

HPC standards anomaly?

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HPC standards anomaly?

Readers of this publication will know that the work of practitioner psychologists is now regulated by the Health Professions Council (HPC). To this end they publish thresholds of competency known as ‘Standards of Proficiency’. These help protect the public by describing minimum skills that professionals must meet before registration. Understandably, given the range of different practitioner psychologists, there are both generic and profession-specific standards of proficiency. One section of these standards deals with the delivery of psychological treatment and therapy. Here generic thresholds are understandably few because professional groupings differ in the extent to which they work in this area. However, it is a comparison across different professional groups that prompts this letter.

In the standards the minimum skills in treatment and therapy for clinical and counselling psychologists are described first (Standard 2b.4, see tinyurl.com/ycmddul). At the time of registration the HPC expects both groups to be proficient at implementing psychological treatment and therapy appropriate to the presenting problem and to the individual needs of the client. Hopefully, this is relatively uncontroversial, as it is one of the core skills of clinical and counselling psychology. New applicants to these professions currently hone these skills during three years of doctoral training, which includes months of supervised therapeutic practice. On the next page the threshold competencies for health psychologists are detailed. Curiously, the standards are nearly identical skills to those of clinical and counselling psychologists. For this to be the case you might assume similar levels of training in delivering psychological treatment and therapy. However, to the best of my knowledge, the advanced qualification in health psychology syllabus does not include therapeutic work as a compulsory unit. Equally, my understanding is that when the BPS described health psychology to the HPC in March 2008 it did not refer to psychological treatment and therapy as being a core skill of the profession.

Please do not misinterpret this concern. I am not suggesting that health psychologists should not deliver treatment or therapy. I have worked alongside very talented health psychologists with excellent therapeutic skills. My concern is that the standards of proficiency represent minimum thresholds of competence that must be met before registration with the HPC. It does not seem clear that all health psychologists necessarily have these skills by the end of their training. Of course, many will undergo extra training as part of continuing professional development, but remember: the standards of proficiency are to be met before registration.

In summary, the HPC appears to suggest that all health psychologists are able to deliver psychological treatment and therapy, at a level similar to clinical and counselling psychologists, at the time they finish their training and join the register. At the extreme, some may argue that the HPC is inadvertently putting the public at risk by suggesting a professional group has a level of skill that their training might not deliver. More moderately, I raise this issue for debate and ask the readers of this publication to consider whether this area needs further discussion and clarification.

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