

Guidance on completing Plans of Training for the independent route Qualification in Health Psychology (Stage 2)

Below is some brief guidance for the Plan of Training (PoT) and things to consider when completing this key document. As Chief Supervisor I am the person who looks at these forms and approves them, so the following is based on my experience of reviewing these documents, some of the things to consider when completing the forms and key information that needs to be in the PoT in order for it to be approved. One thing to note is due to the variability of candidates' roles, and the amazing variety of work they do, there is no one standard way for PoTs to be completed, however, there are common themes that I hope will be helpful to share, please bear this in mind when considering the advice below.

General comments

The key thing I am looking for in my review of the PoT is, will it lead to a successful outcome at viva. More specifically, if the work is undertaken as stated in the PoT, will the candidate be able to demonstrate each of the competencies. When reviewing the PoT I am not expecting the candidate to know every detail of every piece of work that will be used to demonstrate the competence, as by the nature of the independent training route, some competencies may be set, or are already being undertaken, whilst others are to some extent may still be tentative. There does, however, need to be enough detail to judge that the work will enable the candidate to demonstrate the skills for that competence. If, for example, the candidate is still unclear what they will do to achieve a particular competence then I will provisionally approve a plan, assuming the other areas have a more detailed plan of work, and ask for more details in around 6 months. If multiple areas are vague then I will need to see a revised, and more detailed PoT before I can provide approval.

The Competencies

Generic Professional: This is the competence that, in my experience, most plans have covered well. The key to this, in the PoT, is to be clear in the kind of activities you will engage in, for example MDT meetings, CPD activities, and which sub unit of the competence this actively is related to e.g. Practicing within legal limits.

Psychological Interventions: I need to be able to see here that there are plans for both face to face interventions with individuals, for example, a behaviour change intervention to increase physical activity in an individual, and an intervention in a different context, for example, group or online i.e. using an online platform to deliver a stop smoking program to a group of employees in a company.

Research: A key comment I have to make regarding the Research Competence, and to some extent the systematic review, is that it needs to be clear that the research you will do will be your own. What I mean by this, is many candidates are involved in research projects (e.g. as a research assistant) already and they may wish to use this work as evidence for the research competence. This can be done, but one thing to be mindful of is that the candidate should be involved in all aspects of a project i.e. developing the research question, developing a design to fit the question and designing the analysis. In order to demonstrate this competence, the candidate has to own the research. It may be part of a big project or something already running and it is quite possible to use these opportunities, the key is be clear on the PoT what your contribution is to these types of projects

Consultancy: Often this is the competence that candidates are less clear about at the start of training, so it is quite common that trainees will not know what their consultancy project will be about. It is often the case that more time is needed to develop a consultancy project. As long as the other competencies are detailed in the plan, I can approve plans with conditions of 6 month update or similar. Another key thing to bear in mind with this competence is the need to demonstrate that this is consultancy, i.e. there is a client, an agreement with the client, reviewing the process etc. and it is not another piece of research or a teaching session (although the aim of the project could be either of these things). Mapping the consultancy outlined in the PoT with the components of the consultancy as set out in the Candidate Handbook will make it clear what a consultancy project is. The first important point to note is that the consultant/client relationship must not include any management or strategic links between the parties (so the trainee and client cannot work in the same team or department, although they may be in the same organisation). The second point is that the consultancy project must be a specific piece of work that is negotiated by the consultant (the trainee) and cannot be part of a larger piece of work that has been negotiated by someone else (e.g. the supervisor or line manager).

Teaching and training: This tends to be the competence that candidates are clear on what they are going to do, much like the Generic Professional Competence. One thing to bear in mind for this competence, is that you should plan for a series of teaching, and be clear that you will have ongoing reflection, gain and use feedback and plan for evaluating one's own teaching and training practice.

I hope the above is useful and guides you in completing your PoT. There is such variability to what our candidates do, and as a result there is no exact formula as to what a PoT will contain and what it will look like. There do, however, tend to be similar issues with those that require a little more work and the above is based on my experience of reviewing a wide variety of plans. In completing the PoT if there are any questions or queries do not hesitate to contact us at the BPS.



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