



Ag Rialáil Gairmithe Sláinte
agus Cúraim Shóisialaigh

Regulating Health +
Social Care Professionals

Public Consultation Report

on the Psychologists Registration Board Standards of
Proficiency for Clinical Psychologists and Criteria for
Education and Training Programmes (Clinical
Psychologists)

November 2025



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Introduction

About the Psychologists Registration Board

The Psychologists Registration Board has statutory responsibility for the registration of members of the professions; approval and monitoring of education and training programmes; establishing the code of professional conduct and ethics and standards of performance to which psychologists must adhere to and recognition of qualifications gained outside the State.

About CORU

CORU is responsible for regulating health and social care professions. It comprises the Health and Social Care Professionals Council and the Registration Boards established under the Health and Social Care Professionals Act 2005 (as amended).

CORU's role is to protect the public by promoting high standards of professional conduct, professional education, training and competence amongst the designated professions.

The designated professions under the Act are clinical biochemists, counsellors, dietitians, dispensing opticians, medical scientists, occupational therapists, optometrists, orthoptists, physiotherapists, podiatrists, psychologists, psychotherapists, radiation therapists, radiographers, social care workers, social workers and speech and language therapists.



The Public Consultation Process

Background

The *Health and Social Care Professionals Act 2005 (as amended)* provides for the establishment of Registration Boards by the Minister for Health, with responsibility for maintaining registers for the health and social care professionals named in the Act that are subject to statutory regulation.

On 21 July 2017, the then Minister, Simon Harris TD, established the Psychologists Registration Board. The fundamental objective of each Registration Board is to protect the public by fostering high standards of professional conduct and education, training and competence among its registrants. As such, the ultimate goal for the introduction of statutory regulation for the psychology profession is to protect the title *psychologist* in Ireland meaning that only appropriately qualified practitioners, who have registered with the Board – and have demonstrated adherence to its professional standards – can use the title. This provides assurance of public protection.

A foundational element in the introduction of statutory regulation is the setting of threshold standards; that is, the threshold level knowledge and skills that each practitioner must be able to demonstrate at entry to the professional register.

Under Section 38(2)(a) of the *Health and Social Care Professionals Act 2005 (as amended)*, entry to a professional register (for new or recent graduates at the time the register opens ¹) is subject to the holding of an *approved qualification*. In defining an *approved qualification*, the legislation in Section 3(1) states that this qualification *attests to the person's having achieved the **standard of proficiency** required for registration in that profession*. In discharging its object under the legislation – as defined in Section 27(1) *to protect the public by fostering high standards of professional conduct and professional education, training and competence among registrants of that profession* – and establishing regulation for a designated profession or professions, the Board must set this *standard of proficiency* for entry onto its register or registers.

The *standard of proficiency* set by a Registration Board forms part of **the pre-registration education and training requirements** that comprise two documents:

- the *Standards of Proficiency* that articulate the threshold knowledge and skills required at entry to the register; and

¹ Please note that the existing practitioners at the time a register is opened, there is distinct registration pathway provided under Section 91 of the *Health and Social Care Professionals Act 2005 (as amended)* meaning that the setting of pre-registration education and training requirements does not impact on those who meet the conditions for registration under Section 91 of the Act. More information on this registration pathway is available on the CORU website here: [Transitional \(Grandparenting\) Route \(S91\) - Coru](#)



- the *Criteria for Education and Training Programmes* that describe the design and management requirements that an education provider must meet in order to demonstrate that an education and training programme can consistently produce graduates that have demonstrated achievement of all the *Standards of Proficiency*.

In short, the *Criteria* works to ensure that all graduates have achieved the *Standards*. When making an application to the Registration Board to have its qualification listed on the Approved Qualifications Bye-Law, it is the responsibility of the education provider to demonstrate how its programme design, curriculum and assessment meet all the Board's *Standards* and how its quality assurance and programme management processes deliver on all the Board's *Criteria*.

Both documents are comprised of requirements that have been set by the Health and Social Care Professionals Council – known as *Framework Documents* – which detail the standards and criteria that are common across all the professions CORU regulates. Each Registration Board adopts the Framework set by the Council and is able to tailor it to meet the specific requirements of each profession, ensuring that the standards and criteria set reflect the identity and practice of the profession.

Identifying a Regulatory Model

The first responsibility of a newly established Registration Board is to set the threshold level standards for entry onto its register or registers. Following its establishment in 2017, the Psychologists Registration Board began the process of setting its pre-registration education and training requirements.

The Board immediately recognised that while the professional title listed in the *Health and Social Care Professionals Act 2005 (as amended)* to be protected is 'psychologist', in practice entry to practice is via specialism and there is not a common education pathway to practice as a 'psychologist'. Rather, the delivery of psychological services is through specific disciplines of psychology: clinical, counselling, educational, work and organisational, sports and exercise, behavioural, and – increasingly – other discipline variants. While all having their genesis in the science of psychology, each specialism has its own distinct areas of practice and professional identity.

While recognising this dynamic, the Board was also committed to ensuring that the title of 'psychologist' was protected in law, emphasising that this was the means to provide assurance of public protection. To this end, the Board initially attempted to set threshold pre-registration and education and training requirements for a single profession of 'psychologist' and issued these for public consultation between 5 November 2020 and 29 January 2021. Following review of the feedback received from stakeholders as part of this consultation exercise, the Board concluded that there was no consensus in respect to establishing a common education and training for entry to practice, and instead a bespoke regulatory model would be required in order to introduce regulation for this profession.

Following engagement with the Department of Health in light of the stakeholder feedback



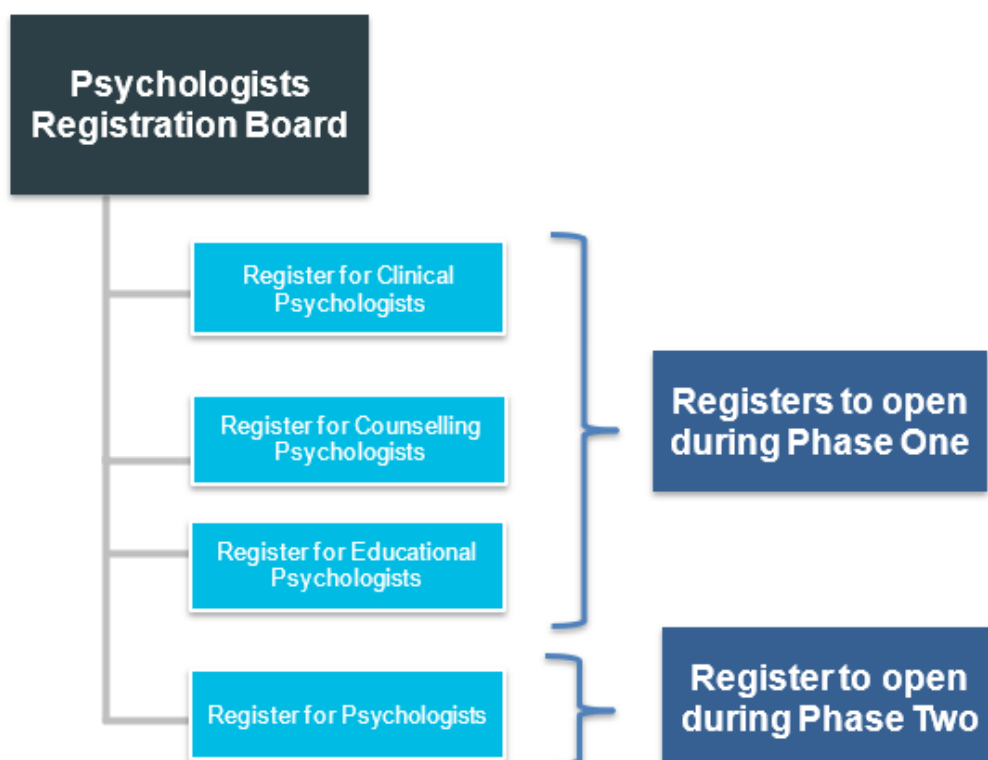
received during the consultation process, it was agreed to adopt a dual, phased approach whereby the Board would:

- firstly, identify the psychology specialisms that present the greatest level of risk to public safety in order to progress the introduction of statutory regulation for these identified specialisms; and
- secondly, consider and make recommendations on a regulatory model through which the title 'psychologist' could be protected.

Underpinned by the principles of *Right Touch Regulation*, developed by the Professional Standards Authority (PSA) in the United Kingdom, the Psychologists Registration Board undertook a detailed risk analysis, assessing each psychology specialism, examining the potential occupational risk presented by each, the potential harm that could be caused, the complexity of the work involved and the readiness of education and training and programmes to meet regulatory requirements. On the basis of this assessment, the Board concluded that three specialisms – those of clinical, counselling and educational psychology – presented the highest level of occupational risk given the nature of their practice and the vulnerability of service users engaged with, but also readiness for regulation given each had an embedded education and training infrastructure that could facilitate the most timely introduction of statutory regulation.

Following further engagement with the Department for Health and the Minister of Health, it was agreed that the Psychologists Registration Board would advance its work around the introduction of statutory regulation in two phases:

- **Phase One:** Establishment of three distinct registers for *Clinical, Counselling and Educational Psychologists*; and
- **Phase Two:** Establishment of a fourth register that will facilitate regulation of the remaining psychology specialisms.





Taken together, both phases of work will deliver on the Board's statutory objective to ensure protection of the professional title *psychologist* in Ireland.

Development of draft Pre-Registration Education and Training Requirements for Clinical Psychologists

Having agreed to progress the establishment of three separate registers for the specialisms of clinical, counselling and educational psychologists in the first phase of its work, the Psychologists Registration Board began the process of setting three distinct and separate sets of pre-registration education and training requirements; one for each of the three registers.

Underpinning this work was a detailed scoping and review exercise that examined existing professional body accreditation standards used in Ireland, alongside comparator entry level competency standards or standards of proficiency used across a range of international jurisdictions. The Board undertook this detailed scoping work with the aim of identifying the threshold requirements for entry into the three specialisms internationally in order to evaluate these against the current practice in Ireland to ensure that its work was reflective of both international best practice and of practice in Ireland.

Recognising that internationally the regulation of psychologists, at threshold entry into practice, is complex, where in some jurisdictions the title 'psychologist' is protected and specialisms require additional training beyond threshold (e.g. Australia), and in others individual psychology specialisms are regulated (e.g. the United Kingdom), the Board adopted a two step approach to its review of international regulatory standards.

In the first instance, a review was undertaken of the following standards with the aim of identifying common topics or areas of knowledge and skill across the three specialisms:

- **Psychology Board, Ahpra (Australia):** Professional Competencies for Psychologists, *draft consultation document, February 2023*;
- **New Zealand Psychologists Board:** Core Competencies for the Practice of Psychology in Aotearoa New Zealand, *last reviewed February 2018*;
- **Health and Care Professions Council (UK):** Standards of Proficiency for Practitioner Psychologists, *last reviewed September 2023*;
- **International Declaration on Core Competences in Professional Psychology**, *last reviewed June 2016*;
- **Australian Psychology Accreditation Council:** Accreditation Standards for Psychology Programs, *last reviewed January 2019*;
- **EuroPsy – The European Certificate in Psychology:** Primary and Enabling Competencies, *last reviewed December 2021*; and
- **College of Psychologists of Ontario:** Core Competencies required for the professional practice of Psychology, *last reviewed April 2019*.

Following this, the Board considered standards related specifically each area of specialism. For the purposes of developing draft standards for clinical psychologists, the following were



considered:

- **Psychology Board, Ahpra (Australia):** Guidance on Area of Practice Endorsements: *Competencies required for clinical psychology endorsement, last reviewed December 2019;*
- **New Zealand Psychologists Board:** Core Competencies for the Practice of Psychology in Aotearoa New Zealand: *Additional Core Competencies for Psychologists Practising within the "Clinical Psychologist" Scope of Practice, last reviewed February 2018;*
- **Health and Care Professions Council (UK):** Standards of Proficiency for Practitioner Psychologists: *Clinical Psychology specific standards, last reviewed September 2023;*
- **Australian Psychology Accreditation Council:** Accreditation Standards for Psychology Programs: *Professional Competencies for Specialised Areas of Practice – Clinical Psychology, last reviewed January 2019; and*
- **Psychology Society of Ireland:** Standards for the Assessment of Postgraduate Professional Courses in Clinical Psychology, *last reviewed 2021.*

In exploring how international jurisdictions set and articulate threshold standards for entry into practice, the Board focused on:

- identifying the knowledge and skills required at the entry point into practice – i.e. day one for a new graduate following successful completion of an education and training programme;
- the distinctions in the knowledge and skills required at the entry point into practice between the three specialisms;
- the distinctions between threshold entry standards and standards of practice, recognising the articulation internationally of some standards were as standards of practice as opposed to threshold standards for entry to practice;
- trends in international standards and how these compared to the practice of the professions in Ireland; and
- the articulation of standards to ensure understandability and clarity of the intended outcome.

To this research, the Board mapped its findings against the Health and Social Care Professionals Council's *Framework Standards of Proficiency* (Domains 1-4) that it adopted in order to identify the specialism-specific gaps – i.e. the areas of profession specific knowledge and skill – that needed to be articulated in Domain 5: Professional Knowledge and Skills.

The Board prepared draft *Standards of Proficiency* and *Criteria for Education and Training Programmes* for clinical psychologists and published its proposals for public consultation. The Board invited feedback from stakeholders over an extended period of time, opening the process on Monday, 7 October 2024 and closing it on Friday, 29 November 2024. Three separate public consultation processes were undertaken simultaneously: a discrete process for each specialism.



The consultation process sought to ensure that the draft requirements set by the Board are at the threshold level required for safe practice and entry to the professional register to ensure public protection and that they are proportionate and in line with the Board's obligations under Statutory Instrument 413 of 2022 which requires an assessment of proportionality to be conducted before the adoption of new or amending of existing regulations on professions, as required under Directive 2018/958 of the European Parliament and Council.

Following the close of the consultation process, the Board undertook a detailed review and revision process whereby it reviewed **all** of the submissions received before finalising, issuing and publishing its revised Standards of Proficiency and Criteria for Education and Training Programmes.

This report presents the proposals drafted by the Board, the feedback received and the Registration Board's response to it in respect of the *Standards* and *Criteria* for **Clinical Psychologists**.

Publicising the Consultation Process

A number of channels were used to publicise the consultation process and invite the submission of observations:

- Information on the consultation was hosted on the CORU website. (Appendix 1);
- An online feedback form was developed and a link to this form was included in the public consultation notice on the CORU website. (Appendix 2);
- CORU social media platforms were utilised throughout the consultation period, including X (formerly Twitter) and LinkedIn. (Appendix 3); and
- An email highlighting the consultation process was issued to an extensive range of stakeholders including education providers of approved programmes and professional bodies.

People were invited to participate in the consultation process in a number of ways:

- visiting www.coru.ie and choose to complete an online feedback form, to print a copy of the form and post it, or email it to CORU;
- emailing submissions to strategyandpolicy@coru.ie; and
- posting written submissions to: Public Consultation, Strategy and Policy Unit, CORU, Infinity Building, George's Court, George's Lane, Smithfield, Dublin 7, D07 E98Y.

Supporting Guidance during the Consultation Process

In advance of opening the consultation process, CORU held an Information Session webinar event on Friday, 4 October 2025, to which all stakeholders were invited and approximately 200 attended. This webinar was recorded and made available to all stakeholders via the CORU website, along with a copy of the PowerPoint presentation used during the session. (Appendix 4)



Alongside the launch of the consultation, CORU produced dedicated eBook resources (Appendix 5) and a Frequently Asked Questions section on the CORU website (Appendix 6) to support respondents in understanding the Board's draft requirements and assist in how to provide feedback to the consultation process.



Overview of Responses to Consultation

Response to the Consultation Processes

Feedback was submitted through completion of an online questionnaire, hosted by SurveyMonkey, or through written form via email or hard copy submission. A total of 139 responses were received from stakeholders, specifically in relation to the draft *Standards of Proficiency for Clinical Psychologists* and *Criteria for Education and Training Providers (Clinical Psychologists)*. The table below provide a breakdown by type of response received:

Response Type	Total Number
Online Questionnaire	115
Email/Paper Submission	24
Total	139

Respondents were asked to identify if they were offering feedback on their own behalf or on behalf of an organisation. The table below provides a breakdown of those who responded:

Individual	114
Organisation	13

Feedback was received from the following respondents who agreed to include their names in the consultation report:

- Cope Foundation
- Patient Advocacy Service
- Irish Deaf Society
- As I Am
- Programme Team, Clinical Psychology, Trinity College Dublin
- TUSLA: Child and Family Agency
- Programme Team, Clinical Psychology, University of Limerick
- Programme Team, Clinical Psychology, University College Dublin
- Programme Team, Clinical Psychology, University of Galway
- Department of Psychology, South East Technological University
- Division of Clinical Psychology, The Psychological Society of Ireland
- Irish Deaf Society
- Programme Team, Clinical Psychology, University College Cork



Acknowledgements

CORU would like to extend its appreciation and thanks to all those that participated in the consultation process.



Issues emerging from the Consultation Process

Consultation Questionnaire

The consultation questionnaire was divided into 5 sections:

- **Part One** – Feedback on profession-specific *Standards of Proficiency* (Standard 5.9 onwards) under Domain 5: Professional Knowledge and Skills. Respondents were asked to consider each of the standards and identify whether they considered it to be set at *threshold*, *partly threshold level* or *not threshold* for entry into practice. Respondents who indicated the standard was either partly or not threshold were asked to provide a rationale to aid understanding of their response.
- **Part Two** – Respondents were asked to consider if there were any omissions in the proposed *Standards of Proficiency* and, if so, explain their rationale and propose wording to rectify the omission.
- **Part Three** – Feedback on profession-specific *Criteria for Education and Training Programmes* (Criterion 1.1 and Criterion 2.2). Respondents were asked to consider both criteria and identify whether they considered them to be set at *threshold*, *partly threshold level* or *not threshold* for entry into practice. Respondents who indicated the criterion was either partly or not threshold were asked to provide a rationale to aid understanding of their response.
- **Part Four** – Respondents were asked to consider if there were any omissions in the proposed profession-specific *Criteria for Education and Training Programmes* and, if so, explain their rationale and propose wording to rectify the omission.
- **Part Five** – Respondents were provided with an opportunity to provide any additional feedback or comment to be considered by the Psychologists Registration Board.

Email responses received were in the form of free text and did not follow the same structure as the questionnaire. When analysing these submissions, feedback against relevant standards or criteria was extrapolated and included with the questionnaire feedback for those same standards and criteria, thereby ensuring all feedback received – regardless of the means of submission – was reviewed and considered by the Board.

Please note that in the feedback presented below, the quantitative score for each standard and criterion reflects the responses to the online questionnaire only.

What follows below is the considered response of the Registration Board to the feedback received against each of the standards and criteria. This response is captured in two forms:

- firstly, the noting of high-level themes that consistently emerged through the consultation feedback; and
- secondly, the Board's rationale for any amendments and/or additions made to the



Standards of Proficiency and Criteria for Education and Training Programmes. This section details the response of the Board to both the qualitative and quantitative feedback received and what – if any – changes were made to the standard or criterion in light of this feedback.



High Level Thematic Issues emerging from Qualitative Feedback

In reviewing the feedback received from stakeholders, the Psychologists Registration Board identified a number of overarching themes that emerged in the qualitative feedback received. These overarching, high-level thematic issues are identified below as a preface to the individual standard and criteria feedback that follows.

Issue One: The Role of the *Standards of Proficiency*

Throughout the feedback received, respondents frequently identified that the draft *Standards of Proficiency* did not reflect either the nature of their current practice as experienced clinical psychologists or the current professional body's accreditation requirements for clinical psychologists. Indeed, the Board noted the number of respondents that suggested it should simply 'copy' the already existing accreditation requirements.

Turning to the first of these concerns, the Board emphasised in reviewing this feedback that the role of the *Standards of Proficiency* is to set the **threshold** knowledge and skills that an individual must have on **day one** of their practice in order to be safe and competent to enter into practice.

In setting these *threshold* knowledge and skills, the Board recognised that proficiency to practice a profession can be described on a continuum. The *threshold* represents the point on this **continuum** that is the minimum level of proficiency for safe and effective practice.

For every professional, their knowledge and skill evolve over time and will change through their experience, engagement in continuing professional development, additional post-qualifying training. This means that the *Standards of Proficiency* set by the Board may not fully reflect how an existing practitioner sees his or her current practice. This is because the *Standards* set only the knowledge and skills needed on **day one** for practice. They are not meant to wholly reflect the practice of existing practitioners. The *Standards* are used as a tool to determine readiness for entry into practice. They do not define the knowledge or skills for existing practitioners.

With regard to the second element of feedback received in respect of this issue, the Board firstly reaffirmed its statutory function, as set out in the *Health and Social Care Professionals Act 2005 (as amended)* to set the *threshold standard of proficiency* for entry to any of its registers with the principal object of public protection. It noted that while a professional body may also work in the public interest, it does so in a different context and, by extension, with different outcomes. A professional body exists, principally, to represent the interests of its members, to protect these interests and to raise the standards of the profession it represents. This has a natural impact on the nature of the standards that it develops. These are not set at threshold level for public protection – as regulatory standards are required to be – but extend beyond the minimum level of proficiency for safe practice, pushing towards standards that ensure the highest level of entry standard for the progression of the profession.

While the Board recognised and used the professional body's accreditation standards as a part of its work for comparative purposes, it concluded that they were set beyond the threshold level and in line with its statutory responsibility, it was required to set standards at the threshold level



for entry into practice.

Issue Two: The Role of the Criteria for Education and Training Programmes

There was also an understanding presented through the consultation feedback that appeared to consider both the *Standards* and *Criteria* as separate documents that worked in isolation. This was particularly evident in feedback around the regulatory requirements set in the *Criteria*.

As the Board reviewed the feedback provided and worked on rearticulating its *Standards* and *Criteria*, it reaffirmed the connectedness between both documents, particularly highlighting that the *Criteria* cannot be used without the *Standards*. It noted that it is the *Standards of Proficiency* that are used as the metric to determine eligibility for the registration of new graduates when registers are opened. Therefore, while the *Criteria* may state that a minimum number of practice placement hours might be required as part of an education and training programme, ultimately before a student qualifies from an education programme he or she must have demonstrated achievement of **all** the *Standards*, even if this requires more exposure to practice experience in a placement setting.

In addition, the Board noted that some respondents to the consultation were concerned that its pre-registration education and training requirements would be applied retrospectively to existing practitioners. The Board emphasised that the purpose of both the *Standards* and *Criteria* is to set the requirements for new entrants into the profession at the time the registers open. For existing practitioners, there is provision in the *Health and Social Care Professionals Act 2005 (as amended)* to make registration applications (when the register opens) through the grandparenting process, also known as the Section 91 registration pathway.

Issue Three: Reading the Standards as a Holistic Document

Throughout the consultation responses, oftentimes respondents identified in feedback against an individual standard that it did not capture all elements or components of an area of practice.

In assessing this type of feedback, the Board agreed that the standards must be viewed holistically, 'as a piece', highlighting that one standard cannot attempt to capture all aspects of proficiency in a single articulation. The Board emphasised that threshold proficiency for practice required the interlocking of all the standards together to demonstrate that a graduate was ready for safe and autonomous practice.

Therefore, the Board agreed throughout its review process that each of the standards taken together articulate the *standard of proficiency* required of an individual seeking entry into practice. Therefore, in determining whether there were any gaps in the draft standards, the Board reviewed the entirety of the standards to assess whether an identified gap was captured in an already existing proficiency, be it a common proficiency across all regulated professions or a profession-specific one.

Issue Four: Articulation of the Standards of Proficiency: Inputs v. Outputs

Throughout the course of feedback received from respondents, there was concern raised that the articulation of the standards lacked sufficient clarity and, indeed, required a greater degree



of prescription detailing the specific content of an education and training programme.

In considering this feedback, the Board reaffirmed its intent to articulate standards that are *outcomes focused*. Not to be confused with 'learning outcomes' as used in the design of education and training programmes, in the regulatory context, outcomes-based standards articulate the *knowledge or skill* that an individual must possess at entry into practice. Put more specifically, the standards articulate *what* it is an individual should know or be able to do and leaves decisions around *how* this is taught and assessed to an education provider.

The Board noted that this is a different approach to the setting of standards for this profession when compared against current professional body accreditation requirements. While it provides education providers with a reduced level of prescription, the Board emphasised that it offers greater flexibility for education providers as they design their education and training programmes.

It was further highlighted by the Board that less prescription in the standards does not mean a variance in the standard of entrants to the register. Two points were noted in this respect:

- firstly, the output of an education and training programme is that a student has demonstrated achievement of knowledge and skill that prepares them for entry into practice (this outcome is the same whether the standard prescribes how the standard is to be met or not); and
- the *Standards* will be used to approve education and training programmes and as part of the recognition of internationally awarded qualifications. In both processes, the achievement of the standards must be demonstrated and assessed by the Board as meeting the threshold for safe practice.



Part One: Feedback on Profession-Specific Standards of Proficiency under Domain 5: Professional Knowledge and Skills

Standard 5.9: Know the theories, models and research approaches specific to clinical psychology.

Registration Board Response

The Board noted that the significant majority of quantitative responses received against this standard indicated acceptance that it was set at threshold level for entry into practice.

While noting the qualitative comments received that sought greater level of specificity in the articulation of the standard, the Board concluded that the standards are written at an outcomes based level in order to provide education providers with the flexibility to identify the relevant theories, models and research approaches for clinical psychology when designing their education and training programmes.

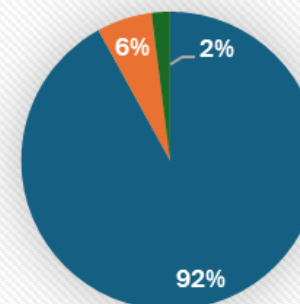
Further commentary provided through consultation feedback suggested that this standard should be skills-based. The Board noted that each standard must be read holistically in the context of all other standards. It was emphasised that the knowledge-base required of this standard would provide the foundation which would be translated into practice-based skills that would be assessed in subsequent standards.

It was agreed that this standard should remain a wholly knowledge-based standard.

On the basis of this rationale, the Board concluded that no amendment was necessary to this standard.

Number of
Respondents:
n= 50

Standard 5.9



■ Threshold ■ Partly Threshold ■ Not Threshold



Standard 5.10: Know the history and development of clinical psychology.

Registration Board Response

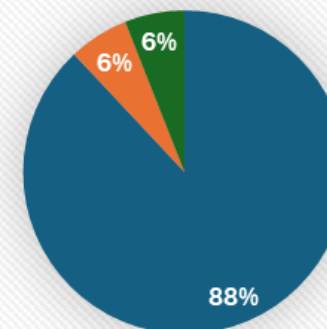
While the Board acknowledged that the majority of respondents to the online questionnaire were of the opinion that the standard, as written, was set at threshold for safe entry into practice as a clinical psychologist, it also noted some qualitative feedback that questioned whether such knowledge was relevant at entry practice.

The Board concluded that knowledge of the historical foundations of the profession was essential for safe practice both in terms of the learning about approaches to assessment and intervention, along with the cultural contexts that underpin clinical psychology practice. As such, it was agreed this was an essential component of education and training at threshold level for entry into practice.

On the basis of this rationale, the Board concluded that no amendment was necessary to this standard.

Number of
Respondents:
n= 50

Standard 5.10



■ Threshold ■ Partly Threshold ■ Not Threshold



Standard 5.11: Know the role of the service user as an active contributor to the design and direction of the assessment, therapeutic and treatment process and any other psychological intervention.

Registration Board Response

While the majority of respondents to this question in the online questionnaire considered this standard as set at the threshold level for entry into practice, the Board reviewed the articulation of this standard in the context of feedback received from the other consultation processes, recognising this was a commonly articulated standard across the three specialisms.

Upon review of the original articulation in light of feedback received around clarity of the intended outcome, the Board agreed minor amendments.

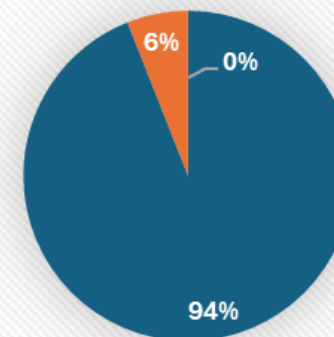
- In order to highlight the centrality of the service user as part of this process, the Board replaced the noun 'contributor' with 'participant' as contributor was felt as describing the professional/therapeutic relationship as happening to the service user, rather than an integral part of it; and
- Further emphasising the centrality of the service user in the professional/therapeutic relationship, the possessive adjective 'their' replaces the article 'the'.

The Board agreed to the following rewording:

Standard 5.11: Know the role of the service user as an active participant in planning their assessment, therapeutic and treatment process and other psychological interventions.

Number of
Respondents:
n= 49

Standard 5.11



■ Threshold ■ Partly Threshold ■ Not Threshold



Standard 5.12: Know the application of theories of mental health, psychopathology, behaviour, cognition, and emotional, social and neuropsychological development across the lifespan in acute to enduring and mild to severe presentations.

Registration Board Response

The Board recognised that the majority of respondents to the online questionnaire were of the opinion that the standard, as written, was set at threshold for safe entry into practice.

In reviewing the qualitative feedback provided, Board members noted that this standard is a knowledge-based standard – *know the application of* – and does not require demonstration of applying all these theories in practice across all presentation types.

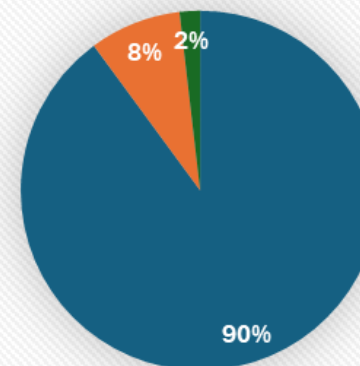
Reflecting conclusions articulated in its high-level analysis, the Board emphasised that the standards should be read holistically, as a piece rather than attempting to try and capture all elements of competency in a single standard. Therefore, the application of this standard should be read against the skills-based requirements articulated in the *Standards of Proficiency*.

The Board further noted that the standards are structured sequentially setting the foundational knowledge required for practice before identifying the skills standards which require the application of this knowledge in practice.

Having reviewed the articulation of this standard, the Board was satisfied that it was clear and understandable. On the basis of this rationale, the Board concluded that no amendment was necessary to this standard.

Number of
Respondents:
n= 46

Standard 5.12



■ Threshold ■ Partly Threshold ■ Not Threshold



Standard 5.13: Know and identify in practice how different biological, social and/or contextual factors can impact on and affect psychological wellbeing across the lifespan.

Registration Board Response

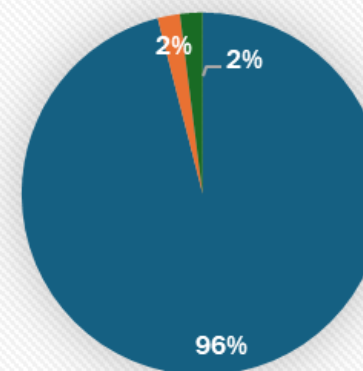
The Board recognised that a significant majority of the respondents to the online questionnaire were of the opinion that the standard, as drafted, was set at threshold level for safe entry into practice.

While noting a number of respondents in their qualitative comments sought greater levels of specificity in the articulation of the standard, the Board reaffirmed its intention to set outcomes-based standards that articulate the knowledge or skill a student requires upon completion of training for entry into practice, emphasising that it is not the role of the *Standards* to determine the content of education and training programmes; education providers must have the flexibility to design their own curriculum while ensuring it meets the threshold standard set.

Having reviewed the articulation of this standard, the Board was satisfied that it was clear and understandable. On the basis of this rationale, the Board concluded that no amendment was necessary to this standard.

Number of
Respondents:
n= 46

Standard 5.13



■ Threshold ■ Partly Threshold ■ Not Threshold



Standard 5.14: Know the impact of psychopharmacological and other clinical interventions on psychological practice with service users.

Registration Board Response

While the Board acknowledged the relatively high volume of qualitative feedback received and the concerns articulated, it also highlighted the high proportion of respondents to the online questionnaire who were of the opinion that the standard was set at threshold for entry into practice.

In reviewing feedback received, the Board stressed that the standard as articulated was a *knowledge-based* requirement; there is no intended requirement that practitioners are to be prescribers of medications.

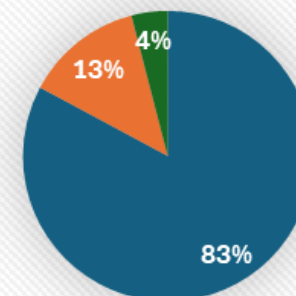
Recognising, however, the perception that the verb 'know' required a complete and working knowledge of psychopharmacological and other clinical interventions, the Board concluded that its intention was to ensure that graduates entering into practice were aware that these interventions can impact on a presentation and determining a course of action. As such, it was agreed to replace 'know' with 'demonstrate awareness of'.

In addition, the Board made one further amendment to the articulation of this standard replacing 'clinical' (which had been interpreted by stakeholders as connected with GPs or Psychiatrists) with 'therapeutic' which refers more directly to the type of work of a clinical psychologist.

The Board agreed the following revised wording:

Number of
Respondents:
n= 46

Standard 5.14



■ Threshold ■ Partly Threshold ■ Not Threshold

Standard 5.14: Demonstrate awareness of the impact of psychopharmacological and other therapeutic interventions on psychological practice with service users.



Standard 5.15: Know more than one evidence-based interventional model of psychological therapy and critically evaluate the strengths and limitations of these as they are applied to practice.

Registration Board Response

The Board noted that the majority of respondents to the online questionnaire were of the opinion that the standard, as articulated, was set at threshold level. While there was a significant level of support for the standard, the Board also noted there were some qualitative comments that raised concerns around the articulation and specificity of the standard. Two main issues were identified in this respect:

- The meaning of 'more than one' and the suggestion that it should be replaced with 'at least 2'; and
- The identification of specific interventional models to be defined in the standard.

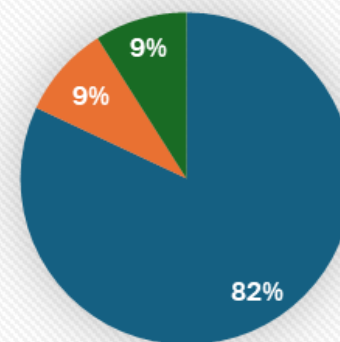
Following consideration of all feedback received, the Board agreed, with regard to the first of these concerns, that in the context of the standard the phrases 'more than one' and 'at least two' had the same meaning. With regard to the second of these issues, the Board reaffirmed its commitment to the principle underpinning regulatory standards that they are set an outcomes-based level, allowing for flexibility and adaption in curriculum design, while retaining a consistent knowledge or skills-based outcome.

The Board agreed a minor amendment to the standard removing the phrase 'strengths and limitations' as this is inherent in the skill of 'evaluating'. The Board agreed the following revised wording:

Standard 5.15: Know more than one evidence-based interventional model of psychological therapy and critically evaluate these as they are applied in practice.

Number of
Respondents:
n= 46

Standard 5.15



■ Threshold ■ Partly Threshold ■ Not Threshold



Standard 5.16: Know and communicate the role of clinical psychologists in providing evidence-based psychological services to children, adolescents, adults, older adults and people with a disability, including the provision of assessment, formulation, diagnosis, intervention, prevention, advocacy, consultation and service-based research.

Registration Board Response

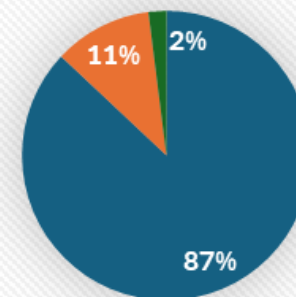
The Board highlighted the high level quantitative support for this standard as originally drafted, received through the online questionnaire.

Having reviewed the articulation of this standard, the Board was satisfied that it was clear and understandable.

As such, no amendment was deemed necessary to this standard.

Number of
Respondents:
n= 46

Standard 5.16



■ Threshold ■ Partly Threshold ■ Not Threshold



Standard 5.17: Establish, build, maintain and conclude a professional relationship with a service user safely and ethically.

Registration Board Response

While the Board recognised that a significant majority of respondents to the online questionnaire were of the opinion that the standard, as originally drafted, was set at threshold level for entry into practice, it also considered the articulation of the standard in the context of other standards it had drafted. To this end, the Board reviewed this standard (5.17) and the following standard (5.18) and, recognising that both were concerned with the nature of the professional relationship with a service user, considered the possibility of merging both.

A new standard was drafted by the Board that combines elements of both original standards.

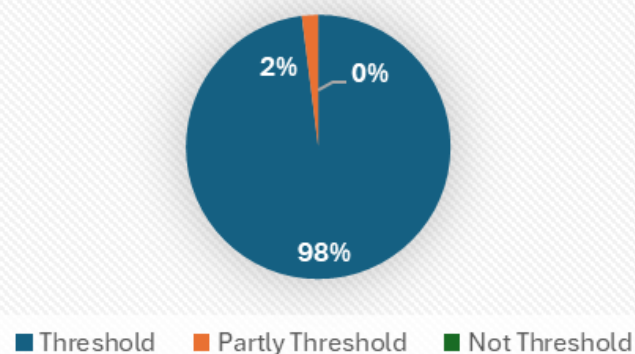
The Board made a number of amendments to the articulation of this revised standard:

- Deletion of 'build' as it was concluded that there was no different assessed outcome for a student between 'build' and 'maintain' and as such the inclusion of both verbs was repetitive; and
- The second part of the revised standard refers only to professional boundaries (see standard 5.18 below where this concept is identified) as the concept of ethical practice has been included in the first part of the standard in establishing, maintaining and concluding a relationship.

Two verbs are used to combine both elements of the relationship – the active relationship (establishing, maintaining and concluding) and the professional and ethical requirements underpinning this: recognise and manage. Therefore, students will be required to demonstrate that they are able to recognise what

Number of
Respondents:
n= 46

Standard 5.17



professional and ethical boundaries are and they are able to manage them in their professional relationships with service users.

The Board's revised standard now reads:

Standard 5.17: Establish, maintain and conclude a professional relationship with a service user, safely and ethically, recognising and managing professional boundaries.



Standard 5.18: Establish and maintain professional and ethical boundaries with service users during the course of the professional relationship.

Registration Board Response

As noted above in its response to the rearticulation of Standard 5.17, given the intended skills-based outcome of Standards 5.17 and 5.18, the Board took the decision to merge both into a single standard as articulated above. In so doing, it agreed that the retention of the originally articulated standard 5.18 would be repetitious in terms of its intended outcome and agreed it should be deleted.

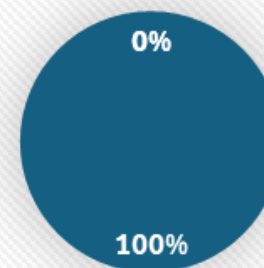
The Board noted one qualitative comment received against this standard that suggested explicit reference to the utilisation of reflective practice and supervision. The Board noted that this requirement is already captured in a subsequent standard:

Standard 5.39: Be able to critically reflect on the 'self' and the ongoing impact of one's own culture, values, experiences, beliefs and biases on their professional practice – utilising supervision to assist in the reflective process – and use such reflection to inform practice.

The Board again emphasised the need to read the standards collectively and holistically and recognise how they work together to ensure the competency of a proficient professional upon entry to the register.

Number of
Respondents:
n= 46

Standard 5.18



■ Threshold ■ Partly Threshold ■ Not Threshold



Standard 5.19: Know and critically analyse the factors that influence therapeutic and professional relationships, including power dynamics between the practitioner and service user.

Registration Board Response

While some feedback was received suggesting that the concept of power dynamics should be removed in its entirety, the Board – noting, as well, the substantial level of quantitative support this standard generated – agreed that given the nature of therapeutic and professional relationships that knowledge and recognition of power dynamics was essential for public protection and, as such, was retained.

The Board reviewed the articulation of the standard and made a number of slight changes to its wording to ensure clarity and understandability:

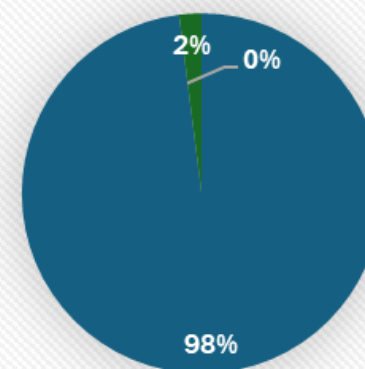
- The Board agreed that if a graduate is able to ‘critically analyse’, they must have the foundational knowledge upon which to demonstrate this skill; Therefore, the use of ‘know’ in this standard was deemed redundant and, as such, was deleted; and
- The phrase ‘be able to’ was placed before ‘critically analyse’ for grammatical purposes.

The Board’s revised standard now reads:

Standard 5.18: Be able to critically analyse the factors that influence therapeutic and professional relationships, including power dynamics between the practitioner and service user.

Number of
Respondents:
n= 46

Standard 5.19



■ Threshold ■ Partly Threshold ■ Not Threshold



Standard 5.20: Know the benefits and challenges of working in partnership with service users in the delivery of assessments and interventions and apply using professional judgement.

Registration Board Response

The Board recognised the strong quantitative support for the proposed wording of this standard and noted the suggested rewordings of the standard provided in qualitative responses to the consultation.

The Board reviewed the original articulation of the standard and determined that, originally intended, this was a knowledge-based standard and, as such, the inclusion of 'apply professional judgement' was unclear as it could be perceived as adding an unintended skills-based component to the standard.

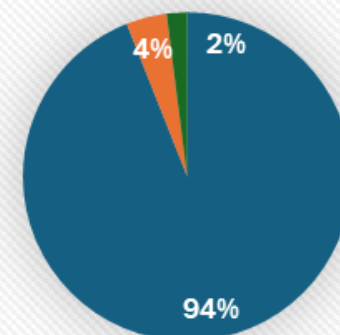
The Board emphasised that the intention of this standard is to ensure that graduates have knowledge of the benefits and challenges of working with service users. The application of this knowledge will be assessed as part of the establishment and maintenance of the professional relationship in subsequent standards. As such, the phrase 'apply using professional judgement' was deleted.

The Board approved the following wording of this standard:

Standard 5.19: Know the benefits and challenges of working in partnership with service users in the delivery of assessment and interventions.

Number of
Respondents:
n= 46

Standard 5.20



■ Threshold ■ Partly Threshold ■ Not Threshold



Standard 5.21: Identify, apply knowledge of and respect the intersecting forms of diversity of service users, working in an inclusive, sensitive and non-discriminatory manner.

Registration Board Response

The Board noted the high level of quantitative support for the articulation of this standard as communicated in the responses received through the online questionnaire.

While no substantive qualitative issues were identified against this standard, the Board nevertheless reviewed the original articulation of this standard and made a number of minor amendments to ensure clarity and measurability of the standard:

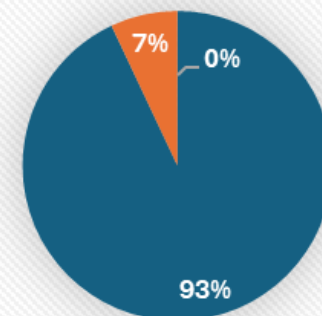
- the replacement of 'non-discriminatory' with 'equitable' to reflect more positive, affirming and strengths-based language that aligns with principles of Equality, Diversity and Inclusion; and
- the removal of 'respect': the Board reviewed its use and considered how this would be demonstrable for the purposes of assessment. It concluded that it may be challenging to objectively assess 'respect' and it was agreed to remove this. It was acknowledged, however, that the intention of including 'respect' was captured by the requirement to work in an 'inclusive, sensitive and non-discriminatory manner'.

On the basis of these considerations, the Board agreed the following rearticulation:

Standard 5.20: Identify and apply knowledge of the intersecting forms of diversity of service users, working in an inclusive, sensitive and equitable manner.

Number of
Respondents:
n= 46

Standard 5.21



■ Threshold ■ Partly Threshold ■ Not Threshold



Standard 5.22: Select, evaluate and revise communication approaches to ensure effective communication appropriate to the context of practice and the intended audience.

Registration Board Response

The Board acknowledged that a significant majority of respondents to the online questionnaire considered the standard to be set at threshold level.

Noting the qualitative feedback received – raising the diversity of audiences that a practitioner will be required to engage with and the different needs of each – the Board emphasised, as highlighted in its high-level thematic analysis above, the difference between prescriptive inputs-based requirements and outputs-based regulatory standards. It also emphasised that the verbs – *selection*, *evaluation*, *revision* – should be read in the context of the assessment of skill, alongside their purpose identified in the standard – appropriate to the context of practice – highlighting that the ability to communicate effectively requires the assessment of the diversity of the intended audience.

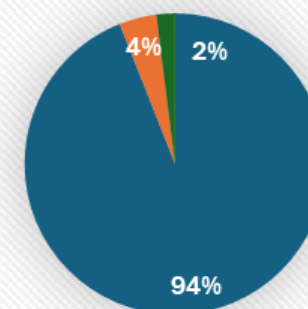
In reviewing this standard, the Board noted comments made around inclusivity. It concluded that the original wording ‘ensure effective communication’ did not fully reflect the intended outcome of having communication approaches that meet the needs of a diverse service user population. As such, the Board agreed to replace this wording with ‘promote inclusive communication’ to reflect this intended skills outcome.

The Board’s revised standard now reads:

Standard 5.21: Select, evaluate and revise communication approaches to promote inclusive communication appropriate to the context of practice and the intended audience.

Number of
Respondents:
n= 46

Standard 5.22



■ Threshold ■ Partly Threshold ■ Not Threshold



Standard 5.23: Know and be able to use – safely and ethically – technologies and communication methods required for practice in a virtual environment.

Registration Board Response

While the Board noted that the majority of respondents, quantitatively, were of the opinion that the standard was set at threshold for entry into practice, it recognised some qualitative responses that were concerned around the potential retrospective application of these standards to existing practitioners. The Board highlighted, as noted in its high level analysis above, that the *Standards of Proficiency* will apply only to new, recently graduated or internationally qualified applicants at the time the register opens. These will not apply to existing practitioners making an application under Section 91 of the Act.

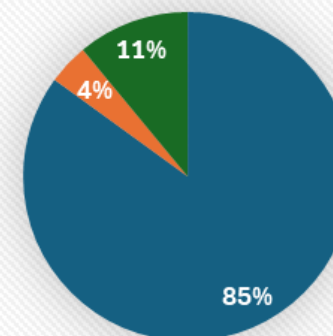
The Board noted that this was a common standard across all three specialisms and considered the feedback received across the three consultation processes. Specifically, the Board considered feedback suggesting the narrow – and potentially limiting – application of the standard to only online video communication methods. The Board agreed that there was a wider application of digital skills in practice that should be captured. This would address the concern raised by stakeholders around social media platforms but also would be extended to other types of communication methods that can be used in therapeutic engagement – e.g. text to speech generators. As such, the Board replaced ‘methods required for’ with ‘approaches used in’.

In addition, the Board noted that specifically around the area of appropriate use of social media, the Framework Standards already requires:

Standard 2.7: Demonstrate a critical understanding of how to use media including digital and social media in an ethical, confidential and professional manner.

Number of
Respondents:
n= 46

Standard 5.23



■ Threshold ■ Partly Threshold ■ Not Threshold

The Board's agreed revised standard is:

Standard 5.22: Know and be able to use – safely and ethically – technologies and communication approaches used in practice in a virtual environment.



Standard 5.24: Communicate and justify professional opinions made in written form through the production of clear, concise and accurate reports suitable for the intended audience and for the context of their use.

Registration Board Response

While there was a high level of support for this standard as originally articulated, the Board reviewed the original articulation it proposed. In line with its previous changes to other standards when viewed through the lens of inclusivity, it was agreed that in addition to reports being clear, concise and accurate, they should also be accessible. In addition, recognising the range of service user presentations, the use of 'devised in collaboration' rather than 'written in collaboration' was deemed more appropriate.

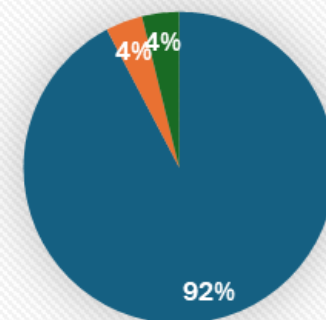
Additionally, the Board was also of the view that the principal outcome of the standard – i.e. the production of reports – should be placed at the start of the standard. The issue of communicating and justifying is not the key assessable issue this standard is concerned with. For this reason, the original wording has been inverted in the revised standard and the inclusion of the phrase 'in order to' allows for the clear narrowing of the application of the scope of the production of the reports – i.e. for communication and justifying opinions made.

The Board considered the qualitative comment presented in relation to the application of written reports. It noted that the change agreed from 'written reports' to 'reports' provided greater scope in the application of the standard, recognising that reporting on a service user can take a number of different forms.

The Board's revised standard now reads:

Number of
Respondents:
n= 45

Standard 5.24



■ Threshold ■ Partly Threshold ■ Not Threshold

Standard 5.23: Be able to produce clear, concise, accessible and accurate reports – devised in collaboration with service users, as appropriate – that are suitable for the intended audience and context of their use in order to communicate and justify professional opinions made.



Standard 5.25: Know the theoretical basis of and critically appraise a range of assessment methods used in clinical psychology and their application in practice.

Registration Board Response

While the majority of the respondents to this question in the online questionnaire considered this standard to be set at threshold level for entry into practice, the Board reviewed the qualitative comments submitted. It noted the emphasis in respondents' concerns around prescribing or detailing specific methods of assessment. To this the Board emphasised, as noted in its high-level analysis above, its intention on setting outcomes-based regulatory standards.

The Board also reviewed this standard in the context of subsequent standards around the theoretical knowledge base required around assessment methods. When reviewing the intended learning outcome of this standard and the standard immediately following (5.26), it was concluded that there was limited distinction between both. The only significant distinction was the knowledge of the *application of methods* alongside the theoretical basis of them.

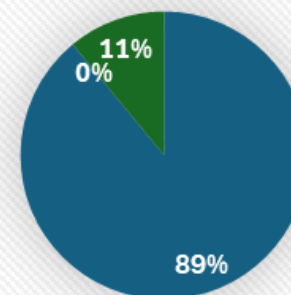
As such, the Board agreed that a single standard could be articulated that comprised both the critical evaluation of the theory and knowledge of the application of assessment methods.

The agreed revised wording of this standard is:

Standard 5.24: Be able to critically evaluate the theory and application of a range of assessment methods used in clinical psychology practice.

Number of
Respondents:
n= 46

Standard 5.25



■ Threshold ■ Partly Threshold ■ Not Threshold



Standard 5.26: Know the application, and critically evaluate the strengths and limitations, of a range of assessment methods as applied in practice, including psychometric testing, clinical interviewing and observational methods.

Registration Board Response

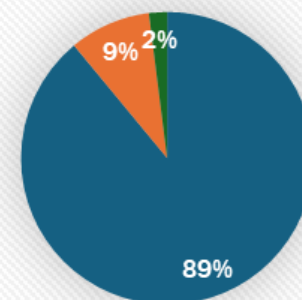
While the majority of respondents to this question in the online questionnaire considered this standard as set at threshold level for entry into practice, the Board reviewed the standard in the context of its previously reviewed standards.

The Board concluded that the knowledge outcome of the standard, as originally intended, is now assessed as part of the redrafted standard 5.24 above.

As such, the retention of this standard was deemed by the Board to be repetitious and it agreed to delete this standard, recognising that the knowledge outcome it references is captured under the previous – rearticulated – standard.

Number of
Respondents:
n= 45

Standard 5.26



■ Threshold ■ Partly Threshold ■ Not Threshold



Standard 5.27: Plan assessments, selecting appropriate assessment methods, critically evaluating and integrating the service user's need and perspective and social and cultural considerations as part of the planning process.

Registration Board Response

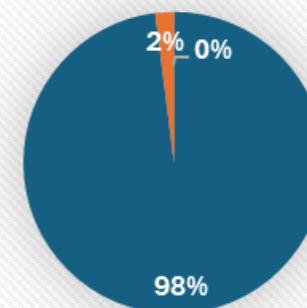
The Board acknowledged that a significant majority of respondents to the questionnaire concluded that the standard, as articulated, was set at the threshold level for entry into practice.

To this conclusion, the Board considered the qualitative feedback that suggested greater prescription in the articulation of the standard, including reference to assessments being hypothesis-driven and proportionate. The Board emphasised the importance of the existing language selection of the standard – *appropriate methods* – and, again, highlighted that all the standards must be read holistically and understood as working together.

Having reviewed the articulation of this standard, the Board was satisfied that it was clear and understandable. On the basis of this rationale, the Board concluded that no amendment was necessary to this standard.

Number of
Respondents:
n= 45

Standard 5.27



■ Threshold ■ Partly Threshold ■ Not Threshold



Standard 5.28: Conduct a range of assessment methods safely and ethically, adapting their application as clinically appropriate, and identifying and managing associated risks.

Registration Board Response

The Board recognised that the majority of respondents to the online questionnaire considered that the standard, as drafted, was set at threshold for entry into practice.

Having reviewed the articulation of this standard, in light of the qualitative feedback received and in light of other standards drafted, the Board made a minor amendment to its articulation with the aim of ensuring clarity of intended outcome.

- The Board agreed to remove the phrase 'identifying and managing associated risks' as this skill was already addressed under existing Framework standards in Domain 3 and was, therefore, viewed as duplication:

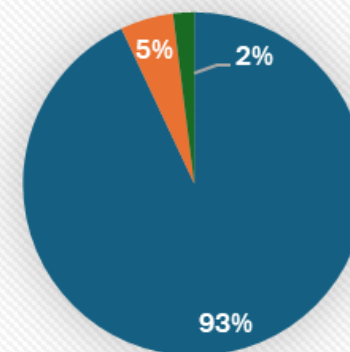
Standard 3.10: Be able to recognise important risk factors and implement risk management strategies; be able to make reasoned decisions and/or provide guidance to others to initiate, continue, modify or cease interventions, techniques or courses of action and record decisions and concerns.

Standard 3.12: Be able to carry out and document a risk analysis and implement effective risk management controls and strategies; be able to clearly communicate any identified risk, adverse events or near misses in line with current legislation/guidelines.

Standard 3.14: Be able to establish safe environments for practice which minimises risks to service users, those treating them and others, including the use of infection prevention and control strategies.

Number of
Respondents:
n= 45

Standard 5.28



■ Threshold ■ Partly Threshold ■ Not Threshold

The revised articulation of this standard agreed by the Board is:

Standard 5.26: Conduct a range of assessment methods safely and ethically, adapting their application as clinically appropriate.



Standard 5.29: Interpret, synthesise and critically evaluate assessment data, within relevant conceptual frameworks, to inform case formulation to address presenting needs.

Registration Board Response

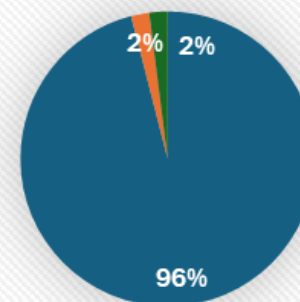
The Board acknowledged that the majority of respondents to the questionnaire concluded that the standard, as articulated, was set at the threshold level for entry into practice.

Having reviewed the articulation of this standard and, in light of the qualitative feedback received through the consultation process, the Board was satisfied that it was clear and understandable.

On the basis of this rationale, the Board concluded that no amendment was necessary to this standard.

Number of
Respondents:
n= 45

Standard 5.29



■ Threshold ■ Partly Threshold ■ Not Threshold



Standard 5.30: Develop psychological formulations, using the outcomes of assessments, that are informed by theory, research and explanatory models.

Registration Board Response

While the Board recognised the significant level of support for this standard, as originally drafted, it also considered this standard in the context of broader feedback received around a perceived gap, identified among a number of stakeholders, in relation the practice of psychological formulation.

In particular to the practice of clinical psychology, the Board considered the function of formulation as one that has an explanatory power that enables service user self-understanding and as such must reflect the service user in the formulation constructed in order for it to be effective.

It was therefore agreed to address this through the inclusion of the following phrasing – ‘identifying and evaluating the impact of service user needs/strengths and contextual and cultural factors’ – and integrate this into the already existing standard around the development of interventions.

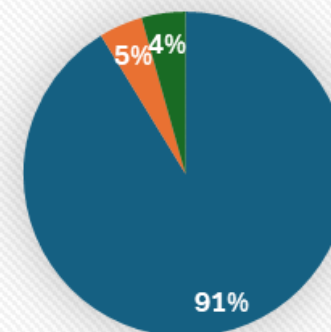
This wording has been integrated into the standard to strengthen the factors that are to be considered as part of the formulation development process emphasising the underpinning intention of the formulation process.

The Board’s revised standard now reads:

Standard 5.28: Develop psychological formulations, informed by theory, research and explanatory models, that are based on the outcomes of assessments and service user needs/strengths and other contextual and cultural factors.

Number of
Respondents:
n= **45**

Standard 5.30



■ Threshold ■ Partly Threshold ■ Not Threshold



Standard 5.31: Know and critically evaluate the theory and application of more than one evidence-based intervention method used in individual and/or group contexts and across a range of settings, including primary care, hospital and community mental health settings.

Registration Board Response

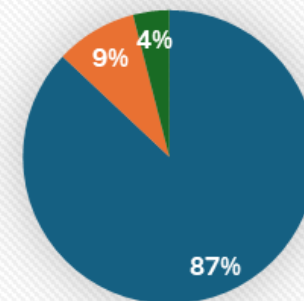
The Board recognised the strong quantitative support provided by respondents to the online questionnaire for the proposed articulation of this standard. To this the Board noted the qualitative comments submitted by some stakeholders. In reviewing these, the Board reaffirmed the purpose of regulatory standards to set outcomes-based standards that are not prescriptive in detailing specific content of education and training programmes, but rather articulate the knowledge and/or skill required for entry into practice. It also reasserted the standards must be read holistically.

The Board noted the concern raised around the limiting nature of the phrase 'more than one'. It was agreed to replace this with 'a range of evidence-based interventions'. It discussed the consistency between the use of 'more than one model' in standard 5.15 and the reference in this standard to 'a range of interventions'. It was agreed that interventions (as referred to in this standard) and therapy (as per standard 5.15) are different concepts and, as such, it was appropriate to use two different articulations in relation to both.

The Board examined the articulation of specific settings in a knowledge-based standard. It was agreed that the inclusion of these specific settings could be perceived as narrowing the application of the standard and, reflecting the ongoing changes to service delivery models, it was noted that the identification of settings could change into the future. As such, it was agreed to remove the reference to specific settings from the articulation of this standard.

Number of
Respondents:
n= **45**

Standard 5.31



■ Threshold ■ Partly Threshold ■ Not Threshold

Finally, as with other standards – for grammatical purposes – the Board agreed to use the phrase 'be able to' before 'critically reflect' and, as per other standards, remove 'know' as knowledge is inherently captured in the skill of evaluation.

The Board agreed the following revised wording:

Standard 5.29: Be able to critically evaluate the theory and application of evidence based interventions used in individual and/or group contexts and across a range of settings.



Standard 5.32: Design intervention plans on the basis of available data, evidence-informed professional judgement and formulation, including identifying and evaluating the impact of service user needs/strengths and contextual and cultural factors on the design process.

Registration Board Response

The Board noted the majority of respondents to the online questionnaire concluded that the standard, as drafted, was set at threshold level for entry into practice.

Having reviewed the standard in light of the qualitative feedback received and in the light of other standards, the Board confirmed that it was satisfied that the intended outcome of the standard was clear and understandable.

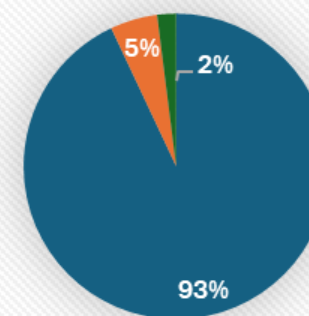
To reinforce this intended outcome it made one minor amendment to the articulation of the standard – in order to emphasise that the second part of the standard (from the phrase *including identifying and evaluating*) was related to the design process.

Therefore, the Board agreed the following re-wording of the standard:

Standard 5.30: Design intervention plans on the basis of available data, evidence-informed professional judgement and formulation, including, as part of the design process, the evaluation of service user needs/strengths and other contextual and cultural factors.

Number of
Respondents:
n= 45

Standard 5.32



■ Threshold ■ Partly Threshold ■ Not Threshold



Standard 5.33: Apply safe and ethical intervention(s) appropriate to the goals identified in intervention plan(s), identifying and managing any associated risks.

Registration Board Response

The Board noted the majority of respondents considered that this standard, as drafted, was set at threshold level for entry into practice.

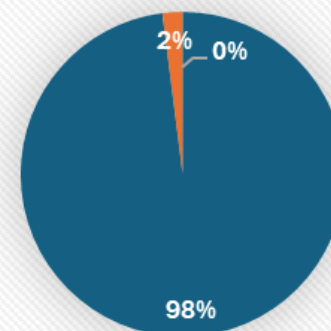
Having reviewed qualitative feedback received, the Board agreed that the intended outcome was clear in the original articulation. Noting its decision taken around Standard 5.28 above and the determination that the skill around *identifying and managing risk* was addressed under existing Framework standards in Domain 3 and considering that its inclusion in this standard was, therefore, a duplication, the Board agreed to remove this phrase.

The revised articulation of this standard agreed by the Board is:

Standard 5.31: Apply safe and ethical intervention(s) appropriate to the goals identified in intervention plan(s).

Number of
Respondents:
n= 45

Standard 5.33



■ Threshold ■ Partly Threshold ■ Not Threshold



Standard 5.34: Monitor and evaluate the efficacy and effectiveness of intervention(s) and reformulate and revise as necessary.

Registration Board Response

While the Board noted the significant majority of quantitative responses received against this standard indicated acceptance that it was set at threshold level for entry into practice, it also took the opportunity to review its proposed articulation to ensure its clarity and understandability.

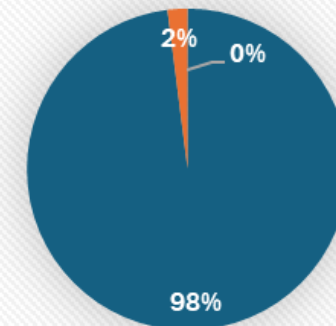
In so doing, the Board agreed one amendment: the removal of *efficacy*. It was agreed that the distinction between efficacy and effectiveness referred to the extent of control able to be exerted over a context in which the intervention was being conducted. While *efficacy* refers to controlled environments for the purposes of research, *effectiveness* refers to real-life, social environments. This standard, as applied to practice, and through the lens of public protection is concerned only with the latter. As such, 'efficacy' has been removed.

The Board's agreed revised wording of this standard is:

Standard 5.32: Monitor and evaluate the effectiveness of intervention(s) and reformulate and revise as necessary.

Number of
Respondents:
n= 45

Standard 5.34



■ Threshold ■ Partly Threshold ■ Not Threshold



Standard 5.35: Know and apply a range of approaches to consultation at individual, group and organisational levels.

Registration Board Response

The Board acknowledged that the majority of respondents to the online questionnaire were of the opinion that the standard was set at threshold level for entry into practice. However, respondents also identified concerns around reference – specifically within a skills-based context – to organisational level consultation.

The Board considered the qualitative comments submitted noting that there was a clear understanding that clinical psychologists were not involved in instituting systemic change in systems at an organisational level. To this end, the Board agreed that the standard, as written, could generate some confusion.

Therefore, it was agreed to articulate this standard as a purely skills-based requirement and remove reference to individual, group and organisational levels by replacing it with ‘relevant to service delivery and practice of clinical psychology’.

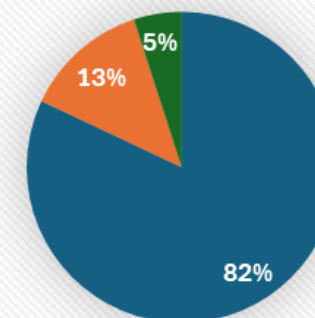
In addition, the Board noted that it was important that a consultation approach should be evaluated to ensure its continued appropriateness to the presenting situation. To this end, an additional component to the standard has been added to capture this element of the skill.

The Board agreed the following rearticulated standard:

Standard 5.33: Conduct consultation relevant to service delivery and practice of clinical psychology, evaluating and revising the approach as necessary.

Number of
Respondents:
n= 45

Standard 5.35



■ Threshold ■ Partly Threshold ■ Not Threshold



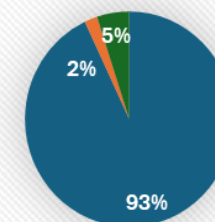
Standard 5.36: Work with other professionals – including multi-disciplinary teams – to build capacity in delivering interventions to meet the goals identified in intervention plan(s).

Registration Board Response

The Board noted that the majority of respondents to the online questionnaire were of the opinion that this standard was set at threshold for entry into practice.

Having reviewed the qualitative feedback submitted and considering the original intention and skills-based outcome of the standard, the Board was satisfied that it was clear, understandable and measurable. On the basis of this rationale, the Board concluded that no amendment was necessary to this standard.

Number of Respondents: **Standard 5.36**
n= 44



■ Threshold ■ Partly Threshold ■ Not Threshold

Standard 5.37: Critically analyse, appraise and evaluate psychological and other relevant contemporary research to inform evidence-based practice.

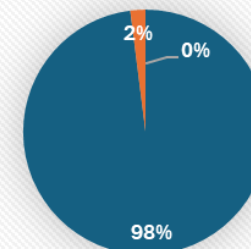
Registration Board Response

The Board recognised that the majority of respondents to the questionnaire concluded that the standard, as drafted, was set at threshold for entry into practice.

Having reviewed the qualitative feedback submitted and considering the original intention and skills-based outcome of the standard, the Board was satisfied that it was clear, understandable and measurable. As with other standards, for grammatical purposes, it was agreed to use 'be able to' before 'critically reflect'. The Board's revised standard now reads:

Standard 5.35: Be able to critically analyse, appraise and evaluate psychological and other relevant contemporary research to inform evidence-based practice.

Number of Respondents: **Standard 5.37**
n=43



■ Threshold ■ Partly Threshold ■ Not Threshold



Standard 5.38: Be able to identify research questions, formulate appropriate research plans, conduct the research process and produce research outputs relevant to the practice of clinical psychology.

Registration Board Response

While the quantitative response to this question indicated a strong level of support for the standard as written, qualitative feedback raised concerns around whether this standard was beyond threshold for entry into practice. Having reviewed this feedback, the Board concluded that research skills were an essential component to practice, vital for service user engagement and, as such, was a key pivot in education and training of future practitioners. Therefore, the Board concluded that the standard should be retained.

Upon review of its original articulation, the Board noted the word 'research' was repeated extensively. As such, the Board agreed a different articulation that uses the phrase 'in order to' to connect the research plans and outputs with the undertaking of research, thereby only using 'research' once in the standard.

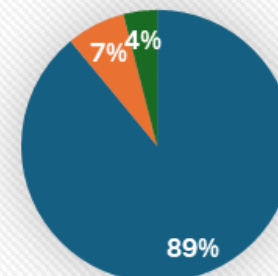
In addition, the Board agreed that the use of 'identify' should be removed as this could be interpreted as a passive activity. A student on an education and training programme should be actively defining his or her research questions. Therefore, 'identify' has been removed and the active 'formulate' has been the verb selected to connect both the drafting of research questions and plans.

The revised articulation of this standard agreed by the Board is:

Standard 5.36: Be able to formulate appropriate questions and plans in order to undertake research and produce outputs relevant to the practice of clinical psychology.

Number of
Respondents:
n= 44

Standard 5.38



■ Threshold ■ Partly Threshold ■ Not Threshold



Standard 5.39: Apply research ethics when planning, undertaking and reporting on research with service users and relevant others in the context of professional practice.

Registration Board Response

The Board noted the substantive level of quantitative support received from stakeholders indicating that the standard – as drafted – was set at threshold level for entry into practice.

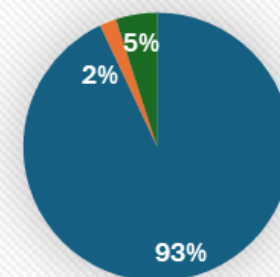
There were a number of qualitative comments that highlighted some concerns around the use of ‘apply research ethics’. The Board was clear that that this standard was concerned with the active application of research ethics as part of a research process and, as such, concluded that ‘apply’ was appropriate and clear in this context. It also noted that the articulation of the standard was clear in detailing that research extends beyond service users and includes ‘relevant others’.

Having considered the skills-based outcome of the standard, the Board was satisfied it was clear, understandable and measurable.

As such, no amendments to the original articulation of this standard were deemed necessary by the Board.

Number of
Respondents:
n= **44**

Standard 5.39



■ Threshold ■ Partly Threshold ■ Not Threshold



Standard 5.40: Design and deliver training relevant to the application of clinical psychology across a range of teams – including multidisciplinary teams – appropriate to the professional needs of the participants.

Registration Board Response

The Board recognised the significant number of respondents to the online questionnaire who were of the opinion that the standard, as drafted, was set at threshold level for entry into practice. To this, the Board also considered the qualitative feedback submitted.

In reviewing this feedback, the Board affirmed that the practice of designing and delivering training was an important part of threshold practice. It also agreed with respondents who suggested that reference specifically to 'teams' was particularly narrow in its application and should be replaced with 'settings' as this was more reflective of practice and offered more scope and breadth to the accessibility of this standard across a range of settings. To this end, the Board agreed to replace 'teams' with 'settings'.

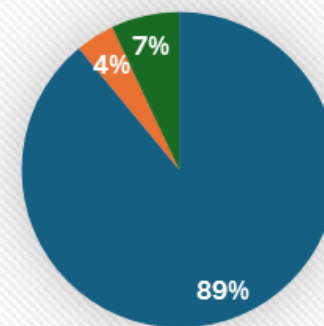
In addition, the Board concluded that the final element of originally drafted standard did not add anything to the intended outcome of the standard, confirming that the appropriateness of the training would be assessed as part of its design and delivery. The Board agreed to remove this final element of the standard.

The revised wording of the standard, agreed by the Board, is:

Standard 5.38: Design and deliver training relevant to the application of clinical psychology across a range of settings, including multidisciplinary teams.

Number of
Respondents:
n= 44

Standard 5.40



■ Threshold ■ Partly Threshold ■ Not Threshold



Standard 5.41: Critically reflect on the ‘self’ and the ongoing impact of one’s own culture, values, experiences, beliefs and bias on their professional practice – utilising supervision to assist in the reflective process – and take action as appropriate.

Registration Board Response

The Board acknowledged that the majority of respondents to the online questionnaire considered that the standard, as originally articulated, was set at threshold level for entry into practice. Qualitative responses suggested that the standard would benefit from greater clarity around the purpose of reflective practice; namely, to inform practice.

To this end, the Board adopted the suggestion provided in feedback to change the final element of the standard from ‘take action as appropriate’ to ‘use such reflection to inform practice.’

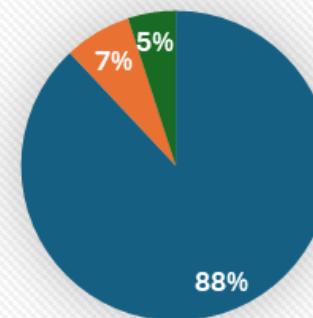
As with other standards, for grammatical purposes, it was agreed to use ‘be able to’ before ‘critically reflect’.

The revised articulation of this standard agreed by the Board is:

Standard 5.39 Be able to critically reflect on the ‘self’ and the ongoing impact of one’s own culture, values, experiences, beliefs and biases on their professional practice – utilising supervision to assist in the reflective process – and use such reflection to inform practice.

Number of
Respondents:
n= **44**

Standard 5.41



■ Threshold ■ Partly Threshold ■ Not Threshold



Standard 5.42: Be able to recognise personal emotional responses and the impact of trauma, as identified through professional/therapeutic practice, and use appropriate tools to develop effective self-care and burnout prevention strategies to maintain professional functioning.

Registration Board Response

The Board acknowledged that the majority of respondents considered the standard to be set at threshold level. Noting the range of qualitative feedback received, the Board confirmed that it did not support the contention that a reference to the 'impact of trauma' was considered 'pop psychology' and emphasised the importance of ensuring that those entering practice have the appropriate skills to work not only with complex presentations but also to recognise the personal impact such professional working has. Furthermore, the Board confirmed that the intention of this standard was not to 'penalise' an individual as a result of burn out or trauma, but rather to ensure that he or she has the appropriate skills to personally manage the impact of professional practice.

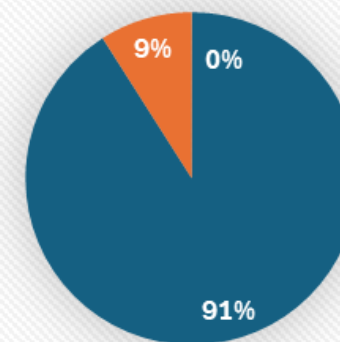
The Board noted feedback suggesting that supervision was an important aspect of professional work and recognised that this can also be a context within which personal/emotion responses can be identified. As such, it was agreed to expand the standard to include 'and supervision' after 'personal/therapeutic practice'.

The Board approved the following wording of this standard:

Standard 5.40: Be able to recognise personal emotional responses and the impact of trauma, as identified through professional/therapeutic practice and supervision, and use appropriate tools to develop effective self-care and burnout prevention strategies to maintain professional functioning.

Number of
Respondents:
n= 44

Standard 5.42



■ Threshold ■ Partly Threshold ■ Not Threshold



Possible Omissions from *Standards of Proficiency*

Respondents to the public consultation were asked to consider if there were any possible omissions in the *Standards of Proficiency for Clinical Psychologists* that the Registration Board should consider. 81% (n=34) of respondents commented that there were no omissions, while 19% (n=8) identified some areas of omission for consideration. The following table identifies the areas of omission noted through the consultation process and the Board's response to these.

It is important to note that this list includes both the omissions identified by respondents as part of Question 72 in the online questionnaire, to which the quantitative figures noted above correspond, **and** the gaps or errors identified throughout the qualitative feedback from stakeholders.

Possible Omission Area	Registration Board Response
Transferable Skills	<p>The Board agreed and concluded that the Board's <i>Standards of Proficiency</i> were not written to be applied prescriptively within a specific setting or with a specific type of service user presentation. It is for this reason that they are written as outcomes based standards. To this end, the skills that are articulated are to be applied across a range of service users. As such, in their articulation and assessability, they are transferable. The draft standards for Clinical Psychologists are underpinned by the same principle.</p> <p>Therefore, on the basis of this rationale, the Board agreed that no addition was required to the <i>Standards of Proficiency for Clinical Psychologists</i> in respect of this identified area of omission.</p>
Formulation	<p>Members of the Board noted that there was a range of feedback submitted that raised the issue of more prescription in the identification of skills around psychological formulation.</p> <p>The Board reviewed comparator international regulatory standards and assessed what the threshold skills in respect of formulation were required for entry into practice. They concluded that there are three areas within which skills in formulation are required:</p> <ul style="list-style-type: none">• The development of formulations



Possible Omission Area	Registration Board Response
	<ul style="list-style-type: none">• The use and application of formulations• The revision to formulations, associated with the monitoring of intervention effectiveness <p>To these considerations, the Board also reaffirmed its setting of <i>outcomes based standards</i> that attempted, where possible, to capture the outcome skill needed for practice without detailing or prescribing all the various elements that comprise that skill.</p> <p>As identified above, against standard 5.28, amendments were made to the requirement around the design of formulations so to capture – more concretely – the role of formulation in enabling service user self-understanding and, by extension, the role of the service user in the design process.</p> <p>To this, the Board noted that there were already existing standards around the use of data to inform formulation, the use of formulation in intervention design and the role of reformulation as part of the monitoring the effectiveness of interventions.</p> <p>Standard 5.27: Interpret, synthesise and critically evaluate assessment data, within relevant conceptual frameworks, to inform case formulation to address presenting needs.</p> <p>Standard 5.28: Develop psychological formulations, informed by theory, research and explanatory models, that are based on the outcomes of assessments and the evaluation of service user needs/strengths and other contextual and cultural factors.</p> <p>Standard 5.30: Design intervention plans on the basis of available data, evidence-informed professional judgement and formulation, including, as part of the design</p>



Possible Omission Area	Registration Board Response
	<p>process, the evaluation of service user needs/strengths and other contextual and cultural factors.</p> <p>Standard 5.32: Monitor and evaluate the effectiveness of intervention(s) and reformulate and revise as necessary.</p> <p>These standards are all sequenced together so as to demonstrate the role of formulation within the post-assessment and intervention processes.</p> <p>In light of these considerations, the Board agreed that no <i>additional</i> standards were required around formulation.</p>
Language used in articulating the Standards	<p>Feedback received suggested that standards should be focused only the integration of knowledge into practice – i.e. that regulatory standards should only focus on skills for practice.</p> <p>The Board reaffirmed that its <i>Standards of Proficiency</i> are written as regulatory standards, informed by developments in the areas of principles-based regulation. It is important, however, to stress that they are not written as learning outcomes as would be expected in module syllabi. Regulatory standards, while outcomes based, are focused on the knowledge and skills an individual must be able demonstrate achievement of. The articulation of the <i>Standards</i> reflects the approach taken by other international regulators, including in the United Kingdom.</p> <p>In drafting standards, there is a distinction between a knowledge-based standard and a skills-based standard. The sequencing of the standards is intentional to ensure that there is a progression in learning, building from knowledge into the application of that knowledge through practice.</p>



Possible Omission Area	Registration Board Response
	Therefore, on the basis of this rationale, the Board agreed that no addition was required to the <i>Standards of Proficiency for Clinical Psychologists</i> in respect of this identified area of omission.
Global and Public Health/Social Determinants of Health	<p>The Board considered this issue, noting, on the one hand, it concerned inequity and inequality in health and social care delivery but also that currently this requires intervening at a population health level. It is, therefore, more structural in scope.</p> <p>There are a range of standards – already included in the draft – that require the skill of being able to assess the context of practice as part of determining assessment and intervention approaches. For example:</p> <p>Standard 5.13: Know and identify in practice how different biological, social and/or contextual factors can impact on and affect psychological wellbeing across the lifespan.</p> <p>Standard 5.25: Plan assessments, selecting appropriate assessment methods, critically evaluating and integrating the service user's need and perspective and social and cultural considerations as part of the planning process.</p> <p>Standard 5.30: Design intervention plans on the basis of available data, evidence-informed professional judgement and formulation, including, as part of the design process, the evaluation of service user needs/strengths and other contextual and cultural factors.</p> <p>The Board agreed that the area of population health intervention was beyond threshold for entry into practice.</p>



Possible Omission Area	Registration Board Response
	Therefore, on the basis of this rationale, the Board agreed that no addition was required to the <i>Standards of Proficiency for Clinical Psychologists</i> in respect of this identified area of omission.
Interpersonal Skills	<p>The Board reviewed the standards in light of the suggestion that there were no standards around how to communicate and engage with service users and other professionals. It concluded there were a range of standards – both Framework and specialism-specific – that addressed this skill:</p> <p>Interpersonal Skills (w/ Service Users)</p> <p>Standard 2.1: Be able to communicate diagnosis/assessment and/or treatment/management options in a way that can be understood by the service user.</p> <p>Standard 2.2: Be able to modify and adapt communication methods and styles, including verbal and non-verbal methods to suit the individual service users considering issues of language, culture, beliefs and health and/or social care needs.</p> <p>Standard 2.12: Understand the need to work in partnership with service users, their relatives/carers and other professionals in planning and evaluating goals, treatments and interventions and be aware of the concepts of power and authority in relationships with service users.</p> <p>Standard 5.17: Establish, maintain and conclude a professional relationship with a service user, both safely and ethically, recognising and managing professional boundaries.</p>



Possible Omission Area	Registration Board Response
	<p>Standard 5.18: Be able to critically analyse the factors that influence therapeutic and professional relationships, including power dynamics between the practitioner and service user.</p> <p>Standard 5.21: Select, evaluate and revise communication approaches to promote inclusive communication appropriate to the context of practice and the intended audience.</p> <p>Interprofessional Skills (w/ Other Professionals)</p> <p>Standard 2.12: Understand the need to work in partnership with service users, their relatives/carers and other professionals in planning and evaluating goals, treatments and interventions and be aware of the concepts of power and authority in relationships with service users</p> <p>Standard 2.13: Understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team</p> <p>Standard 2.15: Understand the role of relationships with professional colleagues and other workers in service delivery and the need to create professional relationships based on mutual respect and trust</p> <p>Standard 5.34: Work with other professionals – including multi-disciplinary teams – to build capacity in delivering interventions to meet the goals identified in intervention plan(s).</p> <p>Therefore, on the basis of this rationale, the Board agreed that no addition was required to the <i>Standards of Proficiency for Clinical Psychologists</i> in respect of this identified area of omission.</p>



Possible Omission Area	Registration Board Response
Role of Clinical Supervision	<p>While the suggestion was presented in consultation feedback that a knowledge-based requirement is needed around the role of clinical supervision, the Board highlighted that there are a number of skills-based standards that require the role and use of supervision as part of practice reflexivity and personal/professional development. It was stressed that in order to use supervision and achieve the standards, knowledge of its role is inherent:</p> <p>Standard 5.39: Be able to critically reflect on the 'self' and the ongoing impact of one's own culture, values, experiences, beliefs and bias on their professional practice – utilising supervision to assist in the reflective process – and use such reflection to inform practice.</p> <p>Standard 5.40: Be able to recognise personal emotional responses and the impact of trauma, as identified through professional/therapeutic practice and supervision, and use appropriate tools to develop effective self-care to maintain professional functioning.</p> <p>Therefore, on the basis of this rationale, the Board agreed that no addition was required to the <i>Standards of Proficiency for Clinical Psychologists</i> in respect of this identified area of omission.</p>
Risk Assessment/Analysis	<p>It was suggested by some respondents to the consultation that a potential gap in the draft <i>Standards</i> was reference to proficiency around risk assessing and risk analysis. The Board, in its review of all its draft <i>Standards</i> identified the following standards in Domain 3 that relate to the identification, documentation and communication of risk:</p> <p>Standard 3.10: Be able to recognise important risk factors and implement risk management strategies; be able to make reasoned decisions and/or provide</p>



Possible Omission Area	Registration Board Response
	<p>guidance to others to initiate, continue, modify or cease interventions, techniques or courses of action and record decisions and concerns.</p> <p>Standard 3.12: Be able to carry out and document a risk analysis and implement effective risk management controls and strategies; be able to clearly communicate any identified risk, adverse events or near misses in line with current legislation/guidelines.</p> <p>Standard 3.14: Be able to establish safe environments for practice which minimises risks to service users, those treating them and others, including the use of infection prevention and control strategies.</p> <p>Therefore, on the basis of this rationale, the Board agreed that no addition was required to the <i>Standards of Proficiency for Clinical Psychologists</i> in respect of this identified area of omission.</p>
Statutory Reporting	<p>A respondent to the consultation suggested that there were no standards around statutory responsibilities around mandatory reporting. The Board concluded that there are a range of standards included in the Framework standards that address the issue of statutory reporting:</p> <p>Standards 1.1: Be able to practise safely and effectively within the legal, ethical and practice boundaries of the profession.</p> <p>Standards 1.12: Understand and be able to apply the limits of the concept of confidentiality particularly in relation to child protection, vulnerable adults and elder abuse.</p>



Possible Omission Area	Registration Board Response
	Therefore, on the basis of this rationale, the Board agreed that no addition was required to the <i>Standards of Proficiency for Clinical Psychologists</i> in respect of this identified area of omission.
Competencies around Private Practice	<p>Some respondents to the consultation suggested that there should be specific standards related to the practical and ethical elements of private practice, including issues around record keeping, financial management and billing.</p> <p>The Board agreed that there are no specific standards focused on the practical management of service delivery through private practice. This is because the competencies associated with the administration of private service delivery are not considered as <i>threshold</i> for entry into practice.</p> <p>The Board agreed that in terms of public protection, the issue around integrity and transparency in delivery of service is covered under the <i>Code of Professional Conduct and Ethics</i>, which all registered practitioners are subject to. It also noted that the same areas of knowledge and skill associated with legal and ethical practice apply regardless of employment setting. Therefore, standards concerning legal and ethical responsibilities are equally applicable. For example:</p> <p>Standard 1.1: Be able to practise safely and effectively within the legal, ethical and practice boundaries of the profession.</p> <p>Standard 1.9: Understand the role of policies and systems to protect the health, safety, welfare, equality and dignity of service users, staff and volunteers.</p> <p>Standard 5.17: Establish, maintain and conclude a professional relationship with a service user, safely and ethically, recognising and managing professional boundaries.</p>



Possible Omission Area	Registration Board Response
	<p>Therefore, on the basis of this rationale, the Board agreed that no addition was required to the <i>Standards of Proficiency for Clinical Psychologists</i> in respect of this identified area of omission.</p>
Definition of Clinical Psychology	<p>While there was a desire from some who responded to the consultation to have a definition of clinical psychologist, the Board concluded that this falls outside the legislative parameters of the regulator.</p> <p>The Psychologists Registration Board, underpinned by the legislative parameters of the <i>Health and Social Care Professionals Act 2005 (as amended)</i>, is required to set the threshold standards which are used for entry onto its register when opened.</p> <p>The <i>Standards of Proficiency</i> set the threshold knowledge, skills and professional behaviours required for entry to the register. Their purpose is not to define or set a definition of the profession.</p> <p>Therefore, on the basis of this rationale, the Board agreed that no addition was required to the <i>Standards of Proficiency for Clinical Psychologists</i> in respect of this identified area of omission.</p>
Family Systems	<p>The Board acknowledged the different articulation of standards between counselling and clinical psychology, highlighting that reference to knowledge of family systems for counselling psychology reflected the different types of therapeutic intervention that would be used – e.g. family therapy or couple therapy.</p> <p>Furthermore, a review of international regulatory standards – and PSI accreditation standards – affirmed the explicit reference to family systems in counselling psychology and not in clinical psychology.</p>



Possible Omission Area	Registration Board Response
	<p>The Board noted that this does not mean that clinical psychologists do not work with families or family systems. Indeed, knowledge of such systems would be included as part of a student meeting a number of standards – for example:</p> <p>5.12: Know the application of theories of mental health, psychopathology, behaviour, cognition, and emotional, social and neuropsychological development across the lifespan in acute to enduring and mild to severe presentations.</p> <p>5.13: Know and identify in practice how different biological, social and/or contextual factors can impact on and affect psychological wellbeing across the lifespan.</p> <p>The explicit reference to family systems in the draft <i>Standards</i> for counselling psychology reflects the professional identity of counselling psychologists.</p> <p>On the basis of this understanding, the Board made the decision that no additional standard was required.</p>
Knowledge of Counselling and Psychotherapy	<p>Having considered this issue, the Board agreed that this level of specificity was not required in regulatory standards for clinical psychologists and it was not at threshold level for entry into practice to specify knowledge or counselling and/or psychotherapy.</p> <p>Therefore, on the basis of this rationale, the Board agreed that no addition was required to the <i>Standards of Proficiency for Clinical Psychologists</i> in respect of this identified area of omission.</p>
Mental Health Competencies for Safe Delivery of Digital Care	<p>The Board reaffirmed that the <i>Standards of Proficiency for Clinical Psychologists</i> are drafted as outcomes-based requirements. This means that, rather than prescribing</p>



Possible Omission Area	Registration Board Response
	<p>how something should be taught as part of an education and training programme, it identifies the skill and knowledge that must be demonstrated at entry to the register.</p> <p>In the case of the suggestion made in consultation feedback that specific mental health competencies are included in the draft <i>Standards</i> in respect of the delivery of online engagement and delivery of services with service users, the Board noted this area of omission was concerned principally with the safe practice of therapeutic interventions through digital media. As part of its revision work to its standards, the Board amended the requirement around the delivery of digital engagement with service users to extend the breadth of communication methods that can be used in such engagements. This revised standard reads:</p> <p>Standard 5.22: Know and be able to use – safely and ethically – technologies and communication approaches used in practice in a virtual environment.</p> <p>The Board concluded that ethical and safe use of the digital space in the delivery of services was captured through this revised standard.</p> <p>In addition, in the case of the suggestion that specific mental health competencies are included in the <i>Standards</i> in respect of the delivery of online engagement with service users, the Board highlighted that the draft standards include the following requirement:</p> <p>Standard 5.40: Be able to recognise personal emotional responses and the impact of trauma, as identified through professional/therapeutic practice and supervision, and use appropriate tools to develop effective self-care to maintain professional functioning.</p>



Possible Omission Area	Registration Board Response
	<p>The final section of this standard (emboldened above) requires that entrants to the register have the self-reflective skills to understand their role in the relationship with the service user and that they have the skills to ensure healthy professional functioning. As written, this standard applies to all types of engagements as part of professional practice, including those in the digital sphere.</p> <p>Therefore, on the basis of this rationale, the Board agreed that no addition was required to the <i>Standards of Proficiency for Clinical Psychologists</i> in respect of this identified area of omission.</p>
Neurodiversity	<p>The Board emphasised, as with the feedback immediately above, that standards of proficiency are drafted as outcomes that state the knowledge or skill an individual should have following completion of an education and training programme.</p> <p>To this end, they are not prescriptive in detailing specific areas of service user presentation or characteristics as it is not possible to comprehensively articulate all potential presentation characteristics of service users.</p> <p>The Board reviewed its <i>Standards</i> holistically – both Framework and profession-specific – and identified the following areas of knowledge and skills that are applied to ensuring sensitivity and respect of different presentation characteristics. For example:</p> <p>1.5: Respect and uphold the rights, dignity and autonomy of every service user including their role in the diagnostic, therapeutic and social care process.</p> <p>1.8: Recognise the importance of practising in a non-discriminatory, culturally sensitive way and acknowledge and respect the differences in beliefs and cultural practices of individuals or groups.</p>



Possible Omission Area	Registration Board Response
	<p>2.2: Be able to modify and adapt communication methods and styles, including verbal and non-verbal methods to suit the individual service users considering issues of language, culture, beliefs and health and/or social care needs.</p> <p>5.12: Know the application of theories of mental health, psychopathology, behaviour, cognition, and emotional, social and neuropsychological development across the lifespan in acute to enduring and mild to severe presentations.</p> <p>5.13: Know and identify in practice how different biological, social and/or contextual factors can impact on and affect psychological wellbeing across the lifespan.</p> <p>5.20: Identify and apply knowledge of the intersecting forms of diversity of service users, working in an inclusive, sensitive and equitable manner.</p> <p>5.21: Select, evaluate and revise communication approaches to promote inclusive communication appropriate to the context of practice and the intended audience.</p> <p>5.25: Plan assessments, selecting appropriate assessment methods, critically evaluating and integrating the service user's need and perspective and social and cultural considerations as part of the planning process.</p> <p>5.28: Develop psychological formulations, informed by theory, research and explanatory models, that are based on the outcomes of assessments and the evaluation of service user needs/strengths and other contextual and cultural factors.</p> <p>5.30: Design intervention plans on the basis of available data, evidence-informed professional judgement and formulation, including, as part of the design process, the evaluation of service user needs/strengths and other contextual and cultural factors.</p>



Possible Omission Area	Registration Board Response
	<p>Throughout the course of its review and revision process, the Board was guided by the principle of ensuring inclusivity and respect for diversity in the proposed rearticulation of the standards. It is also important to note that acknowledgement of and respect for diversity underpins the application of all standards – e.g. it would not be possible to demonstrate achievement of the standard around the appropriate selection of an assessment approach that did not include (as part of the selection process) consideration of the specific needs of the presenting service user.</p> <p>Therefore, on the basis of this rationale, the Board agreed that no addition was required to the <i>Standards of Proficiency for Clinical Psychologists</i> in respect of this identified area of omission.</p>
Knowledge and Skills regarding their duties as employees	<p>The <i>Standards of Proficiency</i> set the threshold knowledge, skills and professional behaviours required of entrants to the register. The first – foundational – standard is:</p> <p>Standard 1.1: Be able to practise safely and effectively within the legal, ethical and practice boundaries of the profession.</p> <p>It is not the role of the regulator to consider the specific duties required of any future employer as these are so multi-varied as to be impossible to define in a proficiency. It is the role of an employer when an employee joins an organisation to ensure they are familiar with the requirements and duties as an employee within a particular organisation.</p> <p>In addition, the Board noted that once on a Register, each professional is subject to the <i>Code of Professional Conduct and Ethics</i>.</p>



Possible Omission Area	Registration Board Response
	Therefore, on the basis of this rationale, the Board agreed that no addition was required to the <i>Standards of Proficiency for Clinical Psychologists</i> in respect of this identified area of omission.
Complex Systems	<p>The Board concluded that the specific articulation of complex systems in the standards would be to prescribe one specific theoretical concept where no other theoretical frameworks or concepts have been explicitly identified. It agreed that throughout the standards there are multiple references to working at individual, group and organisational levels reflecting the breadth of complex systems that a clinical psychologist is expected to work with and within.</p> <p>As with its decisions when reviewing feedback against the individual standards, the Board agreed that the standards should be written as outcomes-based requirements that provide scope and flexibility for education providers when designing their programmes.</p> <p>Therefore, on the basis of this rationale, the Board agreed that no addition was required to the <i>Standards of Proficiency for Clinical Psychologists</i> in respect of this identified area of omission.</p>
Access to Deaf Interpreters	<p>The Board noted that the current standards identify the following areas of knowledge and skills related to ensuring effective communication appropriate to the service user presentation, including in the area of professional translation:</p> <p>Standard 2.2: Be able to modify and adapt communication methods and styles, including verbal and non-verbal methods to suit the individual service users considering issues of language, age, culture, beliefs and health and/or social care needs.</p>



Possible Omission Area	Registration Board Response
	<p>Standard 2.5: Be able to recognise when the services of a professional translator are required.</p> <p>Therefore, on the basis of this rationale, the Board agreed that no addition was required to the <i>Standards of Proficiency for Clinical Psychologists</i> in respect of this identified area of omission.</p>
Deaf Awareness Training	<p>Responding to a specific query raised around deaf awareness training, the Board noted that it is not the role of the role of the <i>Standards</i> to specify specific training courses or elements of training that students should complete in advance of practice placement experiences.</p> <p>It is noteworthy that the Framework <i>Criteria for Education and Training Programmes</i> requires that all students are prepared to undertake practice education experiences to ensure the safety of the service users they will engage with:</p> <p>Criterion 2.9 Pre-placement requirements – including academic, legal, occupational health and other requirements – and procedures for non-compliance with these requirements are clear.</p> <p>Therefore, on the basis of this rationale, the Board agreed that no addition was required to the <i>Standards of Proficiency for Clinical Psychologists</i> in respect of this identified area of omission.</p>

The Board noted that, in addition to the above areas, comments were submitted in relation to the following areas:

- Articulation of Council Framework Standards of Proficiency
- Issues related to grandparenting, the application of the standards to existing practitioners and the potential implications for registration;
- The regulatory model for introducing statutory regulation, including the establishment of separate registers for clinical, counselling and



educational psychologists; and

- Regulation of academic psychologists (i.e. those who hold PhDs in Psychology).

While these issues were identified as omissions, they lie outside the scope of this consultation process and do not relate to the Board's *Standards of Proficiency for Clinical Psychologists*.



Part Two: Feedback on Profession-Specific *Criteria for Education and Training Programmes*

Criterion 1.1: The minimum level of qualification for entry to the register is Level 10 on the National Framework of Qualifications (NFQ)

Registration Board Response

The Board noted the range of qualitative feedback provided from stakeholders alongside the majority of respondents to the questionnaire that indicated support for Level 10 was the threshold qualification level for entry to the Clinical Psychologists Register.

While the majority of respondents were agreed that Level 10 was the threshold for entry into practice, given that the Board had made a number of changes to its *Standards of Proficiency*, and to ensure consistency of process, it undertook a two stage process to reassess the threshold level of qualification set for entry to the Clinical Psychologists Register.

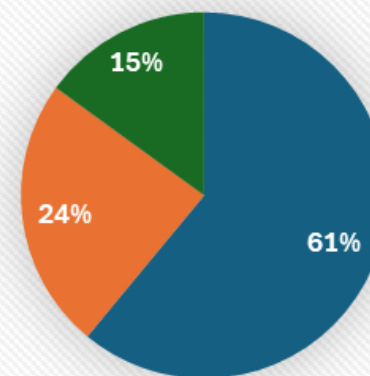
The Board reviewed: (a) the knowledge and skills articulated in the revised *Standards of Proficiency for Clinical Psychologists* considering the content of each requirement in order to determine the level of proficiency and demand of knowledge and/or skill required to deliver on the standard and (b) determining the holistic level of demand required by the *Standards of Proficiency mapping* this against the National Framework of Qualifications Level Descriptors that set the broad indicators of knowledge, skill and competence required for attainment of a qualification at each level of the National Framework of Qualifications in Ireland.

The Board concluded that the level of demand identified in the *Standards of Proficiency* aligned with the NFQ Level 10 descriptors as articulated in the Framework.

The Board agreed to set the threshold level of qualification for entry to the Register for Clinical Psychologists at: NFQ Level 10.

Number of
Respondents:
n= 41

Criterion 1.1



■ Threshold ■ Partly Threshold ■ Not Threshold



Criterion 2.2: The programme must ensure that each student completes a minimum of 240 days in practice placement, inclusive of direct observation.

Registration Board Response

The Board noted the quantitative feedback received from stakeholders indicating that there was majority support for its proposed minimum practice placement days of 240 days. To this, the Board also reviewed all the qualitative feedback that was received, noting that some groups of stakeholders were of the opinion that the already existing professional body requirements, against which existing education and training programmes were designed, should be adopted by the Board. In reviewing this feedback, the Board reaffirmed its two decision-making principles: that any decision must be underpinned by (a) the *Standards* and (b) the principle of proportionality in terms of regulatory intervention.

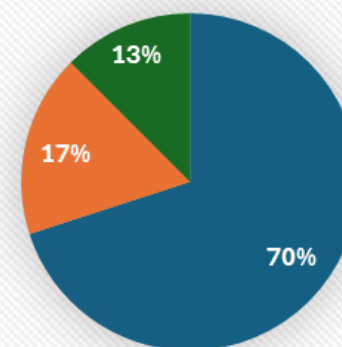
The Board noted that current arrangements around practice education were developed in light of a range of factors, including professional body accreditation requirements, as well as developments in funding provision to education providers and that consultation feedback offered rationales on the basis of these factors. However, these current arrangements were not developed in the context of statutory regulation. For the purposes of regulatory decision making decisions around the *Criteria for Education and Training Programmes* can only be made on the basis of the *Standards of Proficiency*.

Having reviewed its revised *Standards*, and the level of demand required for achievement of these knowledge and skills proficiencies during practice education, the Board concluded that 240 days was the *minimum* number of days required on practice placement for clinical psychology training.

In making this determination, the Board reaffirmed that the assurance of public protection is provided by the achievement of the *Standards of Proficiency*. Entry onto a professional register is **not** through the basis of having completed a minimum number of practice placement days. Instead, demonstration of holding the

Number of
Respondents:
n= 40

Criterion 2.2



■ Threshold ■ Partly Threshold ■ Not Threshold

professional competencies required for safe practice is the means through which an individual is placed on the register. While placement days contributes to this determination, the completion of a minimum number of days does not provide a mechanism, in and of itself, for entry into a register.

The Board also emphasised that education providers have the flexibility, as part of their curriculum and assessment design, to require students complete *more than the minimum number of placement days* stipulated by the regulator.



Criterion 2.2: Students must complete practice placements with each of the following service user groups: Children and Adolescents; Adults and Older Adults; and Child and Adult Disability.

Registration Board Response

As part of its draft proposals, the Board included a caveat that identified specific service user *groupings* that students must engage with during practice education. While there was relatively strong quantitative support for these, they generated a significant volume of qualitative commentary that raised two issues:

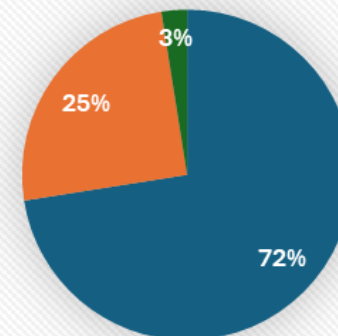
- **Interpretation:** while having identified service user *groupings*, feedback revealed a general misinterpretation among many who viewed these as stipulating specific HSE placement settings; and
- **Definitional Challenges:** feedback revealed a level of fragmentation among respondents concerning the definition of certain service user groupings. For instance, there were divergent and contrasting opinions presented around the definition of 'disability'.

Taken together, these issues presented challenges – as well as regulatory risk – for the Board in prescribing specific service user groupings. In addition, the Board considered longer term, future risks. Upon reflection, the Board concluded that the identification of service user groupings was on the basis of **current** service delivery models. The Board agreed that if the *Criteria* stipulated service user groupings as they are at present, there was no flexibility within this requirement that would facilitate the dynamism and change of service provision into the future.

As part of its examination of these issues, the Board noted the third of the four components of Criterion 2.3: placements *must reflect the current practice and demands of the profession*. The Board concluded that this was the **outcome** it intended with in articulating service user groupings; namely, that the

Number of
Respondents:
n= 40

Criterion 2.2



■ Threshold ■ Partly Threshold ■ Not Threshold

exposure to practice of clinical psychology would be holistic and offer the breadth and range of current practice.

Weighing the risks identified through the consultation process and the safeguards provided by criterion 2.3, the Board concluded that it would remove reference to service user groupings in criterion 2.2 and only articulate in this criterion, the minimum number of days for practice education.



Board Rationale Consistency in Number of Practice Education Days across the three specialisms

When preparing its draft *Criteria for Education and Training Programmes* for public consultation, the Board, while recognising that among the current design of education and training programmes there were different placement days threshold, reaffirmed the relationship between its *Standards of Proficiency* and *Criteria*; namely, that any profession-specific requirement set in the *Criteria* must be based on the achievement of all the *Standards*.

To this end, having assessed the substantive content of the draft *Standards* and determining the demand required of students – in terms of the knowledge and skills required for entry into practice – across the three specialisms was comparable, the Board concluded that the same minimum number of placement days were required to deliver on achievement of all the *Standards*. Across the three specialisms, the Board agreed that the threshold number of days for practice education was **240 days**.

In proposing this, the Board emphasised that this was the *minimum number of practice education days* that each student must complete and that education providers had flexibility in designing education and training programmes to require more than 240 days. Additionally, the Board emphasised that while the *Criteria* is used to support the achievement of the *Standards*, it is the demonstration that an individual has achieved *all* the standards of proficiency that provides the metric against which eligibility for entry to the register – and by extension, into practice – is measured and, thereby, the assurance of public protection. It is **not** the minimum number of placement days that offers regulatory assurance of proficiency but the demonstration of achievement of all the *Standards*.

Finally, the Board recognised that currently within the provision of education and training programmes, there are funding streams provided by external providers to support the delivery of practice education. It was noted that in instances where such funding is not available to support a student on practice placement, the total number of placement hours – in order to achieve the same learning outcomes as those who are in receipt of funding – is significantly reduced. This, along with current professional body accreditation requirements contributes to the difference of placement days allocations between the three specialisms. The Board reaffirmed its determination that the current funding provision could not influence its decision making process and, instead, relied on its assessment of the *Standards* in order to determine its criterion around practice placement days.

Post-Consultation Review of Feedback

Included by a number of respondents, across the three specialisms, were concerns around the consistency in the minimum number of placement days required across the three specialisms in the *Criteria for Education and Training Programmes*. These concerns were identified in two principal ways:



- firstly, and most commonly, a number of respondents – specifically from clinical and educational psychology – noted that the number of 240 days was *less* than the current requirements on currently designed programmes, with many requesting that these current requirements – albeit their difference across the specialisms – be retained; and
- secondly, reflecting the misunderstanding around the identification of service user groupings as prescriptive placement settings, some respondents argued that if *Criteria* for one specialism identified more service user groupings than another, then this should be reflected in the corresponding days allocated for placement.

The Board, while noting the feedback provided, reaffirmed that the basis upon which it could take a decision around practice placement requirements was a review of the *Standards of Proficiency*. Recognising that the *Standards* across all three specialisms had been revised in light of feedback from stakeholders, the Board reviewed these revised standards to determine whether the level of demand required of students was comparable across the three specialisms and concluded that it was. As a result, having determined that there was no change in demand across the three specialisms, the Board confirmed that each of the three specialisms should require the same number of minimum practice placement days.

In addition, the Board also considered the design of the curriculum and assessment strategy, including any requirements related to ECTS credit weightings, where these are used by programmes.

Having reviewed its revised *Standards* and agreed their comparability of demand across the three specialisms, the Board concluded that the minimum number of days for practice education was consistent across the three specialisms of clinical, counselling and educational psychology education and training programmes.



Possible Omissions from *Criteria for Education and Training Programmes*

Respondents to the public consultation were asked to consider if there were any possible omissions in the *Criteria for Education and Training Programmes for Clinical Psychologists* that the Registration Board should consider.

80% (n=28) of respondents commented that there were no omissions, while 20% (n=7) identified some areas of omission for consideration. The following table identifies the areas noted through the consultation process and the Board's response to these. The following table identifies the areas noted through the consultation process and the Board's response to these.

It is important to note that this list includes both the omissions identified by respondents as part of Question 82 in the online questionnaire, to which the quantitative figures noted above correspond, **and** the gaps or errors identified throughout the qualitative feedback from stakeholders.

Possible Omission Area	Registration Board Response
<i>Admission Procedures</i>	<p>The Board noted a range of areas identified by respondents in relation to admission procedures to an education and training programme.</p> <p>The Board concluded that it is not the responsibility or the remit of the regulator to set the entry requirements for an education and training programme. Each education provider has the flexibility and the autonomy to do this itself. The criteria in Criterion 3 require that there are admissions procedures in place, along with having a process that a provider uses to determine eligibility for entry to a programme.</p> <p>As such, an education provider has the autonomy to set any requirements for entry to a programme that it deems appropriate.</p> <p>The Board highlighted that its <i>Criteria</i> is designed on the basis of the principle of proportionality (only introducing a regulatory intervention where it is necessary to ensure public protection) and, in this context, as outcomes-based requirements, principally concerned with ensuring the suitability of a student to practice upon completion of his or her training.</p>



Possible Omission Area	Registration Board Response
	<p>As such, the Board agreed that no addition was required to its <i>Criteria</i> in response to this identified omission.</p>
<i>Private Clinics</i>	<p>There was some concern raised by respondents who worked in private practice that there was a perception that the draft requirements around practice placement – as articulated in criterion 2.2 – would exclude private placement settings.</p> <p>As detailed above, the Board has taken the decision to revise its articulation of criterion 2.2. In addition to the detailed rationale provided above, the Board re-emphasised that it stated <i>placement groupings</i> in its draft articulation and not <i>placement settings</i>.</p> <p>The Board reaffirmed that there is no restriction in its <i>Criteria</i> around the use of private practice settings as an environment for practice education experiences. Such placements – as with placements in the public sector – are subject to the same quality assurance and governance requirements as detailed in Criterion 2: Practice Placements that, ultimately, determine whether a placement setting is appropriate for the translation of knowledge into practice and the achievement of the <i>Standards of Proficiency</i>.</p> <p>As such, the Board agreed that no addition was required to its <i>Criteria</i> in response to this identified omission.</p>
<i>Mental Health Ranges</i>	<p>There was concern raised as part of the consultation process that the <i>Criteria</i> did not identify specific types of mental health presentations.</p> <p>The Board emphasised that the role of the <i>Criteria</i> is to set out the quality assurance processes that an education provider must have in place to ensure that each student who completes the programme has demonstrated achievement of all the <i>Standards of Proficiency</i>.</p>



Possible Omission Area	Registration Board Response
	<p>The <i>Standards</i> set out the profession-specific knowledge and skills that a student must demonstrate achievement of, including addressing issues connected with different types of service user presentation.</p> <p>On the basis of this rationale, the Board agreed that no addition was required to its <i>Criteria</i> in response to this identified omission.</p>
<i>International Applicant Requirements</i>	<p>Some respondents sought clarity around the process for assessing applicants holding international qualifications. The Board highlighted that the <i>Criteria</i> was concerned around the quality assurance processes in place in Irish education providers and was not where the process for the assessment of applicants with internationally awarded qualifications sits.</p> <p>It explained that the process for the assessment of internationally awarded qualifications is set out on the CORU website here: International Applicants - Coru.</p> <p>Under the requirements of the EU Directive on the Mutual Recognition of Qualifications, all international applicants are assessed against the <i>Standards of Proficiency</i> and must demonstrate achievement of each of the individual standards in order to be eligible for registration. The qualification obtained, along with professional experience and additional education and training is used as part of the assessment process. In instances where there are gaps identified in an applicant's proficiency profile, an opportunity is provided for him or her to sit an aptitude test or undertake a period of adaptation.</p> <p>As such, the Board agreed that no addition was required to its <i>Criteria</i> in response to this identified omission.</p>
<i>Role of Employers during Practice Placements</i>	<p>Questions were raised by respondents to the consultation around the role of the employer in practice education and a suggestion that this should be included in the <i>Criteria for Education and Training Programmes</i>.</p>



Possible Omission Area	Registration Board Response
	<p>The Board noted that the function of the <i>Criteria</i> is to set out the requirements for practice education that an education provider is responsible for. The regulator is not involved in the relationship between an education provider and the placement sites the provider has identified. Responsibility for the oversight and management of placement sites rests solely and wholly with an education provider. This is a direct, bilateral relationship that the regulator is not part of.</p> <p>The regulator is concerned with the arrangements an education provider has in place with its placement sites; it does not have oversight of the sites themselves.</p> <p>As such, the Board agreed that no addition was required to its <i>Criteria</i> in response to this identified omission.</p>
<i>Supervisor Training</i>	<p>The Board noted the suggestion that greater levels of specificity should be included in the <i>Criteria</i> around supervisor experience and qualifications.</p> <p>As noted above, the responsibility for monitoring the suitability of practice educators rests with the education provider that has entered into a relationship with a placement setting. It is the responsibility of the education provider to ensure, as the <i>Criteria</i> states:</p> <p>Criterion 2.10: While on placement, appropriate support, guidance and supervision is maintained with the student by the practice education team.</p> <p>Criterion 2.13: The profile and roles of the practice education team must be described. Practice educators must also be registered with the appropriate registration board.</p> <p>Criterion 2.15: Supervision policies include guidelines on how students progressively achieve independence in practice.</p>



Possible Omission Area	Registration Board Response
	<p>Criterion 2.17: The education provider will make regular support and training available to the practice education team to develop their practice education skills.</p> <p>Criterion 2.18: All stakeholders must be informed about practice education assessments, their link to the standards of proficiency and the marking criteria used. The practice education team must have access to assessment tools and be trained in completing these assessments and providing feedback during the placement.</p> <p>Each education provider holds responsibility for the appointment of practice placement supervisors and is responsible for their training and ongoing assessment of suitability for the responsibilities of placement supervision.</p> <p>As such, the Board agreed that no addition was required to its <i>Criteria</i> in response to this identified omission.</p>
<i>PSI Accreditation Requirements re Practice Placements</i>	<p>Throughout the feedback received, a number of respondents suggested that the Board should adopt the current professional body requirements, specifically noting the detail provided in these accreditation standards around the content of the curriculum, the structure and duration of each placement experience and the quality of teaching required in advance of each placement experience.</p> <p>The Board advised that there is a clear distinction between the accreditation standards set by the professional body and the regulatory requirements articulated in the <i>Criteria for Education and Training Programmes</i>.</p> <p>The <i>Criteria</i> set out the quality assurance requirements that provide assurance that each graduate who completes the programme has demonstrated achievement of the <i>Standards of Proficiency</i>. It is not the role of the <i>Criteria</i> then to set out curriculum content. Rather, it is the <i>Standards</i> that set out the knowledge and skills outcomes required for entry to the</p>



Possible Omission Area	Registration Board Response
	<p>register and it is these <i>Standards</i> that an education provider must then translate into programme and module learning outcomes as part of the curriculum and assessment design process. The design of the programme is the responsibility of the education provider. This understanding holds for all elements of the programme design including:</p> <ul style="list-style-type: none"> • Length of each practice placement; • Selection, training and monitoring of placement supervisors; and • Pre-Placement requirements. <p>As such, the Board agreed that no addition was required to its <i>Criteria</i> in response to this identified omission.</p>
<p><i>Definition of Practice Education Team</i></p>	<p>A respondent identified that it was not clear who comprised the Practice Education Team.</p> <p>In the <i>Glossary</i> provided at the back of the <i>draft Criteria for Education and Training Programmes for Clinical Psychologists</i> that was published as part of the public stakeholder consultation process, the following definition of the <i>Practice Education Team</i> was provided:</p> <p><i>Persons who are responsible for a student's education during the period of clinical or practical placement. This includes the practice educator on site in the placement providers.</i></p> <p>As such, the Board agreed that no addition was required to its <i>Criteria</i> in response to this identified omission.</p>
<p><i>Programme Management Requirements</i></p>	<p>There was concern raised in some responses that there was insufficient programme management requirements included in the <i>Criteria</i> that mirrored the requirements set out in the professional body's accreditation requirements, such as:</p> <ul style="list-style-type: none"> • Staff: student ratio; • Specification of different roles on the programme team;



Possible Omission Area	Registration Board Response
	<ul style="list-style-type: none">• Physical resources available to deliver the programme; and• The composition of the Programme Board. <p>The Board highlight that the <i>Criteria</i> set out the quality assurance requirements, in as far as possible at an <i>outcomes based level</i>, that provide assurance that each graduate who completes the programme has demonstrated achievement of the <i>Standards of Proficiency</i>.</p> <p>Designed through the lens of public protection (rather than as accreditation requirements set by QQI for example), the criteria are concerned ultimately with the achievement of the threshold standards for entry to practice.</p> <p>To this end, in respect of the identified omissions noted, the Board highlighted that criterion 4 includes the following requirements:</p> <p>4.1: The programme must have a secure place in the education provider's plans to ensure that admitted cohorts of students will have the opportunity to complete the programme and be eligible to apply for registration.</p> <p>4.4: All staff involved in the programme delivery and assessment of students must possess relevant qualifications, expertise and knowledge for the subject matter they teach.</p> <p>4.5: Those responsible for delivery and assessment of the core professional elements of the programme must be registered with the appropriate registration board.</p> <p>4.8: There are resources to support student learning in all settings to achieve the standards of proficiency.</p> <p>As such, the Board agreed that no addition was required to its <i>Criteria</i> in response to this identified omission.</p>



Possible Omission Area	Registration Board Response
<i>Detailing of Academic Content/Requirements</i>	<p>The Board examined feedback suggesting the <i>Criteria</i> should detail the content of academic programmes. It agreed that the <i>Criteria</i> set out the quality assurance requirements, in as far as possible at an <i>outcomes based level</i>, that provide assurance that each graduate who completes the programme has demonstrated achievement of the <i>Standards of Proficiency</i>.</p> <p>It is not the role of the <i>Criteria</i> then to set out curriculum content. Rather, it is the <i>Standards</i> that set out the knowledge and skills outcomes required for entry to the register and it is these <i>Standards</i> that an education provider must then translate into programme and module learning outcomes as part of the curriculum and assessment design process. The design of the programme is the responsibility of the education provider, not the regulator.</p> <p>In response to a specific concern raised around assurance of the quality of teaching, the Board highlighted the following requirements set out in Criterion 5:</p> <p>5.2: The curriculum must be guided by evidence-informed professional knowledge, relevant to current practice and the philosophy and core values associated with the profession with evidence of input from all relevant stakeholders including service users and employers.</p> <p>5.3: The range of learning and teaching approaches used must be appropriate to the effective delivery of the curriculum and achievement of standards of proficiency.</p> <p>In addition, quality assurance and review mechanisms are included in Criterion 4:</p> <p>4.3: The programme must have regular monitoring and evaluation systems in place incorporating input from staff, students and all relevant stakeholders.</p> <p>4.13: There must be a quality assurance policy and system in place – which includes regular quality assurance audits, reviews and reports – that identifies quality issues and with clear accountability for addressing these issues.</p>



Possible Omission Area	Registration Board Response
	<p>As such, the Board agreed that no addition was required to its <i>Criteria</i> in response to this identified omission.</p>
<p><i>Detailing of Assessment Requirements</i></p>	<p>Similar to the above issue, the Board noted feedback indicating that greater levels of prescription should be provided around assessment requirements. It concluded that the <i>Criteria</i> set out the quality assurance requirements, in as far as possible at an <i>outcomes based level</i>, that provide assurance that each graduate who completes the programme has demonstrated achievement of the <i>Standards of Proficiency</i>.</p> <p>It is not the role of the <i>Criteria</i> to determine the assessment methods to be used to assess achievement of learning. Rather, the <i>Standards</i> set out the knowledge and skills outcomes required for entry to the register and it is these <i>Standards</i> that an education provider must then translate into programme and module learning outcomes as part of the curriculum and assessment design process. The design of the programme, including the assessment strategy used to assess achievement of proficiency, is the responsibility of the education provider, not the regulator.</p> <p>With regard to the use of assessment, it should be noted that Criterion 6.3 states:</p> <p>6.3: There must be effective monitoring and evaluation mechanisms in place to ensure good practices are implemented in assessment including the use of formative and summative methods.</p> <p>6.6: All staff involved in the assessment of students – formative or summative – must be informed about their link to the standards of proficiency and, where appropriate, trained to facilitate these assessments.</p>



Possible Omission Area	Registration Board Response
	<p>As such, the Board agreed that no addition was required to its <i>Criteria</i> in response to this identified omission.</p>
<p><i>Professional Ethos and Values</i></p>	<p>A response to the consultation suggested that the <i>Criteria</i> did not – but should – contain requirements around the following areas:</p> <ul style="list-style-type: none"> • Models that inform practice; • Personal and professional development; • Incorporation of service users into course design, delivery and evaluation; • Responsibility to programme funder (HSE); and • Ethical Practice and how ethical misconduct is dealt with. <p>The Board considered each of these issues in turn.</p> <p><i>Models that inform practice</i></p> <p>The Board highlighted criterion 5.2, concluding that this sufficiently addressed the identified concern:</p> <p>5.2: The curriculum must be guided by evidence-informed professional knowledge, relevant to current practice and the philosophy and core values associated with the profession with evidence of input from all relevant stakeholders including service users and employers.</p> <p>In addition, the <i>Criteria</i> must also be read in conjunction with the <i>Standards of Proficiency</i>. The <i>Standards</i> require the following:</p> <p>5.9: Know the theories, models and research approaches specific to clinical psychology.</p> <p><i>Research Skills</i></p> <p>Within the <i>Standards of Proficiency</i>, the following requirements around research are included:</p>



Possible Omission Area	Registration Board Response
	<p>5.7: Demonstrate ability to conduct or lead clinical, academic or practice-based research.</p> <p>5.36: Be able to formulate appropriate questions and plans in order to undertake research and produce outputs relevant to the practice of clinical psychology.</p> <p>5.37: Apply research ethics when planning, undertaking and reporting on research with service users and relevant others in the context of professional practice.</p> <p><i>Professional Development</i></p> <p>Domain 4 of the <i>Standards</i> requires that graduates from an approved education and training programme have the following knowledge and skills:</p> <p>4.1: Be able to engage in and take responsibility for professional development.</p> <p>4.2: Understand the need to demonstrate evidence of ongoing continuing professional development and education, be aware of professional regulation requirements and understand the benefits of continuing professional development to professional practice.</p> <p>4.3: Be able to evaluate and reflect critically on own professional practice to identify learning and development needs; be able to select appropriate learning activities to achieve professional development goals and be able to integrate new knowledge and skills into professional practice.</p> <p>4.4: Understand and recognise the impact of personal values and life experience on professional practice and be able to manage this impact appropriately.</p>



Possible Omission Area	Registration Board Response
	<p>4.5: Understand the importance of and be able to seek professional development, professional supervision, feedback and peer review opportunities in order to continuously improve practice.</p> <p>4.6: Understand the importance of participation in performance management activities for effective service delivery.</p> <p>In addition, there are additional specialism-specific standards around personal reflexivity:</p> <p>4.39: Be able to critically reflect on the ‘self’ and the ongoing impact of one’s own culture, values, experiences, beliefs and biases on their professional practice – utilising supervision to assist in the reflective process – and use such reflection to inform practice.</p> <p>4.40: Be able to recognise personal emotional responses and the impact of trauma, as identified through professional/therapeutic practice and supervision, and use appropriate tools to develop effective self-care to maintain professional functioning.</p> <p><i>Funding Responsibilities</i></p> <p>It is the statutory responsibility of the regulator to set out the threshold requirements for entry to the registers in order to provide assurance of public protection and safety. The regulator must set standards and requirements that ensure public protection; it is not its responsibility to set requirements to meet current funding arrangements agreed between education providers and third parties.</p> <p><i>Ethical Practice</i></p> <p>The <i>Standards</i> contain the following requirements that speak to requirements around ethical practice:</p>



Possible Omission Area	Registration Board Response
	<p>1.1: Be able to practise safely and effectively within the legal, ethical and practice boundaries of the profession.</p> <p>1.17: Understand the principles of professional decision-making and be able to make informed decisions within the context of competing demands including those relating to ethical conflicts and available resources.</p> <p>1.19: Understand the principles of professional decision-making and be able to make informed decisions within the context of competing demands including those relating to ethical conflicts and available resources.</p> <p>5.22: Know and be able to use – safely and ethically – technologies and communication approaches used in practice in a virtual environment.</p> <p>5.26: Conduct a range of assessment methods safely and ethically, adapting their application as clinically appropriate.</p> <p>5.31: Apply safe and ethical intervention(s) appropriate to the goals identified in intervention plan(s).</p> <p>It is also important to stress that what are set by the Board are the threshold standards for entry into practice. The Board will also set a <i>Code of Professional Conduct and Ethics</i> that will apply to all registrants and includes requirements around ethical practice.</p> <p>With regard to students on practice placement, it is also useful to highlight that it is the responsibility of the education provider to ensure a <i>Code of Conduct for Students</i> is in place and that there is a process for managing breaches of this <i>Code</i>:</p>



Possible Omission Area	Registration Board Response
	<p>2.12: The student code of conduct - and processes for dealing with breaches of that code whilst on placement - is in place.</p> <p>Having reviewed the list of potential gaps identified, the Board was satisfied that its <i>Standards</i> and <i>Criteria</i> address each of the issues raised.</p>
<i>Length of Programme</i>	<p>There was concern raised that the minimum length of training was not stipulated in the Board's draft <i>Criteria</i>.</p> <p>The Board emphasised that it sets the threshold standard – the knowledge and skills – required for entry into practice. It is the responsibility of the education provider to design the education programme to deliver on these standards.</p>
<i>Specialist Placement</i>	<p>There was concern raised that the draft <i>Criteria</i> did not stipulate a requirement to undertake a specialist placement.</p> <p>The Board emphasised that it sets the threshold standard – the knowledge and skills – required for entry into practice. It is the responsibility of the education provider to design the education programme – including practice placement experience – to deliver on these standards.</p>

The Board noted that, in addition to the above areas, comments were submitted in relation to the following areas:

- Articulation of the Standards of Proficiency;
- Registration process, in particular concerns around whether existing members of the professional body can be automatically registered;
- Dual training of practitioners and impact on dual registration;
- Code of Professional Conduct and Ethics;
- Post-qualifying specialisation; and



- Grandparenting.

While these issues were identified as omissions, they lie outside the scope of this consultation process and do not relate to the Board's *Criteria for Education and Training Programmes for Clinical Psychologists*.



Conclusion

The Psychologists Registration Board approved and adopted its *Standards of Proficiency for Clinical Psychologists* at its meeting on 30 June 2025 and its *Criteria for Education and Training Programmes for Clinical Psychologists* at its meeting on 11 September 2025.

Following this decision, copies of the *Standards* and *Criteria* were published on the CORU website, alongside an extensive Frequently Asked Questions section, and all stakeholders were communicated with to highlight the availability of the Board's education and training requirements online.

Copies of the documents are available on the CORU website here: <https://www.coru.ie/health-and-social-care-professionals/education/criteria-and-standards-of-proficiency/>



Appendix 1: Notice of Public Consultation on CORU's website

Education Quality Assurance Standards for Clinical, Counselling and Educational Psychologists

Public Consultation on the Education Quality Assurance Standards for Clinical, Counselling and Educational Psychologists

The Psychologists Registration Board has made significant process towards introducing statutory regulation for – and protecting the title of – ‘psychologist’. A two-stream approach has been adopted with the Board working on progressing both streams of work simultaneously:

- **Stream One:** establishment of three divisions of the register for Clinical, Counselling and Educational Psychologists
- **Stream Two:** introduction of a regulatory model that will facilitate the regulation of all other psychology specialisms

As part of the Board's work to establish three divisions for Clinical, Counselling and Educational Psychologists, it has drafted pre-registration education and training requirements for each specialism. The Board is inviting feedback on its draft *Standards of Proficiency* and *Criteria for Education and Training Programmes* for each specialism from all stakeholders, including members of the profession, education providers, employers, professional bodies, along with members of the public.

As the draft *Standards* and *Criteria* are distinct for Clinical, Counselling and Educational Psychologists, each division has its own response template. Please read the relevant *Standards* and *Criteria* listed below and address the corresponding survey.

How to submit your views

You are invited to submit your feedback – your personal views or on behalf of your organisation – on the draft *Standards of Proficiency* and the draft *Criteria for Education and Training Programmes* for each specialism by:

- Completing the online consultation feedback form for:
 - Clinical Psychologists: <https://www.surveymonkey.com/r/BCJD69X>
 - Counselling Psychologists: <https://www.surveymonkey.com/r/BCRLDF8>
 - Educational Psychologists: <https://www.surveymonkey.com/r/BCR3VMX>
- Submitting written feedback via email to: strategyandpolicy@coru.ie
- Submitting written feedback to: Strategy and Policy, CORU, Infinity Building, George's Court, George's Lane, Smithfield, Dublin 7, DO7 E98Y



Closing Date

The consultation process will close at **5pm, Friday 29 November 2024**. Any submissions received after this date will not be considered.

Consultation Resources

CORU has developed eBook resources that explore a range of key issues associated with the Board's setting of its Standards and Criteria, explaining the process the Board undertook and its rationale in making its proposals. You are encouraged to read and review these eBook resources as you prepare your feedback. You can access these resources in the Related Files section below.

If you have any questions or if you require further information, please contact CORU by email strategyandpolicy@coru.ie

Please see the FAQs for Clinical, Counselling and Educational Psychologists [here](#)

General Files

- eBook Resource: [PSRB Standards of Proficiency](#)
- eBook Resource: [PSRB Criteria for Education and Training Programmes](#)

Files for Clinical Psychologists

- [PSRB Draft Standards of Proficiency for Clinical Psychologists](#)
- [PSRB Draft Criteria for Education and Training Programmes for Clinical Psychologists](#)

Files for Counselling Psychologists

- [PSRB Draft Standards of Proficiency for Counselling Psychologists](#)
- [PSRB Draft Criteria for Education and Training Programmes for Counselling Psychologists](#)

Files for Educational Psychologists

- [PSRB Draft Standards of Proficiency for Educational Psychologists](#)
- [PSRB Draft Criteria for Education and Training Programmes for Educational Psychologists](#)

A stakeholder information Webinar Session was held in advance of the launch of the Public Consultation on Friday 4 October 2024

- [Psychologists Divisions Consultation Webinar Recording](#)
- [Consultation Presentation Slides](#)



Appendix 2: Copy of Online Feedback Form

Psychologists Registration Board

Stakeholder Consultation Questionnaire: Standards of Proficiency and Criteria for Education and Training Programmes **(Clinical Psychologists)**

Data Protection and Freedom of Information

Completion of this questionnaire is voluntary. By completing it, you are allowing your responses to be analysed by CORU for the purpose of seeking feedback on the *Criteria for Education and Training Programmes* and the *Standards of Proficiency* as set by the Psychologists Registration Board for Clinical Psychologists. A report on the survey will be compiled and shared with the Psychologists Registration Board.

The information you provide to this survey will be stored in a secure and confidential manner by CORU, it will only be used for the purposes outlined above and it will be maintained as per the CORU's record retention policy. CORU uses SurveyMonkey to gather feedback to our public consultations. Full details of how your information is processed via SurveyMonkey is documented in this [privacy policy](#).

Please be advised that submissions made to CORU are subject to the provisions of the Freedom of Information Act 2014.

Do you agree to the terms above? <i>By selecting 'Yes' you are confirming that you consent to providing your answers to the questions in this questionnaire.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you contributing to this survey in:	Personal Capacity <input type="checkbox"/> On behalf of an Organisation <input type="checkbox"/>
If on behalf of an organisation, please specify:	
Please indicate if you would like your name and/or organisation to be kept confidential and excluded from the consultation report	Include in Consultation Report <input type="checkbox"/> Exclude from Consultation Report <input type="checkbox"/>

About CORU

CORU is Ireland's first multi-profession health and social care regulator. Our role is to protect the public by promoting high standards of professional conduct, education, training and competence through statutory registration of health and social care professionals.

CORU was set up under the Health and Social Care Professionals Act 2005. We are an umbrella body made up of the Health and Social Care Professionals Council and Registration Boards, one for each profession named in our Act. The designated professions under the Act are clinical biochemists, counsellors, dietitians, dispensing opticians, medical scientists, occupational



therapists, optometrists, orthoptists, physical therapists, physiotherapists, podiatrists, psychologists, psychotherapists, radiation therapists, radiographers, social care workers, social workers and speech and language therapists.

About the Consultation

This consultation is seeking your feedback on two documents drafted by the Psychologists Registration Board:

- *The draft Standards of Proficiency for **Clinical Psychologists***
- *The draft Psychologists Registration Board Criteria for Education and Training Programmes: **Clinical Psychologists***

Both documents are accessible on the CORU website [here](#).

eBook resources have been developed to provide guidance and support stakeholders in reviewing the Board's draft *Standards* and *Criteria* and is accessible [here](#).

You are invited to read this document before providing your consultation feedback.

Proportionality of Proposed Regulations

[Directive 2018/958 of the European Parliament and Council](#) – on a *proportionality test before adoption of new regulation of professions* – establishes rules for proportionality assessments to be conducted by EU countries before the adoption of new professional regulations or the amendment of existing regulations. The aim of the Directive is to:

- prevent undue restrictions on access to or the pursuit of professional activities; and
- ensure transparency and the proper functioning of the EU internal market.

The Directive was transposed into Irish law in August 2022 through Statutory Instrument [413/2022](#).

The setting of draft *Standards of Proficiency* and *Criteria for Education and Training Programmes* for **Clinical Psychologists**, as part of the Board's work towards opening the division of the register for Clinical Psychologists, requires that an assessment of proportionality be undertaken before the adoption of the *Standards* and *Criteria* by the Board.

This public consultation, and the report that issues from it, will form a key component of the proportionality assessment CORU is undertaking in relation to the setting of *Criteria* and *Standards of Proficiency* for Clinical Psychologists.

All proportionality assessments, following completion and submission to the European Commission, are accessible on the *Regulated Professions Database*, available [here](#).

Consultation Section [1]: *Standards of Proficiency for Clinical Psychologists*



Domain 5 of the Standards of Proficiency detail the professional knowledge and skills required for the safe practice of Clinical Psychology. These are the **minimum or threshold standards** that graduates are expected to meet in order to safely practice the specialism.

Only specialism-specific standards are included for survey feedback. These have been identified and specific questions on each of these will be presented in this section.

Please be reminded that in this instance the term threshold refers to the minimum requirements.

- 'Consider threshold' means that the minimum requirement detailed is appropriate.
- 'Partly or not threshold' could refer to either being more or less than the minimum requirement.

Please indicate in the comment box if you consider it more or less than the minimum requirements and provide a brief rationale.

Standard		Feedback
5.9	<i>Know the theories, models and research approaches specific to clinical psychology.</i>	Consider Threshold <input type="checkbox"/> Do Not Consider Threshold <input type="checkbox"/> Partly Threshold <input type="checkbox"/>
<i>If you do not consider the standard to be at threshold level or if you consider it to be partially threshold, please explain why</i>		

Standard		Feedback
5.10	<i>Know the history and development of clinical psychology.</i>	Consider Threshold <input type="checkbox"/> Do Not Consider Threshold <input type="checkbox"/> Partly Threshold <input type="checkbox"/>
<i>If you do not consider the standard to be at threshold level or if you consider it to be partially threshold, please explain why</i>		



Standard		Feedback
5.11	<i>Know the role of the service user as an active contributor to the design and direction of the assessment, therapeutic and treatment process and any other psychological intervention.</i>	Consider Threshold <input type="checkbox"/> Do Not Consider Threshold <input type="checkbox"/> Partly Threshold <input type="checkbox"/>
<i>If you do not consider the standard to be at threshold level or if you consider it to be partially threshold, please explain why</i>		

Standard		Feedback
5.12	<i>Know the application of theories of mental health, psychopathology, behaviour, cognition, and emotional, social and neuropsychological development across the lifespan in acute to enduring and mild to severe presentations.</i>	Consider Threshold <input type="checkbox"/> Do Not Consider Threshold <input type="checkbox"/> Partly Threshold <input type="checkbox"/>
<i>If you do not consider the standard to be at threshold level or if you consider it to be partially threshold, please explain why</i>		

Standard		Feedback
5.13	<i>Know and identify in practice how different biological, social and/or contextual factors can impact on and affect psychological wellbeing across the lifespan.</i>	Consider Threshold <input type="checkbox"/> Do Not Consider Threshold <input type="checkbox"/> Partly Threshold <input type="checkbox"/>
<i>If you do not consider the standard to be at threshold level or if you consider it to be partially threshold, please explain why</i>		



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Standard		Feedback
5.14	<i>Know the impact of psychopharmacological and other clinical interventions on psychological practice with service users.</i>	Consider Threshold <input type="checkbox"/> Do Not Consider Threshold <input type="checkbox"/> Partly Threshold <input type="checkbox"/>
<i>If you do not consider the standard to be at threshold level or if you consider it to be partially threshold, please explain why</i>		

Standard		Feedback
5.15	<i>Know more than one evidence-based interventional model of psychological therapy and critically evaluate the strengths and limitations of these as they are applied to practice.</i>	Consider Threshold <input type="checkbox"/> Do Not Consider Threshold <input type="checkbox"/> Partly Threshold <input type="checkbox"/>
<i>If you do not consider the standard to be at threshold level or if you consider it to be partially threshold, please explain why</i>		

Standard		Feedback
5.16	<i>Know and communicate the role of clinical psychologists in providing evidence-based psychological services to children, adolescents, adults, older adults and people with a disability, including the provision of assessment, formulation, diagnosis,</i>	Consider Threshold <input type="checkbox"/> Do Not Consider Threshold <input type="checkbox"/> Partly Threshold <input type="checkbox"/>



	<i>intervention, prevention, advocacy, consultation and service-based research.</i>	
<i>If you do not consider the standard to be at threshold level or if you consider it to be partially threshold, please explain why</i>		

Standard		Feedback
5.17	<i>Establish, build, maintain and conclude a professional relationship with a service user safely and ethically.</i>	Consider Threshold <input type="checkbox"/> Do Not Consider Threshold <input type="checkbox"/> Partly Threshold <input type="checkbox"/>
<i>If you do not consider the standard to be at threshold level or if you consider it to be partially threshold, please explain why</i>		

Standard		Feedback
5.18	<i>Establish and maintain professional and ethical boundaries with service users during the course of the professional relationship.</i>	Consider Threshold <input type="checkbox"/> Do Not Consider Threshold <input type="checkbox"/> Partly Threshold <input type="checkbox"/>
<i>If you do not consider the standard to be at threshold level or if you consider it to be partially threshold, please explain why</i>		

Standard		Feedback
5.19	<i>Know and critically analyse the factors that influence therapeutic and professional</i>	Consider Threshold <input type="checkbox"/> Do Not Consider Threshold <input type="checkbox"/>



	<i>relationships, including power dynamics between the practitioner and service user.</i>	Partly Threshold <input type="checkbox"/>
<i>If you do not consider the standard to be at threshold level or if you consider it to be partially threshold, please explain why</i>		

Standard		Feedback
5.20	<i>Know the benefits and challenges of working in partnership with service users in the delivery of assessments and interventions and apply using professional judgement.</i>	Consider Threshold <input type="checkbox"/> Do Not Consider Threshold <input type="checkbox"/> Partly Threshold <input type="checkbox"/>
<i>If you do not consider the standard to be at threshold level or if you consider it to be partially threshold, please explain why</i>		

Standard		Feedback
5.21	<i>Identify, apply knowledge of and respect the intersecting forms of diversity of service users, working in an inclusive, sensitive and non-discriminatory manner.</i>	Consider Threshold <input type="checkbox"/> Do Not Consider Threshold <input type="checkbox"/> Partly Threshold <input type="checkbox"/>
<i>If you do not consider the standard to be at threshold level or if you consider it to be partially threshold, please explain why</i>		



Standard		Feedback
5.22	<i>Select, evaluate and revise communication approaches to ensure effective communication appropriate to the context of practice and the intended audience.</i>	Consider Threshold <input type="checkbox"/> Do Not Consider Threshold <input type="checkbox"/> Partly Threshold <input type="checkbox"/>
<i>If you do not consider the standard to be at threshold level or if you consider it to be partially threshold, please explain why</i>		

Standard		Feedback
5.23	<i>Know and be able to use – safely and ethically – technologies and communication methods required for practice in a virtual environment.</i>	Consider Threshold <input type="checkbox"/> Do Not Consider Threshold <input type="checkbox"/> Partly Threshold <input type="checkbox"/>
<i>If you do not consider the standard to be at threshold level or if you consider it to be partially threshold, please explain why</i>		

Standard		Feedback
5.24	<i>Communicate and justify professional opinions made in written form through the production of clear, concise and accurate reports suitable for the intended audience and for the context of their use.</i>	Consider Threshold <input type="checkbox"/> Do Not Consider Threshold <input type="checkbox"/> Partly Threshold <input type="checkbox"/>
<i>If you do not consider the standard to be at threshold level or if you consider it to be partially threshold, please explain why</i>		



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Standard		Feedback
5.25	<i>Know the theoretical basis of and critically appraise a range of assessment methods used in clinical psychology and their application in practice.</i>	Consider Threshold <input type="checkbox"/> Do Not Consider Threshold <input type="checkbox"/> Partly Threshold <input type="checkbox"/>
<i>If you do not consider the standard to be at threshold level or if you consider it to be partially threshold, please explain why</i>		

Standard		Feedback
5.26	<i>Know the application, and critically evaluate the strengths and limitations, of a range of assessment methods as applied in practice, including psychometric testing, clinical interviewing and observational methods.</i>	Consider Threshold <input type="checkbox"/> Do Not Consider Threshold <input type="checkbox"/> Partly Threshold <input type="checkbox"/>
<i>If you do not consider the standard to be at threshold level or if you consider it to be partially threshold, please explain why</i>		

Standard		Feedback
5.27	<i>Plan assessments, selecting appropriate assessment methods, critically evaluating and integrating the service user's need and perspective and social and cultural considerations as part of the planning process.</i>	Consider Threshold <input type="checkbox"/> Do Not Consider Threshold <input type="checkbox"/> Partly Threshold <input type="checkbox"/>
<i>If you do not consider the standard to be at threshold level or if you consider it to be partially threshold, please explain why</i>		



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Standard		Feedback
5.28	<i>Conduct a range of assessment methods safely and ethically, adapting their application as clinically appropriate, and identifying and managing associated risks.</i>	Consider Threshold <input type="checkbox"/> Do Not Consider Threshold <input type="checkbox"/> Partly Threshold <input type="checkbox"/>
<i>If you do not consider the standard to be at threshold level or if you consider it to be partially threshold, please explain why</i>		

Standard		Feedback
5.29	<i>Interpret, synthesise and critically evaluate assessment data, within relevant conceptual frameworks, to inform case formulation to address presenting needs.</i>	Consider Threshold <input type="checkbox"/> Do Not Consider Threshold <input type="checkbox"/> Partly Threshold <input type="checkbox"/>
<i>If you do not consider the standard to be at threshold level or if you consider it to be partially threshold, please explain why</i>		

Standard		Feedback
5.30	<i>Develop psychological formulations, using the outcomes of assessments, that are informed by theory, research and explanatory models.</i>	Consider Threshold <input type="checkbox"/> Do Not Consider Threshold <input type="checkbox"/> Partly Threshold <input type="checkbox"/>



If you do not consider the standard to be at threshold level or if you consider it to be partially threshold, please explain why

Standard		Feedback
5.31	<i>Know and critically evaluate the theory and application of more than one evidence-based intervention method used in individual and/or group contexts and across a range of settings, including primary care, hospital and community mental health settings.</i>	Consider Threshold <input type="checkbox"/> Do Not Consider Threshold <input type="checkbox"/> Partly Threshold <input type="checkbox"/>

If you do not consider the standard to be at threshold level or if you consider it to be partially threshold, please explain why

Standard		Feedback
5.32	<i>Design intervention plans on the basis of available data, evidence-informed professional judgement and formulation, including identifying and evaluating the impact of service user needs/strengths and contextual and cultural factors on the design process.</i>	Consider Threshold <input type="checkbox"/> Do Not Consider Threshold <input type="checkbox"/> Partly Threshold <input type="checkbox"/>

If you do not consider the standard to be at threshold level or if you consider it to be partially threshold, please explain why



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Standard		Feedback
5.33	<i>Apply safe and ethical intervention(s) appropriate to the goals identified in intervention plan(s), identifying and managing any associated risks.</i>	Consider Threshold <input type="checkbox"/> Do Not Consider Threshold <input type="checkbox"/> Partly Threshold <input type="checkbox"/>
<i>If you do not consider the standard to be at threshold level or if you consider it to be partially threshold, please explain why</i>		

Standard		Feedback
5.34	<i>Monitor and evaluate the efficacy and effectiveness of intervention(s) and reformulate and revise as necessary.</i>	Consider Threshold <input type="checkbox"/> Do Not Consider Threshold <input type="checkbox"/> Partly Threshold <input type="checkbox"/>
<i>If you do not consider the standard to be at threshold level or if you consider it to be partially threshold, please explain why</i>		

Standard		Feedback
5.35	<i>Know and apply a range of approaches to consultation at individual, group and organisational levels.</i>	Consider Threshold <input type="checkbox"/> Do Not Consider Threshold <input type="checkbox"/> Partly Threshold <input type="checkbox"/>
<i>If you do not consider the standard to be at threshold level or if you consider it to be partially threshold, please explain why</i>		



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Standard		Feedback
5.36	<i>Work with other professionals – including multi-disciplinary teams – to build capacity in delivering interventions to meet the goals identified in intervention plan(s).</i>	Consider Threshold <input type="checkbox"/> Do Not Consider Threshold <input type="checkbox"/> Partly Threshold <input type="checkbox"/>
<i>If you do not consider the standard to be at threshold level or if you consider it to be partially threshold, please explain why</i>		

Standard		Feedback
5.37	<i>Critically analyse, appraise and evaluate psychological and other relevant contemporary research to inform evidence-based practice.</i>	Consider Threshold <input type="checkbox"/> Do Not Consider Threshold <input type="checkbox"/> Partly Threshold <input type="checkbox"/>
<i>If you do not consider the standard to be at threshold level or if you consider it to be partially threshold, please explain why</i>		

Standard		Feedback
5.38	<i>Be able to identify research questions, formulate appropriate research plans, conduct the research process and produce research outputs relevant to the practice of clinical psychology.</i>	Consider Threshold <input type="checkbox"/> Do Not Consider Threshold <input type="checkbox"/> Partly Threshold <input type="checkbox"/>
<i>If you do not consider the standard to be at threshold level or if you consider it to be partially threshold, please explain why</i>		



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Standard		Feedback
5.39	<i>Apply research ethics when planning, undertaking and reporting on research with service users and relevant others in the context of professional practice.</i>	Consider Threshold <input type="checkbox"/> Do Not Consider Threshold <input type="checkbox"/> Partly Threshold <input type="checkbox"/>

If you do not consider the standard to be at threshold level or if you consider it to be partially threshold, please explain why

Standard		Feedback
5.40	<i>Design and deliver training relevant to the application of clinical psychology across a range of teams – including multidisciplinary teams – appropriate to the professional needs of the participants.</i>	Consider Threshold <input type="checkbox"/> Do Not Consider Threshold <input type="checkbox"/> Partly Threshold <input type="checkbox"/>

If you do not consider the standard to be at threshold level or if you consider it to be partially threshold, please explain why

Standard		Feedback
5.41	<i>Critically reflect on the 'self' and the ongoing impact of one's own culture, values, experiences, beliefs and bias on their professional practice – utilising supervision to</i>	Consider Threshold <input type="checkbox"/> Do Not Consider Threshold <input type="checkbox"/> Partly Threshold <input type="checkbox"/>



	<i>assist in the reflective process – and take action as appropriate.</i>	
<i>If you do not consider the standard to be at threshold level or if you consider it to be partially threshold, please explain why</i>		

Standard		Feedback
5.42	<i>Be able to recognise personal emotional responses and the impact of trauma, as identified through professional/therapeutic practice, and use appropriate tools to develop effective self-care and burnout prevention strategies to maintain professional functioning.</i>	Consider Threshold <input type="checkbox"/> Do Not Consider Threshold <input type="checkbox"/> Partly Threshold <input type="checkbox"/>
<i>If you do not consider the standard to be at threshold level or if you consider it to be partially threshold, please explain why</i>		

Consultation Section [2]: *Standards of Proficiency for Clinical Psychologists*

Common standards have been agreed by the Health and Social Care Professionals Council and have been adopted by the Psychologists Registration Board. As such, **they are not the subject of this consultation.**

These common standards are common across all professions CORU regulates and can be found in Domains 1-4 of the *Standards of Proficiency for Clinical Psychologists* document.

In relation to the common standards, these have been included for completeness so please keep in mind that we do not plan to make any significant changes to these standards **unless there is a factual error.**

In this context, you should read through the whole document to ensure that there are no omissions.



If you feel there are omissions, having read Domains 1-5 in their entirety, you should note these below along with your proposed wording to rectify an omission. It is important that if you feel that a standard has been omitted, that you explain your rationale so we can better understand your comment and consider whether it is something that should be included in the final document.

Do you consider there to be any omissions from or factual errors in the draft <i>Standards of Proficiency for Clinical Psychologists</i> ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If yes, please complete the following as appropriate:

Domain	
Suggested Omission/Error	
Proposed Wording to rectify omission	
Rationale for Comment	

Domain	
Suggested Omission/Error	
Proposed Wording to rectify omission	
Rationale for Comment	

Domain	
Suggested Omission/Error	
Proposed Wording to rectify omission	
Rationale for Comment	

Domain	
Suggested Omission/Error	
Proposed Wording to rectify omission	
Rationale for Comment	



Domain	
Suggested Omission/Error	
Proposed Wording to rectify omission	
Rationale for Comment	

Consultation Section [3]: *Criteria for Education and Training Programmes (Clinical Psychologists)*

The *Criteria for Education and Training Programmes* identify the requirements an education provider must meet around how a programme is designed and managed to ensure that all graduates meet the *Standards of Proficiency*.

The following criteria are specifically related to **Clinical Psychologists** and have been included in addition to the common criteria that all CORU registered professionals are expected to meet. When looking at each criterion, you should consider whether they result in a graduate being a safe practitioner for the purpose of public protection when entering the register.

Please be reminded that in this instance the term **threshold refers to the minimum requirements**.

- 'Consider threshold' means that the minimum requirement detailed is appropriate.
- 'Partly or not threshold' could refer to either being more or less than the minimum requirement. Please indicate in the comment box if you consider it more or less than the minimum requirements and provide a brief rationale.

Criterion		Feedback
1.1	<i>The Psychologists Registration Board requires that the minimum qualification level for entry to the division of its register for Clinical Psychologists is: Level 10 on the National Framework of Qualifications (NFQ).</i>	Consider Threshold <input type="checkbox"/> Do Not Consider Threshold <input type="checkbox"/> Partly Threshold <input type="checkbox"/>
<i>If you do not consider the criterion to be at threshold level or if you consider it to be partially threshold, please explain why</i>		

The second profession-specific criterion relates to the total number of practice placement hours each student must complete as part of an education and training programme:



2.2 The programme must ensure that each student completes a minimum of 240 days in practice placement, inclusive of direct observation. Students must complete practice placements with each of the following service user groups:

- Children and Adolescents;
- Adults and Older Adults; and
- Child and Adult Disability.

There are two components to this criterion. There is one question per component below.

Criterion		Feedback
2.2	The programme must ensure that each student completes a minimum of 240 days in practice placement, inclusive of direct observation.	Consider Threshold <input type="checkbox"/> Do Not Consider Threshold <input type="checkbox"/> Partly Threshold <input type="checkbox"/>
<i>If you do not consider the criterion to be at threshold level or if you consider it to be partially threshold, please explain why</i>		

Criterion		Feedback
2.2	Students must complete practice placements with each of the following service user groups: <ul style="list-style-type: none">• Children and Adolescents;• Adults and Older Adults; and• Child and Adult Disability.	Consider Threshold <input type="checkbox"/> Do Not Consider Threshold <input type="checkbox"/> Partly Threshold <input type="checkbox"/>
<i>If you do not consider the criterion to be at threshold level or if you consider it to be partially threshold, please explain why</i>		

Consultation Section [4]: Criteria for Education and Training Programmes

Having read through the draft specialism-specific *Criteria for Education and Training Programmes (Clinical Psychologists)*, you are now invited to consider if there are any omissions.

If you feel there are omissions, you should note these below along with your proposed wording to rectify an omission. It is important that if you feel that a criterion has been omitted that you



explain your rationale so we can better understand your comment and consider whether it is something we should include it in the final document.

Please answer the following questions in relation to the Specialism-Specific Criteria for Education and Training Programmes (Criterion 1.1 and Criterion 2.2).

Do you consider there to be any omissions from the profession-specific criteria?	Yes <input type="checkbox"/> No <input type="checkbox"/>
--	---

If yes, please complete the following as appropriate:

Suggested Omission	
Proposed Wording to rectify omission	
Rationale for Comment	

Suggested Omission	
Proposed Wording to rectify omission	
Rationale for Comment	

Suggested Omission	
Proposed Wording to rectify omission	
Rationale for Comment	

Consultation Section [5]: *Additional Feedback*

CORU welcomes your contribution to this consultation process. As already stated, we are not in a position to remove any of the common standards or criteria. We are also limited in changing any of the language as it has been developed to ensure consistency across all the professions that we currently regulate or will regulate in the future.

However, if you do have any further general comments related to these documents, please include it below and describe the relevant issue for our consideration.

Issue	
General Comment	
Rationale for Comment	



--	--

Issue	
General Comment	
Rationale for Comment	


Issue	
General Comment	
Rationale for Comment	

Consultation Section [6]: Submission

Thank you for completing this survey. If you have any questions about this consultation, please email strategyandpolicy@coru.ie



Appendix 3: Copy of Social Media Posts

**CORU Ireland**
@CORUIreland

The Psychologists Registration Board has made significant progress towards introducing statutory regulation for – and protecting the title of – ‘Psychologist’. A two-stream approach has been adopted:

Stream One: establishment of three divisions of the register for Clinical, Counselling and Educational Psychologists

Stream Two: introduction of a regulatory model that will facilitate the regulation of all other psychology specialisms


As part of the Board’s work to establish three divisions for Clinical, Counselling and Educational Psychologists, it has drafted pre-registration education and training requirements for each specialism. The Board is inviting feedback on its draft Standards of Proficiency and Criteria for Education and Training Programmes for each specialism from all stakeholders, including members of the profession, education providers, employers, professional bodies, along with members of the public.

To have your say please fill in the survey(s) available on our website:
lnkd.in/eBRyMHqY

The consultation process will close at 5pm, Friday 29 November 2024.
[@PsychSocIreland](#)

A graphic with the text 'HAVE YOUR SAY!' in white, bold, sans-serif font, stacked vertically within a dark blue speech bubble shape.

CORU
Public Consultation
Now Open!
Consultation on the Education
Quality Assurance Standards for
Clinical, Counselling and
Educational Psychologists



1:09 PM · Oct 25, 2024 · 1,810 Views



Appendix 4: Copy of Webinar PowerPoint Presentation

Appendix 5: Copy of eBook Resources



Ag Rialáil Gairmithe Sláinte
agus Cúraim Shóisialaigh

Regulating Health +
Social Care Professionals

Regulation of Clinical, Counselling and Educational Psychologists in Ireland

CORU Information Webinar, *04 October 2024*

CORU's Mission



“ To protect the public by promoting high standards of professional conduct and professional education, training and competence among registrants of the designated professions ”

(Health and Social Care Professionals Act 2005)

CORU's Regulated Health and Social Care Professions



Phase 1 In Legislation

Clinical
Biochemists

Orthoptists

Phase 2 Establishment

Meeting 1 to Open Register

Counsellors &
Psychotherapists

Psychologists

Phase 3 Transition

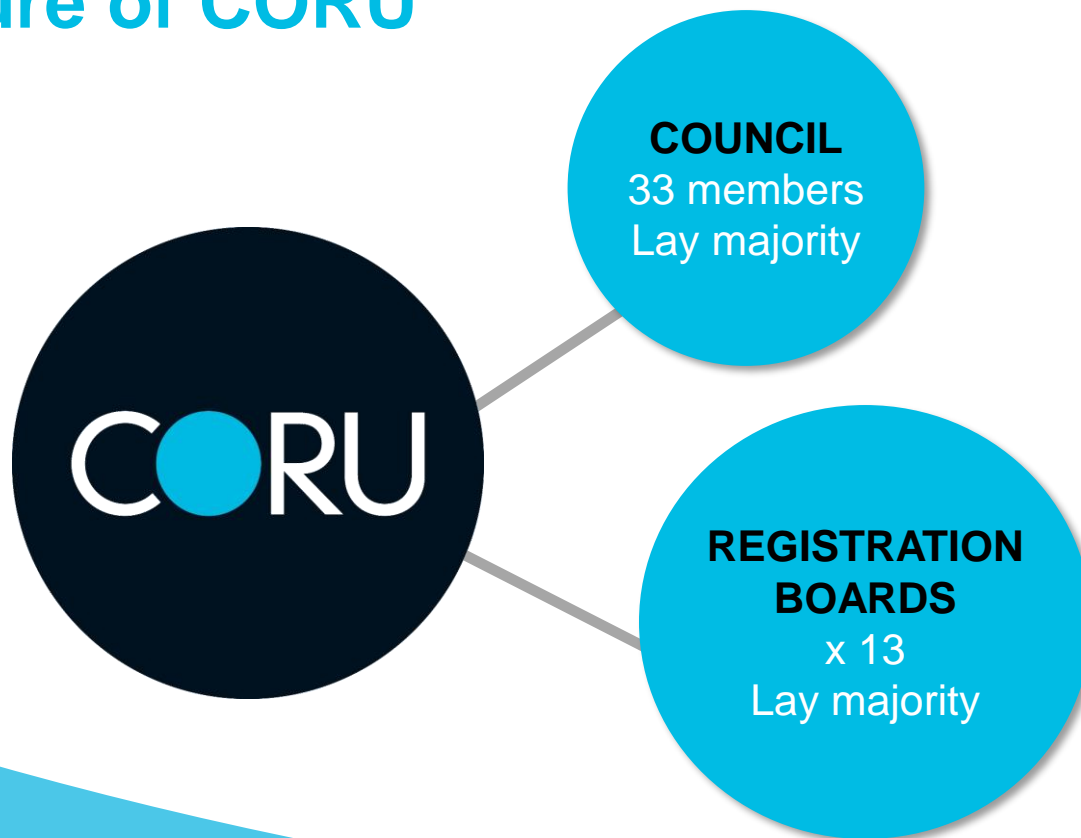
*From Day Register
Opens to end of
Transition*

Social Care
Workers

Phase 3 Business as Usual

Social Workers	Dietitians
Radiographers	Dispensing Opticians
Radiation Therapists	Speech & Language Therapists
Physiotherapists	Optometrists
Occupational Therapists	Medical Scientists
Podiatrists	

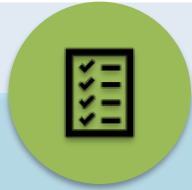
Structure of CORU



Role of Registration Boards



Setting professional standards



Establishing and maintaining a register of members for the profession



Approval and Monitoring of Education and Training Programmes



Recognition of professional qualifications awarded outside Ireland



Setting code of professional conduct and ethics

Public Protection

A wide blue horizontal banner with a double-headed arrow pointing left and right, containing the text 'Public Protection' in white.

First Step towards Opening the Divisions of the Register



Set its **Pre-Registration Education and Training Requirements**

- Threshold level of knowledge, skills and professional behaviours for entry to the register
- Requirements that education programmes must meet in order to deliver on the standards of proficiency



Process for setting *Pre-Registration Education and Training Requirements*



1 Board drafts *Criteria and Standards of Proficiency* for each profession

2 Board considers and adopts *Criteria and Standards* for consultation

3 **Stakeholder consultation**

4 Board reviews consultation feedback and revises *Criteria and Standards* accordingly

5 Board adopts *Criteria and Standards* for professions

6 Dissemination to Education Providers

Pre-Registration Education and Training Requirements for entry to the Psychologists Register



Psychologists Registration Board



In July 2017, the Minister for Health established the Psychologists Registration Board to introduce statutory regulation and protect the title 'psychologist' in Ireland.

The Board has established a *two stream approach with each stream progressing simultaneously*.

Stream One

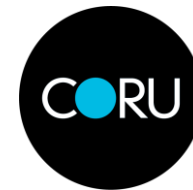
Establishment of Divisions of the Psychologists Register for:

- Clinical Psychologists
- Counselling Psychologists
- Educational Psychologists

Stream Two

Introduction of a Regulatory Model that will facilitate the regulation of all other psychology specialisms and the protection of the title 'psychologist'

Psychologists Register



One Register comprised of four divisions

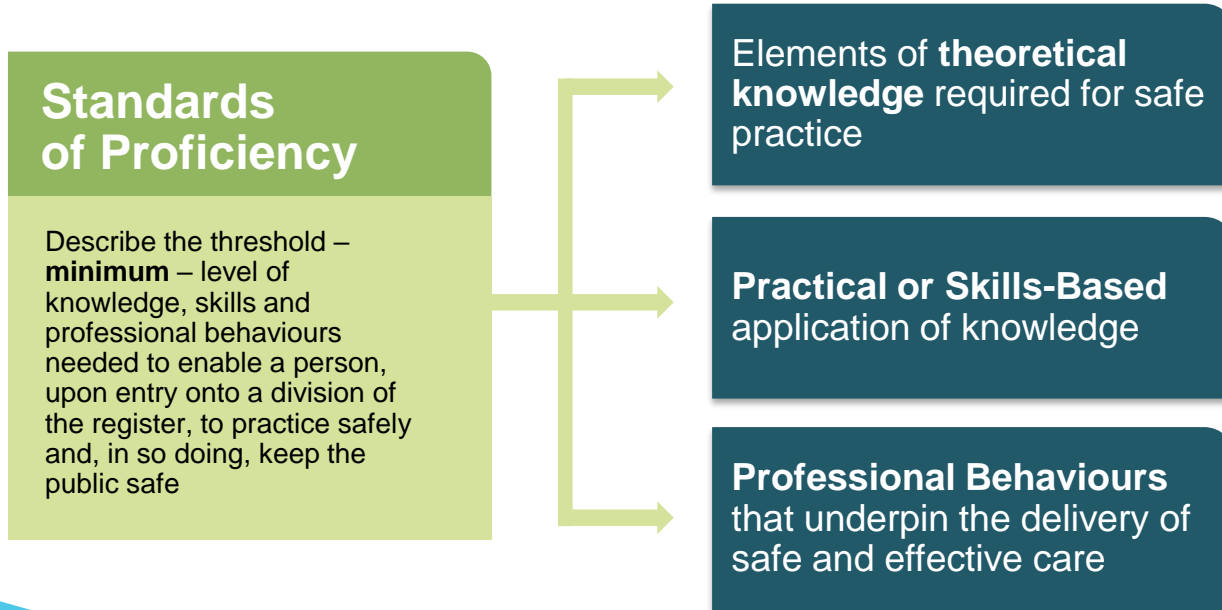
**Clinical
Psychologists
Division**

**Counselling
Psychologists
Division**

**Educational
Psychologists
Division**

**Psychologists
Division**

What are the Standards of Proficiency?



Standards of Proficiency are set as Threshold Standards

The Board must set **high standards** at the **threshold** level required to protect the public

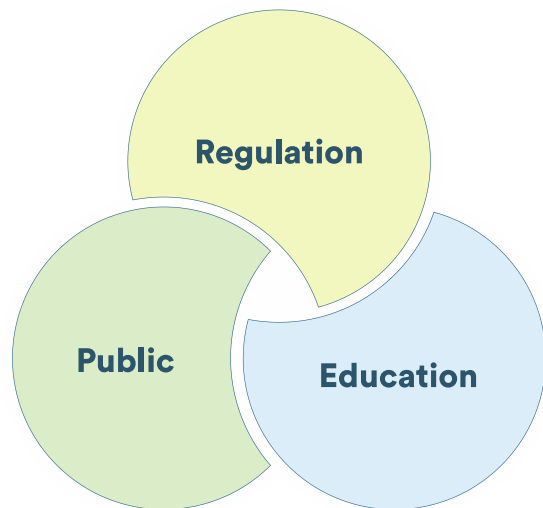
Threshold = the minimum knowledge, understanding and skills to practice safely

Not optional, desirable or aspirational standards

Start with a focus on public protection and set the threshold standards from that perspective



What are the *Standards* used for?



Regulation

All applicants – from Ireland and internationally – must demonstrate achievement of all the standards as part of the registration process

Education

Education providers that prepare students to practice a profession upon graduation – and which seek approval from the Board – use the standards to design their education and training programmes

Public

Articulate the practice of a profession at entry level and help the public understand what kind of service they can expect.

How are the *Standards* developed?



**Review of comparator
international
professional
standards**



**Consideration of
developments in
curriculum and
assessment design**



**Understanding and
experience of
contemporary practice of
the profession in Ireland**



How are the Standards written?



Outcomes

They provide clarity and direction on the knowledge or skill a graduate must be able to demonstrate

Succinct

They avoid extensive lists that detail the means around how the knowledge or skill is to be demonstrated

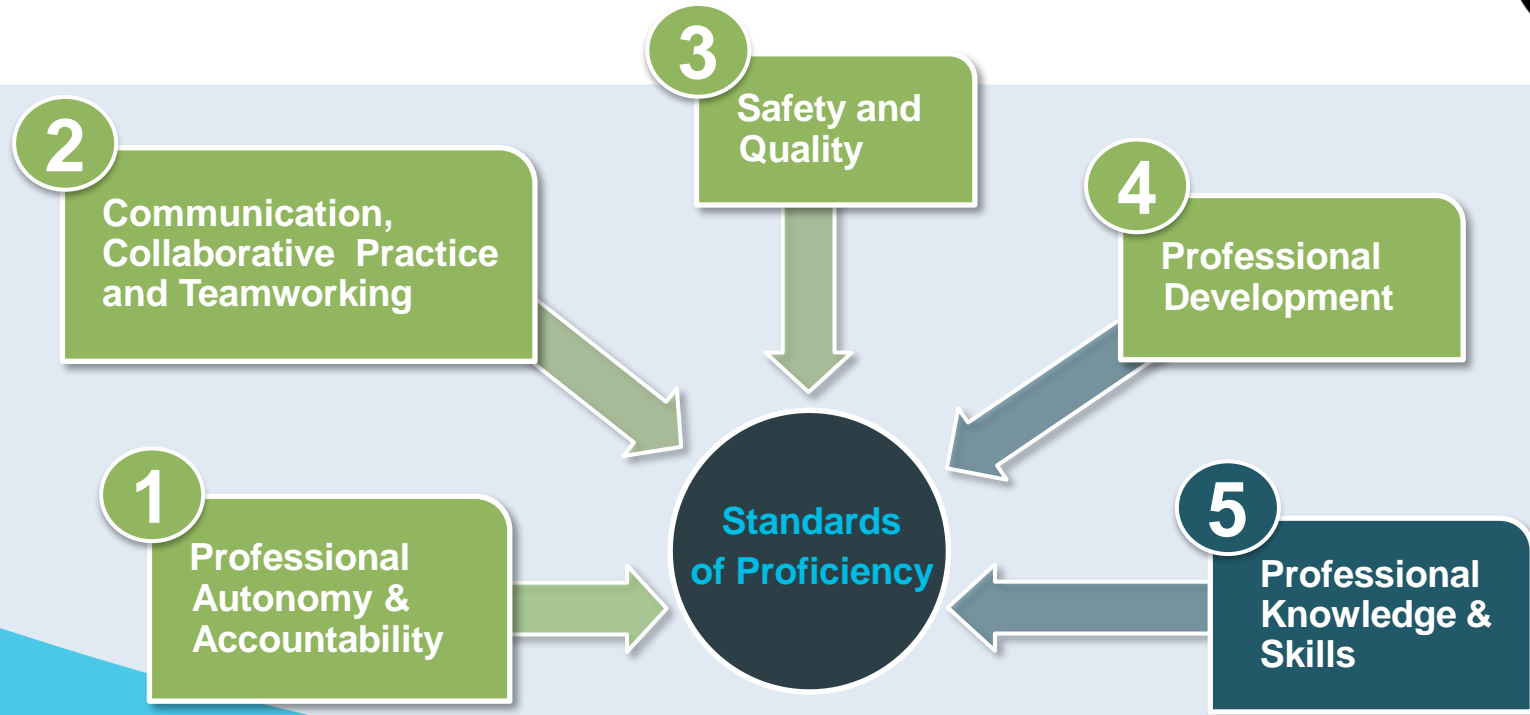
Flexible

They allow for application across a diverse range of therapeutic environments

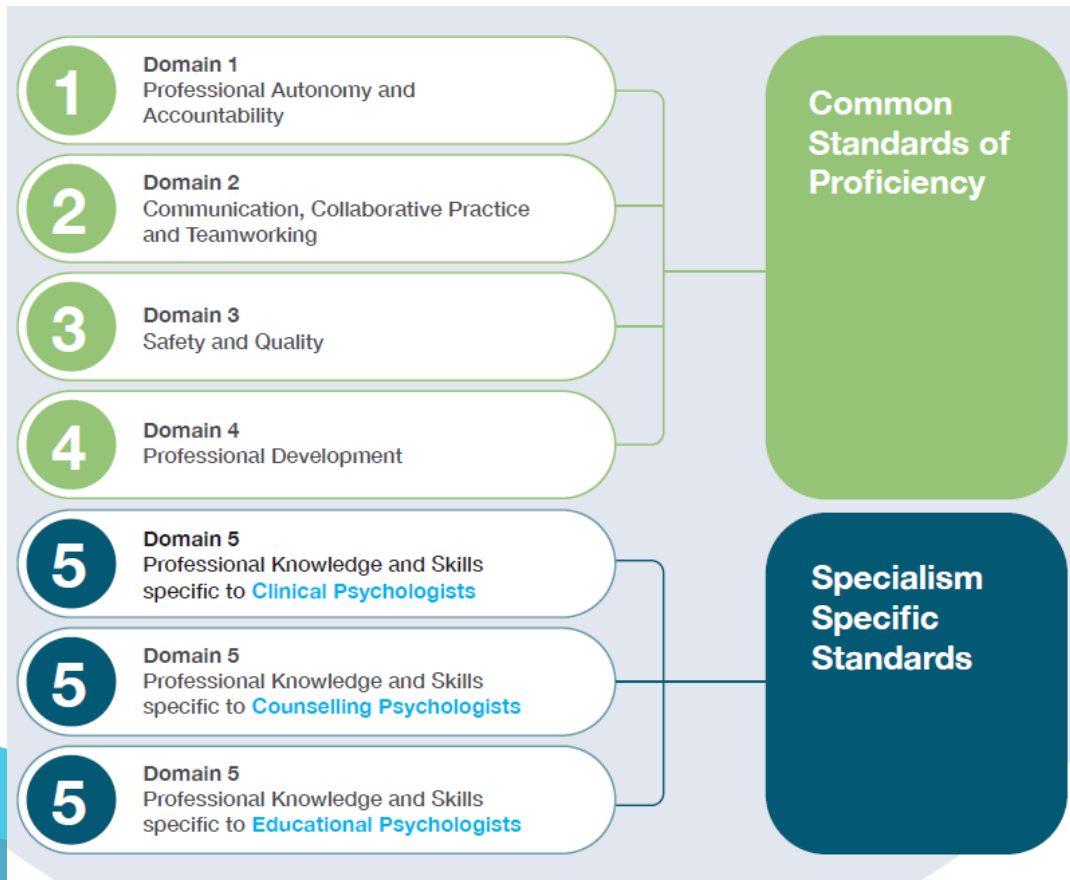
Holistic

They are not standalone or there is no hierarchy; each standard is as important as another. They are interconnected

5 Domains of the Standards of Proficiency



5 Domains of the Standards of Proficiency



Domain 5:

Professional Knowledge and Skills

Feedback Wanted
on Domain 5: Professional
Knowledge and Skills!!



Articulates the knowledge, skills and professional behaviours specific to each area of specialisation, reflecting the distinct contexts and environments of practice and the service groups practitioners engage with.

It is in Domain 5 that the **distinctive character and identity** of Clinical Psychology, Counselling Psychology and Educational Psychology emerges. This is where the *specialism-specific standards* are articulated.



What are the Criteria?



Criteria for Education and Training Programmes

Detail how a professional education and training programme should be designed and managed in order to consistently produce graduates who have achieved the **Standards of Proficiency**



What is the Criteria used for?



1

Approve and Monitor

Education and Training programmes by the Board

2

Qualifications Based Register

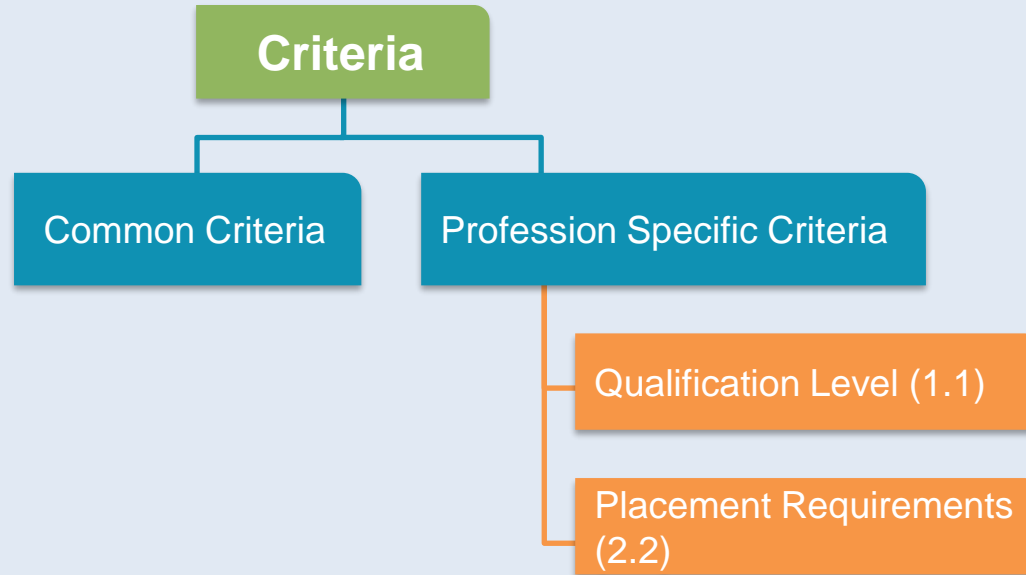
Applies to new and future graduates of approved programmes to join the register once the register is open

3

Not for Existing Practitioners

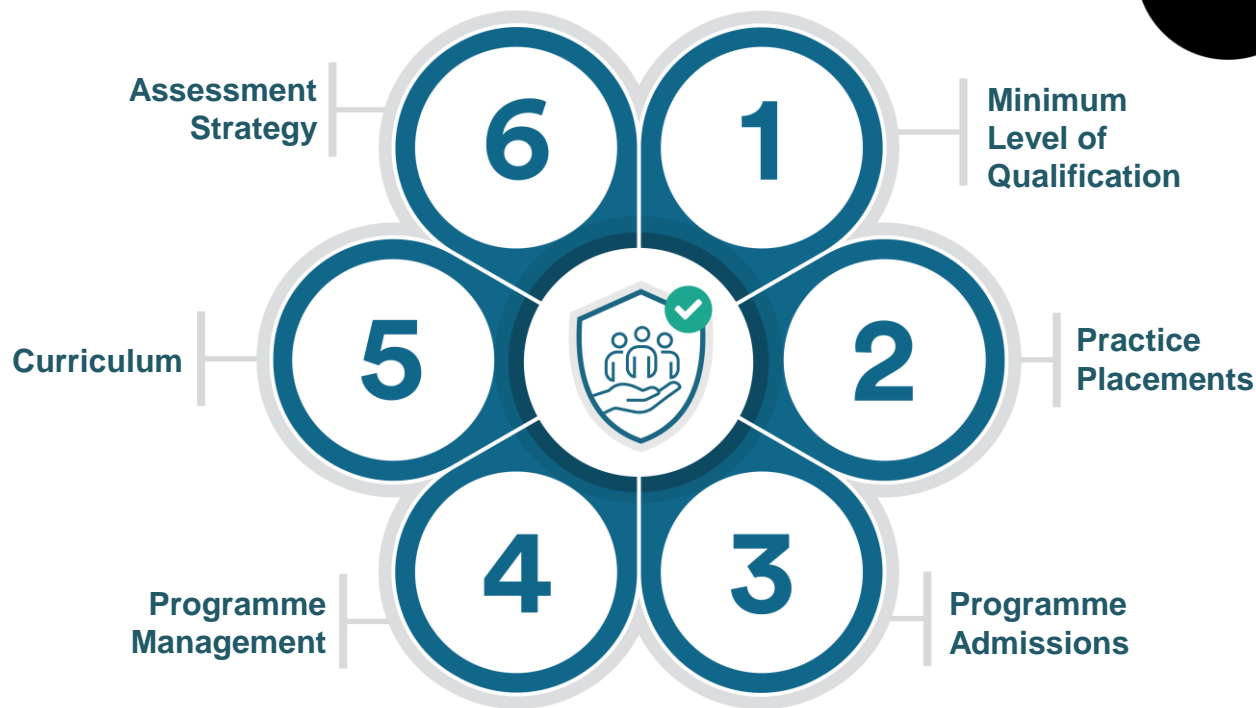
There is a different route for existing practitioners to join the register during the first two years the register is open

How is the Criteria made up?



How is the Criteria made up?

All 5 areas work together to ensure a programme can continually produce graduates who have met the standards of proficiency and, in so doing, ensure **protection of the public**



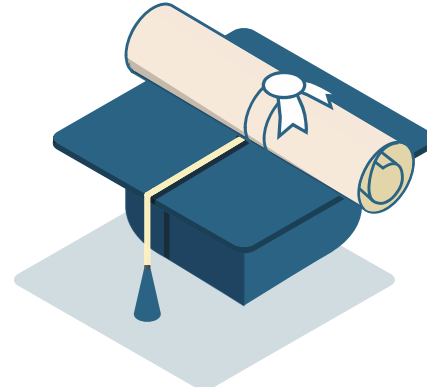
Profession Specific Criteria [1]:

Threshold Level of Qualification for Entry to the Register



What does Threshold Level mean?

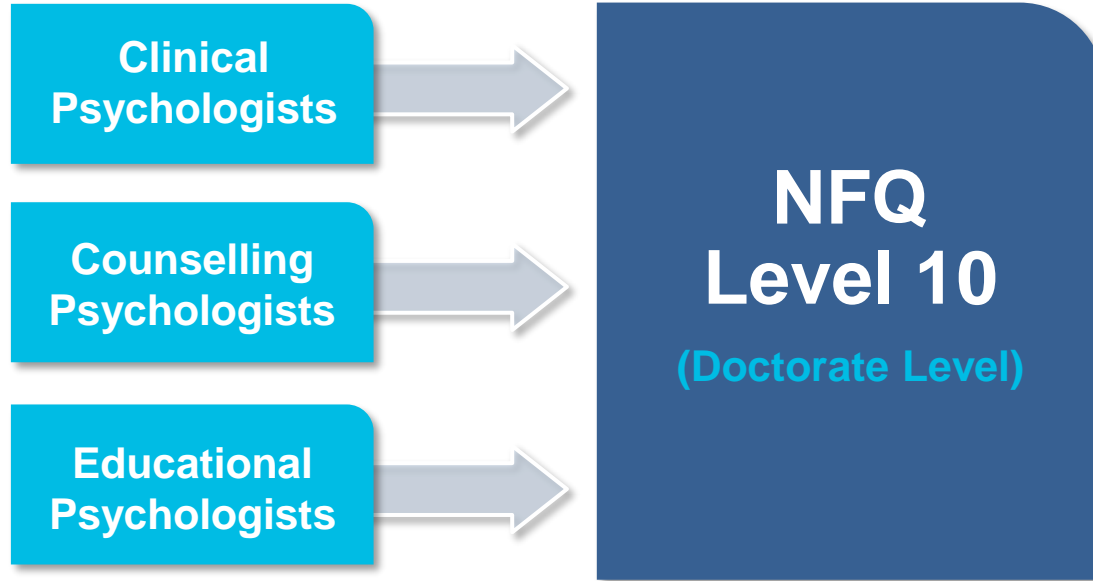
- Refers to the minimum level on the National Framework of Qualifications a programme must be designed to in order to **deliver on the standards of proficiency.**



The Board's Process



The Board's Proposal



Profession Specific Criteria [2]:

Total Number of Practice Place Hours



The Psychologists Registration Board has articulated two key components to its specialism-specific placement requirements for education and training in Clinical, Counselling and Educational Psychology

- The **minimum** number of days a student must complete in order to deliver on achievement of the *Standards of Proficiency*
- The **core service user groups** students must engage with during the course of their practice education

For Educational Psychology practice education, the Board has proposed an additional requirement around the environments in which students have exposure to during practice education

How does the Board establish the total number of placement hours?



The Board's Proposal



Clinical Psychologists

- **240 days** of practice placement education
- Undertake practice placements with the following service user groups:
 - Children and Adolescents
 - Adults and Older Adults
 - Child and Adult Disability

Counselling Psychologists

- **240 days** of practice placement education
- Undertake practice placements with the following service user groups:
 - Children and Adolescents
 - Adults and Older Adults

Educational Psychologists

- **240 days** of practice placement education
- Undertake practice placements with the following service user groups:
 - Children, Adolescents and Adults in educational services
 - Child and Adolescent Disability
 - Adult Disability
- Students must complete placements in **educational** and **health and social care settings**

Public protection



Key Regulatory Pillars



Standards of
proficiency



Code of professional
conduct and ethics



Continuing Professional
Development



Public Consultation



Three public consultations on the *Standards of Proficiency and Criteria*:

Separate consultation for each of
the three specialisms



Consultation Questionnaire accessible online at:

www.coru.ie or email feedback to:
strategyandpolicy@coru.ie



Consultation opens on:

7 October 2024

and closes on:

29 November 2024

**Have
your say!**

Communication



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agus Cúraim Shóisialaigh

Regulating Health +
Social Care Professionals

Thank You



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agus Cúraim Shóisialaigh
Regulating Health +
Social Care Professionals

Psychologists Registration Board

Pre-Registration Education and Training Requirements

Clinical Psychologists | Counselling Psychologists | Educational Psychologists



Standards of Proficiency – Public Consultation

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Introduction

CORU is Ireland's multi-profession health and social care regulator. Our role is to protect the public by promoting high standards of professional conduct, education, training and competence through statutory registration of health and social care professionals. CORU was set up under the *Health and Social Care Professionals Act 2005 (as amended)*. It is made up of the Health and Social Care Professionals Council and the Registration Boards, one for each profession named in our Act.

On 21 July 2017, the then Minister for Health, Simon Harris TD, confirmed the establishment of the Psychologists Registration Board. From its establishment the Board has been working towards introducing statutory regulation for the profession of psychology.

The Psychologists Registration Board has made significant progress towards this goal having identified a regulatory model that will allow for the protection of the title 'psychologist' in Ireland and, ultimately, the protection to the public.

The introduction of this regulatory model will come in two streams.

Stream One

Introduction of Statutory Regulation for:

- ➡ Clinical Psychologists
- ➡ Counselling Psychologists
- ➡ Educational Psychologists

Stream Two

Introduction of a regulatory model that will facilitate the regulation of all other psychology specialisms and protection of the title 'psychologist'

The Board will establish four divisions of its register: a division for each of the three areas of specialisation identified in Stream One and a fourth division that will enable the protection of the title 'psychologist' in Stream Two.

In establishing each division of its register, the Board is responsible for setting the requirements for entry. The first of these requirements are what are known as pre-registration education and training requirements.

Pre-Registration Education and Training Requirements

The requirements each Registration Board set for entry to its register are competency based: the Board sets the threshold level of professional knowledge, skills and behaviours that is required for safe and effective practice. By setting this threshold for entry, the Board provides the public with assurance that all registered professionals are trained to a consistent and acceptable level for safe practice, ensuring public protection. These standards are known as the *Standards of Proficiency*.

Once a register is opened, all **new entrants into practice** of that profession must hold a recognised qualification that has been assessed as consistently producing graduates that meet all the *Standards*.

Education providers design their programmes to deliver on all the *Standards* and make an application to the Registration Board for their programme to be approved. The Board sets what are known as *Criteria for Education and Training Programmes*, all of which have to be met as part of the programme approval process.

Taken together the *Standards* and the *Criteria* are known as the Registration Board's **Pre-Registration Education and Training Requirements**.

If the Board determines that the programme meets all of its pre-registration education and training requirements, it approves the qualification, which is subsequently listed on its Approved Qualifications Bye-Law.

Any applicant holding an approved qualification is eligible to apply for entry to the Register.

The Registration Board's pre-registration education and training requirements **only apply to new entrants into practice in Ireland (i.e. new graduates or international applicants)**.

The Psychologists Registration Board has drafted three distinct sets of draft *Standards of Proficiency* and *Criteria for Education and Training Programmes*; one set each for Clinical, Counselling and Educational Psychologists and has opened a public consultation process seeking feedback from all stakeholders.

This public consultation will provide you with the opportunity to provide feedback on this key step towards opening divisions of the register for Clinical, Counselling and Educational Psychologists.

This eBook resource aims to support stakeholders in engaging with this consultation process by providing detail around what the *Standards of Proficiency* are and how they are used in regulation.



Chapter 1

The Standards of Proficiency: The Basics



What are the *Standards of Proficiency*?

The standards of proficiency articulate the threshold knowledge, skills and professional behaviours that are required of all entrants to the professional register. This means that the standards are set at the entry level of competence needed to enable a person to practise autonomously and safely and, in so doing, keep the public safe. They are comprised of:

- ➡ **Knowledge Based Requirements:** describe the elements of theoretical or learned knowledge required the safe practice of the profession; and
- ➡ **Skills Based Requirements:** describe the practical or skills-based application of knowledge or learning.

Written as individual statements, collectively the *Standards of Proficiency* encompass the three key components of the learning and development required to form a proficient professional who is safe for practice:

- ➡ the **knowledge** required upon which a student can work towards a demonstration of competency;
- ➡ the **skills** that flow from the application of this knowledge in practice; and
- ➡ the **professional behaviours** that underpin the delivery of safe and effective practice.



The *Standards of Proficiency* form a foundational pillar in the Registration Board's regulatory system. It works together with the *Code of Professional Conduct and Ethics* and *Continuing Professional Development requirements* – both of which registrants must adhere to – to ensure the safe practice of practitioners and, through this, ensure the protection of the public.

Key Regulatory Pillars



Standards of proficiency



Code of professional conduct and ethics



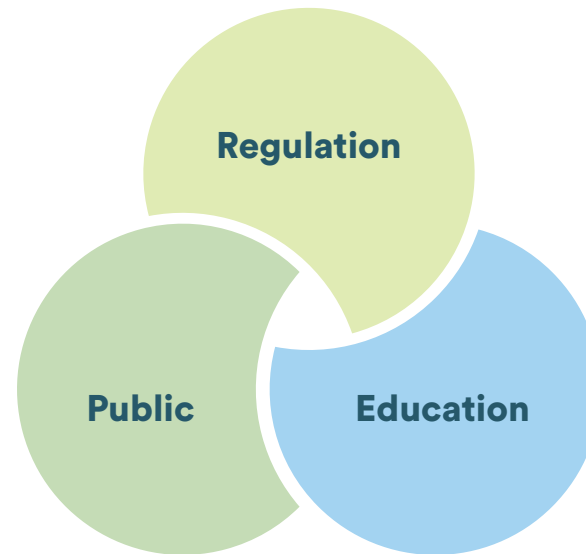
Continuing Professional Development



What are the *Standards* used for?

The standards are used in a number of settings:

- ➔ **Regulation:** they set the minimum level of knowledge and skills required to enter the professional register. All applicants – from Ireland and internationally – must demonstrate achievement of all the standards as part of the registration process.
- ➔ **Education:** education providers that prepare students to practise a profession upon graduation – and who seek approval from the Board – use the standards to design their education and training programmes.
- ➔ **Public:** the standards help the public understand the threshold level of service they can expect from a registered health and social care professional.



Where do the *Standards* come from?

The Psychologists Registration Board is responsible for drafting the standards of proficiency that will set the threshold level competencies for entry into each of the three divisions.

The Board is comprised of practitioners, representatives from education and training and lay members. This allows for a broad range of voices and perspectives shaping their design, thereby ensuring that the standards are relevant and consistent with current practice, that they are aligned with service user and employer needs and that they support the education and training of a sustainable, flexible and dynamic future workforce.

Where appropriate – and in order to ensure the breadth of specialist area specific knowledge and experience – the Board consults with external expertise during its drafting process.

The Board undertakes an extensive research process which informs the drafting of its standards. This involves:

- ➡ review of comparator international professional standards;
- ➡ consideration of developments in curriculum and assessment design; and
- ➡ understanding of the contemporary practice of the profession in Ireland, alongside the changes and evolutions in health and social care practice and delivery.

Who is involved in this?

All key stakeholders involved in the practice of each of the three areas of specialisation – practitioners, education providers, professional bodies, employers, unions, as well as all members of the public – are invited through this public consultation process to submit their views and feedback on the draft *Standards*.

Following this consultation process, the Board will review and assess all the feedback submitted from stakeholders and, where appropriate, revise its *Standards*.

In setting its *Standards of Proficiency*, the Board is informed by international best practice in education and practice and by the views and perspectives of a diverse body of stakeholders.

Chapter 2

Clinical, Counselling and Educational Psychologists: Reflecting their Distinctive Practice and Identity

The Psychologists Registration Board has developed three distinct sets of standards: one for Clinical Psychologists, another for Counselling Psychologists and a final set for Educational Psychologists.

Entry onto each division of the register requires the articulation of the threshold knowledge, skills and professional behaviours a registrant in that area of specialisation must demonstrate. The *Standards* drafted for each area of specialisation reflects the distinctive character, practice and identity of their practice.

However, while there are distinctions between Clinical, Counselling and Educational Psychology, there are also areas of commonality between them by virtue of their identification as health and social care professions. These are articulated in Domains 1, 2, 3 and 4 of the *Standards*. Known as *Framework Standards of Proficiency*, they are set by the Health and Social Care Professionals Council and apply across each of the professions CORU regulates. Each Registration Board adopts all the *Framework Standards*.

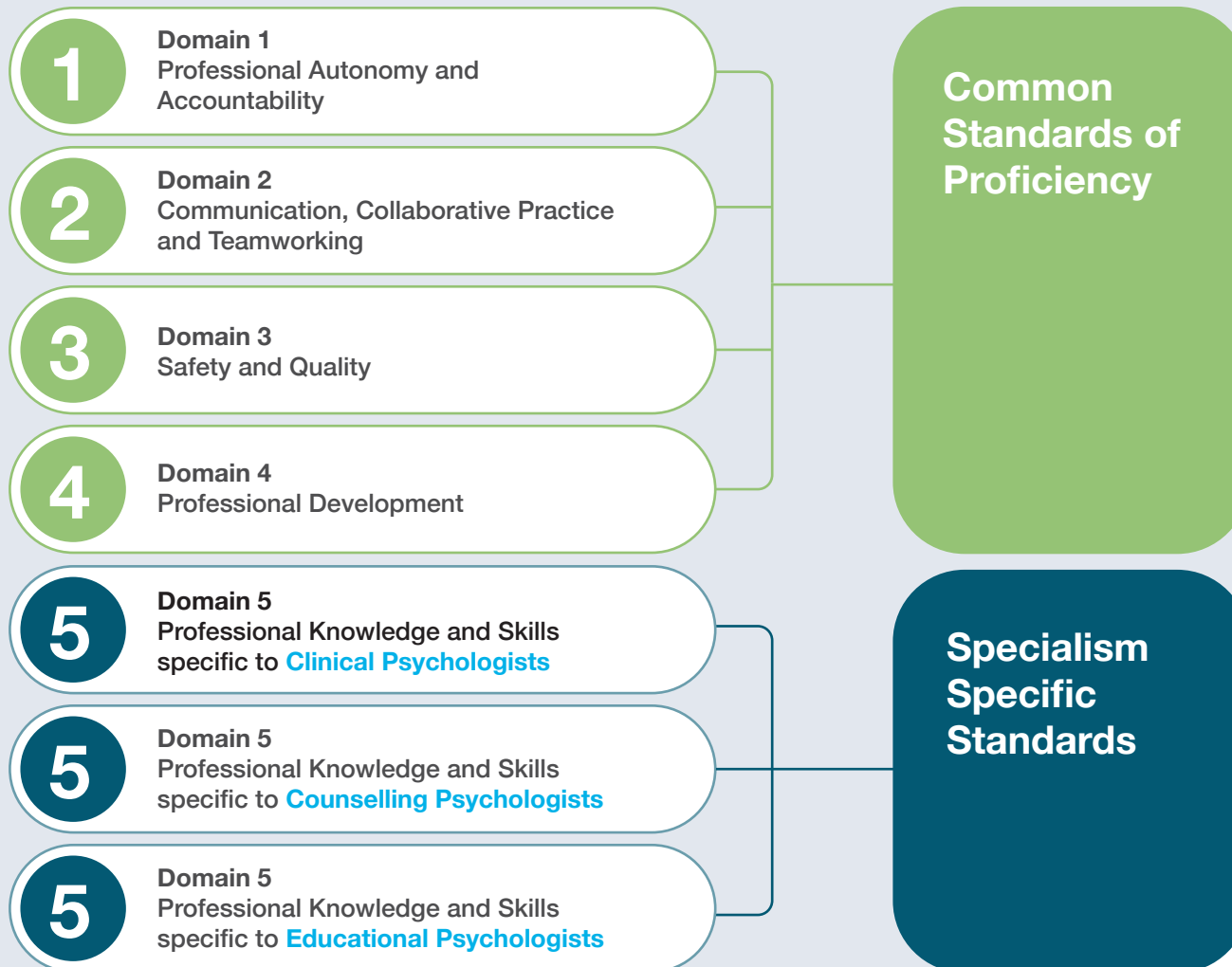
Domain 5 of the draft *Standards* documents reflects the distinctive identity and practice of Clinical, Counselling and Educational Psychology. The Psychologists Registration Board has drafted these standards.

There is no hierarchy across the standards; each standard is as important as another. It is the achievement of **all** the standards that demonstrates a person is ready to join the Register and ensures public protection.



Chapter 3

Structure of the Standards of Proficiency



1

Domain 1: Professional Autonomy and Accountability

This domain is concerned with the professional and ethical behaviours of practitioners. Key areas of this proficiency include:

- taking responsibility for professional practice and working within the legal, ethical and practice boundaries of the area of specialisation;
- working in the best interest of service users that reflects their will and preference;
- ensuring informed consent is received from the service user; and
- maintaining professional boundaries in the delivery of care.

2

Domain 2: Communication, Collaborative Practice and Teamworking

This domain focuses on the development and use of open, responsive and appropriate communication approaches and tools to engage effectively with service users and colleagues. This includes practitioners being able to:

- acknowledge the service user as an active participant in their care;
- adapt and modify communications approaches and styles to reflect service user needs and presentation; and
- recognise the dynamics of working as part of team, including working alongside colleagues from other professions.

**Common
Standards of
Proficiency**

3

Domain 3: Safety and Quality

This domain is concerned with the ability of practitioners to deliver safe and quality care through the preparation for, delivery of and evaluation and audit of psychological services. Key to this area of proficiency is the ability of practitioners to:

- ➡ gather, analyse and evaluate all necessary information when identifying and determining an appropriate intervention course;
- ➡ evaluate, review and modify an approach to intervention, together with the service user; and
- ➡ establish and maintain safe environments for the delivery of service user care.

4

Domain 4: Professional Development

This domain articulates standards around engagement in Continuing Professional Development, including:

- ➡ the importance of participating in professional development and education opportunities; and
- ➡ the development of self-reflection and evaluation skills as part of professional continual improvement.

**Common
Standards of
Proficiency**

Chapter 4

Specialism-Specific Standards of Proficiency

5

Domain 5: Professional Knowledge and Skills

Domain 5 articulates the knowledge, skills and behaviours that are specific to each area of specialisation – Clinical, Counselling and Educational Psychologists – that reflect the specific contexts and environments of practice and the service user groups practitioners are engaged in.

These standards are informed by relevant and contemporary theory, practice knowledge and evidence.

It is in these standards that you will see the distinctive character and identity of each of the areas of specialisation emerge.

Feedback

is invited on Domain 5



Articulated to reflect the different scope of practice across the three areas of specialisation, these standards include areas such as:

- ➡ knowledge of the psychological theories, model and approaches, relevant to practice of each area of specialisation, and the impact of systems, contexts and other factors on their application in practice;
- ➡ the appropriate skills needed to establish, build, maintain and safely conclude a professional relationship, while recognising the range of factors that can influence a relationship with a service user;
- ➡ knowledge, critical evaluation and application of the range of assessment methods used in practice, integrating assessment data to inform case formulation and psychological intervention planning;
- ➡ designing, applying, monitoring and evaluating interventions, including the ability to reformulate and revise approaches as necessary; and
- ➡ recognising the need for self-reflexivity in practice and understanding the role of the 'self' within the professional relationship.

Chapter 5

Have your say!



The Psychologists Registration Board's draft *Standards of Proficiency* for:

- ➡ Clinical Psychology
- ➡ Counselling Psychology
- ➡ Educational Psychology

are available to access on: <https://coru.ie/public-protection/public-consultations/current-consultations/>

We are looking for your feedback and perspective. We would like your views on:

- ➡ whether the standards are set at threshold level for entry into practice for each of the specialisms; and
- ➡ the requirements set by the Board for practice placement.

You can access the consultation questionnaires and all relevant information on the CORU website:

www.coru.ie

The consultations are open for feedback from 7 October 2024 to 29 November 2024



Ag Rialáil Gairmithe Sláinte
agus Cúraim Shóisialaigh

Regulating Health +
Social Care Professionals

Psychologists Registration Board

Pre-Registration Education and Training Requirements

Clinical Psychologists | Counselling Psychologists | Educational Psychologists



Criteria for Education and Training Programmes – Public Consultation

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The introduction of this regulatory model will come in two streams.

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Introduction of a regulatory model that will facilitate the regulation of all other psychology specialisms and protection of the title 'psychologist'

The Board will establish four divisions of its register: a division for each of the three areas of specialisation identified in Stream One and a fourth division that will enable the protection of the title 'psychologist' in Stream Two.

In establishing each division of its register, the Board is responsible for setting the requirements for entry. The first of these requirements are what are known as pre-registration education and training requirements.

Pre-Registration Education and Training Requirements

The requirements each Registration Board set for entry to its register are competency based: the Board sets the threshold level of professional knowledge, skills and behaviours that is required for safe and effective practice. By setting this threshold for entry, the Board provides the public with assurance that all registered professionals are trained to a consistent and acceptable level for safe practice, ensuring public protection. These standards are known as the *Standards of Proficiency*.

Once a register is opened, all **new entrants into practice** of that profession must hold a recognised qualification that has been assessed as consistently producing graduates that meet all the Standards.

Education providers design their programmes to deliver on all the Standards and make an application to the Registration Board for their programme to be approved. The Board sets what are known as *Criteria for Education and Training Programmes*, all of which have to be met as part of the programme approval process.

Taken together the *Standards* and the *Criteria* are known as the Registration Board's **Pre-Registration Education and Training Requirements**.

If the Board determines that the programme meets all of its pre-registration education and training requirements, it approves the qualification, which is subsequently listed on its Approved Qualifications Bye-Law.

Any applicant holding an approved qualification is eligible to apply for entry to the Register.

The Registration Board's pre-registration education and training requirements **only apply to new entrants into practice in Ireland (i.e. new graduates or international applicants)**.

The Psychologists Registration Board has drafted three distinct sets of draft *Standards of Proficiency* and *Criteria for Education and Training Programmes*; one set each for Clinical, Counselling and Educational Psychologists and has opened a public consultation process seeking feedback from all stakeholders.

This public consultation will provide you with the opportunity to provide feedback on this key step towards opening divisions of the register for Clinical, Counselling and Educational Psychologists.

This eBook resource aims to support stakeholders in engaging with this consultation process by providing detail around what the *Criteria* for Education and Training Programmes are and how they are used in regulation.



Chapter 1

Criteria for Education and Training Programmes: The Basics



What is the *Criteria*?

The *Criteria for Education and Training Programmes* identify the design and management requirements that an education provider must meet in order to ensure that its programme can consistently produce graduates that meet the *Standards of Proficiency*.

By ensuring that an education and training programme meets the *Criteria*, an education provider is demonstrating there are satisfactory systems and mechanisms in place to ensure students graduating from the programme have achieved the threshold knowledge, skills and professional behaviours required to practise proficiently, safely and autonomously upon entry to a professional register.

The Psychologists Registration Board has drafted three distinct sets of *Criteria* – each specific to the education and training requirements for Clinical Psychologists, Counselling Psychologists and Educational Psychologists.

What is the *Criteria* used for?

The *Criteria* is used in the **approval and monitoring of education and training programmes**:

- ➔ Education providers seeking approval for their education programmes must demonstrate to the Psychologists Registration Board how it meets the *Criteria*. It must meet **all** these requirements in order to evidence how it ensures each student who completes the programme has achieved the *Standards of Proficiency*.



Where do the *Criteria* come from?

The Psychologists Registration Board is responsible for drafting the specialism-specific criteria for education and training programmes.

The Board is comprised of practitioners, representatives from education and training and lay members. This allows for a broad range of voices and perspectives shaping their design, thereby ensuring that the standards are relevant and consistent with current practice, that they are aligned with service user and employer needs and that they support the education and training of a sustainable, flexible and dynamic future workforce.

Where appropriate – and in order to ensure the breadth of specialist area specific knowledge and experience – the Board consults with external expertise during its drafting process.

The Board undertakes an extensive research process which informs the drafting of its standards. This involves:

- ➡ review and evaluation of its draft *Standards of Proficiency* in the context of the National Framework of Qualifications (NFQ) Level Descriptors;
- ➡ review of comparator international education and training requirements;
- ➡ review of education and training requirements set by the professional body;

- ➡ consideration of the contemporary practice and structure of the profession in Ireland; and
- ➡ in the light of all of these different avenues feeding into the Board's assessment, it must ensure that its regulatory decision is in line with the legislative parameters set by the European Union's Directive on Proportionality that requires that any new (or amendment to existing) regulation must not restrict access to or the practice of a regulated profession for EU citizens.

Who is involved in this?

All key stakeholders involved in the practice of each of the three areas of specialisation – practitioners, education providers, professional bodies, employers, unions, as well as all members of the public – are invited through this public consultation process to submit their views and feedback on the draft *Criteria*.

Following this consultation process, the Board will review and assess all the feedback submitted from stakeholders and, where appropriate, revise its *Criteria*.

In setting its *Criteria for Education and Training Programmes*, the Board is informed by international best practice in education and practice and by the views and perspectives of a diverse body of stakeholders.

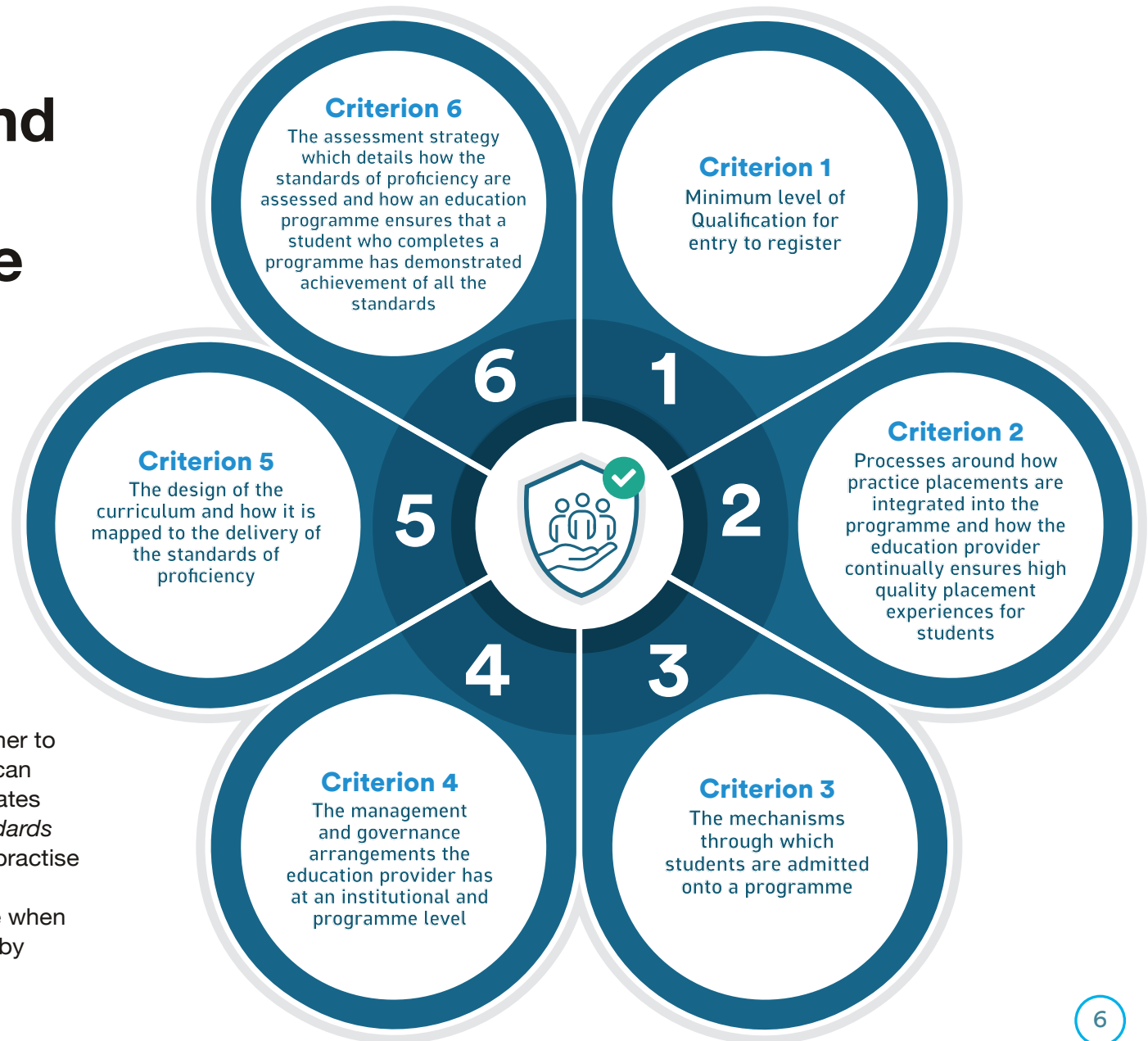


Chapter 2

Criteria and Quality Assurance

The Criteria is structured around six key areas:

All these areas work together to ensure that a programme can continually produce graduates who have met all the *Standards of Proficiency* and so can practise safely and competently in delivering high quality care when they join the register, thereby ensuring public protection.



Construction of the *Criteria*

As a multi-profession regulator, CORU currently has responsibility for the statutory regulation of 12 health and social care professions. While each profession has its own distinct character, practice and identity, there are naturally areas of commonality across them. Reflecting this, the Health and Social Care Professionals Council establishes what are known as *Framework Criteria for Education and Training Programmes*. Each Registration Board adopts this Framework and then tailors the *Criteria* to reflect the identity and practice of the profession.

The Psychologists Registration Board has adopted the *Framework Criteria for Education and Training Programmes*. There are two specialism-specific criteria Board has responsibility for drafting.



Feedback is invited on *Criteria*



There are two specialism-specific requirements in each of the *Criteria* documents for Clinical, Counselling and Educational Psychologists that the Psychologists Registration Board is seeking your feedback on:

- ➔ the threshold – or minimum – level of qualification for entry to the register (**Criterion 1.1**); and
- ➔ the requirements around practice placement including the minimum number of days to be completed in practice education and service user groups to engage with during placement experience (**Criterion 2.2**).

Chapter 3

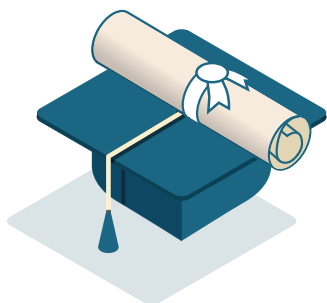
Level of Qualification

Threshold Level of Qualification

The threshold level of qualification refers to the minimum level on the National Framework of Qualifications an education and training programme – and its associated qualification – must be designed to in order to deliver on the *Standards of Proficiency*.

The Board's Proposal

The Psychologists Registration Board is proposing to set the minimum level of qualification for entry to the Clinical, Counselling and Educational Psychologists divisions of its Register at **NFQ Level 10 (Doctorate/Post-Doctorate Level)**.



The Board's Process

In proposing the threshold qualification level for entry to practice in Ireland at Level 10, the Board examined:

- ➡ the NFQ Level Descriptors which describe the threshold knowledge, skills and competencies required at each level;
- ➡ the threshold level of practice for each of the areas of specialisation as articulated in the draft *Standards of Proficiency* for Clinical, Counselling and Educational Psychologists;
- ➡ the nature and practice of the specialisms as providing advanced and specialised care on a one-to-one basis with a range of diverse and vulnerable service user groups;
- ➡ the current entry requirements into practice for each of the areas of specialisation in Ireland; and
- ➡ comparator international requirements for entry into practice.



The Board's Rationale

Having reviewed the articulation of the draft *Standards of Proficiency* for the three areas of specialisation, both in the light of the NFQ Level Descriptors and the language used to articulate the classification of knowledge, skills and behaviours in the *Standards*, the Board concluded that NFQ Level 10 reflects the demands of professional knowledge and skill required for entry into practice of these specialisms in Ireland.

Chapter 4

Practice Placement Requirements

Specialism-Specific Practice Placement Requirements

The Psychologists Registration Board has proposed specialism-specific requirements around the minimum amount of practice education experience a student must complete as part of an education and training programme in Clinical, Counselling and Educational Psychology.

Education providers have flexibility around how to design and structure their programmes to meet these placement requirements; there's no one way to do this.

The Board has articulated two key components to its requirements:

- ➡ the **minimum** number of days a student must complete in practice education to deliver on achievement of the *Standards of Proficiency*; and
- ➡ the identification of core service user groups that a student must engage with during the course of practice education

For Educational Psychologists, the Board is proposing an additional stipulation around the environments in which students must have exposure to during the course of their practice education.



What does this mean?

Minimum Number of Placement Days

The minimum number of days a student is engaged in practice education is comprised of:

- ➡ the time spent **on-site** in a placement setting in the practice of Clinical, Counselling or Educational Psychology. This includes direct engagement with service users, research, planning and evaluating assessments and interventions, completion of reports and other administrative duties associated with practice;
- ➡ the time spent being **observed in clinical practice** with service users by the placement supervisor conducting student assessment; and
- ➡ the time allocated to **academic activities** associated with practice education. This includes completion of placement assessment documentation, and attendance at supervisory meetings with a placement supervisor.

The Board's Proposal

The Psychologists Registration Board has proposed setting distinct practice placement requirements for Clinical, Counselling and Educational Psychologists.

In making its proposals, the Board has reviewed and considered the total number of placement days currently required on education and training programmes, noting the funding support received to facilitate the total number of placement experience required.

The Board's remit and responsibility is to set the threshold – minimum – number of days required for a student to be able to demonstrate achievement of the *Standards of Proficiency*. It is not able to factor into its decision currently available funding to education programmes. However, it is important to highlight that education programmes are able to set the total number of placement days above the threshold level identified in the Board's Criteria.



For Clinical Psychology, a student must:

- ➡ complete a minimum of 240 days in practice placement; and
- ➡ undertake practice placements with the following service user groups:
 - Children and Adolescents
 - Adults and Older Adults
 - Child and Adult Disability

For Counselling Psychology, a student must:

- ➡ complete a minimum of 240 days in practice placement; and
- ➡ undertake practice placements with the following service user groups:
 - Children and Adolescents
 - Adults and Older Adults

For Educational Psychology, a student must:

- ➡ complete a minimum of 240 days in practice placement; and
- ➡ undertake practice placements with the following service user groups:
 - Children, Adolescents and Adults in educational services
 - Child and Adolescent Disability
 - Adult Disability

In addition, students must complete practice placements in **both educational and health and social care** settings in order to appropriately prepare future practitioners for the holistic practice of the specialism.

The Board's Rationale

In proposing these practice placement requirements, the Board has weighed and considered:

- the practice of each area of specialisation and the types of engagement a practitioner has with service users;
- the threshold level of knowledge and skill as articulated in the draft *Standards of Proficiency* for each area of specialisation;
- the requirement that students must demonstrate achievement of all *Standards of Proficiency* during their education and training;
- current national and international practice education requirements in the education and training for entry into practice;
- ensuring the principle of proportionality, as required under legislation, is applied in the context of the mutual recognition of international qualifications; and
- current entry requirements for entry into practice in Ireland – around the duration of practice and the service user groupings to have experience with – set by employers in the statutory sector.



Chapter 5

Have your say!



The Psychologists Registration Board's draft Criteria for Education and Training Programmes for:

- ➡ Clinical Psychology
- ➡ Counselling Psychology
- ➡ Educational Psychology

are available to access on: <https://coru.ie/public-protection/public-consultations/current-consultations/>

We are looking for your feedback and perspective. We would like your views on:

- ➡ the level of qualification for entry to the register for both professions; and
- ➡ the requirements set by the Board for practice placement.

You can access the consultation questionnaires and all relevant information on the CORU website:

www.coru.ie

The consultations are open for feedback from 7 October 2024 to 29 November 2024



Appendix 6: Copy of Frequently Asked Questions Section on the CORU Website

Question	Response
Will I still be able to use my title?	<p>CORU regulates by protection of title. Protecting the title 'psychologist' means anyone wishing to use it must be registered with the Psychologists Registration Board. This work is being progressed and an update is available to view here.</p> <p>When the three divisions of the register open, existing practitioners of Clinical, Counselling and Educational Psychology will have to register to continue to use these titles.</p> <p>Practitioners who are not working under these three specialisms (Clinical, Counselling and Educational) may continue to use the title 'Psychologist' until registration opens for the remaining specialisms.</p>
Will I be able to use my specialism in my title?	<p>To continue to use the title of Clinical, Counselling and Educational Psychologist, you must apply to the appropriate division of the register during the transitional period. The transitional period will be available for existing practitioners to make an application for two years from the date of the division of the register opening.</p> <p>Practitioners in all other Psychology specialisms may continue to use their title, until a division of the register opens for them. For an update on the regulatory model to protect the title of psychologist and regulate the whole of the profession please see here.</p> <p>It should be noted that the use of Chartership is specific to membership of the professional body. There is no restriction, from a regulatory perspective, in using 'Chartered' in your professional title.</p>



Question	Response
I am a member of a professional body. Do I still need to register?	Yes, to be eligible to continue the use of your professional title you will need to make an application to the appropriate division of the register when opened. It is an individual's responsibility to make an application to a division of the register. Membership of a professional body is not an eligibility requirement for registration.
I am a student. What qualification should I complete to be eligible to apply to a division of the register?	The Psychologists Registration Board have not made its Bye-Law listing the qualifications required of graduates for entry to the divisions of its register. In advance of divisions of the register opening, the board will undertake public consultation on a draft Approved Qualifications Bye-Law and invite submissions as to the qualifications listed as being suitable for entry to the relevant division of its register
I am an existing practitioner. What are the criteria for applying to the register?	<p>When a register first opens, there are transitional arrangements for existing practitioners to apply to the register. This is called the "Grandparenting" route established under section 91 of the Act which sets out the eligibility criteria for existing practitioners.</p> <p>To be eligible to apply under the transitional arrangements, you must be able to demonstrate that you have been engaged in practice of the relevant specialism for two years out of five on the date the register opens. You must demonstrate that you hold a Schedule 3 Qualification or a sufficiently relevant qualification (determined on a case-by-case basis by a board) or successfully complete an Assessment of Professional Competence. You must also demonstrate you meet fit and proper requirements.</p>
When will I have to register by?	<p>Existing practitioners of Clinical, Counselling and Educational Psychology will have two years, from the opening of the Register to make an application under the transitional arrangements.</p> <p>Once the three divisions of register have opened, Clinical, Counselling and Educational Psychologists who have been practicing in the Republic of Ireland for two of the last five years, can apply under the transitional arrangements referred to as S91 applicants. This is for existing</p>



Question	Response
	practitioners to apply to register during the two-year transitional period when a division of the register first opens.
What information will I be required to provide for registration once the register opens?	<p>CORU provides guidance for applicants applying under the transitional arrangements of S91 route which applies to all registers when first established and can be found here.</p> <p>For more information on Registering with CORU, please see here.</p>
What is the fee for registration and renewal?	The current registration fee is €100. The annual renewal fee is also €100 per annum.
What is the timeline for the opening of the Clinical, Counselling and Educational divisions of the register?	<p>Currently, the Psychologists Registration Board are working to establish divisions of its register for clinical, counselling and educational psychology by the end of October of 2025.</p> <p>CORU anticipate that it will take longer to establish a division that will facilitate the complete protection of title psychologist. This is dependent on how quickly the implementation of changes in the education and training pathways for certain specialisms can be introduced.</p>
I am an education provider. What do I need to do?	When the Registration Board set its criteria for education and training programmes and standards of proficiency education providers will be notified of the timeline to align to the Board's education quality assurance requirements in advance of commencing its programme approval process .
What is the role of CORU, and how does it differ from a professional association/accrediting body?	<p>CORU is Ireland's multi-profession health regulator. Our role is to protect the public by promoting high standards of professional conduct, education, training and competence through statutory registration of health and social care professionals. CORU was set up under the Health and Social Care Professionals Act 2005 (as amended). It is made up of the Health and Social Care Professionals Council and the Registration Boards, one for each profession named in our Act.</p> <p>CORU's focus is on the protection of the public. Professional associations/ accrediting bodies act as advocates for the profession. Once statutory regulation is introduced for Clinical, Counselling and Educational Psychologists, practitioners wishing to work using these titles in the</p>



Question	Response
	Republic of Ireland will have to be registered with CORU on the appropriate division of the register.