



National College for
Teaching & Leadership

NHS

Health Education England

Review of clinical and educational psychology training arrangements

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1. Executive Summary

In November 2014 the Departments of Health (DH) and Education (DfE) jointly commissioned a review of clinical and educational psychology training arrangements in England. The aim of the review was “to consider the scope for a more flexible clinical and educational psychology workforce, through greater integration of training, to drive efficiencies and better psychology service delivery for children and young people”.

It was led by the National College for Teaching and Leadership (NCTL) and Health Education England (HEE) with strategic oversight provided by DH and DfE. The report outlines the background, current profile of the professions and key findings. Potential changes were identified and discussed with stakeholders including the course providers, commissioners, unions, and employers, the British Psychological Society, and Health and Care Professions Council (HCPC).

Review Recommendations

- a. All clinical psychologists wishing to specialise in children and young people, and educational psychologists, will be encouraged, through relevant experience, to develop appropriate transferable skills and build their understanding of children and young people (0-25 years old), including in the domains of educational, health and social care, psychological and mental health services. In addition, where there are common standards of proficiency across the two professions, universities will be encouraged to look for opportunities to teach these together, where appropriate and practicable.
- b. The Departments (HEE on behalf of DH) will consider the development of a one year, post graduate qualification of Assistant Psychologist, including an assessment of the views of stakeholders.
- c. Health Education England (HEE) will continue to commission training for clinical psychologists on behalf of the Department of Health and National College for Teaching Leadership (NCTL) will continue to commission training for educational psychologists on behalf of the Department for Education.
- d. Both Departments (HEE on behalf of DH) will continue to review training costs to examine the potential, to deliver a national standardised cost per trainee for clinical psychology doctorate training and a national standardised cost per trainee for educational psychology doctorate training by 2020.
- e. The report setting out the key findings of the review is published/shared with stakeholders who contributed to the review.

2. Introduction

Ministers¹ in the Departments of Health (DH) and Education (DfE) jointly commissioned a review of clinical and educational psychology training arrangements in England, in November 2014. This followed the identification of a number of issues and challenges facing both professions, as follows

- Psychology training arrangements led by each Department had evolved relatively independently of policy on supporting children with Special Educational Needs and Disability (SEND) and mental health (on which the two departments co-operate closely).
- A predicted increase in demand for educational psychologists.
- Differences in the costs of funding clinical and educational psychology doctorates.
- Reported confusion around the roles and responsibilities of clinical and educational psychologists among children, parents, and non-psychology workforce, especially in schools, affecting service user experience.

The aim of the review was “to consider the scope for a more flexible clinical and educational psychology workforce, through greater integration of training, to drive efficiencies and better psychology service delivery for children and young people”.

The review was led by the National College for Teaching and Leadership (NCTL)² and Health Education England (HEE)³ with strategic oversight provided by DH and DfE. The review ran from January to November 2015.

Background

DH and DfE have shared oversight for education and care services for children and young people (this is usually taken to mean from birth to 18, but in some cases – notably children with special educational needs - this can extend to age 25). This includes ensuring that providers meet the psychological and mental health needs of children and young people. DfE have lead responsibilities that include children’s

¹ Edward Timpson, Parliamentary Under Secretary of Children and Families and Dr. Dan Poulter, Parliamentary Under Secretary for Health (September 2012 to May 2015)

² NCTL is an Executive Body of the Department for Education

³ HEE is a Non-Departmental Body of the Department of Health

education and special educational needs, plus the workforce planning and commissioning of training for educational psychologists. DH responsibilities include children's health especially their mental and public health. It also includes workforce planning, and the commissioning of training for clinical psychologists.

Psychology training arrangements led by each Department have evolved relatively independently of policy on supporting children with Special Educational Needs and Disability (SEND) and mental health (on which the two departments co-operate closely).

Role of clinical and educational psychologists

Clinical psychologists

Clinical Psychologists⁴ are trained to work across the lifespan and apply the perspectives and science of Psychology in a range of clinical health, social care and forensic and community settings. Their field of work encompasses prevention, health promotion and social inclusion at a societal level as well as working within primary, secondary and tertiary care, community services, mental and physical health, disability and forensic services. They seek to engage actively with diverse populations

Clinical Psychologists use their psychological knowledge to design, implement and evaluate health care services that enhance well-being and minimize ill-health and impairment. They are trained to apply their knowledge of systematic methods and evidence-based practice and to evaluate practice and service provision. Clinical psychologist's research and practice with the full range of psychological distress such as anxiety, depression, trauma and psychosis using multiple evidence-based psychotherapies

Clinical Psychologists may offer leadership or consultancy in organizational development, research, audit, service redesign and development

They often work in teams with other health and social care professionals providing leadership, consultation and support in addition to face-to-face therapy for individuals, families and groups using and adapting evidence-based approaches derived from psychological principles to meet individualised needs. They also supervise and teach other professions in conducting psychological assessments, interventions and research

⁴ British Psychological Society Division of Clinical Psychology 2015

Whilst the profession of Clinical Psychology developed, and remains predominantly within, the NHS many psychologists now deliver healthcare within local authorities, education, criminal justice, voluntary sector organisations, social enterprises and independently.

Educational psychologists

Educational psychology⁵ is concerned with children and young people in educational and early year's settings. Educational psychologists tackle challenges such as learning difficulties, social and emotional problems, and issues around disability as well as more complex developmental disorders.

The profession builds capacity in the workforce by working at a systemic and organisational level⁶. They regularly liaise with other professionals from education, health and social services.

Local authorities (LAs) employ the majority of educational psychologists working in schools, colleges, nurseries, and special units although increasing numbers are working directly in schools and academies, as well as other educational and NHS settings including CAMHs. A growing number work as independent or private consultants, in social enterprises and voluntary organisations.

History of the profession

The British Psychological Society (BPS) was established in 1901, in response to the growth in applied psychology. The society had two arms at this time, industrial, and educational psychology.

The first psychologist was appointed by London Education Authority in 1913 and the first psychology masters in 1923 (Institute of Education). This was followed in 1946, with the University College London developing a course specifically for educational psychologists.

Although a few psychologists were working in the mental health field from the 1930s, clinical psychology as a distinct profession only became a reality after World War II. The first formal clinical psychology programme began at the Maudsley Hospital in London in 1946/ 1947. With the creation of the NHS the roles and conditions of employment of clinical psychologists needed to be formalised, and the first 'Whitley

⁵ British Psychological Society Division of Education and Child Psychology 2015

⁶ DES in 2006 Farrell, P. et al. 'A Review of the Functions and Contribution of England and Wales in the light of "Every Child Matters: Change for Children"'.

Council Circular' (the title of the negotiating system for NHS body for pay and conditions of employment) for psychologists was issued in 1952.

In 1958 as this new profession was emerging, the British Psychological Society (BPS) established the English Division of Professional Psychology which spanned both educational and clinical psychology professionals.

The BPS was granted a Royal Charter in 1965, following this the Division of Clinical Psychology was formed in 1966, and by 1970 a BPS Diploma in Clinical Psychology had been established to improve standards of training. New university training courses were established from the 1960s, with increasingly stringent training requirements⁷, requiring a range of training placements across specialisms and the life-span.

The Summerfield Report⁸ in 1968 recommended educational psychology training should be extended to two years and receives government funding. It also advises that the requirement to have a prior teaching qualification was removed although this didn't happen for some years.

By 1979 clinical psychology training courses were all either two-year university-based Masters Programmes, or three year formal in-service schemes leading to the Diploma in Clinical Psychology.

In 1988 the BPS established a Register of Chartered Psychologists. The same year in addition to educational psychology, they also began to approve training courses for clinical, counselling, forensic, health and occupational psychology. By 1990 the BPS had approved the first three year post graduate training for educational psychologists in Scotland and in 1994 a European Community Directive⁹ agreed there would be a minimum six year training period for professional psychology training (three year undergraduate plus three years postgraduate).

⁷ This stipulated that a psychologist had to have a British or Irish honours degree in psychology or equivalent and then to have completed training in one of three ways:

- An approved full time clinical psychology course +one year's supervision (university route)
- 3 years under supervision to the satisfaction of their employer (probationer route)
- 2 years training and a third year of supervision, at the discretion of the employer (in-service training route)

⁸ Commissioned by the Department of Education in response to a 25% short fall in educational psychologists

⁹ 89/84/EEC

In 1995, the present form of clinical psychology training was achieved, with all training courses lasting three years, and leading to a doctoral qualification. In 2006 educational psychology training became a three year doctorate.

Since 1996, local authorities in England have had a duty to employ educational psychologists to provide psychological advice for Special Educational Assessments and more recently the Education, Health and Care plans.

Statutory regulation for psychologists was introduced on the 1st July in 2009 and the Health and Care Professions Council (HCPC) opened the register for practitioner psychologists.

The areas in which both professions are working in have expanded, with clinical psychologists working in “traditionally” educational settings, and vice versa. In addition educational psychologist’s role has expanded from working with children, young people and their families 5-16 years, to more recently 16-25 year age group.

Recent policy

The two main policy areas impacting on the educational and clinical psychology workforce, working with children, young people and their families (0-25), are mental health and wellbeing, particularly around Child and Adolescent Mental Health (CAMHs) and Special Educational Needs and Disability (SEND).

The departments of health and education have a history of joint policy in these areas originating from Every Child Matters (2003), the 2004 Children’s Act, the National Service Framework for Children, Young People and Maternity Services (NSF) and the Behaviour and Attendance Strategy. These early reforms of children and young people’s mental health and SEND services laid the foundations for closer working not only between health, education (including schools) and social care agencies but their associated workforces. Services were often co-located, with staff becoming part of multi-agency, multi-disciplinary teams under Children’s Trusts. Educational psychologists working alongside clinical psychologists in these teams at the time was a factor in the move from masters to doctorate training in 2006. So they had a range of skills and expertise to meet the needs of these new models of service delivery, and thus improve outcomes for these children, young people and their families.¹⁰

¹⁰ Fredrickson The Move to Doctoral Training: A Study in Systems Change

In 2011 the new Coalition Government, set out their cross department strategies for mental health and wellbeing (No health without mental health) and reform of SEND services (Support and Aspiration: A new approach to special educational needs and disability). These set out prioritising having the right support at the right time (early intervention); giving parents and young people, choice and control over the support for their children, them and their families; services working together locally to set out the local offer of available support and improving the transition between children's and adult services. In addition for SEND services, the move to a single assessment process to replace the SEND assessments and statements.

The 2014 Children and Families Act and associated SEN Code of Practice embedded these reforms in legislation. For educational psychologists it meant an expanded remit to work with children, young people including Young Offenders and those in Further Education, 0-16 years to 0-25 years. Plus a statutory duty to provide psychological advice, including consulting with any other practitioner psychologists known to be involved with the child or young person, for the new, single Education, Health and Care Plan. These replaced the previous SEND assessments and statements. Clinical psychologists are also recognised as part of a multi-disciplinary service supporting a child or young person with SEND.

Achieving Better Access to Mental Health Services by 2020 'was also published in 2014. This built on the Government commitment to achieving parity of esteem for mental health and set out actions to end the disparity in waiting times and achieve better access to mental health services. It set out new access and waiting time standards in Improving Access to Psychological Therapies (IAPT), treating people experiencing a first episode of psychosis, and helping people in crisis to access effective support in more acute hospitals. It also committed to boosting early intervention services.

In 2015 DfE with input from DH published advice to school staff on mental health and behaviour in schools. The 2004 Behaviour and Attendance Strategy had encouraged schools to adopt a whole school approach and to work in an integrated way on mental health and wellbeing. This recent advice brought this up to date clarifying the responsibilities of the school as well as outlining what they can do and how they can support a child or young person whose behaviour is disruptive, anxious, depressed or otherwise maybe related to an unmet mental health need. This reflects that with over 3,000 schools have converted to Academies, and are therefore responsible, where previously the local authority was, for commissioning their own psychology service.

In January Transforming Care for People with Learning Disabilities – Next Steps was published. This made a commitment to transforming care for people with learning disabilities and/or autism who have a mental illness.

The Children and Young People's Mental Health and Wellbeing Taskforce, set up in 2014 published in March, (2015) 'Future in Mind, Promoting, Protecting and Improving our Children and Young People's Mental Health and Wellbeing' This sets out a number of proposals the government wishes to see by 2020. These include:

- tackling stigma and improving attitudes to mental illness
- improving communications between professionals, referral times and access to support
- making support more visible and easily accessible by establishing 'one stop shop' services in the community
- improving access for children and young people who are particularly vulnerable
- ensuring the professionals who work with children and young people are trained in child development and mental health, and understand what can be done to help and the support for those who need it.
- a model of integrated services for all children and young people 0-25 years, where professions have a clear understanding of roles and responsibilities, to ensure no child or young person falls between services but receives timely and appropriate support.

The report sets out how much of this can be achieved through better working between the NHS, local authorities, voluntary and community services, schools and other local services. It also makes it clear that many of these changes can be achieved by working differently, rather than needing significant investment.

In August 'Improving Access to Perinatal Mental Health Services in England – A Review' was published¹¹. This recommended exploring whether more needs to be done to address workforce capability to achieve improved experiences for women accessing services.

The Mental Health Taskforce is due to report soon and is expected to challenge the government to implement the access and wait standard, the Future in Mind ambitions, and other improvements. All this and the transformation of mental health

¹¹ [NHSIQ Perinatal Mental Health Services review](#)

services, such as in Early Intervention Psychosis (EIP), CAMHS plus the provision of learning disability services will lead to an expansion in the use of psychological therapies and an increase the demand for the psychological workforce to deliver these. HEE will develop an Integrated Mental Health Workforce Plan in response to the Mental Health Taskforce report and the future commissioning of practitioner psychology training will be subject to this plan.

3. Review plan

The project plan for the review had two strands:

1. **The potential for reform.** *This focused on the professional standards, and current curriculum/training for clinical and educational psychologists to identify what was possible.*
2. **Improved psychology workforce planning.** *This strand considered how the two departments could improve workforce planning and commission for the professions.*

Meetings were held with

- The Association of Educational Psychologists
- Unite
- Health and Care Professions Council
- British Psychological Society
- Representatives of the Clinical and Educational Doctorate Programme Directors
- Clinical and Educational Psychology commissioners

In addition two stakeholder events were held. On the 11th June, with training providers and the British Psychological Society, and on the 8th September, with representatives from health and education service employers; the unions; the professional body; OFSTED; clinical and educational training commissioners and course trainee representatives.

A review of the views of young people, parents and non-psychology staff of psychological services was undertaken (details in section 7). Parent representative also attended the 8th September workshop.

Governance Structure

A Review Project Board was established to oversee the programme of work. This was Chaired by the Director of Operations in NCTL, and had representation from NCTL, HEE, DH and DfE (terms of reference can be found in annex 3). As the review was England wide only, and any changes here could affect similar training in other parts of the UK, observers from NHS Scotland, plus the Scottish and Welsh Governments joined both the review board and workshops. Representatives from clinical and educational psychology training in Northern Ireland were invited but declined to attend.

The board met on two occasions, the 4th June and 7th October. A meeting planned for the 8th September was cancelled, due to the availability of members, and rearranged for October. In addition the review leads visited colleagues in Scotland to explore their clinical and educational psychology training models.

4. Profile of the professions and workforce

Professions

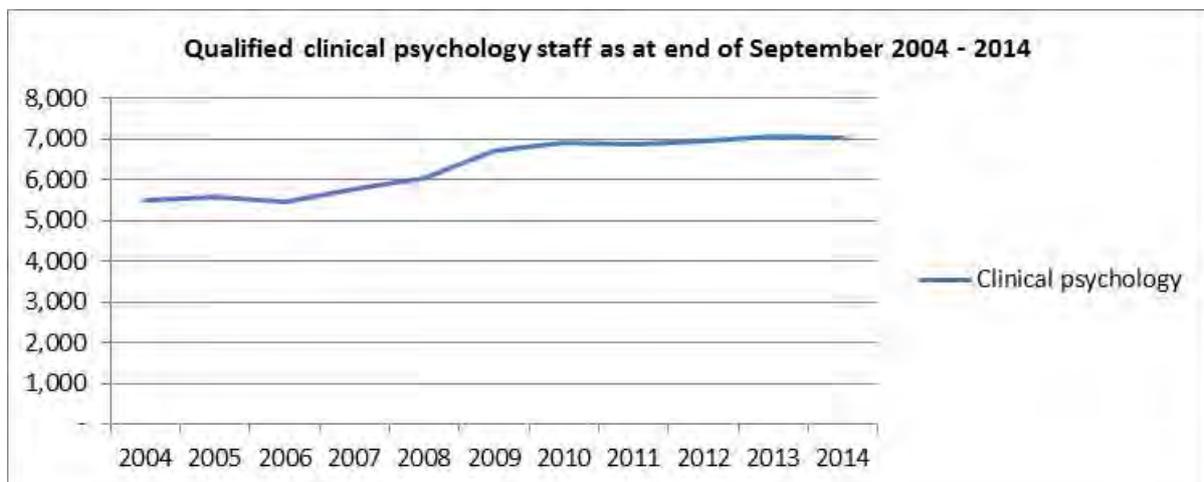
There are almost three times as many clinical psychologists (9,366) as educational psychologists (2,925) of working age (25-64 years) registered with the HCPC¹² in England. Compared to Wales and Northern Ireland where there are twice as many registered clinical psychologists as educational psychologists.

The professions are predominately female (80 percent) and the majority of clinical psychologists fall into the 35-39 age category (2,124) while educational psychologist are in the 60-64 age category(487).

Workforce

The number of full-time equivalent qualified clinical psychology staff in the NHS in England at as 30 September each year since 2004 is shown in figure 1.

Figure 1: Full-time equivalent qualified clinical psychology staff in the NHS, in England as at 30 September each year



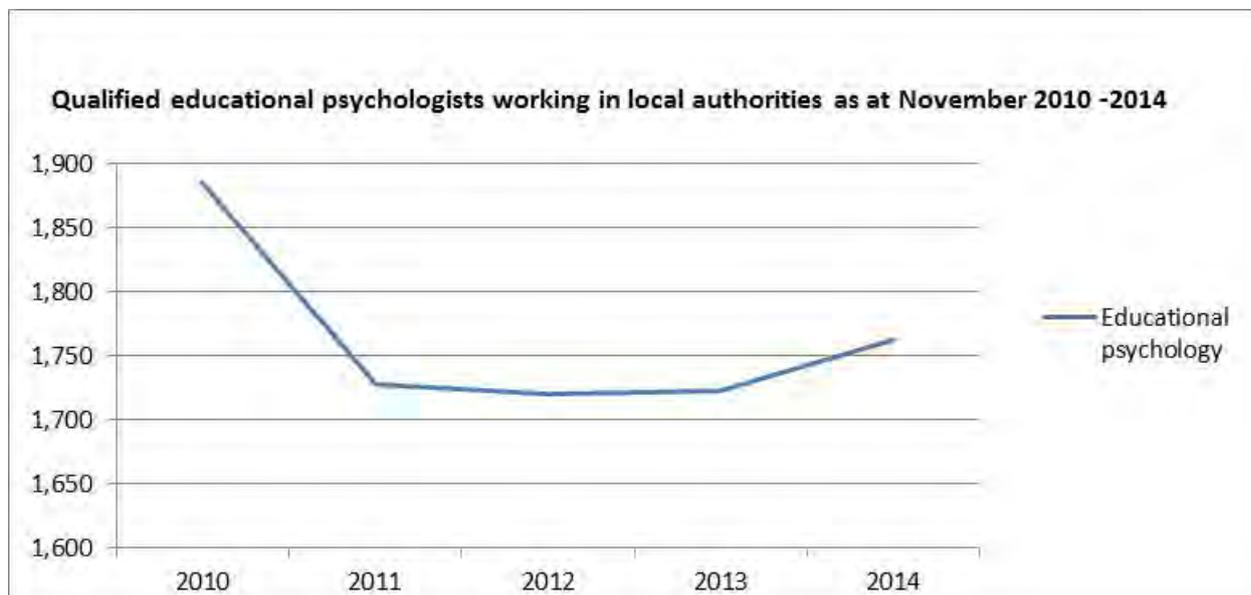
¹ Source: NHS Hospital and Community Health Services Non-Medical Workforce Census 30 September 2014, Health and Social Care Information Centre (2015)

The number of qualified educational psychology staff in England, working in local authorities, at as November each year between 2010 and 2014 is shown in figure 2. Please note the response rate to the survey was 72-74 percent of local authorities.

¹² HCPC 2015 Clinical and educational psychologists registered with a residential post code in England.

The educational psychology workforce survey in 2012 and 2013, in which 112 and 126 local authorities responded recorded 1,799 and 1,955 respectively working.

Figure 2: The number of educational psychologist working in local authorities in November, 2010-2014.



Source: Department of Education School Workforce Census. Please note 72-74 percent of local authorities responded.

There has been a small growth in the number of educational psychologists on the HCPC register, as resident in England, from 2,795 in 2011 to 2,925 in 2015. Between 2011 and 2016, 13-14 percent of the profession are predicted to reach 65¹³.

Demand for the profession

Local Education and Training Boards (LETB) made up of representatives of local service providers (NHS Foundation Trusts, NHS Trusts, primary care, social care, local authorities, public health and other stakeholder) determine the numbers of clinical psychology training places to be commissioned based on local needs.

The Association of Educational Psychologists monitors the number of qualified educational psychology posts advertised, monthly. This shows the number of vacancies has been increasing steadily over the past three years. In 2014 there was a sharp increase with 438 vacancies (85 per cent in the public sector) compared to

¹³ NCTL 2014

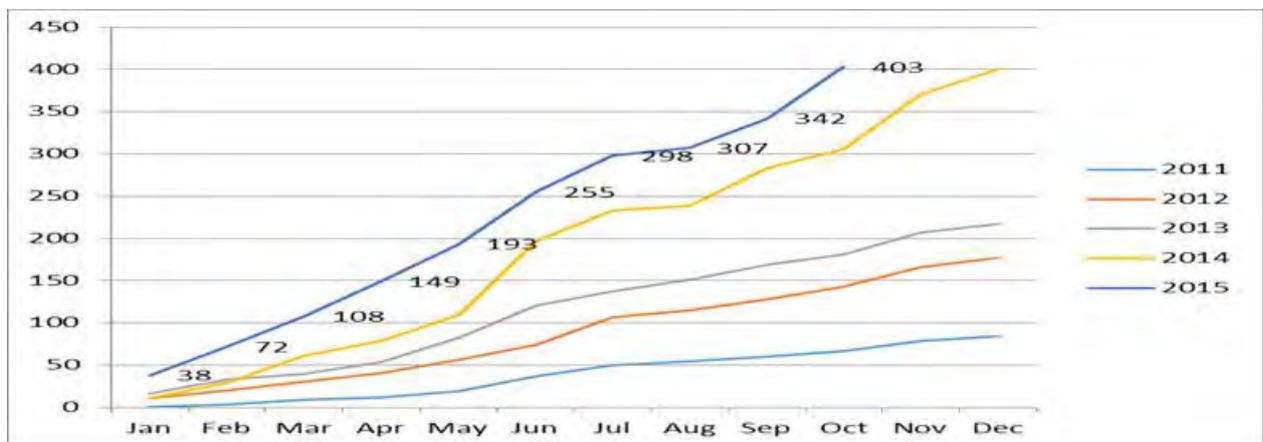
241 in 2013 (figure 3). Employers in both the private and public sector are reporting difficulties recruiting¹⁴.

The reason for this demand is the number of educational psychologists reaching retirement age (14 percent) at a time when local services are implementing the new SEND reforms¹⁵. By contrast the number of assistant educational psychology roles has fallen to almost zero, as employers are filling these roles with trainees on practice placement in years two and three.

The recent policy reforms in Improving Access to Psychological Therapies (IATP), Early Intervention Psychosis (EIP), Special Educational Needs and Disability (SEND), and Child and Adolescent Mental Health (CAMHs) are likely to have impact on the capacity of both the clinical and educational psychology workforces. (Section 2: Recent Policy).

Figure 3: Educational Psychology vacancies 2011-2015 (private and public sector)

A) Public sector

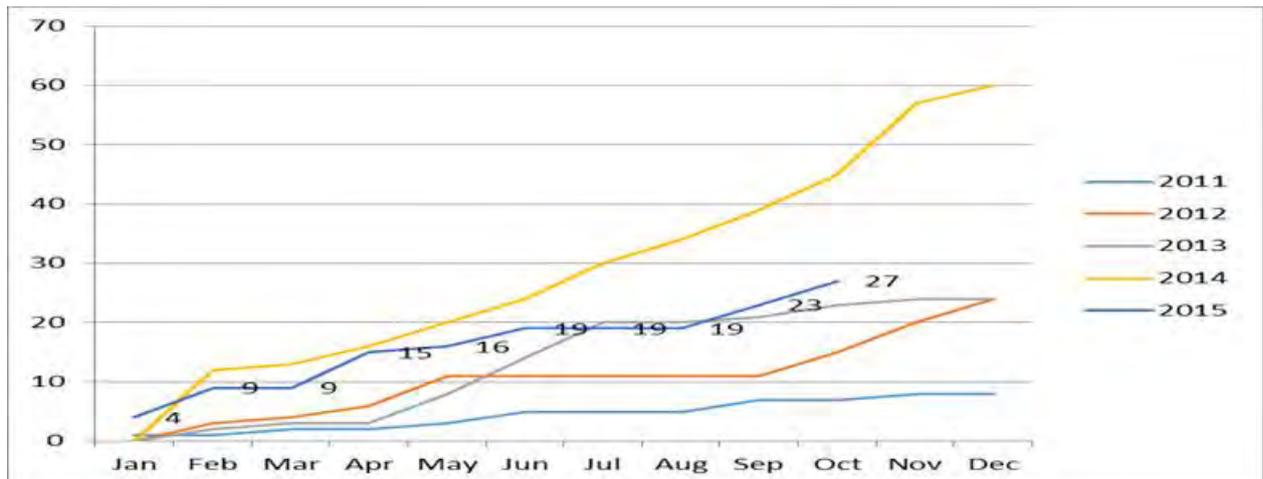


Source: the Association of Educational Psychologists (2015)

¹⁴ ADCS, National Association of Principal Educational Psychologist and the AEP June 2014.

¹⁵ An estimated 300,000 SEND assessments need to be converted to education, health and care plans by April 2018.

b) Private sector



Source: the Association of Educational Psychologists (2015)

Career pathway

A newly qualified clinical psychologist can expect to earn between £31,072 - £40,964. This rises to £39,632 - £67,805 for a Principal and £55,548 - £81,618 for a Consultant Clinical Psychologist. Leads / Head of Psychology posts are advertised at £65,922 - £98,453¹⁶.

By comparison a newly qualified educational psychologist earns between £35,027 - £51,861. This rises to £43,914 - £64,970¹⁷ for a Senior / Principal Educational Psychologist. The nearest comparator to clinical psychology senior roles is as an Assistant Director or Head of Service post which are advertised at £61,147 - £99,154.

In the UK the average clinical psychologist is reported to earn £39,733 (£40,268 in London) and average educational psychologist earns £46,822¹⁸.

The majority of educational psychology posts are on the Soulbury scale, common across the education sector. The scales over lapping pay spines enable individuals to be rewarded for experience/ additional skills gained without necessarily needing to change posts.

¹⁶ [NHS careers - pay for psychological therapies staff](#)

¹⁷ [Derbyshire County Council pay agreement](#)

¹⁸ [Payscale Human Capital](#) (2015).

By contrast the NHS Agenda for Change, on which many clinical psychologists posts are placed, means they are often required to change posts to progress up the pay spine. This means it isn't uncommon for clinical psychologists to move between children and adults services during their career.¹⁹

¹⁹ Review stakeholder workshop feedback 11th June 2015

5. Training

Qualification

Initial training for clinical and educational psychology is a three year, full time doctorate for each profession. At present there are no part-time routes.

To retrain in either profession requires completion of a second, full time three year course.

Entry criteria

The academic entry criteria for both courses are the same, a psychology degree or psychology masters conversion course (British Psychological Society Graduate Basis for Chartered Membership).

There is some variation in the work experience requirements. Educational psychology courses require twelve months, nine months of which must be paid, of working with children and young people (0-25 years). This can be in a variety of settings including schools, early years, social care, residential care, youth offending, and the NHS.

The type and duration of work experience varies across clinical psychology courses although the focus is generally on the quality of applicant's clinical experience. Although there is no data available from the clinical psychology courses, approximately 24 percent of educational psychology trainees have gone down the conversion route. At the University of Hull it is possible to move directly from a psychology undergraduate course to train as a clinical psychologist.

While courses draw on the same pool of applicants, an analysis of those applying for clinical and educational psychology training in 2014 showed only 8 percent apply to both.

Commissioning training

HEE commissions clinical psychology training through its Local Education and Training Boards (LETBs). LETBs represent all local service providers (NHS Foundation Trusts, NHS Trusts, primary care, social care, local authorities and public health). Along with links to commissioners and other stakeholders they create a forum wherein providers and commissioners can develop plans to shape HEE's investment in training by identifying future staffing requirements. Each LETB

develops its own investment plan and they feed into a national investment plan. The numbers of clinical psychology training places to be commissioned in each LETB are then based on that national plan.

By comparison NCTL commission educational psychology training centrally, through an open tendering process. The number of funded places is agreed following a review of the workforce data with the DfE SEND policy team.

The recent educational psychology workforce surveys²⁰, completed by local authorities Principal Educational Psychologists suggests the picture of local commissioners of educational psychology services is becoming more diverse. The biggest groups remain the local authority and schools including academies and school partnerships. In some areas Health and Wellbeing Boards, Clinical Commissioning Groups, Public Health and Social Enterprises are commissioning the services.

Funding Models

Clinical Psychology training that is commissioned by HEE is fully funded. This includes payment of tuition fees, placement fees and salary costs of trainees who are employed by the NHS as Trainee Clinical Psychologists while they study. This varies between training providers but is on average £159,420 per trainee (table 1).

Table 1: The average cost of training a clinical psychology trainee.

	Tuition fees		Salary	Placement fees
Clinical psychology (average costs)	Year 1	£16,358	£35,364 (Inc. on costs)	£1,063 (Placement fee)
	Year 2	£16,358	£35,539 (Inc. on costs)	£1,103
	Year 3	£16,358	£36,170 (Inc. on costs)	£1,107
		£49,074	£107,073	£3,273

²⁰ 2015 National Association of Principal Educational Psychologists (NAPEP) Workforce Survey; 2012 and 2013 NCTL Educational Psychology Workforce Survey.

In the November 2015 Spending Review, the government announced [changes to how healthcare student places will be funded](#). The policy intention of the education funding reforms is to change the funding model for pre-registration undergraduate and postgraduate courses in nursing, midwifery and allied health courses which are currently funded through both HEE funded tuition and an NHS bursary/reduced rate loan for maintenance. From 1st August 2017, the long term funding model for these courses will be through the Department for Business, Innovation and Skills (BIS) student support package for both tuition and maintenance. This change applies to new students only commencing courses from 1st August 2017 onwards.

Those undertaking training to be clinical psychologists are not subject to this funding model, but one which is determined at a local level based on local need, and therefore falls outside the remit of the funding reforms. For 2016-17 HEE will fund those commissions set out in the HEE Commissioning and Investment Plan for 2016-17 which was published in December 2015. HEE's plans for training clinical psychologists remain unchanged from 2015-16, 526 proposed commissions.

The Government will be consulting shortly on how the reforms are most successfully implemented and it is likely that respondents to the consultation will wish to raise issues relating to the future funding for courses operating outside of this delivery and funding model, such as clinical psychologist training programmes. The Government will consider these in the context of its consultation response.

Educational Psychology training is funded in partnership with employers. DfE fund a tax free bursary in year one plus all three year tuition fees (54 percent of the total costs). In 2012 the department introduced a standard cost per trainee for inside and outside London, set by the market.

In years two and three, while on practice placement, the practice placement provider pays students a bursary or a salary (46 percent of the total cost). In 2014 no trainees were on a salary.

The average cost of training an educational psychologist is £74,680 rising to £78,160 in 2016 (table 2).

Table 2: The average cost of training an educational psychologist

	Tuition and supervision fees		Bursary	Other
Educational Psychology (2015-16-average costs)	Year 1	£12,181	£14,900	
	Year 2	£8,468	£15,000	£500 travel expenses
	Year 3	£8,131	£15,000	£500 travel expenses
	Total	£28,780	£44,900	£1,000
Educational Psychology (2016-17 average costs)	Year 1	£12,917	£16,170	
	Year 2	£8,514	£15,000	Upto £1,000 travel expenses
	Year 3	£8,559	£15,000	Upto £1,000 travel expenses
	Total	£29,990	£46,170	£2,000

Training providers and funded course places

In England twenty-eight universities deliver clinical and educational psychology training, nine deliver both courses and of these four are in the same faculty²¹. One NHS Trust, Tavistock and Portman is commissioned by NCTL to deliver educational psychology training, in their School of Health and Human Sciences.

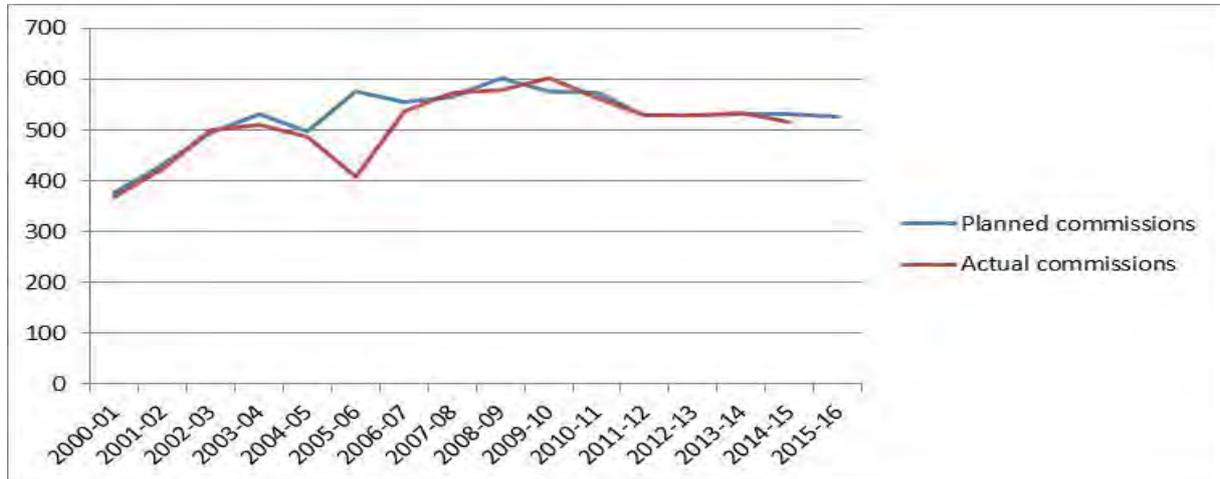
The DH/HEE and DfE/NCTL together each funded a total of 657 course places for the 2016 intake, 525 on the clinical psychology training²² and 132 educational psychology course places. Of these 293 (45 percent) were at the universities where both courses are currently delivered. University College London's Department of Clinical, Educational and Health Psychology had the greatest number of government funded places, 53 (42 clinical and 11 educational psychology).

²¹ Universities of East London, College, Southampton, Nottingham and Tavistock and Portman NHS Trust.

²² HEE (2015-16) Workforce Plan for England – Annex 1. Education and Training Commissions for 2015-16.

Figure 4 shows the planned and actual commissions for clinical psychology training between 2000-01 to 2014-15, with planned commissions for 2015/16.

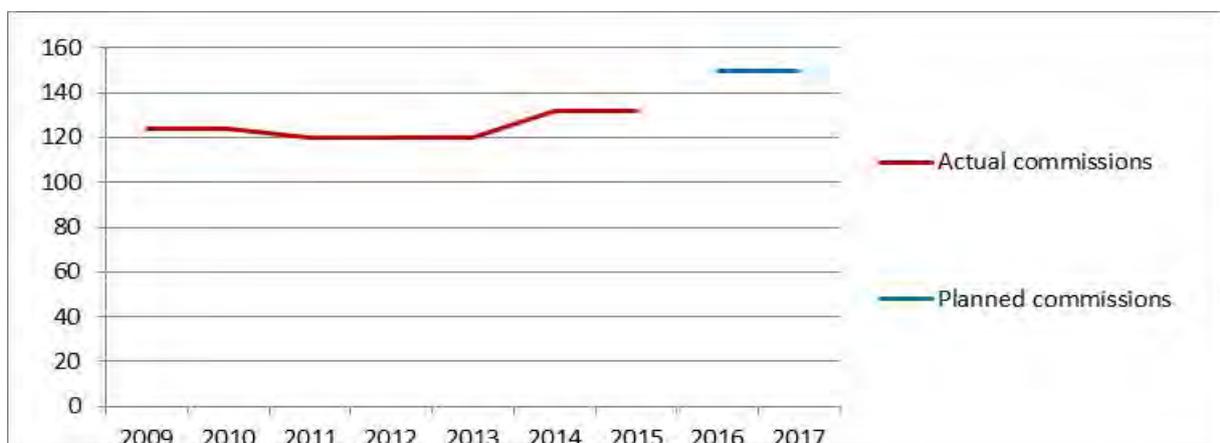
Figure 4: The number of planned and actual clinical psychology training commissions 2000-01 to 2015-16



Source: Non-medical training commissions are collected as part of the quarterly multi professional education and training budget monitoring returns that are submitted to the Department by Health Education England (prior to 2013-14 these were submitted by the Strategic Health Authority).

The number of planned and actual educational psychology training commissions for 2009 to 2017 is shown in figure 5. The central commissioning of educational psychology training means that the numbers once agreed rarely vary. This has only happened on one occasion during this period, when in 2014 the planned number of training places was increased from 120 to 132, at the Ministers request to meet the demand for the profession from employers.

Figure 5: The number of planned and actual educational psychology training commissions 2009 – 2017



Source: 2009 – 2011 Children’s Workforce Development Council. 2012 to present National College for Teaching and Leadership 2015

Self-funding training places

The Clearing House for Postgraduate Courses in Clinical Psychology reports that there were 231 applications for 13 non-funded clinical psychology course places for 2015 entry²³

The number of self-funding and international trainees on educational psychology training in England is not collected. Anecdotal information suggests these are relatively low.

Course recruitment

With the exception of the University of Hull, educational and clinical psychology training courses undertake an open and competitive recruitment process to their government funded course places. This is managed centrally by external providers. The Clearing House manages the process for clinical psychology government funded plus some self-funding course places and is UK wide. The Association of Educational Psychology runs the recruitment to government funded educational psychology courses in England. Both organisations charge an administration fee to both universities and applicants, to cover their costs.

The demand for a clinical or educational psychology funded training place is high, with on average six applicants per available place (applicants can apply for up to three universities on the one application) Course Directors²⁴ report that this is higher than similar other funded post graduate courses. For this reason training attracts high calibre applicants, the majority having the equivalent to a 2:1 or a 1st.

Based on the 2013²⁵ and 2014 course intakes for clinical in the UK and educational psychology in England, respectively, the age profile of applicants is very similar with the majority aged 25-29. Slightly more male applicants applied to clinical psychology (18 percent compared to 10 percent) and the educational psychology course attracted more applicants with dependents (23 percent compared to 10 percent). The majority of applicants came from England, (92-95 percent) with the rest from other parts of the UK or outside the UK.

²³ [Clearing House for Postgraduate Courses in Clinical Psychology](#)

²⁴ 11th June Workshop with training providers.

²⁵ 685 applications to the 2014 educational psychology training in England and 3,581 applications to clinical psychology in England, Wales and Scotland.

Successful applicants

Based on the 2014 educational psychology and 2013²⁶ clinical psychology applicants, the majority of successful applicants were in the 25-29 age groups. The age profile of those offered course places was slightly older with dependents for educational than clinical psychology. Males were slightly more successful than females in being offered places on both courses, which were dominated by females. The number of disabled trainees was low for both courses²⁷ reflecting the numbers applying which were also low.

Three percent of clinical psychology places went to applicants from outside the UK and four percent of available places on the educational psychology course went to applicants normally resident in Scotland and Wales²⁸.

Course retention

The national attrition rates are low for both courses. The latest available data, by academic year, shows this is 0.99 percent for educational psychology training (2014-15)²⁹ and 0.97 percent for clinical psychology (2013-14 including courses Scotland and Wales)³⁰.

Employment destinations on qualification

Of the clinical psychology trainees completing training in 2012 (2009 intake) and 2013 (2010 intake), 90 and 93 percent respectively found posts in the profession within twelve months. Of these 83 and 85 percent were in the public sector including NHS³¹.

For the same period of the educational psychology trainees completing their training 86 percent (2012) rising to 98 percent in 2013 had secured employment as educational psychologists within six months of completion. In 2014, 97 percent had found employment and two were completing their thesis amendments and were working as educational psychology assistants (Figure 6).

²⁶ 132 places for educational psychology training in England and 583 places for clinical psychology in England, Scotland and Wales.

²⁷ 1.4% educational psychology training and 7% clinical psychology training

²⁸ Recruitment Equal Opportunities Reports (2013) The Clearing House Leeds and (2014) NCTL

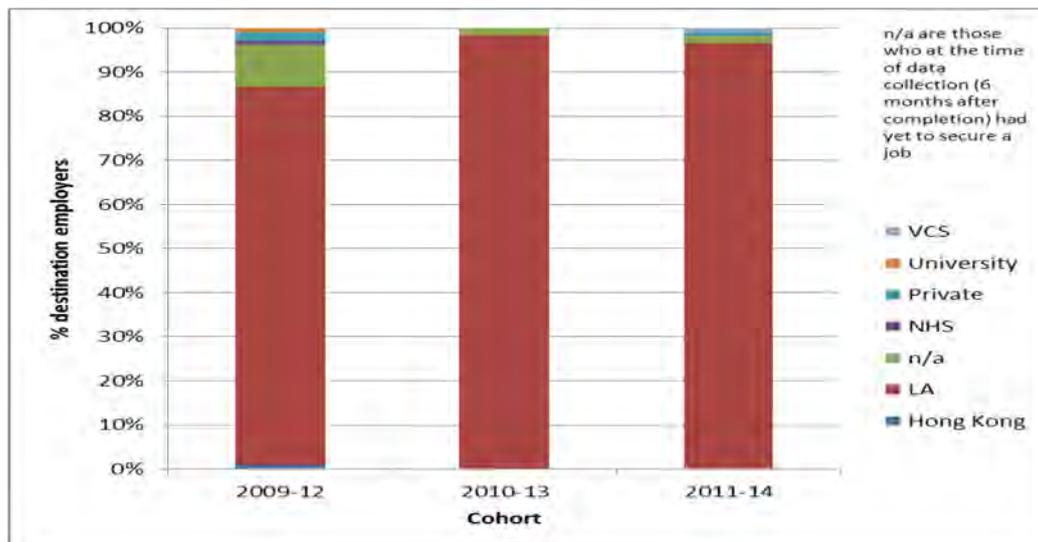
²⁹ NCTL (2015) Educational Psychology Edpsych.NCTL@education.gsi.gov.uk

³⁰ [Clearing House for Postgraduate Courses in Clinical Psychology](#)

³¹ The Clearing House and NCTL Destination Data

While the overwhelming majority of newly qualified educational psychologists were securing employment in local authorities, a small number were working in the NHS, Voluntary Sector, Private Sector, University and abroad.

Figure 6: Destination data for educational psychologists qualifying in 2012 – 2014



Source NCTL Destination data (2012-2014)

It is important to note that while all educational psychologists work with children and young people (0-25 years) and their families, clinical psychologists work with this age group plus adults. An estimated 31 percent³² of clinical psychologists work with children and young people while the remainder work solely with adults.

Course content

Course material was gathered from a small number of universities offering educational or clinical psychology programmes. University of Manchester, University of Exeter, Institute of Education and University College of London provided information on the educational psychology programmes. Staffordshire University, University of Surrey, Oxford University and University of Leeds provided information on their clinical psychology programmes. The objective was to compare and contrast the two different programmes from those samples and identifies what similarities and differences there might be.

³² BPS Clinical Psychology Children and Young People's Division

All programmes are made up of a combination of teaching time and work placements. Information on course content was described rather differently by each university so exact comparison is difficult. Research as a component of the programme is a common element across both programmes. All universities delivering both programmes describe placement supervision arrangements. Appropriate supervision is therefore clearly important to work placements. All universities also make reference to university or academic supervisors. For clinical psychology these are usually referred to as clinical supervisors which appear to emphasise supervision by qualified clinical psychologists.

The clinical psychology programmes generally provided more detail on the course modules than the educational psychology programmes, but there was generally great variation in the level of detail provided by all. The Clinical psychology programmes make reference to modules in CBT, IPT, neuropsychology, psychodynamic approaches, and others which are not referred to at all by the educational programmes. The clinical psychology programmes make references to child based modules, but also modules covering the whole lifespan. So, for example, there is children young people and families, and child psychology, but also adults in later life, adults with complex presentations, and working with older people. Educational psychology programmes have more child and education based modules that do not appear at all in the clinical psychology programmes.

Overall limited common ground was found across the two sets of programmes based on the samples considered. Where there were common elements it was mostly in general ways that might also be found in common with other programmes too.

6. Professional regulation and standards

Regulation

The Health and Care Professions Council (HCPC) regulate both clinical and educational psychology professions and their appropriate training courses. In order to work as a clinical or educational psychologists individuals must meet the professions standards, and be registered with the HCPC.

Registration is based on meeting HCPC professional standards and not the academic level of the qualification.

There are seven HCPC practitioner psychologist protected titles, clinical, educational, sports, forensic, counselling, health and occupational psychology. Four of these practitioner psychologists training and registration enables them to work with children and young people (clinical, educational, forensic and counselling). Of these two are at doctorate level, clinical and educational psychology and only educational psychology training is completely focused on child psychology. To amend, change or add a new practitioner psychology title would require legislation³³.

Anecdotal evidence suggests that some psychologists are referring to themselves as “child” psychologists, which is not a HCPC protected practitioner psychology title. This includes clinical and educational psychologists, however having a protected title does not mean that someone registered with the HCPC is not legally able to work under alternate titles, assuming that those titles do not mislead the public as to the person’s background, experience, knowledge or skills. The HCPCs preference is that clinical and educational psychologists use their protected titles under which they are registered, as this is much clearer for members of the public and others.

Professional standards

There are two sets of standards which set out what a student must know, understand and are able to do by the time they have completed their training. These are the HCPC standards of proficiency and BPS clinical and educational standards. The first is mandatory, and sets the threshold standards for safe and effective practice in the UK. They also play a key role in public protection.

³³ HCPC 2015

The British Psychological Society standards are considered best practice, and are developed by the profession. All current clinical and educational training providers meet both the HCPC and BPS standards.

HCPC Professional Standards

The HCPC first published standards of proficiency for practitioner psychologists in July 2009. The standards are reviewed regularly, and were updated earlier this year to reflect current practice.

The revised professional standards³⁴ are based around fifteen generic standards which apply to all professions the HCPC regulate (annex 4). This means they can “retain the standards which are shared across all the professions they regulate, while allowing more flexibility in describing the detailed standards which are specific to individual professions”.

The clinical and educational standards were developed in consultation with the British Psychological Society, and stakeholders.

Standards 1-12, and 15 are common to all HCPC practitioner psychologists³⁵, these include, being able to practice within the legal and ethical boundaries of their profession, and being able to communicate effectively for example.

Standards 13. Understand the key concepts of the knowledge base relevant to their profession *and* 14. Be able to draw on appropriate knowledge and skills to inform practice include role specific sub standards.

For clinical psychologists these are 13.9 -13.17 and 14.34 – 14.41, and educational psychologists 13.29 – 13.38 and 14.54 -14-63.

British Psychological Society Standards of Proficiency

The diversity between the two sets of professional standards is seen more in the British Psychological Standards (BPS) professional standards which are developed by the profession.

³⁴ [HCPC](#)

³⁵ British Psychological Society Standards Board (2015) Mapping of HCPC domain specific Standards of Proficiency and BPS Standards for clinical and educational psychology. Unpublished.

There are twelve standards (annex 4) one, psychological consultation skills is specific to educational psychologists reflecting the distinctive set of skills the profession has in this area.

The remaining eleven, each have areas of commonality as well as those specific to clinical or educational psychology.

7. Parents and carers, young people and non-psychology staff views of psychological services.

A literature search identified six consultations³⁶ with service users on psychological services including educational psychology services, Child and Adolescent Mental Health (CAMHs) and Special Educational Needs and Disability (SEND) undertaken between 2008 and 2015. Their collective views were grouped into those from parent and carers; young people and non-psychology staff and analysed. The mapped views fell into four key themes, want; concern; value and perception. These were then further broken down into sub headings³⁷ and frequency recorded by service user.

The majority of the 162 views were from parents and carers (91) followed by young people (53) and then non psychology staff (21). Worries or concerns were most frequently mentioned (69), followed by what they valued or found positive (49). The key findings were as follows.

Parents and carers

Their main areas of concern were around access to a psychologists; referral to a psychologist and an integrated approach.

- i) Parents wished they had been seen sooner, and that trying to convince the school to request an educational psychologist was difficult.
- ii) They found it frustrating if the psychologist wasn't able to give them an insight into their child's difficulties, and wanted effective solutions (in and outside school) plus therapeutic support for their child.
- iii) Wanted a more joined up approach across the agencies.

³⁶ Department of Education 'Impact Evaluation of the Special Educational Needs and Disability (SEND) Pathfinder Programme' October 2013; NHS England Future in mind 2015; Literature Review Hampshire EP Service Research & Evaluation Unit June 2011; National Association of Principal Educational Psychologists Parent and Carer feedback on their experience of Educational Psychologists May 2014; National Advisory Council - How many times do we have to tell you? March 2011; DfE - Me and My School: Findings from National Evaluation of Targeted Mental Health in schools 2008 – 2011

³⁷ Access to psychologist; active participation in therapy; clarity of role; early intervention; integrated approach; no confidence in advice; referral to a psychologist/psychology service; response from psychology service and transition to adult services.

What parents and carers valued was having access to the appropriate psychology service/ psychologists at the right time, which had prior experience of the difficulties their child was facing. Also knowing what alternate support options were available.

Young people

The highest area of concern for young people was access to a psychologist followed by transition to adult services.

- iv) Wanted quicker help during emergencies, and continuity of care as sometimes their therapy stopped when their “therapist” was on leave. They also felt negative experiences led to disengagement with the services.
- v) They were concerned that there was no continuity of care; transition was not planned well leaving them feeling in “limbo”.

Also coming through the consultation was young people’s view that there was a stigma attached to being seen by a psychological service and the right to choose their therapist.

Non – psychology staff

Non psychology staff, mainly school staff, main area of concern was not having an integrated approach. This group felt there was a barrier in the different philosophy, language and working practice between agencies. They felt parents mistrusted external services and professionals.

8. Review Findings

Identifying potential changes

Taking into account the mapping of the professional standards of proficiency, and initial discussions with the clinical and educational psychology training providers, unions, British Psychological Society, and Health and Care Professions Council twelve potential changes to training arrangements were identified.

Following discussions at the June 2015 Review Board, four of these were considered to have the potential to deliver improvements to the training arrangements for the two professions:

The current training arrangements are modified, where necessary and appropriate, so that:

- All clinical psychology and educational psychology trainees have practice placements in aspects of children's services.
- All courses delivered at the same university are encouraged to integrate teaching, where appropriate.
- There is a split in training to create a "child and educational psychologists" working with the 0-25 years and the families; and an "Adult Psychologists" working with the 25 years plus.
- A role of "Assistant Psychologist" is developed as a new post graduate qualification, which is funded by individuals or employers and leads to an automatic interview for the clinical and educational psychology doctorate training/credit towards some of the course modules.

These potential changes were discussed with a range of stakeholders (see annex 2 for details) at the workshop held on 8 September 2015, alongside the current training model whereby training for clinical and educational psychologists continues to be commissioned and delivered separately.

Supplementary written and verbal stakeholder feedback was received from the British Psychological Society, Clinical and Educational Psychology Training Providers, Association of Educational Psychologists, and Health and Care Professions Council.

Stakeholder feedback and review findings on potential changes

The current training arrangements are modified so that the roles can work more flexibly to meet the needs of children and young people's psychological services:

- All trainees have practice placements in all aspects of children's services.
- Courses delivered at the same university are incentivised to integrate.

The proposal that all clinical psychology and educational psychology trainees gain experience of all aspects of children's services was generally considered by stakeholders to reinforce and endorse the good practice where this was already happening in training. Those courses where it was happening already reported in practice this required few modifications, beyond mapping training to the locations where children and young people are seen. It was also considered to be an effective way of ensuring that clinical and educational psychology trainees develop a greater understanding of each other's roles and the settings in which they work. Other possible benefits include the use of a common language leading to the potential for faster referrals between the professions, earlier support and an overall better experience for children, young people and their families.

The review found evidence where clinical and educational psychology training was delivered at the same university of some modules, commonly research teaching and/or supervision or a circumscribed set of lectures /workshops, were being taught together, for example at the University of Southampton. Stakeholders were supportive of collaboration between the professions through shared teaching, where this is possible and where appropriate.

When discussing these potential changes, stakeholders expressed concerns about the availability of sufficient practice placements and supervisors, and also the potential impact on the length of the course if the required breadth of experience increased.

It was also raised that trainees at universities offering both clinical and educational psychology training may be at an advantage having received shared learning, compared with trainees at universities offering only one course or teaching both programmes entirely separately. Clinical psychologists questioned the relevance for those practitioners who were never going to work with children and young people.

There is a split in training to create a “Child and Educational psychologists” working with the 0-25 years and the families; and an “Adult Psychologists” working with the 25 years plus.

- Educational psychology courses would train “Child and Educational Psychologists” incorporating the child clinical module with NHS practice placements plus a possible new family/adult clinical module.
- Clinical psychology courses would train “adult Psychologists” incorporating a new child psychology module which includes practice placements in children’s services settings outside the NHS.

This polarised stakeholders, with some advising such a change has the potential to provide greater clarity of roles, responsibilities and on who is providing the psychological service. This in turn could reduce confusion for children, young people, their families and particularly education non psychology staff/employers. Especially where at present services are provided by both educational and clinical psychologists.

The proposed title of “child and educational psychologists” was attractive to some educational psychologist/employers as they felt it would reflect their role was beyond schools. For clinical psychologists however it makes an assumption that affective work with adults is independent of knowledge of child development.

While some education and local authority employers saw this as having the potential to increase psychology workforce flexibility others such as in the NHS ,where clinical psychologists provide a ‘cradle to grave’ service to children and adults, felt the opposite would happen. The affect they believed would be detrimental to current NHS psychological service provision and had the potential to impact on the effectiveness of these practitioners.

To achieve this split in training goes beyond clinical and educational psychology training and as such, would require a radical review of all regulated and non regulated practitioner psychology training. This would be a substantial task.

Service design and delivery would also need to change to reflect the introduction of new roles and there may be a risk to service provision during a transition period.

The review also identified through devolved administration representatives that changes in England would affect the supply of both professions to the rest of the UK.

A new one year new post graduate qualification is introduced which is funded by employers or individuals. This would be a stepping stone / accredited against part of the doctorate training.

The assistant role is established in health/clinical psychology services, providing increased workforce capacity and capacity to develop and strengthen the range of services on offer.

High competition for clinical and educational doctorate course places suggests that this would be an attractive option for psychology degree graduates, as a stepping stone or an alternative to the doctorate.

Stakeholders raised concerns as to whether be sufficient clinical and educational psychologist available to supervise those in training. Also whether such a qualification could be credited towards a doctorate course. They also highlighted a risk to the clinical and educational psychology professions if employers chose to deliver services through assistants as an alternative to psychologists.

Clinical and educational psychologists continue to be trained and commissioned separately.

The review did not identify evidence or clear benefits to support a complete transfer of commissioning responsibilities between HEE (on behalf of DH) and NCTL (on behalf of DfE).

Stakeholders were mostly happy with the effectiveness of current training arrangements, and a radical change to these arrangements was not considered an appropriate way of tackling issues such as the changing demand for either clinical or educational psychologists and service user confusion around the different roles of the professions.

9. Review recommendations and next steps

The following recommendations have evolved from the potential changes outlined above, reflecting stakeholder feedback:

- a. All clinical psychologists wishing to specialise in children and young people, and educational psychologists, will be encouraged, through relevant experience, to develop appropriate transferable skills and build their understanding of children and young people (0-25 years old), including in the domains of educational, health and social care, psychological and mental health services. In addition, where there are common standards of proficiency across the two professions, universities will be encouraged to look for opportunities to teach these together, where appropriate and practicable.

This builds on the good practice that was identified during the review, and acknowledges that not all clinical psychologists will work with children and young people; and an associated potential increased demand on services to accommodate trainees on placement experience.

Appropriate use of joint teaching across the two doctorates will help trainees in each profession to develop a greater understanding of the other profession, with the potential to increase referrals between the professions, to the benefit of service users. Shared teaching could also promote use of common language and approach, tackling confusion amongst service users.

- b. The Departments (HEE on behalf of DH) will consider the development of a one year, post graduate qualification of Assistant Psychologist, including an assessment of the views of stakeholders.

Although this option polarised stakeholders, further consideration of this option is recommended in light of the potential it offers to build skilled workforce capacity to address shortages, improving access to services and service user experience – in particular in relation to educational psychology. This option also provides an alternative career path for psychology graduates not wishing to pursue doctorate training or creates a stepping stone to the doctorate.

- c. Health Education England (HEE) ^{will} continue to commission training for clinical psychologists on behalf of the Department of Health and National College for Teaching Leadership (NCTL) will continue to commission training for educational psychologists on behalf of the Department for Education.

The review did not identify any evidence or clear benefits to support a complete transfer of commissioning responsibilities between the Departments. HEE and NCTL will ensure that suitable data is available to support workforce planning and commissioning decisions.

- d. Both Departments (HEE on behalf of DH) will continue to review training costs to examine the potential, to deliver a national standardised cost per trainee for clinical psychology doctorate training and a national standardised cost per trainee for educational psychology doctorate training by 2020.

This option will ensure that each Department continues to review training costs to ensure value for money and identify potential for any cost efficiencies.

- e. The report setting out the key findings of the review is published/shared with stakeholders who contributed to the review.

There has been a high level of interest in the review from the profession, in England and across the UK. Many stakeholders gave up their time to support the project and contribute to review report.

Health Education England and the National College for Teaching Leadership will implement these recommendations, building on good practice identified by the review.

Annex 1: Review Project Plan

Project: Joint review of clinical and educational psychology training

Project SRO: NCTL and HEE

Project Aim and Definition:

Aim: To develop a flexible clinical and educational psychology workforce to deliver better integrated psychological services to children and young people (0-25 years).
Definition: For NCTL and HEE to review clinical and educational psychology training arrangements, and explore ways they can plan and commission the training together.

Objectives: NCTL and HEE will consider that:

- Impact of recent policy developments on the clinical and educational psychology workforce
- Scope for improving workforce planning including how workforce information and data can be shared more effectively
- Cost differential between the two strands of clinical and educational psychology and the potential for reform.
- Scope for a combined clinical / educational psychology qualification/training programme.
- Future implications for commissioning across the two professions and arrangements for working together.

Deliverables:

By October 2015 a report with a set of options and recommendations for going forward.
The review has two elements (i). The potential for reform, which will focus on professional standards and course curriculum. (ii) Improved psychology workforce planning and commissioning across HEE/HEE and ONS/NCTL.

Dependencies:

- Finding a resource to map professional standards and course curriculum.
- HEE and NCTL committing sufficient resources to ensure delivery of the review.
- The support of key stakeholders.
- ONS Ministerial agreement for funding for educational psychology training intakes in 2016 and 2017.

Stakeholders:

Child & Adolescent Mental Health Services (CAMHS)
Health and Care Professions Council (HCPC)
British Psychological Society (BPS)
Association of Educational Psychologists (AEP)
Association of Child Psychologists in Private Practice
Unit
National Association of Principal Educational Psychologists (NAPEP)
Association of Directors of Children's Services (ADCS)
Head Teacher representatives
NHS England
Children and Young People's Mental Health Taskforce
Clinical and educational psychology training providers
Children and Young People's Health Forum

In Scope



Clinical and educational psychology qualifications and training programmes.

Out of Scope



Training for other Health and Care Professions (HCPC) psychology registered roles who work with children and young people (0-25 years) *
(Improving Access to Psychological Therapies (IAPT))

(*There are four roles clinical, educational, counselling and forensic psychologists.)

Project benefits and success criteria (what are the benefits and how do you intend to measure success?)

- Greater flexibility across the clinical and psychology profession to meet service demands.
Success measure: A training option(s) which reduces the time to re train in either profession.
- Improved psychology services for the 0-25 years
Success measure: ONS/HEE come together to ensure shared policy is under pinned by shared psychology workforce planning.

Timeline: milestones and deadlines

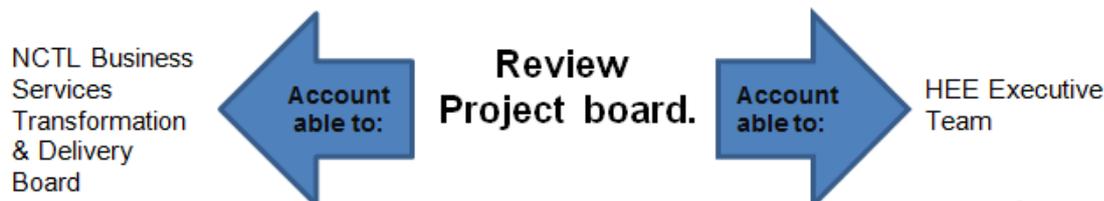
Key: Activity Deliverable Milestone

Month	January '15	February '15	March '15	April '15	May '15	June '15	July '15	August '15	September '15	October '15
Report	HEE & NCTL Review Initiate meeting	HEE & NCTL agree MOU	Review Board meet Plan agreed			Review Board meet	Drafting Review Report	Review Board meet Agree draft	Report to Ministers	
Potential for reform		Commission meeting activity & meet Unions, BPS, HCPC, and Training Providers			Complete mapping - set offering models		Consultation options with all stakeholders - v4/v5/v6/v7			
Workforce		Policy developments identified ONS routes, Course costs		Consultational Commissioning leads/contacts data lead - Rona Scotland & Wales		Draft proposals Costs identified		Agree future working arrangements		

Annex 2: Workshop attendees

Brian Tytherleigh	Director of Operations, National College for Teaching and Leadership (NCTL)
Russell Andrews	Deputy Director, NCTL
Hilary Ellam	Senior Manager NCTL
David Boyce	Education and Training Policy Officer, Health Education England (HEE)
André Imich	SEN Professional Advisor, DfE
Helen Lucarelli	Business Services, NCTL
Sarah Boorman	Administrator, HEE
Julia Katherine	Inclusion Commissioning Manager for Portsmouth City Council.
Jamie Craig	BPS Clinical Psychology Children and Young People's Division
Harriet Martin	BPS Division Child & Education Psychology
Jo Hemmingfield	BPS DCP England lead for Service User and Carer Partnership
Judith Young	BPS East of England Division of Clinical Psychology branch committee.
Richard Pemberton	BPS Chair, Division of Clinical Psychology
Duncan Law	Clinical lead for Children and Young Peoples IAPT in London
Chris Butwright	Head of Joint Commissioning (Health & Disability), Norfolk
Sophie Wallace	Clinical Psychology Trainee, University College London
Rebecca Miller	Educational Psychology Trainee, University of East London
Judy Thomson	Director of Training for Psychology Services NHS Education for Scotland
Ruth Illman	Chair of National Association of Principal Educational Psychologists
Patricia Fox	Clinical Psychologist, Unite Union
Sean O'Donoghue	President of the Association of Educational Psychologists
Terri Hall	Founder of the Association of Child Psychologists in Private Practice (ACHIPPP)
Amanda Eaglen	Special Educational Needs Co-ordinator , St Marys College , Hull
John Patterson	Head Teacher, St John's, Liverpool
Teresa Regan	Catalyst Psychology Community Interest Company
Sandra Dunsmuir	Director, Educational Psychology University College London
Richard Davies	HEE Regional Commissioner, East of England
Kayleigh Stephenson	Executive Administrator, NCTL
Pam Osborne	NCTL, Educational Psychology Contract Manager
Susan Posada	Lead Educational Psychologist, One Education
Charlie Henry	OFSTED Inspector, Special Educational Needs
Claire Young	Department of Health
Jane Smith	Director of Qualifications & Standards, BPS
John Franey	Educational Psychology Course Director, Bristol University
Neil Ralph	Workforce Development Lead for Mental Health, London
Lynne Carter	Scottish Government, Educational Psychology
Suchi Bhandari	Head of Psychology, Barnet, Enfield and Haringey
Laura-Ann Currie	HM Inspector and Educational Psychologist from Education Scotland
Colin Hedges	Welsh Government
David Murphy	Clinical Psychology Course Director, The Oxford Institute of Clinical Psychology
Helen Dent	Professor of Clinical and Forensic Psychology, Staffordshire University
James Boyle	Director of Postgraduate Educational Psychology Training, Strathclyde University
Andrew Richards	BPS Educational Psychology Training
Mary John	Programme Director of Clinical Psychology, Surrey University
Kevin Woods	Professor of Educational and Child Psychology, Manchester University
Vivian Hill	Director of professional educational psychology training, Insititute Of Education
Catherine Dooley	Clinical Psychologist, British Psychological Society (BPS)

Annex 3: Review of clinical and educational psychology training board terms of reference



Remit

The strategic overview of the review.

Deliverables

In the autumn of 2015 a:

- Submission to Ministers in DH and DfE which include the review options and recommendations.
- Review report.

Frequency

The board will meet on three occasions as follows

- Early March to finalise the review plan and timetable.
- June to consider the draft for options for future training arrangements and proposals for better planning and commissioning of the psychology workforce.
- September to agree the final options and recommendations; sign off the final report and submission.

Additional meetings will only be held with the agreement of the Chair and/or Vice Chair.

Membership

NCTL

Brian Tytherleigh	Director of Operations (Chair)
Russell Andrews	Deputy Director Business Services
Hilary Ellam	Senior Manager Business Services

HEE

Wendy Reid	Director of Education and Quality
David Boyce	Education & Training Policy Officer

DfE

Stuart Millar	Deputy Director, SEN Division
Andre Imich	SEN Professional Advisor

DH

Claire Young	DH, HEE Sponsor Team
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Observers

Judy Thompson	Director of Training for Psychology Services NHS Education for Scotland
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Laura-Ann Currie	HM Inspector and Educational Psychologist, Scotland
Lynne Carter	Educational Psychology, Scottish Government
Colin Hedges	Welsh Government

Annex 4: Professional Standards

Health and Care Professions Council Standards of proficiency (Mandatory)

1. Be able to practice safely and effectively within their scope of practice
2. Be able to practice within the legal and ethical boundaries of their profession
3. Be able to maintain fitness to practice
4. Be able to practice as an autonomous professional, exercising their own professional judgement
5. Be aware of the impact of culture, equality and diversity on practice
6. Be able to practice in a non-discriminatory manner
7. Understand the importance and be able to maintain confidentiality
8. Be able to communicate effectively
9. Be able to work with others
10. Be able to maintain records appropriately
11. Be able to reflect on and review practice
12. Be able to assure the quality of their practice
- 13. Understand the key concepts of the knowledge relevant to their profession**
- 14. Be able to draw on appropriate knowledge and skills to inform practice**
15. Understand the need to establish and maintain a safe practice environment

Standards 13 and 14 contain specific standards for clinical and educational psychology.

British Psychological Society Standards (Best practice)

1. Transferrable skills
- 2. Psychological consultation skills**
3. Psychological assessment
4. Psychological formulation
5. Psychological intervention
6. Evaluation
7. Research
8. Working with diversity and cultural competence
9. Personal and professional skills and values
10. Communication
11. Teaching and training
12. Organisational and systemic influence and leadership
13. Curriculum (doctoral programmes)

Standard 2 is specific to educational psychologists.



National College for
Teaching & Leadership



Health Education England

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