

The British Psychological Society (BPS) and Clinical Psychology Training

The British Psychological Society represents the interests of psychologists in the UK. Although its constitution means that it cannot act as a professional body, it does represent the interests of psychologists in professional practice, and that includes Clinical Psychologist. The Division of Clinical Psychology (DCP) is one of the largest components of the BPS with a membership of close to 10,000.

The UCL programme considers that membership of the BPS and support for our professional body is important, and this document is intended:

- to help explain how the BPS and the HCPC work together in relation to setting standards for training and accreditation
- to identify the wider role of the BPS
- to identify the role of the DCP
- to help trainees consider joining the BPS and the pre-qualification group of the DCP

BPS and HCPC roles in setting standards for training and accreditation

Historically the BPS undertook regulation of the profession, setting the criteria for accreditation and regulation of courses across the UK (through the Committee on Training in Clinical Psychology (CTCP)), awarding Chartered status to individuals who had completed accredited courses and investigating and ruling on breaches of professional practice.

In 2009 Clinical Psychologists came under the regulatory authority of the Health and Care Professions Council (HCPC). This involved the creation of a statutory register of practitioner psychologists (with legal protection of the title of 'Clinical Psychologist'), the accreditation of courses offering a Doctorate in Clinical Psychology, and the introduction of a disciplinary procedure. This meant that several functions previously carried out by the BPS transferred to HCPC, raising some questions, and some confusion, about the role of the BPS.

The BPS and the HCPC have different but co-ordinated approaches to the accreditation of programmes.

The HCPC has a statutory role – if it withheld accreditation then graduates from a programme would not be able to register with the HCPC (and so would be unable to practice). The HCPC uses two sets of criteria to come to its judgments: “Standards of Education and Training (SETs)” and “Standards of Proficiency (SOPs)” – both available on the course website. The SETs are common to all educational programmes regulated by the HCPC, but the SOPs focus on areas specific to the profession. It is worth noting that the BPS worked closely with the HCPC to help them identify the SOPs.

Because of its role in accreditation pre-2009 the BPS – through the CTCP – has a very well-developed set of criteria for evaluating the quality of courses. These have been used to inform the HCPC's SOPs, but it is worth noting that they are much more comprehensive, and there is general acknowledgment that they represent a more nuanced and professionally-informed set of criteria.

Although (from a statutory perspective) courses do not need accreditation from the BPS, all programmes in the UK have chosen to be jointly accredited by the BPS as well as the HCPC. This is for good reason – it means that graduates are eligible for Chartered Status as a Clinical Psychologist with the BPS. It also reflects a commitment to the highest standards, because the BPS criteria are much more detailed and aspirational than those of the HCPC. The current

situation is that all courses have been visited and accredited by HCPC, and the BPS continues to undertake accreditation visits to all programmes every 5 years (with the next visit to UCL taking place in May 2015).

The BPS accreditation criteria are on the course website. They have proved very useful in helping the programme think about the training it delivers, and the way in which this is structured. But it is also the case that CTCP is open to influence from practitioners and trainers, and this two-way dialogue means that the quality assurance process is seen as collegial rather than top-down, with the result that there is considerable respect for the BPS quality assurance process.

The wider roles of the BPS

The BPS has a very wide range of functions, some of which are not immediately evident or are treated as a 'natural' part of the professional landscape, despite the fact that all the functions involve a considerable expenditure of effort and resource. The consequence is that its role and activities are not always recognised, and a few examples are worth identifying:

Maintaining influence and promoting the profession: Because the BPS has a high-profile it is usually consulted in relation to matters of policy and asked to contribute its views, both scholarly and strategic. Many professional bodies seek to liaise with the BPS – for example, there is a long history of collaboration with the medical colleges in the development of policy and advice, and the National Collaborating Centre (which develops mental health guidelines for NICE) is a joint partnership between the BPS and the Royal College of Psychiatrists.

Setting academic and professional standards: The BPS identifying the standards for undergraduate programmes in psychology, and for establishing the content of degrees that confer Chartered Basis for Registration.

Scholarship: The Society produces a number of academic journals – the most immediately relevant is the British Journal of Clinical Psychology, but there is a suite of society journals, all pertinent to clinical practice.

Other publications: "The Psychologist" is published monthly and is the 'house journal' for the society. It includes discussion of current issues and debates as well as lively updates on a wide range of research topics.

Conferences: The BPS organises annual conferences that brings together the various branches of psychology, as well as providing the infrastructure that supports the many conferences hosted by faculties and branches of the DCP.

Ethics: The BPS ethics committee meets regularly to consider ethical issues that impact on psychologists, and is responsible for producing the Code of Ethics and Conduct (available on the course website).

It will shortly publish a competence framework which specifies how this code applies to different constituents (from A-level students through to academic psychologists and psychologists in professional practice) as well as describing a model for putting ethics into practice.

The Division of Clinical Psychology (DCP)

The DCP was founded in 1964 – over 50 years ago. It has a number of roles and functions, but primarily it aims to promote the clinical psychology as a profession, and to help develop the knowledge and skills that underpin it. The DCP works closely with a number of

organisations including the NHS, the government in all four nations, other professional bodies, groups in the voluntary sector and service users and carers.

Reflecting the specialisms that constitute Clinical Psychology there are 13 'faculties', each of which organises meetings and conferences and where appropriate offers advice both within the profession (for example, on training, or on the ways in which services should be delivered) or to external bodies. The faculties are:

- Addiction
- Children, Young People and their Families
- Clinical Health Psychology
- Eating Disorders
- Forensic Clinical Psychology
- Holistic Psychology
- Leadership and Management
- Intellectual Disabilities
- Oncology and Palliative Care
- Perinatal Psychology
- Psychosis and Complex Mental Health
- Psychology of Older People
- HIV and Sexual Health

Across the country there are local DCP 'branches'; these bring together clinical psychologists both to identify local issues and the ways in which they might be managed, as well as organising CPD events. The branch local to UCL is the London and Home Counties.

The DCP has a monthly publication (Clinical Psychology Forum), and organises conferences, both through its national committee and local branches.

Joining the BPS and the DCP

Trainees will make their own decisions about whether to join the BPS. The programme would encourage this, for reasons that are hopefully evident from the foregoing text. There are of course differing views about the effectiveness of the BPS, made more acute by a perception that it is not always as responsive as it should be to our professional interests. These are legitimate concerns, but the BPS will only thrive on the basis of the input its members make to it, and this is a particularly important observation in relation to the DCP.

Trainees can join the DCP as members of the Pre-Qualification Group, whose purpose is to ensure that members have a voice, and which gathers and distributes information and knowledge on current developments that impacts on their members.

Membership brings a discount on registration for the DCP Annual Conference and CPD events, and automatically confers membership of the London branch of the DCP and access to the members' area of the members' area of the DCP and BPS websites.

More information

BPS homepage	www.bps.org.uk/
DCP homepage	www.bps.org.uk/networks-and-communities/member-microsite/division-clinical-psychology
History of the BPS	http://hopc.bps.org.uk/histres/bpshistory/bpshistory_home.cfm

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More reading

A history of the development of British Clinical Psychology was published in 2015, to coincide with the 50th anniversary of the founding of the DCP.