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British
Psychological
Society

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The Society has offices in Belfast, Cardiff, Glasgow and London, as well as the main office in Leicester. All enquiries should be addressed to the Leicester office (see inside front cover for address).

The British Psychological Society

was founded in 1901, and incorporated by Royal Charter in 1965. Its object is 'to promote the advancement and diffusion of a knowledge of psychology pure and applied and especially to promote the efficiency and usefulness of Members of the Society by setting up a high standard of professional education and knowledge'.
Extract from The Charter



President's column

Liz Campbell

Contact Liz Campbell via the Society's Leicester office, or e-mail: president@bps.org.uk

The latest information from the Department of Health is that they intend to table the legislation to regulate psychologists in November. Their policy has not changed: the intended regulator is the Health Professions Council (HPC). The legislation proposes seven protected adjectival titles (Clinical Psychologist, Counselling Psychologist, Educational Psychologist, Forensic Psychologist, Health Psychologist, Occupational Psychologist, Sport and Exercise Psychologist) and two generic titles (Practitioner Psychologist and Registered Psychologist). Put simply, this means that you would need to be registered with the HPC to practise under one of these titles. We remain convinced that having multiple protected titles will be confusing for the public and allow the untrained and unqualified to practise under other unprotected titles.

"having multiple protected titles will be confusing for the public"

If the legislative timetable goes as planned, then the HPC register will open on 1 July 2009, and those Chartered Psychologists with one of the seven existing adjectival titles and a practising certificate will be automatically transferred onto the Statutory Register. The HPC will then write to them to explain the steps they must take to remain on the Register.

Statutory regulation will bring major changes to the Society. Since 1988, we have been the regulator with all that entails for disciplinary, examinations, CPD, accreditation and competent authority functions. Take disciplinary matters as an example. For a number of years I have been involved in the Society's processes for investigating complaints against members. We have had both an Investigatory Committee and a Professional Conduct Board made up of both lay members and psychologists. Because there has been no statutory body with the responsibility of regulating the professional practice of psychologists, the Society took it upon itself to investigate complaints about professional practice and issue a range of sanctions.

With the move to regulation through the HPC, the government will take responsibility for the regulation of practising psychologists and the protection of the public. This will

obviously have implications for how the Society conducts any member discipline.

It is interesting to look at how other professional associations have handled similar situations. In the American Psychological Association (APA), there is a distinction drawn between membership of that body (which is completely voluntary and which is not required by any State for the practice of psychology) and licensure or certification by one or more of the State Boards. State Board certification is mandatory for the right to practise. Complaints to APA pertain to the status of psychologists as members of that organisation, while complaints to a State Board will address the status of psychologists as practitioners.

In recent years, the APA has scaled back on the investigation of complaints and has largely left the policing of professional practice to the appropriate State Boards. Similarly, the New Zealand Psychological Society

has stopped investigating complaints about professional conduct because this is the responsibility of the government's Registration Board and they did not want their members to face the possibility of 'double jeopardy'. Within the Australian Psychological Society, complaints about members who are practitioners are referred to the local State Registration Board in the first instance. However, the Society does investigate ethics complaints against both registered and non-registered members.

The recent internal BPS consultation with member networks about the future structure of the Society included questions about member disciplinary principles and processes. The feedback was very consistent across the different member networks. There was a strong view expressed that the Society should not duplicate the disciplinary functions of the HPC but rather evolve new mechanisms for dealing with membership conduct issues. The Professional Conduct Board has also been deliberating about new processes that we might adopt to reflect the shift in role from a regulator of professional practice to a regulator of member conduct.

Some of the implications are easier to anticipate than others. For example, the Society will redirect complaints received about members to the HPC whenever appropriate. It is not expected that the Society would undertake any duplicate investigations of cases that are dealt with by the HPC. There may be exceptional

circumstances when the Society might have to investigate a complaint that cannot be dealt with by the HPC, but we do not expect that there will be a large volume of these complaints.

Given the dual nature of the BPS as a learned society and a membership body, we do need to have some processes that allow members to be removed or have sanctions imposed on them if they are found to have brought the Society into disrepute. There is also an issue for us in relation to members who may not be registered with the HPC but are nevertheless engaged in some kind of psychological practice.

One of the largest groups who fall into this category are postgraduate trainees on our various applied qualification routes through either the BPS or programmes in universities. These trainees are required to be under the supervision of a qualified psychologist. Trainees are not regulated directly by the HPC. The HPC has taken the view that either the educational institution or the supervisor takes responsibility as trainees are not independent practitioners. This is also reflected in a recent decision by our own Professional Conduct Board that any complaint against a trainee will also be treated as a complaint against the supervisor who had responsibility for the trainee in the area of practice that the complaint pertains to.

We also have members of the BPS who may be operating as counsellors, hypnotherapists or mental health support workers of various kinds. Many of these individuals do not at present come under any statutory regulatory body. While the government intends to bring counsellors and psychotherapists under the remit of the HPC over the next few years, there is currently a legislative gap.

Although there remains a good deal of uncertainty, and many of the Society's functions will have to change, statutory regulation does provide an opportunity for the Society to fully consider what type of organisation it wants to be in the future. The recent consultation with member networks opened discussion on this question, and also covered more immediate post-regulation matters; for instance it is proposed that the 'Chartered Psychologist' title will become a grade of membership. This obviously has implications for how we accredit postgraduate training courses one route for entry into that grade.

Honorary officers and staff continue to meet with the HPC to clarify outstanding operational issues concerning statutory regulation. For updates, see www.bps.org.uk/statreg.

Presidents' Award 2008

Mark Johnson

The Society's Presidents' Award has this year been awarded to Professor Mark Johnson of Birkbeck, University of London.

The mid-career recognition award goes to Professor Johnson for his distinguished contributions to psychological knowledge and the outstanding quality of his research.

Professor Johnson is an MRC scientific team leader and Director of the Centre for Brain & Cognitive Development at Birkbeck. Over the last 20 years he has worked in the field of developmental cognitive neuroscience, using several imaging, behavioural and modelling techniques to study how postnatal brain development relates to changes in perceptual, cognitive and linguistic abilities during infancy and early childhood.

Professor Johnson was nominated by his colleague Professor Mike Oaksford, who said: 'Mark is one of the founders of the new field of developmental cognitive neuroscience. This emerging field has been acknowledged as one of the hottest growth topics in all of the neurosciences.'

After completing his first degree in biological sciences at the University of Edinburgh in 1981 Professor Johnson undertook a PhD in zoology/ neurobiology at the University of Cambridge. Following postdoctoral posts as a research scientist at the MRC Cognitive Development Unit and at the University of Oregon, he took up the role of Associate Professor of Psychology at Carnegie Mellon University, Pittsburgh in 1991, staying in the USA until 1995, when he returned to the MRC Cognitive Development Unit. Professor Johnson has worked at Birkbeck since 1997.

In his career so far, Professor Johnson has published over 200 major articles and 10 books. He has made specific contributions in the areas of filial imprinting, the development of face processing, visual attention and orientation, object perception and categorisation. In 2000 he became the editor of *Developmental Science*, a leading international journal that contains research on developmental cognitive neuroscience.

The Presidents' Award will add to Mark's already impressive list of honours and awards, which includes the Queen's

Anniversary Prize 2005. In 2004 he was elected Fellow of the Association for Psychological Science.

Professor Johnson, said: 'I am delighted to be the recipient of the Presidents' Award this year. This award also reflects on the quality and contribution of my collaborators and colleagues at Birkbeck and elsewhere, and



on the coming of age of the cognitive neuroscience approach to developmental psychology.

'Further, I'd like to put on record my thanks to all those who have helped me during my career, and particularly the Medical Research Council who have funded my research continuously during my years in the UK.'

Society President, Liz Campbell will present Professor Johnson with this award at the 2009 Annual Conference in Brighton.

EVENTS DIARY

For a database of forthcoming events organised by the Society and other organisations, see www.bps.org.uk/diary.

To advertise your event, contact psyadvert@bps.org.uk or +44 116 252 9552.

Teaching psychology to others – the pains and the potential

In the 1990s, an audit of higher education institutions by the Society's committee on the 'Teaching of Psychology to Other Professions' revealed that psychology, in one guise or another, was taught on a multitude of courses and professional programmes. It cropped up in subjects as diverse as electrical engineering and business management, not to mention a number of courses for healthcare professionals. Now the renamed Standing Committee on Psychology Education for Other Groups is considering this issue, and is seeking to engage with psychologists with expertise in developing psychological programmes for non-psychologists.

Given the wide range of courses and professional bodies involved, it is not surprising that there is some lack of clarity over what is taught, how it is taught and who teaches it. This was demonstrated at a Higher Education Academy event for psychology tutors in 2006, where some key themes emerged:

- | There is little information on the nature of the psychology material being taught to other professional

groups, or why this information is being taught.

- | Psychology material presented to other groups is sometimes outdated, and occasionally irrelevant.
- | There is a perceived need for the development of guidance on what psychology should be taught to other professions.
- | There was no community spirit among tutors and a feeling of abandonment – they felt they did not fit with the psychology community or the other professional community.

Currently, individual academic providers (at both an institutional and individual tutor level) decide what goes in a course, so there is some disparity in the nature and provision of material. There is some broad guidance, but this is often too broad to be of much use. If we look at the Health Professions Council's Standards of Proficiency (2003) for dietitians, for example, psychology is merely a part of a smorgasbord of other 'supplementary' activities: graduates should 'understand sociology, social policy, psychology, public and educational methods relevant to the dietetic management of

individuals, groups or communities'.

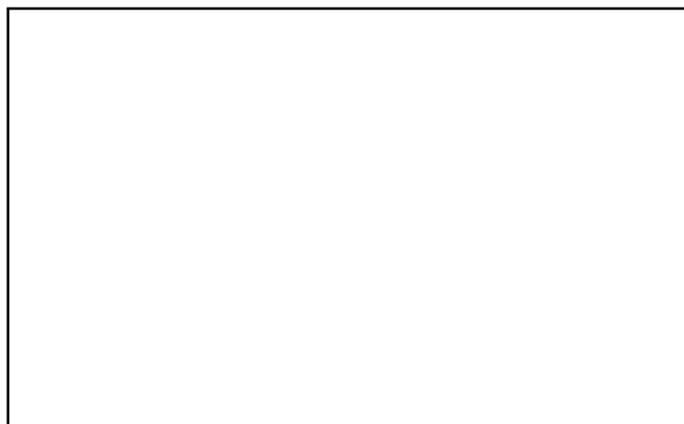
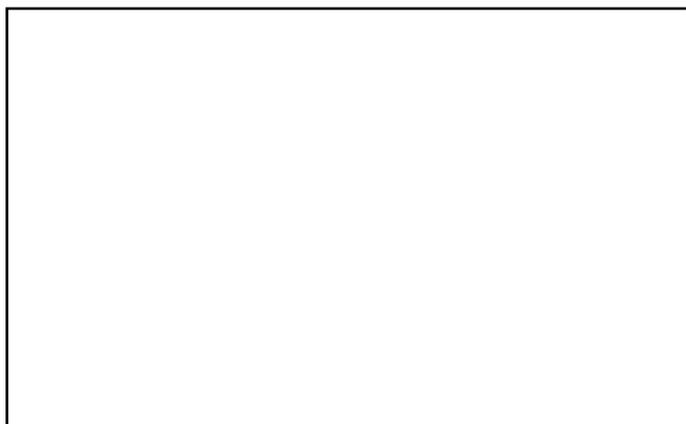
Ultimately, psychology's small resource base within other professionals' teaching, limited teaching allocations, lack of research prominence, and the dissatisfaction expressed by other members of the core disciplines, may together reinforce impressions that psychology is not as important as the more traditional disciplines.

At the Higher Education Academy seminar the delegates highlighted these fundamental issues along with their professional isolation. They reported that they were often viewed as 'service teachers' who were separate from the 'core' team and were expected to design and deliver the psychology input within a slot not always planned in conjunction with the rest of the course. Obviously, this will vary across professions, courses and institutions, but it was certainly a thread evident from representatives teaching on, amongst others, physiotherapy, podiatry, medicine and nursing courses. Most delegates also called for a more systematic review of what was taught on health professional courses, and for this to be guided by

psychologists.

Further evidence of this apparent marginalisation is reported in a forthcoming article in *Psychology Teaching Review*, in which Hayley Mansell and I highlight a series of issues facing teachers of psychology on such courses. For example, the qualifications of psychology staff on these professional courses were quite diverse, with almost 40 per cent having no formal qualification in psychology. Only 16 per cent of the psychology tutors reported having a role in the decision-making process in what psychology should be delivered and only 8 per cent used a qualified psychologist as their external examiner for assessing the psychology elements of the course. Hence, it appears as if psychologists were not fully involved in the development, delivery or examination of the psychology-based material for a large proportion of healthcare professional courses.

The fact that psychology is so often taught to healthcare professionals by those without a qualification in it gives rise to a number of potential worries. First, students (and, ultimately, clients/patients)



may be being given a disservice: it is possible that those teaching psychology do not have a sufficient grounding in the subject to teach it adequately. There is no formal evidence to support this contention, but common sense would suggest that being taught psychology by somebody without a psychology qualification would result in a poorer education than if receiving material from those with a psychology degree. Secondly, psychology graduates and postgraduates, who could provide such a service, are being deprived of the opportunity to promote and develop this material using their skills and knowledge appropriately. Finally, by the same token, those tutors without a psychology qualification may possibly be being pressurised into teaching psychology – a subject they have little experience of, or enjoyment in, teaching.

Interestingly, although psychology was rated as important to the students' future career by the course tutors, the majority of the courses dedicated less than 5 per cent of the course time to psychology. This is perhaps a small amount, given psychology's value and importance in health care. Students from all professions need psychological skills, for example, in order to communicate effectively, to research appropriately, to understand motivation and development, to change behaviour, and so on.

In summary, the evidence (such as it is) suggests that psychology is taught by those without a psychology background, on modules designed by non-psychologists and examined by non-psychologists. We have the expertise in psychology to design what should be included in a psychology curriculum. We need to sell our skills, our evidence base and our expertise to those that need it – we need to look outwards as well as inwards.

We need to work in partnership with professional bodies so we can share our expertise with theirs and develop something coherent that will enhance students' understanding of relevant psychological material.

The Standing Committee on Psychology Education for Other Groups is looking to address this issue. The current workplan is to develop a core curriculum for health-related professions, in conjunction with their professional bodies. It is hoped this will be rolled out to other professional areas over time.

The committee is encouraged by the reception it has received from other professions to developing psychology curricula to embed within their programmes, and is hoping with hard work and commitment from its members we will be able to launch the psychology curriculum for health in the next 12–18 months.

If any members are interested in joining the committee, please contact kelly.auty@bps.org.uk.

CONSULTATIONS ON PUBLIC POLICY

After the lull in August, September was a busy month for the Policy Support Unit with responses to 11 consultations being submitted. As always, full details of all consultations responded to, including copies of the Society's responses, are available at www.bps.org.uk/consult (just change the Status field from 'Active' to 'Completed' then click on 'Search' to call up the details of all closed consultations – the most recent are listed first).

The Ministry of Justice's consultation on Bail and Murder was launched in response to two incidents involving homicide offences committed by individuals on bail. In responding, the Society made several recommendations based on the relevant literature, including one stating that evidence-based risk assessment – carried out by experts in the administration and interpretation of appropriate tools – should form the backbone of individual decisions about whether or not to grant bail to people charged with murder.

The Department of Health's consultation on Tobacco Control was welcomed for acknowledging the importance of psychological factors affecting motivations relating to starting or quitting smoking. However, its analyses of the psychological aspects of addiction and of the social and normative processes involved were criticised for superficiality. It was suggested that the Society could provide training for NHS staff involved in helping people quit smoking and could advise on the running of effective communication and education campaigns.

The Welsh Assembly Government consulted on a proposal for a single, statutory body, *Iechyd Meddwl Cymru* (IMC), to be responsible for mental health and well-being in Wales. IMC would: provide a comprehensive service and care for individuals and communities through a range of mental health services (e.g. for children, older people and those with learning disabilities); draw its staff from both the NHS and social services; and carry out teaching and research. The Society's Welsh Branch welcomed the acknowledgement of a need for services in Wales to be improved but was concerned by the lack of both a clear model of care and details of the necessary psychological workforce. Consideration of a new office of Chief Psychologist was suggested and it was recommended that the Society be invited to nominate individuals for any statutory mental health and well-being board.

The remaining consultations responded to during September included three to Westminster departments (concerning dementia care, proposed new regulations for the Council for Healthcare Regulatory Excellence and schools' role in promoting pupil well-being), two to Northern Ireland departments (one on a new service framework for cardiovascular health and well-being, the other on the law and clinical practice in relation to the termination of pregnancy), two to the National Institute for Health and Clinical Excellence (regarding the promotion of physical activity for children, and on the management of long-term sickness and incapacity for work) and, finally, one to the Scottish Government concerning alcohol misuse.

The preparation and submission of the Society's responses to consultations on public policy is coordinated by the Policy Support Unit (PSU). All members are eligible to contribute to responses and all interest is warmly welcomed. Please contact the PSU for further information (psu@bps.org.uk; 0116 252 9926/9577).

Working with interpreters

The Society's Professional Practice Board has approved a new set of good practice guidelines on working with interpreters (spoken or British Sign Language) in health settings. These can be accessed via www.bps.org.uk/ppb. The guidelines give an overview of the issues psychologists need to consider to ensure that they are able to work in partnership with interpreters in an effective manner.

The guidelines were written

by Professor Rachel Tribe and Dr Kate Thompson (University of East London) in consultation with a number of language interpreters and service users. Professor Tribe said: 'It is important for psychologists to work in partnership with interpreters to ensure that equal opportunities are upheld and certain groups are not denied access to psychological services. It is therefore important that psychologists are provided with information on good practice in

this context and ideally are trained to work with interpreters. In addition, working with an interpreter may enhance service delivery and assist with learning about different views of psychological well-being, forms of client presentation, idioms of distress and explanatory health beliefs.'

The guidelines are divided into 12 sections and cover such topics as conducting a language needs analysis, locating an appropriate interpreter, training issues, preparation for the consultation/meeting, changes to the dynamics of the work, issues of language and culture, written translations, telephone

interpreting, practical considerations and recommendations for the future. The guidelines also cover aspects of good practice for agencies or health trusts employing or working with interpreters. A range of useful resources and websites is provided: for example, how to access a downloadable multilingual appointment card and details of how to locate an appropriately qualified interpreter.

Professor Tribe said: 'We would like to thank members of the Race and Culture Faculty and the Faculty of Sexual Health of the BPS for their support and encouragement in this process, as well as everyone who commented on these guidelines.'

CPD changes

As you will be aware, it is expected that statutory regulation for psychologists will be introduced in the summer of 2009. The Health Professions Council (HPC) will be the new independent regulator and responsible for monitoring the CPD of registrants.

We need to discontinue the Society's current CPD monitoring processes to avoid overlap with the regulator, and the Trustees have agreed that now is the right time to do this, in order to concentrate our efforts on developing and enhancing our support services for members. This means that chartered psychologists holding a practising certificate will no longer be required to make an annual CPD submission to the Society.

Whilst the Society will not be regulating the CPD of practising chartered psychologists, all members are still expected to engage in and record their professional development activities throughout their careers. The Society will still be providing information and advice about good CPD practice, as well as support to help members fulfil the CPD requirements of the new regulator. Further

information about HPC's requirements and processes for CPD is available at www.hpc-uk.org.

If you hold a Chartered Scientist or EuroPsy award you may, in the future, be required to submit records of your professional development to the Society as part of the revalidation requirements for these awards. At the present time the revalidation requirements have not been formally agreed, so the Society strongly recommends that members continue to maintain an ongoing reflective record of their professional development.

We know that many members value the CPD Online system as an aid to planning and recording CPD and we will retain and further develop this support. We plan to launch a new version of the system in 2009 and extend its availability to all members.

Further information about the Society's CPD, including a user guide to the CPD Online planning and recording system, is available at www.bps.org.uk/cpd-homepage. In addition, telephone or e-mail help with CPD enquiries is available during office hours: 0116 252 9916, cpd@bps.org.uk.

Society vacancies

Board of Assessors in Occupational Psychology Chair

Chartered Occupational Psychologist (at least five years) with experience of supervision or assessing at postgraduate level in occupational psychology and detailed knowledge and understanding of the process of examinations. For more detailed information and to download a statement of interest, please visit www.bps.org.uk/careers/society_qual/vacancies.cfm

Contact

Angela Baxter angela.baxter@bps.org.uk, 0116 252 9584
Closing date 5 January 2009

Board of Assessors in Clinical Psychology Chair, Chief Assessor and Assessors

All roles require a Chartered Clinical Psychologist (at least two years) with experience of assessing at postgraduate level in clinical psychology and detailed knowledge and understanding of the process of examinations. Further details and statement of interest available on request.

Contact

Angie Cain angie.cain@bps.org.uk, 0116 252 9518
Closing date 16 January 2009

Board of Assessors in Counselling Psychology Registrar

Chartered Counselling Psychologist (at least five years) with experience of assessing at postgraduate level in counselling psychology and detailed knowledge and understanding of the process of examinations. For more detailed information and to download a statement of interest, please visit www.bps.org.uk/careers/society_qual/vacancies.cfm

Contact

Bethan Carley bethan.carley@bps.org.uk, 0116 252 9933
Closing date 21 November 2008