



The
British
Psychological
Society

Managing the transition from Trainee Clinical Psychologist through Preceptorship to full specialist practitioner status

Introduction

This joint guidance paper addresses the transition from a Band 6 Trainee Clinical Psychologist to full specialist practitioner status at Band 8a via the transitional level at Band 7. It concerns (a) the role of training courses in clinical psychology in developing Band 6 trainees within the framework of a core set of Band 6 KSF knowledge, skills and competencies, (b) the preceptorship within Band 7 and which prepares clinical psychologists for working in a particular NHS specialty and (c) the Band 8 KSF outlines that constitute full specialist practitioner status.

This guidance is, at this stage, only addressing the Clinical Psychologist career pathway as this constitutes the main route for the overwhelming majority of Applied Psychologists in the NHS. It should apply equally to other applied psychologists as well as psychologists who achieve their eligibility for chartering via SoE routes.

The KSF process and Trainee Clinical Psychologists

At present the main route for psychology graduates to work in the NHS as clinical psychologists and to be recognised as eligible for chartering as clinical psychologists by the British Psychological Society is to be accepted on to and successfully complete a Doctoral level programme in Clinical Psychology. Once accepted and registered for a course they become NHS employees, designated trainee clinical psychologists, in posts which have been job evaluated at Band 6.

All Doctoral level programmes are intended to deliver a common training, with a common qualification, namely a clinical doctorate (D.Clin.Psy., PsychD. or equivalent). Until the introduction of AfC, the BPS was responsible for accrediting courses. Individual training programmes were performance managed through the various regional NHS Workforce Development Groups but the accreditation of each HEI's course depended upon the BPS not the NHS. The formal qualification of clinical doctorate was determined and conferred by each accredited HEI.

With the introduction of Agenda For Change (AfC) this situation has changed. The trainee's post has to also be evaluated within the framework of AfC. This involves both a job description and person specification that is evaluated by the Job Evaluation (JE) process of AfC, and a developmental pathway that has to correlate to the KSF of AfC. To justify progression through that Band 6 the trainee has to be separately evaluated within the KSF appraisal process as well as through the HEI's academic assessment and performance appraisal.

This means the trainee must, in addition to any course requirements, be assessed against a foundation gateway, an appraisal process that is meant to take place after the first year in post, that follows at least two preceding 'reviews' or 'discussions' and that is set against the KSF subset of knowledge and skills developed by each course (notionally in conjunction with the

appropriate HR department of the trainees' employing Trust). Annual appraisals must take place against the training objectives framed by the KSF outline over subsequent years.

When the trainee completes his or her course and following successful assessment the HEI will award the degree of clinical doctorate. Upon qualification the trainee is eligible for chartering as a clinical psychologist by the BPS. This constitutes the basis for clinical psychologists being eligible to apply for posts in the NHS to work as a qualified clinical psychologist.

It is expected that on successful completion of the course the newly qualified clinical psychologist would have successfully completed the requirements of the second gateway of KSF for the Band 6, normally after the 3 years of training.

Since the work of the trainee has been conducted under clinical supervision – whether in clinical practice or in clinical research – and successful attainment of competency is based upon clinically supervised practice, there can be no expectation that after qualifying the person will have worked as an independent practitioner **at that level** in a particular clinical speciality. Rather they are judged as having the *potential* to do so, in a range of jobs that may cover areas such as Learning Disability, Older Adult, Mental Health, Child Health, Chronic Pain, Medium Secure Mental Health Forensic, Limb Amputee Services, Youth Offender Teams and others.

Hence the first post the trainee obtains in the NHS as a newly qualified clinical psychologist has been considered as a preceptorship in a clinical speciality enabling the person to consolidate their skills and knowledge, gain further knowledge and experience and develop to a specialist practitioner able assess and treat clients/patients with the most complex clinical problems.

Band 7 and the transition through Preceptorship

So far, AfC has assimilated into Band 7 already qualified clinical psychologists and it will only be in October 2006 that the first batch of AfC matched trainees begins to apply for qualified positions in the NHS. The results of assimilation of recently qualified clinical psychologists are not yet the subject of detailed analysis, but the emerging picture indicates wide variability in AfC outcomes with no obvious distinction between Whitley grades and Banding at 7 or 8a (Walker and Cate, 2006, Table 7). The JE profiles of Band 7 and Band 8a indicate distinctions both in terms of Knowledge and Skill (Factor 2) and Freedom to Act (Factor 8).

The unaccounted differences in JE, and KTE (Factor 2) in particular, appear almost certainly to be due to two main factors: Incorrect and inappropriate matching and differences in interpretation of some (less than clear) submitted JDs and Person Specifications. KSF implementation however raises a new set of issues that indirectly connect with the 7/8a distinction but more importantly demand consideration by the profession and the union of the different developmental trajectories of these two bands. This guidance does not aim to address issues of inappropriate banding as that should be subject to AfC review procedures and grievance in necessary.

The position that the KSF working group recommends to both Amicus FoP and BPS DCP is that Band 7 is a temporary, transitional banding that should enable recently qualified clinical psychologists to consolidate and further develop core practitioner skills in specific areas of practice. In the process of doing this they will necessarily become able to meet the requirements for higher levels on KTE (Factor 2), in that they will gain additional training and experience equivalent to that which would be achieved in a post graduate diploma, and they will more clearly satisfy level 4 requirements of Freedom To Act (Factor 12).

Unlike Band 6 and Band 8 posts, Band 7 clinical psychologist posts should not form the basis for an establishment within an NHS healthcare provider organisation but should exist as a vehicle for preceptorship designed to enable clinical psychologists to work competently in Band 8 posts.

KSF provides an obvious mechanism to realise coherent developmental pathways for Band 7 preceptorship posts. The precise dimensions, levels and areas of application will of course vary according to the service area. Conceptually such posts can be thought of as affording the newly qualified clinical psychologist the opportunity to develop particular subsets of psychological skills and enhance a particular area of psychological knowledge that it would be impractical to imagine any training course delivering, given the diversity of psychologists' applied NHS practice. The DCP has been publishing a series of Good Practice Guides defining the competencies expected of a qualified psychologist following training and the first two years of qualification.

The nature of such 'preceptorship' will depend upon the established post that it serves. Hence it is not possible to determine exactly how long a postholder may need to stay in a Band 7 job before being able to meet the KSF gateway requirements and is ready to be assessed for a fully established Band 8 position in a service. Generally, it is expected to last at least one year (to ensure that the KSF outline subset of skills are definitely achieved) but would not normally need to continue beyond three years.

It is important that the profession safeguards the individual's needs to be able confidently to use the knowledge required and exercise the skills needed for the substantive post. It is important also that the public obtain full benefit from an appropriately skilled and knowledgeable psychologist. Hence there needs to be a balance between the efficient use and the effective use of resources. By creating the opportunity for a Band 7 preceptorship on the basis of a Band 8 funded post, the budgetary differential would ensure a guaranteed progression of a postholder obviating the need look for additional funds to regrade the post in order to retain a highly skilled professional.

Even when Band 7 posts are already in establishment, the strategic objective must be that these posts are linked to Band 8 posts so that at some point in the near future a Band 7 post exists only as a preceptorship post funded from a Band 8 establishment.

By ensuring that a significant component of the Band 7 preceptorship incorporates autonomous specialist practice the preceptorship will not be a 'supernumerary' position and will deliver a real but more limited health gain than the funded establishment.

Band 8 Clinical Psychologist posts

Posts that have been established to deliver the psychological health benefits to a defined population by an experienced highly skilled specialist psychologist should be banded at 8. Achieving the KSF outline subsets required of such posts should be guaranteed by the existence of preceptorships, although they may be assured by other means of recruitment (e.g. recruiting someone in a similar post from another service or Trust, recruiting someone who has done a similar post and is now returning to work etc) provided of course such recruitment is feasible and likely.

The development of Band 8 clinical psychologist posts would match the processes outlined in the KSF handbook based upon national templates outlined by the BPS/DCP and Amicus. Such posts form the 'back bone' for NHS psychology services, varying in seniority and level of expertise according to needs and resources, but each post assured to deliver measurable

health benefits to a particular population. The route to realising such a workforce will be much sounder when pre-qualification training potential is married to post-qualification clinical preceptorships.

Agreed Actions

The Amicus Family of Psychology Occupational Advisory Committee and the BPS's Division of Clinical Psychology Executive having formally endorsed this Guidance will:

1. Advise all Psychology Managers/Advisors to only create Band 7 posts as preceptorships to Band 8 posts. Anyone thus recruited to a Band 7 position will be given the means to progress through their preceptorship, which would normally be resourced through the 'underspend' between the established Band 8 post and the Band 7 salary paid to the newly qualified person. Even when the current establishment is for Band 7 posts, every effort should be made to link those posts to Band 8 posts.
2. Advise all Psychology Managers/Advisors to create a Band 7 template KSF that explicitly clarifies the preceptorship status of such posts and the assumption that Band 7 is a position staff hold until they satisfy the requirements of the Band 8 KTE and not a clinical psychology establishment that would deliver best value services.
3. All course directors and tutors to ensure that trainees on clinical placements are not receiving supervision by staff occupying preceptorship positions.
4. All Trust HR departments should be informed of this staff side/professional position.
5. Information leaflets are developed giving options for managing the 7 / 8a transition relevant to a wide range of services, incl. AMH, CAMHS, F&YP, OA, LD, Acute Healthcare, Primary Care based services, Forensic services etc. (i.e. DCP GP guides)
6. All local disputes over implementing the KSF template for Band 7 to be passed up by the relevant Psychology manager/professional advisor to Amicus FOP OAC and DCP

Guidance initiated by the Amicus FoP OAC / BPS Applied Psychology Divisions Working Group on KSF April – June 2006

Endorsed as formal Joint Guidance by Amicus Family of Psychology Occupational Advisory Committee and the BPS's Division of Clinical Psychology Executive

Final v7 - 24th July 2006

Please direct all enquiries about this document to
Antony Vassalos, Chair of Amicus FoP OAC and Tim Cate, Chair of The British Psychological Society Division of Clinical Psychology.