THE UNIVERSITY of EDINBURGH

School of Health in Social Science
Clinical & Applied Psychology

Standard Operating Procedure (SOP): Stage One Fitness to Practice Process

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1. Introduction

This SOP outlines the procedures for the Stage One Fitness to Practice (FTP) process applicable to postgraduate students in Clinical Psychology with placement requirements in the NHS and the Centre for Psychological Therapies. This document aligns with College of Arts, Humanities and Social Sciences (CAHSS) Fitness to Practice Policy, and the School of Health in Social Science Fitness to Practice Policy that is currently being developed. It draws upon professional expectations that are described in:

- British Psychological Society's Code of Ethics and Conduct
- Health and Care Professions Council (HCPC)'s Guidance on Conduct and Ethics for students
- Health and Care Professions Council (HCPC) Standards of Proficiency for Practitioner Psychologists
- BPS Standards for the Accreditation of Doctoral Programmes in Clinical Psychology
- BPS Standards for the Accreditation of Applied Psychology Programmes for Associate Psychologists
- BPS Practice Guidelines
- BPS wider Psychological Workforce (WPW) Fitness to Practice Framework

See Appendix One for greater detail.

2. Purpose

To ensure that all postgraduate students in clinical psychology maintain the professional standards required by their professional bodies and the University of Edinburgh during their training and placements.

To ensure clarity and transparency for all stakeholders in the processes to be followed in the event that a student's performance or conduct raises concerns about their fitness to practice.

To ensure that the public who receive the psychological services of students on these programmes are protected from harm, or from ineffective assessment and intervention.

To ensure that issues of fitness to practice are identified as swiftly and as robustly as possible, and that steps are taken to support the student to be able to meet the programme's fitness to practice requirements.

To ensure that where a student has not been able to demonstrate fitness to practice, despite support and intervention, that those students do not graduate with a qualification that would allow them to offer psychological services to the public.

3. Scope

This FTP process applies to all postgraduate clinical psychology students involved in providing psychological services under supervision in placements in the NHS and the Centre for Psychological Therapies. Specifically, the following programmes:

Doctorate in Clinical Psychology

MSc. Applied Psychology (Healthcare) Children and Young People

MSc. / PGDip. / PGCert. Psychological Therapies

4. Guiding Principles and Definitions

Fitness to Practice: Refers to a student's ability to meet the necessary standards of conduct, performance, and ethics expected by professional bodies and the University.

Confidentiality: All proceedings should respect the privacy of the student unless disclosure is required by law or necessary for the protection of the public. If the fitness to practice concern has been raised by a patient or refers to a patient, care needs to be taken to protect the privacy of the patient. This will need to be balanced against the student's right to be able to make statements about the fitness to practice issue, and therefore anonymity for a patient raising an issue cannot be guaranteed.

Communication sharing: Programmes that work between the NHS and the University of Edinburgh should have an explicit communication policy that sets out expectations of communication between these organisations as a default in supporting the student's learning journey and also managing protection of the public.

Fairness and Objectivity: These procedures must be conducted with fairness and without bias. Documented, factual evidence is to be preferred in the reporting of concerns and descriptions of circumstances.

Timeliness: Concerns and issues should be addressed promptly. For urgent concerns this may need to be acted on immediately to protect the public or the student themselves. Further investigations may require evidence gathering from a number of people and therefore it is hard to gauge a realistic time frame for conclusion. However, these processes should be prioritised. A Stage One Fitness to Practice Panel should aim to be convened within one month from the completion of investigation and reporting by the Fitness to Practice Contact.

Standard of proof: In making decisions under this procedure, the standard of proof that shall be used is the balance of probabilities, which is the standard of proof used in civil law. This means that a Fitness to Practise Contact and Panel will be satisfied that an event occurred if they consider that, on the evidence available, the occurrence of the event was more likely than not.

Stage One Process: Initial review and assessment of a reported concern regarding a student's fitness to practice. Stage One is characterised by evidence gathering, defining issues, formulating support plans and monitoring their effect. The Stage One process remains within the school.

Stage Two Process: This is the College level process, operated by the College Fitness to Practice Committee. Stage Two is used when either a Stage One process has completed and a student has been unable to demonstrate that they meet their programme's fitness to practice requirements, or the reported concerns are serious and cannot be addressed through the measures available to the Stage One process.

Urgent Concerns: Student behaviour that is likely to pose a risk of harm to themselves or to members of the public, including other students or staff of the university and/or the NHS.

Fitness to Practice Contact: Each subject area has a designated member of staff who is the fitness to practice representative for that subject area.

Fitness to Practice Panel: This is a Stage One process, involving the assembling of a panel, to review the report of a Stage One Fitness to practice investigation. The fitness to practice panel makes recommendations to address the reported concern, timescales and monitoring and if necessary, can recommend escalation to a Stage Two Process.

Fitness to Practice Investigation: This is undertaken by the fitness to practice contact, upon receiving a report of a concern about a student. The investigation will involve reviewing the initial reported concern, gathering facts from the person reporting the concern and any other relevant party, informing the student of the reported concern, meeting with the student to enable them to provide an explanation or response to the concern, documentation and reporting of the investigation and presenting this to a Stage One Fitness to Practice Panel.

Parallel Policies and Procedures: Some students of the University are also employees of the NHS. These procedures run in parallel, and may use the same evidence. However, University of Edinburgh policies and procedures can only be used by university staff. NHS Scotland policies and procedures can only be used by NHS line managers.

Capability Policy: This is an NHS Scotland Policy that aims to provide a clear process to support and manage employees, in a fair, consistent and timely manner when they are required to improve their knowledge, skill and / or ability to undertake their role. This can only be applied by the NHS line manager for trainees who are employed in the NHS.

Supported Improvement Plan: A SIP is an NHS Scotland document which outlines areas for improvement with agreed timescales and support to achieve the required standard of performance as part of the Capability Policy.

Conduct: Conduct refers to expected standards of behaviour. The University has a code of student conduct (see below). In addition, NHS Scotland also has a conduct policy that sets out expected standards of behaviour and guidelines for considering instances of misconduct and gross misconduct. These can be viewed at the links below.

5. Consideration of overlapping policies

A student's behaviour or performance that leads to a consideration of fitness to practice might also be considered under the following policies or procedures:

Student Conduct

The University deals with allegations of unacceptable behaviour following the procedures set out in the Code of Student Conduct. The Code of Conduct applies to all students. The University expects all students to conduct themselves in an appropriate manner in their day-to-day activities, including in their dealings with other students, staff and external organisations.

NHS Scotland also has a Conduct Policy that explains expected standards of behaviour and procedures for investigating and responding to instances of misconduct. These would be operated only by NHS line managers, but are likely to overlap with the University conduct policy and proceedings. It is likely that an investigation of student conduct under either the university or the NHS policy will trigger consideration of invoking the other parallel process.

Support for Study

The Support for Study policy is a supportive way of assisting the small number of students whose behaviour gives cause for concern. It offers an alternative to disciplinary action when a student's behaviour may be affected by significant health issues or disabilities.

Disability and Learning Support Service

If the behaviours of concern appear to arise out of a health condition, disability or other impairment and these have not been assessed and a schedule of adjustments agreed and implemented, the student should be referred to the Disability and Learning Support Service (DLSS).

Schedules of Adjustment

Schedules of adjustment can be made via the DLSS that can alter how the student is supported or how competencies are assessed. Importantly, adjustments must be considered to be reasonable, and not significantly disadvantage other students. Schedules of adjustment apply only to the support provided or the method of assessment, and do not alter the required competencies or fitness to practice standards themselves, which are competence standards (as defined by the Equality Act, 2010) and are core non-negotiable outcomes of a programme.

NHS Scotland Capability Policy

NHS Scotland has a policy and procedure for managing employees where their performance does not meet the expected standard for their role. For University of Edinburgh students that are also NHS employees, the use of the Capability Policy may run concurrently or sequentially with a University Fitness to Practice procedure. The NHS Capability Policy has four stages, from informal resolution, through to Stage 3 and potential termination of contract on the grounds of capability. A University FTP process could lead an NHS line manager to consider using the Capability Policy, or an NHS Line Manager's decision to begin a Capability Process in the NHS could also lead a member of university staff to initiate a University FTP process.

It is important that the timing of these processes is aligned, if they occur in parallel. Parallel policies and procedures must be allowed to run their course and support each other rather than obstruct each other.

For these reasons, it is important that the University staff and NHS line managers communicate early if either party is considering the use of the Capability or the University FTP Policy.

In relation to the University policies, The Fitness to Practice Contact will determine which policy is the most appropriate to deal with the reported concern, in line with the College Fitness to Practice Procedure

Section 7 of the CAHSS FTP policy also provides guidance around the ordering of following the procedures of these related policies. The NHS Capability policy will be decided only by the NHS line manager.

6. Overlap between Issues of Competence and Fitness to Practice

Some of the professional standards, fitness to practice requirements and expectations of students overlap with behavioural competencies against which they are assessed as part of their programme of learning. In the absence of any evidenced circumstances, schedule of adjustment, disability, impairment, health condition or life events, any concerns about the development of professional competence should be first addressed through the normal academic channels such as supervision, additional support, placement monitoring, evaluation of competence, placement failure and exam board decision making.

When the demonstration of competency appears to be influenced by disability, impairment, health condition or life events, AND a schedule of adjustments has been effectively implemented AND concerns remain about competency development – this may be better considered under the fitness to practice framework.

Under these circumstances, supervisors in the NHS or in the Centre for Psychological Therapies, may feel sufficient concern about the student's practice, that they require an enhanced level of monitoring and supervision. If supervisors and / or line managers believe that without such additional support or monitoring, the public would put at risk of harm from unsafe or ineffective practice, then this more clearly defines the competence issue as one of fitness to practice. In these situations, the level of monitoring and supervision may be so high as to make it impossible to assess the student at an appropriate level of autonomy. This also justifies the use of FTP rather than standard competence assessment processes.

Whilst some behaviours are more obviously unsafe or potentially harmful, some may be considered ineffective. Delivering ineffective, poor-quality intervention to a patient or client can also be considered as harmful and unethical and therefore could still be considered under fitness to practice.

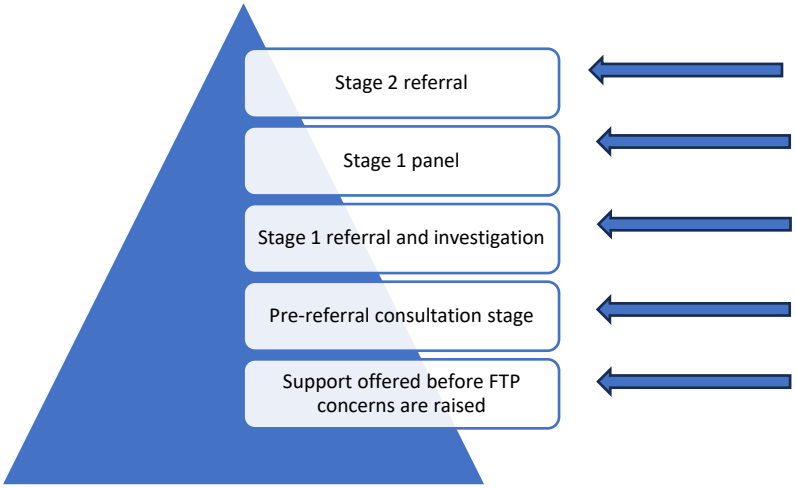
7. Initial Reporting of Concerns

Concerns may be raised by university staff, NES staff, NHS staff, other placement providers, clients, patients, other students, members of the public or members of a relevant professional body. The initial reporting of concern should be made in writing / email to the fitness to practice contact for the subject, using the appropriate referral form.

8. Progressing Fitness to Practise Concerns

The School of Health in Social Science procedures are intended to provide a clear framework for managing Fitness to Practise concerns, in line with the CAHSS Fitness to Practise Policy. The pyramid structure below reflects where the majority of actions are likely to be taken. It does not imply that concerns about a student's fitness to practise must pass sequentially through each stage. For

examples, where there are sudden and serious concerns raised about a student's fitness to practise, the case might be immediately escalated to a Stage 2 referral for consideration by the College Fitness to Practise committee.



8.1 Support offered before Fitness to Practise concerns are raised

As set out in the CAHSS Fitness to Practise policy, before an issue is identified as a fitness to practise concern, it is expected that in the majority of cases a range of actions will already have been taken to support students and to address any deficits in professional skills or competencies. These may include but are not limited to additional pastoral and academic support, clinical supervision, enhanced placement monitoring, referral to support services, an Authorised Interruption of Studies, or a repeat period of study. These actions should be clearly documented e.g. in the student's individual record on EUCLID.

8.2 Pre-referral consultation stage

Where a member of staff is considering whether an issue is a Fitness to Practise to concern, these concerns should be discussed in the first instance with one of the subject area Fitness to Practise contacts. This initial discussion should clearly articulate the concern in the context of the relevant circumstances as set out in the College Fitness to Practise policy and the requirements of relevant professional or regulatory body standards, regulations and guidance (see Appendix 1 and 2 of this document). Discussions should also take into account:

a. the seriousness of the concern
b. reasonable expectations about the student's professional development relative to their level of study
c. the needs of the student for support
d. the relevance of other university policies and procedures
e. the appropriateness of outcomes available through Stage One and Stage Two set out in the CAHSS Fitness to Practise Policy

In many cases, the complexity of the student's circumstances might indicate that it would be useful to request a School level consultation about the best next steps. Membership of any consultation

stage should be limited to those who can meaningfully contribute to decision-making at this early stage. The suggested invitees are as follows:

- Subject area FTP contact
- School level representative e.g. School Fitness to Practise Lead, Director of Learning & Teaching and/or Director of Students
- Representative from the Student Support Team
- Appropriate member(s) of programme or placement staff that can provide evidence about the issue being considered.

The consultation will take into consideration which University-based policy is most appropriate to follow. Where it is decided that the concern does not merit a Stage One or Two referral under the Fitness to Practise protocol, any actions that are taken should be clearly documented e.g. in the student's individual record on EUCLID.

8.3 Stage One Referral and Investigation

If a decision is made to proceed with Stage One School level processes to manage a Fitness to Practise concern, a Stage One referral form should be completed by the member of staff, in consultation with the subject area Fitness to Practise contact, the Programme Director of the relevant programme, and Student Support Team. All sections should be completed.

The subject area FTP contact should undertake an initial investigation, determining the relevant facts and details of the concern. This is likely to mean meeting with the person initially reporting the concern and any other parties that are likely to have factual evidence relevant to the concern. Concerns should be addressed promptly. For urgent concerns involving student behaviour that is likely to pose a risk of harm to the public or the student themselves, this may need to be acted on immediately. Further investigations may require evidence gathering from a number of people and require a longer time frame. These processes should be prioritised. Time scales should be clearly set out once the nature of the concern has been identified.

Staff should take care to provide documented, factual evidence in the reporting of fitness to practise concerns and descriptions of circumstances. As evidence is collated, the subject area FTP contact might also seek further advice from the School FTP lead, Director of Learning and Teaching and/or Director of Students.

The subject area FTP contact will inform the student in writing that a concern has been raised, and will arrange to meet with them to put forward the initial evidence gathered and to allow the student to respond. The written communication should also inform students that they can approach The Students' Association Advice Place as a source of independent advice and support. Students have the right to be accompanied at any meeting held under this procedure by a supporter from the University community, such as an Advice Place Advisor. For students that are also NHS employees, the student supporter could be a recognised Trades Union Representative, if they prefer.

If the student does not appear at a meeting, having been given due notice of the meeting, the subject area may make a decision on the fitness to practise concern in the student's absence. If the student does not attend the meeting, the subject area may consider this as a relevant factor when making a decision on the case.

Other relevant parties may be invited to this meeting e.g. the Programme Director of the relevant programme or their delegate and/or a member of the Student Support Team. The number of people

invited to this meeting should remain proportionate to the level of the concerns that have been addressed.

In line with CAHSS policy, the focus of the initial meeting with the subject area FTP contact should be on supporting students in developing their professional behaviours and skills, and supporting the student in identifying and addressing any behaviour that does not meet expectations for appropriate professionalism for their level of study. For example, action taken in relation to health concerns will be focused on identifying support needs and reasonable adjustments, and identifying core non negotiable requirements, in consultation with the Student Disability Service as appropriate.

The subject area FTP contact will keep records of any meetings held. They will compile a written report about any investigations that take place, including the outcome. A copy of the written report should be sent to School FTP lead. The subject area FTP contact will inform the student of the outcome of the meeting in writing. Potential outcomes following the initial meeting of the subject area fitness to practise contact with the student may be as follows:

1. The student meets the relevant fitness to practise requirements and no further action is required.
2. The student meets the relevant fitness to practise requirements but requires additional support to help them complete their programme of studies.
3. The student is not meeting relevant fitness to practise requirements, but is already taking action to address any behaviour that does not meet expectations for appropriate professionalism for their level of study. A further meeting with the student may be arranged by the subject area fitness to practise contact in order to monitor their progress towards meeting those requirements/expectations.
4. The student is not meeting relevant fitness to practise requirements, and an action plan is agreed in the meeting to address any behaviour that does not meet expectations for appropriate professionalism for their level of study. For example, this might involve agreement of reasonable adjustments, addressing health concerns, additional mentoring by an appropriate member of staff, or other requirements that a student will engage in remedial learning. In some situations, the concerns identified may be such that it is considered necessary to pause or make significant adaptations to the student's placement whilst the action plan to address any behaviour is implemented. A further meeting with the student will be arranged by the subject area FTP contact in order to monitor their progress towards meeting those requirements / expectations. Consideration should also be given to convening a subject area fitness to practice panel.
5. The student is not meeting relevant fitness to practise requirements, and the concerns identified are sufficient that it is considered necessary to proceed to a subject area fitness to practice panel.
6. The student is not meeting relevant fitness to practise requirements, and the concerns are found to be sufficiently serious to immediately escalate to Stage Two College procedures. In those circumstances, the subject FTP contact will review with the School FTP Lead and Head of School and make a referral to the College FTP Committee.

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8.4. Convening a Stage One Fitness to Practice Panel

There should be clear evidence of previous attempts to support a student to identify and address any fitness to practise concerns before a decision is made to convene a Stage One Fitness to Practise Panel. That evidence should include clear communication to the student that any issues raised are

being considered as fitness to practise concerns. Circumstances which lead to the decision to convene a Stage One Fitness to Practise Panel include:

- Where there is a pattern of behaviour about the same or different issue, including where attempted remediation has failed to resolve Fitness to Practise concerns
- Where there is evidence that the student has not engaged with attempts to support them to identify and address clearly communicated Fitness to Practise concerns
- Where there are relevant ongoing investigations, or the outcome of any relevant decision-making process is known, by a professional body, placement provider or external employer
- Where a placement has been paused or there are significant adaptations made to a placement as part of the action plan to address Fitness to Practise concerns.

Stage One Fitness to Practise panels will be convened and chaired by one of the subject area FTP contacts. The Panel will be made up of relevant University of Edinburgh Staff, NES staff, and NHS staff (e.g., the trainee's line manager, or clinical supervisor) for students that are also NHS employees. The exact composition of each panel may depend upon the situation, but will likely be:

Fitness to Practice Contact (Chair)
UoE Programme Director
NES Clinical Practice Director
NHS Line Manager or Director of the Centre for Psychological Therapies
Clinical Tutor
Clinical Supervisor
Academic Advisor

The student and their representative as outlined in Section 8.3 are expected to attend the FTP Panel. The report of the Stage One investigation will be made available to the panel and the student in advance. The panel will begin by outlining the findings of the investigation. The panel have the opportunity to pose questions of the fitness to practice contact, or any other member of the panel involved in the process, including of the student.

The student and / or their representative have the opportunity to provide a response to the report, and the panel have the right to ask further questions based on that response.

The student and their representative will be asked to leave and the panel will consider the case and reach an agreement. The panel should attempt to reach consensus, though they do not need to be unanimous on their decision. The Stage One Panel may reach one of the following outcomes:

a) The student meets the relevant fitness to practice requirements and the case is dismissed.

b) The student has not met the relevant fitness to practise requirements, but that the student has taken action to address the failure to meet these requirements, for example effective use of support or acknowledging and redressing misconduct, and no further action is required. The student will be issued with a warning and advised of the consequences of any further similar behaviour.

c) The student does not meet the relevant fitness to practise requirements, and permit the student to continue in a period of supported development. This period is subject to review and monitoring, under certain conditions – for example a requirement to address health concerns, implement a schedule of adjustments, additional mentoring by an appropriate member of staff, or compliance with a requirement to engage with remedial learning, assessment, or additional monitoring.

Under outcome c, the panel will determine a reasonable time scale against which to review the student's progress, and will determine how to monitor if the required standards have been demonstrated. These will be communicated to the Programme Team and all relevant stakeholders in the student's training.

During such a period of supported development, further examples or escalation of behaviours that pose FTP concerns may occur. This may necessitate an escalation of the FTP concern to level 2 and College review before the end of the review period. Under such circumstances the FTP contact should seek confirmation from their Head of School to complete a college level referral, as outlined in the College policy (14.1).

At the end of the specified supported development period, the panel will evaluate the evidence of progress, supplied by the Programme Team. If possible, the original panel will assemble but a revised panel may be used if this is not possible. The student and their representative / support will be invited to the review panel and will have a similar opportunity to address the progress report and answer questions.

The student will again be recused from the discussion. The panel will discuss the findings and may reach conclusion a or b above, or that the student has not yet demonstrated that they meet the fitness to practice requirements. Under these circumstances the panel should be particularly mindful of the timing, progress or conclusion of any parallel processes, such as Capability, as described in section 5 above.

Where a student has not been able to demonstrate that they meet the FTP requirements after a period of additional support, the FTP contact will confirm with Head of School and escalate the FTP proceedings to a Stage 2 Fitness to Practice Procedure and refer the case to the College Committee, along with all documentation and evidence gathered at stage one. The student will be informed of the escalation.

10. Appeals

Students have the right to appeal the outcome of the Stage One process by submitting a written appeal to Academic Appeals within 10 working days of the decision. Further guidance can be found here: https://registryservices.ed.ac.uk/academic-services/students/appeals As described in the College FTP Policy for Stage Two, any decision of the Stage One Panel remains in force until the outcome of any decision on appeal.

11. Standards of Professional Conduct and Expectations of Fitness to Practice in Clinical and Applied Psychology and Psychological Therapies.

The basis for most fitness to practice requirements and concerns raised will be set out within the following sources:

HCPC Standards of Ethics and Conduct for Students

Standards for the Accreditation of Doctoral Programmes in Clinical Psychology

Standards for the Accreditation of Applied Psychology Programmes for Associate Psychologists

British Psychological Society Code of Ethics and Conduct

BPS Practice Guidelines

Wider Psychological Workforce Fitness to Practice Framework

Summaries of these requirements, expectations and standards are provided in Appendix 1 and 2. Any reporting of fitness to practice concerns should be phrased in accordance with these criteria.

12. Monitoring and Review

This document is intended for use by staff and students within Clinical and Applied Psychology, School of Health in Social Science, College of Arts, Humanities and Social Sciences at the University of Edinburgh and is compliant with relevant professional and academic standards, as well as the CAHSS Fitness to Practice Policy. Adjustments and reviews may be required based on practical feedback and changes in professional regulations or university policies. This SOP will be reviewed annually to ensure its effectiveness and compliance with evolving professional standards. This document should be referenced in all Programme Handbooks to which it is applicable.

13. Related Documents

- University of Edinburgh CAHSS Fitness to Practice
- British Psychological Society Code of Ethics and Conduct
- British Psychological Society Practice Guidelines
- HCPC Standards of Ethics and Conduct for Students
- HCPC Standards of Conduct, Performance, and Ethics
- Wider Psychology Workforce Register Fitness to Practice Framework

Appendix One: Standards of Professional Conduct and Expectations of Fitness to Practice in Clinical and Applied Psychology and Psychological Therapies.

This section sets out the relevant expectations of students. Not all aspects of these will apply to all students, for example students that are not following an HCPC accredited programme are not required to meet the standards of ethics and conduct that the HCPC expects of students. However, all of the criteria below establish a framework for practice and conduct that is ethical, safe, has integrity and preserves the public reputation of the discipline and the University. They therefore set out a framework within which to consider the expectations of students that provide psychological services to the public through their degree programme at the University of Edinburgh.

In preparing a report of a fitness to practice concern, the concern should be described as clearly, concretely and factually as possible and should endeavour to align closely to the standards set out below. Appendix Two contains a summary and synthesis of these criteria.

HCPC Standards of Conduct and Ethics for Students

Students should:

- promote and protect the interests of service users and carers;
- communicate appropriately and effectively;
- work within the limits of their knowledge and skills;
- delegate appropriately;
- respect confidentiality;
- manage risk;
- report concerns about safety;
- be open when things go wrong;
- be honest and trustworthy; and
- keep records of their work with service users and carers.

HCPC Standards of Conduct Performance and Ethics for Practitioner Psychologists

By the end of training, graduates of Clinical Psychology training programmes (DClinPsychol) must:

- Promote and protect the interests of service users and carers
- Communicate appropriately and effectively
- Work within the limits of your knowledge and skills
- Delegate appropriately
- Respect confidentiality
- Manage risk
- Report concerns about safety
- Be open when things go wrong
- Be honest and trustworthy
- Keep records of your work

Standards for the Accreditation of Doctoral Programmes in Clinical Psychology

The following are relevant elements of the BPS accreditation standards that describe Trainee Clinical Psychologists' fitness to practice requirements and professional conduct expectations.

- High level skills in managing one's own personal learning needs, self-care, critical reflection and self-awareness. The combination of these skills should enable the transfer of knowledge and skills to new settings and problems and professional standards of behaviour as might be expected by fellow trainees, academic staff, the public, employers and colleagues.
- Exercising personal responsibility, integrity and largely autonomous initiative in complex and unpredictable situations in professional practice. Demonstrating self-awareness and sensitivity whilst working as a reflective practitioner within ethical and professional practice frameworks.
- Capacity to utilise supervision effectively to reflect upon personal effectiveness, and shape and change personal and organisational practice, being influenced by information provided by outcomes monitoring, including in relation to unexpected or unsuccessful outcomes.
- Capacity to use and access feedback on professional activity from other professionals and peers, e.g. reflective practice groups, placement staff groups, personal and professional development groups.
- A high-level understanding of the application of principles of professional ethics and their application in complex clinical contexts. This should include knowledge of and evidenced adherence with relevant frameworks of professional ethics (including the BPS Code of Ethics and Conduct and the HCPC Standards of Conduct, Performance and Ethics) in all relevant clinical, professional and research settings.
- Working effectively at an appropriate level of autonomy, with awareness of the limits of own competence and accepting accountability to relevant professional and service managers.
- Capacity to adapt to, and comply with, the policies and practices of both the employing organisations and University with respect to time-keeping, record keeping, meeting deadlines, managing leave, health and safety and good working relations.
- Managing own personal learning needs and developing strategies for meeting these. Utilising self-directed reflection, discussion with peers and using supervision to reflect on practice and making appropriate use of feedback received.
- Developing strategies to handle the emotional and physical impact of practice and seeking appropriate support, when necessary, with good awareness of boundary issues.
- Developing resilience but also the capacity to recognise when one's own fitness to study or practice is compromised and take steps to manage this risk as appropriate to ensure practise remains safe and effective.
- Working collaboratively and constructively with fellow psychologists, trainees and other colleagues and users of services, respecting diverse viewpoints and differences in opinion.
- Knowledge of clinical governance, which should include assessed knowledge of the principles of organisational ethics, quality control, quality assurance and quality improvement methodologies, and an understanding of how both quantitative metrics and qualitative user feedback are critical to the provision of safe services. The principles of clinical governance also need to be considered within digital practice and professional contexts in relation to digital practice, including digital record systems, risk management, clinical safety online, information storage and sharing.
- Knowledge of research ethics and governance, which should include Health Research Authority policies regarding information governance and digital training.

- Trainees are required to have or develop the capacity to engage in all aspects of training and teaching notwithstanding the emotional challenge.
- Trainees must be cognisant of university, employer and placement organisations' policies for working ethically and legally and ensure that these policies are implemented.
- Trainees should also have the capacity to monitor their own fitness to study and practice, recognise when this is compromised, and take steps to manage this risk as appropriate.
- Trainees should be familiar with relevant health and safety policies within their employing and placement organisations and should be familiar with the Fitness to Practice policies of the university.
- Trainees should have the capacity to adapt to, and comply with, the policies and practices of a host organisation with respect to time-keeping, data governance, record keeping, meeting deadlines, managing leave, health and safety and good working relations.

British Psychological Society Code of Ethics and Conduct

The code of conduct and ethics spells out four overlapping principles: Respect, Competence, Responsibility and Integrity. Each of these principles has a statement of values and aspects to consider.

RESPECT

Respect for the dignity of persons and peoples is one of the most fundamental and universal ethical principles across geographical and cultural boundaries, and across professional disciplines. It provides the philosophical foundation for many of the other ethical principles. Respect for dignity recognises the inherent worth of all human beings, regardless of perceived or real differences in social status, ethnic origin, gender, capacities, or any other such group-based characteristics. This inherent worth means that all human beings are worthy of equal moral consideration.

Statement of values: Members value the dignity and worth of all persons, with sensitivity to the dynamics of perceived authority or influence over persons and peoples and with particular regard to people's rights. In applying these values, members should consider:

- Privacy and confidentiality;
- Respect;
- Communities and shared values within them;
- Impacts on the broader environment – living or otherwise;
- Issues of power;
- Consent;
- Self-determination;
- The importance of compassion, including empathy, sympathy, generosity, openness, distress tolerance, commitment and courage.

COMPETENCE

Our members offer a range of services that usually require specialist knowledge, training, skill and experience. Competence refers to their ability to provide those specific services to a requisite professional standard. Members should not provide professional services that are outside their areas of knowledge, skill, training and experience.

Statement of values: Members value the continuing development and maintenance of high standards of competence in their professional work and the importance of working within the recognised limits of their knowledge, skill, training, education and experience. In applying these values, members should consider:

- Possession or otherwise of appropriate skills and care needed to serve persons, peoples and organisations;
- The limits of their competence and the potential need to refer on to another professional;
- Advances in the evidence base;
- The need to maintain technical and practical skills;
- Matters of professional ethics and decision-making;
- Any limitations to their competence taking mitigating actions as necessary;
- Caution in making knowledge claims.

RESPONSIBILITY

Because of their acknowledged expertise, members of the Society often enjoy professional autonomy; responsibility is an essential element of autonomy. Members must accept appropriate responsibility for what is within their power, control or management. Awareness of responsibility ensures that the trust of others is not abused, the power of influence is properly managed and that duty towards others is always paramount.

Statement of values: Members value their responsibilities to persons and peoples, to the general public, and to the profession and science of psychology, including the avoidance of harm and the prevention of misuse or abuse of their contribution to society. In applying these values, psychologists should consider:

• Professional accountability;
• Responsible use of their knowledge and skills;
• Respect for the welfare of humans, non-humans and the living world;
• Potentially competing duties.

INTEGRITY

Acting with integrity includes being honest, truthful, accurate and consistent in one's actions, words, decisions, methods and outcomes. It requires setting self-interest to one side and being objective and open to challenge in one's behaviour in a professional context.

Statement of values: Members value honesty, probity, accuracy, clarity and fairness in their interactions with all persons and peoples, and seek to promote integrity in all facets of their scientific and professional endeavours. In applying these values, members should consider:

• Honesty, openness and candour;
• Accurate unbiased representation;
• Fairness;
• Avoidance of exploitation and conflicts of interest (including self-interest);
• Maintaining personal and professional boundaries;
• Addressing misconduct.

BPS Practice Guidelines

The Practice Guidelines use the term 'psychologist' to refer to all psychologists whether registered, chartered or in training who provide psychological services across the full range of applied psychology, in any context of practice.

The following elements are drawn from the guidelines:

Maintenance of high standards of competence in their practice and the importance of working within the recognised limits of their knowledge, skill, training, education, and experience.

Psychologists should be mindful of the potential effect of health conditions or medications which they may be taking, on their practice.

It is important that psychologists from all disciplines look after their own wellbeing.

When interacting in an online environment, be minded to act responsibly at all times and uphold the reputation of the profession, whether identified as a psychologist or not on the social media platform.

Be minded that social networking sites can make it easier to engage (intentionally or unintentionally) in professional misconduct.

Be aware of the issues of multiple relationships and professional boundaries which may lead to (real or perceived) conflicts of interest or ethical considerations.

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 duty of candour (regulation 20) requires all health and adult social care providers registered with the Care Quality Commission to be open with people when things go wrong. Psychologists need to be aware of the terminology relating to this regulation including:

- openness – enabling concerns and complaints to be raised freely without fear and questions asked to be answered;
- transparency – allowing information about the truth about performance and outcomes to be shared with staff, patients, the public and regulators; and
- candour – any patient harmed by the provision of a healthcare service is informed of the fact and an appropriate remedy offered, regardless of whether a complaint has been made or a question asked about it.

As far as possible, psychologists should seek to resolve any conflict with or between other professional colleagues (including relating to consultation/supervision or line management) by clear communication, relevant evidence and collaboratively working through the issues in reasoned argument within the context of respectful relationships.

Wider Psychological Workforce Register Fitness to Practice Framework

To demonstrate fitness to practise, registrants need to:

- keep their skills and knowledge up to date;
- work within their field of competence;
- operate within an appropriate framework for their role;

- work under appropriate supervision;
- treat service users with dignity and respect; and
- act with honesty and integrity.

The conduct of a registrant outside of his or her working environment may involve fitness to practise if it could affect the protection of the public or undermine public confidence in the profession.

Standards for the Accreditation of Applied Psychology Programmes for Associate Psychologists

The following are relevant elements of the accreditation standards that describe Associate Psychologists' fitness to practice requirements and professional conduct expectations.

- Develop a reflective and professionally safe practice informed by professional codes of conduct, an effective use of supervision and inclusive and non-discriminatory values.

- Understand and maintain the practice and research standards and the requirements of the BPS Code of Ethics and Conduct.

- Demonstrate the ability to work as a reflective practitioner, including the capacity to monitor own fitness for practice and wellbeing, and to take steps to address any limitations or concerns.

- Make appropriate decisions within the range of their expertise, seeking guidance where appropriate, and where limits of expertise are recognised to make referral to a qualified practitioner.

- Capacity to adapt to, and comply with, the policies and practices of a host organisation with respect to time-keeping, record keeping, meeting deadlines, managing leave, health and safety and good working relations.

- Understanding the boundaries of competence of working as an associate psychologist and training in working within these boundaries.

Appendix Two: Summary and synthesis of the above standards and expectations*

1. **Professional Competence and Continuous Learning**
    - Maintain high standards of competence through continuous learning, staying updated with the latest research and developments in the field.
    - Understand and work within the limits of one's knowledge, skills, training, and experience.
2. **Ethical and Legal Responsibility**
    - Adhere to established professional ethics and legal responsibilities, including respect for confidentiality, managing risks, and adherence to health and safety regulations.
    - Demonstrate honesty, integrity, accountability, and responsibility in all professional actions.
3. **Communication and Interpersonal Skills**
    - Communicate effectively and respectfully with all stakeholders including service users, peers, supervisors, and the public.
    - Work collaboratively and constructively with colleagues and other professionals, respecting diverse viewpoints and differences in opinion.
4. **Respect and Dignity**
    - Treat all individuals with dignity and respect, recognizing and valuing the inherent worth of every person regardless of background or personal characteristics.
    - Ensure privacy, confidentiality, and consent in interactions, especially concerning sensitive information.
5. **Reflective Practice and Self-Awareness**
    - Engage in continuous critical reflection of one's practice to enhance personal and professional growth. Utilize feedback effectively to improve practice.
    - Be self-aware, manage personal biases and the emotional impact of the role, and maintain appropriate personal and professional boundaries.
6. **Risk and Fitness to Practice**
    - Identify and manage personal and professional risks that might impact safety or effectiveness in practice. This includes recognizing when personal fitness to practice is compromised and taking appropriate steps.
    - Utilize supervision and offered support to make progress in meeting professional standards.
7. **Professional Documentation and Accountability**
    - Keep thorough, accurate and secure records of professional activities. Ensure transparency and openness, particularly when things go wrong, in line with duty of candour principles.
    - Be diligent about meeting deadlines, managing schedules, and fulfilling administrative responsibilities as required by employing and training institutions.
8. **Adherence to Organizational Policies**
    - Comply with policies and practices of employing and placement organizations encompassing all operational aspects such as data governance, time-keeping, and leave management.

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*The summary and synthesis of the detailed criteria was produced by the Edinburgh Language Model (ELM – a large language model AI), and reviewed and edited carefully to ensure accuracy. It is included to provide a brief overview for ease but it does not supersede any of the individual details in any of the documents from which it is derived, as these remain the final statements of the requirements for competences, conduct, performance and ethics.