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British
Psychological
Society

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The Society has offices in Belfast, Cardiff, Glasgow and London, as well as the main office in Leicester. All enquiries should be addressed to the Leicester office (see inside front cover for address).

The British Psychological Society was founded in 1901, and incorporated by Royal Charter in 1965. Its object is 'to promote the advancement and diffusion of a knowledge of psychology pure and applied and especially to promote the efficiency and usefulness of Members of the Society by setting up a high standard of professional education and knowledge'.
Extract from The Charter



President's column

Sue Gardner

Contact Sue Gardner via the Society's Leicester office, or e-mail: president@bps.org.uk

I spent some fascinating hours recently reading the impressive articles submitted by those nominated for the Spearman Medal this year. This award is conferred by the Research Board to a candidate within eight years of completing a PhD who has produced original and innovative work that has contributed significantly to the discipline. In my opinion, all those nominated deserved some award, even though the panel could only give the medal to one nominee.

This started me wondering whether we could celebrate our successes more frequently than we do. A full outline of the Society's awards and grants is available at

www.bps.org.uk/awards so do see if you or a colleague might be eligible. We recognise outstanding work by graduates, postgraduates, researchers, teachers, academics and practitioners, but maybe

we should do more. This may be particularly true given the interest in positive psychology; speaking of which, you might like to know that Dr Martin Seligman, one of the founders of this movement, will deliver the 2009 British Academy/BPS Annual Joint Lecture on Tuesday 29 September at the Friends Meeting House (opposite Euston Station) in London. Again, details are on the website.

There have been many positive responses to the draft Strategic Plan, so thank you to all those who took part in this consultation. It was interesting to note that the majority of comments were supportive of the plan and focused more on converting the aspirations into practical proposals for action, which is the next stage of the exercise. For the strategic stage we want to think boldly about the future and to express the hopes of all across the whole membership. (I have to confess that a trip to see *Star Trek* with my young son during half-term was an influence.) Once the latest draft of the Strategic Plan has been commented on by Representative Council, which includes board and member network chairs, it will go back to the Board of Trustees for approval; and then everyone can discuss the operational objectives that we want to achieve under each of the Key Purposes.

Before any of us achieve anything there is

usually a great deal of uncertainty and hard work. I'm conscious that many members will be or have been involved in exams and that studying, revising, sitting and marking involve significant effort. Good luck to you all. The staff at the Leicester and London offices have also been involved in effort related to changes that the Society is going through. I'm really grateful for their commitment and hard work. It all looks calm on the surface but underneath there is a great deal of activity.

For example, I hope that many of you will have visited the new BPS Shop to see what's in store. You can use it to download publications, book places on conferences and training events, and take advantage of member savings. Visit www.bpsshop.org.uk, and if you have any questions, telephone +44 (0)116 252 9556 or e-mail bpsshop@bps.org.uk.

Some of the changes the Society is making have come about as the result of the statutory regulation of applied psychologists by the Health Professionals Council. By the time you read this, we will know the outcome of the discussions about the threshold level of entry and the handover from the Society's self-regulation to the HPC will have taken place on 1 July. I have been talking to those in other professions who have been through similar processes and to psychologists in the USA to help understand what other organisations and their members have been through. It does seem to be the case that there is internal turmoil both before and for a time after such a significant event. Membership increases beforehand, then decreases, then recovers as people realise that a regulator identifies necessary standards whereas the professional body identifies quality standards. We are committed to ensuring that psychology becomes more of an influence in public life by promoting excellence in all we do. Your Society will work hard for you and with you to achieve this.

Finally, I had a lovely trip to Glasgow University to take part in the 60th anniversary of the Section of Psychological Medicine. The day was spent celebrating a range of achievements both in the past and more recently and was rounded off with a gala dinner. The event was a lovely mixture of old memories and new ideas. Congratulations to everyone involved and good luck for the next 60 years.

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Honorary Fellowship

Professor David Clark

At the Society's Annual Conference in April, Professor David Clark received an Honorary Fellowship of the Society for his exceptional contribution to scientific research and practice in clinical psychology and psychiatry; particularly in the area of cognitive behaviour therapy.

Professor Clark has been at the forefront in showing a link between therapy and basic experimental psychopathology, which has resulted in the development of new and highly effective psychological treatments for four different anxiety disorders: panic disorder, hypochondriasis, social phobia and post-traumatic stress disorder.

His highly influential 1986 paper 'A cognitive approach to panic', published in *Behaviour Research and Therapy*, laid out a model of the disorder. Having been cited over a thousand times, in 1992 the paper won that journal's prize for the most outstanding article published since its founding in 1962. Experimental studies by Clark and colleagues confirmed the hypothesised central role of catastrophic misinterpretations of body sensations in the disorder and showed that subtle safety behaviours maintain the misinterpretations. Professor Clark developed a form of cognitive therapy that specifically targets the misinterpretations and maintaining factors and has been shown to be superior to both medication and applied relaxation. In 1991 a NIMH Consensus Development Conference recommended the treatment, and a broader CBT programme developed by David Barlow, as the leading psychological treatments for panic disorder. This recommendation still stands, and was confirmed in the 2004 guidelines published by the National Institute for Clinical Excellence (NICE) in the UK.

With Paul Salkovskis, David Clark delineated the similarities and differences in thinking patterns between panic disorder and hypochondriasis. His panic treatment was modified to take these differences into account, and randomised controlled trials have demonstrated the effectiveness of this new treatment.

In 2000 Clark, with Ehlers, proposed a cognitive model of the development and persistence of post-traumatic stress disorder that is rapidly becoming as much a classic as the 1986 panic theory. Following the 1998 terrorist bombing in Omagh, Clark and his team were invited

to provide rapid training in their cognitive therapy programme. An audit of the first 90 cases treated showed improvements as great as those obtained in 'gold standard' university-based clinical trials, even though the therapists had modest training and there were no exclusion criteria for patients. Following a presentation of this audit to the UK government, funding was released to create the Northern Ireland Centre for Trauma and Transformation, a clinic that would aim to make the treatment available to the victims of other terrorism and civil conflict related events in Northern Ireland over the preceding 40 years. The lessons that were learned from Omagh were also highly influential in planning the successful 'screen and treat' programme initiated in London following the July 2005 terrorist bombs.

A further major success has been the UK government's Improving Access to Psychological Therapies (IAPT) initiative. Working closely with Richard Layard, a distinguished economist, Professor Clark argued that many persistent anxiety disorders and depression in the community could be alleviated if evidence-based psychological therapies (mainly CBT) could be made more widely available in the National Health Service. Layard and Clark's work helped secure a manifesto commitment in the 2005 General Election that has subsequently been acted upon by the release of £306 million to train and employ an extra 3600 psychological therapists in bespoke psychological treatment services for anxiety disorders and depression. Professor Clark has been one of the main architects of IAPT and has been appointed National Clinical Advisor for the programme.

Professor Clark has also had a major impact on many others in the field. For 15 years he was Tutorial Fellow in Abnormal Psychology at University College, Oxford where his teaching stimulated many psychologists to go on to distinguished careers in clinical psychology. A number of individuals who went on to be very well known in their own right benefited

from working with him in their early years, including Paul Salkovskis, currently Professor of Clinical Psychology at the Institute of Psychiatry. In recognition of this, the British Association of Behavioural and Cognitive Psychotherapies voted him their most influential cognitive-behaviour therapist in 2002.

Professor Clark has published numerous books and chapters, given nearly 50 invited international keynote addresses, including the annual joint British Academy and British Psychological Society Lecture this year, and he has published nearly 150 papers. He has been the recipient of numerous awards since receiving the Levine Memorial Award for the best MPhil thesis from the Institute of Psychiatry in 1979. In 1988 the Society's Division of Clinical Psychology awarded him the May Davidson Award for outstanding contributions to the development of clinical psychology during

first 10 years of his career, and in 1998 he was voted a World Leader in Anxiety Disorders Research and Treatment by the Anxiety Disorders of America Association, being one of only two Europeans so honoured. Other prestigious awards have included being elected a Fellow of the British

Academy and of the Academy of Medical Sciences.

Professor Clark attended the AGM and spoke warmly of his appreciation for the Fellowship and for the Society's general recognition of the work of clinical psychologists.



Pam Maras presents David Clark with his Honorary Fellowship

LEARNING CENTRE

To have your CPD event approved by the Society and for a catalogue of forthcoming opportunities, see www.bps.org.uk/learningcentre or call 0116 252 9512.

To advertise your event in *The Psychologist*, e-mail psyadvert@bps.org.uk or call +44 116 252 9552.

A diary of non-approved events can be found at www.bps.org.uk/diary.

CONSULTATIONS ON PUBLIC POLICY

The Society's Policy Response Unit (PSU) submitted responses to eight consultations during May. Brief details of three of these – concerning Health Professions Council proposals for the registration cycle and grandparenting criteria for practitioner psychologists and for an amendment to the standards for continuing professional development – are provided below. The remaining five consultations responded to were:

- | Tackling Race Inequalities: A discussion document (Department for Communities and Local Government)
- | Draft Strategy for the Management of Women Offenders in Northern Ireland: A consultation (response to the Northern Ireland Office)
- | Promoting Mental Wellbeing at Work (response to NICE)
- | Youth Conditional Cautions Code of Practice for 16 and 17 Year Olds (response to the Department for Children, Schools and Families and the Ministry of Justice)
- | Together We Can End Violence Against Women and Girls: A consultation paper (response to the Home Office).

Please see www.bps.org.uk/consult for further details of all consultations responded to (including consultation papers and responses), as well as those for which expressions of interest are being invited or responses are under preparation. All members are eligible to contribute to responses and all interest is warmly welcomed: please contact the PSU for further information (psu@bps.org.uk; 0116 252 9926/9577) or visit the website.

Responses to Health Professions Council (HPC) Consultations:

1. Consultation on a Proposed Amendment to the Health Professions Council (Registration and Fees) Rules Order of Council 2003, to Set the Registration Cycle for Practitioner Psychologists
The Society agreed that subject to the HPC register being opened to psychologists on 1 July 2009

- | new registrant psychologists should be written to by the HPC between 1 August 2009 and 31 October 2009 and invited to renew their registration;
- | the first registration cycle for psychologists thereafter should be for 19 months and will extend from 1 November 2009 to 31 May 2011 (with a pro rata registration fee being payable for this period);
- | the second and subsequent renewal cycles should last for the normal period of two years and that the end date for renewal should be 31 May in odd numbered years on an ongoing basis.

2. Consultation on Criteria for Applications for Admission to the Practitioner Psychologists' Part of the Register Made Under the Transitional ('Grandparenting') Arrangements

The principle of transitional arrangements was accepted but concerns were expressed that the proposed criteria and process would undermine the work that has gone on under the Society's voluntary system to ensure robust standards for registration in the interests of public protection. These concerns included that

- | the proposed criteria are unclear and far too open to interpretation;
- | the proposed evidential requirements are insufficiently robust;
- | the process is not fit for purpose regarding applications from overseas-trained psychologists.

3. Consultation on an Amendment to the Standards for Continuing Professional Development (CPD)

An amendment to Standard Five was supported, requiring registrants to ensure that any written CPD profile submitted must be their own work, be supported by evidence and explain how the standards for CPD have been met.

M.B. Shapiro Award

Professor Til Wykes

Professor Til Wykes is to receive the 2009 M.B. Shapiro Award from the British Psychological Society's Division of Clinical Psychology. It is the Division's premier award and is made each year to a clinical psychologist who has achieved eminence in the profession.

Til Wykes is Professor of Clinical Psychology and Rehabilitation at the Institute of Psychiatry, King's College London, and Director of the National Institute for Health Research's Mental Health Research Network in the UK.

She has been involved in research on the rehabilitation of people with serious mental health problems for many years, both in the development of services and the evaluation of innovative psychological treatments. She founded and is now Co-Director of the Service User Research Enterprise, which encourages consumers of mental health services to become more involved in research.

Professor Wykes continues to be a consultant clinical psychologist working on an intensive care ward within the Maudsley Hospital and also edits the *Journal of Mental Health*.

She will give her Award Lecture at the Division of Clinical Psychology's Annual Conference, to be held at the Congress Centre, 28 Great Russell Street, London, on 9–11 December 2009. Further information about the conference can be found at www.dcpconference.co.uk.

Correction

In the second paragraph, headline and picture caption of last month's Doctoral Award winner announcement we misspelt the winner's name. Many apologies to Dr Yulia Kovas.

Society vacancies

British Psychological Society

President 2011/12

See advertisement p.612

Elected Members of the Representative Council 2010/13

See advertisement p.613

Contact

Nichola Whitmore Cooper nicwhi@bps.org.uk, 0116 252 9521.
Closing date 2 September 2009

Board of Assessors in Occupational Psychology

Chair, Chief Assessor for the Qualification in Occupational Psychology

All roles require a Chartered Occupational Psychologist with experience of assessing at postgraduate level in occupational psychology and detailed knowledge and understanding of the process of examinations.

Contact

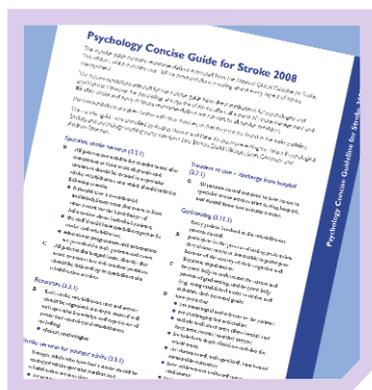
Angie Cain angie.cain@bps.org.uk, 0116 252 9518
Closing date 31 July 2009

Stroke guide

The psychological needs of people with stroke and their families are the subject of new Society guidance, produced in collaboration with the Royal College of Physicians' Intercollegiate Stroke Working Party. Written by Dr Audrey Bowen and a small group of academic and clinical psychologists, this document has now been published by the Professional Practice Board and is free to download (www.bps.org.uk/strokeguide).

Psychology Concise Guide for Stroke is extracted from the National Clinical Guideline for Stroke, 3rd edition². The latter contains over 300 recommendations covering almost every aspect of stroke management from acute care through to community care. These recommendations were made following rigorous consideration of all available evidence. Interested readers may wish to download the additional document containing the tables of evidence (tinyurl.com/6p99mj).

In compiling the concise guide Dr Bowen and colleagues selected those recommendations with direct implications for psychologists and psychiatrists. However, the psychological sequelae of stroke affect all aspects of stroke



management and life after stroke, and many of these recommendations are relevant to all service providers. Therefore, a hard copy of the concise guide will shortly be sent to all 363 NHS stroke units in England, Wales, Northern Ireland, Isle of Man and the Channel Islands

participating in the

National Sentinel Audit of Stroke (tinyurl.com/mfqctk). This audit, carried out biennially since 1998, reveals whether or not services are implementing the guideline recommendations and is a powerful mechanism for driving up clinical standards.

This coupling of guideline and audit shows that, although significant improvements have been noted in stroke services since the introduction of the National Stroke Strategy 18 months ago, this has tended to be in areas concerned with acute and hyperacute care. The rehabilitation services necessary for longer-term adjustment to disability are still underresourced, and the audits have consistently highlighted a lack of adequate psychology provision. Only 36 percent of the stroke units audited in 2008 had

access to clinical psychology. Anecdotal reports suggest that some services have difficulty funding new posts while others have difficulty filling posts.

People with stroke would benefit from a rigorous examination of the service delivery and organisation of psychological services including clinical psychology training and post-qualification specialisation, and changes to how psychologists work and the more active involvement of other mental health professionals.

Safeguarding vulnerable groups

The Safeguarding Vulnerable Groups Act 2006 was passed as a result of the Bichard Inquiry arising from the Soham murders in 2002. Bichard questioned the way people who work with vulnerable groups were recruited, and the way background checks were conducted. The Inquiry Report recommended a single agency to vet all individuals working or volunteering with children or vulnerable adults and to bar unsuitable people. The Independent Safeguarding Authority (ISA) has now been established.

The ISA will assess every person who wants to work or volunteer with vulnerable people. Employees and volunteers will need to apply individually to register with the ISA. From 19 October 2009 working or volunteering with children or vulnerable adults will be an offence without being registered by the ISA. The service extends to England, Wales and Northern Ireland. Arrangements for application and appeals differ slightly in Northern Ireland. There is a separate scheme for Scotland under the Protection of Vulnerable Groups (Scotland) Act 2007. Anyone included on a Barred List in Scotland will also be barred from working with children and vulnerable adults across the UK.

For further information see www.isa.gov.uk. Tel: 0300 123 1111; e-mail: scheme.info@homeoffice.gsi.gov.uk.

Getting ready for statutory regulation

Applications for Chartered Psychologist and to become full members of the appropriate seven practitioner Divisions rose considerably to meet the 20 May deadline to ensure automatic data transfer to the Health Professions Council (HPC), whose register is due to open on 1 July.

Simon Bowen, Director of Membership Support and Services said: 'First, I'd like to thank everyone who got their applications in by the deadline. In the two weeks up to 20 May our staff received an average of 65 applications each day. Our staff now have the massive

task of processing the applications to ensure that those eligible have their data transferred to the HPC ready for the opening of the new statutory register on 1 July.

'I would like to remind all our members that you can still apply for Chartered Psychologist membership, subject to the usual criteria. Being a Chartered Psychologist will continue to represent the gold standard for the profession.'

For more information go to www.bps.org.uk/membership