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ASSOCIATION OF CLINICAL PSYCHOLOGISTS

# Assistant Psychologists

## Ensuring quality supervision and service provision

**April 2022 | Version 1**

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## Foreword

Clinical psychologists are responsible for trainee clinical psychologists and those who have not yet entered professional training, including assistant psychologists (APs), honorary assistant psychologists (HAPs), and psychology undergraduate and master's students on work experience placements. Within the field of psychology these are seen as pre-professional training roles, which require careful oversight to protect against the exploitation of people who undertake them and to ensure any services provided are safe and appropriately supervised. The psychological professions and clinical associate psychologists (CAPs) are also supported by clinical psychologists; however, the current document focuses only on pre-professional training roles.

The following guidelines are meant for employers and to support Health and Care Professions Council (HCPC) registered clinical and other practitioner psychologists who manage and supervise the work of pre-professional training roles within the psychological professions. These are also intended to serve as a useful reference point for assistant psychologists and aspiring clinical psychologists.

ACP-UK acknowledges there are valid concerns about unpaid or honorary pre-professional training posts. Our Equity, Diversity and Inclusion (EDI) strategy calls for and commits to abolishing unpaid posts that are not supported by an academic or continuous professional development (CPD) programme. Unpaid or honorary roles can provide good experience. These roles are nevertheless open to exploitation and poor practice, which could lead to poorer service provision for the public (Snell & Ramsden, 2020; Ramsden, et al., 2022).

Further, the proliferation of unpaid or honorary posts creates a 'status quo' where candidates are expected to work for free to gain relevant experience before securing a competitive paid assistant psychologist post or a place on an NHS funded clinical psychology doctoral training programme. This creates a landscape where those who cannot afford to work for free (e.g., people from lower socio-economic backgrounds; those who do not have family willing or able to support them in such an endeavour, or those who have dependents of their own) or who do not have connections who can offer such experience, are disadvantaged. This, in turn, perpetuates the lack of diversity within the clinical psychology profession (BPS, 2016; Turpin & Coleman, 2010; Williams et al., 2006).

ACP-UK believes that abolishing such roles is key to creating a level playing field and improving opportunities for those from currently under-represented and minoritised backgrounds to progress onto clinical psychology doctoral training. Positive changes have been made, including recent HEE funded

placements of aspiring clinical psychologists and various mentoring schemes for those from disadvantaged or under-represented backgrounds; however, clinical psychology can and must do better.

For our part, ACP-UK is looking forward to working with our members, the clinical psychology training community, and key stakeholders to create collaboratively a fairer and safer pathway into clinical psychology training.

The landscape for pre-professional training roles is a rapidly evolving landscape and, therefore, the ACP-UK will regularly review the guidelines presented here. We welcome feedback from our members and from the public, and remain open to ideas for how these can be improved. We would also be keen to hear from our members about their experiences and to share best practice examples as a way to help shape future guidance.

## Historical context

The NHS grade of assistant psychologist was a development out of the creation of Psychological Technicians at the Special Hospitals (Broome & Black, 1982). The development was always controversial, with concern expressed in the *Bulletin of the British Psychological Society* and *Clinical Psychology Forum* throughout the 1980s. The aim of those posts had been to make best use of qualified clinical psychologists' time by providing them with graduate level staff who could assist with research and psychometric testing.

But another pressure was at work.

Although there have been long periods when NHS employers could not find enough clinical psychologists to fill the posts they had created, for many years there have been more suitable applicants for training places than places in which to train them (often a ratio of six or even seven applicants per place). To manage the imbalance, training courses began to prioritise applicants with a year or more pre-clinical 'relevant experience' between graduating and entering postgraduate training. Employment as an assistant psychologist (AP) became highly prized as relevant experience alongside other experience, such as employment as a nursing or care assistant. In well-managed psychology services, in which the work of APs was properly organised and supervised, it was inevitable that they would begin to take on clinical work delegated by experienced qualified clinical psychologists. Simultaneously, there was demand to provide more psychological therapy services and spending on staff.

Our perception is that such pressures led to APs being asked to undertake responsibilities for which they were neither trained nor properly supervised. Meanwhile, a growing number of psychology graduates wanted to train as clinical psychologists. Some were willing to work for free to improve their chances of being selected for training. This was happening when NHS Trusts were encouraged to see themselves as independent business units and there was, therefore, no central control of what was happening. In 2007, the New Ways of Working project proposed a broader base for pre-qualification training at three levels: trainee psychology assistant, psychology assistant and senior psychology assistant (Department of Health & British Psychological Society, 2007). The proposal was never implemented in the form originally intended. The profession continued to produce guidelines, but what strength could they have in the face of increasing demands for services, decreasing budgets and highly motivated psychology graduates yearning to get onto the next step of the career ladder?

## Introduction

The governance of AP, HAP and university student placements has long been informed through guidelines produced by the British Psychological Society (BPS 2007; BPS, 2016); however, research suggests that these may not be robust enough. APs and HAPs report receiving inadequate levels of clinical supervision, including from non-psychologists, or no supervision at all (Snell & Ramsden, 2020; Ramsden et al., 2022). There are reports of 'burnout' linked to working beyond their competences, limited variability in the role (e.g., few opportunities for peer supervision, relevant reading, or research) and financial burden from having to accept unpaid roles, which – not uncommonly – are full time. Supported in earlier studies (Douglas et al., 2018; Hughes et al., 2015; Rezin & Tucker, 1998; Woodruff & Wang, 2005), these concerning trends can and must be addressed.

The following guidelines have been co-produced with APs, HAPs, trainee clinical psychologists, early career and experienced HCPC registered clinical psychologists, with the latter providing many years of management and clinical supervision experience.

The guidelines are intended for managers of health and social care services, and qualified clinical psychologists with supervisory and managerial responsibilities, as well as APs, HAPs, and others on a career path to professional training. Other HCPC registered practitioner psychologists, such as counselling and forensic psychologists, also supervise these roles and, therefore, can benefit from what is recommended.

## Qualifying as a clinical psychologist in the UK

In the UK, qualifying to become a clinical psychologist requires a minimum of six years of study culminating in the completion of the NHS funded clinical psychology doctorate (DClinPsy), which involves three years as a trainee clinical psychologist. Only those who have registered and maintained their registration with the Health and Care Professions Council (HCPC) may use the title of clinical psychologist, which is protected in law.

An essential prerequisite is an undergraduate degree (or a psychology conversion course), accredited by the BPS that provides Graduate Basis for Chartered (GBC) membership. Many aspiring clinical psychologists will have also completed a masters level psychology course and held roles as APs and HAPs, which are the most common (but not the only) routes to gaining the experience needed to become a qualified clinical psychologist.

Competition for these pre-training roles is considerable not least because funded places on the clinical psychology doctorate are limited and the

courses oversubscribed (BPS, 2018; Williams, 2001), despite there being a shortage of qualified practitioner psychologists in the UK (Migration Advisory Committee, 2019).

Such competition has given rise to institutional exploitation of those who are motivated to gain the clinical skills and experience necessary for career progression (Acker et al., 2013; Stevens et al., 2015) and is a significant contributing factor for why clinical psychology is characterised by a lack of diversity (BPS, 2016; Turpin & Coleman, 2010), including underrepresentation of black, brown and minoritised clinical psychologists and trainee clinical psychologists (Williams *et al.*, 2006).

## Relevant experience prior to training

It is important to understand that anyone gaining relevant experience between graduating and entering professional training is neither a trained clinical psychologist nor in a training post. The knowledge acquired by working in such posts mainly reflects learning by experience and will likely vary from one person to another and one post to another.

It is therefore neither safe nor appropriate for psychology graduates gaining experience in AP or HAP posts to act autonomously or to work in settings where there are no qualified clinical psychologists or practitioner psychologists in post. The same applies to university psychology students on work experience placements. To do otherwise exposes employers (who carry responsibility for the actions of their employees) and service users (who are entitled to the best quality of service that can be provided) to unnecessary and unacceptable risks.

## Providing the appropriate clinical oversight

APs and HAPs must be clinically supervised by a qualified HCPC registered clinical psychologist or other practitioner psychologist. Clinical supervisors are expected to have training in at least one supervisory model e.g., Supervisor Training and Recognition (STAR) or via training provided by the BPS through its Register of Applied Psychology Practice Supervisors (RAPPS).

As a pre-training pathway into the mental health profession, we recommend that APs working full time must receive formal 1:1 clinical supervision for at least 1.5 hours per week and at least 3 hours per week total contact time with their clinical supervisor. Supervisors should, where possible, promote opportunities for peer discussion and reflection. This ensures space to explore concerns, seek guidance, provide feedback and develop reflective practice, knowledge, and skills. Having a regular day and time for clinical supervision is recommended, to foster consistency.

For APs working part-time, HAPs and university-level psychology students, clinical supervision and total contact with their supervisor should be considered in line with the number of paid or unpaid hours worked each week with the minimum expectation being that such supervision should occur at least twice a month, for a minimum of one hour each time.

Ideally, line management should be separate from clinical supervision. Where this is not possible, arrangements should be made for supervisees to have a named person other than their supervisor with whom to discuss any difficulties that might threaten the quality of the supervisory relationship.

## Assistant psychologists: what to expect

This section applies to those with both the AP and 'Senior' AP title. Senior APs (band 5 equivalent) will typically have more experience than those employed as APs (band 4 equivalent) and so their responsibilities reflect this. As a minimum, APs employed outside of the NHS should be paid a salary in line with those working within the NHS (Agenda for Change [AfC] band 4 or band 5) (NHS Employers, 2021).

Neither APs nor Senior APs should provide clinical supervision to peers, colleagues or volunteers. As noted above, the work undertaken by APs must be delegated to them by their supervisor (an HCPC registered clinical or other practitioner psychologist) who remains responsible for the quality of their work. Supervisors should be appropriately supported and resourced to supervise APs and have sufficient time to do so.

There may be expectations on the part of senior management that an AP's work is measured by the number of people with whom they work. However, the purpose of these pre-training roles is to focus on the nature and quality of the learning experience to better prepare the postholder for clinical training. It is the supervising clinical psychologist, or other practitioner psychologist, who must balance those needs and ensure so far as possible that both are met, in a safe and appropriate manner.

### *Responsibilities*

Examples of responsibilities that may be delegated can include (dependent on experience and training):

- Manualised group interventions
- Manualised 1:1 intervention
- Psychometric assessments - completing and inputting data (under supervision)
- Semi-structured history taking assessments
- Literature reviews and research (including audit/service evaluation)

- Making/modifying resources (approved by supervisor)
- Teamwork: reflective practice (engaging in, not facilitating), team meetings, networking, peer supervision, training
- Letters and reports - checked and signed 'under supervision of' their clinical supervisor
- Completing clinical observations
- Case formulation

APs should not be expected to carry out the duties of a healthcare assistant (e.g., supporting the personal care of service users), or excessive non-clinical administrative tasks (e.g., assisting mainly with photocopying) (BPS, 2007). These are not tasks that they are trained to do, nor will they support their development towards gaining a place on clinical psychology training.

### *Workload balance*

As a rule, an AP (FTE 1.0) should not have more than three hours within a working day spent on direct 1: 1 work with service users. However, it is expected that most APs (particularly those new to the role) will have less direct contact than this. Sufficient time should be set aside for preparation, clinical notes, follow-up and reflection.

Time for reading, clinical supervision, shadowing, peer supervision and other skill development related activities, including research, should also be factored into the role. It is recommended that for every one hour of direct clinical contact (including face-to-face, online or telephone) there should be at least one additional hour for such activities.

#### Example of AP Workload

Spend at least 50% of their time on service user related activities.
This might include:

- screening referrals and liaising with referrers
- managing waiting lists
- conducting assessments
- writing clinical reports and clinical letters
- providing supervised and manualised 1:1 or group interventions

All service users with whom an AP is working must be discussed in clinical supervision monthly (at least). Timely and mutually agreed supervision records must be kept and referred to, to allow for transparency and accountability between supervisor and supervisee. In the interests of their health and safety, APs should not be delegated therapeutic work with people presenting with high levels of risk to themselves or others.

### *Continuous professional development*

A combination of varied roles and responsibilities are recommended to support rich and appropriate professional development, whilst simultaneously meeting the needs of services and their provision. The current guidelines support the BPS position that the equivalent of at least 3.75 hours per week must also be given to full time APs (or pro rata for part-time appointees) for continuing professional development (CPD) relevant to their role (BPS, 2007).

The HCPC (2019) counts the following activities as CPD: work-based learning (i.e., reflecting on experiences or considering service user feedback); professional activity (i.e., being involved in a professional body); formal education (i.e., carrying out research, attending a course or webinar) and self-directed learning (i.e., reading relevant books/articles). It is recommended that APs (as well as HAPs and university students) keep a personal confidential log of the work and/or CPD they have done and their reflections, as this will be useful for their learning and development.

## Honorary assistant psychologists: what to expect

Organisations such as the trade union UNITE recommend that HAPs should under no circumstances be appointed. The ACP-UK, in its EDI strategy, maintains that unpaid or honorary roles, which are not part of an educational or CPD programme, should be abolished. We want to work with services, training courses and the training community to review trainee selection and training criteria to ensure that we are working towards fair and equitable process.

We acknowledge that the practice of recruiting HAPs has been in play for many years and is, indeed, ongoing. We also acknowledge that there are examples where HAP roles are well managed and appropriate safeguards are put in place (e.g., 3.5 hours or less per week or as part of CPD from a paid full-time role with good quality clinical supervision from an HCPC registered clinical psychologist or other practitioner psychologist). Therefore, HAPs are included in the current guidelines to support good practice and regulation of these roles even while they may remain exploited.

HAPs should have contracts with the organisation in which they are working, either as a volunteer or as an honorary (unpaid) employee (BPS, 2016). Contracts must make clear that clinical supervision and delegation of tasks is by a HCPC registered clinical psychologist or other practitioner psychologist and that HAPs will work only in services where there are qualified clinical or other practitioner psychologists.

Crucially, HAP posts should not be used to carry out the work of a paid employee (BPS, 2007). An appropriate and varied balance of responsibilities

should provide sufficient and varied experience to compete for a paid AP role. Expenses incurred and the costs of DBS certificates should be paid for by the host organisation (BPS, 2016).

The appointment process should be formal and fair (BPS, 2016) i.e., widely advertised with clear selection criteria procedures, including those that reflect the principles of equity, diversity and inclusion. Host organisations should take account of the intention of improving access to professional training for graduates from a range of minoritised groups, so that clinical psychology better represents the breadth of the UK population. They should be aware that voluntary and unpaid employment may not be feasible for graduates from the minoritised groups whom the policy seeks to encourage into training and, therefore, may conflict with that intention.

### *Reducing exploitation*

In recognition of concerns, such as those raised by UNITE, ACP-UK makes the strong recommendation for HAPs to volunteer for a **maximum** of 1 day or 7.5 hours per week. This will ensure people in these roles can also engage in other paid work or educational commitments and will not conflict with the criteria for the payment of state benefits. Opportunities should be available for those who cannot commit to 7.5 hours a week and can instead volunteer for half a day or 3–4 hours per week, particularly due to caring, financial or work responsibilities.

Appropriate HAP roles and responsibilities include:

- Shadowing psychology staff during assessments and interventions
- Co-facilitating assessments, individual interventions, group interventions, or other clinical activities with a trained and experienced member of staff as appropriate (e.g., AP, trainee, or qualified clinical psychologist)
- Data collection and entry
- Preparing session materials and resources
- Assisting with research tasks
- Assisting with clinical administrative tasks (e.g., writing letters)

HAPs must not work directly with people who access mental health and social care services without the presence and support of a (paid) member of the psychology team.

## Work experience for university students: what to expect

In recent years, some universities have begun offering psychology students ‘professional’ placements. Within undergraduate psychology degrees this sometimes occurs as an unpaid ‘year in industry’ placement although students may be able to arrange Student Finance during these placements.

Work experience requirements, or opportunities, are also in place within some psychology master's courses. It is understood that such placements are becoming increasingly common and that there is currently a lack of regulation around them.

ACP-UK recognises that this is an evolving situation and will review this guidance regularly. The expectation is that, where these placements are offered, placement providers and hosts will work proactively with universities to ensure good quality experience can be obtained in a safe and fair manner. It is, nevertheless, essential that there is a coherent, strategic and planned approach to work experience placements within clinical psychology services that do not compromise the safety of people accessing services or the reputation of clinical services but do maximise the efficiency of placements at the local level. In general, it is recommended that these roles should follow the same guidance as outlined above for HAP roles. However, additional considerations are outlined below:

### *Accredited university courses*

It is strongly advised that clinical psychologists agree only to provide placements to BPS accredited undergraduate programmes, and/or to master's students who have or are working towards Graduate Basis for Chartered (GBC) Membership of the BPS. This will help to ensure the quality of the student experience and that they are/will be appropriately equipped to work towards training in clinical psychology in future if they wish to do so.

It is also strongly recommended that universities offering undergraduate, or master's courses, liaise with clinical tutors on local DClinPsy courses regarding clinical placement requirements and arrangements. Possible placement providers and hosts should consider enquiring about what links and interactions the university course has to local DClinPsy courses and advise seeking guidance as appropriate.

### *Placement contracts and agreements*

Placement providers or hosts should identify the nature and purpose of the experience to be provided via a placement description and/or job description for potential students. This should form the basis of a placement agreement with the university, which is agreed in advance of offering the placement to the student. Once a student has chosen the placement, a placement contract should then be negotiated between the placement host organisation and the university; these are likely to be similar to those for HAP roles. It is recommended that a DBS check should be conducted at this stage and a DBS certificate obtained before the contract is confirmed. It can also be helpful to include a risk assessment of the placement to identify potential risks to the public and or student during the placement (e.g.,

transport or location related factors, work environment factors or individual student factors), and put a mitigation plan in place.

### *Clinical supervision*

The placement provider or host should confirm in advance that there is an HCPC registered clinical psychologist or other practitioner psychologist in place to supervise the student. Clinical supervisors should be appropriately supported and resourced to supervise the students and have sufficient time to do so.

### *Expectations on placement*

In general, the kind of experience that a university placement offers should be closer to that of a HAP role. However, the expectations should be adapted according to the amount of time the student is available, and their level of previous experience. Placement providers should be cognisant that university students might require additional time and support to complete tasks compared with HAPs, who generally would have already obtained their degree and are more likely to have prior experience. As with HAPs, university students on placement should not work directly with people accessing services without the presence and support of a (paid) member of the psychology team nor should placements be arranged for them where there are no qualified clinical psychologist or other practitioner psychologists.

Different university courses will have different requirements and arrangements in place in terms of the amount of time per week and the length of time the students are able to commit to the placement. The placement provider or host should check this with the university course in advance and it should be agreed with the student prior to completion of the placement contract.

### *Reducing exploitation*

University placements should typically involve one 1 day per week (or 7.5 hours) on placement over a period of 6 or more months. It is recommended that students should not spend more than 3 days per week (or 22.5 hours per week) on placement. University placements which require candidates to volunteer over 7.5 hours per week risk exploitation or unsafe practice and could potentially reduce access to the profession, especially for those from minoritised or under-represented backgrounds. As with HAP roles, flexibility should be offered to allow the student to spend less than seven and a half hours per week on placement if needed; in order to gain good quality experience and still attend to other commitments and/or gain paid work alongside this experience.

Placement providers and hosts should be aware of the financial burden that many students experience and be supportive of finding creative solutions to enable students to gain good quality experience without adding to their

burden. This is particularly relevant for students studying on master's programmes where funding and financial support is less readily available. Where possible placement providers and hosts should also consider offering remuneration and/or covering any expenses incurred (e.g., travel to/ from placement or to different locations during the placement).

## Improving access to clinical psychology training

More needs to be done to break down barriers that have long meant minoritised groups are under-represented in the profession. AP posts are an effective route through which improving access to the clinical psychology profession can and must happen.
Planning, advertising, recruiting and interviewing for AP posts needs to reflect a greater understanding of what is needed to foster greater equity, diversity and inclusion.

Interview panels for AP posts should, so far as possible, be representative and diverse. Consideration might be given to:

- including Experts by Experience and black, brown, and/or other minoritised or under-represented colleagues
- requiring candidates to demonstrate respect, and to value and demonstrate understanding of people's diverse experiences

**Table 1**
Examples of interview questions

| |
|---|
| (1) Issues related to diversity and anti-discriminatory practice are important to ethical clinical practice and the psychology profession:<br><br>*'Please tell us about a time you became aware of any bias or privilege in your place of work'*<br><br>*'How might you respond if any issues were raised?'*<br><br>(2) What are 'equality, diversity and inclusion' and why are they important?<br><br>*'Why might these be important principles to hold in mind when working in X setting or with people experiencing Y?'* |

Having a car or driving licence should not be a minimum requirement for AP applicants, unless public transport is not available in the area, and even in those circumstances appropriate assistance and support should be considered in the case of APs with a disability. Such a requirement unnecessarily creates barriers to the profession, particularly for those who are

disabled and/or from economically deprived backgrounds. Opportunities for remote working should also be considered where possible.

Remote working has become a helpful alternative since the emergence of the coronavirus pandemic in 2019 and may enhance access and/or improve working experiences for many (e.g., those with a disability or who have caring responsibilities). However, it is also a possible barrier (e.g., if a person lives in crowded accommodation, it might be difficult to find private space and/or stable Wi-Fi connection). Therefore, wherever possible flexible working should be offered, and personalised working patterns should be created. The advertised requirements for APs and HAPs routinely state candidates must have achieved a high 2:1 or higher in their undergraduate degree. This risks excluding capable candidates whose personal circumstances or background may have negatively impacted their educational attainment and opportunities. To reduce this barrier, applicants should be provided space to briefly reflect on such experiences and how they impacted their education and/or a short research task should be included in the selection/interview process (to ascertain academic suitability).

## Consultation

ACP-UK has placed the current document on its website for public consultation to seek views in a transparent manner on how best to address the governance of the pre-training roles discussed. More needs to be done to challenge training institutions and employers' contribution to the way in which aspiring clinical psychologists are exploited, overworked or exposed to risks outside their competence in pursuit of career progression.

This statement acknowledges and supplements the following publications:

- Equality Act (2010).
- *Equity, Diversity and Inclusion Context and Strategy for Clinical Psychology* (ACP-UK, 2022)
- *Guidelines for the Employment of Assistant Psychologists* (BPS, 2007)
- *Guidelines for Clinical Psychology Services* (BPS, 2011)
- *Good Practice Guidelines for Applied Practitioner Psychologist Internship Programmes and Unpaid Voluntary Assistant Psychologist Posts* (BPS, 2016)
- *Practice Guidelines* (3rd edition) (BPS, 2017)
- NHS publication *Health Careers*, section on 'Assistant Clinical Psychologist' (NHS Health Careers, n.d.)

Five key issues should be considered in the context of what these guidelines aim to achieve – better governance of pre-training roles for the psychology profession:

- Why APs cannot substitute for HCPC registered clinical psychologists and other HCPC registered practitioner psychologists
- Why HAPs and those on university student placements cannot substitute for paid APs or members of staff
- How competing demands of service needs and needs for experience relevant to applications to clinical psychology training courses can be best resolved
- What can be done to ensure that the interests of service users, and the interests of health and social care employers are protected when work is undertaken by APs or HAPs
- What is the most efficient and effective use of clinical supervisors' time, given that supervisors will have other and potentially competing service responsibilities

Key findings from an ACP-UK affiliated survey (N=228) of APs (*n*= 209) and HAPs (*n*=19) conducted in 2019 (Snell & Ramsden, 2020; Ramsden et al., 2022) remain a stark reminder of why being aware of the above issues is important:

- 27% of APs reported receiving less than 1 hour of clinical supervision per week
- 5% of APs and 16% of HAPs reported receiving clinical supervision from a non-psychologist or receiving none
- 28% of APs reported taking on activities beyond the role of an AP
- 16% of HAPs reported volunteering full time
- 36% APs and 32% HAPS reported dissatisfaction relating to their roles. Common themes for role dissatisfaction included 'burn out' and 'too much responsibility' for APs, and 'financial burden' for HAPs

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