# Standards of proficiency (SOP) mapping

# **Standards of proficiency for practitioner psychologists (2022)**

Education providers must deliver these SOPs to new cohorts from September 2023. This means that all programmes assessed from September 2022 will need to map to these SOPs

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|  | **Standard of proficiency** | **Where can evidence relating to the delivery and assessment of each standard be found in the accompanying documentation? (e.g., Module descriptor AB1234, Learning outcome XXXX)** |
|  | **Practitioner psychologists must:** |  |
| **1** | **practise safely and effectively within their scope of practice** |  |
| 1.1 | identify the limits of their practice and when to seek advice or refer to another professional or service |  |
| 1.2 | recognise the need to manage their own workload and resources safely and effectively, including managing the emotional burden that comes with working in a pressured environment |  |
| 1.3 | keep their skills and knowledge up to date and understand the importance of continuing professional development throughout their career |  |
| **2** | **practise within the legal and ethical boundaries of their profession** |  |
| 2.1 | maintain high standards of personal and professional conduct |  |
| 2.2 | promote and protect the service user’s interests at all times |  |
| 2.3 | understand the importance of safeguarding by actively looking for signs of abuse, demonstrating understanding of relevant safeguarding processes, and engaging in these processes where necessary |  |
| 2.4 | understand what is required of them by the Health and Care Professions Council, including but not limited to the Standards of conduct, performance and ethics |  |
| 2.5 | respect and uphold the rights, dignity, values, and autonomy of service users, including their role in the assessment, diagnostic, treatment and / or therapeutic process |  |
| 2.6 | recognise that relationships with service users, carers and others should be based on mutual respect and trust, maintaining high standards of care in all circumstances |  |
| 2.7 | understand the importance of and be able to obtain valid consent, which is voluntary and informed, has due regard to capacity, is proportionate to the circumstances and is appropriately documented |  |
| 2.8 | understand the importance of capacity in the context of delivering care and treatment |  |
| 2.9 | understand the scope of a professional duty of care, and exercise that duty |  |
| 2.10 | understand and apply legislation, policies and guidance relevant to their profession and scope of practice |  |
| 2.11 | recognise the power imbalance which comes with being a health care professional, and ensure they do not abuse this for personal gain |  |
| 2.12 | understand the complex ethical and legal issues of any form of dual relationship and the impact these may have on service users |  |
| 2.13 | recognise appropriate boundaries and understand the dynamics of power relationships |  |
| 2.14 | understand the organisational context for their practice as a practitioner psychologist |  |
| **3** | **look after their health and wellbeing, seeking appropriate support where necessary** |  |
| 3.1 | identify anxiety and stress in themselves and recognise the potential impact on their practice |  |
| 3.2 | understand the importance of their own mental and physical health and wellbeing strategies in maintaining fitness to practise |  |
| 3.3 | understand how to take appropriate action if their health may affect their ability to practise safely and effectively, including seeking help and support when necessary |  |
| 3.4 | develop and adopt clear strategies for physical and mental self-care and self-awareness, to maintain a high standard of professional effectiveness and a safe working environment |  |
| 3.5 | manage the physical, psychological and emotional impact of their practice |  |
| **4** | **practise as an autonomous professional, exercising their own professional judgement** |  |
| 4.1 | recognise that they are personally responsible for and must be able to justify their decisions and actions |  |
| 4.2 | use their skills, knowledge and experience, and the information available to them, to make informed decisions and / or take action where necessary |  |
| 4.3 | make reasoned decisions to initiate, continue, modify or cease treatment or the use of techniques or procedures, and record the decisions and reasoning appropriately |  |
| 4.4 | make and receive appropriate referrals, where necessary |  |
| 4.5 | exercise personal initiative |  |
| 4.6 | demonstrate a logical and systematic approach to problem solving |  |
| 4.7 | use research, reasoning and problem solving skills when determining appropriate actions |  |
| 4.8 | understand the need for active participation in training, supervision and mentoring in supporting high standards of practice, and personal and professional conduct, and the importance of demonstrating this in practice |  |
| **5** | **recognise the impact of culture, equality and diversity on practice and practise in a non-discriminatory and inclusive manner** |  |
| 5.1 | respond appropriately to the needs of all different groups and individuals in practice, recognising this can be affected by difference of any kind including, but not limited to, protected characteristics, intersectional experiences and cultural differences |  |
| 5.2 | understand equality legislation and apply it to their practice |  |
| 5.3 | recognise the potential impact of their own values, beliefs and personal biases (which may be unconscious) on practice and take personal action to ensure all service users and carers are treated appropriately with respect and dignity |  |
| 5.4 | understand the duty to make reasonable adjustments in practice and be able to make and support reasonable adjustments in theirs and others’ practice |  |
| 5.5 | recognise the characteristics and consequences of barriers to inclusion, including for socially isolated groups |  |
| 5.6 | actively challenge these barriers, supporting the implementation of change wherever possible |  |
| 5.7 | recognise that regard to equality, diversity and inclusion needs to be embedded in the application of all HCPC standards, across all areas of practice |  |
| 5.8 | understand the impact of differences of any kind, including, but not limited to, the protected characteristics, intersectional experiences and cultural differences, on psychological wellbeing or behaviour including how these differences may result in experiences of marginalisation |  |
| 5.9 | understand the requirement to adapt practice to meet the needs of different groups and individuals |  |
| **6** | **understand the importance of and maintain confidentiality** |  |
| 6.1 | adhere to the professional duty of confidentiality and understand when disclosure may be required |  |
| 6.2 | understand the principles of information and data governance and be aware of the safe and effective use of health, social care and other relevant information |  |
| 6.3 | recognise and respond in a timely manner to situations where it is necessary to share information to safeguard service users, carers and / or the wider public |  |
| 6.4 | understand the need to ensure confidentiality is maintained in all situations in which service users rely on additional communication support (such as interpreters or translators) |  |
| 6.5 | recognise that the concepts of confidentiality and informed consent extend to all mediums, including illustrative clinical records such as photography, video and audio recordings and digital platforms |  |
| **7** | **communicate effectively** |  |
| 7.1 | use effective and appropriate verbal and non-verbal skills to communicate with service users, carers, colleagues and others |  |
| 7.2 | communicate in English to the required standard for their profession (equivalent to level 7 of the International English Language Testing System, with no element below 6.5) |  |
| 7.3 | understand the characteristics and consequences of verbal and non-verbal communication and recognise how these can be affected by difference of any kind including, but not limited to, protected characteristics, intersectional experiences and cultural differences |  |
| 7.4 | work with service users and / or their carers to facilitate the service user’s preferred role in decision-making, and provide service users and carers with the information they may need where appropriate |  |
| 7.5 | modify their own means of communication to address the individual communication needs and preferences of service users and carers, and remove any barriers to communication where possible |  |
| 7.6 | understand the need to support the communication needs of service users and carers, such as through the use of an appropriate interpreter |  |
| 7.7 | use information, communication and digital technologies appropriate to their practice |  |
| 7.8 | understand the need to provide service users or people acting on their behalf with the information necessary in accessible formats to enable them to make informed decisions |  |
| 7.9 | select the appropriate means for communicating feedback to service users |  |
| 7.10 | provide psychological opinion and advice in formal settings, as appropriate |  |
| 7.11 | communicate ideas and conclusions clearly and effectively to specialist and non-specialist audiences |  |
| 7.12 | explain the nature and purpose of specific psychological techniques to service users |  |
| 7.13 | summarise and present complex ideas in an appropriate form |  |
| 7.14 | use formulations to assist multi-professional communication and understanding |  |
| 7.15 | understand explicit and implicit communications in a practitioner – service user relationship |  |
| 7.16 | appropriately define and contract work with commissioning service users or their representatives |  |
| **Counselling psychologists only** | | |
| 7.17 | understand how empathic understanding can be helped by creativity and artistry in the use of language and metaphor |  |
| **8** | **work appropriately with others** |  |
| 8.1 | work in partnership with service users, carers, colleagues and others |  |
| 8.2 | recognise the principles and practices of other health and care professionals and systems and how they interact with their profession |  |
| 8.3 | understand the need to build and sustain professional relationships as both an autonomous practitioner and collaboratively as a member of a team |  |
| 8.4 | contribute effectively to work undertaken as part of a multi-disciplinary team |  |
| 8.5 | identify anxiety and stress in service users, carers and colleagues, adapting their practice and providing support where appropriate |  |
| 8.6 | understand the qualities, behaviours and benefits of leadership |  |
| 8.7 | recognise that leadership is a skill all professionals can demonstrate |  |
| 8.8 | identify their own leadership qualities, behaviours and approaches, taking into account the importance of equality, diversity and inclusion |  |
| 8.9 | demonstrate leadership behaviours appropriate to their practice |  |
| 8.10 | act as a role model for others |  |
| 8.11 | promote and engage in the learning of others |  |
| 8.12 | understand the need to engage service users and carers in planning and evaluating assessments, treatments and interventions to meet their needs and goals |  |
| 8.13 | understand the need to implement interventions, care plans or management plans in partnership with service users, other professionals and carers |  |
| 8.14 | initiate, develop and end a practitioner – service user relationship |  |
| 8.15 | understand the dynamics present in relationships between service users and practitioners |  |
| 8.16 | plan, design and deliver teaching and training which takes into account the needs and goals of participants |  |
| 8.17 | support the learning of others in the application of psychological skills, knowledge, practices and procedures |  |
| 8.18 | determine and use appropriate psychological formulations in partnership with service users to facilitate their understanding of their experience or situation |  |
| **9** | **maintain records appropriately** |  |
| 9.1 | keep full, clear and accurate records in accordance with applicable legislation, protocols and guidelines |  |
| 9.2 | manage records and all other information in accordance with applicable legislation, protocols and guidelines |  |
| 9.3 | use digital record keeping tools, where required |  |
| **10** | **reflect on and review practice** |  |
| 10.1 | understand the value of reflective practice and the need to record the outcome of such reflection to support continuous improvement |  |
| 10.2 | recognise the value of multi-disciplinary reviews, case conferences and other methods of review |  |
| 10.3 | reflect critically on their practice and consider alternative ways of working |  |
| 10.4 | understand models of supervision and their contribution to practice |  |
| **Clinical psychologists and counselling psychologists only** | | |
| 10.5 | critically reflect on the use of self in the therapeutic process |  |
| **11** | **assure the quality of their practice** |  |
| 11.1 | engage in evidence-based practice |  |
| 11.2 | gather and use feedback and information, including qualitative and quantitative data, to evaluate the responses of service users to their care |  |
| 11.3 | monitor and systematically evaluate the quality of practice, and maintain an effective quality management and quality assurance process working towards continual improvement |  |
| 11.4 | participate in quality management, including quality control, quality assurance, clinical governance and the use of appropriate outcome measures |  |
| 11.5 | evaluate care plans or intervention plans using recognised and appropriate outcome measures in conjunction with the service user and revise the plans as necessary |  |
| 11.6 | recognise the value of gathering and using data for quality assurance and improvement programmes |  |
| 11.7 | revise formulations in the light of ongoing intervention and, when necessary, reformulate the situation |  |
| 11.8 | monitor agreements and practices with service users, groups and organisations |  |
| **12** | **understand and apply the key concepts of the knowledge base relevant to their profession** |  |
| 12.1 | understand the structure and function of the human body, together with knowledge of physical and mental health, disease, disorder and dysfunction relevant to their profession |  |
| 12.2 | demonstrate awareness of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process |  |
| 12.3 | recognise the role(s) of other professions and stakeholders relevant to the work of their domain, and understand how they may relate to the role of practitioner psychologist |  |
| 12.4 | understand the structures and functions of health and social care systems and services in the UK, plus other services relevant to the work of their domain |  |
| 12.5 | understand the theoretical basis of, and the variety of approaches to, assessment and intervention |  |
| 12.6 | understand the role of the practitioner psychologist across a range of settings and services |  |
| 12.7 | understand the application of consultation models to service delivery and practice, including the role of leadership and group processes |  |
| **Clinical psychologists only** | | |
| 12.8 | understand theories and evidence concerning psychological development and psychological difficulties across the lifespan and their assessment and remediation |  |
| 12.9 | understand more than one evidence-based model of formal psychological therapy |  |
| 12.10 | understand psychological models related to how biological, sociological and circumstantial or life-event-related factors impinge on psychological processes to affect psychological wellbeing |  |
| 12.11 | understand psychological models related to a range of  presentations including:  – service users with presentations from acute to enduring and mild to severe;  – problems with biological or neuropsychological aspects; and  – problems with mainly psychosocial factors including problems of coping, adaptation and resilience to adverse circumstances and life events, including bereavement and other chronic physical and mental health conditions |  |
| 12.12 | understand psychological models related to service users:  – from a range of social and cultural backgrounds;  – of all ages;  – across a range of intellectual functioning;  – with significant levels of challenging behaviour;  – with developmental learning disabilities and cognitive impairment;  – with communication difficulties;  – with substance misuse problems; and  – with physical health problems |  |
| 12.13 | understand psychological models related to working:  – with service users, couples, families, carers, groups and at the organisational and community level; and  – in a variety of settings including in-patient or other residential facilities with high-dependency needs, secondary health care and community or primary care |  |
| 12.14 | understand change and transition processes at the individual, group and organisational level |  |
| 12.15 | understand social approaches such as those informed by community, critical and social constructivist perspectives |  |
| 12.16 | understand the impact of psychopharmacological and other clinical interventions on psychological work with service users |  |
| **Counselling psychologists only** | | |
| 12.17 | understand the philosophical bases which underpin those psychological theories |  |
| 12.18 | understand the philosophy, theory and practice of more than one evidence-based model of formal psychological therapy |  |
| 12.19 | understand psychological models related to a range of presentations including:  – service users with presentations from acute to enduring and mild to severe;  – problems with biological or neuropsychological aspects; and  – problems with mainly psychosocial factors including problems of coping, adaptation and resilience to adverse circumstances and life events, including bereavement and other chronic physical and mental health conditions |  |
| 12.20 | understand the therapeutic relationship and alliance as conceptualised by each model |  |
| 12.21 | understand the spiritual and cultural traditions and practices relevant to counselling psychology and their application to service users and carers, as well as its variation at organisational and community levels |  |
| 12.22 | understand the primary philosophical paradigms that inform psychological theory with particular regard to their relevance to, and impact upon, the understanding of the subjectivity and inter subjectivity of experience throughout human development |  |
| 12.23 | understand theories of human cognitive, emotional, behavioural, social and physiological functioning relevant to counselling psychology including people of all ages and culture;  – across a range of intellectual functioning;  – with significant levels of challenging behaviour;  – with developmental learning disabilities and cognitive impairment;  – with communication difficulties;  – with substance misuse problems; and  – with physical health problems |  |
| 12.24 | understand different theories of lifespan development and their assessment and remediation |  |
| 12.25 | understand social and cultural contexts in a manner informed by community, critical and social constructivist perspectives |  |
| 12.26 | understand theories of psychopathology and of change including transition processes at the individual, group and organisational level |  |
| 12.27 | understand the impact of psychopharmacology and other interventions on psychological work with service users |  |
| **Educational psychologists only** | | |
| 12.28 | understand the role of the educational psychologist across a range of school and community settings and services |  |
| 12.29 | understand the educational and emotional factors that facilitate or impede the provision of effective teaching and learning |  |
| 12.30 | understand psychological theories of, and research evidence in, child, adolescent and young adult development relevant to educational psychology |  |
| 12.31 | understand the structures and systems of a wide range of settings in which education, health and care are delivered for children, adolescents and young adults, including child protection procedures |  |
| 12.32 | understand psychological models related to the influence of school ethos and culture, educational curricula, communication systems, management and leadership styles on the cognitive, behavioural, emotional and social development of children, adolescents and young adults |  |
| 12.33 | understand psychological models of the factors that lead to underachievement, disaffection and social exclusion amongst vulnerable groups |  |
| 12.34 | understand theories and evidence underlying psychological intervention with children, adolescents, young adults, their parents or carers, and education and other professionals |  |
| 12.35 | understand psychological models related to the influence on development of children, adolescents and young adults from:  – family structures and processes;  – cultural and community contexts; and  – organisations and systems |  |
| 12.36 | understand change and transition processes at the individual, group and organisational level |  |
| 12.37 | understand the theoretical basis of, and the variety of approaches to, consultation and assessment in educational psychology |  |
| 12.38 | understands the impact of school systems and the educational curriculum, including the legal framework relating to support and funding in schools, on children and young people |  |
| 12.39 | understand psychological models related to a range of  presentations including:  – service users with presentations from acute to enduring and mild to severe;  – problems with biological or neuropsychological aspects; and  – problems with mainly psychosocial factors including problems of coping, adaptation and resilience to adverse circumstances and life events, including bereavement and other chronic physical and mental health conditions |  |
| 12.40 | understand psychological models related to service users:  – from a range of social and cultural backgrounds;  – of all ages;  – across a range of intellectual functioning;  – with significant levels of challenging behaviour;  – with developmental learning disabilities and cognitive impairment;  – with communication difficulties;  – with substance misuse problems; and  – with physical health problems |  |
| **Forensic psychologists only** | | |
| 12.41 | understand the application of psychology in the legal system |  |
| 12.42 | understand the application and integration of a range of theoretical perspectives on socially and individually damaging behaviours, including psychological, social and biological perspectives |  |
| 12.43 | understand psychological models related to a range of presentations including:  – service users with presentations from acute to enduring and mild to severe;  – problems with biological or neuropsychological aspects; and  – problems with mainly psychosocial factors including problems of coping, adaptation and resilience to adverse circumstances and life events, including bereavement and other chronic physical and mental health conditions |  |
| 12.44 | understand psychological theories and their application to the provision of psychological therapies that focus on offenders and victims of offences |  |
| 12.45 | understand effective assessment approaches with service users presenting with individually or socially damaging behaviour |  |
| 12.46 | understand the development of criminal and antisocial behaviour |  |
| 12.47 | understand the psychological interventions related to different service user groups including victims of offences, offenders, litigants, appellants and individuals seeking arbitration and mediation |  |
| **Health psychologists only** | | |
| 12.48 | understand context and perspectives in health psychology |  |
| 12.49 | understand the epidemiology of health and illness |  |
| 12.50 | understand:  – biological mechanisms of health and disease;  – health-related cognitions and behaviour;  – stress, health and illness;  – individual differences in health and illness;  – lifespan, gender and cross-cultural perspectives; and  – long-term conditions and disability |  |
| 12.51 | understand applications of health psychology and professional issues |  |
| 12.52 | understand healthcare in professional settings |  |
| 12.53 | understand psychological models related to how biological, sociological, and circumstantial or life-event-related factors impinge on psychological processes |  |
| **Occupational psychologists only** | | |
| 12.54 | understand the following in occupational psychology:  - Psychological assessment at work  - Learning, training and development  - Leadership, engagement and motivation  - Wellbeing and work  - Work design, organisational change and development |  |
| **Sports and exercise psychologists only** | | |
| 12.55 | understand cognitive processes, including motor skills, practice skills, learning and perception; and self-regulation |  |
| 12.56 | understand psychological skills such as:  – goal setting;  – self-talk;  – imagery;  – pre-performance routines;  – arousal control, such as relaxation and activation; and  – strategies for stress and emotion management |  |
| 12.57 | understand exercise and physical activity including:  – determinants, such as motives, barriers and adherence;  – outcomes in relation to affect, such as mood and emotion;  – cognition and mental health issues, such as self-esteem, eating disorders, depression and exercise dependence;  – lifestyle and quality of life; and  – injury |  |
| 12.58 | understand individual differences including:  – mental toughness, hardiness and resilience;  – personality;  – confidence;  – motivation;  – self-concept and self-esteem; and  – stress and coping |  |
| 12.59 | understand social processes within sport and exercise psychology including:  – interpersonal skills and relationships;  – group dynamics and functioning;  – organisational issues; and  – leadership |  |
| 12.60 | understand the impact of developmental processes, including lifespan issues and processes related to career transitions and termination |  |
| **13** | **draw on appropriate knowledge and skills to inform practice** |  |
| 13.1 | change their practice as needed to take account of new developments, technologies and changing contexts |  |
| 13.2 | gather appropriate information |  |
| 13.3 | analyse and critically evaluate the information collected |  |
| 13.4 | select and use appropriate assessment techniques and equipment |  |
| 13.5 | undertake and record a thorough, sensitive and detailed assessment |  |
| 13.6 | undertake or arrange investigations as appropriate |  |
| 13.7 | conduct appropriate assessment or monitoring procedures, treatment, therapy or other actions safely and effectively |  |
| 13.8 | recognise a range of research methodologies relevant to their role |  |
| 13.9 | recognise the value of research to the critical evaluation of practice |  |
| 13.10 | critically evaluate research and other evidence to inform their own practice |  |
| 13.11 | engage service users in research as appropriate |  |
| 13.12 | apply psychology across a variety of different contexts using a range of evidence-based and theoretical models, frameworks and psychological paradigms |  |
| 13.13 | conduct consultancy |  |
| 13.14 | formulate specific and appropriate management plans including the setting of timescales |  |
| 13.15 | manage resources to meet timescales and agreed project objectives |  |
| 13.16 | use psychological formulations to plan appropriate interventions that take the service user’s perspective into account |  |
| 13.17 | direct the implementation of applications and interventions carried out by others |  |
| 13.18 | make informed judgements on complex issues in the absence of complete information |  |
| 13.19 | work effectively whilst holding alternative competing explanations in mind |  |
| 13.20 | generalise and synthesise prior knowledge and experience in order to apply them critically and creatively in different settings and novel situations |  |
| 13.21 | choose and use a broad range of psychological assessment methods, appropriate to the service user, environment and the type of intervention likely to be required |  |
| 13.22 | decide how to assess, formulate and intervene psychologically from a range of possible models and modes of intervention with service users or service systems |  |
| 13.23 | use formal assessment procedures, systematic interviewing procedures and other structured methods of assessment relevant to their domain |  |
| 13.24 | critically evaluate risks and their implications |  |
| 13.25 | recognise when further intervention is inappropriate, or unlikely to be helpful |  |
| 13.26 | initiate, design, develop, conduct and critically evaluate psychological research |  |
| 13.27 | understand and use applicable techniques for research and academic enquiry, including qualitative and quantitative approaches |  |
| 13.28 | use professional and research skills in work with service users based on a scientist-practitioner and reflective practitioner model that incorporates a cycle of assessment, formulation, intervention and evaluation |  |
| 13.29 | understand and apply research ethics |  |
| 13.30 | conduct service and large scale evaluations |  |
| **Clinical psychologists only** | | |
| 13.31 | assess social context and organisational characteristics |  |
| 13.32 | develop psychological formulations using the outcomes of assessment, drawing on theory, research and explanatory models |  |
| 13.33 | draw on knowledge of developmental, social and neuropsychological processes across the lifespan to facilitate adaptability and change in individuals, groups, families, organisations and communities |  |
| 13.34 | understand therapeutic techniques and processes as applied when working with a range of individuals in distress including:  – those who experience difficulties related to anxiety, mood, adjustment to adverse circumstances or life-events, eating, psychosis, use of substances; and  – those with somatoform, psychosexual, developmental, personality, cognitive and neurological presentations |  |
| 13.35 | deliver appropriate psychological therapies acquired through study and supervised practice and maintained with regular, ongoing supervision |  |
| 13.36 | implement, on the basis of psychological formulation, psychological therapy or other interventions appropriate to the presenting problem and to the psychological and social circumstances of the service user |  |
| 13.37 | implement therapeutic interventions based on a range of evidence-based models of formal psychological therapy to defined levels of competence, including the use of cognitive behavioural therapy |  |
| 13.38 | promote awareness of the actual and potential contribution of psychological services |  |
| 13.39 | evaluate and respond to organisational and service delivery changes, including the provision of consultation |  |
| 13.40 | understand and be able to act on and provide advice on policy concerning health and care |  |
| **Counselling psychologists only** | | |
| 13.41 | contrast, compare and critically evaluate a range of models of therapy |  |
| 13.42 | draw on knowledge of developmental, social and neuropsychological processes across the lifespan to facilitate adaptability and change in individuals, groups, families, organisations and communities |  |
| 13.43 | critically evaluate theories of mind and personality |  |
| 13.44 | understand therapy through their own life-experience |  |
| 13.45 | adapt practice to take account of the nature of relationships throughout the lifespan |  |
| 13.46 | formulate service users’ concerns within the chosen therapeutic models |  |
| 13.47 | critically evaluate psychopharmacology and its effects from research and practice |  |
| 13.48 | critically evaluate theories of psychopathology and change |  |
| 13.49 | implement, on the basis of psychological formulation, psychological therapy or other interventions appropriate to the presenting problem and to the psychological and social circumstances of the service user |  |
| 13.50 | implement therapeutic interventions based on a range of evidence-based models of formal psychological therapy |  |
| 13.51 | promote awareness of the actual and potential contribution of psychological services |  |
| 13.52 | evaluate and respond to organisational and service delivery changes, including the provision of consultation |  |
| **Educational psychologists only** | | |
| 13.53 | develop psychological formulations using the outcomes of assessment, drawing on theory, research and explanatory models |  |
| 13.54 | carry out and analyse large-scale data gathering, including questionnaire surveys |  |
| 13.55 | work with key partners to support the design, implementation, conduct, evaluation and dissemination of research activities and to support evidence-based research |  |
| 13.56 | formulate evidence-based interventions that focus on applying knowledge, skills and expertise to support local and national initiatives |  |
| 13.57 | develop and apply effective interventions to promote psychological wellbeing, social, emotional and behavioural development and to raise educational standards |  |
| 13.58 | implement evidenced-based interventions and plans through and with other professions and with children and young people, parents and / or carers |  |
| 13.59 | adopt a proactive and preventative approach in order to promote the psychological wellbeing of service users |  |
| 13.60 | choose and use a broad range of psychological interventions, appropriate to the service user’s needs and setting |  |
| 13.61 | integrate and implement therapeutic approaches based on a range of evidence-based psychological interventions |  |
| 13.62 | promote awareness of the actual and potential contribution of psychological services |  |
| **Forensic psychologists only** | | |
| 13.63 | plan and design training and development programmes |  |
| 13.64 | plan and implement assessment procedures for training programmes |  |
| 13.65 | promote awareness of the actual and potential contribution of psychological services |  |
| 13.66 | assess social context and organisational characteristics |  |
| 13.67 | research and develop psychological methods, concepts, models, theories and instruments in forensic psychology |  |
| 13.68 | evaluate and respond to organisational and service delivery changes, including the provision of consultation |  |
| 13.69 | draw on knowledge of developmental and social changes and constraints across an individual’s lifespan to facilitate adaptability and change |  |
| 13.70 | implement interventions and care-plans through and with other professionals who form part of the service user care team |  |
| 13.71 | implement, on the basis of empirically derived psychological formulation, psychological therapy or other interventions appropriate to the presenting maladaptive or socially damaging behaviour of the service user |  |
| 13.72 | integrate and implement evidence-based psychological therapy at either an individual or group level |  |
| **Health psychologists only** | | |
| 13.73 | plan and implement assessment procedures for training programmes |  |
| 13.74 | develop appropriate psychological assessments based on appraisal of the influence of the biological, social and environmental context |  |
| 13.75 | develop psychological formulations using the outcomes of assessment, drawing on theory, research and explanatory models |  |
| 13.76 | carry out and analyse large-scale data gathering, including questionnaire surveys |  |
| 13.77 | draw on knowledge of developmental, social and biological processes across the lifespan to facilitate adaptability and change in individuals, groups, families, organisations and communities |  |
| 13.78 | contrast, compare and critically evaluate a range of models of behaviour change |  |
| 13.79 | understand techniques and processes as applied when working with different individuals who experience difficulties |  |
| 13.80 | develop and apply effective interventions to promote psychological wellbeing, social, emotional and behavioural development and to raise educational standards |  |
| 13.81 | evaluate and respond to change in health psychology and in consultancy and service-delivery contexts |  |
| 13.82 | to implement, on the basis of psychological formulation, psychological therapy or other interventions appropriate to the presenting problem, and to the psychological and social circumstances of the service user |  |
| 13.83 | integrate and implement therapeutic approaches based on a range of evidence-based psychological interventions |  |
| 13.84 | choose and use a broad range of psychological interventions, appropriate to the service user’s needs and setting |  |
| **Occupational psychologists only** | | |
| 13.85 | assess individuals, groups and organisations in detail |  |
| 13.86 | use the consultancy cycle |  |
| 13.87 | research and develop psychological methods, concepts, models, theories and instruments in occupational psychology |  |
| 13.88 | use psychological theory to guide research solutions for the benefit of organisations and individuals |  |
| 13.89 | understand and act and provide advice on policy development concerning employees’ and job seekers’ rights |  |
| 13.90 | run, direct, train and monitor others in the effective implementation of an application |  |
| **Sport and exercise psychologists only** | | |
| 13.91 | assess social context and organisational characteristics |  |
| 13.92 | develop psychological formulations using the outcomes of assessment, drawing on theory, research and explanatory models |  |
| 13.93 | formulate service users’ concerns within the chosen intervention models |  |
| **14** | **establish and maintain a safe practice environment** |  |
| 14.1 | understand the need to maintain the safety of themself and others, including service users, carers and colleagues |  |
| 14.2 | demonstrate awareness of relevant health and safety legislation and comply with all local operational procedures and policies |  |
| 14.3 | work safely, including being able to select appropriate hazard control and risk management, reduction or elimination techniques in a safe manner and in accordance with health and safety legislation |  |
| 14.4 | select appropriate personal protective equipment and use it correctly |  |
| 14.5 | establish safe environments for practice, which appropriately manages risk |  |
| **Sports and exercise psychologists only** | | |
| 14.6 | demonstrate awareness of the possible physical risks associated with certain sport and exercise contexts |  |
| **15** | **promote health and prevent ill health** |  |
| 15.1 | understand the role of their profession in health promotion, health education and preventing ill health |  |
| 15.2 | understand how social, economic and environmental factors (wider determinants of health) can influence a person’s health and well-being |  |
| 15.3 | empower and enable individuals (including service users and colleagues) to play a part in managing their own health |  |
| 15.4 | engage in occupational health, including being aware of immunisation requirements |  |