



The
British
Psychological
Society

Qualification in Health Psychology (Stage 2)

Candidate Handbook

From March 2015

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1. Welcome

Welcome to the British Psychological Society's Qualification in Health Psychology (Stage 2). 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 – www.bps.org.uk/qhp) which you should read carefully and adhere to at all times. It will provide you with full details of the Qualification, including the competences which you will be expected to develop and 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). 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 and downloadable documents about the Qualification in Health Psychology (Stage 2) can be accessed by visiting www.bps.org.uk/qhp. It is your responsibility to check these web pages regularly for the most up-to-date information about the Qualification.

This *Candidate Handbook* applies to all new enrolments from 1 November 2014. It incorporates the revised syllabus launched in July 2014 following detailed consultation with the Health Psychology Qualifications Board, the training committee and the Division of Health Psychology executive committee.

Throughout this *Candidate Handbook*, the Qualification in Health Psychology (Stage 2) is abbreviated to QHP (Stage 2).

2. Introduction to the Qualification in Health Psychology (Stage 2)

2.1 Background

Health psychologists use psychological principles to promote changes in people's attitudes, behaviour and thinking about health and illness. The breadth of the discipline is far-reaching, including:

- the use of psychological theories and interventions to prevent damaging behaviours (such as smoking, drug abuse, poor diet), and to change health-related behaviour in community and workplace settings;
- promoting and protecting health by encouraging behaviours such as exercise, healthy dietary choice, teeth brushing, health checks/self-examination.
- health-related cognitions; investigating the processes which can explain, predict and change health and illness behaviours;
- processes influencing health care delivery; the nature and effects of communication between health care practitioners and patients, including interventions to improve communication, facilitate adherence, prepare for stressful medical procedures and so on;
- psychological aspects of illness; looking at the psychological impact of acute and chronic illness on individuals, families, and carers. Psychological interventions may be used to help promote self-management, facilitate coping with pain or illness, to improve quality of life, and to reduce disability and handicap.

Health psychologists are represented in a number of settings, such as hospitals, academic health research units, health authorities and university departments. They may deal with problems identified by health care agencies, including NHS Trusts and Health Authorities, health professionals such as GPs, nurses and rehabilitation therapists, and organisations and employers outside the health care system.

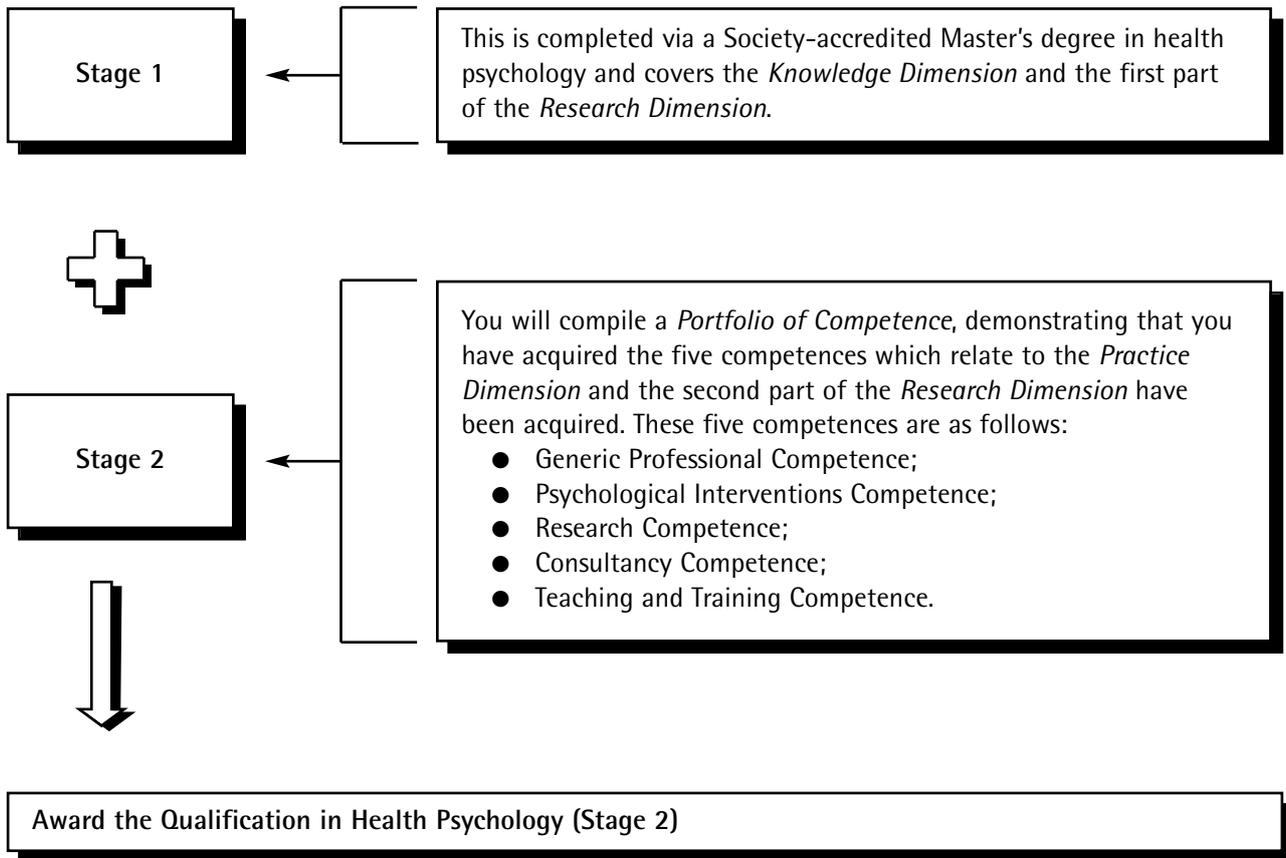
The QHP (Stage 2) provides a means by which candidates can acquire the competences necessary to perform the role of a Health Psychologist. It was established in 2001 as an 'independent route' to qualification and builds on the knowledge and skills acquired during Stage 1 training.

2.2 Overview of the Structure of the QHP (Stage 2)

The QHP (Stage 2) is not a course of study in the traditional sense; it is instead a professional body award which determines whether or not the required competences have been demonstrated. The Qualification is managed by the Society's Health Psychology Qualifications Board and follows the broad structure agreed by the Society's Membership and Professional Training Board (now the Membership Standards Board) in February 2006. In brief, the Qualification comprises three dimensions, as follows:

- Knowledge Dimension – the underpinning knowledge-base
- Research Dimension – the research element of training
- Practice Dimension – a period of supervised practice

The first part of the *Research Dimension* is joined with the *Knowledge Dimension* to form the underpinning knowledge-base acquired during Stage 1 of training (e.g. MSc), and the second part is combined with the *Practice Dimension* to form the QHP (Stage 2). The QHP (Stage 2) involves a minimum of two years' of supervised practice (or part-time equivalent) as a Trainee Health Psychologist during which time you will compile your Portfolio of Competence demonstrating how you have fulfilled the five competences underpinning the qualification. This is presented diagrammatically below and the QHP (Stage 2) is explained in full in this *Candidate Handbook*.



Successful completion of the QHP (Stage 2) confers eligibility to apply to the Society for Chartered Membership and Full Membership of the Division of Health Psychology, and also confers eligibility to apply to register with the Health and Care Professions Council (HCPC) as a Health Psychologist. It is a legal requirement that anyone who wishes to practice using a title protected by the Health Professions Order 2001 is on the HCPC Register; the title of Health Psychologist is one such legally protected title. For more information please see the HPC website at www.hcpc-uk.org.

2.3 The level of qualification

The Quality Assurance Agency (QAA) is responsible for assuring standards in Higher Education and publishes descriptors which give an indication of the level of qualifications. The QHP (Stage 2) is a **doctoral-level** award which conforms to the QAA D-level descriptor below, which describes the level of achievement which can be expected for a Doctorate.

The QHP (Stage 2) is awarded to those who demonstrate:

- (i) the creation and interpretation of new knowledge, through original research or other advanced scholarship, of a quality to satisfy peer review, extend the forefront of the discipline, and merit publication;
- (ii) a systematic acquisition and understanding of a substantial body of knowledge which is at the forefront of an academic discipline or area of professional practice;
- (iii) the general ability to conceptualise, design and implement a project for the generation of new knowledge, applications or understanding at the forefront of the discipline, and to adjust the project design in the light of unforeseen problems; and
- (iv) a detailed understanding of applicable techniques for research and advanced academic enquiry.

Typically, holders of the qualification will be able to:

- (a) make informed judgments on complex issues in specialist fields, often in the absence of complete data, and be able to communicate their ideas and conclusions clearly and effectively to specialist and non-specialist audiences;
- (b) continue to undertake pure and/or applied research and development at an advanced level, contributing substantially to the development of new techniques, ideas, or approaches; and will have:
- (c) the qualities and transferable skills necessary for employment requiring the exercise of personal responsibility and largely autonomous initiative in complex and unpredictable situations, in professional or equivalent environments.

In order to ensure that successful candidates meet the above criteria, the D-level descriptor is embedded in the five competences underpinning the QHP (Stage 2) as detailed in Appendix 1 of this *Candidate Handbook*.

2.4 Core competences to be acquired

The QHP (Stage 2) is designed to enable candidates to develop and demonstrate the competences required for the safe, effective and autonomous practice of health psychology. In developing the qualification the Society has referred to the *Occupational Standards for Applied Psychology* and, more recently, to the *Standards of Proficiency for Practitioner Psychologists* published by the HCPC.

The QHP (Stage 2) requires candidates to demonstrate five competences covering generic professional skills, psychological interventions, research, consultancy and teaching and training. Full details of all five competences and their sub-components can be found in Appendix 1.

3. How to become a Trainee Health Psychologist

3.1 Steps to Enrolment

The general steps required in enrolling for the Society's postgraduate qualifications are outlined in the *Regulations* (Section 4). The application of the general process to the QHP (Stage 2), is detailed below.

Steps Required to Enrol for the QHP (Stage 2)

- Obtain Graduate Basis for Chartered Membership (GBC).
- Become a Graduate Member of the Society with the Graduate Basis for Chartered Membership. Your Supervisor must be an approved QHP Supervisor who fulfils the criteria in Section 3.2.
- Successfully complete a Society-accredited Master's degree in health psychology in fulfilment of Stage 1. Please visit the Society's website for a list of accredited courses.
- Request approval of a Stage 2 Supervisor and, once approved, submit application to enrol. Don't forget to enclose all required forms, documents and fees. Your application cannot be processed until everything has been received.

The forms required to request the approval of your Supervisor and to apply to enrol for the QHP (Stage 2) are available on the Society's website.

3.2 Supervisors and Supervised Practice

3.2.1 The process of Supervised Practice

The QHP (Stage 2) is centred around the candidate undertaking a minimum of two years' of structured supervised practice (or equivalent) during which time they will develop the competences detailed in Appendix 1. This section outlines the principles behind the process of supervised practice.

Supervised practice is the experiential process designed to develop a Trainee Health Psychologist's knowledge and skills so that s/he is competent to practise independently as a health psychologist. The system is intended to provide a basis for eligibility for Full Membership of the Division of Health Psychology and for Chartered Membership, as well as eligibility to apply to the HCPC for registration. Supervised practice builds upon the academic components of Stage 1 of the Qualification in Health Psychology by requiring the development and demonstration of practical skills in applied settings. Stage 1 must, therefore, be awarded before you can commence training towards the Stage 2 qualification.

Your supervised practice must comprise at least two years' full-time postgraduate experience (or its part-time equivalent) of voluntary or paid health-related work of a psychological nature, plus additional training/development activities, as required, such as:

- attendance at courses or seminars (e.g. in teaching, intervention or research presentation skills);
- conferences;
- visits or secondments;
- shadowing and observation;
- team/joint working;
- networking.

The principle of practice under supervision has a strong tradition in professional training in many fields. With support and guidance from one or more experienced colleagues, the Trainee Health Psychologist gains direct experience of the realities of professional working in relevant contexts, develops practical skills and the ability to integrate theory into practice. Practice under supervision should be an integral part of a Trainee Health Psychologist's preparation for independent practice.

There is also a gate-keeping function: only individuals who have received adequate training and demonstrated an appropriate level of attainment are eligible to apply to the HCPC for registration, and also to apply for Full Membership of the DHP and Chartered Membership of the Society. This section of the *Candidate Handbook* presents the system which has been devised to deal with these and related issues. It is the result of extensive discussion, consultation and consideration of relevant practice and developments elsewhere.

The system is designed to ensure that Trainee Health Psychologists are able to meet, to an appropriate standard, a range of work demands within their particular contexts of employment. An advantage of the competence-based approach adopted in the present system is that it is applicable across a variety of work settings and tasks. This allows considerable flexibility and means that most, if not all, of a Trainee Health Psychologist's development as a practitioner can take place in his or her normal work setting.

The present approach maintains a clear emphasis on what the Trainee Health Psychologist actually does, and on the understanding and demonstration of good professional practice in research, delivering psychological interventions, consultancy and teaching and training, whatever the setting. This is likely to have advantages in terms of the transferability of skills across different and complex contexts in the Trainee Health Psychologist's current and future practice. It is hoped that these features (combined with the more familiar functions of supervision as an interpersonal and reflective process) will have a beneficial influence on the development of health psychology. The system will be reviewed and revised as appropriate.

3.2.2 Key Features of the System of Supervised Practice

The key features of the system of supervised practice which operates in relation to the QHP (Stage 2) are that it:

- emphasises the acquisition and demonstration of generic and specific core competencies as a practitioner;
- involves a minimum of two years' full-time (or part-time equivalent) experience in health-related work environments with appropriate client and target groups;
- is carefully planned, but with flexibility to allow necessary changes (see Sections 3.4 and 3.8);
- is facilitated by experienced professionals, i.e. your Co-ordinating Supervisor and, if needed, Workplace Supervisor(s) (see Section 3.2.5);
- is supported by a range of additional training and development activities;
- involves the recording and collection of evidence of achievement (see Section 4 for full details of what you will need to submit);
- is subject to independent assessment and ratification by the Health Psychology Qualifications Board.

IMPORTANT NOTE

While a focus on fulfilment of the Plan of Training should be maintained, the Supervisor may address any aspect of your practice.

Where practice outside of designated areas of work from the Plan of Training is encompassed in your supervision you should indicate this in your Practice and Supervision Log.

3.2.3 Finding a Supervisor

You will need to engage your own suitable supervisory support before you can enrol for the QHP. Your main source of support will be your Co-ordinating Supervisor, who has overall responsibility for the entire supervision process, including overseeing the identification of training needs and assembly of evidence regarding your development of the required competencies.

In order for a Co-ordinating Supervisor to be approved they must:

- (i) be registered with the Health and Care Professions Council as a Health Psychologist;
- (ii) be a Chartered Member of the Society;
- (iii) hold current Full Membership of the Division of Health Psychology;
- (iv) be entered on the Society's Register of Applied Psychology Practice Supervisors for as long as they are in the role of supervisor;
- (v) complete supervisor training;
- (vi) fulfil ongoing training requirements for QHP (Stage 2) supervisors offered by the Health Psychology Qualifications Board (see the *Supervisor Handbook* for further details).

The Registrar/Chief Supervisor will, as part of the enrolment procedure and on behalf of the Qualifications Board, assess the eligibility of the person you have identified to take on the role of Co-ordinating Supervisor. If your proposed Co-ordinating Supervisor meets the above criteria, the Chief Supervisor will consider your application for ratification of this person as **your** Co-ordinating Supervisor. This decision will primarily be based on the number of candidates that the proposed Co-ordinating Supervisor currently supervises, in case this is at a level which could restrict their capacity to provide you with the supervisory support that you need. If your proposed Co-ordinating Supervisor does not meet the criteria above, they will not be ratified as your Co-ordinating Supervisor.

Co-ordinating Supervisors who do not continue to fulfil the criteria above while in a supervisory role will no longer be approved as a Co-ordinating Supervisor for the QHP (Stage 2) and their candidates will need to find a new Co-ordinating Supervisor with the support of the Registrar/Chief Supervisor.

Your Co-ordinating Supervisor may also advise you to engage the services of one or more Workplace Supervisors to help guide you through some aspects of your training, in which case your Co-ordinating Supervisor will continue to take on a co-ordinating role for your whole supervision for the QHP (Stage 2).

Those considering taking on the supervision of candidates should request written references before entering into an arrangement with any applicant.

3.2.4 Requesting ratification of your Co-ordinating Supervisor

You must secure ratification of a Co-ordinating Supervisor before you can submit an application to enrol for the QHP (Stage 2). Before requesting ratification 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, for the full period of your enrolment:

- (i) Hold a **minimum** of six face-to-face supervisory meetings with you during each year of your training, including four face-to-face meetings held quarterly;
- (ii) Take on a co-ordinating role in relation to the overall supervision process, for instance, where a candidate has one or more workplace supervisors;
- (iii) Train a candidate's workplace supervisors in relation to the specific supervision that they will be providing, ensuring that they understand the requirements that the candidate has to meet for the QHP (Stage 2) as outlined in this *Candidate Handbook*;
- (iv) Oversee the preparation and review of your Plan of Training;
- (v) Countersign your Plan of Training;
- (vi) Complete a placement audit as part of the enrolment and subsequently for any change of setting, and reviewing on an annual basis;
- (vii) Ensure that a risk assessment is undertaken at enrolment and subsequently for any change of setting;
- (viii) Oversee your quarterly review process;
- (ix) Provide appropriately detailed and prompt feedback on progress reports (oral or written), which the candidate is advised to complete on a monthly basis;
- (x) Provide you with information relevant to your training (e.g. academic, ethical, organisational, professional);
- (xi) Encourage you to reflect on your learning and practice and to engage in creativity, problem-solving and the integration of theory into practice;
- (xii) Listen to your views and concerns regarding your work in progress and offer appropriate advice;
- (xiii) Countersign your Practice and Supervision Log and oversee the collation of items of supporting evidence¹;
- (xiv) Complete the required sections of your Records of Completion and write the Supervisor's Report(s) required for inclusion in your Portfolio of Competence.

In order to request ratification of your proposed Co-ordinating Supervisor, please complete and submit a Request for Ratification of Supervisor Form (available from the Society's website) signed by your proposed Co-ordinating Supervisor, enclosing a copy of the Co-ordinating Supervisor's CV. The Chief Supervisor will consider each such request to ensure that the proposed Co-ordinating Supervisor meets all the necessary criteria (listed in Section 3.2.3) so that you are appropriately supported through your

training. This process must be undertaken even if your proposed Co-ordinating Supervisor has previously been approved as a QHP (Stage 2) Supervisor, as the Co-ordinating Supervisor must be ratified in relation to an individual candidate.

Once you have received ratification of your proposed Co-ordinating Supervisor from the Chief Supervisor, you must submit your Plan of Training within six months. If you do not submit your Plan of Training within six months you must re-request ratification of your proposed Supervisor to ensure that you continue to be appropriately supported in your training.

3.2.5 Workplace Supervisors

You and your Co-ordinating Supervisor may find that Workplace Supervisors are required in order to facilitate specific areas of your work, and this may both provide breadth of experience and foster a multi-disciplinary perspective. In these cases, your Co-ordinating Supervisor takes on the role of co-ordinating your entire supervision process.

Workplace Supervisors need not necessarily be health psychologists (they might, for example, be clinical, occupational or educational psychologists, nurse specialists or medical practitioners), but their conduct must be regulated by a code of conduct enforced by a regulator or a generally recognised professional body of which they are a member in good standing. They will also need to be able to demonstrate all competences relevant to supporting you in the particular aspect of your work. In order for the Chief Supervisor to approve any Workplace Supervisors on your Plan of Training, you will need to provide details of the proposed Workplace Supervisor on your Enrolment Form and enclose a copy of their CV.

Any Workplace Supervisor you engage will need to be made fully aware of the relevant section(s) of your Plan of Training and to agree to facilitate you in their achievement as far as is possible within the constraints of your post. They will also need to be named on your Plan of Training which must be approved by the Chief Supervisor.

3.2.6 Supervisor Contracts

You must agree a formal contract with your Co-ordinating Supervisor (and Workplace Supervisors, if applicable). In drawing up a contract, you should request that your Supervisor provides you with details of all fees which are expected to be incurred as a result of the supervisory arrangement. A sample contract is available on our website. A copy of the contract agreed by you and your approved Co-ordinating Supervisor must be submitted with your application to enrol for the QHP (Stage 2).

While agreeing terms with your proposed Co-ordinating Supervisor, it is also important 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.

Your Supervisor Contract(s) will be reviewed by the Chief Supervisor as part of your enrolment application to ensure that the frequency and method of meetings and the level of support to be offered by the Co-ordinating Supervisor is in accordance with this *Candidate Handbook*.

3.3 Applications to enrol for the QHP (Stage 2)

Once you have received approval of your Co-ordinating Supervisor you may submit an application to enrol for the QHP (Stage 2). Your application to enrol must include:

- (i) Evidence that you have acquired GBC and the Stage 1 training in health psychology. For the majority of applicants this will be an original certificate for a Society-accredited Masters degree. Please send this to the Society's Leicester office by a secure method of postage. It will be returned to you promptly by recorded delivery. A small number of candidates will have undertaken Stage 1 via the Society's own Stage 1 Qualification; this can usually be checked internally provided that the candidate indicates that they undertook Stage 1 in this way on their Enrolment Form for the QHP (Stage 2);
- (ii) An Enrolment Form, with all sections completed in full;
- (iii) A Plan of Training (see Section 3.4 for further details on preparing your Plan);

¹ For further details please see Section 4 of this *Candidate Handbook*.

- (iv) An application for Accreditation for Existing Competence (AEC), if you are requesting any AEC (see section 3.6 for further details);
- (v) A copy of the contract signed by you and your Supervisor (a sample contract is available on the QHP web page);
- (vi) Your first Quarterly Review Form;
- (vii) The full qualification fee or a completed direct debit mandate form;
- (viii) Health Reference Form;
- (ix) Equal Opportunities Form;
- (x) A copy of a current enhanced disclosure from either the Criminal Records Bureau (CRB) or Disclosure Scotland or Access Northern Ireland dated in the last two years.

If you do not include all of the above, your application to enrol will be delayed. When writing to confirm your enrolment, the Registrar will also confirm your enrolment date (which will be backdated, if appropriate, to the approved commencement date of the Plan of Training – see Section 3.2.2).

On the Enrolment Form you are required to provide details of two referees who can attest to your current academic training and practice in health psychology. References will be requested from these referees when your enrolment application is processed. Receipt of satisfactory references is one of the conditions of enrolment. Your Co-ordinating Supervisor cannot provide a reference in relation to your enrolment application.

3.4 Planning your training

3.4.1 Suitable contexts for supervised practice

In addition to securing the services of a Co-ordinating Supervisor, you should also establish whether your current work setting will enable you to fulfil the necessary competences. Gaining experience and developing and demonstrating the required competences will normally take place within the work setting of the Trainee Health Psychologist. In many cases, the exercise of competences will overlap substantially with existing work demands. Where normal work functions do not afford the opportunity to cover the required competencies then additional tasks, projects, placements or voluntary work will need to be negotiated. There is no requirement that experience is gained in a prescribed range of settings. However, total work in relation to competences should encompass at least two settings such as in academic or health professional education, health education and promotion or the NHS.

All work should be within or linked to settings in which health psychology is applied. You may undertake supervised practice towards the QHP (Stage 2) if you are employed or a postgraduate student providing you are engaged in paid or voluntary health psychology related work within any of the following settings:

- the health system (e.g. as psychological assistant, assistant psychologist, health education officer, researcher);
- the community or private sector (e.g. within a school, patient group, community group or private or public company);
- an academic institution (e.g. research, lecturing);
- any other public, private and voluntary work as deemed appropriate by the Qualifications Board.

Essentially, you must secure work which will offer you opportunities to develop all the required competences of Stage 2 of the Qualification and which, in the view of the Qualifications Board, equates with the work of a Trainee Health Psychologist. The Co-ordinating Supervisor should only accept that a role is acceptable to your needs if s/he is satisfied that the job description and information concerning opportunities for exercise of core competences are an accurate description of your circumstances. S/he should discuss any doubts about this with you in the first instance. If any persist, s/he should then communicate these to the Chief Supervisor in writing.

You will also need to ensure that the placement setting is able to fulfil minimum requirements to support your learning alongside appropriate supervision arrangements, as follows:

- (i) access to computer and internet;
- (ii) access to technical support staff;
- (iii) access to any other relevant learning resources (for example, journals).

You will also need to outline on the Enrolment Form the arrangements that are in place for academic/pastoral support while you are in a particular placement setting. The Chief Supervisor will review whether this support is at an appropriate level when considering your enrolment application.

You will need to submit a written job description of the work undertaken to the Qualifications Board for approval together with your Plan of Training. This should consist of the following:

- a copy of the official job description issued by the employing or voluntary organisation(s) outlining your main areas of work activity and responsibilities;
- an additional sheet or sheets proposing how these areas of work activity/responsibilities relate to the core competences (it is not necessary to specify units);
- an estimate of the percentage of total work time spent on each area of work activity/responsibilities;
- the total percentage of work time spent on core competences overall.

IMPORTANT NOTE

- (i) When you apply for a job, you should make it clear to your potential employer that you intend to undertake, or are enrolled for, the Stage 2 Qualification, depending on your individual situation.
- (ii) You should provide your manager with all necessary information and obtain his/her consent and co-operation with respect to your training.
- (iii) An early meeting between yourself, your Co-ordinating Supervisor and an appropriate person in the workplace is strongly advised.
- (iv) You should inform both your Co-ordinating Supervisor and the Chief Supervisor immediately of any change to your work address.

3.4.2 Setting up your Plan of Training

Once you have established that your work setting is appropriate for undertaking the QHP (Stage 2) you can start to draw up your Plan of Training under the guidance of your Co-ordinating Supervisor.

Your Plan of Training will need to satisfy the Qualifications Board that you understand what is required of you and that you have plans in place with regards to how you are going to meet these requirements. You will be helped in formulating your Plan of Training by your Supervisor and will need to include details of the following:

- the areas of work through which the competences will be addressed, with target dates for completion for each competence;
- the types of evidence which will demonstrate satisfactory performance within or across the competences;
- appropriate placement approval documentation for the site(s) at which the work-based activities will be undertaken (see Section 3.5);
- any additional training/development activities which are required;
- any request for backdating of the Plan of Training, with appropriate supporting evidence;
- the name of your Co-ordinating Supervisor and any Workplace Supervisor(s) (see Section 3.2);
- the expected date of overall completion of your training;
- a copy of the official job description issued by the employing or voluntary organisation(s) outlining your main areas of work activity and responsibilities;
- an additional sheet or sheets proposing how these areas of work activity/responsibilities relate to the competences (it is not necessary to specify units);
- an estimate of the percentage of total work time spent on each area of work activity/responsibilities;
- the total percentage of work time spent on core competences overall.

IMPORTANT NOTE

The QHP (Stage 2) must **as a whole** be addressed through at least two distinct areas of work, where distinctiveness is defined in terms of substantial differences in both the nature of the work task and the client/target groups involved (e.g. healthy population, patients, health care professionals, people with disabilities, etc.).

In practice this could mean the following, for example:

- The consultancy competence must be in a separate work area, by definition (see Appendix 1 Section 4 for further details).
- The generic professional skills competence should be written up to cover two work areas, but one could be where you carried out your consultancy work.
- The teaching and training competence must cover two populations, which could mean two work areas, and as such may also be dovetailed with your logbook for the generic professional skills competence.

The research competence only needs to be covered in one work area.

It is permissible to dovetail your work for two or more competences, for example, the consultancy competence and research or teaching and training competence, or the psychological interventions competence and the generic professional skills competence. Each plan of training is scrutinised on an individual basis by the Chief Supervisor to ensure that your plans are appropriate.

Once you have completed your Plan of Training, you should submit it to the Chief Supervisor for approval via the Qualifications Office, along with the appropriate fees.

You must clearly indicate on your Plan of Training how each area of work meets a particular core unit. You are not required to explicitly identify at the outset how you will fulfil each and every competence, but your Plan of Training will not normally be approved if your plans for two or more competences are undecided. If your Plan of Training is approved with any gaps, you will be required to submit a Plan of Training Revision Form addressing these gaps within 12 months of the official commencement of your Plan of Training. If you are granted a period of backdating (see Section 3.4.3), the official commencement date of your plan of training will be backdated accordingly meaning that you will need to submit your Plan of Training Revision form usually within 12 months of your enrolment date.

If your Plan of Training fails to meet the set requirements, the Registrar will write to you within three months of receiving your Plan of Training giving full details of all points to be addressed. The Plan of Training will then need to be revised and re-submitted to the Registrar for his/her approval.

Each planned area of work can address several Units and any Unit addressed by an area of work can extend across competences (see Appendix 1). An area of work could be all or part of your employment. Depending on the nature of your work areas it may be possible to achieve all competences through it.

Conversely, the competences may have to be acquired through a number of work areas as appropriate. All units of competences must eventually be achieved, but in practice, this may be done via a number of different work areas spanning competences. In summary, any reasonable combination of work areas can be used to demonstrate both competences and units of competences.

It is acceptable to aggregate coverage of Units where these are likely to be involved in an area of work. For example, one of the areas of work selected for addressing Competence 3 (Research Competence) might be carrying out an evaluation of a health intervention. In addition to providing experience of most, if not all, of the Units from Competence 1, this area of work might also entail an appreciable element of providing feedback to clients in the form of a technical report (Core Competence 4). It might also, depending on context, lead to the exercise of Core Competence 5 (providing teaching/training to health care professionals).

IMPORTANT NOTE

All claims of coverage must be supported within the Portfolio of Competence submitted at the end of the period of supervised practice (see Section 4).

The Plan of Training is an aid to the planning process as well as a form of contract, and so an outline plan covering each Unit must be submitted. It is recognised that revisions may need to be made occasionally as not all circumstances can be accurately predicted so far in advance. See Section 3.8 for further details of how to revise your Plan of Training.

3.4.3 Consent to act as a service user in practical or clinical settings

A situation may arise, albeit infrequently, where a candidate may be required to provide consent to act as a service user in a role play setting as part of their placement. If the candidate chooses to not give consent, then they will need to identify an alternative placement that will allow them to meet the competences. Candidates are advised to discuss any such instances with their Co-ordinating Supervisor in advance of submitting their plan of training so that they do not embark on a placement which is unsuitable for the purposes of the QHP (Stage 2). Candidates should discuss the consent form available online in a placement planning session with their Supervisor(s) and if there is incongruence (for instance, the Co-ordinating Supervisor believes role play is necessary but the candidate does not consent to it), then an alternative placement should be planned. Since the Qualifications Board does not require candidates to role-play as service users to pass the assessment, a Plan of Training should be devised to avoid this scenario in cases where the trainee does not provide consent.

3.4.4 Backdating

Supervised practice formally begins with the approval of the Plan of Training. However, this date may be backdated by the Qualifications Board to encompass a period not normally greater than six months, subject to this having been requested in writing and justified in your Plan of Training. Any work undertaken during a backdated period must be supervised by either a Health Psychologist or other appropriate professional who fulfils the criteria for a Workplace Supervisor (see Section 3.2.5 for details).

Backdating is **not** awarded when a Plan of Training has been rejected at the first attempt, as this would backdate into a period when the Plan of Training was said to be unacceptable.

A Plan of Training **cannot** be backdated into a period prior to the award of Stage 1, regardless of the means by which Stage 1 has been achieved.

3.4.5 Completing the QHP (Stage 2) on a part-time basis

It is expected that you will be engaged in full-time, health-related work of a psychological nature throughout your two-year period of supervised practice or that you will meet the requirements of the Qualification by undertaking a pro-rata equivalent part-time training. Health-related work may include paid employment, academic work, training and development activities and voluntary work. Suitability of such work for supervised practice shall be judged on the basis of a work description which, in the opinion of the Qualifications Board (prior to the commencement of supervised practice) indicates a workload which equates with what might normally be expected of a Trainee Health Psychologist (see Section 3.4.1).

The Qualifications Board will round its estimate of psychological practice to the nearest quarter of the work of a Trainee Health Psychologist. This means that the required amount of supervised practice can be specified in multiples of one year as follows:

- (i) if the job description essentially matches what would normally be expected a two-year period of supervised practice will suffice;
- (ii) if the job description indicates the work to be approximately three-quarters of what would be expected a three-year period should be specified;
- (iii) if the work is judged to be half of what would be expected a four-year period should be specified;
- (iv) less than half will not be considered further.

It is not necessary that an equal proportion of time be spent on each core competence. What is essential is that the total amount of time spent in psychological practice equates in terms of both quality and quantity with what would normally be expected of a Trainee Health Psychologist.

Quality is defined in terms of scope for handling complex situations and requirements, utilising ethical awareness, best practice and psychological theory and exercising an appropriate degree of responsibility.

Quantity is defined as equivalent to a five-day working week for 46 weeks a year for two years.

Health-related work may include paid employment, academic work, training and development activities and voluntary work. These posts may be sequential, or even occur concurrently. Where work does not equate in terms of quantity with what would normally be expected of a Trainee Health Psychologist, the Qualifications Board may extend the period of supervised practice required. This option will only be exercised for work deemed to be of sufficient quality to be counted.

3.5 Placement approval process

It is important that the Chief Supervisor is assured about the settings in which you are undertaking work, so placement approval documents must be submitted for each setting in which supervised practice is undertaken. For each different placement (i.e. work setting) you must submit placement approval documents. The placement approval documents for the first placement must be submitted with the Plan of Training. Documents for subsequent placements must be submitted when approval of the placement is requested; this carries a charge as detailed on the schedule of fees. Placement approval forms are provided in the Enrolment Form for new applicants, and in the change of setting form for enrolled candidates who are changing their placement. Placement approval documents must be fully completed. Placement audits must be reviewed annually and an updated audit form submitted when your annual maintenance fee becomes due.

The relevant forms can be downloaded from our website (www.bps.org.uk/qhp).

3.6 Applications for Accreditation of Existing Competence (AEC)

In order for the QHP (Stage 2) to be awarded, candidates must demonstrate competence in relation to all of its requirements. However, if you believe you have already demonstrated one or more of the five competences (in full or in part), you may apply for Accreditation of Existing Competence (AEC) in accordance with the procedures laid out in Section 4.2 of the *Regulations* and using the AEC Form available on the Society's website. You may base an application for AEC on any relevant postgraduate qualifications achieved or experience gained since acquiring eligibility for the Graduate Basis for Chartered Membership and completing Stage 1 training in health psychology. Any work undertaken for AEC must be supervised by either a Health Psychologist or other appropriate professional who fulfils the criteria for a workplace supervisor (see Section 3.2.5 for details).

The Qualifications Board can grant AEC for up to two complete competences. Assessors will expect to see three complete competences achieved during the course of the training and presented in your Portfolio of Competence at the end of training. If you are requesting partial AEC for one or more competences, the Qualifications Board will need to be satisfied that, in your Portfolio of Competence at the end of training, you can provide evidence of completing the equivalent of those three competences in addition to the partial competences where you are requesting AEC. When determining whether you are in a position to do this, the Qualifications Board will consider the overall number of Units of Competence that you will need to complete and the magnitude of these Units in the context of your individual Plan of Training.

Normally the same piece of research cannot be used to grant exemption from the research requirements of both Stage 1 and Stage 2. This is primarily because Stage 1 and Stage 2 are benchmarked at different levels. Evidence for any competences for which you are awarded AEC needs to be included in your portfolio for your final assessment. This is because where a candidate has previously demonstrated a competence, they can be exempt from demonstrating that competence again, but the assessors may address this competence at *viva voce* to ensure that the candidate is currently competent in the full range of areas required by the Qualification and to ensure that these competences are up-to-date.

It is important to note that where AEC is granted, this will reduce your assessment load but will not lead to a reduction in the amount of time you are required to be enrolled. This remains a minimum of two years irrespective of any AEC that is granted.

Applicants for AEC should enclose the appropriate AEC fee (see the Society's website for the current schedule of fees).

3.7 Quarterly Supervisory Meeting Record

You are required to have at least six meetings with your Co-ordinating Supervisor. Four of these meetings should be scheduled to take place quarterly in order for you and your supervisor to discuss your progress and complete the quarterly supervisory meeting record and should be conducted face-to-face. The remaining two (or more) meetings can be planned to best suit you and your supervisor. Contact by other means (such as email or telephone) should take place at least monthly. A record should be kept of all contact between you and your supervisor, whether face-to face, by telephone, email, or other means. If supervisory meetings are taking place via Skype, or similar, then it is important to ensure that no-one else is in the room, for confidentiality purposes.

When commencing the QHP (Stage 2), the first quarterly meeting will agree the plan for development activities in the first three months which must be linked to the units of competence listed in Appendix 1 of this *Candidate Handbook* and will be drawn from your Plan of Training. Subsequently you and your Co-ordinating Supervisor will have a face-to-face meeting once a quarter (as a minimum) at which you will review progress against the previous plan and agree the plan for the coming three months, and identify the personnel who will support you in development of the next set of development objectives. This will be recorded on the Quarterly Supervisory Meeting Record Form, which also has sections for you and your Supervisor to provide reflections and feedback.

When you submit your enrolment application for the QHP (Stage 2), you will need to include your first quarterly form which will detail your development objectives for the coming quarter. You must submit your following quarterly forms by 1 February, 1 May, 1 August and 1 November each year until you have received confirmation of the award of the qualification. These forms will detail your progress with achieving the development objectives outlined on your previous quarterly form, as well as identifying your development objectives for the next quarter. Quarterly Supervisory Meeting Records are reviewed by the Chief Supervisor/Registrar or their representative.

You must keep a copy of each of your quarterly forms so that you can include these with your Portfolio of Competence at the end of the process (see Section 4.1 for further details).

3.8 Reviewing and Revising Plans

While we expect you to make every effort to plan your training effectively at the outset, we recognise that either your own circumstances and/or those of your work environment may later change in ways it would not have been possible for you to foresee at the time you applied to enrol.

It is, therefore, acceptable to revise your Plan of Training if your circumstances change. In some cases, it may be a condition of enrolment to submit a Plan of Training Revision Form within a certain period of time if there are gaps in your Plans (see Section 3.4.2). In any case, you should review your Plan of Training regularly and whenever changes are needed you must submit a Plan of Training Revision Form for approval (available on the Society's website). The Plan of Training Revision form must be accompanied by a Change of Setting Form if the changes to your Plan of Training involve any change in the setting(s) in which you are undertaking the QHP (Stage 2).

A copy of your most recently approved Plan of Training (or Plan of Training Revision Form) will be provided to your assessors when you submit your Portfolio of Competence for assessment. The assessors will expect the work carried out and evidenced in your Portfolio of Competence to match your Plan of Training. Therefore, if you do not notify us of changes to your plans, this may impact upon your assessment and in some circumstances may lead to your Portfolio of Competence being returned unmarked.

IMPORTANT NOTE

- (i) All changes to a Plan of Training must be entered in the Plan of Training Revision Form and submitted to the Registrar, together with a copy of your original Plan of Training for approval. Again, the Registrar may request that you change some of the details and re-submit your request before it is approved.
- (ii) Completion of the period of supervised practice should not normally be delayed by a revision of the Plan of Training, but the Qualifications Board may grant an extension of this period if appropriate, subject to receipt of a written request and suitable documentary evidence to support the request.

Examples of possible areas of revision to Plans of Training include: change(s) to areas of work; coverage of Units; and/or change(s) of Co-ordinating Supervisor or Workplace Supervisor(s).

(a) **Change(s) to areas of work**

It is reasonable for substitutes to be found for an area or areas of work which, though indicated in the Plan of Training, prove(s) not to be feasible. The substitute area(s) of work should ideally be as comprehensive in its/ their coverage of Units as the original. Where this is not possible, coverage of potentially missing Units should be achieved through formulating additional areas of work or by extending existing Units. All such changes should be made with the agreement (and assistance) of the Co-ordinating Supervisor. **All** changes to areas of work must be reported to the Chief Supervisor on a Plan of Training Revision Form.

(b) **Coverage of Units**

Opportunities might arise for coverage of additional Units from areas of work indicated in your Plan of Training which were unforeseen when you first formulated your Plan. For example, an area of work such as carrying out an evaluation of a health intervention might give rise to a clear need or opportunity for promoting awareness of the actual and potential contribution of applied psychological services in teaching and/or training. It may provide a better way for you to cover this Unit than one of the areas of work indicated in your Plan. **All** changes to coverage of units must be reported to the Chief Supervisor on a Plan of Training Revision Form.

(c) **Changes in Co-ordinating Supervisor and/or Workplace Supervisor(s)**

Changes in Co-ordinating Supervisor and/or Workplace Supervisor(s) can occur for a variety of reasons during the course of supervised practice, including:

- changes in employment or responsibilities of these personnel;
- changes in your circumstances;
- supervisory relationship problems (see the *Regulations*, Section 8).

All changes of supervisory support should be kept to a minimum: these roles should be taken on only after careful consideration of present and likely circumstances and of the responsibilities of the role. Any change to your supervisory arrangements is subject to the Chief Supervisor's approval.

IMPORTANT NOTE

In the unlikely event that you do need to change your Co-ordinating Supervisor, your original Co-ordinating Supervisor must send a Supervisor's Report to the Chief Supervisor detailing the supervised practice that you have completed so far. The Chief Supervisor will forward a copy to your new Co-ordinating Supervisor.

3.9 Encountering difficulties in developing a particular competence(s)

During the course of your enrolment you may find that you encounter difficulties in developing a particular competence(s). You may become aware of these difficulties yourself, or your Supervisor may become aware and discuss this with you at supervision. The Qualifications Board is keen to offer additional support in these circumstances and so both you and your supervisor will be asked to raise any such issues by completing the 'Report on difficulties in developing a competence' (available online) and submitting this to the Society. The Qualifications Board will then be able to contact you and your supervisor to discuss what additional support might help you in developing the specific competences which have been identified as problematic.

3.10 Issues which may arise on placement

During the course of your enrolment you may encounter difficulties while undertaking a particular placement. These difficulties may relate to your welfare and well-being, your health and safety or to personal (or other) difficulties which have arisen which require some additional pastoral and/or academic support.

Issues surrounding your welfare and well-being

On your Enrolment Form you will have identified a named individual to whom you are able to take any concerns relating to your welfare and well-being while on placement. If any such issues arise, please follow this process, and ensure that you also involve your Co-ordinating Supervisor (and Workplace Supervisor, if applicable) and the Registrar where necessary.

Issues surrounding your health and safety

On your Enrolment Form you will have identified a named individual to whom you are able to discuss any health and safety concerns. If you have any concerns in this regard, please discuss them with your health and safety contact, ensuring that you also involve your Co-ordinating Supervisor (and Workplace Supervisor, if applicable) and the Registrar where necessary.

3.11 Overseas training

3.11.1 Undertaking part of your Stage 2 training overseas

You may come across opportunities during your enrolment to undertake a period of training overseas, or you may wish to propose a period of overseas training when you apply to enrol. If you wish to include a period of overseas training in your Plan of Training, you must include details on your Plan of Training Form (or Plan of Training Revision Form, if you are already enrolled when the overseas opportunity arises) providing sufficient detail about the nature and location of the training and workplace support that will be available to you while overseas. All such requests are examined on an individual case-by-case basis. You will need to be able to demonstrate at enrolment that you have plans in place to undertake the majority of your supervised practice in a UK context. However the following caveats will normally apply:

- (i) any period of training undertaken overseas will follow all regulations governing the QHP (Stage 2) both in the *Candidate Handbook* and the *Regulations*;
- (ii) the minimum of six face-to-face meetings between yourself and your Co-ordinating Supervisor must be maintained, with four of these being held quarterly;
- (iii) all work submitted for assessment must be undertaken in the English language unless other relevant legislation applies;
- (iv) the Qualifications Board reserves the right to stipulate that trainees who undertake a period of training overseas must undertake a further period of supervised practice in the UK as a requirement of obtaining the QHP (Stage 2).

3.11.2 Undertaking the whole of your training overseas

The Health Psychology Qualifications Board recognises that Society members based overseas may wish to complete the QHP (Stage 2) in order to acquire Chartered Membership of the Society and eligibility to apply to the HCPC for registration as a health psychologist. While the Board wish to support such members wherever possible, there are some important factors to consider.

1. Whilst the Qualifications Board recognise that it may be the intention of an overseas candidate to practice in their home country or elsewhere overseas, the Qualification is intended, and designed, to assess competence to register as a health psychologist in the UK. The standards of the qualification are related to the standards for registration as a health psychologist, which is the level at which individual is determined competent for the independent practice of health psychology in the UK. It is possible to undertake the qualification whilst resident in another country, but the Qualifications Board cannot make allowances or changes to its regulations and standards because of difficulties associated with this. In other words, residence outside the UK is not, and cannot be, considered to be an extenuating circumstance and it will remain the candidate's responsibility to ensure that all regulations are adhered to and all standards met.
2. More than half of your training must be undertaken in a UK context. The onus is on the candidate to demonstrate to the satisfaction of the Qualifications Board that their work setting can be considered as a UK context.
3. The Society's *Regulations for Postgraduate Qualifications* expect candidates to pass their assessments with a degree of proficiency in the English language which is equivalent to Level 8 of the International English Language Testing System (IELTS). Full details of IELTS can be obtained from www.ielts.org.
4. Candidates will need to find a suitable Co-ordinating Supervisor and agree appropriate arrangements for the supervision of training from a geographic distance. The Co-ordinating Supervisor must meet the requirements for the role as detailed in Section 3.2.
5. All materials submitted for assessment/examination, including audio/video-recorded sessions, must be submitted in the English language unless other relevant legislation applies.

3.12 Title to be Adopted by Candidates of the Qualification

As a candidate of the QHP (Stage 2) you will be required to use the title *Trainee Health Psychologist*. You are reminded of your responsibility not to mislead the public and must, therefore, ensure that this title is clearly used on written documentation.

Once you have been awarded the Qualification, you may apply to the HCPC for registration as a Health Psychologist.

3.13 Length of enrolment

As stated in the *Regulations* (Section 7), the required period of enrolment for the Society's postgraduate qualifications is normally not less than three years. For the Qualification in Health Psychology, the period is split across the two Stages. The required period of enrolment for Stage 2 is not less than two years.

3.14 Failure to comply with the *Candidate Handbook* and *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 QHP (Stage 2). Your minimum enrolment period will be extended accordingly. While suspended, you must still abide by the *Regulations* and the *Candidate Handbook*.

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 QHP (Stage 2). 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 QHP (Stage 2).

4. Assessment

The assessment of the QHP (Stage 2) is by means of a Portfolio of Competence and an oral examination relating to the contents of the Portfolio of Competence. The requirements of each are detailed in Sections 4.1 and 4.2, below. Further details of general assessment procedures can be found in Section 6 of the *Regulations*.

Candidates intending to submit or re-submit a Portfolio of Competence must complete a Registration Form by the appropriate deadline. Forms and deadlines are all available to download from the Qualifications web page.

Your Portfolio of Competence will be assessed by two appropriately qualified assessors appointed by the Qualifications Board and overseen by the Chief Assessor. The Qualifications Board also appoints an External Examiner who has an important role in ensuring standards are maintained within the assessment process.

IMPORTANT NOTES

1. You must submit your completed Registration Form by the appropriate deadline (see Section 10, below). If you fail to do this you will not be able to submit your work until the next round of the assessment process – *this is not normally held until six months later*.
2. If, having registered, you fail to submit your complete Portfolio of Competence 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.

4.1 Portfolio of Competence

The Portfolio of Competence comprises a range of records and evidence designed to demonstrate how the required competencies have been developed in accordance with the Plan of Training. The full set of requirements is extensive and its fulfilment could appear daunting at first. You should remember, though, that the Portfolio of Competence is the culmination of a full two-year (or part-time equivalent) period of supervised practice and should be readily completed during this time. However, the extent of the assessment does reinforce the need for you to plan your training in such a way as to ensure that you have adequate, appropriate opportunities to conduct research, undertake consultancy and be involved in teaching.

The Portfolio of Competence comprises three different types of evidence, each of which is explained in more detail below. The first type of evidence covers your supervised practice as a whole while the second and third concern additional material relating to the units of competence, respectively.

4.1.1 Evidence Relating to Supervised Practice as a Whole

(a) *Practice and Supervision Log*²

You are required to maintain a log throughout your entire period of supervised practice which provides details of the experiences which have enabled you to gain competence in each component of the 17 units of competence. The *Practice* aspects of your Log must include:

- (i) references in brackets (e.g. 1.2, 4.1) to the units of competence addressed in the work which is detailed;
(NB: specific competences need not be referenced but the descriptions provided in Appendix 1 may be useful in completing the 'nature of task' columns);
- (ii) an indication of your role in the work, as follows:
 - 'primary' in which the work is primarily your own;
 - 'team' in which the work is shared directly with others;
 - 'observer' in which you observed the work of another/others for training and development purposes;

² A blank log is available online.

- (iii) the nature of the task or instruction (including proposed action taken, additional procedural details and client or target);
- (iv) the outcome of the work (including what was achieved);
- (v) future actions to be taken (next steps and implications, including any learning points).

This information on progress within core competencies and development of learning points provides an *aide-mémoire* for subsequent communication (including discussion of particular psychological issues) with the Co-ordinating Supervisor. The **Supervision** aspect of your Log must include:

- details of the frequency, duration and provider of supervision;
- references in brackets (e.g. 1.2, 4.1) to the units of competence addressed during supervision (NB: specific competences need not be referenced but the descriptions provided in Appendix 1 may be useful in completing the ‘nature of task’ columns);
- any other aspects of your practice which were addressed.

In addition to recording quantity of supervision and coverage of units and specific competences, the *Practice and Supervision Log* is intended to encourage and indicate reflection on major learning points.

The primary responsibility for maintaining the *Practice and Supervision Log* rests with you, although your Co-ordinating Supervisor has responsibility for overseeing that appropriate recording takes place, and countersigning the records of supervision.

IMPORTANT NOTES

- (i) You must send your *Practice and Supervision Log* to your Co-ordinating Supervisor monthly so that s/he can confirm approval of its contents.
- (ii) You are required, as part of your log, to reflect on the extent to which your experience has allowed you to acquire specified competence in each component and to obtain your Co-ordinating Supervisor’s signed approval of these comments.

(b) Quarterly Supervisory Meeting Record Forms

You must retain a copy of each Quarterly Supervisory Meeting Record Form that you submit and include this in your Portfolio of Competence alongside your Practice and Supervision Log. For further details about Quarterly Supervisory Meeting Record Forms, please see Section 3.7.

(c) Records of Completion

As you accomplish each area of work indicated in your Plan of Training, you will need to fill in a Record of Completion (available in Appendix 2). Each Record must include details of:

- the area of work and Units covered (indexed to where the evidence for each competence can be found);
- a brief report from your Co-ordinating Supervisor (as detailed on the Record of Completion Form; the collection of reports for each competence as detailed on the Record of Completion Form makes up the supervisor’s report);
- a brief report from the Workplace Supervisor (if applicable);
- a list of the supporting evidence assembled (see 4.1.2, below).

4.1.2 Evidence Relating to the Core Units of Competence

In addition to the above, your Portfolio of Competence must also include a range of other materials providing supporting evidence that you have developed the competences required under each of the 17 units of competence. Details of the evidence you must submit in relation to each of the five broad areas of competence covering the units of competence are provided in Appendix 1.

4.2 Oral (*Viva Voce*) Examination

All candidates are required to present a brief oral account of their period of supervised practice to the Qualifications Board in the form of an oral (*viva voce*) examination. The *viva voce* will be conducted by two appropriately qualified Assessors appointed by the Qualifications Board and overseen by the Chief Assessor. All *viva voce* examinations are recorded. You can find further information relating to *viva voce* examinations in Section 6.3 of the *Regulations*.

The purpose of the *viva voce* is to confirm that you have achieved all the required competences in the course of your supervised practice. You could, therefore, be asked questions about any aspect of your Portfolio of Competence or your supervised practice which is relevant to the demonstration of these competencies. You might also be required to answer questions relating to any of the following:

- ambiguities in your Portfolio of Competence;
- omissions in areas of coverage;
- weaknesses in the quality of the work;
- factual, typographical and/or substantive errors.

A *viva voce* will only be arranged once the Qualifications Board is satisfied that the Portfolio of Competence indicates that the candidate has the potential to satisfy the requirements for Stage 2 of the Qualification in Health Psychology. If there are serious shortfalls in the Portfolio of Competence, the candidate will be provided with feedback and asked to address the issues raised before resubmitting their Portfolio of Competence at a future assessment session. This would count as a failed assessment (see below).

4.3 Outcomes of Assessments

All decisions regarding candidates' performance in the assessment of the Portfolio of Competence will be presented to the Qualifications Board for ratification. The Registrar will normally inform candidates of their results, in writing, within one month of the meeting of the Qualifications Board at which ratification took place.

Candidates who have successfully completed all requirements of the QHP (Stage 2) will receive a certificate confirming the award of the Qualification within one month of the meeting of the Qualifications Board at which ratification took place.

Where a candidate is deemed to have failed the assessment of their Portfolio of Competence, they are normally entitled to two further attempts to pass. The registration process outlined in Section 4 applies to all submissions including resubmissions. Such candidates will be asked to do one or more of the following:

- (i) to supply additional material to demonstrate coverage of relevant units
 - required where there are serious inadequacies in recording in the Practice and Supervision Log (e.g. lack of detail or explicitness), or there is insufficient presentation of supporting evidence;
- (ii) to complete additional areas of work to achieve coverage of relevant units
 - required where there are extensive or major omissions from the work agreed in the Plan of Training;
- (iii) to repeat or find new areas of work to cover relevant units
 - required where shortcomings have been identified in the quality or quantity of the candidate's practice (as indicated by the Practice and Supervision Log, Record of Completion Forms, the supporting evidence, or the *viva voce*), resulting in failure to satisfactorily demonstrate one or more of the required competences;
- (iv) to present for a second oral examination.

If a candidate is required to undertake further supervised practice, the following principles will apply:

- s/he will not have to repeat or find substitute areas of work for units which, in the opinion of the Qualifications Board, have been completed and documented satisfactorily;
- repeated or new areas of work should be specified on a Plan of Training Revision Form; this shall be formulated and ratified in the same way as the original Plan of Training following written feedback from the Qualifications Board in relation to the failed assessment;

Any candidate who fails the third attempt at the Portfolio of Competence will be deemed to have failed the QHP (Stage 2) and no further re-enrolment will normally be allowed.

5. Key Contacts and Their Roles

5.1 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 liaises 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; all correspondence will normally be copied to your Co-ordinating Supervisor;
- (b) forward any queries that s/he is not able to answer (which are usually those of an academic nature) to the appropriate Officer of the Board such as the Chief Supervisor/Registrar, the Chief Assessor or the Chair;
- (c) send you copies of the *Regulations* and the *Candidate Handbook* when requested;
- (d) process your Enrolment Form and annual maintenance/assessment fees;
- (e) deal with work that you submit for assessment (e.g. sending these to the relevant Assessor; logging the outcome of the assessment);
- (f) make information available on the website about any assessments you need to take, or issue this information in alternative formats in agreement with the Qualifications Office;
- (g) post you your certificate when you have completed the Qualification.

IMPORTANT NOTE

The Qualifications Officer will be happy to help you wherever possible. However, time taken dealing with enquiries inevitably takes time away from other work, so it would be helpful if candidates would check the *Regulations*, *Candidate Handbook* 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.

5.2 Registrar

The Registrar shall have the prime responsibility of undertaking all other communications with you, as you are not permitted to communicate with any assessor or any member of the Qualifications Board except the Registrar on matters concerning your qualification. The Registrar will pass on your queries to relevant members of the Qualifications Board as appropriate. The Registrar will also advise you of your results. The Registrar remains separate from the assessment process at all times.

5.3 Chief Supervisor

The Chief Supervisor is responsible for approving your Co-ordinating Supervisor and scrutinising your Plan of Training, and generally oversees the supervisory process. The Chief Supervisor remains separate from the assessment process at all times.

5.4 Other Members of the Qualifications Board

The Health Psychology Qualifications Board also includes a Chair, a Chief Assessor and an Assistant Chief Supervisor.

5.5 External Examiner

The Board also appoints an External Examiner to oversee processes and procedures including the enrolment and assessment processes.

6. Key Dates

There are two rounds of the assessment process of the QHP (Stage 2) each year, in the Spring and the Autumn. The key dates relevant to each are available on the Qualification web page.

7. Current Fees

The current schedule of fees is available from the Society's website (see inside front cover for details). Fees may need to be reviewed from time to time and details of those currently in force are published on our website (see inside front cover for details). Additional guidance on fees is also available online to help you to identify any additional costs which may apply during your training.

Fees are not normally refundable.

8. 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, therefore, an integral part of your training for you to be required to act, at all times, in accordance with the standards of conduct expected of members of your chosen profession. Full details of the Society's expectations of candidates' conduct are outlined in the *General Regulations* and you must abide by these throughout their training. In brief, you are required to:

- adhere to the Society's *Code of Ethics and Conduct* (www.bps.org.uk/ethics);
- maintain an understanding of the HPC's guidance on conduct and ethics for students, and 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 3.10);
- manage your time effectively.

Appendix 1: Components and Assessment Requirements of All Units of Competence

This Appendix provides full details of the components and assessment requirements associated with each of the 17 Core Units of Competence. The following format has been used throughout this Appendix.

1.0 TITLE OF COMPETENCE

1.1 Unit of Competence

1.1a Sub-unit of Competence

1. component

In each case, details of the components of which the Unit is comprised will be presented first, followed by the evidence to be submitted (the assessment requirements) for the Unit as a whole. The Units will be grouped under the five broad areas of skills which they define, namely:

- generic professional competence;
- behaviour change interventions;
- research competence;
- consultancy competence; and
- teaching and training competence.

1.0 CORE UNITS OF GENERIC PROFESSIONAL COMPETENCE

Candidates must demonstrate:

1. that they have sufficient professional experience to practise as an autonomous practitioner;
2. that they are able to make informed professional judgments on complex issues, often in the absence of complete data, in accordance with current codes of professional legal and ethical conduct;
3. that they can communicate their ideas and conclusions clearly and effectively to the appropriate audience;
4. that they are able to exercise personal responsibility and largely autonomous initiative in complex and unpredictable situations in professional practice;
5. that they can continue their development in both health psychology and related areas at an advanced level.
6. that they are able to understand organisational and systemic issues of relevance to the practice of applied psychologists.

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

- (i) Logbook of professional practice maintained over two years' full-time supervised practice. Candidates are required to keep a logbook throughout the equivalent of two years' full-time supervised practice following completion of Stage 1. Candidates must list experiences which have enabled them to develop and understanding of the substantial body of knowledge within health psychology and thus demonstrate competence in each component of all core units.
- (ii) A reflexive report of 3000 words (maximum) summarising personal and professional development as a health psychologist. Candidates should reflect on the extent to which their experiences, both planned and unforeseen, have allowed them to acquire specified competence in each component and to have their supervisor approve these comments.
- (iii) A report of 1000 words (maximum) summarising the involvement of service users and/or carers in your training.

1.1 Professional autonomy and accountability

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

- 1.1a Practise within the legal ethical boundaries.
- 1.1b Practise as an autonomous professional.
- 1.1c Demonstrate the need to engage in continuing professional development.

1.1a To be able to practise within the legal and ethical boundaries of the profession, the competent health psychologist will:

1. Be aware of current legislation and ethical codes applicable to the work of health psychologists, including the Society's *Code of Conduct and Ethics* and the HCPC's *Standards of Conduct, Performance and Ethics*.
2. Implement appropriate systems for record keeping, and for regular audit and review of practise.
3. Ensure records and data for research and practice remain anonymous, confidential and secure unless otherwise agreed.
4. Define clearly the qualifications and capabilities of oneself and others working with and for health psychologists.
5. Practice in a non-discriminatory manner.
6. Understand the power imbalance between practitioners and clients and how this can be minimised.

1.1b To be able to practise as an autonomous professional, exercising one's own professional judgement, the competent health psychologist will be able to:

1. Know the limits of their practice, when to seek advice or refer to another professional.
2. Critically evaluate the impact of their work on a regular basis.
3. Appropriately use supervision and feedback about one's practice and professional development needs.
4. Identify and assess personal and work-related challenges to one's physical and emotional well-being and fitness to practice.
5. Develop strategies to cope with challenges and unforeseen circumstances including seeking and using appropriate supervision, management and professional support.

1.1c To demonstrate the need to engage in continuing professional development, the competent health psychologist will be able to:

1. Identify and evaluate new and emerging evidence relating to best practice in health psychology.
2. Ensure familiarity with relevant existing and emerging policy documents;
3. Actively seek and act appropriately on feedback from clients, stakeholders, managers and supervisors on practice.
4. Identify, seek and pursue opportunities to enhance and advance professional performance.
5. Keep an undated log of CPD activity and learning outcomes.

1.2 Professional Skills

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

- 1.2a Communicate effectively.
- 1.2b Provide appropriate advice and guidance on concepts and evidence derived from health psychology;
- 1.2c Build alliances and engage in collaborative working effectively.
- 1.2d Lead groups or teams effectively.
- 1.2e Understand organisational and systemic issues of relevance to the practice of applied psychologists.

- 1.2a To communicate effectively, the competent health psychologist will be able to:**
1. Demonstrate an awareness of how non-verbal and verbal communication can be affected by culture, age, ethnicity, gender, religious beliefs and socio-economic status.
 2. Understand the need to provide service users (or those acting on their behalf) with the information necessary for them to make informed decisions and to give informed consent.
 3. Use appropriate interpersonal skills (to establish rapport, empathy, engage in active listening skills, use of various type of questioning skills) to initiate, develop, maintain and end therapeutic and professional relationships with clients/service users.
 4. Use interpersonal skills to engage in collaborative working relationships with other professionals, and to encourage the active participation of service users in interventions
- 1.2b To provide appropriate advice and guidance based on concepts and evidence derived from health psychology, the competent health psychologist will be able to:**
1. Recognise and where appropriate, offer up to date, relevant advice on psychological issues relating to health behaviour outcomes, care and to aid policy decision making.
 2. Assess the purpose, utility and likely impact of the advice and guidance.
 3. Explain the nature and purpose of specific psychological techniques to service users and relevant professionals.
 4. Summarise, tailor, present complex ideas/advice and adapt the style of information/advice giving to suit different client and professional groups.
 5. Obtain necessary permissions for the use of confidential and copyrighted information.
 6. Evaluate the impact of psychological advice.
- 1.2c To build alliances and engage in collaborative working effectively, the competent health psychologist will be able to:**
1. Build and sustain professional relationships collaboratively as a member of a team.
 2. Contribute effectively to work undertaken as part of a multi-disciplinary team by highlighting evidence and theory derived from health psychology.
 3. Demonstrate the need to engage service users and stakeholders in planning and evaluating service.
 4. Engage in effective supervisory relationships for their professional practice.
- 1.2d To lead groups or teams effectively, the competent health psychologist will be able to:**
1. Identify and utilise leadership styles appropriate to a particular context.
 2. Allocate work to individuals and groups within the specific boundaries of their competence/work contexts and identify training needs as appropriate.
 3. Use negotiation, influencing, facilitation and managements skills successfully within a multi-agency/disciplinary group or team.
 4. Respond appropriately to influence of group dynamics, the professional and personal agendas of individual members and pressures relevant to the organisational context of the group or team.
 5. Receive and act upon feedback on leadership competence from stakeholders and team members.

1.2e In demonstrating their understanding of organisational and systemic issues, the competent health psychologist will:

1. Understand the organisational context for their practice.
2. Understand the structures and functions of service providers applicable to the work of their profession.
3. Recognise the role of other professionals and stakeholders of relevance to their work, including the role of service users, carers, and/or community groups.
4. Be able to adapt their practice to different organisational contexts for service delivery, as appropriate.
5. Be able to bring psychological influence to bear; for example, through consultancy, training, and working effectively in multidisciplinary and/or cross-professional teams.

2.0 CORE COMPETENCIES IN PSYCHOLOGICAL INTERVENTIONS

Range of experience

Candidates must have experience of delivering interventions both face-to-face with individuals, and in a different setting (i.e. not involving direct contact with an individual), such as group work or online. Candidates' competence in working with individual clients on a face-to-face basis should be observed by their Supervisor (this can be the Workplace Supervisor, Workplace Contact, or the Co-ordinating Supervisor), such that the Supervisor can attest to the candidate's ability to assess, formulate and deliver an intervention with an individual client (note: to complete this requirement observation of more than one session may be required).

Candidates must demonstrate:

- A detailed understanding of broad knowledge and applied health psychology skills that are required to plan, develop, deliver and evaluate psychological interventions within health care contexts. The competencies are based on the Health Behaviour Change Competency Framework (Dixon & Johnston, 2010), but encompass a breadth of psychological interventions. It is expected that, prior to commencing Stage 2 training, all candidates will evaluate the extent to which they have achieved the competencies outlined in the Dixon and Johnston framework that are recommended to deliver low intensity interventions. This self-evaluation should be used to identify priorities for the candidate's development of clinical skills.
- The process of undertaking an intervention should begin with a comprehensive assessment of individual needs that will result in the development of a formulation model of the theory, along with processes and constructs to be addressed in designing an effective intervention for that individual. The models, techniques and strategies that are utilised to deliver the intervention should be clearly described within the context of their content (theory, techniques, and outcomes) and their implementation processes (the therapeutic relationship, communication issues, application procedures, reflective practice). This competence is designed primarily to enable trainees to gain clinical and professional skills in the engagement and applied practice of communicating, relationship building with clients/individuals (central to intervention effectiveness) and delivering therapeutic intervention techniques in real life practice. Trainees must ensure that they can make professional judgements, communicate feedback about the outcomes and impact of the interventions involved an individual's care based on their assessment and formulations to manage complex and unpredictable situations.
- Practitioner psychologists should recognise the benefits some clients may derive from receiving a diagnosis, but should also be mindful of the harm that can result from labelling – particularly the risk of pathologising an individual. 'Diagnosis – Policy and Guidance' also says that psychologists may seek to supplement or replace diagnoses, wherever appropriate, with evidence-based individual psychological formulations, models and theories as a way of informing their recommendations and interventions.

For further information see the following link <http://www.bps.org.uk/news/new-society-guidance-diagnosis>

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

- (i) A 3000 word (maximum excluding references and appendices) Case Study of a psychological intervention that has been implemented through face-to-face work with an individual client, and which includes all elements of the process: assessment, formulation, intervention and evaluation. This should be submitted together with a report from the candidate's supervisor detailing observation of the candidate working in this way, and the report should attest to the candidate's ability to assess, formulate and deliver an intervention with an individual client (note: to complete this requirement observation of more than one session may be required). Additionally, candidates should submit a reflective report on the delivery of this intervention (note: the reflective appendix is not included in the word count).
- (ii) A 2000 word (maximum, excluding references and appendices) Case Study of a psychological intervention that has been implemented through a medium other than face-to-face work with an individual client (e.g. through group work or online), and which includes all elements of the process: assessment, formulation, intervention and evaluation. Additionally, candidates should submit a reflective report on the delivery of this intervention (note: the reflective appendix is not included in the word count).

2.1 Conduct psychological interventions within a health care context to change behaviour of individuals and groups

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

- 2.1a Select or design and implement appropriate health psychology tools to conduct health psychology baseline assessments of the needs of the client/patient population addressing the targeted health behaviour outcomes for this individual/group.
- 2.1b Develop a working formulation model regarding the cognitive, emotional and behavioural processes that should be addressed within intervention methodology based on the assessment information, data and outcomes.
- 2.1c Provide detailed feedback about the outcome of the assessment and formulation as appropriate to the service and role of the health psychologist delivering/directing the intervention.
- 2.1d Design, plan and implement and deliver health psychology interventions based on the assessment and formulation.
- 2.1e Evaluate and communicate the outcomes of health psychology interventions.

2.1a To select or design and implement appropriate tools to conduct psychological baseline assessments of the needs of the client/patient population addressing the targeted interventional outcomes for this individual/group, the competent health psychologist will be able to:

1. Define and gather relevant information to determine the target behaviour/s, the targeted individuals and groups, and the targeted interventions and/or service outcomes.
2. Determine the use of appropriate theories and models to inform the structure and content of the assessment.
3. Define and gather relevant information to determine the history, context and risk to the individual client as a result of their health behaviour/psychosocial factors and outcomes.
4. Specify the resources (including personnel, equipment and financial resources) necessary to conduct the assessment and who will conduct the assessment, where and when.
5. Determine own professional competence to proceed with assessment based on preliminary investigations and undertake appropriate training or supervision to conduct assessment as necessary.
6. Assess the current status of the behaviour and associated cognitions and emotions (e.g. frequency, duration, intensity, variation, context).

7. Assess the antecedents (that precede or cause the behaviour) and the consequences (that follow or are caused by behaviour). Antecedents and consequences may be psychological, social, environmental, physiological or psychological.
8. Communicate effectively and professionally, to establish rapport, engender empathy, utilise active listening and questioning skills, collaborative decision making and information giving.
9. Accurately record, document and store relevant information gathered during the assessment in accordance with professional standards and local governance policies and procedures.
9. Accurately record, document and store relevant information gathered during the assessment according to professional standards.

2.1b To develop a working formulation model regarding the cognitive, emotional and behavioural processes that should be addressed within intervention methodology based on the assessment information, data and outcomes, the competent health psychologist will be able to:

1. Use appropriate theories, models, the evidence base and assessment data/information to identify the role of cognitions and affect associated with the target health behaviour and health outcomes.
2. Describe and evaluate the information gained from the assessment to determine the pattern of behaviour and its relationship to antecedents and consequences/health outcomes.
3. Formulate a working hypothesis/model of the interactions between biological, medical, psychological, social and cultural factors relevant to the target health behaviour (gained from the evidence base and the assessment process).
4. Gather formal feedback or further information from relevant others.
5. Decide whether additional information and further assessment are necessary.
6. Revise the working formulation regarding the maintenance processes involved in the targeted health behaviours as appropriate.

2.1c To provide detailed feedback about the outcome of the assessment and formulation as appropriate to the service and role of the health psychologist delivering/directing the intervention, the competent health psychologist will be able to:

1. Provide appropriate feedback matched to the needs of the client, with a summary and review of information gathered during the assessment to facilitate the collaborative relationship and to obtain relevant additional information.
2. Indicate specific areas that require further clarification within the assessment and formulation.
3. Consider the outcomes of the formulation and any implications for the client(s).
4. Refer client(s) on to alternative services, professionals or agencies for further intervention if appropriate.

2.1d To design, plan and implement and deliver psychological interventions based on the assessment and formulation, the competent health psychologist will be able to:

1. Define the cognitive, emotional and behavioural objectives or health outcomes of an intervention.
2. Design the methodology (content and processes) of the intervention required to conduct an effective intervention based on the assessment and formulation.

3. Use the evidence base and the formulation to select appropriate elements of theories or models to inform the intervention strategies, techniques, components and methods.
4. Identify and evaluate psychological, cultural, environmental, organisational and societal facilitators of, and barriers to, the implementation and/or effectiveness of the intervention.
5. Plan how to enhance the facilitators and reduce the barriers to the intervention effectiveness and outcomes.
6. Identify the resources required to implement the intervention and address any gaps in resources that may impede effective delivery of the intervention.
7. Identify and address (where possible) any communication or relationship factors between trainee and client that may reduce the intervention effectiveness (e.g. conflicts of interests, personal issues).
8. Deliver an appropriate psychological intervention based on the assessment and formulation model, the resource analysis, the barriers and facilitators evaluation and the intervention methodological plan.

2.1e To evaluate and communicate the outcomes of psychological interventions, the competent health psychologist will be able to:

1. Identify or design relevant outcome and process measures to determine the efficacy and mechanisms of the intervention.
2. Identify effective and non-effective components of the psychological intervention.
3. Conduct an intervention review with the client/s to develop plans to maintain health change outcomes and reinforce factors influencing lasting change.
4. Recommend changes to improve the efficacy of the intervention.
5. Determine whether further follow-up is required to maintain change or whether referral on to other services, professionals or agencies is required.

3.0 CORE UNITS OF RESEARCH COMPETENCE

Candidates must demonstrate:

1. competence as an independent researcher in health psychology as evidenced in: research conceptualisation, design, sampling, implementation, data collection, data analysis, the evaluation of methods, the discussion of implications of the data in contributing to the development of new ideas and techniques, and the relationship of data to previously published research;
2. that they can make informed judgements on complex issues within the field of health psychology research, often in the absence of complete data, and communicate their conclusions effectively.

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

- (i) A report of a systematic review of literature relevant to health psychology of no more than 6000 words.
- (ii) A report of a major empirical study which will be a rigorous study of a topic relevant to health psychology. This will be a more ambitious study than would normally be undertaken for completion of an MSc thesis but at a level congruent with the Quality Assurance Agency (QAA) descriptor for Doctoral (D) level qualifications and at a level congruent with the Scottish Level 12 descriptors within the Scottish Credit and Qualifications Framework. The report will be no longer than 15,000 words.

This evidence must demonstrate the candidate's understanding of a substantial body of knowledge within the field of health psychology, and that they have created and interpreted new knowledge through original research.

Both of these evidence reports shall be written to a standard acceptable for publication in peer-reviewed academic journals relevant to health psychology at the time of submission. This standard shall apply both to the content and presentation of the work. Note that the word limits do not include references, tables or appendices.

Please note that research must be conducted in accordance with the Society's ethical principles. In addition, it is a requirement that all research has received ethics approval from an appropriate ethics committee. Candidates are required, therefore, to undertake their research within an organisation which has an ethics approval mechanism. Candidates must provide details of the ethics approval mechanism which they are utilising and a copy of the approval must be included with the evidence submitted for assessment.

3.1 Conduct systematic reviews

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

- 3.1a Define topic and search parameters.
- 3.1b Conduct a search using appropriate databases and sources.
- 3.1c Summarise findings from the review.

3.1a To define the topic and search parameters the competent health psychologist will be able to:

1. Conduct preliminary investigations into a research area and assess the extent to which research in the area has been adequately reviewed.
2. Identify and contact others who share an interest in the research area in order to acquire recent and unpublished studies.
3. Establish the viability of conducting a systematic review into the research area.
4. Plan the work involved and cost the work (including any staffing requirements).
5. Clarify the aims and objectives of the review including the criteria by which studies will be included in the review.
6. Design a search strategy including electronic databases, publication periods, keywords, journals requiring hand searches and researchers to be contacted directly.

3.1b In order to conduct a search using appropriate databases and sources the competent health psychologist will be able to:

1. If appropriate, establish a review group and develop communication and collaboration procedures for review group members.
2. Develop operational definitions of inclusion criteria and study/methodological categorisation (e.g. the types and strengths of evidence that are acceptable to the review).
3. Test search strategies and evaluate their sensitivity and specificity (e.g. in relation to sub-set of previously reviewed studies).
4. Search for, identify and review relevant studies.
5. Tabulate the characteristics of each study and assess each for methodological quality.

3.1c In order to summarise findings from the review the competent health psychologist will be able to:

1. Select appropriate methods for combining data.
2. Analyse results of eligible studies.
3. Assemble the most complete dataset feasible and, if appropriate, discuss with review group members.
4. If appropriate and possible:
 - set up a specialised database to input eligible studies;
 - use statistical synthesis of data (meta-analysis);
 - perform sensitivity analysis.

5. Present results in the most appropriate format for recipient audiences.
6. Prepare a structured report of the review which:
 - states the aims and objectives;
 - describes materials and methods;
 - reports results.
7. Publicise and disseminate results in appropriate publications.

3.2 Design and conduct psychological research

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

- 3.2a Identify theoretical models and research findings relevant to proposed research questions.
- 3.2b Define the resources and constraints relevant to the conduct of the research.
- 3.2c Conduct preliminary investigations of existing models and methods.
- 3.2d Collect data as specified by research protocols.

3.2a In order to identify theoretical models and research findings relevant to proposed research questions the competent health psychologist will be able to:

1. Search existing literature for theories, models and findings relevant to the developing research question.
2. Identify, describe and evaluate the links between existing theories and models and findings and the proposed research.
3. Specify research questions or hypotheses and select an appropriate research method to answer the defined question(s).

3.2b In order to define resources and constraints relevant to the conduct of the research the competent health psychologist will be able to:

1. Define and describe the scope of the research in relation to sampling, statistical power, generalisability and theoretical relevance.
2. Define research populations and specify sampling frames and procedures that will ensure the collection of valid and reliable data.
3. Evaluate the suitability of existing measures, techniques and models to the research question and identify constraints imposed by proposed research designs and available measures.
4. Identify resources and constraints that are likely to affect the design and execution of the research.
5. Describe and agree the roles and responsibilities of individuals who will conduct the research, including authorship on publications.
6. Check confidentiality and ethical considerations with relevant others and plan applications for ethical approval.
7. Check other permissions, for example, NHS Research & Development.

3.2c In order to conduct preliminary investigations of existing models and methods the competent health psychologist will be able to:

1. Undertake pilot studies capable of assessing the appropriateness and effectiveness of existing models, measures and techniques.
2. Review and evaluate the outcomes of the preliminary investigations in discussion with relevant others, where necessary.
3. Revise and finalise research questions and methods on the basis of pilot data.

3.2d In order to collect data specified by research protocols the competent health psychologist will be able to:

1. Implement data collection methods outlined in research protocols working within appropriate safety and ethical constraints.
2. Initiate monitoring systems, such as procedures for monitoring the quality of data collection as specified within research protocols.

3. Maintain data recording systems according to agreed formats and procedures specified in research protocols.
4. Review research protocols according to a pre-specified plan and, if appropriate, implement modifications to data collections procedures.
5. Identify and implement procedures to ensure the accuracy of recorded data.
6. Archive and store data in a manner which would allow other researchers to undertake appropriate analyses.
7. Demonstrate expertise in a range of data collection approaches regularly employed in health psychology.

3.3 Analyse and evaluate psychological research data

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

- 3.3a Analyse data as specified by research protocols.
- 3.3b Interpret the results of data analysis.
- 3.3c Evaluate research findings and make recommendations based on research findings.
- 3.3d Write up and report research methods and findings.
- 3.4e Review the research process.
- 3.4f Review and evaluate relationships between current issues in psychological theory and practice.

3.3a In order to analyse data as specified by research protocols the competent health psychologist will be able to:

1. Seek comment from relevant qualified others on the appropriateness of planned analysis.
2. Accurately use the analytical methods specified in research designs.
3. Where appropriate screen data and take actions to render data suitable for the chosen analysis or for an alternative analysis.
4. Identify and use techniques to check the accuracy of the output of the analysis.
5. Make necessary revisions in the analysis in response to feedback.
6. Demonstrate expertise in a range of both quantitative and qualitative data analysis procedures regularly employed in health psychology.

3.3b In order to interpret the results of data analysis the competent health psychologist will be able to:

1. Follow accepted interpretative techniques and interpret data within relevant theoretical frameworks.
2. Link interpretations to data analysis techniques in a comprehensible manner appropriate to the recipient audience.
3. Link interpretations to previous research findings.

3.3c In order to evaluate research findings and make recommendations based on research findings the competent health psychologist will be able to:

1. Consider the generalisability of conclusions drawn from research in relation to the limits of sampling, measurement, data collection and analysis.
2. Consider the relevance of particular findings to specified populations or settings for which they could potentially have relevance.
3. Consider the effects of resource limitations and established practices on the implementation of research-based recommendations.
4. Inform relevant others of the results of the research and its implications within an appropriate time frame.
5. Develop and justify recommendations for practice and future research based on present results and their interpretations.

3.3d In order to write up and report research methods and findings the competent health psychologist will be able to:

1. Prepare clear and comprehensive reports of research in accepted formats.
2. Obtain feedback from relevant others and modify reports in light of feedback.
3. Disseminate reports to relevant researchers and users.
4. Attribute sources using accepted formats.

3.3e In order to review the research process the competent health psychologist will be able to:

1. Consider the theoretical importance of completed research.
2. Evaluate the methodological adequacy of completed research including the operationalisation of theoretical constructs.
3. Develop and justify recommendations regarding future research based on reported results and their interpretations.

3.3f In order to review and evaluate relationships between current issues in psychological theory and practice the competent health psychologist will be able to:

1. Monitor current research and developments continually, to establish when and whether they might impact on current psychological theories and practices.
2. Discuss the potential impact of current research and developments with relevant others including health care professionals and policy makers.
3. Inform relevant others when new research or developments may or will affect current psychological practices.

3.4 Initiate, develop and evaluate the impact of psychological research

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

3.4a Monitor and evaluate studies in relation to agreed protocols.

3.4b Clarify and evaluate the implications of research outcomes for practice and organisational function.

3.4a In order to monitor and evaluate studies in relation to agreed protocols the competent health psychologist will be able to:

1. Monitor and evaluate progress in relation to the proposed objectives, methods and schedule of activities on a regular basis.
2. Negotiate, document and make any required modifications to the research protocol.
3. Inform relevant others of the progress of the research and its implications for future research and practice.

3.4b Clarify and evaluate the implications of research outcomes for practice:

1. Assess the extent to which research findings question or extend existing psychological models.
2. Assess the applicability of new findings to particular areas of health psychology practice.
3. Seek comment from relevant others on new findings and their potential implications for practice.
4. Justify developments in health psychology practice in relation to relevant and valid research findings.
5. Present interpretations of research findings clearly and in a comprehensible and appropriate format for particular audiences.
6. Discuss the utility of new practices suggested by research with relevant others.
7. Demonstrate new research-based practices to relevant others illustrating their worth and potential impact.

4.0 CORE UNITS OF CONSULTANCY COMPETENCE

Guidelines for the Consultancy Competence

Health Psychology Consultancy is the use of specialist health psychology skills and knowledge to provide a service to an external business client, for example, public, private or third sector organisations. The consultant/ client relationship requires a level of independence in order to ensure that both parties are free to express their needs and boundaries. Any consultancy provided within the same organisation must therefore not be between parties (consultant and client) who have any management or strategic links or relationship.

Consultancy is typically a defined service (provided for a specified fee) and generally relates to services that have demonstrable relevance to health psychology, and which the client does not have the expertise to carry out in-house. The consultancy client is the individual, group or organisation which enters into a negotiated contract with the consultant agreeing the objectives, process and conditions of the health psychology consultancy work. The consultancy project must be a specifically defined piece of work that is negotiated and conducted by the consultant directly and cannot be part of a larger piece of work that has been negotiated by another person, for example, line manager.

The nature of a piece of consultancy requires the consultant to draw upon skills found within the other competencies included within the Stage 2 qualification, for example, teaching and training, interventions etc. However, the consultancy competency and the submitted work for assessment must focus on the key processes of the client/consultant relationship management as defined through the competency framework below.

Examples of Health Psychology Consultancy requests might be:

- An NHS Trust who wants health psychology informed interventions developed to improve their diabetes outcomes, and for their staff to be trained to implement these new interventions.
- A charity (third sector organisation) who needs to engage with people from Black and Ethnic Minority groups who have lupus in order to improve exercise levels.
- An older adults' service wants to set up new processes for joint working between health and social services to improve health outcomes and reduce hospital admissions.

Candidates must demonstrate that they:

1. Have an understanding of the application of theories/models of communication, consultancy, development and the management of change within the consultancy process and project delivery.
2. Understand about the preparatory processes involved in pitching, negotiating and agreeing their scope of work, contract arrangements and project delivery specifications with their client prior to project implementation.
3. Understand the barriers and facilitators of effective project delivery (incorporating time, resource, relationship and conflict management).
4. Are able to plan, document, monitor, review and adjust their consultancy work/project deliverables using appropriate theoretical frameworks/models and procedures.
5. Can manage the consultancy project deliverables, process and outcomes more effectively by engaging with, and actively planning the client-consultant relationship.
6. Can exercise ethical and professional behaviour and personal responsibility with autonomous initiative within the consultancy project delivery and setting.

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

- (i) A case study (maximum 3000 words, excluding appendices) which should include an account of the request and identification of the need for the health psychology consultancy, the negotiating, planning and management of the consultancy project process and reviews of relevant consultancy approaches, theories and techniques, and the consultancy methodology, design and implementation plan. A clear description and report of the consultancy aims, objectives, deliverables, data collection or project work and outcomes and the evaluation process must be included.

- (ii) A contract and working agreement conditions document (maximum 3000 words excluding appendices) that specifies the project negotiations, agreed timescales and outcome deliverables, budget and resource planning, feasibility/scoping evaluation/studies, subsequent contract revisions, summary of meetings and correspondence demonstrating reflection on the communications and management of the client-consultant working relationship, consent procedures where appropriate, client assessments of the consultancy process and evidence of formal evaluation, feedback and reports from clients where appropriate.

4.1 Assessment of requests for consultancy

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

- 4.1a Identify, prioritise and agree realistic expectations, needs, deliverables and outcome requirements of the client regarding the proposed consultancy project.
- 4.1b Review appropriate (e.g. psychological, business) literature and other information sources for the relevant evidence base (research findings, reports, reviews, policy, guidelines), consultancy approaches, project methods and interventions relevant to the consultancy request.
- 4.1c Assess feasibility of proposed consultancy and any problems or challenges with providing agreed deliverables.

4.1a To Identify, prioritise and agree realistic expectations, needs, deliverables and outcome requirements of client regarding the proposed consultancy project, the competent health psychologist will be able to:

1. Identify and assess the client's expectations, needs, goals and deliverables/outcome requirements using valid and reliable elicitation methods (e.g. structured meetings, questionnaires, interviews or focus groups).
2. Identify the context and critical influences (e.g. organisational, personal, and political) that may affect the client's motivations and ability to support the consultancy process and project delivery.
3. Ascertain the appropriate focus for the consultancy e.g. individual, group or systems/service level.
4. Prioritise the client's needs, expectations and deliverables to maximise the potential effect and impact of the consultancy on the client's goals.
5. Identify and negotiate deliverables/outcomes that are commensurate with the needs and requirements of the client.

4.1b To review appropriate (e.g. psychological, business) literature and other information sources for the relevant evidence base (research findings, reports, reviews, policy, guidelines), consultancy approaches, project methods and interventions relevant to the consultancy request, the competent health psychologist will be able to:

1. Use appropriate search methods to critically examine, synthesize and review relevant information necessary to the development of the consultancy proposal, work plan and deliverables, (e.g. including published literature, policy, guidance, databases).
2. Summarise, collate and analyse any relevant evidence base to develop a relevant, realistic and appropriate consultancy proposal and project plan.

4.1c To assess feasibility of proposed consultancy and any problems of challenges with delivering on agreed deliverables, the competent health psychologist will be able to:

1. Identify the material, environmental, organisational and human resources necessary for the consultancy project to be implemented fully.
2. Identify the possible barriers facing the consultancy project delivery and outcomes and develop strategies to manage these effectively and proactively.

3. Negotiate roles, expectations of the client-consultant relationship and arrangements for financial payment/compensation, confidentiality, data protection and intellectual property agreements between the client and consultant. (And any additional connected stakeholders and partners).

4.2 Plan consultancy

Attainment of this competence requires demonstrating the ability to:

- 4.2a Determine the aims, objectives, criteria, theoretical frameworks and scope of consultancy.
- 4.2b Produce implementation plans for the delivery of the consultancy outcomes.

4.2a To determine the aims, objectives, criteria, theoretical framework and scope of consultancy the competent health psychologist will be able to:

1. Identify, develop and record the aims and objectives for the consultancy in an appropriate format.
2. Define clearly the outcome criteria for each stated operational objective.
3. Identify a relevant theoretical framework/model/s, if appropriate, to be used for the consultancy together with the rationale for inclusion/exclusion.
4. Specify the scope of the consultancy project (e.g. deliverables/outcomes, impact, time management, finances) and taking into account resource availability and all possible constraints/barriers to conducting it.

4.2b To produce implementation plans for the consultancy the competent health psychologist will be able to:

1. Prepare a project delivery plan for the entire consultancy process (e.g. Gantt chart) that outlines time-scales and project task completion actions for the client (individuals, teams, agencies and organisations) and the consultant.
2. Design, document and implement flexible and robust monitoring systems (e.g. regular meetings/updates and reporting systems where problems can be rectified), which will avoid potential problems in project delivery and allow for modifications to meet the changing needs of the project plan.
3. Identify and communicate within the consultancy project plans the roles, areas or responsibility of both the client (individuals, teams, agencies and organisations involved) and consultant.
4. Clarify channels and processes of communication and working practices between the client and the consultant. Document any challenges or difficulties in communication encountered during the consultancy process.
5. Discuss and agree the project delivery plans with, and distribute the plans to the client (relevant individuals, organisations and agencies).
6. Incorporate feedback from the client (and any associated stakeholders/partners the client wishes involved in the consultancy project) into the project delivery plans prior to their implementation.

4.3 Establish, develop and maintain working relationships with clients

Attainment of this competence requires demonstrating the ability to:

- 4.3a Identify and engage with client's contact procedures and plan and prepare for initial discussions regarding consultancy opportunities.
- 4.3b Develop, maintain and monitor working relationships.

4.3a To Identify and engage with client's contact procedures and plan and prepare for initial discussions regarding consultancy opportunities, the competent health psychologist will be able to:

1. Make arrangements for contacting clients within acceptable time-scales.
2. Abide by the BPS Generic Professional Practice Guidelines when inter-

acting with the client, avoiding personal judgments and identifying any conflicts of interest.

3. Identify documents and discuss the client's concerns, needs and issues with the opportunity for consultancy.
4. Describe and agree the initial conditions and limits of confidentiality, data protection (including the storage of information) and non-disclosure of proprietary information, between the consultant and the client.

4.3b To develop, maintain and monitor working agreements and relationships with clients the competent health psychologist will be able to:

1. Offer information about options for working relationships to enable the client to make informed decisions.
2. Identify the client's issues, concerns and contractual needs and negotiate an optimal working agreement of the project delivery and contract implementation taking account of these.
3. Ensure that in the consultancy contract and the working agreements are clearly stated including the service(s) being provided, agreed time-scales for the project delivery (and any sub-components/tasks/actions), client-consultant specific roles, project objectives, costs, review of targets and resources.
4. Implement and maintain effective recording and monitoring systems of the working client-consultant relationship with the appropriate levels of security and confidentiality to ensure protection and management of the project delivery.
5. Negotiate and agree regular reviews with the client to maintain effective working relationships and ensure the contract remains realistic and deliverable.
6. Facilitate an active collaborative working relationship between the client and consultant that encourages an open communication style, mutual respect and joint decision making to ensure the smooth delivery of the project deliverables/outcomes, and that meets the needs of both parties.
7. Identify and document constructive course of action/s or procedures to manage and enhance working relationships between the client and consultant that are at risk or are impacting on project delivery

4.4 Conduct consultancy

Attainment of this competence requires demonstrating the ability to:

- 4.4a Agree and document the client-consultant contract.
- 4.4b Establish systems or processes to deliver the planned consultancy.
- 4.4c Implement the planned consultancy.
- 4.4d Close the consultancy.

4.4a To agree and document the client-consultant contract, the competent health psychologist will be able to:

1. Ensure the client-consultant working agreements, project objectives and plan, deliverables and outcomes, all services being provided, time-scales for the project delivery (and any sub-components/tasks/actions) are clearly agreed and documented in the contract and signed by all parties.
2. Document the client-consultant specific roles and expectations of each party, and confidentiality and intellectual property arrangements clearly within the contract.
3. Specify financial agreements and costs, processes to review targets and all resources required to undertake the project effectively.
4. Ensure all relevant parties associated with the client are aware of the contract agreements, details and specifications and that the appropriate client contact signs the contract (and on behalf of the organisation, stakeholders etc involved).

5. Ensure that the signed contract is disseminated appropriately and stored securely.

4.4b To establish systems or processes to deliver the planned consultancy the competent health psychologist will be able to

1. Make necessary checks, and obtain resources, consents and agreements for the proposed consultancy.
2. Conduct, analyse and interpret pre-consultancy investigations, using valid and reliable methods, within agreed timescales.
3. Make necessary amendments to consultancy plans in the light of the evaluated outcomes from the pre-consultancy investigations.
4. Gather and prepare all materials, resources, documents and instruments identified as required, to deliver the consultancy project.
5. Implement quality assurance and control mechanisms by setting targets that will enable the progress made within the consultancy to be measured against the objectives.
6. Identify and document contingency measures to deal with changing requirements and circumstances.

4.4c To implement the planned consultancy project the competent health psychologist will be able to:

1. Implement their planned project delivery programme following the actions and conditions agreed within the client-consultant contract and working agreement.
2. Regularly review the consultancy project plans, the contract deliverables and the project goals and objectives, making adjustments agreed with the client as necessary and documenting changes in the contract or working agreements.
3. Identify and manage problems promptly and discuss and document appropriate solutions with the client.
4. Maintain the appropriate levels of security and confidentiality throughout the consultancy project process.
5. Conduct the consultancy project process in compliance with relevant local and national legal, professional, ethical, safety and organisational law, guidelines and requirements.

4.4d To close the consultancy the competent health psychologist will be able to:

1. Document the deliverables/outcomes of the consultancy in relation to its initial aims and objectives.
2. Assess, document and communicate the reasons for any aspects or parts of the consultancy not being met.
3. Report the deliverables/outcomes and recommendations of the consultancy to the client (and all appropriate stakeholders as agreed with the client). This should comprise of a written/and/or oral presentation as required by the client.

4.5 Review the process and outcomes of consultancy

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

4.5a Review the implementation of the full consultancy process and implement changes identified by the reviewing process.

4.5a To review the implementation of the full consultancy process, the competent health psychologist will be able to:

1. Collect data or information as specified in the consultancy plan regarding the review, monitoring or evaluation of the project outcomes.

2. Analyse and compare information and data against the consultancy's objectives.
3. Prioritise changes according to the consultancy contract and client-consultant working agreement and ensure that the rationale for the proposed changes is clearly justified.
4. Identify and assess any changes which are necessary and desirable.
5. Negotiate, document and agree proposals for changes with the client.
6. Negotiate and agree new role requirements in relation to the revised expectations and requirements.

4.6 Evaluate the impact of the consultancy outcomes

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

4.6a Design and implement an evaluation process appropriate to the consultancy project process.

4.6b Assess the outcomes of the evaluation and present/report and document them for the client's needs.

4.6a To design and implement an evaluation the competent health psychologist will be able to:

1. Formulate and negotiate the purpose, scope and necessary resources for the evaluation with the client.
2. Select an evaluation methodology using suitable theories/models, concepts and frameworks that will facilitate the collection of data.
3. Analyse the evaluation data using valid and relevant methods.

4.6b To assess the outcomes of the evaluation the competent health psychologist will be able to:

1. Present evaluation conclusions, implications, recommendations and priorities in a comprehensible form/s.
2. Review, discuss and document evaluation conclusions for the client (and appropriate relevant others/stakeholders).
3. Discuss and agree further actions with the client (and appropriate relevant others/stakeholders).

5.0 CORE UNIT OF TEACHING AND TRAINING COMPETENCE

Guidelines for the teaching/training competence:

Range of experience

Candidates must have experience of teaching health psychology to two population types (e.g. undergraduate students, practising nurses, physiotherapists, health promoters or general practitioners). One of these groups must be health care professionals. A "professional" is someone who is a member of, or in training to become a member of, a professional body. In addition candidates must have experience of both large and small group teaching and a broad range of teaching approaches. Across the two groups being taught, the amount of teaching experience will be taken into consideration. Candidates will normally be expected to have experience of at least one SERIES of teaching sessions. A series would normally be defined as five or more discrete sessions, each of which should normally last approximately one hour, to enable on-going dynamic reflection and development.

Candidates must demonstrate:

1. oral and written skills relating to small and large group teaching/training (and including individual tutoring);
2. the use of different teaching approaches including face-to-face teaching such as lectures, seminars and discussion groups;
3. the use of educational packages and/or distance learning programmes, including booklets, video and audio-taped information; and other written material designed to promote health behaviour change in patients, the general population and/or in health professionals;

4. the ability to select teaching techniques appropriate to the characteristics of the person/group and the setting in which they are taught;
5. the ability to exercise largely autonomous initiative in unpredictable situations within the teaching and training environment.

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

- (i) One 3000 word (maximum) case study based on observed and supervised teaching sessions to be submitted together with the observer's report (of no more than 500 words); the case study should include a teaching plan and evaluation and a reflective commentary of the teaching, exploring changes made as a result of the candidate's learning about their teaching as a result of feedback and self-reflection.

5.1 Plan and design teaching/training programmes that enable students to learn about knowledge, skills and practices in health psychology

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

- 5.1a Assess teaching/training needs.
- 5.1b Develop the structure and content of health psychology teaching/training programmes.
- 5.1c Select appropriate teaching/training methods, approaches and materials.
- 5.1d Prepare materials for learners to maximise their knowledge and skills in health psychology.

5.1a In order to assess teaching/training needs the competent health psychologist will be able to:

1. Assess the current teaching/training provision and levels of knowledge in a target group.
2. Discuss and agree the teaching/training needs with the learners and relevant others.
3. Explore ways in which development and teaching/training needs can be met.

5.1b In order to develop the structure and content of a teaching/training programme the competent health psychologist will be able to:

1. Consult with learners and relevant others about the relationship between proposed teaching/training content and delivery and anticipated learning outcomes.
2. Plan the structure and content of the programmes to fit identified teaching/training needs and outcomes/assessment, timescales and resources.
3. Submit plans to relevant others (supervisor or teaching observer) for comment and adjustment before finalising teaching/training programmes.

5.1c In order to select teaching/training methods and approaches the competent health psychologist will be able to:

1. Consider models of learning taking account of their strengths, limitations and appropriateness in terms of agreed learning needs and outcomes.
2. Taking account of available time and resources design teaching/training sessions which maximise learning opportunities for the target group.
3. Monitor the appropriateness of the selected teaching/training methods and materials and consider other approaches if planned methods are not achieving the desired learning objectives.

5.1d In order to prepare materials for learners to maximise their knowledge and skills in health psychology, the competence health psychologist will be able to:

1. Ensure the necessary resources and materials are available for implementation at the appropriate time and place (e.g. learning aims and outcomes information presentation materials and references/guidance).

5.2 Deliver teaching/training programmes encompassing knowledge, skills and practices in health psychology

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

5.2a Facilitate knowledge and where appropriate skill acquisition in the area of health psychology and or its application.

5.2a In order to facilitate learning in health psychology through the delivery of teaching/training the competent health psychologist will be able to:

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

5.3 Evaluate teaching/training programmes encompassing knowledge, skills and practices in health psychology

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

5.3a Evaluate the outcomes of teaching/training programme in health psychology.

5.3b Identify factors contributing to the outcomes of teaching/training programme.

5.3c Identify improvements for the future design and delivery of teaching/training in health psychology.

5.3a In order to evaluate the outcomes of teaching/training programmes in health psychology the competent health psychologist will be able to:

1. Establish feedback procedures to ensure teaching/training needs are being met.
2. Review results of teaching/training programme assessments with relevant others.

5.3b To identify factors contributing to the outcomes of teaching/training programmes the competent health psychologist will:

1. In order to identify improvements, produce a reflective report on the teaching/training in which strengths and weaknesses of the training/training plan, methods of delivery, personal and professional skills of the trainee are identified.
2. Seek feedback from learners and relevant others.
3. Make recommendations for modifications to teaching/training programmes, the trainer professional skills/background and trainee needs in light of feedback.

5.3c To identify improvements for the future design and delivery of teaching/training in health psychology the trainee will:

1. Keep abreast of current issues, literature, evidence base and applied outcomes of the taught knowledge and skills in health psychology that are relevant to the teaching/training objectives.

Appendix 2: Useful Bibliography

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Notes

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