**University of Edinburgh / NHS (Scotland) Clinical Psychology Training Programme - Neuropsychology Competence List**

In 2015, the British Psychological Society (BPS) developed a revised set of Standards for Doctoral Programmes in Clinical Psychology. In developing the revised Standards, the aim of the BPS Committee on Training in Clinical Psychology (CTCP) was to ensure that the Society’s standards reflect contemporary theory and practice, thus ensuring accredited programmes continue to develop psychologists who will be fit for purpose in today’s NHS.

The Standards do not prescribe a particular approach to doctoral level training. Rather they are designed to ensure that whatever the ethos, philosophy or approach of the Programme the management, delivery and monitoring are of a consistently high standard. As you will be aware, the Programme is currently accredited jointly by BPS and HCPC. HCPC aim to enforce a set of minimum standards that ensure the Programme produces clinical psychologists who are safe and competent, while BPS standards and aim to promote and recognise excellence in the delivery of the Programme.

The Revised standards seek to reemphasise the key skills and attributes of Clinical Psychology and require Doctoral Programmes to enhance the gathering of evidence in those areas. This manifests as a requirement to demonstrate

“Increased links to established competence frameworks in the evaluation of trainee competence development. This includes transparency around the competencies required through the use of a nationally recognised framework, and improved consistency of the evaluation process through the use of standardised measures of competence”. (BPS 2014)

In line with the ethos of the revised standards, a set of Neuropsychology competences has been developed to promote clarity for:

* Trainees in understanding
  + The knowledge they need to acquire
  + Skills they are required to develop and demonstrate
  + Opportunities they will be expected to identify
* Supervisors in knowing
  + The competences they are being expected to observe and evaluate
  + The range of opportunities which may support the development of these competences

The competence list has been drawn from two key sources:

* Competency framework for the UK Clinical Neuropsychology profession developed by the Division of Neuropsychology (DON). While this framework covers a considerably wider range of activity and competences, the key statements around test selection, administration and reporting have been extracted
* Extract from the Roth and Pilling CAMHS competence framework (*Ability to undertake structured cognitive, functional, and developmental assessments*). This framework provides additional detail on individual tasks involved in the testing process.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Knowledge and Understanding** | | | R&P CAMHS Competence Framework | DoN Competence list |
|  | Knowledge of Psychometrics and statistical principles | | |  |  |
|  | Knowledge of contemporary theories of brain/behaviour relationships and their implications for current practice | | |  | 1.15 |
|  | An ability to draw on knowledge of a range of neurodevelopmental, neuropsychiatric, neurological, neurodegenerative and neuropsychological disorders and the ways in which these present across the developmental range, including features in the domains of | | | y | 1.20, 2.23 |
|  |  | | cognition | |  |
|  |  | | behaviour | |  |
|  |  | | emotion | |  |
|  |  | | social functioning | |  |
|  | An ability to draw on knowledge of current literature relevant to cognitive testing and underlying cognitive models, and its relevance for test design and interpretation. | | |  | 1.18 |
|  | Knowledge of normal ageing, brain pathology/injury and recovery | | |  | 1.13 |
|  | Knowledge of the importance of effort in assessment and of methods to assess effort | | |  |  |
|  |  | | |  |  |
|  | **Hypothesis development** | | |  |  |
|  | An ability to gather data from all relevant sources including as appropriate; existing files; family; social services; GP to: | | | y | 2.6 |
|  |  | Generate initial hypotheses/preliminary formulation for the presenting difficulties | | |  |
|  |  | Guide the selection of assessment procedures which are likely to be appropriate/ relevant | | |  |
|  |  | identify factors which may impact on the administration of testing (such as physical or sensory impairments) | | |  |
|  | |  | | --- | | An ability to identify any inconsistencies across respondents and consider their likely relevance in relation to the assessment process | | | | y | 2.6 |
|  | |  | | --- | | An ability to locate and interpret previously-conducted structured and/or medical assessments in order to inform the current assessment process, specifically to: | | | | y | 2.6 |
|  |  | inform the selection of testing procedures used in the current assessment | | |  |
|  |  | provide a baseline measure/measure of comparison | | |  |
|  | The ability to review hypotheses on the basis of administration and interpretation of testing and identify subsequent testing strategies | | |  | new |
|  |  | | |  |  |
|  | **Test Administration (hypothesis testing)** | | |  |  |
|  | The ability to draw on knowledge of psychometric theory to select appropriate testing strategy, including instances where testing would not be appropriate | | | y | 2.20 |
|  |  | an ability to adjust the hypothesis, where necessary, based on the outcome of the hypothesis testing strategy | | |  |
|  | An ability to draw on knowledge of assessment procedures to select those relevant to the assessment question | | | y | 2.19 |
|  | An ability to draw on knowledge of test-retest reliability to ensure that tests are not re-employed too soon (i.e. potentially invalidating any results) | | | y | 2.5, 2.19 |
|  | The ability for the tester to administer only those assessment procedures for which they are appropriately qualified. | | | y |  |
|  | An ability to draw on knowledge of the populations on which tests have been standardised, and any implications this will have for individual clients in relation to: age; gender; level of functioning; ethnicity, country of origin | | | y |  |
|  | An ability to recognise that all aspects of the initial encounter may provide important data for the assessment (including, for example, the initial meeting in the waiting room, or the ways in which those present interact with each other) | | | y | 2.16 |
|  | An ability to provide a testing environment which promotes optimal performance from the client throughout the session including: | | | y | 2.18, 3.6 |
|  |  | using appropriate language | | |  |
|  |  | Supportive/friendly manner | | |  |
|  |  | Reduce distraction | | |  |
|  |  | Encouragement for participation (without disclosing performance levels) | | |  |
|  | An ability to select and/or adapt tests in order to match them to the needs of client’s with sensory difficulties or physical limitations | | | y | 2.18, 3.6 |
|  | An ability to monitor the client’s behaviour and interactions throughout the assessment, including: | | | y | 2.16 |
|  |  | their level of motivation/engagement with the assessment process | | |  |
|  |  | their activity levels | | |  |
|  |  | their level of concentration or distractibility | | |  |
|  |  | their social/communication skills | | |  |
|  |  | their specific areas of difficulty/competence | | |  |
|  |  | their reaction to failure/success | | |  |
|  |  | their persistence | | |  |
|  |  | any reassurance seeking | | |  |
|  |  | their receptivity to encouragement/reinforcement | | |  |
|  | An ability to document these observations systematically and to identify whether they are consistent with reports from other sources | | | y |  |
|  | An ability to draw on knowledge of common reactions to assessment (such as anxiety or effort) and to take into account their impact on the client’s functioning | | |  | 2.21 |
|  | An ability to draw on knowledge of the ways in which the assessment process may impact on functioning in (neuro)developmental disorders (e.g. the structured non-distracting testing environment may improve the functioning of children with Autistic Spectrum Disorder) | | | y | 2.21 |
|  |  | | |  |  |
|  | An ability to adhere to standardised testing structure and protocol, as described in the relevant manual: | | | y | 2.5, 2.19 |
|  |  | implementing any variations in “rules” in line with the procedures specified in the manual (e.g. the criteria for discontinuing a test, or for prompting the client) | | |  |
|  |  | recording responses accurately | | |  |
|  |  | following scoring procedures including applying the criteria for scoring to the responses made by the client in order that results remain relevant to norms and standardisation | | |  |
|  |  |  | | |  |
|  | An ability to identify where a client being assessed differs from the samples on which standardisation is based, and to interpret and report their results in relation to this limitation | | | y |  |
|  | Where it is not possible to follow the standardised testing procedure (e.g. because the client is uncooperative, or has profound/specific difficulties), an ability to adapt testing (and to record the adaptations that have been made): | | | y | 2.18 |
|  |  | an ability to recognise that while adapting tests has practical value (in terms of identifying the client’s strengths and weaknesses) the resulting scores will not be psychometrically sound | | |  |
|  |  | | |  |  |
|  | **Interpreting results** | | |  |  |
|  | An ability to integrate data from testing with behavioural observations and information from other assessment sources to produce an ecologically valid coherent formulation of the client’s functioning. | | | y | 2.7 |
|  | An ability to interpret results in terms of: | | | y | 2.14 |
|  |  | the client’s level of functioning (across the domains assessed) | | |  |
|  |  | their relationship to functioning in the standardised sample for the test | | |  |
|  |  | the pattern or profile of results, across the domains tested | | |  |
|  |  | the significance of individual test results in the context of their overall functioning | | |  |
|  | An ability to apply the findings to: | | | y | 2.14 |
|  |  | describe/explain the client’s functioning | | |  |
|  |  | describe/explain the ways in which their current environment may be impacting on the client’s functioning | | |  |
|  |  | describe how the interaction of the two may result in particular behaviours, strategies or patterns of impairment (e.g. apparent underperformance) | | |  |
|  |  | | |  |  |
|  | **Ability to use the assessment to inform a wider investigation process or an intervention plan** | | |  |  |
|  | An ability to adopt a strength based approach to the development of intervention strategies | | | y |  |
|  | An ability to use findings from assessment to suggest strategies that: | | | y | 2.27 |
|  |  | are informed by the client’s environment (i.e. are specific and achievable) | | |  |
|  |  | are aimed at enhancing the client’s skill and abilities | | |  |
|  |  | alter the client’s environment, with the aim of enhancing/maximising their functioning | | |  |
|  | An ability to communicate intervention strategies to those delivering them, using language and concepts which are clear and adapted to the context | | | y | 3.6 |
|  | An ability to support individuals who are carrying out either a wider investigation or interventions based on the assessment outcome, ensuring that they understand the assessment and/or can carry-through the intervention plan. | | | y |  |
|  |  | | |  |  |
|  | **Reporting and communication** | | |  |  |
|  | Ability to report the results of the assessment and proposed intervention to specialist and non-specialist colleagues verbally and in writing using clear, concise and appropriate language, including (where appropriate): | | | y | 3.5 |
|  |  | reasons for testing | | |  |
|  |  | sources of information | | |  |
|  |  | materials used (including what each test measures) | | |  |
|  |  | testing procedure (including relevant behavioural information) | | |  |
|  |  | any adaptations | | |  |
|  |  | Intervention goals and strategies | | |  |
|  | An ability to communicate findings verbally and in writing to clients, family and carers in a sensitive manner and in plain language, including discussion of: | | | y | 2.24, 3.6 |
|  |  | their experience of the testing process | | |  |
|  |  | the meaning of the findings for the client and their support network | | |  |
|  |  | any areas that the client and their support network | | |  |

Division of Neuropsychology (2012) *Competency framework for the UK Clinical Neuropsychology profession*. British Psychological Society, Leicester

University College London (2016) Competence Frameworks, (webpage).  Available at: http://www.ucl.ac.uk/clinical-psychology/competency-maps/camhs/camhs-map.png [Accessed 9th March 2017]