raised and the fee paid by the due date.

It remains your responsibility to ensure that all fees are paid by the due date regardless of who is making the payment.

The Qualifications Board reserves the right to refuse to conduct an assessment and/or to withhold an award of the QiCN until any outstanding fees are paid.

10. Society Expectations of Candidates

Candidates enrolled on the Society's postgraduate qualifications are all engaged in training which is aimed at furthering their careers as professional psychologists. It is considered an integral part of that training for them to be required to act, at all times, in accordance with the standards of conduct expected of members of their chosen profession. Full details of the Society's expectations of candidates' conduct are outlined in the *Regulations* and candidates must abide by these throughout their training. In brief, you are required to:

- adhere to the Society's *Code of Ethics and Conduct* and the Division of Neuropsychology's *Professional Practice Guidelines*;
- adhere to the HCPC's *Standards of Conduct, Performance and Ethics*;
- avoid all practices comprising academic misconduct (including plagiarism and all other forms of cheating);
- take responsibility for many aspects of the administration related to your training;
- meet all deadlines, except where there are genuine extenuating circumstances that prevent you from doing so;
- communicate professionally with all relevant personnel;
- pay all fees when they become due;
- adopt the required title for the duration of your training (see Section 4.3);
- manage your time effectively.

Where these expectations of conduct or any other aspect of this *Candidate Handbook* or the *Regulations* are not met candidates may (depending on the nature and severity of the infringement) be suspended or withdrawn from the qualification and may be considered ineligible to enrol on any of the Society's other qualifications.

11. Failure to comply with the *Candidate Handbook* and the *Regulations*

If you fail to comply with any aspect of the *Candidate Handbook* or the *Regulations*, the Qualifications Board reserves the right to either:

1. suspend your enrolment until the particular issue is addressed, or
2. terminate your enrolment, in which case you might be considered ineligible to enrol for any of the Society's qualifications,

depending on the nature and severity of the infringement.

If your enrolment is suspended this means that for the period of suspension any work you undertake cannot count towards the QiCN. Your minimum enrolment period will be extended accordingly. While suspended, you must still abide by the *Candidate Handbook* and the *Regulations*. If the issue which led to the suspension has not been resolved within three months of the start of the suspension, the Qualifications Board reserves the right to terminate your enrolment. You may be permitted to re-enrol if you present a satisfactory written request to the Qualifications Board explaining why you are now in a position to fulfil all requirements of the QiCN. Any decision to allow you to re-enrol may need to be ratified by the Qualifications Standards Committee. If permitted to re-enrol, the work undertaken as part of your previous enrolment may not count towards the QiCN.

Appendix 1: Guidelines on the Knowledge Dimension for the Adult Qualification

NB: Candidates undertaking the Knowledge Dimension via the Qualifications Board's examinations and essays must ensure that they demonstrate the application of research skills and appraisal of research literature in responses to examination questions and in the essays.

1.1 Neuroscience background

- general principles of neuroanatomy
- elementary neurophysiology
- elementary neurochemistry
- developmental neuroscience

Candidates should possess sufficient knowledge of the basic principles of neuroscience for four purposes: to enable them to understand the neuroscience literature as it pertains to neuropsychological issues; to understand communications from colleagues working in allied disciplines; to appreciate the medical evidence as it relates to a particular client; to contribute to relevant discussions about the care, management and rehabilitation of particular clients.

Although candidates do not necessarily require a highly detailed knowledge of neuroanatomy, neurophysiology and neurochemistry, they must possess a working knowledge of the general terminology of these disciplines, a heuristic understanding of the principles of their application, and a general understanding of the theoretical and conceptual approaches adopted in these fields. As important as this general knowledge is the ability reliably to access sources of more detailed information which may be required in considering the case of an individual client.

Candidates should also be aware of the general principles of new advances in neuroscience research, conceptual developments concerning the organisation and functional operation of the human nervous system, their implications for neuropsychological theory and practice.

1.2 Clinical neuroscience

- basic neuroanatomy, neuropathology
- neuroradiology
- principles of neurology
- the neurological examination
- neurosurgical procedures
- neuropharmacology
- paediatric neurology
- electrophysiology
- allied clinical disciplines (speech and language therapy; physiotherapy; occupational therapy; rehabilitation medicine; nursing)

Candidates should possess a general working knowledge of the methods, terminology and conceptual approaches of the clinical medical disciplines allied to neuropsychology. This should permit them to recognise the relevant procedures and investigations which have been undertaken, to evaluate the clinical reports of these procedures and investigations, and to understand their implications for clinical neuropsychological practice. They should understand the neuroscience basis for these interventions and examinations, be familiar with the nature of the procedures involved, and be able critically to evaluate the utility and limitations of the information which they provide.

Candidates do not, of course, need to attain competence in the implementation of these procedures, or in interpretation of the data derived and it may lead them to exceed their competence should they do so. However, it is essential that relevant information provided by other clinical medical disciplines be understood, appropriately evaluated, and the implications for the neuropsychological functioning of an individual client be validly drawn. Candidates should also have the ability to recommend that certain procedures and investigations be considered as likely to yield evidence which will be of value in their neuropsychological practice with reference to a particular client.

1.3 Psychological background

- models of cognitive function
- cognitive neuroscience
- biological psychology
- human performance
- health psychology
- disability issues

Candidates must possess a sound grounding in relevant areas of basic psychological theory, which may not be wholly satisfied by the requirement of the Graduate Basis of Registration. In particular, candidates must have a knowledge of current models of normal cognitive function to permit them to understand the approaches, models and findings of cognitive neuropsychology, together with their clinical implications. They must also be aware of current developments in cognitive neuroscience as it relates to clinical neuropsychology, and general theories of the biological bases of human behaviour. Conceptual approaches in human performance and in health psychology, and the detailed findings of research in these fields, may also be relevant to the assessment, care and rehabilitation of the neuropsychological client, and candidates should, therefore, show a general awareness of the established knowledge in these domains.

1.4 Context and perspectives in clinical neuropsychology

- history of neuropsychology
- 'traditional' approaches in neuropsychology:
  - localisation of function
  - behavioural neurology
  - normative approaches
  - lateral asymmetries
- cognitive neuropsychology:
  - cognitive models
  - functional decomposition

Candidates must be able to show an appreciation of the conceptual approaches adopted in clinical neuropsychology together with their historical foundations. They should be able to describe the theoretical bases for the procedures employed and conclusions reached both in terms of contemporary practice and, in lesser depth, in relation to prior practice. Some appreciation should be shown of the main historical schools of neuropsychology and the principal topics of neuropsychological research associated with various periods.

The object of this aspect of the Underpinning Knowledge is to ensure that practitioners have an appreciation of the reasons why certain procedures are employed and certain data sought, and the reasoning behind the implications which are drawn from these data. Candidates should be able to explain why certain procedures are employed in the assessment, management and rehabilitation of neuropsychological clients, to understand the theory on which these are based, and to discuss the process of evidential reasoning by which clinical neuropsychological practice is conducted.

1.5 Assessment in clinical neuropsychology

- approaches to assessment
  - psychometric
  - localisation
  - derived from neuropsychological theory
  - ecologically valid
  - definition by exclusion
- current test instruments
- screening procedures
- factitious disorders
- malingering

Candidates must provide evidence of a thorough and comprehensive knowledge of the assessment procedures adopted in clinical neuropsychology. They should already possess a sound knowledge of psychometric and statistical principles and must in addition be familiar with an adequate range of the assessment instruments employed in general clinical neuropsychological practice. This familiarity must include the general nature of the test instrument and its theoretical foundation, its development standardisation and psychometric properties, the procedures for its application, scoring and interpretation, and an ability to derive and report valid conclusions from the application of the test.

Candidates must not only be familiar, in some depth, with a range of the most commonly employed procedures, but also should possess a more general appreciation of the wider range of tests which might appropriately be employed. They should be able appropriately to select instruments which are capable of providing valid and pertinent information relevant to the neuropsychological investigation, and to be able to appreciate the limitations of the information so derived. They must be able to demonstrate an ability to reason neuropsychologically on the basis of a variety of sources of assessment data and provide a psychological description based upon complex neuropsychological data. Candidates must show an ability to construct and investigate hypotheses about the client's neuropsychological status by the deductive application of appropriate test instruments in the course of a well-structured investigation.

1.6 Neuropsychological disorders

1.6.1 Disorders of language

- neurolinguistics
- the aphasias
- alexia and agraphia
- acalculia

1.6.2 Disorders of perception and cognition

- sensory perception
- body schema disorders
- object recognition
- visual perception
- the agnosias: colour, face, object
- somaesthesias

1.6.3 Disorders of attention

- attention and its components
- neglect

1.6.4 Sensorimotor disorders

- somatosensory processes
- the apraxias
- astereognosis

1.6.5 Disorders of executive function

- disorders of organisation, planning, reasoning
- conceptual dysfunction, problem solving

1.6.6 Disorders of memory and learning

- semantic memory
- implicit memory
- the amnesic syndrome
- anterograde and retrograde amnesia; PTA
- specific memory loss

1.6.7 Disorders of emotion and social behaviour

- affective disturbances
- disorders of motivation and initiation
- disinhibition, aggression and asocial behaviour
- anhedonia

1.6.8 Severe and profound brain injury

- coma; low awareness and vegetative states

1.6.9 Neuropsychology of degenerative conditions

- dementia of the Alzheimer type
- multi-infarct dementia
- vascular dementia
- multiple sclerosis
- Parkinson's disease
- Huntington's disease
- motor neurone disease
- AIDS

1.6.10 Neuropsychology of acquired brain injury

- closed traumatic brain injury
- penetrating traumatic brain injury
- cerebrovascular disorders
- alcohol and drug abuse
- other neurotoxins
- cerebral anoxia
- cerebral infections

1.6.11 Neuropsychology of neoplastic and systemic disorders

- neoplastic conditions
- systemic disease

1.6.12 Paediatric neuropsychology

- congenital disorders
- developmental disorders
- hyperactivity, attentional disorders
- autism, Asperger's syndrome
- acquired brain injury in children

1.6.13 Epilepsy and seizure disorders

- classification of epileptic phenomena
- neuropsychology of epilepsy
- course of idiopathic/acquired epilepsy
- neuropsychological implications of seizure events
- neuropsychological implications of treatment: surgical/pharmacological
- non-epileptic seizures

Candidates must be able to provide evidence of a substantial body of knowledge concerning all aspects of neuropsychological disorder. Although it is recognised that in particular areas of clinical neuropsychological practice, some types of disorder will be more commonly the focus of clinical attention, the competent clinical neuropsychologist should have a basic working knowledge of the range of disorders listed above.

With reference to each category of disorder, candidates should possess a basic knowledge of: the neuropathology of the disorder; the epidemiology of the disorder; genetic and sociocultural factors associated with the disorder; its neuropsychological presentation and course; aspects of the disorder relevant to its assessment; general approaches to the management of the disorder; and neuropsychological approaches to management, treatment and rehabilitation of the disorder. Candidates should also be familiar with standard classifications of the disorders, and show an appreciation of the psychological, personal and social consequences of the relevant disorder and the impairments, disability and handicap which may result.

1.7 Management, rehabilitation and recovery

- principles of recovery and rehabilitation
- behavioural interventions
- cognitive rehabilitation
- pharmacological treatments for neuropsychological complaints
- vocational rehabilitation
- personal and social effects of neurological disease
- rehabilitation and disability counselling
- impact upon relatives and carers
- evaluation of outcome
- rehabilitation services
- voluntary organisations

Candidates must be able to exhibit a knowledge of the principal theories which pertain to neurological recovery and to neuropsychological rehabilitation. They must be able to show a detailed knowledge of the procedures most commonly employed in the management and rehabilitation of clients, from a variety of psychological perspectives. They should have a working knowledge of pharmacological treatments for neuropsychological complaints. An appreciation must be shown of the factors which must be evaluated in selecting an appropriate intervention, and the likely outcomes of the interventions which may appropriately be considered.

Candidates must also demonstrate a working knowledge of the procedures which may be employed, and consideration of the factors which determine the precise form which the intervention will take. Flexibility in applying general intervention approaches, taking into account basic psychological and neuropsychological principles, is an important characteristic.

A knowledge of the procedures by which the progress of an intervention may be monitored, and outcomes validly assessed, will also be required, together with an appreciation of the wider implications of the planned outcome of the intervention for the client and for significant others including carers and relatives.

An understanding of the principles of operation within a multidisciplinary rehabilitation or management team will also be required, as well as the role of a clinical neuropsychologist if required to direct, co-ordinate, support or facilitate such a multidisciplinary team.

An understanding of what might comprise a model neurorehabilitation service and the role of clinical neuropsychology within such a service.

1.8 Professional practice

- report writing and communication
- interprofessional relations
- ethical codes of conduct
- legal and statutory obligations
- legal reports and practice
- the Health Service context
- community care; facilities for the neurologically disabled
- international perspectives

Candidates must demonstrate a sound knowledge of the principles of report writing and other aspects of professional communication. They must be aware of formal documents in relation to ethical principles of practice, legal and statutory obligations, and general professional standards as applied to clinical practice in neuropsychology.

Candidates should also demonstrate a knowledge of the political and organisational context of health care delivery as it relates to neuropsychological clients, as well as relevant aspects of NHS and Social Services procedures, including arrangements for community care, support for neurological disability, and the care of the mentally incapacitated.

A knowledge of general professional issues, and developments in professional arrangements and practice should also be shown both within a national and an international context, as well as an appreciation in general terms of certain of the practices and concerns of those professions most closely allied to clinical neuropsychology.

Appendix 2: Guidelines on the Knowledge Dimension for the Paediatric Qualification

NB: Candidates undertaking the Knowledge Dimension via the Qualifications Board's examinations and essays must ensure that they demonstrate the application of research skills and appraisal of research literature in responses to examination questions and in the essays.

2.1 Introduction to developmental cognitive neuroscience
2.2 Clinical developmental cognitive neuroscience
2.3 Development of sensory, motor and cognitive neural systems
2.4 Developmental disorders and neuropsychological profiles
2.5 Infant and neurodevelopmental assessment
2.6 Assessment of neuropsychological disorders and their functional implications
2.7 Rehabilitative practice in educational and specialist settings
2.8 Professional issues for paediatric neuropsychologists

2.1 Introduction to developmental cognitive neuroscience

2.1.1 Fundamentals of neurobiology and development including:

- early neural development
- basic functional neuroanatomy
- basic neurochemistry and psychopharmacology
- basic neurobiology and genetics

2.1.2 Basic principles underlying a range of common techniques used to study the development of brain/behaviour relationships

- neuroimaging
- electrophysiology

2.1.3 Major theoretical models of brain/behaviour development and how they inform different approaches to neuropsychological assessment and/or interpretations of data.

Developmental cognitive neuroscience provides the scientific knowledge underpinning contemporary paediatric neuropsychology practice. In order to study the complex multifaceted development of human cognition and its neural underpinnings, it is essential that scientists in traditionally distinct fields integrate their methodologies. Candidates should be introduced to the historical, theoretical and methodological foundations of developmental cognitive neuroscience. Candidates should understand the fundamental principles behind a range of methodologies and their potential implications for clinical work.

2.2 Clinical developmental cognitive neuroscience

2.1.1 Advanced methodology and paradigms relevant to the clinical study of developmental brain/behaviour relationships including:

- quantitative structural and functional neuroimaging
- quantitative electrophysiology including event related paradigms
- experimental cognitive techniques
- molecular genetic engineering techniques

Candidates should develop a more in-depth understanding of the current techniques that are most relevant to advancing contemporary clinical research within paediatric neuropsychology. Leading edge techniques are likely to come from the combination of advances within the fields of neuroimaging, electrophysiology, experimental cognitive neuropsychology and behavioural studies of animals following lesions or genetic manipulation. Candidates should be able to critically evaluate the application of such techniques to inform clinical practice.

2.3 Development of sensory, motor and cognitive neural systems

2.3.1 Key concepts of developmental processes, synaptic transmission and neuroanatomical organisation in the sensory systems including:

- vision
- audition
- somatosensory/pain
- motor systems
- integration of sensory systems

2.3.2 Neural cognitive systems and emergent cognitive skills including:

- visual cognition
- language
- memory
- movement and motor planning
- attention/executive function
- social and emotional processing
- literacy, numeracy and written formulation

2.3.3 Normal cognitive trajectories including theories such as Piaget, Hebb and Luria.

2.3.4 Principles of neural plasticity and reorganisation of function following injury, for example, potential crowding and sleeper effects

Candidates should possess knowledge of the normal and potentially abnormal development of neural systems subserving sensory, motor and cognitive functions. The normal neuroanatomical development of each system and the integration between systems should be understood, including competing processes involved in restoration after early injury or abnormal compensation.

2.4 Developmental disorders and neuropsychological profiles

2.4.1 Neuropsychological disorders including:

- visual and perceptual disorders (e.g. agnosia, prosopagnosia)
- language and motor speech disorders (e.g. expressive/receptive dysphasia, verbal dyspraxia, dysarthria)
- memory disorders (e.g. material-specific deficits, amnesia)
- movement and motor planning disorders (e.g. dyspraxia, chorea)
- attention disorders (e.g. neglect)
- executive function disorders (e.g. action monitoring, impulse control, planning, perseveration)
- social and emotional processing disorders (e.g. social communication disorders, affective disorders, panic and anxiety disorders)
- literacy, numeracy and writing disorders (e.g. deep and surface dyslexia, dyscalculia, dysgraphia)

2.4.2 Neuropsychological disorders should be examined in a range of neurological conditions which may include the following:

- epilepsy syndromes and surgical interventions
- hydrocephalus
- brain tumours
- cerebrovascular disorders
- neuromuscular disorders
- movement disorders
- neurometabolic disorders
- traumatic brain injury
- neurodevelopmental disorders including specific language impairment, non-verbal learning difficulties, attention deficit disorders and autistic spectrum disorders;
- neuropsychiatric disorders such as childhood schizophrenia

Candidates should understand how neuropsychological outcome is shaped by aetiological factors and the underlying neuropathology in a range of developmental and acquired brain disorders. Candidates should understand the latest findings in neuropsychological outcome following neurosurgical treatment, particularly for the relief of intractable epilepsy. Candidates should be able to produce neuropsychological formulations that reflect the complex range of variables involved in paediatric clinical cases.

2.5 Infants and neurodevelopmental assessment

2.5.1 Clinical assessment techniques using commercially available neurodevelopmental batteries

2.5.2 Portage and early interventions

2.5.3 Cognitive neuroscience techniques using behavioural and electrophysiological methods to assess timing and organisation of very early cognitive skills with experimental paradigms such as visual paired comparisons, deferred imitation, A not B task, Event Related Potential (ERP) paradigms

Candidates should have a knowledge of the specialised assessment and support strategies for infants and children at risk of developmental delay who may require early neurodevelopmental assessment. The principles and practice of clinical neurodevelopmental assessment batteries that measure sequential neurodevelopmental steps in early cognitive, language and motor development should be understood and how these compare to the measurements of cognitive dissociations in neuropsychological assessment. Candidates should also understand how experimental applications such as Event Related Potentials and visual paired comparisons are used to assess attention, timing and organisation of very early cognitive skills in infants.

2.6 Assessment of neuropsychological disorders and their functional implications

2.6.1 Key issues for neuropsychological assessment including:

- psychometric principles of neuropsychological assessment
- measurement of cognitive change during development
- practical aspects of the administration of neuropsychological tests

2.6.2 Clinical diagnosis and prognosis of reorganised functions and deficits after brain injury/disease including:

- visual cognition
- speech and language
- lateralisation of function
- memory
- movement and motor planning
- attention/executive function
- social and emotional processing
- literacy, numeracy and written formulation
- hand preference and motor skill

Candidates need to understand the underpinning principles of neuropsychological assessment in children and adolescents and the many variables involved in the administration, interpretation and reporting of neuropsychological assessments. Paediatric neuropsychologists are required to diagnose functions that are at risk of compromise and provide prognosis of outcome after brain injury/disease at different stages of development. Therefore, all assessment procedures should build on key concepts of normal and abnormal brain development described in Sections 3 and 4. Candidates need to know the strengths and weaknesses of various tests used for assessing different components of cognition and behaviour and how to evaluate new tests as they are developed. Candidates are required to understand the importance of interpreting tests within the context of individual cases and describing potential functional implications.

2.7 Rehabilitative practice in educational and specialist settings

*2.7.1 **Organisational systems, polices and procedures including:***

- the process of reintegration into education following acquired brain injury
- working with family systems following an acquired brain injury to a child
- adaptations to cognitive-behavioural therapy for children who have acquired brain injury
- specialist settings for acute or long-term support: acquired brain injury and epilepsies
- educational support/interventions for children with neurodevelopmental disorders such as dyspraxia, attention deficit and social communication disorders

*2.7.2 **Intervention techniques including:***

- compensatory interventions according to cognitive systems, such as errorless learning
- pharmacological and potentially restorative interventions
- sensory-motor and biofeedback techniques such as movement constraint therapy for restoring hand function, kinematics for movement problems, kinaesthetic training, transcranial stimulation for restoration of speech and language disorders, palatography, visual attention training for restoring vision in blind fields

Candidates should know a range of interventions and support strategies that may be used for rehabilitation. Candidates should understand organisational systems and health and educational policies that influence the process of reintegration into education following an acquired brain injury. An understanding is required of the systems implemented in specialist settings for acute or long term support, such as long term multidisciplinary rehabilitation for children with acquired brain injury and specialist support for children with complex epilepsies. Candidates should understand a range of specific intervention techniques, such as errorless learning applicable to those with severe memory and learning impairment, pharmacological and potentially restorative interventions, and biofeedback methods. Candidates should understand the influence of the environment on rehabilitative outcome as well as clinical issues involved in working with families and support staff to aid adjustment.

2.8 Professional issues for paediatric neuropsychologists

*2.8.1 **Professional practice issues, contexts and ethics including:***

- neuropsychology interface in clinical neuroscience settings: multidisciplinary professional roles including neurology, neurosurgery, neuropsychiatry, speech and language therapy, occupational therapy, physiotherapy, specialist nurses
- neuropsychology interface with educational systems-professional issues in educational contexts
- neuropsychology interface with CAMHS-professional issues in mental health contexts
- issues for paediatric neuropsychologists in medico-legal work
- issues for paediatric neuropsychologists in forensic work
- ethical dilemmas for clinicians and academics in paediatric neuropsychology
- key areas in educational psychology practice for clinical psychologists
- key areas in clinical psychology practice for educational psychologists

Candidates should understand the main issues associated with the practice of paediatric neuropsychology within different professional contexts, such as specialist neuroscience centres, child and adolescent mental health teams, educational systems, research programmes and medico-legal work. An understanding is required of the roles and overlaps with multidisciplinary colleagues. Ethical issues and potential dilemmas relevant to paediatric neuropsychological practice need to be considered. As clinical paediatric neuropsychology training is open to both educational and clinical psychologists, candidates from both professional backgrounds are required to consider how the different professional training routes may inform paediatric neuropsychology practice and the future development of the profession.

Appendix 3: Required Competences in Clinical Neuropsychology

Appendix 3a – Adult Competences

(1) UNDERPINNING KNOWLEDGE AND SKILLS

A. Generic Clinical Skills

Candidates will need to demonstrate the ability to:

1.1 critically review and clinically apply research evidence;
1.2 design and carry out research, service evaluations and audit;
1.3 listen, and demonstrate self-awareness and sensitivity;
1.4 think scientifically critically, reflectively and evaluatively;
1.5 work effectively whilst holding in mind alternative, competing explanations from the bio-psycho social spectrum;
1.6 make judgements on complex issues, often in the absence of complete information;
1.7 exercise personal responsibility and autonomous initiative in complex and unpredictable situations;
1.8 generalise and synthesise prior knowledge/experience and apply critically and creatively in different settings.

Candidates will need to demonstrate understanding of:

1.9 the supervision process for supervisee and supervisor roles and provide supervision at an appropriate level within one's own sphere of competence;
1.10 relevant psychological theory;
1.11 theories/models of leadership and change processes, and their application to service development and delivery.

B. Neuropsychological Competences

Candidates will need to demonstrate knowledge of:

1.12 fundamental principles underpinning neuroscience;
1.13 normal aging, brain pathology/injury and neurological recovery;
1.14 conceptual approaches adopted in clinical neuropsychology and their historical foundations;
1.15 contemporary theories of brain/behaviour relationships and their implications for clinical practice;
1.16 psychometric and statistical principles;
1.17 methods, terminology and conceptual approaches of clinical medical disciplines allied to clinical neuropsychology;
1.18 advances in neuroscience research/practice and its implications for neuropsychological theory/practice;
1.19 contemporary models/frameworks of health, disability and participation;
1.20 all aspects of common neuropsychological, neurological and neuropsychiatric conditions.

(2) CLINICAL WORK

A. Generic Clinical Skills

Candidates will need to demonstrate the ability to:

2.1 develop and sustain professional relationships as an independent practitioner;
2.2 work effectively in multi-disciplinary teams;
2.3 work effectively with formal service systems and procedures;
2.4 adapt practice to specific organisational context;
2.5 choose, use and interpret a broad range of assessment methods appropriate to the client and service delivery system in which the assessment takes place and to the intervention which is likely to be required;
2.6 use evidence to assess, formulate psychologically with clients, carers and service systems;

2.7 develop formulations to integrate assessments findings and psychological and neuropsychological theory;
2.8 direct, co-ordinate, support or facilitate teams together with an understanding of the principles of operation within a multidisciplinary or management team;
2.9 recognise when intervention is inappropriate, or unhelpful, and communicating this sensitively;
2.10 select and implement methods to evaluate the effectiveness of interventions and use this information to shape practice and inform service development.

Candidates will need to demonstrate knowledge of:
2.11 factors which must be considered when selecting an intervention, and monitoring the expected outcome;
2.12 procedures by which the progress of and outcomes of an intervention may be assessed.

B. Neuropsychological Competences
Candidates will need to demonstrate the ability to:
2.13 demonstrate a holistic understanding of the social, psychological, cognitive and vocational impact of acquired brain injury and neurological conditions both for individuals and systems;
2.14 identify cognitive impairment, behavioural changes and emotional difficulties and provide integrated psychological/neuropsychological approaches to manage these;
2.15 understand structural organisation of neurorehabilitation services and the role of clinical neuropsychology within such a service;
2.16 use behavioural observations and to map them to possible neurological, cognitive or emotional underpinnings;
2.17 perform clinical assessment including history taking, bedside cognitive assessment and mental status examinations and carrying this through to management;
2.18 tailor neuropsychological assessment to clients and to address appropriate questions;
2.19 demonstrate familiarity with and select, administer and interpret a wide range of assessment instruments;
2.20 understand psychometric principles underpinning cognitive testing;
2.21 describe the range of factors that could affect performance on neuropsychological tests;
2.22 construct formulations about the client's neuropsychological status by the deductive application of appropriate test instruments in the course of a broader investigation;
2.23 demonstrate knowledge regarding the neuropsychological profiles associated with a range of common neuropsychological disorders;
2.24 use neuropsychological formulations dynamically to facilitate a clients understanding and adjustment, and to plan interventions if required, coupled with the ability to revise formulations
2.25 use formulation, and devise and deliver evidence-based and tailored neuropsychological interventions
2.26 adapt models of therapeutic intervention for psychological difficulty in the context of impaired cognitive functioning;
2.27 implement psychological interventions appropriate to the presenting 'neuropsychological' difficulty and to the psychological and social circumstances of the client(s);
2.28 apply principles of management and rehabilitation of neuropsychological/neurological disorders;
2.29 use up-to-date knowledge and understand the treatment approaches and management of a range of common of neuropsychological, neurological and neuropsychiatric conditions;
2.30 Understand the role of clinical neuropsychology in mental health services.

(3) COMMUNICATION

A. Generic Clinical Skills
Candidates will need to demonstrate the ability to:
3.1 prepare and deliver teaching and training which takes into account the needs of the participants;
3.2 demonstrate sound knowledge of the principles of report writing and other aspects of professional communication;
3.3 communicate psychologically-informed ideas and conclusions clearly and effectively to specialist and non-specialist audiences;
3.4 demonstrate understanding of consultancy models and the contribution of consultancy to practice.

B. Neuropsychological Competences

Candidates will need to demonstrate the ability to:

3.5 communicate neuropsychological hypotheses and conclusions clearly and effectively to specialist and non-specialist audiences;

3.6 adapt style of communication to people with a wide range of neuropsychological disorders with differing levels of cognitive ability, sensory acuity and modes of communication;

3.7 adapt communication and level of detail used in communication depending on the audience;

3.8 provide feedbacks to clients/systems clearly and sensitively;

3.9 understand the process of providing expert neuropsychological opinion and advice, including the preparation and presentation of evidence in formal settings;

3.10 supporting others' learning in the application of neuropsychological skills, knowledge, practices and procedures;

3.11 engage and communicate with assistant psychologists in supervising the effective use of psychometric assessment tools and techniques, behavioural observation and elementary rehabilitation;

3.12 use neuropsychological formulations to assist multi-professional communication;

3.13 Accommodate additional medical information from various sources.

(4) PERSONAL AND PROFESSIONAL PRACTICE

A. Generic Clinical Skills

Candidates will need to demonstrate the ability to:

4.1 understand ethical issues and apply this knowledge in complex clinical contexts;

4.2 manage own personal learning needs and develop strategies for meeting these needs;

4.3 appreciate the power imbalance between practitioners and clients and how abuse of this can be minimised;

4.4 understand the impact and implications of differences, diversity and social inequalities on people's lives;

4.5 understand the impact of one's own value base, attitude and behaviour on clinical practice and service users;

4.6 use supervision to reflect on practice, and make appropriate use of feedback received;

4.7 develop strategies to handle the emotional and physical impact of own practice;

4.8 work collaboratively and constructively with fellow psychologists, other colleagues and users of services;

4.9 monitor and maintain health, safety, and security;

4.10 work effectively at an appropriate level of autonomy, with awareness of the limits of one's own competence;

4.11 exercise duty of care with regard to safeguarding vulnerable groups;

4.12 understand legislative and national planning context of service delivery and practice.

B. Neuropsychological Competences

Candidates will need to demonstrate knowledge of:

4.13 formal documents in relation to ethical principles of practice, legal and statutory obligations and general professional standards as applied to clinical neuropsychology practice;

4.14 the political and organisational context of health care delivery as it relates to neuropsychological clients, as well as relevant aspects of NHS and Social Services procedures;

4.15 the differing requirements for neuropsychology in a range of contexts including private practice;

4.16 general professional issues, and developments in professional arrangements and practice within a national and international context.

Appendix 3b – Paediatric Competences

(1) UNDERPINNING KNOWLEDGE AND SKILLS

A. Generic Clinical Skills

Candidates will need to demonstrate the ability to:

1.1 critically review and clinically apply research evidence;
1.2 design and carry out research, service evaluations and audit;
1.3 listen and demonstrate self-awareness and sensitivity;
1.4 think scientifically critically, reflectively and evaluatively;
1.5 work effectively whilst holding in mind alternative, competing explanations from the bio-psycho social spectrum;
1.6 make judgements on complex issues, often in the absence of complete information;
1.7 exercise personal responsibility and autonomous initiative in complex and unpredictable situations;
1.8 generalise and synthesise prior knowledge/experience and apply critically and creatively in different settings.

Candidates will need to demonstrate an understanding of:

1.9 the supervision process for supervisee and supervisor roles and provide supervision at an appropriate level within own sphere of competence;
1.10 relevant psychological theory;
1.11 theories/models of leadership and change processes, and their application to service development and delivery.

B: Neuropsychological Competences

Candidates will need to demonstrate an understanding of:

1.12 historical and theoretical foundations of developmental cognitive neuroscience;
1.13 terminology, methodologies and paradigms relevant to the study of developmental brain/behaviour relationships;
1.14 major theories of brain/behaviour development and how they inform approaches to neuropsychological assessment and interpretation of data;
1.15 neuroanatomical development of each sensory, motor and cognitive neural system and the integration of systems;
1.16 major theories of normal cognitive learning and brain development;
1.17 competing processes involved in restoration after early injury or abnormal compensation within each neural-cognitive or motor system at different stages of development;
1.18 the relationship between underlying neuropathology and cognitive outcome;
1.19 psychometric and statistical principles;
1.20 contemporary models/frameworks of health, disability and participation;
1.21 all aspects of common neuropsychological, neurological, neurodevelopmental and neuropsychiatric conditions;
1.22 specialist assessment for infants and children at risk of developmental delay.

(2) CLINICAL WORK

A. Generic Clinical Skills

Candidates will need to demonstrate the ability to:

2.1 develop and sustain professional relationships as an independent practitioner;
2.2 work effectively in multi-disciplinary teams and contribute a psychological perspective;
2.3 work effectively with formal service systems and procedures;
2.4 adapt practice to a range of organisational contexts;
2.5 bring about change for individuals, children, young people and their families by working at different levels;
2.6 engage children, young people and their carers in assessment and decision-making processes, and in the evaluation of interventions and service delivery;

2.7 choose, use and interpret a broad range of assessment methods appropriate to the client and service delivery system in which the assessment takes place and to the type of intervention required;
2.8 use evidence to assess and formulate psychologically with children, young people, carers and systems;
2.9 develop formulations to integrate assessments findings with psychological and neuropsychological theory;
2.10 direct, co-ordinate, support or facilitate multidisciplinary or management teams;
2.11 recognise when (further) intervention is inappropriate, or unhelpful, and communicate this sensitively;
2.12 select and implement methods to evaluate interventions and use information to shape practice and develop services.

Candidates will need to demonstrate knowledge of:
2.13 factors which must be considered in selecting an intervention, and monitoring the expected outcome;
2.14 procedures by which the progress of and outcomes of an intervention may be assessed.

B. Neuropsychological Competencies
Candidates will need to demonstrate the ability to:
2.15 demonstrate an understanding of the social, emotional, cognitive and educational impact (and how these interact) of acquired brain injury and neurological conditions both for individuals and systems;
2.16 identify cognitive impairment, behavioural changes and emotional difficulties and provide integrated psychological/neuropsychological approaches to manage these;
2.17 tailor neuropsychological assessment to children/young people and address appropriate questions;
2.18 understand psychometric principles underpinning cognitive testing, and measurement of cognitive change during development, and use these principles in the interpretation of assessment results;
2.19 demonstrate an understanding of (and administer) neurodevelopmental assessment batteries and how these differ from neuropsychological measures;
2.20 integrate neuropsychological data with measures of brain function to improve diagnosis and prognosis;
2.21 demonstrate an understanding of and administer the tools used to assess different components of cognition and behaviour;
2.22 describe the range of factors that affect performance on neuropsychological/ neuro-developmental tests;
2.23 demonstrate knowledge regarding the expected neuropsychological profiles associated with a range of neurological, neurodevelopmental and neuropsychiatric disorders;
2.24 produce neuropsychological formulations that reflect the complex range of variables involved in paediatric clinical cases;
2.25 use neuropsychological formulations to facilitate a child's or young person's understanding and adjustment of their experiences and to plan interventions, coupled with the ability to revise formulations;
2.26 demonstrate applied understanding of neurological recovery and neuropsychological rehabilitation;
2.27 use formulation, and devise, deliver and evaluate evidence-based psychological/neuro-psychological interventions which are individually tailored to the child/young person/family;
2.28 adapt models of therapeutic intervention for psychological difficulty in the context of impaired cognitive functioning and developmental age;
2.29 demonstrate knowledge of methods of reintegration into the educational system after acquired brain injury and work with support staff, teachers, parents and children to support this process;
2.30 understand the relationship between patterns of cognitive function and appropriate learning intervention;
2.31 understand the relationship between cognitive impairment and educational progress and attainment;

2.32 understand treatment and management of a range of developmental and acquired neurological conditions;
2.33 demonstrate knowledge of specialist settings for acute or long term support for children with neuropsychological difficulties;
2.34 understand role of neuropsychology in child mental health services.

(3) COMMUNICATION

A. Generic Clinical Skills

Candidates will need to demonstrate the ability to:

3.1 prepare and deliver teaching and training which takes into account the needs of the participants;
3.2 demonstrate sound knowledge of the principles of report writing and other aspects of professional communication;
3.3 communicate psychologically-informed ideas and conclusions clearly and effectively to specialist and non-specialist audiences;
3.4 demonstrate understanding of consultancy models and the contribution of consultancy to practice.

B. Neuropsychological Competencies

Candidates will need to demonstrate the ability to:

3.5 communicate effectively with children and young people;
3.6 adapt style of communication to children and young people of different developmental ages with a wide range of neuropsychological disorders and differing levels of cognitive ability, sensory acuity and modes of communication;
3.7 adapt communication and level of detail used in communication depending on the audience;
3.8 communicate effectively clinical and non-clinical information from a neuropsychological perspective in a style appropriate to a variety of different audiences;
3.9 provide expert neuropsychological opinion and advice, including the preparation and presentation of evidence in formal settings;
3.10 sensitively communicate neuropsychological results and formulations with professionals, parents and children;
3.11 support others' learning in the application of neuropsychological skills, knowledge, practices and procedures;
3.12 use neuropsychological formulations to assist multi-professional communication and understanding;
3.13 understand the process of providing expert neuropsychological opinion and advice, including the preparation and presentation of evidence in formal settings;
3.14 accommodate additional medical information from various sources.

(4) PERSONAL AND PROFESSIONAL PRACTICE

A. Generic Clinical Skills

Candidates will need to demonstrate the ability to:

4.1 understand ethical issues and apply this knowledge in complex clinical contexts;
4.2 manage own personal learning needs and develop strategies for meeting these needs;
4.3 appreciate the power imbalance between practitioners and clients and how abuse of this can be minimised;
4.4 understand the implications of differences, diversity and social inequalities on people's lives;
4.5 understand the impact of one's own value base, attitude and behaviour on clinical practice and service users;
4.6 use supervision to reflect on practice, and make appropriate use of feedback received;
4.7 develop strategies to handle the emotional and physical impact of own practice;
4.8 work collaboratively and constructively with fellow psychologists, other colleagues and users of services;
4.9 monitor and maintaining the health, safety, and security;
4.10 work effectively at an appropriate level of autonomy, within the limits of one's own competence;

4.11 exercise duty of care with regard to safeguarding children and other vulnerable groups;
4.12 understand legislative and national planning context of service delivery and practice;
4.13 demonstrate effective professional management and organisational skills;
4.14 demonstrate professional and ethical practice.

B: Neuropsychological Competencies

Candidates will need to demonstrate knowledge of:

4.15 differing roles of paediatric neuropsychology within a range of professional settings;
4.16 health and educational policies that are relevant to children and young people who have developmental learning difficulties, acquired brain injuries or neurological conditions;
4.17 formal documents in relation to ethical principles of practice, legal and statutory obligations and general professional standards as applied to clinical neuropsychology practice;
4.18 the political and organisational context of health care delivery as it relates to neuropsychological clients, as well as relevant aspects of NHS and Social Services procedures;
4.19 of requirements for neuropsychology in a range of contexts including private practice;
4.20 general professional issues, and developments in professional arrangements and practice within a national and an international context, and an appreciation of practices and concerns of professions allied to clinical neuropsychology.

Appendix 4: Guidelines on Clinical Neuropsychology Research

NB: These guidelines are intended for those who have not been granted exemption from the Research Dimension of the QiCN.

Research in clinical neuropsychology must include consideration of neuropsychological constructs and neuropsychological theory as applied to clinical practice. Research in clinical neuropsychology normally also includes at least two of the following components:

- Data collected on healthy participants
- Data collected on neurological patients
- Neuropsychological methods of assessment
- Neuropsychological interventions

For information about applying for exemption from the Research Component of the QiCN, please see Section 4.1.2.

For those who do not qualify for exemption, you must produce for examination, a piece of clinical neuropsychology research.

The appropriate topics for research are as follows:

1. Studies of neurological patients. Such studies may involve the emotional and social effects of neurological conditions but must make reference to neuropsychological theories and not simply reflect emotional or social aspects of physical disability.
2. Studies of healthy populations providing information relevant to clinical neuropsychology populations. Such studies could include the development of cognitive tests and generation of normative data or studying cognitive processes in healthy people to inform neuropsychological theory relevant to clinical practice.
3. Studies of psychiatric patients using neuropsychological theories and methods.
4. Systematic review including meta-analysis. A systematic review on its own would not be sufficient. Some formal analysis of data is required, although it is accepted that it may not be possible to conduct a meta-analysis.

The research may involve the collection of data for the purpose of the study or retrospective analysis of existing data sets. However, if existing data sets are used, you must have been the principal investigator to develop the study question and the subsequent analysis.

It is acceptable for research submissions to include data which has been collected as part of a larger collaborative study, provided the analysis submitted for this purpose is that put forward by yourself and represents original research.

Research on animals would not normally be considered acceptable, unless a clear direct relevance to clinical neuropsychology could be demonstrated. Audit and service evaluation studies may be acceptable provided they are methodologically sound, provide information which is generalisable across sites and are of a standard to be accepted for publication in a peer reviewed journal.

You should give careful consideration to ethical issues raised by the research which you undertake and must adhere to the *Ethical Principles for Conducting Research with Human Participants* published by the Society. A Research Dissertation which does not meet these principles will be rejected by the Assessors. You will be expected to provide evidence that your work has been subjected to appropriate ethical scrutiny including a copy of the letter from an ethics committee giving approval for the study. In most cases this will be the NHS local research ethics committee.

Research design, execution, analysis and interpretation should be of a high standard and appropriate to the research problem. You should be able to justify them at the oral assessment interview.

The format of research presentation may be as follows:

- A loose-bound research thesis of not more than 30,000 words in total including references and appendices.
- A paper on which you are the first author (or a series of papers on the same topic), and which is in the format for submission to a peer-reviewed good-quality journal. You must satisfy the examiners that you were the major contributor to any such work.

The layout of the Research Dissertation, including tables and figures, must be in accordance with the *APA Publication Manual* with the exception that figures and tables should generally be embedded within the text.

Research Dissertations must be typed, double-spaced on A4 paper and paginated and firmly held together in a soft folder.

The Research Dissertation **must not exceed 30,000 words including references and appendices**. Tables and diagrams are included in the word count. The appendices will be referred to only at the discretion of the Assessors. **Dissertations which exceed the word limit will not be assessed.**

The research project may be submitted in the form of a paper for submission for publication. The format used should correspond to that of the intended journal, which should be specified. The guidelines for authors should be followed, including any limitations on length. This is likely to be about 3000 to 6000 words, depending on the proposed journal.

Two hard copies and one electronic copy of the Research Dissertation/Paper must be submitted.

In addition to the thesis a Research Log must be submitted. This Research Log will comprise a record of activities and consents, including dates obtained, a record of supervision, including dates and times, and brief details of any research training events attended. The Research Log must be typed, double-spaced on A4 paper and paginated and firmly held together in a soft folder.

Research Dissertations/Papers must also be accompanied by a statement signed by the Research Supervisor confirming that the material is your own.

Outcome

A candidate who fails to attain a satisfactory standard will be required to submit a further piece of work in accordance with guidance given by the Qualifications Board. If you should fail on a second re-submission (i.e. your third attempt) of the Research Dissertation then you will be deemed to have failed the research component of the QiCN.

Guidelines for the preparation of Research Dissertations

The Research Dissertation/Paper must be presented typed, double-spaced and paginated, on A4 paper and firmly held together in a soft folder.

It should contain the following elements:

(a) A title page which includes the candidate's examination number, the title of the work, the month and year of submission and the word count.

(b) An abstract which provides a succinct account of the research and should be no more than 250 words.

(c) An introduction which should contain a clear account of the general research problem and place it in the context of other relevant research. Methodological issues peculiar to the research should be introduced. An exhaustive literature review of the general area or research method is not required. You should demonstrate that you are aware of contemporary material and research practice.

(d) The research aims or hypotheses should be clearly stated and lead on from the introduction.

(e) A methods section should contain an outline of the design of the study; the selection of participants; measures, assessment or investigatory procedures (with due attention to reliability and validity issues); apparatus and procedures. There should be evidence of appropriate ethical scrutiny.

(f) In the results section you should demonstrate that you have selected and applied the appropriate methods of exploratory and/or confirmatory data analysis. You should also demonstrate that you have been able to select and report the salient features of your data.

(g) A discussion section should present the conclusions of the study in the context of the aims or hypotheses. You should demonstrate critical awareness of any limitations in the design and execution of the study. Comments on how the research question might be tackled in the future or developments of theory are appropriate in this section.

(h) The Research Dissertation should include full, accurate and appropriate references. Where necessary you should also include appendices of material used in the study. In general it is not appropriate to include copies of published or widely used material or the raw data in the appendices.

A copy of the ethics committee letter giving approval to the research must be included.

Appendix 5: Notes for Candidates on Submission of Clinical Portfolio

The Clinical Portfolio submitted for assessment must contain:

(a) Portfolio Cover Sheet

(b) A *Case Log Summary* covering the required period of supervised clinical practice, in the format given in the separate booklet of forms. This should be accompanied by a page stating the period this covers, and the total equivalent period of supervised practice (e.g. if the supervised practice has been done by someone working half time in neuropsychology, then the statement would indicate the four years covered, and that this equates to two years whole time). The Case Log Summary should also include a 200-word summary for each substantive post giving rise to the cases and corresponding experience. The Case Log Summary should include a description of the context for the work (e.g. acute regional neurosciences centre, community rehabilitation facility) and also the nature of the job role, for example, treatment for acute stroke patients, assessment of children following traumatic brain injury. If you have been granted any transitional reduction in the period of supervised clinical practice, then a copy of the letter in which any reduction was agreed by the Registrar should accompany the statement regarding the period of supervised practice. On the Case Log Summary sheet, those cases which are detailed in the six Case Studies must be identified with an asterisk. The Case Log Summary must be typed.

(c) *Case Log Record Sheets* for a representative sample of cases undertaken during the period of supervised clinical practice, with each signed and dated by both yourself and your Supervisor. Normally the Case Log Record Sheet would be signed off when the clinical work with the client ended, but you may include a Case Log Record Sheet for some continuing cases, especially if considerable work has already been undertaken but the case is not yet closed at the time of submission. Case Log Record sheets must be typed.

NB: You must number each case on both the Case Log Summary Sheet and the Case Log Record Sheets to enable the Assessors to cross-reference cases in the Summary Sheet with the corresponding Case Log Record Sheet.

(d) A *Supervision Log*, giving date and duration of each supervision, signed by yourself and your Supervisor. This should log a minimum of 60 hours supervision. If any reduction has been agreed with the Registrar, then the Supervision Log must be accompanied by a copy of the letter in which the reduced total hours were agreed by the Registrar.

(e) The *six case studies* as detailed in Section 5.1.3.

The six case studies should be presented as follows:

(a) Each must be strictly no more than 4000 words. Citations, tables and diagrams should be included in the word count however, references and appendices should not be included.

(b) Every case study should have a front sheet which indicates:
  (i) which of the required types of case it is (e.g. a case of traumatic brain injury with the purpose of intervention, or a case of diagnostic assessment in someone who has suffered a CVA etc.);
  (ii) the total word count.
  and
  (iii) The candidate's name and date of submission.

(c) Every case study must have an appendix giving test results of all tests used where applicable. The results should include raw scores, as well as any relevant scaled scores, index scores and/or percentiles. Original test record forms should not be included.

(d) Every case study must include the clinical case report or clinical correspondence, exactly as was sent to the referrer, client or other agencies, but anonymised. The clinical report or correspondence may be included as part of the body of the report, or in an appendix. You must make clear for whom the clinical reports are being written (e.g. GP, neurologist, etc.).

(e) You are encouraged to include representation of data in graphs, tables or other visual form, if this is relevant and will help the reader to understand the progress or outcome of the case.

(f) Acronyms should be written out in full when first used.

All material must be presented in such a way as to protect the confidentiality of clients. If a pseudonym is used for a client in a case study, it must be made clear that this is not the person's real name.

Any candidate exceeding the word count will have their submission returned unmarked.

Case studies should be presented double spaced. Pages within each case study should be numbered, and you are also advised to insert your name, date of submission and case study number as a header or footer on each page of the case study.

One electronic copy of the full Clinical Portfolio must be submitted in Word format, so that word counts can be checked, using the secure Hightail: **www.hightail.com/u/bpsqualifications02**

See Section 8 for further details of the assessment timetable.

You must retain a copy for yourself, and you must bring a copy to the oral examination on the portfolio. At that oral examination you may be questioned on any part of the portfolio.

It is your responsibility to ensure that everything required is included in the Clinical Portfolio at the time of submission.

GUIDELINES ON CASE STUDIES

- Importance of keeping everything anonymous (this is likely to involve more than just removal of the name of the client and the service).
- Need to gain appropriate consent to use client material in case studies.
- Length 4000 words maximum
  - not to include references or appendix – but do not put things in appendix that should go in main body of case study.
- Front page of each case study to state the candidate's name, date of submission, the type of case study and the word count.
- Number the pages.
- Make sure your place of work cannot be identified in the text.

STRUCTURE

- Reason for Referral
- Background
- Brief Literature Review
- Brief Rationale for approach to assessment and/or intervention used
- Patient's Behaviour During the Assessment
- Assessment Results & Interpretation and/or progress and outcome of intervention
- Summary of Results/Outcome
- Recommendations
- References
- Appendices – Psychometric test results where applicable; Clinical Report/Letter(s) as sent to referrer or others, suitably anonymised but with a clear indication of the role of the recipient (e.g. GP), if these do not appear in the body of the case study.

CONTENT

- **Reason for referral**
  - This should be informative and set the context for the case study
- **Background – that is, about patient/condition**
  - age and general place of birth
  - developmental features
  - handedness
  - education
  - current occupation and career history
  - other/previous medical/psychiatric history
  - onset of disorder and its investigation (e.g. scans, EEGs)
  - likely diagnosis
  - current medication
  - family factors
  - person's own presenting complaints
- **Brief literature review**
  - this should be a separate section within the case study
  - not intended to be comprehensive but to highlight salient literature and evidence that has informed your assessment and/or treatment approach.
  - usually one or two pages in length.
  - be careful not to plagiarise!
  - references must appear in reference list at end of case study.
  - try to use original papers - do not only rely on Lezak, Lishman, etc.
- **Informant's (family/ward staff) view**
  - obtain this if possible, as this can be an important source of evidence
  - if it isn't available, why not?
- **Rationale for Assessment and/or for planned intervention**
  - brief rationale for the tests selected, and/or for the nature of the intervention?
  - clear reference must be made to the specific tests used and/or clear description of the intervention.
  - need clear rationale for range and extent of formal assessment.
  - include hypotheses about what assessment results might be expected in light of the person's condition/literature review.
  - but avoid making endless very specific hypotheses.
  - include formulation in cases where there is to be intervention (where there is only assessment essentially the whole report is formulation).
- **Patient's Behaviour during the Assessment/Intervention**
  - Describe patient's behaviour during testing and say how long you saw them for and why.
- **Assessment Results and Interpretation (the clinical report may replace this section if appropriate)**
  - Raw data and (age) scaled scores as well as percentiles (if available) must be given in an appendix at the end of the case study.
  - Here, or in the Recommendations section, mention should be made of tests that were not available/given but which might have been useful – but don't rely too much on this strategy.
- **Interpretation**
  - The interpretation should be related back to the hypotheses.
  - The reader should be able to see whether the candidate feels the data has supported all/some of these.
  - Careful examination of the raw data supplied will occur.
  - Check your data in Appendix and that it matches what you say in the text.
  - Consider whether you might be over or under-interpreting the data? Could another interpretation be considered?
  - Check whether you have used appropriate norms, quoted age scaled scores, used appropriate terminology to give qualitative descriptions of their results, called tests by their correct names.
  - Avoid being inappropriately judgemental about the patient.

- **Opinion and Recommendations sections**
  - Here a concise summary of the main assessment findings, rather than a repetition of all the results.
  - In addition practical recommendations, with justification as well as an idea of who is the ideal person to implement them, should be presented.
  - Are the recommendations realistic given the constraints within the NHS/ Social Services?
  - If recommending cognitive retraining strategies do they make neuropsychological sense? Support suggestions with references.
- **Quality of case study**
  - Here your ability to present a reasoned account of work is considered – communicate the purpose, nature and outcome of assessment in a logical, articulate manner, that is, is the case study
    - coherent?
    - written in articulate style?
    - not full of grammatical/spelling errors?
    - does it form the basis of a good piece of communication with other professionals?
- **References**
  - Follow style of guidance for journals of the British Psychological Society.
- **Appendices**
  - Raw scores, scaled scores, error scores, and percentiles as necessary to enable assessors to check for consistency with what is in the text.
  - Anonymised Clinical Report or Letters as sent to referrer and others, if not included in body of case study.
- **Final scrutiny**
  - Does case study contain any errors in the assessment or its interpretation that would render the case study unsafe for clinical use?

IN GENERAL, GOOD CASE STUDIES…

- Are written with the reader in mind, but bear in mind that readership may go beyond immediate reader.
- Contain clear statement of purpose of the assessment.
- Contain sufficient context so case study cannot be misused.
- Contain clear statement of what was done and why.
- Contain clear statement of what the client was like and how much assessment was possible.
- Contain opinions based on objective evidence, not subjective impressions.
- Give patient's performance described in test's terminology, not writer's impressionistic labels.
- Provide source of normative data if there could be any doubt/confusion.
- Explain any statistics if necessary.
- Give the reader a clear structure for interpreting and assimilating information, for example, the case study groups together information on similar functions (IQ, memory, language) rather than proceeding through results test by test without a clear framework.
- Should be sufficiently individualised to make it clear what is wrong with that particular patient, considering all possible interpretations.

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