UNIVERSITY OF GLASGOW

DOCTORATE IN CLINICAL PSYCHOLOGY

PROGRAMME HANDBOOK

2016—2017

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CHAPTER 1: INTRODUCTION

1.1   OVERVIEW

We are proud to say that the University of Glasgow Doctorate in Clinical Psychology Programme ("the Programme") is one of the oldest in the country, having started as a Diploma in Clinical Psychology in 1960. For most of its history, a two-year Master of Applied Science (MAppSci) Degree in Clinical Psychology was offered. However, Trainees graduating from 1995 onwards have been awarded a Doctorate in Clinical Psychology (DClinPsy) which is a full-time course taken over a three year period.

Over the years, the Programme has been run from a variety of locations but since 1992 we have been settled in accommodation at Gartnavel Royal Hospital. The Programme team shares this facility with colleagues in Psychiatry and Behavioural Sciences and we share many research and clinical interests. We are part of the research Institute of Health and Wellbeing and the College of Medicine, Veterinary and Life Sciences.

We take pride in remaining at the forefront of clinical psychology training. This involves a continual process of review and refinement of the Programme in order to adapt to changes in the scientific literature, the National Health Service, the tertiary education sector, and the professional regulatory landscape. In 2005, the DClinPsy developed a modularised programme in response to the Scottish Credit and Qualifications Framework (SCQF). This revision was guided and informed by the Quality Assurance Agency for Higher Education (QAA) Benchmarks for Clinical Psychology (2004) and the Criteria for the Evaluation of Clinical Programmes (CTCP) Accreditation criteria (2002)[1]. With the establishment of the Health and Care Professions Council (HCPC)[2], the Programme has continued to align its policies, procedures, and curriculum with national standards to ensure that Glasgow graduates become eligible to apply for registration as clinical psychologists who can make a substantial contribution to the community we serve.

1.2   STATEMENT OF PROGRAMME ORIENTATION AND VALUES

At the heart of the Programme lie the ethical principles of respect, competence, responsibility and integrity that are reflected in the regulatory and professional codes of conduct specified by the Health and Care Professions Council and the

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[1] The new CTCP criteria were released in October 2014 and are being incorporated into the DClinPsy from the start of the 2016 academic year

[2] From 1st August 2012 this became the Health and Care Professions Council (HCPC)

British Psychological Society. We aim to produce psychologists who are highly skilled scientist practitioners and reflective practitioners who:

1. Value the dignity and worth of all persons, with sensitivity to the dynamics of perceived authority or influence over clients and with particular regard to people's rights including those of privacy and self-determination.

2. Value the continuing development and high standards of competence in their professional work, and the importance of preserving their ability to function optimally within the recognised limits of their knowledge, skill, training, education and experience.

3. Value their responsibilities to clients, to the general public and to the profession and science of psychology, including the avoidance of harm and the prevention of misuse or abuse of their contributions to society.

4. Value honesty, accuracy, clarity and fairness in their interactions with all persons and seek to promote the integrity in all facets of their scientific and professional endeavours.

1.3   ORGANISATION

The DClinPsy Programme is funded through a contract between NHS Education for Scotland (NES) and the University of Glasgow and is a collaborative enterprise between the University of Glasgow, NES and employing health boards. The University of Glasgow is responsible for delivering clinical education and research training and the award of the Doctorate. NES is responsible for commissioning training numbers, contracting with the University of Glasgow for the delivery of training, employment of the clinical practice team, and contracting with NHS Boards for training numbers and training capacity. Presently Trainee Clinical Psychologists ("Trainees") are employed by one of four NHS (Scotland) Boards: NHS Greater Glasgow and Clyde, NHS Lanarkshire, NHS Ayrshire and Arran, and NHS Highland. Employing NHS Boards are responsible for all aspects of the Trainee's employment and pay progression. They are responsible for providing clinical placements and clinical supervisors. In this context, Trainees are responsible and accountable to the University of Glasgow as postgraduate students, and responsible and accountable to their employers as employees.

The Programme Team regards the provision of training as a collaborative partnership between the University of Glasgow, NES and the NHS in Scotland. The Programme Team works closely with NES and health services colleagues to ensure the best quality training is provided.

This Programme Handbook provides detailed information on the organisation, structure, and day-to-day running of the Programme. Information has been gathered into a number of sections beginning with a summary statement of the philosophy and aims of the Programme followed by details regarding Programme Organisation where the various individuals and groups who play an important part in the running of the Programme are described. Separate sections on the academic teaching programme, the clinical training programme, and the research training programme are included, followed by information on

examinations which cover the academic, clinical and research components respectively. Finally, the appendices expand upon the information presented. These appendices include information about the standards of conduct and professional behaviour expected of Trainees and examples of the forms and guidelines used to monitor progress and evaluate performance are also presented.

Further details about the Programme staff and the Mental Health and Wellbeing research group can be found via our main web portal at:

http://www.gla.ac.uk/researchinstitutes/healthwellbeing/research/mentalhealth/

On behalf of the Programme Organisers Group and the Programme Strategy Group, we thank you for your interest in, and involvement with, the Glasgow DClinPsy Programme. We hope that you will find the Programme Handbook both interesting and helpful.

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CHAPTER 2: PROGRAMME ORGANISATION

Many individuals and groups play an important part in the organisation and running of the Programme. This section provides an overview of the roles played by these individuals and groups and the manner in which liaison takes place.

2.1   PROGRAMME STRATEGY GROUP

The Programme Strategy Group is comprised of stakeholder representatives from employing Health Boards, supervisors, Programme organisers, Selection Sub-Group, Trainees, NHS Education for Scotland, Service Users and Carers, and the Division of Clinical Psychology (Scotland). The Chairperson is nominated by members of the Programme Strategy Group and normally serves for a three-year term. This is the Programme's key committee and it has a number of important functions, which are outlined in full in the Constitution included in Appendix 2.1 of this Handbook. The Terms of Reference of the Programme Strategy Group are:

- To set strategic objectives for the overall organisation, monitoring, and development of academic and clinical training of the Programme.

- To respond to proposals concerning the workforce planning and training and the appraisal of training needs in Health Boards served by the Programme.

- To appoint convenors of Sub-Groups and Specialist Working Groups.

- To provide strategic direction for these Groups, to ratify and to receive and approve their reports.

- To amend and approve Constitutions of the various Programme Sub-Committees.

2.1.1   Trainee Representation on the Programme Strategy Group

The Trainee representative has the opportunity to be involved in facets of the PSG's business deemed to be appropriate by the Group and/or Trainee representative. The Trainee representative also has equal voting rights to all other members of the Group. This is summarised in Appendix 2.2. Employing NHS Boards have agreed that Trainees can have time from placement to attend the PSG meetings, which are held quarterly.

2.2   PROGRAMME ORGANISERS GROUP

The Programme is run by the following Programme Organisers:

Dr Hamish McLeod	Programme Director
Professor Tom McMillan	Chair of Clinical Neuropsychology / Research Director

Professor Andrew Gumley   Chair of Psychological Therapy

Dr Gavin Richardson   Clinical Practice Director

Dr Alison Jackson   Academic Director

Professor Andrew Jahoda   Chair of Learning Disabilities

Dr Ellen Holmwood   Clinical Tutor

Dr Camilla Dyer   Clinical Tutor

Dr Sue Turnbull   University Teacher / Research Tutor

Dr Caroline Bruce   University Teacher / Research Tutor

Dr Naomi White   University Teacher

Mrs Lynsay Coulter   Student Support Administrator

Mrs Carol Lang   Student Support Administrator

Mrs Pauline Rankin   Student Support Administrator

Mrs Louise McCormack   Clinical Practice Secretary

Other academic members of staff contribute to the programme as Research Supervisors, teachers and/or University Advisors including Professor Jon Evans, Dr Sarah Wilson, Dr Ken Mullen, Dr Liam Dorris, Professor Helen Minnis, and Professor Chris Williams. We also benefit from the support and input of two honorary professors: Professor Craig White and Professor Kate Davidson. Local Area Tutors (LATs) also contribute to the Programme Organisers Group and form close links in order to support clinical training. The Programme Organisers co-ordinate the overall academic, clinical and research programme and are responsible for the day-to-day running of the Programme. The Programme Organisers report to the Head of Mental Health and Wellbeing, the Programme Strategy Group, and the College of Medical, Veterinary, and Life Sciences Graduate School. The remit of the Programme Organisers' Group is to:

1. Carry out operational tasks associated with the smooth running of the Programme. For example, these include:

    a. Approving entries for the Clearing House Handbook,

    b. Overseeing the academic timetable,

    c. Ensuring appropriate clinical and research supervision,

    d. Administering all arrangements for assessment procedures - examinations, projects, placement reports, essays, etc

    e. Recommending External Examiners to the University for appointment, and

    f. Ensuring that students admitted to the Programme hold the University prescribed entry requirements for matriculation and that any selection processes adhere to University policies

2. Make recommendations concerning any changes to the Programme to the University and to NHS stakeholders;

3. Prepare accreditation reports for the professional body and statutory bodies;

4. Meet to discuss and complete Annual Course Monitoring Reports for the Programme;

5. Ensuring compliance with the University and QAA policies with respect to codes of assessment, placement learning etc;

6. Collect and receive feedback from students on all aspects of the Programme;

7. Act as a Staff-Student liaison committee at least twice an academic session; and

8. Act as a vehicle for referring any student to the College Progress Committee or the relevant fitness to practice committee.

Programme Organisers' Meetings are held each month. These meetings are chaired by the Programme Director. All meetings are minuted and Trainee Year Representatives attend one Programme Organisers' Meeting per term.

2.2.1 TRAINEE PROGRESS REVIEW MEETINGS

An important function of the Programme Organisers Group is to identify when Trainees require additional support, remediation, or guidance to ensure that they maintain the expected academic and professional standards. It is also important for Trainees to have various mechanisms for communicating to the Programme when they require additional support, special consideration of adverse personal or medical circumstances, or adjustments to their training plan. This two-way relationship is designed to foster a collaborative relationship between Trainees and the Programme team so that the best training outcomes are achieved. Trainee Progress Review Meetings occur every month throughout the year and are attended by members of the Programme Organisers Group. The main topics addressed in these meetings are:

1. General review of Trainee progress, including research progress

2. Identification and preliminary consideration of Fitness to Practice issues exhibited by Trainees (further details about Fitness to Practice procedures are provided in *Chapter 7*)

3. Review and preliminary consideration of good cause factors raised by Trainees that may have affected their progress or performance (where these issues impact on academic decisions the matter is formally dealt with by the Board of Examiners under the regulations specified in the University Calendar)

The quorum for this meeting will be the Programme Director or their delegate, a member of the clinical practice team, and a member of the DClinPsy university academic team. All members of the Programme Organisers Group and university

research supervisors are entitled to attend and contribute to this meeting. Trainees and year representatives do not attend. All currently enrolled Trainees and Programme staff members are invited to identify items and issues for consideration one week before the meeting. Trainees are encouraged to discuss any issues relating to academic progression, special consideration of factors affecting their performance, or adjustment to their training plan with the Programme Director or their delegate prior to the meeting. Responsibility for communicating the outcomes of this meeting to Trainees will fall to the Programme Director or their delegate.

2.3   SELECTION SUB-GROUP

This is a Sub-Group of the Programme Strategy Group and is convened by a Chair nominated and agreed by the Programme Strategy Group. The Selection Sub-Group includes representatives from all employing NHS Boards, the Programme Organisers' Group, CUSP, and NHS Education for Scotland.

The selection and appointment procedures reflect the close involvement of the NHS Boards who are partners of the Programme, and their wish to encourage recruitment of Trainees into their locality. First, all applications are scrutinised by a panel of NHS Board representatives or clinical supervisors and programme organisers. At least twice as many candidates as places are short-listed on the basis of the entry requirements. The short-listing panel considers evidence of quality of clinical experience, motivation and academic ability. Following short-listing, candidates are provided with information regarding NHS Boards who employ Trainees. Prior to interview, candidates are asked to indicate their preferences for the NHS Boards in which they wish to be considered for their employment and to undertake their training. Finally the selection process includes two interviews (clinical and academic) and a role-play to assess interpersonal abilities. The clinical interview and role-play panels typically comprise NHS staff and the academic interview, University staff.

Candidates must have the Graduate Basis for Chartered Membership (GBC) for the British Psychological Society. This would usually take the form of a single or joint honours degree in Psychology of at least 2.1 degree classification or above. Candidates who have previously studied at University in another area and who have gained GBC by other means will be considered if they obtained a 2.1 or better in their original degree. We do not accept applications from final year undergraduates. Practical clinical experience of working with children or adults with mental health problems or disabilities is an advantage. A background in clinically oriented research is also an advantage. Trainees will be selected and treated on the basis of their merits, abilities and potential, regardless of gender, ethnic or national origin, colour, race, disability, age, religious or political beliefs, trade union/professional organisation membership, sexual orientation or other irrelevant distinction. Overseas applicants outside the European Economic Area whose first language is not English, are required to demonstrate their proficiency in English language via the International English Language Testing System (IELTS). The Overall Band Score needs to be 8.0 or higher with no element of the test falling below 7.5. Candidates must be eligible to work in the UK without

restriction.

2.4   SUPERVISORS SUB-GROUP

This is a sub-group of the Programme Strategy Group and is convened by a Chair nominated and agreed by the Programme Strategy Group. The Sub-Group comprises supervisor representatives from employing Health Boards, a Local Area Tutor representative and members of the Programme Organisers' Group. The Constitution is to be found in Appendix 2.3. Terms of Reference are:

1. To represent supervisor issues;

2. To maintain the list of accredited supervisors;

3. To develop the competence agenda;

4. To plan supervisor training;

5. To enhance and support placement capacity;

6. To receive feedback from Trainees regarding clinical placements;

7. To advise on professional practice issues.

2.5   CARER AND SERVICE USERS SUB-GROUP (CUSP)

In 2011, the University of Glasgow collaborated with the University of Edinburgh and NHS Education for Scotland to examine new ways of engaging service users and carers in clinical psychology training. A joint national meeting was held and expressions of interest were called for input to a service user and carer steering group for the Glasgow DClinPsy Programme. This led to the formation of CUSP - Carers and Users of Services in Clinical Psychology Training. This group comprises representatives from care providers in the public and voluntary sectors and advocacy groups. The regular attendees of meetings include users of these services, professional and family carers, and members of the Glasgow DClinPsy Programme team. The committee is co-chaired by a servicer user representative and Professor Andrew Gumley and meetings occur on a six-week cycle. The CUSP group is officially a sub-committee of the Programme Strategy Group (PSG) and a service user representative from CUSP attends the quarterly PSG meetings. The business of the CUSP group includes the identification and development of specific project work designed to enhance clinical psychology training and provide a vehicle for services users and carers to positively influence the development of Trainees. Currently, CUSP members provide feedback on the plain English summaries of Trainee research projects and they also participate in therapy skills workshops (focusing on CBT and IPT skills). From 2012, a member of CUSP has been involved as a member of the Selection Sub-committee and provides input and advice regarding the intake and selection process.

2.6   BOARD OF EXAMINERS

In accordance with the University regulations[3], the Programme convenes a Board of Examiners that is responsible for reviewing and ratifying decisions that influence Trainee progress. The quorum for this group includes the Programme Director or their delegate, at least one external examiner, the Assessment/Examinations Officer, and a minimum of one additional member of the academic staff team. In accordance with HCPC Standards of Education and Training (SET 6.11), it is mandatory that at least one External Examiner is taken from the relevant part of the HCPC register. This minimum standard is almost always exceeded as the Programme policy is to appoint External Examiners who are HCPC registered clinical psychologists. They provide independent appraisal of the Programme, review sample scripts for each summative assessment throughout the academic year, contribute to viva voce examinations of final year research portfolios, and scrutinize failed Trainee assessment items. These examiners liaise directly with the Examinations Officer and the Programme Director throughout the year. The External Examiners have a particular role in relation to the moderation of Programme standards and the ratification of grades awarded for failed assessment items. The Examination Board meets on site annually in September of each year, after the viva voce examinations. Additional meetings are convened to review Trainee work and assessment decisions when a summative assessment task is awarded a fail grade. External examiners may contribute their opinions to these ad hoc meetings in person or by electronic means such as teleconference or via email submissions.

The current External Examiners for the Programme are, Dr John Bogue Professor Andrew MacLeod, Professor John Rose, Professor Kevin Power, Dr Peter Fisher, and Dr Ailsa Russell.

2.7   FEEDBACK FROM TRAINEES

Feedback from Trainees has always played a formative role in the development of the Programme and Trainee representation is considered essential to any discussions concerning Programme planning or review.   Communication meetings with programme team representatives and each cohort of Trainees are convened at least once a term. Discussion topics are recorded from these meetings on Moodle and, where necessary, reported to the Programme Organisers' Group for consideration and implementation.

More formal opportunities for feedback and discussion are provided through first, second and third year Trainee representatives on the Programme Organisers' Group and the Supervisors' Sub-Group. Year Representatives also meet formally with the Programme Organisers at least once per term. Apart from the expectation that representatives will raise matters of concern, these

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[3] For more information see: www.gla.ac.uk/media/media_124297_en.pdf

representatives are requested to present an agreed written statement of Trainees' comments on the academic component of the Programme to a meeting of the Programme Strategy Group and of the clinical component at the Autumn meeting of the Supervisors' Sub-Group. Interim feedback reports are also welcomed at the end of each academic term since experience has shown that points remain fresher in the mind when an aspect of the Programme has recently been completed. Training, advice and support in developing skills relevant to Student Representation is available via the Student Representative Council:

GUSRC
John McIntyre Building
University Avenue
GLASGOW
G12 8QQ

Tel: 0141 339 8541
Fax: 0141 337 3557
Email: enquiries@src.gla.ac.uk
http://www.glasgowstudent.net/about/

Feedback on teaching is gathered at the end of each module by the University Module Co-ordinators. Feedback is collated and passed onto the Academic Director who reports the outcomes to the Programme Organisers' Group, with a view to guide planning and to monitor theory to practice integration. Trainees are also asked to provide written feedback on placements. This is in the form of their individual comments on specific placements via the Trainee Placement Feedback Form (Appendix 6.8).

2.8   PROGRAMME ADMINISTRATION

There are a variety of individuals who provide critical roles and functions in the day-to-day provision of the DClinPsy programme. A guide to the variety of roles, tasks and functions provided by staff follows.

2.8.1   Roles and Functions

Administration Services

Mrs Lynsay Coulter and Mrs Carol Lang are the Student Support Administrators and Mrs Louise McCormack is the Clinical Practice Secretary. Their offices are on the first floor of Mental Health and Wellbeing.

Programme Director

Dr Hamish McLeod is the Programme Director and takes responsibility for the overall organisation and management of the DClinPsy Programme. He works in close collaboration with Dr Gavin Richardson who is the Clinical Practice Director.

Clinical Practice Director

The Clinical Practice Director, Dr Gavin Richardson, is employed by NHS Education for Scotland (NES) to work in close collaboration with the Programme Director, to head up the Clinical Tutor team, to oversee all aspects of clinical

practice training on the Programme, approve Individual Learning Plans, and to develop systems which maintain an excellent clinical training experience. All of this is done in collaboration with local NHS Managers, Local Area Tutors, and Supervisors.

Research Director

Professor Tom McMillan is the Research Director who is responsible for the research programme of the DClinPsy. Dr Caroline Bruce leads the coordination of the Service Based Evaluation Projects (SBEPs) that comprise the first phase of the research training experience. The Director and Research Tutor (Dr Sue Turnbull) monitor the progress of Trainees' research projects and advise and support research and field supervisors.

Academic Director

The Academic Director, Dr Alison Jackson, takes an overview of the three-year academic curriculum, including synthesis of module feedback across stakeholders (students, University staff, NHS lecturers, external examiners), and development and implementation of curriculum changes, in liaison with module co-ordinators, to enhance academic teaching.

In addition to being Academic Director, Dr Jackson fulfils the programme Examination Officer role and oversees the practical arrangements for summative assessment, including invigilation, receipt and marking of submissions, and co-ordination of releasing results to Trainees.

Clinical Tutors

The Clinical Tutors, Dr Ellen Holmwood and Dr Camilla Dyer, are directly employed by NES and work closely in collaboration with Local Area Tutors and NHS Managers in arranging, coordinating, and assessing clinical placements, conducting placement visits, assessing clinical assignments, carrying out Annual Review of Individual Learning Plans, and participating in clinical teaching on the Programme. Trainees are allocated a Clinical Tutor in Year I with whom they will remain involved throughout their training.

Chair of Selection

The Chair of Selection, Professor Andrew Gumley, works closely with the Student Support Team and the Selection Sub-Group. They deal with enquiries about the Programme, liaise with the Clearing House for Postgraduate Courses in Clinical Psychology, and organise the selection process.

Module Co-ordinators

Each Module/Course in the DClinPsy programme is co-ordinated by at least one University and one NHS Co-ordinator. Module co-ordinators jointly review the fit between the Module content and the curriculum, identify topic areas that require updating, contact lecturers, and timetable lectures.

University Advisers

A member of the Mental Health and Wellbeing academic team is appointed as University Adviser for each Trainee at the beginning of their training. The Adviser will take a particular interest in the Trainee's progress and will be available to meet with the Trainee once each term. The Trainee is also

encouraged to approach their Adviser at any time.

We regard the University Adviser role as important for Trainees. It is important that you arrange to meet with your Adviser once each term and keep them abreast of your experiences of the whole of the programme of training, even if you feel you are progressing well. The University Adviser provides pastoral support during times of stress and strain, can help guide the Trainee through the programme procedures, help explain processes, and provide a source of information and support.

Research Supervisors

These are employed or honorary members of the University who provide research supervision to Trainees. NHS Field Supervisors can provide additional research supervision but all research projects are overseen by a University supervisor*.*

Local Area Tutors

NES and NHS Boards have a Service Level Agreement which has established the role of Local Area Tutor in each of the Health Board areas associated with Psychology training courses across Scotland. The Local Area Tutor is a NHS Health Board employee and is responsible for coordinating local clinical placements for locally employed Trainees, in accordance with Individual Learning Plans and local service need. Local Area Tutors also conduct placement visits and review Trainee progress from an employment perspective.

The current Local Area Tutors are:

Greater Glasgow & Clyde NHS - Dr Rebecca Frost
Ayrshire & Arran NHS – Dr Marisa Forte
Lanarkshire NHS –Dr Sally Dewis
Highland NHS - Dr Andrew McDougall

Clinical Supervisors

Each Trainee has an identified main supervisor on each placement. All clinical supervisors are accredited by the Programme, and are responsible for all clinical activity carried out by the Trainee while on placement. Supervisors provide support and education for trainees to develop the required competencies appropriate to their level of training and ensure the maintenance of quality standards. The clinical supervisor, in collaboration with the Trainee, is responsible for planning and monitoring the placement, and for evaluating the Trainee's clinical competences.

2.9   THE ROLE OF NHS EDUCATION FOR SCOTLAND

NHS Education for Scotland (NES) is a national health board responsible for the education and training of the healthcare disciplines for NHS Scotland. In respect of the pre-registration education and training of clinical psychologists NES is responsible for:

- Commissioning training places on behalf of NHS Boards via a contract with the University of Glasgow
- Employing the Clinical Practice Team (Clinical Practice Director and Clinical Tutors) that work alongside university staff as members of the

Programme team as specified in the contract between NES and the University

- Providing governance and funding arrangements via service level agreements for the services of Local Area Tutors with employing NHS Boards

- Providing funding and governance arrangements via service level agreements for the employment of clinical psychology Trainees with NHS Boards.

CHAPTER 3: OVERVIEW OF THE STRUCTURE AND CONTENT OF THE DCLINPSY PROGRAMME

3.1 BACKGROUND TO MODULARISATION

From 2001, mainstream Scottish qualifications were brought into a single unifying framework known as the Scottish Credit and Qualifications Framework (SCQF). This Framework was first recommended as a key development for higher education in the Garrick Report (1997), and in Opportunity Scotland (Scottish Office 1998) as the lifelong learning strategy for Scotland. The SCQF was established by a partnership of national bodies - the Quality Assurance Agency for Higher Education (QAA), the Scottish Qualifications Authority (SQA), and Universities Scotland, supported by the Scottish Executive. An implementation group was set up in February 2002 to oversee the National Plan for the Implementation of the SCQF for 2003-2006.

Modularisation of *all* higher education programmes was a central component of this process. The University of Glasgow must adhere to these recommendations, and in line with the Scottish Executive National Implementation Plan, the University mandated the revision of the DClinPsy programme to comply with the requirements of the SCQF. This process was informed by widespread consultation with NHS stakeholders, including Trainees. Consideration of this document by the Programme Strategy Group and other stakeholders was a key element of the move toward a revised structure.

3.2 THE DOCTORATE IN CLINICAL PSYCHOLOGY

The DClinPsy was introduced in 1995 to provide training for graduates in psychology wishing to pursue a career in clinical psychology. Funding for the Programme is via the University of Glasgow and NHS Education for Scotland (NES). Students are salaried as Trainee Clinical Psychologists in the NHS. The Programme aims to produce good clinicians but also good scientists, promoting high quality clinical, academic and research standards within a supportive environment. From 2015, the programme calendar regulations dealing with the maximum duration of study have been adjusted in line with the policies and procedures of other professional training programmes in the College of Medical Veterinary and Life Sciences (MVLS) such as the BVMS degree. The maximum time available for completion of all components of the DClinPsy is 6 academic years from the year of first enrolment.

The DClinPsy is a full time (46 weeks per year) programme delivered over three years. Over half of the time is spent on clinical placement with the rest divided between academic work, research work, and personal study. The time allocation for clinical training, academic teaching, and personal study for each year of the programme is provided in the summary timetables in Chapter 9. Trainees complete six clinical placements covering the required core competencies. The placements cover a wide range of training opportunities and are widely spread

geographically.

Alongside high-level clinical skills, the DClinPsy promotes high quality research skills that support clinical and research practice. The University of Glasgow is fortunate in collaborating with a number of senior NHS staff with PhDs and active research interests. The DClinPsy is delivered through the research Institute of Health and Wellbeing of the University of Glasgow. This provides a dynamic research environment with access to expertise spanning multiple disciplines and medical subspecialties. At the end of three years Trainees prepare a clinical research portfolio that reflects a variety of applied research methodologies.

Accreditation of the Programme has historically been provided by the BPS but statutory regulation of clinical psychology training standards is now the primary responsibility of the Health and Care Professions Council (HCPC). BPS accreditation now occurs in parallel to HCPC approval and a joint approval visit by the HCPC and the BPS was completed in June 2012. The outcome of the joint visit was that accreditation of the Programme was granted by both the HCPC and BPS.

Candidates with overseas qualifications in Clinical Psychology are eligible to apply to complete academic clinical modules. Suitability to complete an idiosyncratic program of study will be determined on a case-by-case basis by the Programme Director in consultation with relevant representatives of the Programme Organisers Group and Programme Strategy Group.

3.3   DCLINPSY STRUCTURE

3.3.1   Rationale

The revision of the Programme structure in 2005 was conducted so as not to atomise courses into disparate components. Instead, there is greater integration of clinical and academic components where possible. This approach aimed to maximise synergy between the clinical, academic, and research components of training to reflect the Programme's commitment to an integrative educational process. The overall approach to the re-design of the Programme was to apply a developmental model that provides a framework for Trainees to acquire and practice increasingly advanced skills and knowledge. This is represented schematically in Figure 3.1 below.

The programme standards have been shaped by reference to several key documents. These include the Quality Assurance Agency (QAA) for Higher Education subject Benchmark statements for Clinical Psychology (2004)[4], both for the UK (2004) and the counterpart statement for Scotland (2006)[5]. Subject benchmark statements assist the academic community to describe the nature and characteristics of academic awards in a specified subject.   They also represent   general   expectations   about   the   standards   for   the   award   of

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[4] www.qaa.ac.uk/Publications/InformationAndGuidance/Documents/ClinicalPsychology.pdf

[5] www.qaa.ac.uk/Publications/InformationAndGuidance/Documents/Clinical_psychology.pdf

qualifications at a given level, and articulate the attributes and capabilities individuals possessing such qualifications should demonstrate. The Programme standards are also informed by the criteria specified in the BPS Accreditation Through Partnership Handbook Guidance for Clinical Psychology Programmes[6] Finally, the Programme content and procedures are subject to continued review and refinement so that they conform to the standards stipulated by the Health and Care Professions Council (HCPC) for providers of clinical psychology training[7]
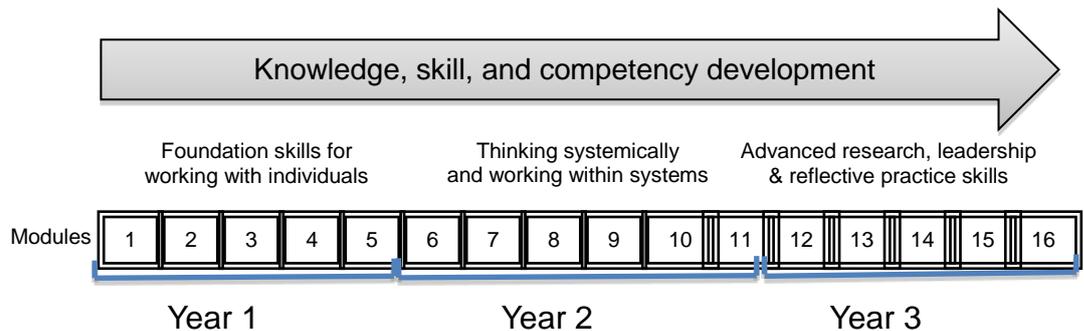
Figure 3.1 Schematic representation of the developmental model underpinning the DClinPsy Programme

3.3.2   Integrated Courses

Trainees spend about half of Programme time on clinical placement with the rest divided between academic course work, research work and personal study. The Programme encourages Trainees to develop a range of high quality research skills to support their clinical and research practice following qualification.

The integration of courses with practical experience and skill development is a significant strength of the modularised structure. There is an explicit link between learning, knowledge, and application of clinical skills. Indeed, by providing integrated clinical-academic modules we try to inculcate our education philosophy of integration. This philosophy of integration and synergy is consistent with the language and thrust of current educational frameworks guiding doctoral degrees. Qualified clinicians are required to draw on extensive knowledge to make complex, high level judgements in uncertain situations.

The 'Foundations of Clinical Psychology' course at the start of training aims to convey to Trainees the basics of clinical psychology practice, from a range of therapeutic models, but also focuses on the range of client groups and the different modalities within which we work (e.g. direct and indirect interventions;

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[6] www.bps.org.uk/sites/default/files/documents/clinical_accred2010_web_0.pdf

[7] www.HCPC-uk.org/assets/documents/10002963SOP_Practitioner_psychologists.pdf

and www.HCPC-uk.org/assets/documents/10002C0EHPCStandardsofeducation(A5)(final).pdf

consultancy). Practice is framed, early in the training cycle, from a lifespan as well as from a psychopathological perspective. Key cultural and diversity issues are also covered. The value base from which we work, which emphasises the importance of valuing individuals, and the need to respect individuality and culture across the lifespan, is made explicit. Importantly, the introduction and structure of the 'Foundations of Clinical Psychology' course recognises that Trainees already have an undergraduate degree in Psychology and come to training with reasonably well developed psychological thinking skills. Finally the programme offers a mixed model of blocked and continuing teaching which is valued by Trainees and our NHS stakeholders.

3.4　AIMS AND INTENDED LEARNING OUTCOMES (ILOs)

3.4.1　Aims

The core *aims* of the degree of DClinPsy are to provide Trainees the skills, knowledge and values:

- to work as skilled scientist practitioners and skilled applied researchers for employment as Clinical Psychologists

- to be committed to reducing client psychological distress through the systematic application of knowledge derived from psychological theory and evidence

- to be committed to enhancing client psychological well being, and maximising client independence, recovery, self understanding and self worth by applying knowledge derived from psychological theory and evidence

- to develop working alliances with clients, including individuals, carers, and services, in order to carry out psychological assessment, develop a formulation based on theory and knowledge, carry out psychological interventions, evaluate the work, and communicate effectively with clients, referrers, and others

- to work effectively with a range of clients in a range of different settings

- to work effectively in a range of indirect ways to improve psychological aspects of health and healthcare

- to work effectively with systems relevant to clients, and enable other service providers to develop psychologically informed ways of thinking.

- to understand and embrace the core purpose and philosophy of the profession.

- to conduct research which enables the profession to develop its knowledge base, and monitor and improve the effectiveness of its work.

- to manage a personal learning agenda involving critical reflection to enable transfer of knowledge and skills to new settings and problems.

These core aims are derived from the CTCP accreditation criteria (2002) and the QAA subject benchmarks for Clinical Psychology (2004). The articulation of these aims with the standards of accreditation set by the Health and Care Professionals Council (HCPC) is detailed below.

3.4.2   Intended Learning Outcomes

In order to achieve these aims, the degree of DClinPsy has the following learning outcomes and objectives. For competence, Trainees must:

- demonstrate knowledge and understanding of psychological theory and evidence, encompassing specialist client group knowledge across the profession of Clinical Psychology and the knowledge required to underpin clinical and research practice,

- display a professional and ethical value base, including that set out in the BPS *Code of Conduct*, the DCP statement of the Core *Purpose and Philosophy of the Profession*, the DCP *Professional Practice Guidelines,* and the HCPC *Standards of Conduct, Performance, and Ethics.*

- have high level clinical and research skills and demonstrate work with clients and systems based on a scientist-practitioner and reflective-practitioner model that incorporates a cycle of assessment, formulation, intervention and evaluation.

- show professional competence relating to personal and professional development and awareness of the clinical, professional and social context within which the work is undertaken.

- display high level transferable skills. These are:

  o   the ability to use a broad evidence and knowledge base to decide how to assess, formulate and intervene psychologically, from a range of possible models and modes of intervention with clients, carers and service systems.

  o   generalise and synthesise prior knowledge and experience in order to apply them in different settings and novel situations.

  o   demonstrate self-awareness and work as a reflective practitioner.

  o   be able to think critically, reflectively, and evaluatively.

- display high level psychological assessment skills. These are:

  o   development and maintenance of effective working alliances with clients, including individuals, carers and services.

  o   be able to choose, use and interpret a broad range of assessment methods appropriate to the client and service delivery system in which the assessment takes place (and to the type of intervention which is likely to be required).

  o   use formal assessment procedures (standardised instruments), systematic interviewing procedures and other structured methods of assessment (e.g. observation or gathering information from others).

- o   conduct appropriate risk assessment and use this to guide practice.

- display high level psychological formulation skills. These are:

  - o   develop formulations of presenting problems or situations which integrate information from assessments within a coherent framework that draws upon psychological theory and evidence and which incorporates interpersonal, societal, cultural and biological factors

  - o   use formulations with clients to facilitate their understanding of their experience.

  - o   use formulations to plan appropriate interventions that take the client's perspective into account.

  - o   use formulations to assist multi-professional communication, and the understanding of clients and their care.

  - o   revise formulations in the light of ongoing intervention.

- display high level intervention skills. These are:

  - o   on the basis of a formulation, implement psychological therapy or other interventions appropriate to the presenting problem and to the psychological and social circumstances of the client(s), and to do this in a collaborative manner with individuals, couples/families/groups, and/or services/organisations.

  - o   implement interventions through and with other professions and/or with individuals who are formal (professional) carers for a client, or who care for a client by virtue of family or partnership arrangements.

  - o   recognise when (further) intervention is inappropriate, or unlikely to be helpful, and communicate this sensitively to clients and carers.

- display high level evaluation skills. These are:

  - o   select and implement appropriate methods to evaluate the effectiveness, acceptability and broader impact of interventions (both individual and organisational), and use this information to inform and shape practice. Where appropriate this will also involve devising innovative procedures.

  - o   audit clinical effectiveness.

- display high level research skills. These are:

  - o   identify and critically appraise research evidence relevant to practice.

  - o   conduct service evaluation

  - o   conduct collaborative research.

  - o   plan and conduct independent research (i.e. identify research questions, demonstrate an understanding of ethical issues, choose appropriate research methods and analysis, report outcomes and identify appropriate pathways for dissemination).

- display high level personal and professional skills. These are:

  o   understand ethical issues and applying these in complex clinical contexts, ensuring that informed consent underpins all contact with clients and research participants.

  o   appreciate the inherent power imbalance between practitioners and clients and how abuse of this can be minimised.

  o   understand the impact of difference and diversity on people's lives, and their implications for working practices.

  o   work effectively at an appropriate level of autonomy, with awareness of the limits of one's own competence, and accept accountability to relevant professional and service managers.

  o   take responsibility for one's own personal learning needs and develop strategies for meeting these.

  o   use supervision to reflect on practice, and making appropriate use of feedback received.

  o   develop strategies to handle the emotional and physical impact of one's own practice and seeking appropriate support when necessary, with good awareness of boundary issues.

  o   work collaboratively and constructively with fellow psychologists and other colleagues and users of services, respecting diverse viewpoints.

- display high level communication and teaching skills. These are:

  o   communicate effectively clinical and non-clinical information from a psychological perspective in a style appropriate to a variety of different audiences (e.g. to professional colleagues, and to users and their carers).

  o   adapt one's style of communication to people with a wide range of cognitive ability, sensory acuity and modes of communication.

  o   prepare and deliver teaching and training which takes into account the needs and goals of the participants (for example by appropriate adaptations to methods and content).

  o   understand the supervision process for both supervisee and supervisor roles.

- display high level service delivery skills. These are:

  o   adapt practice to a range of organisational contexts, on the basis of an understanding of pertinent organisational and cultural issues.

  o   understanding of consultancy models and the contribution of consultancy to practice.

  o   awareness of the legislative and national planning context of service delivery and clinical practice.

  o   working with users and carers to facilitate their involvement in

> service planning and delivery.

- o working effectively in multi-disciplinary teams.

- o understanding of change processes in service delivery systems.

Again, these learning outcomes and objectives mesh very closely with CTCP accreditation criteria, and the QAA benchmarks for clinical psychology. Aims and intended learning outcomes for separate modules closely reflect the overall aims and ILO's of the degree.

3.5   SCQF LEVELS AND CREDITS

3.5.1   Levels

The SCQF defines qualification *level* as the degree of complexity in a set of learning outcomes. Masters Programmes are set at Level 11, Doctoral degrees at Level 12. Following SCQF and University regulations, the DClinPsy requires the accumulation of a minimum of 540 and a maximum of 560 credits. Of these, 420 must be at Level 12.

3.5.2   Credits

A *credit* is a measure of learning at a given level. One credit equates to 10 notional hours of learning time, for the average learner, at a given level. Learning time includes all associated learning activities (e.g. teaching, assessment, private study, placement, supervision, library use, and reflection).

A top down approach for setting credit weightings to modules was employed. An overall total of 540 credits was agreed. The overall breakdown of time for each element of the programme was used as a very broad guide for allocation of credits. 270 credits were allocated to clinical courses, 175 credits to research courses and 95 credits to academic courses. The clinical-academic-research split of the revised programme broadly parallels the old model. The Credit structure of the DClinPsy Programme is summarised in Appendix 3.1.

3.6   THE PROGRAMME CURRICULUM

The overall Programme curriculum is presented in Chapter 4 where the aims, learning outcomes and delivery modes for the separate modules are described. It will also be evident that for separate Modules, certain learning outcomes may be assessed using course specific assessment methods, whereas others may be assessed more generically using, for example, the portfolio. Productive discussion with the Programme Strategy Group and Programme Organisers Group has guided the range of assessment methods used. A reflective portfolio of clinical experience covering cases is attached to all clinical Modules. Unseen clinical case conceptualisation is used as a main method for assessing clinical knowledge and ability to take a structured approach to clinical practice. This requires Trainees, under examination conditions, to offer short notes on assessment, formulation intervention and evaluation of a hypothetical case. Specific headings guide answers. This, in our view, is an improved measure of how clinicians actually practise. Structured short essays are also used as a method of assessment. The committees were of the view that it is important that

Trainees digest the broad concepts taught, and that structured essays with essay topics provided in advance best examine this, whilst minimising the excess study burden associated with unseen formal examinations.

The Programme continues to draw on the combined resources of the Mental Health and Wellbeing academic team and NHS Departments of Clinical Psychology throughout the West of Scotland and the Highlands.

3.6.1 RELATIONSHIP OF THE CURRICULUM TO THE HCPC STANDARDS OF PROFICIENCY FOR PRACTITIONER PSYCHOLOGISTS

The establishment of the Health Professions Council as the main regulator of the standards of training and practice for Practitioner Psychologists triggered an analysis of the Programme curriculum and standards with reference to the criteria set by the HCPC. Regarding the curriculum, the HCPC publishes Standards of Proficiency (SOPS)[8] that stipulate the minimum generic and psychology specific competencies for Practitioner Psychologist. These are organised across three main themes and eight subthemes that can be summarised as follows:

1. Expectations of a Health Professional

    a. Professional autonomy and accountability

    b. Professional relationships

2. Skills required for the application of practice

    a. Identification and assessment of health and social care needs

    b. Formulation and delivery of strategies for meeting needs

    c. Critical evaluation of the impact of ones actions

3. Knowledge, understanding, and skills

    a. Clinical psychology specific understanding and knowledge

    b. Knowing how to apply and adapt knowledge and skills

    c. Practicing safely

These themes and subthemes provide a framework for understanding the skills, knowledge, and attitudes that need to be acquired during training and then maintained during post-registration practice. The competencies specified under each sub-theme relate most directly to the Intended Learning Outcomes specified for the sixteen Modules that make up the overall DClinPsy Programme. Because the evolution of the Programme structure predates the establishment of the HCPC, the 200 ILO's for the DClinPsy use different wording to the HCPC SOPs in places. Also, the meta-themes for the DClinPsy map onto four main

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[8] www.HCPC-uk.org/assets/documents/10002963SOP_Practitioner_psychologists.pdf

domains:

1. Interpersonal skills and knowledge

2. Professional practice skills and knowledge

3. Clinical practice skills and knowledge

4. Research skills and knowledge

However, the existing curriculum has been mapped to the HCPC Standards of Proficiency to determine that the curriculum offered corresponds to the required standards. A summary of the correspondence between the HCPC SOPs and the programme ILOs is presented in schematic form in Appendix 3.2. Overall, the Programme curriculum corresponds well to the HCPC SOPs and the existing curriculum review processes for the individual Modules and the Programme are designed to ensure the adjustment and updating of the training offered so that it remains compliant with the standards set by professional and statutory regulatory bodies.

3.7   ALIGNED TRAINING PATHWAYS

As a response to workforce planning needs, there has been a move to align some Trainees to specific clinical populations (e.g. Older Adults, Child and Adolescent Mental Health, Forensic) and specific domains of competence that are critical to the profession of clinical psychology (e.g. the Research Alignment). These Trainees complete all core elements of the DClinPsy Programme in accordance with BPS and HCPC guidance on the training requirements to qualify as clinical psychologists. *Aligned Trainees graduate with the same qualification as non-aligned Trainees and this not a specialist training pathway.* Instead, the principle underlying aligned training pathways is one of increasing experience with a defined clinical population and not altering either competences required or Trainee workload. The main feature that distinguishes the aligned route is the advanced specification of the enhanced experience with a defined population. The aim is to help expand workforce capacity in high priority clinical areas.

Further detailed guidance on aligned training pathways is provided in Appendix 3.3. All aligned trainees should familiarise themselves with the information provided in the appendix at the commencement of their training and refer back to this guidance regularly across the three years.

3.8   REFERENCES

Standards for the Accreditation of Doctoral Programmes in Clinical Psychology. The British Psychological Society, (October, 2014).

Higher Education for the 21st Century: Response to the Garrick Report. The Scottish Office, (February 1998).

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The Garrick Report. The National Committee of Inquiry into Higher Education, July 1997.

CHAPTER 4: MODULE DESCRIPTIONS

The overall schedule of Modules and examinations is shown in *Chapter 9*.

As full time employees of the NHS **trainees are required to attend all lectures unless illness or circumstances requiring compassionate leave supervene.** Where good cause reasons exist that prevent attendance for the completion of coursework activities, the Trainee is required to notify the Programme via the administrative support team as soon as practicable. Persistent attendance problems may be considered under fitness to practice procedures. There may be occasions when a Trainee has reason to be absent from lectures or on a study day but this type of absence must be approved by the Programme ahead of time. The justifiable grounds for such absences include medical and adverse personal circumstances (e.g. acute illness, bereavement, extraordinary psychosocial stressors) and compassionate grounds (e.g. attendance at the wedding of a close relative or friend). In most circumstances, permission to be absent from lectures or on study days should be applied for in advance by completing the "Request for Approved Absence" form available on Moodle and in Appendix 9.8.

4.1.1 MODULE CO-ORDINATORS

Each Module (previously referred to as "Courses") in the DClinPsy programme is co-ordinated by two co-ordinators, one from the University and one from the NHS. Module co-ordinators jointly identify topics and timetable lectures.

1st Year

Programme	NHS	Area
Ellen Homewood	Lisa Reynolds	Module 1 Foundations of Clinical Psychology
Naomi White	Stewart Jarvie	Module 2 Foundation Clinical Practice 1
Naomi White	Morag Osborne / Eileen Boyes	Module 3 Foundation Clinical Practice 2
Tom McMillan	Sue Copstick; Brian O'Neill	Module 4 Assessment Intervention and Management of Cognitive Impairment
Alison Jackson	Susan Cross	Module 4 Older Adult
Andrew Gumley	George Ralston	Module 4 Psychosis

Alison Jackson	Laura Mitchell	Module 4 Addictive Behaviours
Alison Jackson	John Sharp	Module 4 Clinical Health Psychology
Tom McMillan/Sue Turnbull/Caroline Bruce	Liam Dorris	Module 5 Service Based Evaluation I: Audit and Data Management

2nd Year

Programme	NHS	Area
Gavin Richardson Camilla Dyer	Kerry Teer; Marisa Forte	Module 6 Child and Family
Andrew Jahoda	Moira Phillips	Module 7 Learning Disabilities
Tom McMillan/Sue Turnbull	Liam Dorris	Module 8 Research Methods
Tom McMillan/Sue Turnbull	Liam Dorris	Module 9 Research Practice 1
Gavin Richardson	Alan James	Module 10 Advanced Professional Practice
Tom McMillan/ Caroline Bruce	Liam Dorris	Module 11 Service Based Evaluation II: Audit Project

3rd Year

Programme	NHS	Area
Gavin Richardson	NA	Module 12 Advanced Practice 1
Gavin Richardson	NA	Module 13 Advanced Practice 2

Caroline Bruce	Karen McKeown	Module 14 Psychology and the Law
Tom McMillan/Sue Turnbull	Liam Dorris	Module 15 Research Practice 2
Gavin Richardson	Suzy Clark	Module 16 Advanced Professional Practice

4.1.2 UNDERSTANDING THE MODULE ILO'S, ASSESSMENT GOALS, AND COMPETENCIES

As described in the preceding chapter, the Programme curriculum has evolved to keep pace with changes affecting the tertiary education sector, professional regulation, and advances in the evidence base of clinical psychology and related fields. The following sections present the Aims, Intended Learning Outcomes, and a brief description of the assessment tasks associated with each Module. This section should be read in conjunction with *Chapter 9: Schedule of Coursework and Examinations* for a more comprehensive description of the assessment tasks and the marking frameworks used to grade submitted work.

All Trainees should read the Standards of Proficiency for Practitioner Psychologists provided by the HCPC available at:

http://www.hpc-uk.org/publications/standards/index.asp?id=198

The table at the end of each Module description provides an indicative summary of the relationship of the Module content to the HCPC's Standards of Proficiency. These reflect the main emphasis of the Module ILO's, assessment task(s), and lecture content. They do not provide an exhaustive list of absolutely all of the competencies and SOPs that will be met during the satisfactory completion of the Module. More detail on the approach to the development and refinement of this curriculum is available in *Chapter 3 Overview of the Structure and Content of the DClinPsy Programme*.

4.1.2.1 Use of Course Materials

Materials provided in the course of training will be made available via Moodle (except where there are confidentiality or intellectual property reasons that prevent this). It is expected as part of the code of conduct for all trainees that course materials are used for personal study and development. You should abide by the following IHW wide policy:

> "Please note that lecture recordings and ALL course materials provided are for your own personal use and can only be used in relation to your studies. Any unauthorised distribution of course materials, including uploading them onto unauthorised web sites and social media sites, such as YouTube or Course Hero, will be considered in breach of the code of conduct and will be subject to disciplinary action."

4.2   MODULE 1: FOUNDATIONS OF CLINICAL PSYCHOLOGY

4.2.1   Aims

1. To provide an overview of the aims of Clinical Psychology in its broadest sense emphasising lifespan and psychological models, building upon prior knowledge and skills.

2. To provide an overview of the regulatory, professional and institutional context for professional practice.

3. To introduce issues in working with clients from a diverse range of social and cultural backgrounds.

4. To convey the importance of valuing individuals, and to respect the rights, dignity, values, and autonomy of all individuals across the lifespan.

4.2.2   Competencies/Intended Learning Outcomes

1. Describe and appraise the broad role of the Clinical Psychologist within health and social care services: to reduce psychological distress and to enhance and promote psychological wellbeing by the systematic application of knowledge derived from psychological theory and research.

2. Describe the skills knowledge and values required to work effectively with service users from a diverse range of backgrounds, understanding and respecting the impact of difference and diversity upon their lives.

3. Discuss and justify the need to adapt Clinical Psychology practice to a range of service users and organisational contexts, on the basis of an understanding of pertinent developmental, organisational and cultural issues.

4. To have basic knowledge of cognitive assessment.

5. Describe the impact of difference, diversity and social inequality on people's lives and the implications for working practices.

6. Recognise the importance and role of supervision.

7. Critically analyse and understand the legal and ethical responsibilities of clinical psychology practice, including patient consent, confidentiality and data protection.

8. Describe the HCPC *Standards of Conduct, Performance and Ethics*; the BPS *Code of Conduct, Ethical Principles and Guidelines* and also the *Professional Practice Guidelines* of the Division of Clinical Psychology.

9. Begin to take responsibility for continuing professional development.

10. Describe the family of applied psychology, the role of the professional bodies and the role of statutory registration.

4.2.3   Assessment

Module 1 is assessed by a one hour structured short notes assessment and

ongoing monitoring of supervised practice.

4.2.4　Associated HCPC Standards of Proficiency

	ILOs	Lecture Topic	Assessed
1a. Professional autonomy & accountability	✓	✓	✓
1b. Professional relationships	✓	✓	✓
2a. Identification & assessment of health & social care needs		✓	✓
2b. Formulation and delivery of plans & strategies for meeting health & social care needs			
2c. Critical evaluation of the impact of, or response to, the registrant's actions	✓	✓	✓
3a1. Know & understand the key concepts of the bodies of knowledge relevant to clinical psychology	✓	✓	✓
3a2. Know how to apply & adapt knowledge & skills		✓	
3a3. Understanding the need to establish & maintain a safe practice environment		✓	

4.2.5　References

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Lindsay, S.J.E. & Powell, G.E. (2007) <u>The Handbook of Clinical Adult Psychology</u> (3rd Ed.). Routledge, London.

Llewelyn, S. & Murphy, D. (Eds) (2014) <u>What is Clinical Psychology?</u> (5th Ed.) Oxford University Press, Oxford

Paniagua, F & Yamada, A. (2013) Handbook <u>of Multi-cultural Mental Health: Assessment and Treatment of Diverse Populations</u>. (2nd Ed,) Academic Press, London.

Health Professions Council (2008) *Standards of conduct, performance and ethics.* London: Author.

4.3　MODULE 2: FOUNDATION CLINICAL PRACTICE I

4.3.1　Aims

1.　For Trainees to acquire foundation knowledge of the theoretical/clinical information and professional issues relevant to adult (including older adult) mental health.

2.　For Trainees to develop the core skills of clinical practice in an adult/older adult mental health setting: assessment, formulation, intervention,

evaluation, and communication.

4.3.2   Competencies / Intended Learning Outcomes

1.   Demonstrate acquisition and basic understanding of psychological theory and evidence informing the assessment, formulation and treatment of common psychological problems presenting in adult mental health settings.

2.   Demonstrate acquisition and basic understanding of contemporary psychological models of common adult mental health disorders.

3.   Demonstrate knowledge of a number of psychological approaches, including cognitive behavioural, behavioural, and psychodynamic frameworks.

4.   Develop and maintain effective working alliances with clients, including individuals, families, carers and services.

5.   Demonstrate competence in basic client interviewing and client engagement skills.

6.   Use formal and informal interviews with clients, carers and other professionals.

7.   Choose, use and interpret a range of psychological assessment methods appropriate to the adult mental health setting including psychometric tests.

8.   Begin to develop psychological formulations of presenting problems or situations, which integrate information from assessments within a coherent theoretical framework.

9.   Based on the formulation, implement interventions appropriate to the presenting problem and to the psychological, systemic, cultural and social circumstances of the client and their family.

10.   Display competence in written and verbal communication of psychological formulations.

11.   Maintain appropriate records and make accurate reports.

12.   On the basis of formulation, implement psychological therapy appropriate to the presenting problem.

13.   Recognise when (further) intervention may be inappropriate, or unlikely to be helpful.

14.   Justify the need for re-formulation.

15.   Demonstrate culturally competent practice.

16.   Practice in an anti-discriminatory, anti-oppressive manner.

4.3.3   Assessment

Module 2 is assessed via the Supervisor's Evaluation of Clinical Competence (Appendix 6.5) and Unseen Case Conceptualisation Assessment (1.5 Hours). Formative assessment is via the Trainee Reflective Portfolio.

4.3.4   Associated HCPC Standards of Proficiency

	ILOs	Lecture Topic	Assessed
1a. Professional autonomy & accountability			✓
1b. Professional relationships	✓		✓
2a. Identification & assessment of health & social care needs	✓		✓
2b. Formulation and delivery of plans & strategies for meeting health & social care needs	✓	✓	✓
2c. Critical evaluation of the impact of, or response to, the registrant's actions	✓		
3a1. Know & understand the key concepts of the bodies of knowledge relevant to clinical psychology	✓		✓
3a2. Know how to apply & adapt knowledge & skills			✓
3a3. Understanding the need to establish & maintain a safe practice environment			✓

4.3.5   References

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Heimberg, R., 2002. *Cognitive Behavioral Group Therapy for Social Phobia: Basic Mechanisms and Clinical Strategies*. New York: Guilford Press.

4.4 MODULE 3: FOUNDATION CLINICAL PRACTICE 2

4.4.1 Aims

1. To consolidate and extend knowledge of the clinical psychological literature relevant to working in adult mental health settings.

2. To consolidate and develop Trainee assessment, formulation, intervention, evaluation, and communication skills within the adult mental health setting.

4.4.2 Competencies/Intended Learning Outcomes

1. Demonstrate acquisition and advanced understanding of core psychological literature informing the assessment, formulation and treatment of common psychological problems presenting in adult mental health settings.

2. Demonstrate acquisition and advanced understanding of forefront psychological models of common adult mental health disorders.

3. Demonstrate advanced knowledge of a number of therapeutic models, including cognitive behavioural, interpersonal psychotherapy and psychodynamic.

4. Display competence in linking this theory to the assessment formulation and intervention with clinical cases.

5. Maintain effective working alliances with clients, including individuals, families, carers and services.

6. Choose, use and interpret a wide range of psychological assessment methods appropriate to the adult mental health setting, including formal procedures (standardised instruments) and other structured methods (e.g. observation or gathering of information from others).

7. Develop psychological formulations which integrate information within a coherent theoretical framework that draws widely upon psychological theory and evidence and which incorporates intrapsychic, interpersonal, societal, cultural and biological factors.

8. Use formulations with clients to facilitate their understanding of their experience.

9. Use formulations to plan appropriate interventions that take the client's perspective into account.

10. Use formulations to assist multi-professional understanding and communication, and the understanding of clients and their carers.

11. Based on the formulation, implement interventions appropriate to the presenting problem and to the psychological, systemic cultural and social circumstances of the client and their family.

12. Revise formulations in the response to ongoing intervention and when necessary re-formulate the problem.

13. On the basis of a formulation, implement psychological therapy or other interventions appropriate to the presenting problem and to the psychological, cultural and social circumstances of the client(s) in a collaborative manner with individuals and couples.

14. Implement and record interventions through, and with, other professions and/or with individuals who are formal (professional) carers for a client, or who care for a client by virtue of family or partnership arrangements.

15. Recognise when further intervention is inappropriate, or unlikely to be helpful, and communicate this sensitively to clients and carers.

16. Select and implement appropriate methods to evaluate the effectiveness, acceptability and broader impact of interventions (both individual and organisational), and use this information to inform and shape practice.

17. Demonstrate competence in delivery of cognitive and cognitive behavioural therapy for adult mental health disorders.

18. Demonstrate a developing understanding of ethical issues in clinical practice competency.

19. Demonstrate an ability to contribute to multidisciplinary team management and functioning.

20. Gain some experience of working within multidisciplinary teams and specialist service systems.

4.4.3   Assessment

Course 3 is assessed by the Supervisor's Evaluation of Clinical Competence (Appendix 6.5) and Unseen Case Conceptualisation Assessment (1.5 Hours). Formative assessment is via the Trainee Reflective Portfolio.

4.4.4   Associated HCPC Standards of Proficiency

	ILOs	Lecture Topic	Assessed
1a. Professional autonomy & accountability	✓		✓
1b. Professional relationships	✓		✓
2a. Identification & assessment of health & social care needs	✓		✓
2b. Formulation and delivery of plans & strategies for meeting health & social care needs	✓	✓	✓
2c. Critical evaluation of the impact of, or response to, the registrant's actions	✓		✓
3a1. Know & understand the key concepts of the bodies of knowledge relevant to clinical psychology	✓		✓
3a2. Know how to apply & adapt knowledge & skills	✓		✓
3a3. Understanding the need to establish & maintain a safe practice environment			

4.4.5   References

In addition to Module 2 references the following are recommended:

INTERPERSONAL THERAPY

Hinrichsen, G. A., & Clougherty, K. F. (2006) Interpersonal Psychotherapy for Depressed Older Adults, APA

Stuart, S. & Robertson, M. (2003) Interpersonal Psychotherapy – A Clinician's Guide, London: Arnold

Weissman, M. M., Markowitz, J. C., & Klerman, G. L. (2007) Clinician's Quick Guide to Interpersonal Psychotherapy, OUP.

INTRODUCTION TO PSYCHOTHERAPY

Bateman, A., Brown, D., & Pedder, J. (2010) Introduction to Psychotherapy: An Outline of Psychodynamic Principles and Practice, London: Routledge

Coren, A. (2009). Short-Term Psychotherapy: A Psychodynamic Approach. Basingstoke: Palgrave.

4.5   MODULE 4: FOUNDATION KNOWLEDGE, UNDERSTANDING AND SKILLS

4.5.1   Aims

1.   To overview the core skills of assessment, formulation, intervention, evaluation and communication in relation to competent clinical practice in neurosciences, severe and enduring mental illness, physical health, addictions, and older adults.

2.   To provide forefront knowledge of models of psychopathology and psychological intervention pertinent to neuropsychology, severe and enduring mental illness, physical illness, addictions and older adults.

4.5.2   Competencies / Intended Learning Outcomes

1. To understand relationships between brain impairment, behaviour and social functioning.
2. To understand ways in which cognitive function breaks down, with examples from specific neurological conditions.
3. Describe and critically analyse the assessment, formulation, intervention and evaluation of cases where neuropsychological issues are primary to the presentation.

4.   Demonstrate acquisition and understanding of forefront psychological theory and evidence in severe and enduring mental illness.

5.   Describe and critically analyse the assessment, formulation, intervention and evaluation of cases of severe and enduring mental illness.

6.   Demonstrate acquisition and understanding of forefront psychological theory and evidence related to chronic and acute physical illness.

7.   Describe and critically analyse the assessment, formulation, intervention and evaluation of cases in medical settings.

8.   Demonstrate acquisition and understanding of forefront psychological theory and evidence in the addictions.

9.   Describe and critically analyse the assessment, formulation, intervention and evaluation in cases of alcohol and drug dependency.

10.   Demonstrate acquisition and understanding of forefront psychological theory and evidence related to older adults.

11.   Describe and critically analyse the assessment, formulation, intervention and evaluation in older adult clients.

4.5.3 Assessment

Module 4 is assessed via a Three Essay (2.25 hours) and a Two Essay (1.5 hours) exam. The Three Essay Exam will comprise sections on Older Adults; Assessment, Intervention and Management of Cognitive Impairment; and Clinical Health Psychology. The Two Essay Exam will comprise sections on Addictive Behaviours; and Psychosis. Trainees are required to answer one question out of a possible three, from each section. Essay topics will be provided 48 hours in advance of the exam.

4.5.4   Associated HCPC Standards of Proficiency

	ILOs	Lecture Topic	Assessed
1a. Professional autonomy & accountability		✓	
1b. Professional relationships		✓	✓
2a. Identification & assessment of health & social	✓		✓

care needs			
2b. Formulation and delivery of plans & strategies for meeting health & social care needs	✓	✓	✓
2c. Critical evaluation of the impact of, or response to, the registrant's actions			
3a1. Know & understand the key concepts of the bodies of knowledge relevant to clinical psychology	✓	✓	✓
3a2. Know how to apply & adapt knowledge & skills			✓
3a3. Understanding the need to establish & maintain a safe practice environment			

4.5.5   References

Lezak, M.D. et al. (2012) Neuropsychological Assessment (5th Ed.). Oxford University Press, New York.

Lemma, A. (1996) Introduction to Psychopathology. Sage Publications.

Strauss, E. et al (2006) A Compendium of Neuropsychological Tests. OUP, New York.

Wykes, T., Tarrier, N., & Lewis, L. (1999) Outcome and Innovation in Psychological Treatment of Schizophrenia. Wiley, Chichester.

White, C.A. (2001) Cognitive Behaviour Therapy for Chronic Medical Problems. John Wiley & Sons, New York.

Miller, W. & Heather, N. (1998) Treating Addictive Behaviours. New York: Plenum Press.

Connors, G. J., Donovan, D.M., & Di clemente, C.C. (2001) Substance Abuse Treatment and the Stages of Change. The Guilford Press

Laidlaw, K., Thompson, L.W., Leah, D.S. & Gallacher-Thomson, D. (2003). Cognitive Behaviour Therapy with Older People. John Wiley: West Sussex.

4.6   MODULE 5: SERVICE BASED EVALUATION 1

Audit and Data Analysis

Aims

1.   To convey the purpose and place of clinical audit in the NHS and how audit findings can be disseminated to key individuals and organisations.

2.   To revise and update basic techniques in statistics and the management, presentation and interpretation of data.

3.   To produce the outline for an evaluative investigation of a service with some relevance to clinical psychology.

4.6.2   Competencies / Intended Learning Outcomes

1.   To understand the similarities and differences between clinical audit and research.

2.   To show awareness of the importance of clinical, research and ethical governance as it pertains to audit.

3.   To demonstrate the ability to correctly use descriptive and inferential statistics relevant to communicating data, measures of central tendency and dispersion and the principles of normal distribution in relation to statistical test selection.

4.   To demonstrate the ability to correctly manage, analyse and interpret data relevant to clinical psychology research.

5.   To demonstrate the ability to produce a proposal for an innovative, applied service evaluation or audit that is likely to answer key audit questions.

4.6.3   Assessment

Module 5 is assessed by a data management examination (2 hours). Formative assessment is via a Proposal for a Service Based Project.

4.6.4   Associated HCPC Standards of Proficiency

	ILOs	Lecture Topic	Assessed
1a. Professional autonomy & accountability	✓		
1b. Professional relationships			
2a. Identification & assessment of health & social care needs			
2b. Formulation and delivery of plans & strategies for meeting health & social care needs	✓		✓
2c. Critical evaluation of the impact of, or response to, the registrant's actions	✓		✓
3a1. Know & understand the key concepts of the bodies of knowledge relevant to clinical psychology			
3a2. Know how to apply & adapt knowledge & skills			
3a3. Understanding the need to establish & maintain a safe practice environment			

4.6.5   References

Dancey, C.P. & Reidy, J. (2011) Statistics without Maths for Psychology (fifth edition). Pearson, Prentice Hall, Harlow.

Field, A. (2013). Discovering Statistics using IBM SPSS Statistics. 4th Edition. Sage: London.

Riordan, J. & Mockler, D. (1997) Clinical Audit in Mental Health. John Wiley & Sons Limited.

4.7 MODULE 6: CHILDREN / YOUNG PEOPLE AND FAMILIES THEORY AND PRACTICE

4.7.1 Aims

1. To develop Trainee knowledge of the clinical psychological literature relevant to working with children and their families.

2. To develop Trainee assessment, formulation, intervention, evaluation, and communication skills for work with children and their families.

4.6.2 Competencies/Intended Learning Outcomes

1. Describe and critically analyse major theories and evidence base informing the assessment, formulation intervention and evaluation of common psychological problems in children and their families.

2. Describe and critically analyse forefront models of psychological development and psychological difficulties required to work effectively with the full range of psychological problems experienced by children and young people, and their families.

3. Demonstrate advanced knowledge of a number of relevant therapeutic models, including cognitive behavioural, behavioural and systemic.

4. Display competence in linking this theory to assessment, formulation and intervention with clinical cases.

5. Develop in-depth knowledge of the major diagnostic categories and the ways children and young people may experience emotional, behavioural or intellectual difficulties at different times in their lives, and the ways family and other social systems may provide a context for children to develop resiliency or vulnerability to stressors.

6. Undertake clinical work over a substantial period of time with children, young people and their families

7. Maintain effective working alliances with child clients, their families, carers and services.

8. Choose, use and interpret a wide range of specialised psychological assessment methods appropriate to children and their families, including formal procedures (use of standardised instruments) and other structured methods (e.g. observation or gathering of information from others).

9. Develop psychological formulations which integrate information within a coherent theoretical framework that draws widely upon psychological evidence and accounts for relevant intrapsychic, interpersonal, systemic, societal, cultural and biological factors.

10. Use formulation with children and their families to facilitate understanding of experiences.

11. Use formulations to plan appropriate interventions that take the child and family perspective into account.

12.   Use formulations to assist multi-professional understanding and communication, and the understanding of the child, their family and carers.

13.   Revise formulations in the light of ongoing intervention and when necessary re-formulate the problem.

14.   Based on the formulation, implement interventions appropriate to the presenting problem and to the psychological, systemic cultural and social circumstances of the client and their family.

15.   Implement and record interventions through, and with, individuals who are formal (professional) carers for the child, or who care for a client by virtue of family or partnership arrangements.

16.   Recognise when further intervention is inappropriate, or unlikely to be helpful, and communicate this sensitively to clients, their family and carers.

17.   Demonstrate competence in the range of intervention skills, techniques and practices relevant to children, young people and their families.

18.   Select and implement appropriate methods to evaluate the effectiveness, acceptability and broader impact of interventions (both individual and organisational), and use this information to inform and shape practice.

19.   Discuss ethical issues in clinical practice competency.

20.   Demonstrate contribution to team management and functioning.

21.   Gain some experience of working within multidisciplinary teams and specialist service systems

4.7.3   Assessment

Module 6 is assessed by Supervisor's Evaluation of Clinical Competence (Appendix 6.5), Unseen Case Conceptualisation Assessment (1.5 Hours) and a Three Essays Exam (3 hours). Essay topics are circulated 48 hours in advance of the exam. Formative assessment is via the Trainee Reflective Portfolio.

4.7.4   Associated HCPC Standards of Proficiency

	ILOs	Lecture Topic	Assessed
1a. Professional autonomy & accountability	✓		✓
1b. Professional relationships	✓	✓	✓
2a. Identification & assessment of health & social care needs	✓	✓	✓
2b. Formulation and delivery of plans & strategies for meeting health & social care needs	✓	✓	✓
2c. Critical evaluation of the impact of, or response to, the registrant's actions			✓
3a1. Know & understand the key concepts of the	✓	✓	✓

bodies of knowledge relevant to clinical psychology			
3a2. Know how to apply & adapt knowledge & skills		✓	✓
3a3. Understanding the need to establish & maintain a safe practice environment			

4.7.5 References

Bowlby J (2005). *A Secure Base.* Routledge.

Carr, A (2012). Family Therapy; Concepts, Process and Practice. Wiley Blackwell; 3rd ed..

Carr A (2015). *The Handbook of Child and Adolescent Clinical Psychology: A conceptual Approach.* London: Routledge.

Carr A (2000). *What Works with Children and Adolescents? A Critical Review of Psychological Interventions with Children, Adolescents and Their Families.* London: Routledge.

Gerhardt, S (2004) Why Love Matters; how affection shapes a baby's brain. Routledge.

Green C (2006). *New Toddler Taming: A parent's guide to the first four years.* Vermilion.

Green C (2007). *Beyond Toddlerdom: Keeping 5-12 year olds on the rails.* Vermilion.

Green V (Ed. 2003). *Emotional development in psychoanalysis, attachment theory and neuroscience.* Hove.

Howe D, Brandon M, Hinings D & Schofield G (1999). *Attachment theory, child maltreatment and family support: A practice and assessment model.* Palgrave.

McGoldrick, M, Garcia Preto, N & Carter, B (2016) The Expanding Family Life Cycle: Individual, Family and Social Perspectives. Peason; 5th ed.

Rivett, M & Street E (2009) Family Therapy: 100 Key Points & Techniques. Routledge.

Silver, M (2013) Attachment in Common Sense and Doodles; A practical guide. Jessica Kingsley Publishers.

Skynner, R & Cleese, J (2009). *Families and how to survive them.* Cedar books.

Stallard P (2002). *Think Good - Feel Good: A Cognitive Behaviour Therapy Workbook for Children and Young People.* New York: Wiley.

Sunderland, M (2008). *The Science of Parenting.* Dorling Kindersley.

Webster Stratton C (2006). *The Incredible Years.* The Incredible Years.

4.8   MODULE 7: LEARNING DISABILITY THEORY AND PRACTICE

4.8.1   Aims

1. To develop Trainee knowledge of the clinical psychological literature relevant to working with people with learning disability.

2. To develop Trainee assessment, formulation, intervention, evaluation, and communication skills for work with people with learning disability.

4.8.2   Competencies / Intended Learning Outcomes

1. Discuss and critically appraise the meaning of learning disability and related psychological and social models.

2. Describe the wider context of the lives of people with learning disability and the impact on their well-being.

3. Develop an understanding of the available services and multi-disciplinary and multi-agency teams.

4. Demonstrate acquisition and advanced understanding of major theories and evidence base informing the assessment, formulation intervention and evaluation of common psychological problems in people with learning disability.

5. Demonstrate acquisition and advanced understanding of forefront models of psychological development and psychological difficulties required to work effectively with the full range of problems experienced by people with learning disability.

6. Demonstrate advanced knowledge of a number of relevant therapeutic models, including cognitive behavioural, behavioural and systemic.

7. Display competence in linking this theory to assessment, formulation and intervention of clinical cases.

8. Describe and discuss the ways in which adults with a learning disability may experience emotional, behavioural or interpersonal difficulties at different times in their lives.

9. Undertake clinical work over a substantial period of time with people with learning disability at various levels of intellectual functioning.

10. Undertake clinical work with people with learning disability who show significant levels of challenging behaviours.

11. Undertake clinical work with people with learning disability who have difficulty communicating.

12. Deliver high quality patient/client-centred care both as a solo practitioner and as a member of multidisciplinary and multi-agency teams.

13. Maintain effective working alliances with people with a learning disability, their families, carers and services.

14. Choose, use and interpret a wide range of specialised psychological

assessment methods appropriate to people with learning disability, including formal procedures (standardised instruments) and other structured methods (e.g. observation or gathering of information from others).

15. Apply systematic observation and measurement of behaviour in both daily life contexts and other settings.

16. Develop psychological formulations which integrate information within a coherent theoretical framework that draws widely upon psychological theory and evidence and which incorporates interpersonal, systemic, societal, cultural and biological factors.

17. Use formulation with clients with learning disability to facilitate understanding of experiences.

18. Use formulations to plan appropriate interventions that take the clients perspective into account.

19. Use formulations to assist multi-professional understanding and communication, and the understanding of the client with learning disability and their carers.

20. Revise formulations in the light of ongoing intervention and when necessary re-formulate the problem.

21. Based on the formulation, implement interventions appropriate to the presenting problem and to the psychological, systemic cultural and social circumstances of the client and their family.

22. Implement and record interventions through, and with, individuals who are formal (professional) carers of people with learning disability, or who care for a client by virtue of family or partnership arrangements.

23. Recognise when further intervention is inappropriate, or unlikely to be helpful, and communicate this sensitively to clients, their family and carers.

24. Demonstrate competence in the range of intervention skills, techniques and practices relevant to people with learning disability.

25. Select and implement appropriate methods to evaluate the effectiveness, acceptability and broader impact of interventions (both individual and organisational), and use this information to inform and shape practice.

26. Describe and discuss ethical issues in clinical practice competency.

27. Demonstrate contribution to team management and functioning.

28. Gain experience of working within multidisciplinary teams and specialist service systems.

4.8.3   Assessment

Module 7 is assessed through the Supervisor's Evaluation of Clinical Competence (Appendix 6.5), Unseen Case Conceptualisation Assessment (1.5 Hours) and a Three Essays Exam (3 hours). Essay topics are circulated 48 hours in advance of the exam. Formative assessment is via the Trainee Reflective Portfolio.

4.8.4   Associated HCPC Standards of Proficiency

	ILOs	Lecture Topic	Assessed
1a. Professional autonomy & accountability	✓	✓	✓
1b. Professional relationships	✓	✓	✓
2a. Identification & assessment of health & social care needs	✓	✓	✓
2b. Formulation and delivery of plans & strategies for meeting health & social care needs	✓	✓	✓
2c. Critical evaluation of the impact of, or response to, the registrant's actions	✓	✓	✓
3a1. Know & understand the key concepts of the bodies of knowledge relevant to clinical psychology	✓	✓	✓
3a2. Know how to apply & adapt knowledge & skills	✓	✓	✓
3a3. Understanding the need to establish & maintain a safe practice environment	✓	✓	

4.8.5   References

Carr, A. et al. (Eds) (2007) The Handbook of Intellectual Disability and Clinical Psychology Practice, Routledge, London

Emerson, E. et al. (2012) Clinical Psychology and People with Intellectual Disabilities. Wiley: New York

Emerson, E. et al. (2011) Challenging Behaviour. Cambridge University Press: Cambridge

Stenfert-Kroese, B. et al. (1997). CBT for People with Learning Disabilities. Routledge: London.

Taylor, J. et al. (2012) Psychological Therapies for Adults with Intellectual Disabilities. Wiley-Blackwell: Chichester:

Weblinks:

A Guide to Delivering Evidence-based Psychological Therapies in Scotland:

http://www.nes.scot.nhs.uk/education-and-training/by-discipline/psychology/the-matrix-(2015)-a-guide-to-delivering-evidence-based-psychological-therapies-in-scotland.aspx

(accessed September 2016).

Adults with Incapacity (Scotland) Act 2000:
http://www.legislation.gov.uk/asp/2000/4/contents (accessed September 2016).

Safeguarding Vulnerable Groups Act 2006:

http://www.legislation.gov.uk/ukpga/2006/47/contents (accessed September 2016).

4.9   MODULE 8: RESEARCH METHODS

4.9.1   Aims

1. To overview the concept of research design

2. To assist Trainees to select appropriate planned analyses to test hypotheses

4.9.2   Competencies / Intended Learning Outcomes

1. Describe the range of design solutions used in quantitative research.

2. Justify the importance of methodological rigour in testing hypotheses and evaluating research quality.

3. Gain experience in applying experimental, group and correlational design solutions to clinically and theoretically relevant research questions.

4. Select the most appropriate methodological design for the Major Research Project.

5. Describe and justify the importance of statistical power.

6. Describe the concepts of sample size, significance criterion, population effect size, and statistical power and the relationships between these constructs.

7. Describe principles of confidence limits around the mean, measure of effect and size of effect.

8. Describe and discuss assumptions which underpin selection of appropriate inferential tests.

9. Describe and discuss the principles and procedures involved in the analysis of differences between two groups and between three or more groups / conditions.

10. Describe what is meant by analysis of variance and covariance.

11. Describe and discuss the basic principles of establishing reliability and validity of measurement.

12. Describe the basic principles of regression analysis.

13. Examine and evaluate data for the purposes of regression analysis.

14. Use regression analysis as a tool to build and test psychological models.

15. Describe and discuss the basic statistical concepts of factor analyses and apply these principles to areas of clinical psychology research.

4.9.3   Assessment

Module 8 is assessed through a Critical Appraisal Examination (1.5 hours; critical appraisal of a published paper which has the discussion and conclusions sections omitted). Formative assessment is through the submission of the MRP Proposal Outline (maximum 1,500 words).

4.9.4   Associated HCPC Standards of Proficiency

	ILOs	Lecture Topic	Assessed
1a. Professional autonomy & accountability			
1b. Professional relationships			
2a. Identification & assessment of health & social care needs			
2b. Formulation and delivery of plans & strategies for meeting health & social care needs	✓		✓
2c. Critical evaluation of the impact of, or response to, the registrant's actions	✓		
3a1. Know & understand the key concepts of the bodies of knowledge relevant to clinical psychology	✓		
3a2. Know how to apply & adapt knowledge & skills			
3a3. Understanding the need to establish & maintain a safe practice environment			

4.9.5   References

Barker, C. et al. (2002) Research Methods in Clinical Psychology (2nd Edition). New York: Wiley.

Dancey, C.P. & Reidy, J. (2011) Statistics without Maths for Psychology (5th Edition). Pearson, Prentice Hall, Harlow.

Cohen, B.H. (2001) Explaining Psychological Statistics (2nd Edition) New York: Wiley.

Field, A. & Hole, G. (2011) How to design and report experiments (2nd Edition) Sage: London.

Field, A. (2013). Discovering Statistics using IBM SPSS Statistics. (4th Edition) Sage: London.

Tabachnick, B.G. & Fidell, L.S. (2012) Using multivariate statistics (6th Edition). Pearson: Harlow.

4.10   MODULE 9: RESEARCH PRACTICE 1

4.10.1   Aims

1.   To overview issues of research and ethical governance in relation to clinical psychology research.

2.   To provide an introduction to systematic approaches to searching for and identifying literature for review.

3.   To assist Trainees to conceptualise and conduct a clinically relevant

systematic literature review and critically appraise the research literature using appropriate consensual standards.

4. Based on this systematic review, to help Trainees produce a research proposal in a clinically relevant area derived from appropriate psychological theory.

4.10.2   Competencies/Intended Learning Outcomes

1. Describe and critically appraise the principles and practice of research and ethical governance with respect to recent developments in UK and EU legislation.

2. Describe and justify procedures involved in informed consent, particularly with respect to issues of informed consent and incapacity.

3. Describe and discuss procedures involved in applying for ethical approval.

4. Develop and demonstrate skills in making search methodology explicit and reproducible.

5. Provide an over-view of importance of rating methodological quality in systematic review.

6. Provide guidelines on specific methods for evaluating methodology.

7. Develop explicit hypotheses concerning the literature being reviewed in relation to methodology.

8. Produce a systematic literature review in the format of a recognised and appropriate peer reviewed scientific journal.

9. Critically appraise extant published research in a research area of interest.

10. Produce a costed protocol which details the candidate's research proposal to test a theoretically derived, clinically relevant research question and considers health and safety issues.

11. Following peer review conducted by Mental Health and Wellbeing at the University of Glasgow, submit the research proposal for ethical and managerial approval.

4.10.3   Assessment

Module 9 is assessed through the Systematic Review (submitted as part of the clinical research portfolio). Formative assessment is via the submission of a Systematic Review Outline and a Major Research Proposal (maximum 3,000 words, excluding appendices). Formative learning and assessment is monitored through research supervision attendance, the production of a Research Supervision Agreement (Appendix 8.1), a Logbook of Research Experience (Appendix 8.4), and 3 Research Progress Reports (Appendix 8.5).

4.10.4   Associated HCPC Standards of Proficiency

	ILOs	Lecture Topic	Assessed
1a. Professional autonomy & accountability	✓		
1b. Professional relationships	✓		
2a. Identification & assessment of health & social care needs			
2b. Formulation and delivery of plans & strategies for meeting health & social care needs	✓		
2c. Critical evaluation of the impact of, or response to, the registrant's actions			
3a1. Know & understand the key concepts of the bodies of knowledge relevant to clinical psychology			✓
3a2. Know how to apply & adapt knowledge & skills			
3a3. Understanding the need to establish & maintain a safe practice environment			✓

4.10.5   References

Egger, M., Davey Smith, G., & Altman, D. (eds) (2001) Systematic Reviews in Health Care: Meta-analysis in Context (2nd Edition). BMJ Publishing Group: London.

Ring, N., Ritchie, K., Mandava, L., & Jepson, R. (2010) A Guide to Synthesising Qualitative Research for Researchers Undertaking Health Technology Assessments and Systematic Reviews. Available from: http://www.healthcareimprovementscotland.org/programmes/clinical__cost_effec tiveness/programme_resources/synthesising_research.aspx

4.11   MODULE 10: ADVANCED PROFESSIONAL PRACTICE 1

4.11.1   Aims

1.   To develop Trainee understanding of the professional and legislative issues for working with vulnerable client groups (e.g. children and individuals with learning disability).

2.   To foster Trainee awareness of the role of Clinical Psychologists in the Health Service and responsibility and accountability within multidisciplinary working.

4.11.2   Competencies / Intended Learning Outcomes

1.   Describe and discuss the statutory legislation and guidance pertaining to the welfare of children, families, and their carers.

2. Describe and discuss the statutory legislation and guidance pertaining to the welfare of learning disabled people. Describe and discuss the statutory legislation and guidance pertaining to the welfare of vulnerable adults.

3. Demonstrate knowledge of sharing/disclosing/disseminating confidential information within multi-disciplinary team and multi-agency working.

4. Apply these principles to areas of clinical psychology practice.

4.11.3   Assessment

Module 10 is assessed through group based presentations and from clinical practice, as evidenced by placement documentation.

4.11.4   Associated HCPC Standards of Proficiency

	ILOs	Lecture Topic	Assessed
1a. Professional autonomy & accountability	✓	✓	✓
1b. Professional relationships	✓	✓	✓
2a. Identification & assessment of health & social care needs			
2b. Formulation and delivery of plans & strategies for meeting health & social care needs	✓	✓	✓
2c. Critical evaluation of the impact of, or response to, the registrant's actions			
3a1. Know & understand the key concepts of the bodies of knowledge relevant to clinical psychology			
3a2. Know how to apply & adapt knowledge & skills			
3a3. Understanding the need to establish & maintain a safe practice environment			

4.11.5   References

Wright, J. & Hill, P. (2003) *Clinical Governance.* Churchill Livingstone

Ovretveit, J. et al. (Ed) (1997) Interprofessional Working in Health and Social Care. Palgrove Macmillan.

4.12   MODULE 11: SERVICE BASED EVALUATION 2: AUDIT PROJECT

4.12.1   Aims

1. To produce an innovative, applied service evaluation of relevance to the clinical psychology community.

2. To deliver the service evaluation as an audit report that is suitable for managers and disseminate it appropriately.

4.12.2 Competencies and Intended Learning Outcomes

1. To demonstrate an understanding of the value of research and audit in relation to the development of the profession of clinical psychology and of patient/client care.

2. To demonstrate an ability to present data in clear, concise and unambiguous terms.

3. To demonstrate an ability to select appropriate statistical tests to describe data.

4. To demonstrate an ability to select, analyse and use an appropriate quantitative methodology for completion of audit.

5. To demonstrate an ability to use descriptive and inferential statistics relevant to communicating data, measures of central tendency and dispersion and the principles of normal distribution in relation to statistical test selection.

6. To demonstrate an ability to conceptualise, design and implement an audit project proposal that is relevant to Clinical Psychology services.

7. To write up and present audit results in the form of a Management Report, Executive Summary and a PowerPoint presentation.

4.12.3 Assessment

Module 11 is assessed by the production of a Service Based Evaluation Project Report (summative; maximum 5,000 words, excluding appendices). Formative assessment is via a presentation to peers describing the evaluation and presenting the main findings.

4.12.4 Associated HCPC Standards of Proficiency

	ILOs	Lecture Topic	Assessed
1a. Professional autonomy & accountability			✓
1b. Professional relationships			
2a. Identification & assessment of health & social care needs			
2b. Formulation and delivery of plans & strategies for meeting health & social care needs	✓		✓
2c. Critical evaluation of the impact of, or response to, the registrant's actions			✓
3a1. Know & understand the key concepts of the bodies of knowledge relevant to clinical psychology			✓
3a2. Know how to apply & adapt knowledge & skills			
3a3. Understanding the need to establish & maintain a safe practice environment			

4.12.5 References

Dancey, C.P. & Reidy, J. (2011) Statistics without Maths for Psychology (5th Edition). Pearson, Prentice Hall, Harlow.

Field, A. (2009). Discovering Statistics Using SPSS. 3rd Edition, Sage, London.

Riordan, J. & Mockler, D. (1997) Clinical Audit in Mental Health. John Wiley & Sons LTD

Cohen, B.H. (2001) Explaining Psychological Statistics (2nd Edition) John Wiley.

4.13 MODULE 12: ADVANCED PRACTICE 1

4.13.1 Aims

1. To provide experience of working with complex clinical problems or organisational systems

2. To provide an opportunity to consolidate and develop clinical skills of assessment, formulation, intervention and evaluation within a specialist area of clinical practice or with organisational systems

3. To provide a venue for the demonstration of original and creative application of evidence-based practice and for theory-practice integration.

4.13.2 Competencies/Intended Learning Outcomes

1. Undertake complex clinical or organisational work over a substantial period of time.

2. Work in more than one recognised model of psychological therapy.

3. Choose, use and interpret a wide range of psychological assessment methods including formal procedures (standardised instruments) and other structured methods (e.g. observation or gathering of information from others) in a specialist area of practice.

4. Develop problem level and case level psychological formulations of complex clinical cases or organisational systems which draw widely upon psychological theory and evidence and incorporate interpersonal, societal, cultural and biological factors.

5. Use such formulations to facilitate understanding, plan appropriate intervention and assist multi-professional understanding and communication and direct change.

6. Revise formulations in the light of ongoing intervention and utilise one or more psychotherapeutic models or approaches to facilitate change with consideration of the psychological, cultural and social circumstances.

7. Based on the formulation, implement interventions appropriate to the presenting problem and to the psychological, systemic cultural and social circumstances.

8.   Recognise when intervention by training of others (professional staff, relatives and carers) may be appropriate to promote change, and implement this.

9.   Demonstrate a high level understanding of ethical issues in psychological practice competency.

10. Demonstrate well developed ability to contribute and enhance team management and functioning.

11. Participate effectively in inter-professional and multi-agency approaches to health and social care.

12. Exercise appropriate autonomy and initiative in professional activities.

13. Manage the physical and emotional impact of own practice.

14. Demonstrate self-management skills and independence of thought and action

4.13.3   Assessment

Module 12 is assessed through the Supervisor's Evaluation of Clinical Competence and a Reflective Account. The Reflective Account is submitted as part of the Clinical Research Portfolio. Formative learning is via the Trainee Reflective Portfolio.

4.13.4   Associated HCPC Standards of Proficiency

	ILOs	Lecture Topic	Assessed
1a. Professional autonomy & accountability	✓		✓
1b. Professional relationships	✓		✓
2a. Identification & assessment of health & social care needs	✓		✓
2b. Formulation and delivery of plans & strategies for meeting health & social care needs	✓		✓
2c. Critical evaluation of the impact of, or response to, the registrant's actions	✓		✓
3a1. Know & understand the key concepts of the bodies of knowledge relevant to clinical psychology	✓		✓
3a2. Know how to apply & adapt knowledge & skills			✓
3a3. Understanding the need to establish & maintain a safe practice environment			

4.13.5   References

Tarrier, N, (1998) Treating Complex Cases: Cognitive Behavioural Therapy Approach. Chichester: Wiley & Sons

Roth, A. & Fonagy, P. (2005, 2nd Ed) What works for whom? A critical review of

psychotherapy research. London: Guilford Press.

4.14 MODULE 13: ADVANCED PRACTICE 2

4.14.1 Aims

1. To provide an opportunity to make complex judgements, especially risk assessments.

2. To provide an opportunity to develop complex skills of assessment, formulation, intervention and evaluation within a specialist area of practice either clinically or organisationally.

3. To experience the role of consultancy in health and social care.

4. To provide learning opportunities for the practice of clinical and professional skills in the context of new problems and new circumstances.

4.14.2 Competencies/Intended Learning Outcomes

1. Undertake complex clinical or organisational work over a substantial period of time with complex challenges.

2. Demonstrate complex skills of assessment, formulation, intervention and evaluation within a specialist area of practice.

3. Choose, use and interpret a wide range of psychological assessment methods including formal procedures (standardised instruments) and other structured methods (e.g. observation or gathering of information from others) in a specialist area of practice.

4. Develop detailed problem level and case level psychological formulations of highly complex cases or organisational systems which draw widely upon psychological theory and evidence and incorporate psychological, interpersonal, societal, cultural and biological factors.

5. Use such formulations to facilitate understanding, plan appropriate intervention and assist multi-professional understanding and communication.

6. Based on the formulation, implement interventions appropriate to the presenting problem and to the psychological, systemic cultural and social circumstances.

7. Revise formulations in the light of ongoing intervention and utilise one or more psychotherapeutic models or approaches to facilitate change.

8. Make informed judgements on complex clinical or organisational issues in the absence of complete data and in novel circumstances.

9. Conduct complex risk assessments and formulate appropriate action plans with consideration of the ethical and professional implications.

10. Demonstrate self-awareness and ability to work as a reflective practitioner.

11. Describe and justify consultancy models and the contribution of consultancy to practice.

12. Intervene by training of others (professional staff, relatives and carers).

13.   Extend psychological knowledge and development of psychological skills via teaching, supervision, and consultation.

14.   Demonstrate in supervision a high level understanding of ethical issues in clinical practice competency.

15.   Demonstrate the ability to contribute to team management and functioning.

16.   Participate effectively in inter-professional and multi-agency approaches to health and social care.

17.   Work effectively at a high level of autonomy in complex and unpredictable situations, with awareness of the limits of one's own competence, and accepting accountability to relevant professional and service managers.

18.   Manage the physical and emotional impact of one's own practice.

19.   Demonstrate self-management skills and independence of thought and action.

20.   Display cognisance of the importance of self-awareness and the need to appraise and reflect on their own practice and the need for continuing professional and personal development.

4.14.3   Assessment

Module 13 is assessed by the Supervisor's Evaluation of Clinical Competence and a Reflective Account. The Reflective Account is submitted as part of the Clinical Research Portfolio. Formative assessment is the Trainee Reflective Portfolio.

4.14.4   Associated HCPC Standards of Proficiency

	ILOs	Lecture Topic	Assessed
1a. Professional autonomy & accountability	✓		✓
1b. Professional relationships	✓		✓
2a. Identification & assessment of health & social care needs	✓		✓
2b. Formulation and delivery of plans & strategies for meeting health & social care needs	✓		✓
2c. Critical evaluation of the impact of, or response to, the registrant's actions	✓		✓
3a1. Know & understand the key concepts of the bodies of knowledge relevant to clinical psychology	✓		✓
3a2. Know how to apply & adapt knowledge & skills			✓
3a3. Understanding the need to establish & maintain a safe practice environment			

4.14.5   References

Casement, P. (1995). <u>Learning from the Patient.</u> Tavistock

4.15   MODULE 14: PSYCHOLOGY AND THE LAW

4.15.1   Aims

1. To foster Trainee understanding of the scope of clinical psychology theory and practice in relation to (a) individuals with offending behaviours and (b) legal issues across forensic and non-forensic settings.

2. To overview the core skills of psychological assessment, formulation, intervention, evaluation and communication in relation to (a) individuals with offending behaviours and (b) legal settings.

3. To provide knowledge of forefront models of psychopathology and psychological intervention pertinent to patients encountered in forensic settings.

4.15.2   Competencies / Intended Learning Outcomes

1. Discuss and critically appraise forefront psychological theory and evidence relating to patients with forensic issues.

2. Describe and discuss the assessment, formulation, intervention and evaluation processes for cases where legal issues are involved.

3. Demonstrate an understanding of the basic principles of risk and needs assessment, formulation and management in relation to individuals who present with offending behaviours.

3. Discuss and appraise psychological theories of criminality and their application.

4. Justify the operational concept of psychopathy and its importance in risk assessment.

5. Describe and discuss the operation of the civil and criminal legal systems.

6. Be aware of the relevant legislation impacting on clinical psychology practice across forensic and non-forensic settings.

4.15.3   Assessment

Module 14 is assessed through a short essay exam (1 hour).

4.15.4   Associated HCPC Standards of Proficiency

	ILOs	Lecture Topic	Assessed
1a. Professional autonomy & accountability	✓		
1b. Professional relationships			
2a. Identification & assessment of health & social	✓	✓	

care needs			
2b. Formulation and delivery of plans & strategies for meeting health & social care needs	✓	✓	
2c. Critical evaluation of the impact of, or response to, the registrant's actions			
3a1. Know & understand the key concepts of the bodies of knowledge relevant to clinical psychology	✓		✓
3a2. Know how to apply & adapt knowledge & skills			
3a3. Understanding the need to establish & maintain a safe practice environment			

4.15.5   References

Walker, L. & Shapiro, D. (2003) Introduction to Forensic Psychology. New York: Kluwer.

Specific references will be identified by each lecturer to reflect current evidence base and literature, in addition to core texts relevant to each topic area.

4.16   MODULE 15: RESEARCH PRACTICE 2

4.16.1   Aims

1. To produce a piece of innovative, applied scientific research of theoretical and clinical relevance to the clinical psychology community.

2. To support Trainees to complete their independent doctoral level research project successfully.

3. To produce a piece of scientific research that leads to the generation of new research evidence relevant to clinical practice.

4.16.2   Competencies / Intended Learning Outcomes

1. Conduct a piece of theoretically and clinically relevant research.

2. Access, review, critically evaluate, appraise and synthesise extant data pertaining to a research topic.

3. Formulate a scientific research question.

4. Collect and analyse data appropriate to the research question and associated hypotheses.

5. Demonstrate appropriate preparation of data for analysis, selection of appropriate statistical tests or other methods, and report data in clear unambiguous terms in a manner acceptable to the wider scientific community.

6. Describe and justify the limitations of the research.

7. Describe and discuss key ethical issues relating to the research.

8. Critically appraise the contribution of the research to the current literature

and make clear and appropriate future clinical and research implications and recommendations.

9.   Produce a scientific paper in the format of a recognised and appropriate peer reviewed scientific journal.

4.16.3   Assessment

Module 15 is assessed through the submission of a Clinical Research Portfolio (maximum 30,000 words).

4.16.4   Associated HCPC Standards of Proficiency

	ILOs	Lecture Topic	Assessed
1a. Professional autonomy & accountability	✓		✓
1b. Professional relationships	✓		
2a. Identification & assessment of health & social care needs			✓
2b. Formulation and delivery of plans & strategies for meeting health & social care needs			✓
2c. Critical evaluation of the impact of, or response to, the registrant's actions			
3a1. Know & understand the key concepts of the bodies of knowledge relevant to clinical psychology			
3a2. Know how to apply & adapt knowledge & skills			
3a3. Understanding the need to establish & maintain a safe practice environment			✓

4.16.5   References

Barker, C., Pistrang, N. & Elliott, R. (2001) Research Methods in Clinical Psychology (2nd Edition). Wiley.

Cohen, B.H. (2001) Explaining Psychological Statistics (2nd Edition) John Wiley & Sons, Inc. New York.

Dancey, C.P. & Reidy, J. (2011) Statistics without Maths for Psychology (5th Edition). Pearson, Prentice Hall, Harlow.

Field, A. & Hole, G. (2011) How to design and report experiments (2nd Edition) Sage: London.

Field, A. (2009) Discovering Statistics Using SPSS (3rd edition). Sage. London,

Tabachnick, B.G. & Fidell, L.S. (2007) Using multivariate statistics (5th Edition). Allyn & Bacon, Boston

4.17 MODULE 16: ADVANCED PROFESSIONAL PRACTICE 2

4.17.1 Aims

1.   To build upon the Foundations Module in Year I, and Professional Practice Module in Year II.

2.   To develop appreciation of the whole range of professional issues in the transition to being an independent practitioner.

3.   To consider the role transitions involved in moving to post-qualifying status including becoming a supervisor, taking responsibility for personal CPD, career development, and taking on advanced practitioner status.

4.17.2 Competencies and Intended Learning Outcomes

1.   Demonstrate awareness of the legislative and national planning context of service delivery and clinical psychology practice.

2.   Show recognition of obligation to maintain fitness for practice and need for continuing professional development and working within the limits of competence

4.17.3 Assessment

Module 16 is assessed through short essay exam (1 hour).

4.17.4 Associated HCPC Standards of Proficiency

	ILOs	Lecture Topic	Assessed
1a. Professional autonomy & accountability	✓	✓	
1b. Professional relationships	✓	✓	
2a. Identification & assessment of health & social care needs			
2b. Formulation and delivery of plans & strategies for meeting health & social care needs		✓	
2c. Critical evaluation of the impact of, or response to, the registrant's actions		✓	
3a1. Know & understand the key concepts of the bodies of knowledge relevant to clinical psychology	✓	✓	✓
3a2. Know how to apply & adapt knowledge & skills			
3a3. Understanding the need to establish & maintain a safe practice environment			

4.17.5 References

Hanson S.L. et al. (2004) Health Care Ethics for Psychologists: A Casebook. Washington, DC: American Psychological Association

Fleming, I. & Steen, L. (Eds) (2004) <u>Supervision and Clinical Psychology. Theory, Practice and Perspectives</u>. Brunner-Routledge

CHAPTER 5: SUPPORT SYSTEMS

5.1 THE RECOGNISED NEED FOR SUPPORT

The Programme and its NHS partners recognise the demands placed on Students and that it is necessary and appropriate for Trainees to seek support, advice and guidance. Additionally, the Health Profession's Council in their Standards of Proficiency for Practitioner Psychologists (2015), say that psychologists must:

- *understand the need to maintain high standards of personal and professional conduct*
- *understand the importance of maintaining their own health*
- *be able to manage the physical, psychological and emotional impact of their practice*

Over the years, the Programme has developed a network of support systems to this end, in recognition that no single system will meet all needs. These systems are outlined below and should be accessed (and in some cases developed) by Trainees as required.

5.2 PROGRAMME MECHANISMS FOR TRAINEE SUPPORT

5.2.1 Programme Team

The Programme Team encompasses clinical, academic and research staff members.

All members of the Academic Team can be approached for support with questions related to academic or research areas of the Programme. Issues raised may include queries about academic or research demands, Programme deadlines, fear of failure, and managing the competing demands of academic and clinical work.

The Clinical Practice Team is made up of the Clinical Practice Director and Clinical Tutors, who can be approached for support in all matters relating to practice placement experiences and the development of clinical competence. Issues raised may include discrepancies between a practice placement agreement and actual experience on practice placement, ambiguity about clinical expectations, difficult working relationships, role conflict, or a change of supervisor. Clinical Tutors can also be approached where trainees themselves have concerns related to clinical skills development

5.2.2 University Advisers

A member of the Academic team is appointed as University Adviser to each Trainee during first year induction. The nominated Adviser takes a particular interest in the Trainee's progress throughout their enrolment on the Programme, meeting every term as a minimum. The Trainee can discuss progress in general and the Adviser may provide assistance as required. Each Trainee is

encouraged to approach his/her Adviser at any time.

We regard the University Adviser role as a very important one for Trainees. It is important that Trainees arrange to meet with the adviser at least once each term and keep them abreast of their experiences of the whole of the programme of training. The University Adviser has an important role in providing pastoral support during times of stress and can help guide the Trainee through the programme procedures, help explain processes, and provide a general source of information and support.

5.2.3 Practice Placement Visits

A Clinical Tutor or NHS Local Area Tutor is assigned to conduct a Practice Placement Visit around half way through each practice placement. The Practice Placement Visitor is a representative of the Programme Team, and information discussed at this visit is formally reported to the Clinical Practice Team who review progress and file the Placement Visitor's written report. The main objectives of this visit are to support and facilitate training progress. The visitor assesses how well experience on practice placement matches the practice placement agreement, and how this facilitates development of competencies outlined in the Intended Learning Outcomes. The Trainee and Supervisor are interviewed separately and each has the opportunity to raise any issues. These may include resources on placement as well as supervision and clinical issues. At the end of the placement visit, the placement visitor, Trainee and Supervisor come together for a summary during which any action points will be discussed. Trainees or Supervisors are encouraged to request early or extra placement visits should there be any concern about the placement. This can be arranged at any time by contacting one of the Clinical Tutors.

5.2.4 Annual Review of Individual Learning Plan/Employment Appraisal

An Individual Learning Plan Review/Employment Appraisal is completed annually for each Trainee.

The review will be carried out jointly by the designated Appraiser (usually the Trainee's Clinical Tutor but can be any member of the Programme team) and the Trainee's Local NHS Line Manager (or their representative, such as the Local NHS Tutor).

The review covers both university education and NHS employment. This process highlights the integrated nature of training, with a focus on professional development. The review takes a holistic approach, and considers the relative contributions of the clinical, academic and research domains towards professional development, the fulfilment of Programme and NHS employment requirements, and career plans may also be discussed.

Trainees are asked to prepare for these meetings by reflecting on all aspects of their training experience and are asked to highlight areas of strength and personal learning goals for the future. The review has a semi-structured format and Trainees are encouraged to engage in short, medium and long-term goal planning in the various domains. All Modules are reviewed in terms of the development of competency according to the defined Intended Learning Outcomes for each Module. Any gaps in experience are identified and placed

into plans for training over the coming year. Written feedback from this meeting is provided to the Trainee, the Local NHS Tutor, local NHS Line Manager, and is placed on University file. This meeting is an opportunity to provide feedback on training experiences, to raise issues of concern and to seek advice.

5.2.5   Peer Support

Trainees are an important source of support for each other. The Programme seeks, in partnership with Trainees, to encourage and support developments, which foster this. The Programme is keen to ensure that Highland Trainees, who are employed by a geographically remote health board, are enabled to integrate with their peer groups so that they can access systems of peer support. To this end, Highland Trainees will attend for lectures, in person, with their peers for a block of teaching at the start of each practice placement (in first and second year) and will attend for face-to-face lectures once per month thereafter. Such systems of peer support are, by their nature, flexible and voluntary. The form this support system takes varies from year to year depending on the wishes and enthusiasm of the Trainees involved.

The following systems have operated over the last few years and were arranged by the year groups involved:

Inter-Year Groups

Small groups spanning all three years have been convened by Trainees to promote peer support across the year groups.

Buddy System

This system has been established by experienced Trainees who are in Years II and III. A list of volunteer 'Buddies' in each health board area is available from Lynsay Coulter (Student Support Team Leader), and is sent to newly appointed first year Trainees, who may wish to take up the contact. The buddy system can provide invaluable support in assisting Trainees to settle into the Programme.

Lunch Time Meetings

Previous year groups have arranged a monthly lunchtime meeting to discuss relevant topics or issues in training. These can allow Trainee Representatives to accurately represent the views of their peers to the various forums. There is a Trainee Common Room on the second floor (next to the computer laboratory) which is available for informal meetings.

5.3   LOCAL NHS EMPLOYMENT SUPPORT

5.3.1   Local NHS Line Managers

Trainees are NHS employees and members of the Department(s) in which they are based, and as such should request help or support from their NHS Line Manager about employment issues. This may involve issues such as leave arrangements, travel expenses, or local practice placement resources. Line managers must agree Trainee leave arrangements including compassionate leave and carer leave. Trainees are also required to seek approval for appointments such as hospital visits. Importantly, Trainees must also inform the Programme of leave arrangements and any time from teaching must be approved by the Programme.

5.3.2   NHS Local Area Tutors

Trainees may contact their NHS Local Area Tutor at any time for support or queries regarding, for example; employment issues such as leave policies, travel expenses and health & safety at work; practice placement planning; resources on placement or welfare issues. Local Area Tutors work closely with both Trainees and supervisors, and liaise with the Clinical Practice Team. In order that the Programme and NHS Health boards can provide an effective integrated training pathway for trainees, clear and open communications are maintained at all times. Issues discussed at a local level will also be discussed with relevant members of the Clinical Practice Team who can also offer support to Trainees if this is necessary.

If it becomes known that a Trainee is engaged in exploitative or inappropriate behaviour with a client or is otherwise unfit to practice, the Local Area Tutor would be required to pass this information to the Programme Director or Clinical Practice Director. Similarly, if the Trainee is at risk of inappropriate behaviour from others, such as being bullied or harassed, then the Local Area Tutors or NHS Line Manager would inform the Programme to ensure a partnership approach to support and advice.

Local Area Tutor names and contact details for each health board area are noted below.

Glasgow & Clyde NHS	Ayrshire & Arran NHS
Dr Rebecca Frost	Dr Marisa Forte
Contact Tracey McKibbens Commonwealth House 32 Albion Street Glasgow G1 1LH 0141 287 0414 Rebecca.Frost@ggc.scot.nhs.uk	Department of Medical Paediatric Psychology Crosshouse Hospital Ward 1B Kilmarnock, KA2 0BETel: 01563 825 760 marisa.forte@aapct.scot.nhs.uk

Lanarkshire NHS	Highland NHS
Dr Sally Dewis	Dr Andrew MacDougall
Clinical Psychology Department Airbles Road Centre 59 Airbles Road Motherwell ML1 2TP Tel: 0141 531 4117 / 07795 318953 sally.dewis@nhs.net	Older People's Clinical Psychology Service Drumossie Unit New Craigs Hospital 6-16 Leachkin road Inverness IV3 8NP Tel: 01463 253697 andrew.macdougall@nhs.net

5.3.3   Clinical Supervisors

Many Trainees obtain support from their Clinical Supervisors who are able to offer advice on a very wide range of issues.

5.4 PROGRAMME/NHS SUPPORT PROVISION

5.4.1 Mentoring System

The need for mentoring has been raised by Trainees in the past who expressed a need for an opportunity to develop a supportive relationship with a qualified Clinical Psychologist who was not part of the Programme Team or local NHS employment, and who thus has no role in evaluating Trainee progress.

A number of qualified Clinical Psychologists have volunteered to be included on the list of 'registered' mentors. They are available for contact by Trainees seeking this kind of support. A list of mentors is emailed to Trainees at the start of each academic year, and is available from the Student Support Team (see Lynsay Coulter or Carol Lang at main reception) at any time.

5.4.2 Mentoring Role

Mentors offer support throughout training through the development of a supportive relationship. Mentors offer advice, encouragement and an opportunity to discuss issues that may arise during training. These may be of a personal or professional nature. For instance, the Trainee may wish to discuss their personal development, share thoughts about the training process or to seek advice on a minor matter. Issues that require therapy or counselling are outwith the scope of the mentoring relationship.

The Mentoring System is optional and informal and based solely on agreement between mentor and Trainee. It is anticipated that the same mentor would be in contact with the Trainee throughout training to facilitate the development of a supportive relationship. Meeting frequency and venue would be agreed by the mentor and Trainee, but it is anticipated that meetings would take place during normal working hours and at the mentor's place of work. There will be no requirement to report to the Programme the use of the mentoring system by either Trainee or Mentor. There will ordinarily be no contact between the mentor and the Programme, except when mentors volunteer for the support system, and are provided written guidelines on the role.

5.4.3 Therapeutic Support

Trainees may wish to engage with more intensive support / psychotherapy for both personal and professional development purposes (although the latter should be sought on a private basis). Occupational Health Departments within the employing Health Boards can offer assistance and guidance with this. Alternatively, Trainees may access therapeutic support via their General Practitioner and the programme can 'signpost' Trainees to 'out of area' services so that Trainees are not seen for therapy in the area where they work. The Trainee should then ask their GP to make the 'out of area' referral. The Programme can also inform the relevant service lead that a Trainee referral has been made so that the Trainee is seen by an appropriate therapist (e.g., not by another Trainee). The Programme is unable to facilitate 'fast track' Trainee referrals and these would be subject to local waiting list times. Trainees may choose to seek support / therapy on a private basis from services such as Human Development Scotland http://www.hdscotland.org.uk/ or the British Psychoanalytic Council https://www.bpc.org.uk/find-a-therapist

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5.5   OTHER NHS, UNIVERSITY AND PROFESSIONAL SUPPORT

5.5.1   General Practitioner and Other NHS Health Services

Trainees should not hesitate to use mainstream Health Services when required.

5.5.2   University Student Disability Service

The Student Disability Service provides a dedicated service for registered students with disabilities or specific learning difficulties, assessing and putting in place appropriate provision. This could include access, examination and study requirements. Trainees should not hesitate to contact this service if necessary. They also welcome enquiries from potential or pre-entry students.

Office opening times: 9.30am – 4.30pm, Monday - Friday

Address: Disability Service, John McIntyre Building, University of Glasgow,

Scotland, UK, G12 8QQ

Telephone: 0141-330 5497

Fax: 0141-330 4562

Email: studentdisability@gla.ac.uk

Dr Alison Jackson, the Disability Co-ordinator for Mental Health & Wellbeing,

ensures that Disability Service provisions are put into place for individual

Trainees.

5.5.3   University of Glasgow Counselling and Psychological Services

During your time on the Programme, you may experience personal and emotional issues that impact on your academic / clinical work and your enjoyment of university life.

Counselling and Psychological Services offer a confidential space for you to explore and reflect on these issues without being judged, and to help you develop ways of overcoming your difficulties.
Some of the services they provide:

- Mental health and wellbeing drop-in
- Self-help materials
- Individual counselling
- Psycho-educational groups
- Group counselling
- Three-session counselling
- Clinical psychological services

If you feel you need support or advice, please register for an assessment using the online form available from http://www.gla.ac.uk/services/counselling/

Office hours: 0900 - 1700, Monday to Friday
Location: 67 Southpark Avenue
Telephone: +44 (0) 141 330 4528
Email: studentcounselling@glasgow.ac.uk

5.5.4   University of Glasgow Student Representative Council

The Student Representative Council (SRC) offers a number of services to students, including an advice centre and a telephone helpline.

Nightline is an SRC service that provides confidential information and listening telephone services to the student community at Glasgow University during the hours 7pm – 7am, term time. Nightline: 0141 353 1050;

Ask Nightline Email Service: asknightline@src.gla.ac.uk

The Advice Centre is an advice, information and representation service provided by the SRC for all Glasgow University students. The Advice Centre offers free and confidential advice on wide range of subjects. For example:

Benefits and Tax Credits
Council tax
Employment Rights
Financial Support for Students
Income Tax/National Insurance
Health Issues
Housing Issues
Money Advice

The SRC may also be able to represent you with regard to academic appeals, formal complaints and disciplinary issues. The Advice Centre is on the ground floor of the John McIntyre building, right in the middle of University Avenue. Drop in: Monday to Thursday (10am-4pm) or Fridays (10am-3pm). Opening hours during holidays may vary.

GUSRC, John McIntyre Building
University Avenue
GLASGOW, G12 8QQ

Tel: 0141 339 8541; Fax: 0141 337 3557
Email: enquiries@src.gla.ac.uk

Web: http://www.glasgowstudent.net/about/

5.5.5   Employment Union Representation

Unions offer representation and advice in the work-place, and raise awareness in political systems at a national level (e.g. regarding pay, health and safety, discrimination, work-force planning). Unions have benefits and support for individuals and systems. You can find out more about unions you can join through your NHS employers and the internet.

5.5.6   British Psychological Society - Professional Body

The British Psychological Society (BPS; http://www.bps.org.uk) is the representative body for psychology and psychologists in the UK. It describes itself as having "national responsibility for the development, promotion and application of psychology for the public good, and promotes the efficiency and usefulness of its members by maintaining a high standard of professional education and knowledge". The BPS provides advice and guidance on a range of professional matters, including ethical conduct and legal matters. The BPS

Division of Clinical Psychology – Scotland (DCP-S) have provision to allow for Trainee representation on their committee. For details of the current representative, please contact Louise McCormack at main reception.

5.5.7   Health & Care Professions Council - Regulating Body

Since July 2009, Clinical Psychologists have been regulated by the Health and Care Professions Council (HCPC; http://www.bps.org.uk). The HCPC is an independent health regulator which sets minimum standards of professional training, performance and conduct. It publishes guidelines on standards of conduct, performance and ethics, and standards for continuing professional development. Trainee Clinical Psychologists are not regulated until *after* qualification, but should be aware of HCPC guidelines as they may find these a source of support in their professional work.

5.5.8. Interfaith Chaplaincy

Trainees are welcome to access the University of Glasgow's Interfaith Chaplaincy for support. The Interfaith Chaplaincy is based at the main university campus:

Reverend Stuart D MacQuarrie
University of Glasgow
Chapel Corridor (South), West Quadrangle
Glasgow, G12 8QQ.
Tel: +44(0) 141 330 5419
Email: chaplaincy@glasgow.ac.uk
Website: www.glasgow.ac.uk/chaplaincy

5.6   EXTENDED LEAVE

5.6.1   Maternity Leave and Extended Sick Leave

Extended leave circumstances are an employment matter and also have implications for the attainment of the University award, so a dual process must be observed. If a Trainee requires extended leave from the academic and clinical elements of the programme they must make formal notification to both their employing health board and the University as soon as possible. This is because any extension of the period of training means the learning plan must be reviewed, any necessary supports must be identified, and additional funding for extension of training must also be secured, where this is necessary. Formal notification must be made or copied to all of the following:

Programme Director
Examinations Officer/Academic Director
Clinical Practice Director
NHS Line Manager
NHS Local Area Tutor
Allocated Clinical Tutor

Notification may be made by email or letter. This notification will prompt an individual learning plan review to be held, the development of a plan to complete

and assess outstanding coursework, and co-ordination of re-scheduled practice placements where necessary. In the event that scheduled long-term leave will prevent completion of a forthcoming course, practice placement rotation may be postponed until such time as the Trainee is able to enrol on a practice placement of adequate length to achieve the relevant course competencies.

The programme aims to adopt an attitude of flexibility in relation to attainment of competencies where a period of extended leave has interrupted studies. Where there is a requirement to revise individual learning plans in light of extended leave this will take account of the individual context, recognising that each Trainee's requirements will be different.

5.7   ENHANCING PROGRAMME COMMUNICATIONS

Information and communication networks are of central importance to Trainees, given the geographic distribution of practice placements and the need to attend various NHS and University venues for training and clinical practice education. The following mechanisms are in place to support effective communication between Trainees and the Programme providers.

5.7.1   Communication Meetings

Each year group will have regular meetings with members of the Programme team. These meetings currently happen once per term but could happen more regularly if this was thought to be useful and this can be agreed within individual year groups. These meetings will provide a forum for communication between trainees and the Programme Team. The main underlying principle is to provide the opportunity for open communication and if necessary engage in collaborative problem solving that addresses issues proactively and in a timely fashion. Items for discussion may include deadlines, practice placement issues, recent staff changes, recent publications within the department and general communication issues. To maximise the usefulness of these meetings members of the student support team will email trainees and programme team members for communication items prior to the meeting. It is then expected that trainees will lead the meeting collaboratively with the programme team. Items discussed and if application any outcomes from discussions will be uploaded to the common room on moodle to allow trainees of all years to access. One hour communication meetings on lecture days are scheduled. Where necessary relevant items can be fed back to the Joint Programme Organiser's Group via the year representatives.

5.7.2   Trainee Class Representatives

Each year group elects two Trainee representatives to serve for one year. They have a number of formal and informal duties:

Programme Organisers Group

Trainee Representatives are formally invited to attend a meeting with the Programme Organisers Group once per term and are encouraged to raise any issues on behalf of their class. This is the main "in house" forum for discussion of issues, such as resources and details of the teaching programme.

Programme Strategy Group

One Trainee representative is formally invited to attend the Programme Strategy Committee meetings once per term. This is the main stakeholder's meeting for the Programme and consists of representatives from Psychology Heads of Service in the NHS Health Board partners, Supervisors, Trainees and Programme staff. This body sets objectives for the overall organisation of the Programme.

Supervisors' Group

Trainee representatives are invited to present an agreed written statement of Trainees' comments on the practice placement component of the Programme at the autumn meeting of the Supervisor's Group.

Informal Duties

Trainee representatives are usually asked to help organise social events. During the Programme Selection Interviews, representatives also co-ordinate a rota of Trainees to welcome applicants and make them feel at ease. This gives applicants an opportunity to talk to Trainees from all years.

CHAPTER 6: PRACTICE PLACEMENTS

6.1   OVERVIEW

This chapter outlines the procedures, guidance and documentation relating to the clinical practice education component of the Programme. Approximately half of the Trainee's time over three years of the Programme will be spent on supervised clinical placement in the NHS. All Trainees are employed by an NHS Board in Scotland and will complete all practice placements within the services of the catchment area of their NHS employer.

Six modules involve training through a practice placement, and are an integral part of the Programme. These modules span a range of specialist services across age groups, types of psychological theoretical orientation, work settings (for example, within multi-disciplinary teams, or in-patient and community settings); and ways of working (direct and indirect work, for example, through advice to other health and social service professionals or to relatives and carers); in order to support the achievement of intended learning outcomes.

Competence development within each practice placement is supported and evaluated by accredited Clinical Supervisors, and monitored and reviewed by the Clinical Practice Team. Evaluations of clinical competence and placement reviews will contribute to the Board of Examiners decision on a Trainee proceeding to the next year of training, and ultimately to completion of the Programme.

Clinical Practice Team

The delivery of the practical aspects of training is coordinated and supported by the members of the Clinical Practice Team. All members of the team are employed by NHS Education for Scotland but have offices on the main Programme site at Gartnavel Royal Hospital. The current team members are:

Dr Gavin Richardson – Clinical Practice Director

Clinical Tutors

Dr Ellen Holmwood –Clinical Tutor
Dr Camilla Dyer – Clinical Tutor

The Clinical Practice Team liaise closely with Clinical Supervisors, NHS Local Area Tutors, NHS Line Managers and NHS Education for Scotland (NES). All issues related to employment are addressed and advised directly by the local NHS employing authority (for example, contracts of employment, employment appraisal, travel expenses, annual leave and health & safety at work). Employing authorities:

1.   Issue an employment contract using the NHS Education for Scotland template.

2.   Pay salary and expenses for Trainees.

3. Carry out NHS induction which includes education on all relevant NHS policies, including policies on health and safety and equality and diversity.

4. Handle discipline, conduct and grievance issues.

5. Conduct employment appraisal via the Knowledge and Skills Framework.

6. Resource local elements of the individual training and development plan, and provide an agreed number and type of practice placements within safe and supportive environments.

7. When appropriate, arrange practice placements outside the employing Board area (including honorary contractual arrangements and "Protection of Vulnerable Groups" (PVG) checks) in liaison with local NHS Human Resource Departments.

NHS Local Area Tutors

Practice placements within the four partner NHS Boards of the Programme are supported by Local Area Tutors. The work done by these tutors is supported by funds provided to the Boards by NHS Education for Scotland (NES) and is governed by Service Level Agreements between NES and the employing Board.

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The key principles and elements of Clinical Practice Education are outlined below.

6.1.1   Modular Programme Content

Individual Learning Plans encompass integrated clinical practice and academic elements, and are guided by the University of Glasgow 'Modularisation and Credit Rating of the Doctorate in Clinical Psychology' (February 2005) along with the Health and Care Professions Council (HCPC) Standards of Education in Training (SETS, 2009, Standards of Proficiency for Practitioner Psychologists (SOPS, October 2010); and the British Psychological Society (BPS) Accreditation Through Partnership Handbook (September 2010).

6.1.2   Trainee Responsibility for Learning

Each Trainee is expected to take an active and reflective approach to the development of their clinical competence and to maintain a written record of clinical experiences, record their reflections on these experiences, and document awareness of the process of developing their own competencies consistent with Intended Learning Outcomes.

6.1.3   Individual Learning Plans

Each Trainee has an Individual Learning Plan (ILP) which outlines the Modules which must be completed over the programme of training. A sample copy of an ILP is contained in Appendix 6.1. Within the Programme, learning plans are flexible and through regular review with the Programme Team, ILPs are adjusted to facilitate the development of competence.   Review of trainee's clinical competence development is carried out in partnership between the University and NHS line managers, who will plan practice placements to match required learning needs. Trainees will complete all practice placements within the services of the catchment area of their NHS employer. In exceptional circumstances and where when there are clear educational needs, practice placements may be arranged in another Health Board area, for example, because the practice placement experience needed to acquire the required competencies is unavailable within the NHS employer's catchment area.

6.1.4   Intended Learning Outcomes and Core Competencies

Intended Learning Outcomes are based on the planned acquisition of clinical and academic competencies developed across the 16 modules that constitute the Programme. Core competencies contribute to transferable skills, which enable a qualified Clinical Psychologist to work in a range of service settings (in the context of post-qualification continuing professional development, CPD).

6.1.5   Practice placements

Practice placements are planned and coordinated within modules and integrated with the academic curriculum (across adult, older adult, child and family, learning disability and specialist services). The number, range, and duration of practice placements are designed to support the achievement of Intended Learning Outcomes. Practice placements are designed to meet learning needs, as well as

to enable Trainees to work in those services and settings which are seen as having high priority within NHS Scotland. Practice placements are arranged and coordinated by the NHS Local Area Tutor attached to the employing NHS area. The placement plans are submitted to the Programme and are accredited by the Clinical Practice Director, who must approve the final placement arrangements in line with quality criteria. Trainees will be placed according to Individual Learning Plans, alongside consideration of local service needs.

Trainees and Supervisors will be informed of accredited practice placement arrangements by letter from the Programme, normally four to six weeks prior to placement start date. Practice placements are planned in time for the Clinical Supervisor and Trainee to consider learning plans, service needs and to develop an induction plan. Within two weeks of the commencement of placement, the Supervisor and Trainee will draw up and sign a Placement and Supervision Agreement based on training needs.

6.1.5.1 Transitional Arrangements for Electronic Record Keeping

From the 2016 cohort intake, Trainees will use an ePortfolio internet resource for recording and collating the evidence of their training experience and evaluation outcomes. This will eventually replace paper versions of training records and is designed to provide a more portable and flexible way of capturing key data about training inputs, skill development, and feedback. This information may be subsequently used to support applications for registration and accreditation by other professional or regulatory bodies. In the transitional period, trainees with questions about activity recording procedures should consult with their Clinical Practice Team tutor and/or Dr Gavin Richardson.

6.1.6   Practice Placement Planning and Accreditation

The Clinical Placement Cycle is represented as a flow chart below.

Placement Planning Cycle

Time to Placement Start	Task	Action
9 weeks	Local Area Tutor (LAT) Submits proposed placement plans to Clinical Practice Team	Local Area Tutor
8 weeks	Plans reviewed by Clinical Tutor (CT) according to relevant quality criteria (accredited supervisor, appropriate placement plan consistent with ILP).	Clinical Tutor
7 weeks	Placement Planning meeting between CT and LAT to confirm any amendments	
6 weeks	Plans accredited by Clinical Practice Director (CPD) at meeting with the Clinical Practice Team.	Clinical Practice Director
4-6 weeks	Confirmation emails sent by the Clinical Practice Secretary to all Supervisors and Trainees. Pack includes links to the following documents stored on Moodle: - BPS Guidelines on Supervision - Placement information sheet - Placement documentation instructions - Template placement agreement - Relevant Supervisor's evaluation of competence form - Relevant course reflective notes template - Relevant course Intended learning outcomes - Academic year planner including deadlines - Involving users and carers - Trainee's evaluation of placement / supervision form - Template logbook of clinical activity	Clinical Tutor

If at 7 weeks prior to placement start, no placement plans have been submitted by the LAT, the CT will commence

placement planning. Where there are delays in placement planning, practice placements will be confirmed by email and telephone.

These placement planning procedures take place three times a year, during August & September, October & November (1st year plans only), and January and February; with the main plans for the academic year ahead taking place during the summer placement planning cycle. First year Trainees will be informed of placement plans with less notice (usually 1-2 weeks), during October/November once they have commenced university induction, but supervisors will be given more notice to expect a first year Trainee (3-5 weeks). Supervisors of first year Trainees will receive confirmation that a trainee will be arriving on placement 4-6 weeks before commencement, although the name of the Trainee will be unavailable at that point.

Placement accreditation is informed by the HCPC SETS (2009) and the BPS Guidelines on Clinical Supervision (2010); including consideration of the accreditation of appropriate placement supervisors, how available experience will support the development of competencies for a given Module, and the provision of a safe and supportive learning environment.

6.2   ORGANISATION OF CLINICAL PRACTICE TRAINING

6.2.1   Practice Placement Organisation

Six Modules involve training through a Clinical Practice Placement, and are an integral part of the Programme.

Year I

Module 2: Foundation Clinical Practice I

Aims

For Trainees to acquire foundation knowledge of the theoretical/clinical base and professional issues relevant to adult/older adult mental health.

For Trainees to develop the core skills of clinical practice in an adult/older adult mental health setting: assessment, formulation, intervention, evaluation, and communication.

Module 3: Foundation Clinical Practice II

Aims

To consolidate and extend knowledge of the clinical psychological literature relevant to working in adult mental health settings.

To consolidate and develop Trainee assessment, formulation, intervention, evaluation, and communication skills within the adult mental health setting.

Year 2

Module 6: Children / Young People and Families Theory and Practice

Aims

To develop Trainee knowledge of the clinical psychological literature relevant to working with children and their families.

To develop Trainee assessment, formulation, intervention, evaluation, and communication skills for work with children and their families.

Module 7: Learning Disability Theory and Practice

Aims

To develop Trainee knowledge of the clinical psychological literature relevant to working with people with learning disability.

To develop Trainee assessment, formulation, intervention, evaluation, and communication skills for work with people with learning disability

Year 3

Module 12: Advanced Practice I

Aims

To provide experience of working with complex clinical problems.

To provide an opportunity to consolidate and develop clinical skills of assessment, formulation, intervention and evaluation within a specialist area of clinical practice.

To provide a venue for the demonstration of original and creative application of evidence-based practice and for theory-practice integration.

Module 13: Advanced Practice II

Aims

To provide an opportunity to make complex judgements, especially risk assessments.

To provide an opportunity to develop complex skills of assessment, formulation, intervention and evaluation within a specialist area of clinical practice.

To experience the role of consultancy in health and social care.

To provide learning opportunities for the practice of clinical and professional skills in the context of new problems and new circumstances.

6.2.2   Older Adult Experience

In addition to the requirements of developing competencies in the above settings, Trainees are required to gain experience working with patients within the older adult age group (i.e. over 60 years of age). Requirements and recommendations on clinical work with older adults may be met during the Adult Practice Placement in Year One, and/ or can be developed in Third Year as an Advanced Clinical Practice placement, depending on the needs of the local NHS Psychology Services.

The guidelines are as follows:

It is a *minimal requirement* that Trainees encounter at least two older adult patients (i.e.>60 years) in the course of their three years training, with the following specific types of clinical experience being obtained:

1. Neuropsychological assessment of cognitive impairment associated with old age.

2. Direct work with one older adult presenting with a functional/emotional disorder, or a patient with adjustment problems to the psychological and physical events common in this age group (e.g. retirement, stroke disability or other loss of function).

3. Direct or indirect work with staff, families, or other carers.

It is recommended that one of these cases should be, either management or assessment of dementia.

It is *desirable* that Trainees experience:

1. Direct work with older adults in a variety of settings (e.g. day centre, hospital, residential care, patient's own home).

2. Experience of working with staff in a multi-disciplinary team setting.

3. Experience of the application of existing therapeutic approaches devised specifically for older people (e.g. Cognitive Stimulation Therapy (CST) and Cognitive Rehabilitation)

6.3 QUALIFICATIONS OF CLINICAL SUPERVISORS

6.3.1 Accreditation of Supervisors

Each Trainee has a main named supervisor who is accredited by the Programme Organisers Group and the Clinical Practice Director. The supervisor is responsible for the organisation and management of the practice placement and for the supervision of the Trainee while on placement. Supervisors will, in the first instance, be accredited by the Clinical Practice Director whose decision will be confirmed or otherwise by the Programme Organisers Group. Recently qualified psychologists may be involved in supplementing supervision in limited areas at the discretion of the named supervisor, and under full supervision of the named supervisor.

The accreditation of supervisors is informed by the HCPC SETS (2009) and the BPS Guidelines on Clinical Supervision (2010). Clinical Psychologists who undertake supervision for the University of Glasgow DClinPsy Programme must meet the following criteria:

A. Supervisor Accreditation Criteria

1. The supervisor will be a clinical psychologist who is professionally registered with the HCPC; who is eligible for Chartered Membership of the BPS and membership of the DCP; has at least two years full-time experience (or the equivalent part-time) after qualifying, and who has clinical responsibilities in the unit in which the placement work is carried out.

2. The supervisor will be nominated by the submission of a "New Supervisor Nomination" form which can be obtained from the Clinical Practice Secretary , accompanied by a brief curriculum vitae *via* their Head of Department, Professional Lead, or Psychology Line Manager. This nominating individual, who will normally be an experienced supervisor who is in a position to receive and act on feedback from the placement quality assurance processes and who, by recommending the supervisor will:

   a. confirm that the accreditation criteria have been met;
   b. declare a willingness to provide *in situ* support and advice to the new supervisor; and
   c. propose that the new supervisor complete the University of Glasgow Programme paperwork module.

3. By implication, an accredited supervisor agrees to follow the BPS Guidelines for Clinical Supervision (2010; Appendix 6.2) and Programme requirements for clinical supervision, that includes the evaluation of Trainees and assessment of their clinical competence, as laid out in the Programme Handbook.

4. The supervisor will attend training workshops on supervisory skills:
   a. The NES Generic Supervision Course for Psychological Therapies **plus** the NES Clinical Psychology Module for New Supervisors.
      OR
   b. An equivalent RAPPS aligned pathway.

5. The supervisor will keep abreast of theoretical, research and professional developments in their field of work and will participate in continuing professional development to this end.

Supervision by those under two years qualified (Provisional Accreditation)

At the discretion of the Clinical Practice Director, under *provisional accreditation criteria*, the main supervisor may be a Clinical Psychologist who has at least one year's full-time experience (or the equivalent part-time) post HCPC registration. The provisional accreditation criteria are in place to support new supervisors in this position, and ensure that appropriate supervision is provided for those supervisors with less than two years' experience. Monitoring is carried out through the Placement Visit. Provisional accreditation allows the clinical psychologist to supervise under the supervision and guidance of a named 'grandparent' supervisor.

B   Provisional Supervisor Accreditation Criteria

1. The supervisor will be a clinical psychologist who is professionally registered with the HCPC; who is eligible for Chartered Membership of the BPS and membership of the DCP; has at least one years full-time experience (or the equivalent part-time) after qualifying, and who has clinical responsibilities in the unit in which the placement work is carried out.

2. The supervisor will have an experienced "Grandparent supervisor", who will provide supervision of their supervision for the duration of the placement.

3. The supervisor will be nominated by the submission of a brief curriculum vitae *via* their Head of Department, Professional Lead, or Psychology Line Manager, who will normally be an experienced supervisor and who,

by recommending them will:

    a. confirm that the provisional supervisor accreditation criteria have been met;

    b. declare a willingness to provide *in situ* support and advice to the new supervisor; and

    c. propose that the new supervisor completes the University of Glasgow Programme paperwork module

4. By implication, an accredited supervisor agrees to follow the BPS Guidelines for Clinical Supervision (2010) and Programme requirements for clinical supervision, including the evaluation of Trainees and assessment of their clinical competence, as laid out in the Programme Handbook.

5. The supervisor attends training workshops on supervisory skills:

    a. The NES Generic Supervision Course for Psychological Therapies **plus** the NES Clinical Psychology Module for New Supervisors.

OR

    b. An equivalent RAPPS aligned pathway

6. The supervisor keeps abreast of theoretical, research and professional developments in their field of work and participates in continuing professional development.

On completion of one year as a Provisionally Accredited Supervisor, the Clinical Practice Director will review the accreditation, in collaboration with the supervisor's line manager and "grandparenting" supervisor, and they may be granted full accreditation.

Grandparent Supervisor

Provisionally accredited supervisors require supervision of their supervision from a "Grandparent" supervisor. The "Grandparent" should be a named, fully accredited supervisor and be familiar with Programme procedures and documentation. The Grandparent supervisor will be named on the provisionally accredited supervisor's nomination form. The experience and eligibility of a supervisor to "Grandparent" is assessed by the Clinical Practice Director during placement planning and ratification on an individual basis.

The Grandparent supervisor will provide "supervision of supervision" for the new supervisor on a formally arranged and regular basis (recommended fortnightly meetings or similar frequency as part of other regular supervision). The Grandparent will not be clinically responsible for the caseload of the Trainee. It is expected that the "Grandparent" will observe at least one supervision session between supervisor and Trainee. The "Grandparent" will also participate in the placement visit, however, this should be limited to the section of this meeting between the supervisor and placement visitor. The Grandparent is also expected

to **counter sign** placement documentation. This will provide the Grandparent with a formal link back into the Programme Team.

The Programme is responsible for the provisional accreditation of the new supervisor. The new supervisor's line manager and the new supervisor are involved in the accreditation process and as part of the accreditation, the Grandparent must sign to indicate their willingness to be the named Grandparent, and to indicate their understanding of their responsibilities as a Grandparent supervisor.

Experienced Supervisors

In line with BPS guidelines, supervisors who have previously provided a practice placement for a University Of Glasgow Trainee will be required to have received supervisor training within the preceding 5 years. In the event that an experienced supervisor has not attended GSC and "Specialist" courses, they will be expected to attend the *NES "Refresher" module for Experienced Supervisors* which is delivered jointly by the Programme and Local Area Tutor. Supervisors will be welcome to attend Refresher training at an earlier date should they so wish, dependent on spaces.

Supervision by other professionals (Specialist Supervisors)

Other professionals (for example Counselling Psychologists) may be involved in supplementing supervision in limited areas at the discretion of the main named supervisor (who will always be an accredited supervisor and a Clinical Psychologist). Where supervision is supplemented in this way throughout a placement, it is discussed beforehand with the Clinical Tutor, and is monitored by means of the Placement Visit. These 'Specialist Supervisors' must be approved by the Clinical Practice Director. Approval will be subject to equivalent criteria (i.e. registered with appropriate body, appropriate level of knowledge and experience and clinical responsibility on the area of practice). Specialist Supervisors will also be expected to have attended the appropriate supervision training.

Clinical responsibility for a particular case should be established on a case-by-case basis, responsibility being allocated to the Specialist Supervisor or Main Supervisor as appropriate. This should be put in writing in the Placement Agreement, *prior* to the Trainee's first contact with the client.

6.3.2 Responsibilities of Main Supervisors and Backup Supervisors

The minimum supervision requirements are derived from the Standards for the accreditation of Doctoral programmes in clinical psychology *Committee on Training in Clinical Psychology* accreditation criteria[9]. Each Trainee should have a nominated Main Supervisor who has overall responsibility and who will be

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[9] www.bps.org.uk/partnership The British Psychological Society Partnership & Accreditation October 2014

accountable for ensuring that standards are met. Supervisors are clinically responsible for all work carried out by Trainees during a placement and this necessitates close supervision throughout the practice placement.

Clinical supervision on practice placement is expected to encourage safe and effective practice, independent learning, and professional conduct in Trainees. Supervisors should adhere to the HCPC Standards of Conduct, Performance and Ethics; HCPC Standards for Continuing Professional Development; BPS Guidelines for Clinical Supervision (2010) and the BPS Code of Ethics and Conduct.

Supervisors should ensure that Trainees are aware of all relevant NHS policies and procedures, including local health and safety policy and guidelines. Supervisors should give appropriate consideration to the timing and balance of placement experiences provided: clinical work, administrative tasks, meetings, supervision requirements, as well as time to plan and reflect on work.

Supervisors should monitor workload regularly with the Trainee. Supervisors should take time to develop working relationships with Trainees **and be ready to discuss appropriate personal issues for Trainees**, including dealing with emotions and involvement in clinical and professional work, workload stress and time management.

Supervisors have a responsibility to assess Trainee competence through **direct observations** of their clinical and professional work. This should include the regular reviewing of the paperwork and record keeping associated with the Trainee's clinical work.

Supervisors should give the Trainee regular constructive feedback on progress, so that a Trainee can make appropriate adaptations to practice in line with guidance.

Trainees should be especially closely supervised at the beginning of training and the beginning of each practice placement. Supervisors should be prepared to adapt their style to the appropriate stage of training, giving more detailed information on basic procedures at these times.

Supervisors should be prepared to discuss seriously and sympathetically any general issues of Trainee relationships with clients and staff that arise in the course of the placement.

It is essential that supervisors arrange for another supervisor to cover if he/she is absent or on annual leave.

In some circumstances a supervisor may also have a dual role in regards to clinical training, e.g. they are a Local Area Tutor or member of the Programme Team. If this situation arises, dual role tasks that could result in a conflict of interest will be assigned to another staff member for the duration of that

placement.

Back-up Supervisor

A back-up supervisor is identified in order to ensure that Trainees have access to an accredited supervisor in the event of short-term supervisor absence. Typically this involves scheduling supervision during the main supervisor's planned leave, and acting as the point of contact during unexpected periods where the main supervisor may not be available, e.g. short-term sick leave. Back-up supervisors are not expected to assume full supervisory responsibilities on a long-term basis.

In the event of a main supervisor being unable to undertake their supervisory role on a long term basis, the Trainee's health board area and local service would be asked to propose an alternative placement plan. This process would be coordinated by the Local Area Tutor who should be notified of this type of situation as soon as practicable. It is important that Trainees make both the LAT and Clinical Practice Team aware of any supervisor absence of more than 2 weeks, or unplanned absence of one week. The Programme's role in this process is to assess and ratify new placement arrangements, once these have been resolved at a local health board level.

6.3.3   NHS Heads of Departments/Line Managers/Professional Psychology Leads

It is the responsibility of each Professional Psychology Lead to ensure that staff undertaking supervision follow relevant guidelines and procedures. Professional Leads and Line Managers are asked to release Supervisors to attend Supervisor Training Workshops. It is an expectation of the Programme Organisers Group that these workshops are regarded as a high priority and form an important part of Continuing Professional Development (CPD). Professional Leads should ensure that new supervisors have the opportunity to meet regularly with an experienced supervisor to discuss supervision issues.

6.3.4   In situ Support

On confirmation of practice placement, all new supervisors will be emailed Moodle account access login credentials that allow them to access the Supervisor's Information Pack containing: placement information and ILOs; sample placement agreement; induction checklist; BPS Supervision Guidelines; placement documentation instructions; HCPC Standards of Conduct, Performance and Ethics; and an academic year planner. Additional resources are available on the Programme MOODLE site (log-in details are also emailed to all current supervisors, or are available on request from administrative staff) Louise.McCormack@glasgow.ac.uk or Lynsay.Coulter@glasgow.ac.uk).

The Clinical Practice Director and Clinical Tutors are happy to discuss any issues by telephone or to organise additional visits to the placement on request. It is expected that new Supervisors who have had two years post qualification experience and who are supervising their first Trainee will receive additional support from colleagues. It is recommended that they meet formally with their line manager or other experienced supervisor at least twice to discuss the supervision of their Trainee as well as informally as required. It is also helpful if

newly qualified Clinical Psychologists are given opportunities to participate in supervision along with the main supervisor (e.g. supervising one or two cases) prior to being eligible to supervise. Provisionally accredited supervisors must have regular supervision of their supervision through the Grandparent supervisor.

6.3.5   Supervisor Training

Supervisors must complete appropriate training in supervision, with supervisors attending a minimum of the NES Generic Supervision Course for Psychological Therapies **plus** NES Specialist Clinical Psychology module for New Supervisors or an equivalent Register of Applied Psychology Practice Supervisors (RAPPS) aligned pathway before accreditation. Experienced Supervisors who are new to supervising University of Glasgow Trainees will be required to attend the NES training as described above or may be eligible to attend the NES "Refresher" module for experienced supervisors.

In line with BPS guidance, experienced supervisors must maintain their skills through regular Supervision CPD in order to maintain accreditation status. A regular series of Supervisor training events are held throughout the year. These may be organised nationally by NHS Education for Scotland (NES), within the University of Glasgow, and locally within the NHS.

The Programme team at the University of Glasgow offer an elearning module for new supervisors, and supervisors "new" to the University of Glasgow Trainees to ensure familiarity with the course paperwork. Locally, NHS employers often co-ordinate supervisor training, and supervisors should enquire about any training available through their employers. Training may also be co-ordinated by Local Area Tutors and/or the Supervisor Sub committee of the Programme.

The Programme also holds an annual Supervisor event to inform supervisors of updates to the curriculum or practice placement elements of the course and to gather feedback from supervisors on their experiences of working with the Programme.

6.4 PRACTICE PLACEMENT PROCEDURES

Practice placements are designed to prepare Trainees for entry into the profession of clinical psychology.

6.4.1 Setting up the Practice Placement

A main clinical supervisor oversees and is clinically accountable for all of the Trainee's work. The BPS Guidelines on Clinical Supervision (2010) guide the responsibilities of Clinical Supervisors (see appendix 6.2). The clinical supervisor

and Trainee must be fully prepared for practice placement, as follows:

- The clinical supervisor will plan an induction well in advance of placement start.
- The Trainee and supervisor must have an opportunity to meet either before or at the very start of placement to develop a Placement Agreement: this should be submitted to the Clinical Practice Secretary within **two weeks** of the commencement of placement
- Trainees should prepare a summary of their experience and learning needs in advance of this meeting (based on their Training Folder) to allow these to be incorporated into the placement agreement.
- During induction the Trainee should be introduced to the local department and local resources (office and clinic accommodation, secretarial support and computer facilities) by the Clinical Supervisor. Induction must involve orientation to all appropriate NHS policies and procedures, including Health and Safety at Work, and Equality and Diversity policies.

Supervisors should be mindful of Trainee workload throughout placement and should give consideration to planning appropriate cases in advance of the placement commencing.

6.4.2   Clinical Supervision on Placement

A formal scheduled individual supervision session must take place each week, lasting at least one hour in duration. Longer supervision will sometimes be needed. Supervisors should also try to make themselves available for informal consultation at other times. The total *contact* time between the Trainee and supervisor(s) should be three hours per week, and will typically need to be longer than this at the beginning of training.

Observations: Observation is a key tool in the development and evaluation of trainee competence. During the course of each placement, it is useful if supervisors are able to model skills and behaviours to allow trainees to observe the necessary competences in situ. Furthermore, while there is likely to be a focus on this activity in the early stages, as the trainee develops familiarity with the tasks and challenges of the placement, these opportunities should continue to allow trainees to view this modelling through the lens of their developing understandings. Trainees should also be afforded the opportunity to observe their supervisor at various stages of the therapeutic journey. While this can be difficult to arrange, supervisors may wish to provide recordings of their own sessions.

Similarly, observing trainees is a key activity which, when used effectively, will ensure quality standards are being maintained and will offer supervisors the opportunity to deliver specific labelled feedback. Although there may be additional observations (or joint working which could equally be considered) early in the placement, the likelihood is that this will focus on the assessment phase. It is important that observations occur throughout the placement in order that developmentally sensitive feedback can be offered and that competences are evaluated as they develop. Audio or video recording of sessions may provide a

more convenient and less intrusive approach, although in vivo observation offers a richer context for discussion.

The supervisor must give accurate, constructive and balanced formative feedback, so that a Trainee has the opportunity to improve their practice. Observation, either live or recorded, offers the opportunity to comment on both strengths and areas for development, both of which are essential to build competence and confidence.

Supervision must provide opportunities to discuss work-related personal issues (such as professional development, overall workload and organisational difficulties), as well as ongoing caseload. Adequate time for clinically relevant reading and relevant research activity must be available to the Trainee on placement, and supervisors should discuss literature relevant to the clinical work in hand, and suggest suitable reading for a Trainee. Supervisors should help Trainees develop in integrating theory and practice elements of training. See also section 6.3.2: Responsibilities of Clinical Supervisor. The supervisor should also arrange for the Trainee to meet and work with other relevant health and social care professionals and groups.

Use of Structured Tools for assessment of CBT Competence: Within the Adult mental health placement, the use of a structured assessment of competence is mandatory. Supervisors are expected to use a recognised scale on at least three occasions across the duration of modules 2 and 3, if possible with three different clients. At present the Programme recommends the Cognitive Therapy Scale- Revised (CTS-R; Blackburn, James, Milne, Baker, Standart, Garland & Reichelt, 2001) which is available in the supervisors Moodle site. This is to be used for formative feedback on development of trainee's CBT competencies

6.4.3   Responsibilities of Trainees

In addition to adhering to the Programme Code of Professional Conduct (Appendix 7.1), all Trainees must take note of and adhere to the following responsibilities:

- As an NHS employee, a Trainee must familiarise themselves with, and follow, all relevant employment policies and procedures in relation to their post.

- Trainees must familiarise themselves with relevant HCPC, BPS, and Division of Clinical Psychology (DCP) professional guidelines, and adhere to these at all times.

- Trainees must conduct themselves in a responsible and professional manner at all times.

- Trainees must work within their limits of competence and are expected to inform their supervisor (rapidly if needed) if they have any doubt about their ability to carry out tasks on placement.

- Trainees should take a proactive approach to supervision, prepare an agenda, keep an up-to-date caseload list and other documentation

and undertake to read relevant material (both identify relevant reading on their own initiative and follow their supervisor's guidance on relevant reading).

- Trainees are expected to take an active and reflective approach to the development of their own clinical competence and to adapt their practice in relation to these reflections, shared in the context of supervision.

- Trainees should take on board constructive feedback and should make appropriate adaptations to their practice in line with guidance provided.

- Trainees are expected to act professionally and to manage administration duties according to guidelines provided by the Supervisor. Trainees should be punctual, should complete diary schedules as required, and be timely in completion of their administrative work.

- Trainees are responsible for keeping their Clinical Training Folder up to date.

- Trainees should discuss any problems they may encounter during placement or during supervision, and notify the Clinical Practice Secretary or their Clinical Tutor as soon as possible if the Supervisor becomes unavailable (e.g. because of illness).

- Trainees are expected to dress in a smart and tidy manner that indicates respect for clients and other staff

- Trainees must take account of the culture and background of clients and ensure that their manner of dress will help the client to feel comfortable.

- Placement Supervisors need to be kept informed well in advance of any plans Trainees have such as study leave. Annual leave must first be discussed and approved by the clinical supervisor before application is made to the line manager. The Trainee should examine academic timetables closely in case any teaching days are scheduled for unusual times that clash with planned placement activities.

6.4.4   The Placement Agreement (Sample - Appendix 6.3)

On commencing placement, the Placement Agreement should be drawn up collaboratively by supervisor and Trainee, **within two weeks** of commencing placement. A copy of the agreement should be submitted to the Programme secretary, along with the signed induction checklist (see appendix 6.10),

The Trainee should provide their supervisor with a summary of their previous experience and ongoing learning needs by sharing the content of their Clinical Training Folder. The placement agreement should incorporate time for the Trainee to complete any necessary placement-based research (i.e. Service

Based Evaluation – Module 5 and MRP write up during third year) and regular time within working hours should be provided for Reflective Portfolio completion. The planned experiences during practice placements should reflect the Intended Learning Outcomes of the Courses covered by the placement, as laid out in the relevant Evaluation of Clinical Competency document as well as any previously identified gaps in competence development or experience where possible.

The Placement Agreement should include:

- Overall aims and objectives of the placement experience (Adult and Older Adult; Learning Disabilities; Child, Family and Young People; Advanced Clinical Practice).
- A statement of Intended Learning Outcomes relevant to the placement.
- A statement of Intended Learning Outcomes relevant to the Trainee (i.e. carried forward from previous placements)
- Plans for induction, including Health & Safety, Equality& Diversity and risk management
- Explicit plans for weekly supervision
- How and when the Supervisor(s) will observe the Trainee:
    - In direct clinical work on **at least** 5 occasions: this should include at least part of the assessment phase of both a treatment and an assessment case, including administration of appropriate assessment instruments; and early, middle and end of (not necessarily the same) treatment cases.
    - In other settings (e.g. team meetings, liaising with other professionals)
- How and when the Trainee will observe supervisor(s) (on at least 5 occasions) and other professionals as available.

6.4.5 Mid-Placement Review by Supervisor and Trainee

Supervisor(s) will arrange to meet formally with the Trainee at approximately the mid point of the practice placement in advance of the Mid Placement Meeting to:

1. Discuss placement progress and competence development.
2. Review how well the planned experience has been completed (by review of Placement Agreement).
3. Provide formal feedback to the Trainee on clinical performance (by review of the Supervisor's Evaluation of Clinical Competence Form).
4. Allow the Trainee to comment on the adequacy of the placement
5. Allow the Trainee to reflect on the development of their competence and review their own needs for learning (through review of the Trainee's Reflective Notes).
6. Set targets, based on the above, for the second half of the practice placement (by use and review of updated Logbook of Experience). If necessary, this will incorporate any remedial plans agreed with the placement visitor and Clinical Tutor.

6.4.6 Placement Visit

A placement visit will normally be carried out by a Clinical Tutor (or Local Area Tutor acting on behalf of the Clinical Practice Team) around the middle of each practice placement. The visitor will meet with the Trainee and the Supervisor individually in order to assess Trainee progress on placement and the quality of placement provision. A meeting will be convened at the end with both the Trainee and supervisor to feedback on the discussion. Both the supervisor and Trainee receive a summary of this discussion.

More specifically, the visitor, together with the supervisor and Trainee, will:

1. Review the Placement Agreement
2. Assess the quality of the supervision
3. Review the quality of the placement experience
4. Review the resources available at the placement
5. Discuss the outcome of the mid placement review
6. Review the Trainee's views on their own progress to meet Intended Learning Outcomes
7. Obtain the supervisor's view on Trainee progress to meet Intended Learning Outcomes
8. Identify any gaps in training to date
9. Aim to resolve any particular problems that have arisen and to document an agreed plan to address these in consultation with the Clinical Tutor.
10. Refer any difficulties requiring further remedial support to the Clinical Tutor who will draw up remedial plans.

A written report on the visit is provided to the Clinical Tutor, including any recommendation for development of the training during the second half of the practice placement. The Trainee's Local Area Tutor will also receive information from this report. Both Trainee and Supervisor will receive a copy of the summary of the joint meeting.

6.6.7. End of placement Meetings

Each trainee will meet their allocated Clinical Tutor at the end of each placement. Trainees will have completed all relevant documentation on ePortfolio (or equivalent paper form for Trainees commencing prior to Oct 2016) including placement feedback form, log book, evaluation of clinical competence and reflective notes. Clinical Tutors will review activity records and the meeting will allow for reflection on the placement experience and competence development, highlighting any areas for future development in clinical placements and any important information to discuss with subsequent supervisors.

All meetings to be arranged during placement time. All supervisors will be informed of this new meeting at the start of placement. The Programme acknowledges that trainees often arrange annual leave during the last week or two of placement. This reduces impact on clinical activity during placement and affords a break before the transition. In these circumstances, the Clinical Tutor should be notified in advance and the placement documentation should be

submitted earlier to allow for review and earlier scheduling of the meeting. In all circumstances, the period between document submission and end of placement will continue to be monitored by the supervisor who will inform the programme should there be a change in recommended outcome.

6.5 ASSESSMENT OF COMPETENCY DEVELOPMENT

A range of documentation, both formative and summative, is central to the procedures of monitoring Trainee progress in developing competence and reflective practice. These documents are essential tools for both the supervisor and Trainee in reviewing progress. They are submitted to the programme at the end of each relevant Course. This submission is usually at the end of the designated practice placement, and for this reason, final submissions are often referred to as "*end of placement documents*". It is the responsibility of the Trainee to ensure that all documentation (including the supervisor's forms) are signed and dated, by both the Trainee and supervisor, and that originals are submitted on or before the assessment deadline. All placement documentation must be completed on placement and electronically stored in line with local NHS IT Directives. For an outline of the Placement Documentation to be submitted, please see Table 6.1.

6.5.1 Supervisor's Evaluation of Clinical Competence (Appendix 6.5)

This summative assessment enables the supervisor to evaluate Trainee progress in acquiring the appropriate competencies relevant to the Module covered in the practice placement, and to highlight where difficulties may have occurred, either through lack of opportunity or problems in performance. This form should aid discussion at the Mid-Placement Review and inform the Placement Visit, although there is no requirement to bring completed forms to the visit. The form should be completed and submitted to the Programme at the end of placement.

For full instructions on the completion of this document, supervisors should refer to the Placement Documentation Instructions (available on MOODLE, and emailed to supervisors prior to placement start). Along with the Logbook of Clinical Activity, this document is the main method of ensuring Trainees experience across the training is coherent and complete. It allows Local Area Tutors, Clinical Tutors and Trainees to identify areas of strength and areas for development. Careful consideration should be given to identify particular competences or experiences which may need to be addressed in later placements and these should be captured in the final section of the document

Table 6.1 Documentation Monitoring Clinical Competence Development

Documentation	How will the documentation be used?	At what time points will the documentation be used and by whom?	Programme Submission Date
Placement Agreement	To identify and evidence objectives of the placement in line with Intended Learning Outcomes, Set at the outset of placement and used as a basis for monitoring development.	Outset of placement—Supervisor and Trainee Mid-placement review—Supervisor and Trainee	**2 weeks after commencement of placement** Submitted by Trainee via Clinical Practice Secretary
Logbook of Clinical Activity	To identify and evidence Trainee experience on placement	Ongoing activity throughout placement—Trainee Mid-placement review—Trainee and Supervisor Individual Learning Plan Review—Trainee, NHS Line Manager, and member of the Programme Team	End of Placement Submitted by Trainee to Clinical Practice secretary

Documentation	How will the documentation be used?	At what time points will the documentation be used and by whom?	Programme Submission Date
Trainee Reflective Notes	To identify how developing clinical experience (as evidenced in the Log Book of Clinical Activity) relates to Intended Learning Outcomes and competency development. A form of reflection on continuing professional development.	Mid-placement review—Trainee and Supervisor Individual Learning Plan Review—Trainee and member of the Programme Team	End of Course Submitted by Trainee to Clinical Practice secretary
Supervisor's Evaluation of Clinical Competence form	To monitor competence development	Mid-placement review—Supervisor and Trainee Individual Learning Plan Review—Trainee, NHS Line Manager, and member of the Programme Team	End of placement Submitted by Trainee to Clinical Practice secretary
Trainee Feedback on Placement form	To give an opportunity for the Trainee to feedback on training experiences during placement	End of placement review—Trainee and Supervisor Individual Learning Plan Review—Trainee, NHS Line Manager, and member of the Programme Team	End of Placement Submitted by Trainee to Clinical Tutor's secretary

Where required: Remediation Plans drawn up between Clinical Tutor, Supervisor and Trainee	Where required, to formalise specific plans for extra supervision, focus or experience, in supporting development and/or assessment of competency in relation to Intended Learning Outcomes	To be reviewed as and when agreed in the document, but also at: Mid-placement review—Supervisor and Trainee Placement visits—Placement visitor, supervisor and Trainee Individual Learning Plan Review—Trainee, NHS Line Manager, and member of the Programme Team	Used and reviewed throughout Course to support competency development. Reviewed through more frequent placement visits as required.

6.5.2   Trainee's Reflective Portfolio

As part of the formal examination system and as a reflective record of the development of clinical skills and competencies, Trainees are required to complete the Log Book of Clinical Activity and the Reflective Notes documentation while on practice placement. Together, these documents comprise the Trainee's Reflective Portfolio.

Log Book of Clinical Activity (Appendix 6.6)

The Log Book of Clinical Activity must be completed as an ongoing activity while on placement. A draft is completed to describe "experience so far" prior to the Midplacement Review discussion between trainee and supervisor, and a final signed document is submitted to the Programme at the end of the Module**.** The logbook should be an accurate record and description of clinical and professional activity on placement. When gaps in experience are identified Trainees should consider how these will inform and shape learning plans, and consider any further experience needed within their Reflective Notes. Trainees should ensure that all identifiers are removed from logbooks. Cases should be numbered and patient initials should not be used. All specific names of bases, teams, patients, staff and identifiable groups should be carefully removed. Where identifying names and titles are left in the logbook or other End of Placement Documentation (EPD), documents will be returned to Trainees for correction.

From 2010 the logbook will also allow prospective recording of clinical supervision hours, and hours of clinical work undertaken. Clinical hours must be categorised by the specific clinical approach undertaken. This additional information will allow trainees to gather additional evidence of competence development and of appropriate supervision in specific therapeutic approaches.

Reflective Notes (Appendix 6.7)

These notes (formative assessment) also completed by the Trainee, are designed to allow trainees to form a reflective record of learning points and progress. Each reflective note relates to an important area of clinical and professional practice, in line with relevant Intended Learning Outcomes (ILOs) for the Module. The document is available electronically. The Trainee is encouraged to consider the development of competencies, as they maintain the Log Book of Clinical Activity, to reflect on how they are progressing in relation to

the Module ILOs, and to consider what further experience or skills are required in order to achieve each competence. It is recommended that this form be updated at least once a month during placement hours. The Reflective Notes should be updated prior to the mid-placement review discussion between trainee and supervisor, and submitted at the end of the Module.

The Trainee will receive formative feedback on the reflective log to support both the development of the reflective function and the identification of learning and development needs. Trainees will also receive feedback the Evaluation of Clinical Competence in the End of Placement Report, which will highlight outstanding learning needs or gaps.

The use of a personal reflective diary is recommended to aid in the process of reflection on a more informal and regular basis. A reflective diary will not be viewed by any other person, and will not be submitted to the Programme or Supervisor for review. It will be a private and personal aid for Trainees to use at key points in the practice placement and to reflect on powerful learning experiences as they occur. Trainees should adhere to the advice about identifying information (outlined above).

6.5.3   Trainee's Feedback on Placement Form

Trainees are encouraged to let a member of the Clinical Practice Team know about any problems on placement as soon as possible so that these can be resolved. In addition to this, Trainees will have an opportunity to comment on the quality of the supervision, adherence to the Placement Agreement and on the resources available to them during the practice placement via the Trainee's Placement Feedback Form which is submitted to the Programme as part of the end of placement documentation(see Appendix 6.8). This form is jointly signed by trainee and supervisor and should be viewed as a constructive document which aims to record instances of good or excellent practice as well as to improve the quality of placements and supervision where this is necessary.

6.5.4   Clinical & Research Training Folder

The Trainee will be responsible for maintaining their personal Clinical & Research Training folder which contains evidence of clinical and research training milestones.

Careful planning and monitoring of training is needed to ensure that a range of appropriate experience has been gained. This section of the folder will form the Trainee's personal record of training and should be updated throughout the three years of training. With every submission of official documentation relevant to clinical training, the Trainee should ensure that a signed and dated copy is filed in this section of the folder. The following End of Placement Documentation for each of years I to III will be filed in this way:

1. Summary of Mid Placement Visit

2. Reflective Portfolio: Log Book of Clinical Activity and Reflective Notes for each Course.

3. Supervisor's Evaluation of Clinical Competence

4.   Trainee's Placement Feedback Form

5.   End of placement Documentation Feedback

Annual Review of Individual Learning Plan Form (completed once a year with a member of the Programme Team and NHS Line Manager) will also be filed.

These documents will be reviewed on a regular basis by the Clinical Practice Team. Along with Placement Visit reports, which are held on the Trainees University file, these documents will contribute to the Annual Review of Individual Learning Plans.

At the start of each practice placement the Clinical Training Folder should be used to draw up a placement agreement based on the contents of the folder. Review of the folder will highlight gaps in training or areas which the Trainee or previous supervisors feel may need strengthened, and will help provide a rational plan for further training. This requires the Trainee to share the folder when drawing up the placement agreement with a new supervisor.

6.6 RESOLUTION OF PROBLEMS ON PLACEMENT

Do not hesitate to contact a member of the programme team for help, advice or support. Initially, problems arising at any time during a placement should be raised by the Trainee or supervisor during their supervision session. **Problems which cannot be resolved easily, should be informally discussed by telephone or email with your Clinical Tutor who will advise the Trainee and/or supervisor how best to proceed.** The Clinical Tutor is available for this purpose and will be happy to deal with any queries. As the nature of issues raised can vary significantly, the course of action required on each occasion will be addressed on a case-by-case basis.   It may be that an early placement visit will take place, or other supports can be put in place for the Trainee and/or supervisor. The supervisor, Trainee, and any other party involved will be invited to attend any relevant meetings. The Clinical Tutor has the discretion to refer the matter to the Clinical Practice Director and/or Programme Director.   The Programme Organisers Group will be advised of any unresolved matters and can become formally involved as required.

6.6.1 Communication

Successful training of Clinical Psychologists requires the close collaboration and co-operation of multiple stakeholders, of which the principal ones are NES, the NHS and the University of Glasgow. Each stakeholder operates its own governance structures and procedures, which can operate independently in most of their other dealings. However, in the case of delivering the programme, these structures and procedures are often interdependent, necessitating co-ordinated action by more than one stakeholder or action by only one with the knowledge and involvement of the others. The same can also be true of information sharing. Where information may not usually be disclosed outside one system, the partnership involved in training requires it to be shared with other stakeholders. It is in trainees' best interests that stakeholders communicate openly, as this allows appropriate levels of support to be provided in a timely manner in the

various environments where this is required.

The key individuals who may require access to information about trainees and their circumstances are as follows (in alphabetical order):

Clinical Practice Director

Clinical Tutor

Head of Service

Line manager

Local Area Tutor

NES (Training Office Manager, Director of Training)

Programme Director

Supervisor

These individuals are subsequently referred to as "the core group".

Clarity is required for each trainee regarding the line management arrangements, in that the various functions of management can be provided by different individuals. For example, it is common for trainees to identify their line manager as the Clinical Psychologist with responsibilities in the clinical area in which they work, who fulfils leave, travel and work allocation functions; whereas a different individual, often a Head of Specialty or Department, might fulfil performance review and disciplinary functions.

At the outset of training, the Programme requests a named line manager for each trainee. It is proposed that this be the person viewed as the key individual for communication, who will then take responsibility for informing others within the Board, either day-to-day managers or more senior managers, as appropriate. Similarly, Personal Tutors and Clinical Tutors to whom serious issues are communicated are responsible for involving the Clinical Practice Director or Programme Director, as appropriate. Staff employed by NES, namely Clinical Tutors, Clinical Practice Director, Training Office Manager and Director of Training will take responsibility for communication between each other and with finance colleagues in NES.

Principle 1 – Automatic notification

Any members of the core group will communicate information about a trainee timeously to other members of the core group where that information is relevant and necessary to the work of those other members with the trainee.

If there is uncertainty about whether the information is relevant and necessary or not, then the information should be shared and the appropriateness of doing so should be determined with the recipient in order to clarify for the future.

In many of the communications between members of the core group, this principle is already well understood and embedded in existing processes. For example, supervisors having a concern regarding a trainee's progress will communicate that to a mid-placement visitor who will, through the standard report, communicate this to the Clinical Tutor and Local Tutor. Similarly, systems exist to ensure that local tutors are informed of trainees' learning objectives, which will have an impact on their planning of placements. A key element of this system is the Trainee Progress Meeting which takes place monthly and provides an opportunity for core group members to share necessary information as appropriate.

Clear examples of relevant and necessary information across stakeholders would include:

Various kinds of Leave – sickness (of more than 2 weeks), parental, special, compassionate, carer, adoption (not annual leave for which separate communication is detailed in the Handbook)

Professional behaviour and Conduct issues

Fitness to practise issues

Failure of parts of programme

Disability status where reasonable adjustments are required (see note below)

Principle 2 – Information request

In addition to Principle 1, any members of the core group (named above) can request information held by another member of the core group, or another stakeholder. A reason must be given for the information requested. The request must be considered and a reason given and recorded if the request is not fulfilled.

Personal difficulties

Trainees may sometimes disclose information about personal difficulties affecting their work, either on placement, and/or or in relation to academic and research work. Trainees discussing the impact of these difficulties in the past have voiced concern that sensitive information might be disseminated widely. Trainees should be aware of the guidance in the BPS Code of Ethics and

Conduct (2009) (Standard of recognising impairment) as well as in the HCPC Standards of Conduct Performance and Ethics (2012) and the HCPC Guidance on Conduct and Ethics for Students (2012, Standard 5: "You should limit your study or stop studying if your performance or judgement is affected by your health", and Standard 8: "You should communicate effectively with service users and your education provider and placement provider"). This guidance indicates the importance of trainees disclosing such information but particular care should be taken to ensure, consistent with the remainder of this Policy, that <u>only</u> the information that is relevant and necessary to the work of another member of the core group is shared.

Disclosures of Disability under the Equality Act (2010) Previously the Disability Discrimination Act (DDA: 1995)

Under the Equality Act, once a student or an employee has disclosed a disability to certain categories of individual within an organisation, then that organisation is "deemed to know" about the disability under the Act and can be held liable for discriminatory practice such as not providing reasonable adjustments. Thus, communication within organisations is very important and in the context of clinical psychology training, communication between the stakeholders is equally so.

However, individuals disclosing a disability under the definition of the Equality Act are entitled to request that this disclosure be kept confidential. Full confidentiality cannot be guaranteed as the Equality Act does not override Health and Safety legislation with respect to the individual or others. Further details regarding processes for trainees with disabilities are given in the Handbook. In the meantime, anyone receiving a disclosure of disability from a trainee should discuss confidentiality explicitly and discuss the benefits of full disclosure for the trainee and their training. Clarification should also be obtained as to the extent of information sharing to which the trainee consents, for example all information or just that which is required for reasonable adjustments to be made.

These procedures will be highlighted to trainees as part of the induction process (see appendix 9.6)

6.6.2   Criteria for Failure of a Clinical Placement

Trainees and their supervisors must raise any concerns with regard to progress with a Clinical Tutor <u>as soon as difficulties are identified</u>. The formal review of progress will occur at the placement visit. Following any indication that a Trainee is having difficulty in the appropriate development of competence, additional support and a remedial plan will be developed at the earliest opportunity and put in place in partnership between the Trainee, supervisor and the Clinical Tutor. Remedial plans are drawn up in collaboration between the Clinical Tutor, Supervisor and Trainee, and are reviewed regularly.

Remedial plans may involve extra experience, extra supervision, or arrangements for a particular focus of placement work. External supports may also be provided outwith placement, for example extra recommended reading or tutorials.

Where a Trainee is at risk of failing a placement, careful ongoing review will be planned with additional placement visits. Any additional support or remedial action will be tailored to the individual Trainee (e.g. increased supervision, tutorial support, more observations and formative feedback). Progress of Trainees in these circumstances will involve increased monitoring from both supervisor and the Clinical Tutor or Clinical Practice Director. Clinical Tutors will support Trainees and supervisors to identify and describe the difficulties and to provide clear guidelines for Trainees on how improvements may be achieved.

The Clinical Supervisor makes a 'Pass' or 'Fail' **recommendation** for a placement through submission of the Supervisor's Evaluation of Clinical Competence Form. All Supervisors are provided with detailed information on completion of this assessment. Where there have been concerns about a Trainee's competency development, additional guidance is provided by the Programme Team to the Supervisor ensure that their assessment, as documented in the Supervisor's Evaluation of Clinical Competence Form, is in line with the Programme standards.

Although the Supervisor makes a 'Pass' or 'Fail' recommendation, this decision is ultimately made by the Examination Board, on the basis of a report from the Clinical Tutor and the recommendation from the Programme Team. Evidence is gathered and considered in detail by the Examination Board to ascertain whether a Trainee's competence merits the 'Pass/Fail' recommendation. A recommendation of failure may be made in circumstances in which the Trainee has not established appropriate competencies. These may also include unprofessional or unethical conduct, a failure to accept supervision, unreliability, unacceptable written work, and/or inability to carry out psychological treatments. With respect to these terms, Trainees are guided to the HCPC Standards of Proficiency (October, 2010) expected as a registrant following completion of DClinPsy training, and the BPS Code of Ethics and Conduct (August, 2009). These documents underpin the value base of our Programme.

When a Module related practice placement is failed on first completion, a Trainee will be given the opportunity to resit the Module in full, with a remediation plan in place. The Trainee has the right to appeal, and further information about this process is presented in section 9.11.

6.7 INDIVIDUAL LEARNING PLAN REVIEW

Trainees meet annually with a member of the Programme Team and their NHS Line Manager (or their representative), for the Individual Learning Plan Review. Progress towards all academic, clinical and research Modules will be reviewed, and employment appraisal (including Knowledge and Skills Framework (KSF) paperwork) will be completed. This process will feed into Individual Learning Plans, which are adapted over time to reflect development of clinical competence

and training needs of the individual Trainee (see Appendix 6.9 for an example). Trainees must come prepared by completing a brief reflection on their progress over the past 12 months, and by completing any relevant employment paperwork, as directed by their NHS employer. Any potential gaps in experience can be addressed through appropriate action and targets set in the learning plan. Trainees will share all end of placement documentation and learning plans with future supervisors to allow for continuity of training, the development of competencies, and to facilitate the transferability of skills.

CHAPTER 7: FITNESS TO PRACTISE & REFLECTIVE PRACTICE

7.1   FITNESS TO PRACTISE

In addition to providing the opportunity for Trainees to acquire the skills and knowledge needed to be a competent clinical psychologist, the Programme also takes responsibility for helping them become autonomous health professionals who display integrity and take personal responsibility for their professional functioning. The socialisation into this professional role begins with acceptance of an offer of a training place. All Trainees are required to abide by the Code of Professional Conduct for DClinPsy Trainees (see Appendix 7.1). This code is designed to make the professional responsibilities of Trainees transparent at the commencement of training. In addition, the code emphasises the need for Trainees to learn and adhere to the standards set by the professional and statutory regulatory bodies, the HCPC and BPS[10]. Ethical awareness and self-management of ones professional functioning are addressed in specific lecture topics from the start of training and are a recurrent theme throughout the taught courses and practicum experiences that Trainees complete. Although by far the majority of Trainees will develop into highly ethical practitioners who can maintain the standards of conduct expected by the profession, there will be occasions when problems with a Trainee's fitness to practise will need to be addressed. The main mechanisms for dealing with this are described below.

7.1.1   Resolution of fitness to practice issues

The University of Glasgow regulations addressing fitness to practise procedures are provided in the university calendar section entitled University Fees and General Information for Students[11]. The University differentiates formal from informal responses to breaches of the code of conduct that raise concerns about a Trainee's fitness to practise. Informal resolution will typically be sought first when a pattern of behaviour or persistent ill health that impairs fitness to practise is identified in a Trainee of the Programme. The Trainee will be made aware of the nature of the breach of the code and an action plan for addressing the problem will be agreed. This will typically be addressed by members of the Programme Organisers Group via the monthly Trainee Progress Review Meetings. Where there is a serious breach of the code or persistent repetition of low-grade breaches that have not been resolved via the informal Programme

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[10] See: www.HCPC-uk.org/assets/documents/10002D1BGuidanceonconductandethicsforstudents.pdf and www.bps.org.uk/sites/default/files/documents/code_of_ethics_and_conduct.pdf

[11] See: http://www.gla.ac.uk/media/media_205314_en.pdf

procedures, then the issue will be referred to the School of Medicine fitness to practise committee. The rules governing the operation of the School Fitness to Practise committee are provided in detail at the University Calendar in the weblinks noted above.

7.2   REFLECTIVE PRACTICE: INTRODUCTION & RATIONALE

The Programme aims to ensure that its graduates are fit to practise by placing an explicit emphasis on promoting reflective functioning in Trainees. The Programme adopts a reflective-practitioner approach in conjunction with the scientist-practitioner model. The Health Professions Council (HCPC) Standards of Education and Training (2009) states that programmes must "support and develop autonomous and reflective thinking" (4.6, p9); and the HCPC Standards of Proficiency (2015) say that qualified clinical psychologists must be able to "understand the value of reflection on practice and the need to record the outcome of such reflection" (11.1, p12).   The BPS Accreditation through Partnership guidance (2014) states that training programmes must enable Trainees to develop transferable skills in "demonstrating self-awareness and sensitivity, and working as a reflective practitioner" (2.2.1, 9, p8).

Professional and personal development is recognised and actively encouraged throughout the Programme which has paperwork and procedures in place to embrace an agenda of reflective practice in the context of professional and personal development. These measures include self-assessment and reflective writing in *Reflective Notes* (completed at the end of each clinical placement in years I and II), *Reflective Accounts* (submitted in year 3 as part of the final Clinical & Research Portfolio) and the *Individual Learning Plan Reviews* (completed annually to reflect on trainee's competency development over time). These procedures ensure that Trainees monitor and review their own progress and develop skills in self-reflection, and are "cognisant of the importance of self-awareness and the need to appraise and reflect on their own practice" (Benchmark Statement, QAA, 2006).

Through developing skills in reflective practice, Trainees will be able to identify and define their own abilities, provide evidence of competency development for review with supervisors and tutors, and take these transferable skills on into the workplace (Continuing Professional Development).   This approach engenders self-awareness, increasing autonomy and an insightful approach to lifelong learning.   The process also has organisational and accountability implications, allowing the University of Glasgow DClinPsy to produce qualified clinicians who are capable, competent, and fit for purpose.

The HCPC, emphasise the importance of continuing professional development (CPD).   Maintaining a record of CPD is a compulsory aspect of registration for Practitioner Psychologists. The HCPC define CPD as "a range of learning activities through which health professionals maintain and develop throughout their career to ensure that they retain their capacity to practice safely, effectively and legally within their evolving scope of practice".   Consistent with this HCPC

definition, Trainees on the Programme learn how to reflect on their own professional and personal development, identify their own learning needs provide evidence to support these and develop skills in recording their professional and personal development.

7.3　REFLECTIVE PRACTICE INTEGRATED CURRICULUM

The reflective-practitioner model is a core theme for the Programme. This theme continues throughout the three years of training and is developed via lectures, workshops, reflective practice groups, practice placement supervision and annual individual learning reviews.

7.3.1　Overall Aims

The reflective practice curriculum aims to:

1.　Enhance Trainees' ability to think critically, reflectively and evaluatively.

2.　Provide Trainees with the background theories, knowledge and core skills necessary to adopt reflective practice in their clinical, academic and research work.

3.　Support Trainees to develop self-awareness and knowledge about the reflexivity of interactions in their clinical and professional practice.

4.　Empower Trainees to adopt a reflective and self-aware approach to professional development and lifelong learning.

7.3.2　Core Elements of the Reflective Integrated Curriculum

1.　Reflective Diary

Trainees are encouraged to keep their own personal and private reflective journal. This journal is not submitted, or read by any member of the Programme Team or by Clinical Supervisors. Trainees should think about completing their diary on a regular basis and develop familiarity with use of the educational models of reflection. Review of the personal diary should allow Trainees to reflect on the development of skills over time. The personal reflective diary is intended to facilitate the completion of reflective notes at the end of placements as well as the reflective accounts in year 3 by recording key learning experiences.

2.　Reflective Notes

- Trainees complete Reflective Notes during practice placements in years 1 and 2 (Modules 2&3 and 6&7). The reflections might focus on examples of success and achievement/ 'gut-feeling' times / "a-ha" moments / emotional reactions / 'difficult' or challenging learning experiences. The reflective notes could refer to models of reflective practice that help to structure these reflections. Each Trainee will have different previous experiences, and will gain different experiences on practice placement. Trainees will have different interactions with, and reactions to, different learning situations. So it follows that each Trainee's Reflective Notes will be different. The important thing to demonstrate in the Reflective Notes is a conscious attempt to reflect about personal & professional development, with guidance from the four

criteria for reflective function as follows:

- **Multiple influences result in competency development in a complex learning environment**

We encourage reflection about the complexity of the learning environment and the multiple sources of learning that are available. For example; clinical and research supervision, work with other professionals and agencies, research, work with other professionals, experience of organisational structures and processes, teaching and training others and self directed study. Trainees should reflect about the key aspects of the learning environment that have influenced personal and professional development over time.

- **Personal / professional development can be achieved through reflection about personal reactions**

Trainees should communicate the reflexive nature of their interactions with clients and colleagues and through reflection about these, develop a clearer understanding of challenging / puzzling interactions and how to progress these constructively. The Clinical Psychology role is challenging and it is probable that trainees will struggle from time to time to manage the emotional impact of their work. For example, if a trainee encountered a client with dementia when they have experienced this within their own family they may wish to speak to their supervisor about this and should feel confident that this is appropriate content to bring to supervision or to a tutor meeting or to reflective notes. The supervisor or tutor can advise if these issues can be resolved within the supervisory space or if they might be better addressed within a more therapeutic encounter. Chapter 5 has more details about the support mechanisms open to trainees.

- **Personal and professional development over time**

Trainees should make an explicit effort to communicate awareness of developmental changes in their thinking, knowledge and competencies as well as their professional and personal development over time. Trainees should communicate their awareness of how experiences, occurring within clinical, academic and research contexts have an impact on their clinical practice and developing professional identity. Trainees should be able to look back over their training, and reflect on how key learning experiences may have affected their development, and they should try to make this explicit in their reflective writing. Trainees may become aware of how their theoretical orientation, value base, practice or professional and ethical awareness change over time, and are impacted by the experiences accrued during training.

- **Take responsibility for future learning**

This point reflects the importance of CPD and life-long learning. Trainees should be active, autonomous and responsible for their own learning and professional development. Trainees should be able to constructively

consider strengths or limitations in their experience, knowledge and competencies and articulate personal learning goals and objectives. In addition, Trainees may use reflections about limitations in their experience and competencies to adjust their professional and ethical practice.

3.   Reflective Account

In Year 3 Trainees complete two Reflective Accounts. Full guidelines for completion and submission can be found in Appendix 7.2. The purpose of the Reflective Accounts is to demonstrate evidence of reflection on personal and professional development across the domains of Ethics, Psychological Practice, Communication, Research and Evaluation, Training and Management. The key themes discussed in this chapter are important in considering work on the Reflective Account. The final product should focus on professional / personal development for the trainee and highlight the key learning experiences and reflections that led to change and development over time.

4.   Individual Learning Plan (ILP) Review

Trainees' achievements and personal / professional development over the course of the year are reviewed annually at the ILP Review with a Programme team member and the trainee's NHS Line Manager. Prior to the ILP review, Trainees are asked to reflect on their own learning and development over the past year and this is discussed with a member of the Programme team and the NHS line manager during the review. This allows a collaborative reflection on the trainee's progress and agreement of training targets for the coming year.

7.3.3   Confidentiality

In all reflective writing, including the personal Reflective Diary, Trainees should take care to protect the identity of others and reflections should focus on the trainee's learning journey and should not contain excessive detail about other people.. All information which may breach service-user / carer or colleague confidentiality must be excluded. This includes names or initials. It also includes other information which may enable clients or professionals to be identified as one of a small number of people - such as named workplaces, homes, hostels, clubs, activity centres, voluntary organisations or naming of specific occupations or job positions occupied by few people. The names and bases of referral agents, other workers and agencies should be removed. The name of the specialty, Trainee, and supervisor should be stated on the front title page of submitted documents, but nowhere else. Trainees must ensure that they consider and respect others' dignity in their reflective writing.

7.3.4   Outline of Reflective Practice Integrated Curriculum across Courses

Year One

Module 2 & 3

Assessment of Reflective Practice:

Reflective notes are submitted as part of the end of placement documentation for courses 2 & 3 and formative feedback is provided by clinical tutors.

Teaching to support reflective practice is as follows in year 1:

- Introduction to clinical practice and values, codes ot conduct, ethics and the HCPC
- The reflective scientist practitioner
- Using supervision

Further Learning Support

Individual meeting are arranged with the Clinical Tutor to discuss end of placement documents, including the reflective notes. Further meetings with clinical tutors to develop reflective practice skills can be arranged at any point.

Relevant Reading

Gibbs, G. (1988) Learning by Doing: A guide to teaching and learning methods. Further Education Unit, Oxford Brookes University, Oxford.

Hughes, J. & Youngson, S. (2009). Personal development and clinical psychology. BPS Blackwell.

Schon, D.A. (1983) *The Reflective Practitioner*. Temple Smith: London.

Year Two

Module 6 & 7

Assessment of Reflective Practice:

Reflective notes are submitted as part of end of placement documentation for courses 6 & 7 and formative feedback is provided by clinical tutors.

Related Teaching:

- Reflective Practice Groups

Reflective Practice Groups are organised in year 2 and continue in year 3 to allow trainees to experience reflective practice in a group setting. These groups are not formally evaluated and are intended to allow trainees to reflect on their clinical work outside of the Programme assessment framework and to facilitate personal and professional development. To this end, they are facilitated by Clinical Psychologists, rather than members of the Programme Team, who come in from the NHS to do this. Trainees will be allocated to one of three groups and will remain in the same group with the same 2 facilitators over the course of the 8 sessions over the course of second and third year. Trainees work with their facilitators to devise their own group rules so the group feels like a useful and safe space in which to reflect openly about their personal and professional development.

Further Learning Support in year Two

Individual meeting with the Clinical Tutor are arranged to discuss end of placement documents, including the reflective notes. Further meetings with clinical tutors to develop reflective practice skills can be arranged at any point.

Relevant Reading

Casement P (1985). On Learning from the Patient. Tavistock Publications.

Yalom ID (2001) The Gift of Therapy. Harper Collins.

Skynner R & Cleese J (1984). Families and how to survive them. Cedar Books.

Year Three

Module 12 & 13

Assessment of Reflective Practice:

Reflective Accounts – Modules12 & 13

Related Teaching:

> Advanced reflective practice workshop: reflecting on reflection, & Continuing Professional Development and Reflective Practice

> Introduction to the Reflective Account

> Reflective Practice Groups

Further Learning Support

Individual written feedback on notes reflective account submissions.

Further individual consultancy sessions with Clinical Tutor as required.

Relevant Reading

Stedmon J., & Dallos R. (2009). <u>Reflective Practice in Psychotherapy and Counselling</u>. Open University Press.

Bolton G. (2005). <u>Reflective Practice – Writing and Professional Development</u>, Second Edition. Sage Publications

Reflective Practice. Special issue of *Clinical Psychology*, Issue 27, July 2003.

Atkins S & Murphy K (1993). Reflection: A review of the literature. Journal of Advanced Nursing, 18, 1188-1192

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Boud, D., R. Keogh & Walker, D. (Eds.) (1985) Reflection: Turning Experience into Learning. London: Kogan Page

BPS Committee on Training in Clinical Psychology (CTCP) (2002) http://www.bps.org.uk/the-society/organisation-and-governance/membership/committee-on-training-in-clinical-psychology-guidance-documents.cfm

Dewey, J. (1933). How We Think: A Restatement of the Relation of Reflective Thinking to the Educative Process. Lexington, MA: Heath.

Gibbs, G. (1988) Learning by Doing: A guide to teaching and learning methods. Further Education Unit, Oxford Brookes University, Oxford.

Health Professions Council (HPC) Your Duties as a Registrant (April 2008). Your guide to our standards for continuing professional development.

Jasper, M. (2003). Beginning Reflective Practice. Nelson Thornes: Cheltenham.

Johns, C. & Graham, J. (1996) Using a Reflective Model of Nursing and Guided Reflection. Nursing Standard, 11 (2) 34-38.

Kolb, D.A. (1984) Experiential Learning: Experience as the Source of Learning and Development. Prentice Hall, New Jersey.

Lavender, T. (2003). Redressing the balance: the place, history and the future of reflective practice in clinical training. Clinical Psychology,27, 11-15.

Quality Assurance Agency for Higher Education (QAA) Benchmarks for Clinical Psychology. Post Consultation Draft Benchmark Statements: Clinical Psychology and Applied Psychology (Clinical Associate) Scotland, July 2006.

http://www.qaa.ac.uk/academicinfrastructure/benchmark/scottish/Clinical_psychology.pdf

Rolfe, G., Freshwater, D., Jasper, M. (2001) Critical Reflection in Nursing and the Helping Professions: a User's Guide. Basingstoke: Palgrave Macmillan.

Schaife, J. (2001) Supervision in the mental health professions: a practitioner's guide. Hove, Brunner-Routledge.

Schon, D.A. (1983) The Reflective Practitioner. Temple Smith: London

Stedmon, J. & Dallos R. (2009). Reflective Practice In Psychotherapy And Counselling. Open University Press.

CHAPTER 8: RESEARCH TRAINING

8.1   INTRODUCTION

Research training comprises taught courses on Service Based Evaluation I in Year 1 (Data Analysis Exam); Service Based Evaluation II in Years 1 and 2 (Service Based Evaluation Project); Research Methods (Draft Research Proposal); Research Practice I (Major Research Proposal, Systematic Review Outline) in Year 2; and Research Practice II (Major Research Project) in Year 3. During years one and two, the emphasis is on building skills in basic statistical techniques, audit and service evaluation in the NHS. In years two and three, the emphasis shifts to more conceptually based research, which aims to answer questions which are of clinical and theoretical importance. Training is provided in a range of methodologies, both quantitative and qualitative. Statistical methods and computing will be both taught formally and as part of the supervision process in relation to each Trainee's research projects. Note that guidelines with regard to submission of formative and summative assessments for research are to be found in Chapter 9.

8.2   FACILITIES

Computing facilities are located on the 2nd Floor. Computers contain the following data analysis software: SPSS V22, N-VIVO, and EQS. In addition, a variety of tests and digital recording equipment are available on loan from the Administrative Office. Encrypted laptop computers are available on loan for storage and processing of clinical research data; clinical research data can also be safely stored and processed on a restricted access university network drive. This includes data analysis conducted via remote access to the university servers (see the University IT webpage for up to date details about remote access). Encrypted memory sticks are available on loan for the safe transfer of data. Appendix 8.1 contains guidelines as to the transfer and storage of clinical research data.

Statistical advice will be available from your University Research Supervisor. Supplementary consultation and advice regarding the Major Research Project is available from the Robertson Centre for Biostatistics in University Avenue. This service must be used sparingly and not routinely and is advisory only. It should not be used only in relation to power calculation. Trainees must arrange an appointment at the Robertson Centre via their Research Supervisor.

8.3   RESEARCH SUPERVISION

As previously mentioned, the supervisory relationship is complementary to the Research Methods Module. Both of these resources, therefore, are available to assist the Trainee. However, it remains primarily the Trainee's responsibility to develop and complete each element of their research to the required standard and within the required timescale.

For all Trainees there will be a University Research Supervisor from Mental Health and Wellbeing. As part of research training, Trainees often select their major research area from within the range of research interests of the staff in Mental Health and Wellbeing. In addition to academic staff, research active NHS staff may be available to supervise through their appointment as Honorary Research Fellows, Honorary Senior Lecturers, Honorary Senior Lecturers, or Honorary Professors. A list of these is available from the Research Tutor. There is an expectation that such collaboration between staff and Trainees will often lead to joint publication of research findings. In May of year 1 a booklet of research abstracts will be circulated. This will contain brief descriptions of staff research interests and possible projects linked to NHS and university supervisors. This also provides information about research that is potentially available with university or honorary staff who may become the University Supervisor and also with NHS clinicians who may become the Field Supervisor and/or Local Lead Investigator. The Local Lead Investigator may be involved in providing additional support, advice with recruitment, and advice regarding health and safety. Where this individual is also a Field Supervisor they are involved in the formulation and development of the research question, development of the proposal and consideration of the results and write up. It is intended that a range of high quality and interesting projects be made possible and to encourage the involvement of NHS clinicians in research.

8.3.1   Responsibilities of University Research Supervisors

1. To give guidance about the nature of the research, the standard required, the planning of the research project, literature and sources, the writing of the report, the ethics of research, and matters relating to possible publication.

2. To provide adequate advice and supervision on matters relating to health and safety in the laboratory, the department or the field, and to ensure that this is specifically considered at an early stage in the development of the project.

3. To maintain regular and frequent contact with the Trainee and to be accessible to the student at other appropriate times when the Trainee may need advice. To agree a schedule of meetings and to review this periodically.

4. To give detailed advice on the necessary completion dates of successive stages of the work so that the whole may be submitted within the scheduled time. To request written work on a regular basis and to return such work with constructive criticism within a reasonable time.

5. To ensure that the Trainee is made aware of inadequate progress, unsatisfactory work or written and oral presentation which does not reach the required standard.

6. To liaise with any Field Supervisor and ensure they are aware of time deadlines.

7. To advise the Research Director of any likely delay in submission of the Trainee's portfolio as soon as possible.

8.   To advise about preparation for the oral examination.

8.3.2   Responsibilities of Field Supervisors

1.   To give guidance about the nature of the research, the planning of the research project, literature and sources, the ethics of research and matters relating to possible publication.

2.   To provide advice and supervision on matters relating to health and safety in the laboratory or the field and to ensure that this is specifically considered at an early stage in the development of the project.

3.   To maintain regular and frequent contact with the Trainee and to be accessible to the student at other appropriate times when the Trainee may need advice. To agree a schedule of meetings and to review this periodically.

4.   To ensure that the Trainee and their University Supervisor are made aware of inadequate progress or unsatisfactory work.

5.   To read drafts of the proposal and of the completed work.

6.   To advise the Research Director and the University Supervisor of any likely delay in completion of the project

8.4   RESPONSIBILITIES OF TRAINEES

1.   To discuss with their supervisor(s) the type of guidance the Trainee finds most helpful.

2.   To agree a schedule of meetings with their supervisor(s) and attend arranged meetings promptly.

3.   To take account of the regulations and advice relating to health and safety.

4.   To take initiative in raise problems or difficulties with their supervisor(s) in a timely fashion.

5.   To maintain the progress of work in accordance with the stages agreed with their supervisor(s), and the Programme, including the presentation of written material in sufficient time to allow for comment and discussion before proceeding to the next stage.

6.   To provide progress reports to the University Research Advisor and University Research Supervisor for discussion at Research Progress Meetings.

7.   To decide when to submit their Research Portfolio, having first discussed this with their University Research Supervisor.

8.   To ensure that the portfolio is accurately checked, is consistent with the format required by the University, is well presented and that they have adequately prepared for the oral examination.

9.   To obtain information from Registry on enrolment for graduation.

10.   To take account of the regulation, which permits submission up to, but not beyond, one year from the date of the last matriculation.

8.5   HEALTH AND SAFETY

Trainees are reminded that as in all other aspects of their work they must not place themselves or others at risk, for example when engaged in interviewing research participants or collecting data. As part of the development of the project, the process of risk assessment is initiated and overseen by the University Research Supervisor who will advise about the most appropriate means of carrying out the various tasks involved.   This ensures that safety issues are incorporated at the earliest stage of research planning. Research interviews should be carried out on sites where there is appropriate support and robust procedures for dealing with unforeseen events. NHS policies on personal safety and visiting clients at home cannot be used in isolation outwith the clinical setting.   These policies rest on the assumption that there is a sound infrastructure to support these activities.   Trainees are required to complete a Health and Safety for Researchers form detailing all potential risks to the researcher and the participant. This form is reviewed by the Research Director and requires approval before the research proposal is considered suitable to proceed to the ethics stage.

Home Visits and Research

The programme would encourage trainees to avoid research designs that require them to make home visits. If this is not possible, home visits may be permissible if the following is demonstrated:

1. It is not possible or practical to see the participants in a staffed facility and/or there is a significant risk of sampling bias if participants requiring home visits were excluded from the study.
2. Participants have been seen recently by a member of the clinical team involved with the patient and a risk assessment has been carried out. If the participant has had no recent involvement with a clinical team then a home visit is not permitted.
3. The trainee will apprise themselves of the risk assessment in all cases prior to the visit.
4. The trainee will discuss potential for risk with a member of the clinical team who has seen the patient recently.
5. As a result of 3 and 4 the risk to the trainee is deemed to be low. If there is doubt the trainee will discuss with their University supervisor and/or a senior member of the clinical team that have responsibility for management of the patient.
6. The overall appraisal of risk must take into account what is known about the participant, a risk assessment of their living environment by the clinical team and consideration of the geographical siting of the visit. This will include assessment of any risk associated with travelling to and from the participant's home.
7. Home visits must be in normal work hours.
8. The lone worker policy for that team (or health board) must be followed.
9. Each of the above points must be covered in the Health and Safety form that the trainee submits with their MRP proposal.

If there are any doubts or concerns about this process the trainee can contact the Research Director for advice.

8.6   RESEARCH SUPERVISION AGREEMENT

The Trainee and the University Supervisor of the Major Research Project must complete a Research Supervision Agreement. This document sets out their respective roles and associated expectations (see Appendix 8.2). When a Field Supervisor is involved, the document should be signed by both supervisors.

8.7   RESEARCH PROGRESS MEETINGS

Research Progress Meetings take place once at the end of the 2nd year and normally around February and May during the 3rd year of training. The Research Progress Meeting Committee consists of the University Research Supervisor, Field Supervisor, Local Lead Investigator(s) and another member of Health and Wellbeing who is the University Research Advisor to the supervisory relationship. The role of the Research Advisor is to provide feedback on the progress of the Major Research Project and the Systematic Review. The University Research Advisor can also be a resource for advice and consultation on aspects of the Trainee's research to both the Trainee and research supervisor. It may not always be possible to obtain a time when all can attend, however the minimum must always be the University Supervisor, the University Research Adviser and the Trainee. Prior to each research progress committee, Trainees must complete a Research Progress Form (See Appendix 8.3), which forms the basis for discussion. This form allows the Trainee to prioritise issues for discussion and advice. At the end of each research progress committee the supervisor and Research Advisor together will provide a brief report on progress and any action points agreed, one copy is placed in the Trainee's file, and one copy is sent to the Trainee.

8.8   RESEARCH GOVERNANCE

Research Governance concerns setting standards to improve research quality and safeguard the public. It involves enhancing ethical and scientific quality, promoting good practice, reducing adverse incidents, ensuring lessons are learned and preventing poor performance and misconduct. Guidance on research governance is available at the following URL: http://www.nhsresearchscotland.org.uk/services/research-governance(accessed September 2016)The publication of the Research Governance Framework Document represents the first stage in the continuing process for promoting improvements in health and community care research. It sets standards, details the responsibilities of key people involved in research and outlines the process for achieving governance.

In accordance with research governance principles, prior to carrying out their Major Research Project all Trainees, as employees of the NHS (in Scotland), are required to submit their application for ethical approval to their relevant Research Ethics Committee. Details of how to apply for ethics approval are available at the following URL: Integrated Research Application System (IRAS): https://www.myresearchproject.org.uk/ (accessed September 2016).

In addition, Research cannot be carried out without NHS management approval.

Advice of local processes on management approval can be sought through local Research and Development Departments. Trainees cannot submit for ethics or management approval until the Major Research Proposal has been formally examined and passed by the Research Director. A letter from the Research Director will be sent to the Trainee when the proposal is passed, and this should be included with the ethics application.

On commencement of their MRP Trainees are expected to maintain a Site File to support with storage of all essential documents pertaining to their research. This file is required to be stored at site and normally retained for five years following the study end. A Site File template can be obtained from GG&C Research and Development. You can contact Eileen McCafferty, Research Audit Facilitator (Eileen.McCafferty2@ggc.scot.nhs.uk) for an up to date version of the site file template. A Research Log (Appendix 8.4) should also be maintained throughout the project (see section 8.14 for further details). At the end of the study the Trainee must complete a 'Declaration of the End of Study Form' which includes a summary of the final report of the study. The form and guidance as to the final report on the research can be found on the Health Research Authority webpages: http://www.hra.nhs.uk/research-community/end-of-study-and-beyond/notifying-the-end-of-study/.

Prior to conducting their Service Based Evaluation Project Trainees must determine whether the project requires to be submitted for ethics approval by contacting the appropriate NHS ethics department. The Trainee should ensure that the project is appropriately registered in the relevant departments (e.g. Research and Development and / or Clinical Audit). If using existing data, then advice as to formal permission must be sought from the appropriate Caldicott Guardian. Further details as to Information Governance are available at the following URL: http://www.knowledge.scot.nhs.uk/ig.aspx (accessed September 2016).

8.9   SERVICE BASED EVALUATION PROJECT

The Service Based Evaluation Project (SBEP) is started in the first year of training, and is submitted in November of the second year. The project is hosted within NHS Board services, and should provide trainees with the experience of clinical audit, "*a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change*" (NICE, 2002).

Your employer will identify a suitable topic and you will have a Field Supervisor for your project (usually a clinical psychologist working in the service where the evaluation is to be based). They will be allocated to you in January of your first year. Each Trainee will also be allocated a University Supervisor. Normally the role of the University Supervisor is to provide input regarding adherence to the clinical audit protocol and design, analysis and interpretation of data, and academic write up. An exception would be if the audit is in the service or speciality area of the academic supervisor, whereupon they may have a greater role.

The project should meet criteria for an audit, with the project aims incorporating an identified relevant local or national standard, guideline, legislation, or other benchmark standard comparator against which aspect(s) of the service are to be evaluated. It is also important that the project has the capacity to contribute to the improvement of patient care and outcomes.   It is not normally possibly to complete "stand alone" projects with either no comparator (for example a stand-alone description of a cohort of service users) or an internal comparator (for example an evaluation of the impact of a therapeutic group upon outcome measures). It could, however, be possible to audit the impact of a given service development that was designed to improve standards of patient care, by comparing services before and after its implementation, or to compare services in different locales in relation to national or local guidelines or targets.

The project will involve collection of data or information from the service in order systematically review one aspect of patient care against an explicit standard, in line with the audit aims. Projects may either collect new information, for example in the form of a survey or qualitative methods, or use existing / routinely collected data, if it is approached with new audit questions. Clinical outcome studies are generally too extensive in scope for a Service Based Evaluation Project.

In the sSpring you will build the topic into an outline of up to 1,500 words, and then into a proposal of up to 3,000 words. The outline and the proposal should be submitted by email to the University Supervisor for formative feedback, and to dclinpsysubmissions@glasgow.ac.uk for the Student Support Team to log a copy in your academic file. The outline should cover the rationale for the project, the relevant comparator standards against which the service will be compared, the audit aims and questions, the information that will be collected, the procedure and method by which this will be collected, and the ways in which this will be used to answer the audit questions and address the audit aims. It should include the following headings: title, brief introduction, aims, audit question(s), proposed methods, source of data/sample, statistical analysis plan (if appropriate) and any questions arising for discussion with your supervisor. The proposal will develop the outline further, with a brief review of the relevant literature with reference to national guidelines as appropriate, development of the aims, methods and analyses sections, and understanding of the practical issues arising from any pilot completed. It should include the headings: title, brief introduction, aims, audit questions, procedure, source of data/sample, data protection, ethics, statistical analysis (if appropriate) and practical issues. The name of the University supervisor, clinical/other supervisor and location, the date, the actual word count and the maximum word count should be stated on a front sheet and the Trainee's matriculation number and the project title on the first page of the proposal.

After addressing any issues highlighted in the feedback from the formative proposal, data for the Service Based Evaluation Project is normally collected towards the end of year one. There may be up to eight full days or equivalent allocated from placement time for the collection of data. This must be discussed with your placement supervisor in term two with regard to time from placement needed to collect data, and written into the Placement Agreement.

8.9.1   Service Based Evaluation Project Report

The document should be presented in the format of a report to senior management. The main body of the report should be no longer than 5,000 words, including the reference list (plus appendices). It should include an executive summary of up to 500 words (not as an appendix). The Executive Summary may be circulated without its parent document and must therefore be understandable on its own. A copy of a short PowerPoint presentation of the study should be included as an appendix (about 10 slides). It is important that the audit question is evaluated against a comparator which can, for example, be local or National standards, change in service or comparison between services. The report is submitted for blind summative marking in November of Year 2.

The format presented in 2-7 below is for guidance. Please also refer to the 'Guidelines for Submitting Written Work' in Chapter 9.

1.   **Front Page (in a separate document for blind marking)**

     Containing Name of Assessment, Title of Project, Trainee Name, Matriculation Number, Field Supervisor, University Supervisor, Affiliations, date of submission, version number, actual word count and maximum word count.

2.   **Cover Page**

     Containing Name of Assessment, Title of Project, Matriculation Number, date of submission, version number, actual word count and maximum word count.

3.   **Executive Summary**

     An introductory paragraph; audit question(s), method/sample; results; conclusions and recommendations; key references (not more than 3).

4.   **Introduction**

     An overview of the problem(s) being addressed in the evaluation with reference to relevant literature and policy (a comprehensive review is not required).

5.   **Aims /Audit Question(s)**

     These must be clear and specific.

6.   **Methods**

     If specific audit standards are being evaluated, then there should be a clear statement of these. This should be followed by an account of sampling procedures, design and methods used in the evaluation. Include reference to any data protection, ethical or governance issues pertaining to the project.

7.   **Results**

     A clear presentation of results in line with the aims and objectives. An emphasis in the Service Based Evaluation Project is the clear presentation of findings rather than a demonstration of statistical expertise. You should however ensure that your data handling and analysis is clear and appropriate and use statistics when appropriate.

8. **Discussion**

A discussion of the research findings in the context of the specific aims and objectives of the evaluation. A statement of the strengths and limitations of the evaluation. Plans for the dissemination of results, together with recommendations for service provision and future research.

9. **Conclusions:** A brief section indicating the main findings and main recommendations.

10. **References**

11. **Appendices**

    a)   Data Collection Form

    b)   PowerPoint Presentation for local dissemination.

    c)   Other

8.10 MAJOR RESEARCH PROJECT

The Major Research Project is developed during year 2 and conducted during year 3. In May of year 1 the Abstract Booklet for that year is circulated which contains details of specific projects available to be developed by Trainees as well as information as to the current University Supervisors and their research interests. Trainees are encouraged to explore potential projects with University Supervisors over the summer with the aim of submitting an Outline to a University Supervisor by the end of September, followed by a draft of the Proposal by the beginning of December of year 2. The full Proposal is submitted for blind formative marking by the end of January of year 2. Separate signed copies of the Health and Safety and Research Costs and Equipment forms should be submitted for approval with the Proposal. The marker of the Proposal usually then assumes the role of Research Advisor for the duration of the project.

8.10.1 Major Research Project Proposal (including Outline)

The Major Research Project Proposal should normally include the following headings and be up to a maximum of 3,000 words in length plus any appendices. The Outline should follow the same headings excluding the abstract and should be less than 1,500 words.

1. Front Page (for Outline and Draft only)

Containing Name of Assessment, Title, Trainee Name, Matriculation Number, University Supervisor, Field Supervisor and / or Local Lead Investigator, date of submission, version number actual word count and maximum word count.

2. Cover Page (for blind marked Proposal only)

Containing Name of Assessment, Title, Matriculation Number, date of submission, version number actual word count and maximum word count.

3. Abstract

Structured Abstract of Project (200 words max)

        Background
        Aims
        Methods
        Applications

4.   Introduction

5.   Aims and hypotheses

        Aims
        Hypotheses

6.   Plan of Investigation

        Participants
        Inclusion and Exclusion Criteria
        Recruitment Procedures
        Measures
        Design
        Research Procedures
        Data Analysis
        Justification of sample size
        Settings and Equipment

7.   Health and Safety Issues

        Researcher Safety Issues
        Participant Safety Issues

8.   Ethical Issues (including where submissions will be made)

9.   Financial Issues

        Equipment, stationary costs etc.

10.   Timetable

11.   Practical Applications

12.   References

8.10.2 Major Research Project Proposal Health & Safety and Research Costs & Equipment Forms

Health & Safety (Appendix 8.5) and Research Cost & Equipment (Appendix 8.6) forms should be included as appendices to the Major Research Proposal and one signed copy of each submitted separately for review by the Research Tutor. Both these forms require approval before the project can proceed to applying for ethical approval.

8.10.3 Major Research Project Research Costs

The programme has limited resources to support trainee research so costs should be kept to a minimum for all projects. This reflects the general principle that conducting research involves not only generating a relevant question but also answering that question cost-effectively. The average cost across all MRPs

is about £200 per project. As an average, this obviously means that some projects need to cost less than £200 in order for some to be funded above this figure. Some costs are ineligible for funding such as travel expenses for trainees or participants. A case can however be made for including a modest honorarium for participants if the target group is known to be particularly difficult to recruit. All costs need to be detailed on the Research Costs Form and submitted to the Research Tutor with the MRP Research Proposal. The costs need to be approved by the Research Director before the project can proceed. One occasion when these funding guidelines may be relaxed is when the identified project is exceptional on Equality and Diversity grounds. The process for evaluating such projects is as follows:

8.10.3.1 Supporting Equality and Diversity in Research

Where possible, the DClinPsy programme seeks to actively promote training activities that address issues of equality and diversity. This includes research training such as the Service Based Evaluation Project (SBEP) and Major Research Project (MRP). In some circumstances, there will be an identifiable barrier to including research participants from minority backgrounds due to factors such as language proficiency or the unavailability of tests in the participant's mother tongue. These barriers to research participation may be surmounted if additional funds are made available to support the research. This policy sets out the circumstances where it is possible for the Programme to provide financial support for Trainee research beyond the £200 level normally allocated to MRPs.

Timing

Arrangements for additional funding on Equality and Diversity grounds should normally be in place by the 31st December at the end of the second year of training. If funding arrangements have not been agreed by then, the Trainee should then inform the Director of Research of this with one month (i.e. before the end of January).

Level of Financial Support

If the projected costs are expected to greatly exceed the funding typically available for trainee research then the Trainee should: 1. Discuss the costs with their University Research Supervisor and 2. Discuss the project with the Research Director. The amount of additional funding allocated to the project will be determined on a case by case basis and with reference to the current budget, the number of projects requesting additional funds, the contribution of funds from partners and/or other stakeholders (e.g. the NHS), and the viability of the project. This decision will be the primary responsibility of the Director of Research and the Programme Director.

Communication of Outcomes

The final outcome of this decision making process will normally be conveyed to

the Trainee within four weeks of the issue being discussed with the Research Director.

8.10.4 Plain English Summary

A Plain English Summary of no more than 500 words should be submitted for formative review by CUSP (Carers and Users of Services of Psychology). This should be submitted by email to the Research Tutor when the MRP proposal is submitted for blind review. It should be able to act as a stand-alone document. Full guidelines as to the summary can be found in Appendix 8.7.

8.11 SYSTEMATIC REVIEW (6,000 WORDS MAXIMUM LIMIT)

The purpose of a Systematic Review paper is to summarise the available information and evidence concerning a particular issue or condition.   The systematic review will usually focus on the literature related to the Major Research Project. The systematic review could be, for example, an evaluation of the evidence for a particular theoretical model or a methodological critique of the relevant literature. Occasionally there may be too few studies with adequate design in the precise area of the MRP. The review area may then be broadened, for example to a related but more general condition, or a range of severities of disability.

In the Systematic Review, demonstration of a systematic approach to the analysis and synthesis of an area of empirical and theoretical literature and research is required. In the course of carrying out your Systematic Review you should be using your search skills, critical appraisal skills, meta-analytic skills and inferential skills to allow you to produce a reliable review. You should make explicit your quality standards for selection of material. We would expect the literature review to aim to be of a publishable standard. It is important to spend some time considering the title and range of the review paper and when possible to make it relevant to your own research project.

Remember to review previous work critically from a methodological perspective and be prepared to calculate effect sizes or other similar parameters in order to be able to compare across controlled intervention trials, experimental, group or correlational studies as appropriate.

The requirements for the systematic review (maximum 6,000 words) are:

(i)   The production of a substantive review (in length, scope and quality)

(ii)   The demonstration of the use of a systematic approach to the collation, analysis and synthesis of existing literature

The specific scope and methods used in your literature will of course depend on the question posed and the stage of development of the extant research literature. Trainees should account for the importance of inter-rater reliability in the selection of studies for evaluation. These matters will require a process of

discussion with your major research project supervisor. The main tasks that are involved in conducting your review include the following:

1. The setting of an appropriate and clearly focused target or question for your review.

2. The adoption of an explicit and vigorous search methods. This includes the explicit description of which bibliographic / electronic databases (e.g. EBM reviews, PubMed, CINAHL, EMBASE, MEDLINE, PsychINFO, hand search of relevant articles) were to be consulted and over what timeframe. The sensitivity of the search strategy should be evaluated.

3. The setting of appropriate inclusion and exclusion criteria for studies identified during search.

4. The application of 'quality' criteria to the relevant studies. Quality rating tools for the evaluation of randomised controlled trials (e.g. SIGN, COCHRANE) are well developed. However many systematic reviews will focus on qualitative, correlational or experimental literature. Trainees should consider quality criteria, which are relevant to the studies that they intend to review and this should include the use of a tool to rate quality or bias.

5. The use of an explicit strategy for combining the results of studies. This may include the incorporation of methods to combine the effect sizes reported in studies, which are included in the Systematic Review or a narrative synthesis.

6. The linking of conclusions drawn with the evidence reviewed.

A short outline of the systematic review should be submitted to the University Supervisor by the summer of Year 2. The outline should be up to 1500 words and should include details of how the above tasks will be developed in the review.

8.12 MAJOR RESEARCH PROJECT PAPER (6,000 WORD MAXIMUM)

The MRP must achieve a balance between following the format of an international peer reviewed journal and demonstrating scientific thoroughness. The MRP paper must be able to stand alone and be clear and understandable in its own right, although it can make reference to some areas of detail elsewhere in the portfolio such as the Systematic Review. Note: a copy of the MRP proposal must be included as an appendix in the Clinical Research Portfolio.

Plain English Summary: A summary of no more than 500 words of the research should be included in the Clinical Research Portfolio in the MRP section (to be placed before your scientific abstract and after the title page). This should be prepared as a stand-alone document and provide a brief summary of the research including the main findings and recommendations. This should be written for members of the public rather than other professionals; that is, using plain English, avoiding the use of jargon and explaining any technical terms. Full

guidelines have been developed with our Service Users and Carers group and are to be found in Appendix 8.7.

Scientific Abstract: Normally one page and it is usually helpful if this is structured.

Introduction: There should be reference to the key papers in the area, and the reader should be led to the main research question. There should follow research questions or aims and hypotheses.

Methods: Give clear detail about the design, participants and procedures. Where validated tests are used you should report their psychometric properties. There should be a separate section about ethics approval(s).

Results: This section should be hypothesis-driven and you should justify your approach to data analysis as well as presenting results informatively and concisely. Information or data sets, which are not directly relevant to the focus of your paper, should not be included but may be included in your Research Portfolio Appendix. A balance should be sought between descriptive text and tabulated or graphical presentation of data in order to help the reader follow how you are endeavouring to test your hypotheses or answer your questions. If you have undertaken any pilot work (e.g. in developing measures, testing procedures, etc.) you should describe this briefly at an appropriate point in the methods section, at the beginning of the results section or in an Appendix.

Discussion: This relates your findings to others studies. Take care not to go beyond the evidence derived from your study but, at the same time, discuss your results as a relevant contribution to existing knowledge. In writing this paper it is very important that you avoid the pitfall of automatically interpreting "statistical significance" as all-important. It is important to include a critical appraisal of your study, highlighting both strengths and weaknesses and making recommendations for future investigation opinion and clinical implications as appropriate.

Conclusion: This is *not* a summary of findings. It is your opinion about your findings in relation to a critical understanding of the literature.

8.13 SELECTING JOURNALS

The Systematic Review and Major Research Project are presented in the form of journal submissions. It is important; therefore, at an early stage to consider which journals might be suitable vehicles for the different elements of your work. You will know from your own studies in a particular field which journals are available and those within which previous work has been published, but you should also seek advice from members of academic staff and from clinical supervisors when considering options.

You will find on the web or in the inside cover of most journals an editorial statement outlining the type and range of material, which the journal will publish. Also, detailed author's notes are provided with generally quite strict instructions for text layout, referencing etc. Once you have selected a journal, you should adhere to the author's notes on preparing your manuscript for the Research Portfolio. Exceptions to this are references, figures and tables. References should be cited in text in Harvard Style and should not be cited numerically in the

text. Figures and tables should be placed in the text (and not for example separately at the end with the headings above the figure or table). You will be required to include in the Research Portfolio Appendix a copy of the author's notes for each of your selected journals.

You may find that the word text length stated is beyond what would be acceptable in many journals because of a need to thoroughly describe your study. In any event you should not exceed the 6000 word limit for each chapter unless you have submitted a request for an extension of word count (you can find the most recent version of this request form in the Moodle Common room). You should make a concerted effort to adhere to the 6000 words per chapter limit as precision, conciseness and selectivity in writing are important research competencies. For qualitative research the word limit can be longer but under normal circumstances the total word count for the entire thesis should not exceed 30 000 words (this includes all elements – references, appendices etc).

8.14 Clinical Research Portfolio

Each Trainee will be required to submit a Clinical Research Portfolio for examination purposes. The elements of the Research Portfolio comprise the elements in which training will be provided. The portfolio should include:

1. Systematic Review

2. Major Research Project

3. Appendices for the Systematic Review and Major Research Project.

8.14.1 Appendices for the Systematic Review and Major Research Project

1. Instruction for authors from the selected journal.

2. A copy of the MRP proposal

3. A copy of the ethics approval letter

4. Copies of unpublished or unavailable instruments, or of instruments which you have personally devised for the research project.

5. Tables of supplementary raw data, descriptive analyses or other material which complement data and analyses presented within the body of your paper but which were not essential for inclusion.

6. Other material from your Major Research Project which was not included in the Research Project. You may have additional data sets and/or additional data analyses which might form the basis of a second research paper. You should describe any such material in this part of the Appendix and indicate its relevance to your research theme and how it may be taken further.

7. Vignettes or case material - sometimes these can be helpful illustrations in support of research findings. Indeed, on occasions, quotes or brief vignettes may be included within actual research papers. Please note there is no requirement to submit case material.

8.15   RESEARCH LOG

Trainees are required to maintain an up to date research log. This will include (A) a calendar of important dates and submission deadlines, (B) dates and notes of meetings with supervisor and (C) for other relevant meetings, (D) copies of important correspondence and (E) letters of application and permission (see Appendix 8.4). The examiner can request to see this. It should be brought to the viva examination by the Trainee but should not be submitted with the Clinical Research Portfolio.

8.16   BINDING AND PRESENTATION

The Portfolio must not exceed a total of 30,000 words *in total including appendices.* The word limit can be longer for qualitative research to allow for the inclusion of additional material, such as transcripts and detailed descriptions of the qualitative methods used. Copies of British Standards No. 4821 - The Recommendations for the Presentation of Theses - are available in the University Library and in the Academic Centre Library (See Appendix 8.8). Each chapter cover page should provide the word length. Two bound copies must be submitted for examination purposes.   These may be (professionally) softbound, thus permitting amendment and re-submission, if required, at reduced cost. One hardback bound copy and one electronic copy must be finally submitted once all changes have been approved. The hardback thesisshould be submitted to the Student Support Team: this will subsequently be placed in the University Library. You should give an additional copy of the thesis to your university research supervisor (either softbound or hardbound.)   The electronic thesis should be submitted directly to the University Library. Guidance on depositing your thesis can be found at the following link:

http://theses.gla.ac.uk/information.html (accessed September 2016).

The Portfolio should be titled according to the title of your Major Research Project with the addition of the phrase "and Clinical Research Portfolio". Trainees are referred to copies of previously submitted work as examples of acceptable format.

A Thesis Access Declaration form should be completed and handed in with the portfolio. Forms can be accessed from the University website:

http://www.gla.ac.uk/colleges/mvls/graduateschool/currentstudents/importantforms/ (accessed March 2016)

The Trainee must sign a plagiarism statement and this should be handed in with the portfolio.

The Plagiarism Statement is available in the University Calendar or at the following URL:

http://www.gla.ac.uk/services/senateoffice/studentcodes/staff/plagiarism/plagiarismstatement/ (accessed March 2016)

8.17   THE EXAMINATION OF THE RESEARCH PORTFOLIO

One University appointed External Examiner and one Internal Examiner appointed by Mental Health and Wellbeing will independently appraise each Clinical Research Portfolio. The External Examiner and the Internal Examiner will, independently, prepare a written report on the Research Portfolio, prior to Viva Voce examination. This report will reflect the merits and any deficiencies apparent from the reading of the work and will identify issues to be discussed at the oral examination. All portfolio content may be examined at the viva. In addition, examiners can ask about any aspect of the doctorate programme.

The Viva will be conducted by the External Examiner and Internal Examiner normally in September of Year 3. Exceptionally, and where mutually agreed by the candidate and the University Research Supervisor, it may be permissible for the University Research Supervisor to have observer status at the Viva examination. The Supervisor would not participate in the discussion, except at the invitation of the examiners.   Where the Supervisor accompanies the candidate they would normally enter and leave the examination room together. After completion of the examination process the External and Internal Examiner will agree a joint report for the Board of Examiners Meeting. This report will include their recommendation concerning the award of the degree and any conditions associated with the award. Usually, Trainees will be informed of their viva outcome following the Examiners Board Meeting.

8.17.1   Possible Outcomes

The recommendations of the examiners will be in one of the following categories:

(A)   PASS - The portfolio is acceptable with the degree to be awarded unconditionally

(B)   PASS SUBJECT TO MINOR AMENDMENTS - The portfolio is acceptable apart from typographical or other minor corrections which are remedial: corrections to be completed within one month to the satisfaction of the Internal Examiner.

Minor amendments may include: improving the portfolio presentation, editing references, amending typographical/ grammatical errors. Minor changes to any specific element of the portfolio could include amendment of text; with the emphasis on changes to paragraphs rather than pages required.

(C)   PASS SUBJECT TO CHANGES OF SUBSTANCE - The portfolio is acceptable subject to certain changes of substance in a specific element or elements as recommended by the Examiners. These shall not involve a revision of the whole portfolio or a major proportion of it. The changes should be completed within four months to the satisfaction of both Internal and External Examiners.

Changes of substance may include: further data analysis, re-writing a substantial proportion of a chapter, obtaining and critiquing further literature absent from the thesis.

For portfolios with extensive minor amendments required, the portfolio will receive a C recommendation, to provide the candidate with four months to complete the changes; in these instances, the changes should

normally be completed to the satisfaction of both Internal and External Examiners.

(D)   REFERRED - The portfolio is unacceptable on the grounds of unsatisfactory content but the candidate is permitted to revise it, taking account of criticisms of the Examiners and to resubmit for consideration by both Internal and External Examiners on one occasion only.

The revised portfolio will be submitted no earlier than four months and no later than two years after the viva. A resubmission fee will be charged to cover the examining costs.

(E)   FAIL - The portfolio is not acceptable and no degree is awarded.

8.17.2 Writing-up Status

In circumstances where a Trainee has completed all practicum and teaching components of the Programme and has passed all of summative assessment tasks except for the *viva voce* of the Research Portfolio, their enrolment may shift to "writing up" status. This allows completion of the final aspects of the Programme without the need for payment of full fees. Trainees are personally responsible for paying the enrolment fee for writing up status (£250 in session 2015-16). NES do not financially support Trainees who are enrolled as writing-up students.

8.17.2 Doctorate in Clinical Psychology Award

In addition to the viva recommendation, all academic year assessment results are ratified at the September Board of Examiners meeting. In most instances, trainees will only have viva amendments to complete prior to becoming eligible for the award. When all corrections set at the viva have been approved by the examiners and the final copies of the thesis submitted, the College is notified by the Examinations Officer that the Trainee is now qualified to graduate with the degree of Doctorate in Clinical Psychology. An award letter is issued once the following conditions have been met:

a.   Hard bound thesis submission to Mental Health & Wellbeing. It is good practice to also provide your supervisor with a final copy.
b.   Electronic thesis submission to the University Library, to be made available from Enlighten, the University's repository of published material. http://theses.gla.ac.uk/deposit.html
c.   Signed Thesis Access Declaration submission
d.   Signed End of Study Form submission to relevant ethics committee
e.   Return borrowed equipment from Mental Health & Wellbeing (including University laptop, unused copyright questionnaires)

Trainees are advised to allow sufficient time (up to one week) for the Programme Team to confirm that all the above conditions have been met before an award letter can be issued and a MyCampus award processed.

8.17.3 Graduation

The winter graduation ceremony for the College of Medical, Veterinary, and Life Sciences is usually scheduled at the end of November to beginning of December. Enrolment information is available from the Registry website, normally from early September. There is usually a one week period where students can register to graduate. It is essential that Trainees register, regardless of whether any viva changes have been approved, during that time period. Registration is provisional until the Programme confirms with the College that any changes are satisfactory and that final theses have been submitted.

If the viva outcome indicated required changes to the thesis, changes must be submitted and approved by the examiner(s) before a Trainee becomes eligible to graduate. Examiners will normally require a minimum two weeks to examine changes. This is because some examiners have teaching commitments in the academic year, and will be unable to guarantee a quicker turnaround.

8.18 HEALTH & CARE PROFESSIONS COUNCIL REGISTRATION

Once the College is notified by the Examinations Officer that the Trainee is now qualified to graduate with the degree of Doctorate in Clinical Psychology, professional registration becomes possible. At this stage the University of Glasgow will issue a pass list to the Health and Care Professions Council (HCPC) and the Trainee is eligible to apply for registration with the HCPC. Trainees are advised not to begin the process of HCPC registration until the above requirements for the doctorate have been met and the protected title of Clinical Psychologist can only be used once HCPC registration has been confirmed. Further information on HCPC registration is available from:

http://www.hpc-uk.org/apply/uk/ (accessed March 2016).

CHAPTER 9: SCHEDULE OF COURSEWORK AND EXAMINATIONS

Trainees should acquaint themselves with the current University Calendar which outlines University policies with respect to registration, examinations, Code of Assessment, including standard penalties for the late submission of coursework, Discipline (including Statement on Plagiarism), Fitness to Practice and Appeals Procedures.

Examination and coursework assessment deadlines are mandatory and any exception to these dates must be agreed in advance, with the Examinations Officer/Academic Director. Trainees are required to put a request for a coursework assessment extension in writing, with the extenuating reasons necessitating extra time outlined. Trainees who do not submit coursework assessments by the deadline and have not been granted an extension date will receive a standard penalty for the late submission of coursework. However, if the Trainee is able to demonstrate good cause (e.g. illness, personal circumstances) for late submission a penalty will not be applied.

Trainees unable to attend an examination must initially provide prior notice to the Student Support Team or Examinations Officer/Academic Director. Trainees who miss a scheduled examination will normally sit the exam on the date scheduled for the re-sit exam. All student Good Cause Claims must be submitted via MyCampus for a missed exam or assessment deadline.

9.1   SCHEME OF ASSESSMENT

Examination and coursework assessments are marked anonymously. A single internal examiner grades the assessment, blind to Trainee identity. Coursework assessments are marked using the University's Schedule A: pass grades are A, B, C, and D. Fail grades are E, F, G, and H. The marking framework for examinations, with specific grade descriptors for the Doctorate in Clinical Psychology programme, is provided in Appendix 9.1. Marking frameworks, with specific grade descriptors for the Unseen Case Conceptualisation exam, Data Analysis exam, Service Based Evaluation Project and Critical Appraisal exam provided in Appendices 9.2, 9.3 and 9.4 respectively. If the assessment is graded as the lowest pass grade D1 or below, the assessment is allocated to a second examiner who marks the assessment blind to both Trainee identity and the grade given by the first examiner. The two marks are then combined to provide an average mark for the assessment. In the event that the two marks fall across two different grades, the two examiners are required to moderate an agreed grade for the assessment. In the unlikely event that the two examiners cannot agree a grade, a third examiner will mark the assessment.

For any exams (e.g. Module 1, 4, 6 and 7 essay exams) where more than one question is answered, an average grade is calculated, using the aggregation scores representing the Secondary Bands of the Primary Grade. Mean scores

will be rounded in accordance with the following example, taken from the University Calendar: 15.5 and higher values less than 16.5 should become 16. Further, for an essay exam answer with two marks across different grades, an average mark can be calculated instead of examiners moderating an agreed grade; this process is only applied in cases where this does not penalise the Trainee's overall grade.

There are currently seven External Examiners appointed for the Doctorate in Clinical Psychology programme. External Examiners are Chartered Psychologists and registered as Practitioner Psychologists with the HCPC. In any instance where a Chartered Psychologist without HCPC registration was being considered for appointment as an External Examiner (e.g. for the moderation and ratification of research assessment scripts), this alternative arrangement would be agreed with the HCPC beforehand. External examiners are provided with a representative spread of grades for all exam and coursework assessments. Any assessments graded as a borderline pass (grade D) or fail (grades E to H) are sent to the external examiner. Following external examiner review of exam or summative coursework scripts, the grades are ratified by the Exam Board. All re-sit assessments are sent to the External Examiners.

Attendance, at lectures and on clinical placement, is an assessed requirement across modules. Trainees are required to sign a daily register to indicate lecture attendance, and note any absence from lectures. Non-attendance may be considered as a professional misconduct issue. Trainees are required to provide prior notice of any absence from lectures by completing the "Request for Approved Absence" form (available on Moodle). The Student Support Administrator, Louise McCormack should be informed of any absence (from teaching, research or clinical placement). In the event that lectures have to be cancelled at short notice, Trainees should utilise this time as additional study time. Absence should also be reported according to your employer's absence policy.

9.2   PAST EXAM PAPERS

Module exam papers are retained by the DClinPsy programme. A sample past exam paper will normally be available on the Moodle Common Room for each module, to give guidance on the exam format and content.

9.3   GUIDELINES FOR SUBMITTING WRITTEN WORK

Formative submissions should be emailed directly to your Supervisor copying in the Student Support Team dclinpsysubmissions@glasgow.ac.uk to add to your e-academic file.

For the module 11 Service Based Evaluation Report, this assessment should be submitted electronically to the Student Support Team using dclinpsysubmissions@glasgow.ac.uk. A signed declaration of originality is also required.

Please follow these guidelines for all written work submitted to the programme: both formative and summative assessments. These guidelines are to help ensure that coursework is in a form that is easy to read and mark for your

supervisor and marker. It will also make it easier to track, file and assign to the correct supervisor or marker.

9.3.1   General Format

Font: use a standard font, for example Arial or Times New Roman, 11 or 12 pt.
Spacing: double.
Margins: 3 cm down each side.
References: Harvard or Vancouver style. Full guides to these styles can be found at
http://www.gla.ac.uk/services/library/howtofindinformation/findingusinginformation/howtocitereferences/ (accessed September 2012).

Many psychology journals use the American Psychological Association (APA) style to cite sources. Full details of the APA style can be found at http://owl.english.purdue.edu/owl/section/2/10/ (accessed September 2016).

9.3.2   Front Page (as a separate document for blind marking)

Name of Assessment
Title of Project
Your Name
Matriculation Number
Academic Supervisor
Field Supervisor (if relevant)
Clinical Supervisor (if relevant)
Date of Submission
Version Number
Word Count (this does not include appendices)

This should be included as the top sheet for all pieces of work submitted to the programme. An electronic form called "Submission Front Page" containing these fields is available on request. Please ensure the date, version number and word count are updated for resubmitted work.

9.3.3   Cover Page (for blind marked work only)

Name of Assessment
Title of Project
Matriculation Number
Date of submission
Version Number
Word Count

This is to be included for all summative work and for the Major Research Project Proposal. It should be immediately after the Front Page.

9.3.4   Header

Please include a header using the "header and footer" function on all pieces of work to include the following information:

Matriculation Number; Assessment Type (e.g. SBEP Proposal); Date of Submission

9.3.5   Pagination

Please paginate in the lower right hand corner, beginning from the Cover Page.

9.3.6   Appendices

These should include materials and information that is supplementary to the main body of work for example non-standard questionnaires and interview schedules, ethics forms, the author's notes from your selected journal.

9.3.7   Declaration of Originality Form

A signed College of Medical, Veterinary, and Life Sciences declaration of originality form is required for summative assessments. The form can be downloaded from the Moodle Common Room.

The module 11 SBEP report and module 15 thesis submissions will not be marked unless a signed declaration is provided.

Please familiarise yourself with The University of Glasgow Plagiarism Statement.

9.3.8   University of Glasgow Plagiarism Statement

The University's degrees and other academic awards are given in recognition of a student's personal achievement. Plagiarism is defined as the submission or presentation of work, in any form, which is not one's own, without acknowledgement of the source. The Plagiarism Statement is available in the University Calendar or at the following URL:

http://www.gla.ac.uk/media/media_413985_en.pdf#page=53&view=fitH,225 (accessed March 2016).

The document Plagiarism: A Good Practice Guide is also commended. Copies of this can be obtained from the Senate Office or at the following URL: http://www.jisc.ac.uk/uploaded_documents/brookes.pdf (accessed October 2013).

In line with the University's Plagiarism Statement all work submitted by Trainees is accepted on the understanding that it is the Trainees own effort and that any material incorporated from another source is formally and appropriately acknowledged.

School of Medicine Postgraduate guidance on plagiarism is available from Moodle.

9.4   GUIDELINES ON USE OF TABLES/FIGURES

Where possible it is usually best to generate your own original diagrams or tables, since they are more likely to show what you intend. Original diagrams or tables:

- help to develop and demonstrate your understanding and integration of material
- can be more informative than diagrams copied directly
- minimise any perception of plagiarism
- can include additional information not in the original source(s)
- often look superior to scanned diagrams or low resolution digital images

- can easily be generated using drawing tools in PowerPoint, for example.

However, it can take a long time to generate complex diagrams and tables, time that may be better spent understanding the topic and conducting further research. Therefore it may be appropriate to use an existing diagram or table that you have found in a published source. This is standard practice in academic publishing, wherein textbooks, book chapters and papers often include reproductions of figures originated by others, permission having been obtained from the copyright holder.

If you decide to include in your work a diagram or table from a publication:

- always make sure that the diagram or table you are using is appropriate
- use the highest possible resolution version of the diagram or table (it is now often possible to download figures from papers in PowerPoint format)
- remember you can adapt an existing figure
- draft your own legend to demonstrate understanding of the material being illustrated and include in this acknowledgement of the source, e.g.
  - Reproduced from Smith and Brown (2012). *[for a scanned or photocopied diagram]*
  - Redrawn from Smith and Brown (2012). *[when you have produced an essentially identical copy of the original]*
  - Redrawn, with modification, from Smith and Brown (2012). *[when you have made significant changes to the original, for example adding or correcting information. Significant changes should be changes which add information to a diagram.]*
  - Original diagram, compiled from information in Smith and Brown (2012) and Wilson et al. (2011). *[when you have constructed your own diagram from the available information].*

If you are in any doubt as to how to reference a particular table or figure or whether you should produce an original diagram, please refer to the Academic Tutor or your research supervisor in the first instance.

9.5   URKUND SUBMISSION OF COURSEWORK

Plagiarism may sometimes unintentionally occur, for instance when a source is not cited or where evidence is not sufficiently reworded in your own words. The understanding of what constitutes plagiarism and the avoidance of plagiarism in Trainees' written work can be supported through the submission of coursework through URKUND. This will provide the opportunity to submit a draft, review URKUND feedback and make any necessary amendments prior to submission for marking. Trainees will receive advance notification of any coursework that is required to be submitted through URKUND.

For any academic assessment where one or more examiners have concerns about content originality, the Academic Director may retrospectively organise the submission of the assessment to URKUND with the Trainee. This would be in addition to speaking to the individual Trainee about the concerns raised. Please note that URKUND does not state if plagiarism has occurred, only the similarity

to work stored by the URKUND system. Since plagiarism is a serious charge, originality reports generated should be interpreted cautiously by both Trainees and the Programme Team. Any postgraduate instances of suspected plagiarism will be reported to Senate.

9.6   WORD LIMITS

Many written assessments have clear word limits. Word limits include tables, figures and references but exclude appendices. Should a Trainee exceed the word limit, the assessment may be returned to them unmarked and will require to be resubmitted. This will cause a time delay in receiving feedback on the assessment and may delay the Trainee's progress. Note that any assessment that exceeds the word limit by two fold or more will *automatically* be returned to the Trainee.

9.7 EXTENUATING CIRCUMSTANCES

Examination and coursework assessment deadlines are mandatory and any exception to these dates must be agreed in advance, with the Academic Director. Trainees are required to put a request for a coursework assessment extension in writing, with the extenuating reasons necessitating extra time outlined. Trainees who do not submit coursework assessments by the deadline and have not been granted an extension date will receive a standard penalty for the late submission of summative coursework. However, if the Trainee is able to demonstrate good cause (e.g. illness, personal circumstances) for late submission a penalty will not be applied, subject to Exam Board ratification. The maximum extension to a summative assessment deadline is three study days. The University Code of Assessment provides further details on the standard penalty for the late submission of summative coursework.

Trainees unable to attend an examination must provide prior notice to the Student Support Team or Academic Director.

From 1st October 2015, MyCampus must be used to submit any claims. If you miss an examination or assessment deadline, or if you believe your assessment performance has been affected by adverse circumstances, you should submit a Good Cause Claim, and this must be via MyCampus.

Submission of a Good Cause Claim is the mechanism which allows your circumstances to be considered by the Board of Examiners. Please note that all Good Cause Claims must be submitted within **a week** of the affected assessment. If you encounter any difficulties with this process, please contact the Academic Director, Dr Alison Jackson, immediately to advise you have a problem with your Good Cause Claim. Any extenuating circumstances raised by Trainees, will be discussed at the Exam Board. The Exam Board may ratify that a summative assessment fail with extenuating circumstances be discounted and the Trainee receive another first attempt to complete the assessment. The Exam Board may alternatively decide to refute the extenuating circumstances and retain a fail grade. Even where good cause has been established for non-

completion or assessment failure, the Trainee must subsequently submit and pass the assessment element in order to qualify with the doctorate degree. As a professional degree, Trainees are required to show competence across all assessment elements; extenuating circumstances with Exam Board ratification will only provide another opportunity to demonstrate competence, there can be no adjustment of the original grade.

Extenuating circumstances may also impact on satisfactory completion of a clinical placement. A Trainee who misses a significant proportion of placement time may still be able to pass the placement, provided the required professional competences have been acquired and demonstrated. The achievement of competences takes precedence over actual time spent on clinical placement. If, however, a significant proportion of time has been missed from placement and the competences are not met, the extenuating circumstances would typically be considered by the Board of Examiners under the good cause rules specified in the calendar. Similar to the requirements for completion of coursework and research training, it is not possible to award credit for components of the Programme that have not been completed, even if there were extenuating circumstances that prevented the completion of tat component. If extenuating circumstances are evidenced and subsequently ratified by the Board of Examiners, then the Trainee would typically be given a further opportunity to achieve the required placement competences. This would also require approval from NHS Education for Scotland to extend the training period funding.

9.8   ASSESSMENT FEEDBACK

Assessment grades provided throughout the year are provisional until confirmed or amended by the Board of Examiners. The Examiners Board Meeting is normally scheduled in September, following the Year 3 viva exams. Trainees are provided with a provisional grade and brief examiner feedback following examinations and summative coursework to guide learning. For summative coursework and exams where one or more Trainees have received a provisional fail grade, an Exam Board is conducted following the External Examiner's review of the sample scripts. A resubmission date or re-sit exam will be scheduled once the Exam Board has ratified the grades. Although examination scripts will not be returned, Trainees may request supervised inspection of their scripts. Formative feedback following coursework assessments tends to be more extensive.

9.9   PROGRESSION TO NEXT YEAR OF TRAINING

A Trainee must achieve a grade D or better in all taught and integrated clinical-taught course components and Satisfactory in all clinical placements in each year in order to progress to a further year of study or research. Further, Trainees who receive a grade D for the course 11 Service Based Evaluation report are required to amend the report, taking account of the examiners comment, and resubmit to their research supervisor for formative assessment. In cases where a clinical placement or summative assessment is failed and requires a re-sit, the Examinations Board will discuss whether the Trainee should progress to the next

year of study with the outstanding components, or remain in their current year of training. Extension of training by repeating any element of the Programme requires approval from NHS Education for Scotland for the additional funding required for training.

Further details about the rules and procedures governing academic progression are provided in the *Degree of Doctor of Clinical Psychology Regulations* (College of Medical, Veterinary, and Life Sciences Calendar[12]).

9.10 RESUBMISSION

A flowchart outlining the process of resubmission for summative assessments and amendment of formative assessments can be found on Moodle.

If an assessment item has been failed, Trainees are recommended to meet with their University Adviser in the first instance, for pastoral support and advice. The Programme Director and Academic Director are also available to discuss the consequences of assessment failure and the options available. For clinical placement failure, the Clinical Practice team can provide support to the Trainee and advise on how a placement will be repeated and whether the Trainee will move to a different year group.

The University Code of Assessment details the regulations around failure, the procedure for raising extenuating circumstances, and for submitting an appeal against the academic decision.

Coursework assessments graded as a fail are required to be resubmitted for marking. The Trainee is required to amend the assessment with changes recommended by two internal examiners. The assessment has to be resubmitted within an agreed time frame. Both internal examiners will mark the resubmitted assessment. Coursework assessments graded as a minimum D pass are required to be amended and submitted to the supervisor for formative feedback and agreement of a final version that meets a doctoral level standard. Formative coursework assessments are marked as satisfactory or unsatisfactory. Formative assessments that are unsatisfactory and do not meet course requirements, will undergo further resubmission until the required standard has been met. Examinations graded as a fail are required to be retaken. The programme schedule provides module exam re-sit dates. A re-sit examination can be taken on only one occasion.

All resubmitted coursework should include a detailed summary of how the resubmission has addressed the marker's comments. This should specify how each and every comment has been addressed and indicate where in the revised text these changes can be found.

Resubmission results will be capped at grade C3, in accordance with Schedule A

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[12] See http://www.gla.ac.uk/media/media_205300_en.pdf

guidelines.

9.11 APPEALS AGAINST ACADEMIC DECISIONS

If a Trainee fails a summative assessment task they may have the option of appealing that outcome. The main grounds for challenging a fail grade are:

1. Unfair or defective procedure

2. A failure to take account of medical or other adverse personal circumstances

3. The presence of relevant medical or other adverse personal circumstances which for good reason have not previously been presented

Appealing against an academic decision can be pursued in the following ways. Firstly, the Trainee may raise extenuating circumstances to be considered by the Doctorate in Clinical Psychology Exam Board. The Board will decide, following review of extenuating circumstances, whether to discount the assessment result and provide another "first attempt" opportunity to pass the assessment. Secondly, the Trainee is entitled to lodge an appeal with the University against the academic decision. Intention to lodge an appeal against an academic decision has to be notified in writing within 10 working days of the assessment result being published. The adjudication of the appeal falls to the College Appeals Committee which is independent of the Doctorate in Clinical Psychology Programme. The outcomes and remedies available to the College Appeals Committee are described in the University Calendar. The committee does not have the power to overturn academic judgements and therefore cannot revise a fail grade up to a passing grade (see Section 27 of the University calendar for more details).

A Trainee, who is considering an appeal against an academic decision, can receive support and guidance from their University Adviser, Examinations Officer/Academic Director, and/or Programme Director. Support and advice that is independent of the Programme can be obtained from the Student Representative Council (see *Chapter 5* for contact details of the SRC).

9.12 DISCONTINUATION

As students of the University, Trainees can be discontinued from the programme on the basis of the outcome of Fitness to Practice Procedures (see *Chapter 7*), on the basis of failing a Module resubmission, or on the basis on an unsatisfactory Clinical Research Portfolio and *viva voce*.

Trainees would only be discontinued on the basis of failing Module resubmissions that are summative (graded). Formative assessments that did not meet module requirements on resubmission would not result in discontinuation; unsatisfactory resubmissions do, however, require further amendment until the module required standard, as outlined by the marking framework, is met.

Formative and Summative Module assessments are summarised in Section 9.16. Students would not be discontinued if any formative assessments are required to be submitted on more than two occasions. Students who fail a graded assessment and then fail on resubmission may be discontinued from the programme.

A Trainee, who fails a summative assessment, has the right to appeal this decision. The University policy for Appeals Procedures is available from:http://www.gla.ac.uk/services/senateoffice/studentcodes/students/academic appeals/ (accessed September 2016).

Trainees who choose to exit from the Doctoral degree may be eligible for Master of Science (Medical Science) in Applied Psychology or Postgraduate Diploma in Applied Psychology, depending on the number of credits completed:

1. A candidate will be eligible for an MSc (Med Sci) in Applied Psychology on obtaining an average aggregation score of 12 (equivalent to C3) or above in 180 credits referred to at section 3.5.

2. A candidate will be eligible for Postgraduate Diploma in Applied Psychology on an average aggregation score of 9 (equivalent to D3) or above in 180 credits referred to at section 3.5.

Trainees who exit the Doctorate programme early and graduate with either a MSc or Postgraduate Diploma will not be eligible to apply to the Health & Care Professions Council for registration as a practitioner psychologist.

The Credit structure of the DClinPsy Programme is summarised in Appendix 3.1. The Examinations Officer/Academic Director or published programme regulations can provide further information on these exit awards.

9.13   ASSESSMENT SCHEDULE: YEAR 1

9.13.1   Foundations of Clinical Psychology

Module 1 is assessed by a structured short notes assessment (1 hour) and ongoing monitoring of supervised practice.

9.13.2   Foundation Clinical Practice I

Module 2 is assessed by Supervisor's Evaluation of Clinical Competence and Unseen Case Conceptualisation Assessment (1.5 hours). Formative assessment is via the Trainee Reflective Portfolio.

9.13.3   Foundation Clinical Practice II

Module 3 is assessed by Supervisor's Evaluation of Clinical Competence and Unseen Case Conceptualisation Assessment (1.5 hours). Formative assessment is via the Trainee Reflective Portfolio.

9.13.4   Foundation Knowledge, Understanding and Skills

Module 4 is assessed via a Three Essay (2.25 hours) and a Two Essay (1.5 hours) exam. Essay topics are circulated 48 hours in advance.

9.13.5   Service Based Evaluation I

Module 5 is assessed via a data management and statistics examination (2

hours). Formative assessment is via submission of a Service Based Evaluation Outline.

9.14 ASSESSMENT SCHEDULE: YEAR 2

9.14.1   Children / Families and Young People Theory and Practice

Module 6 is assessed by Supervisor's Evaluation of Clinical Competence, Unseen Case Conceptualisation Assessment (1.5 hours) and Three Essays Exam (3 hours). Essay topics are circulated 48 hours in advance of the essay exam. Formative assessment is via the Trainee Reflective Portfolio.

9.14.2   Learning Disabilities Theory and Practice

Module 7 is assessed by Supervisor's Evaluation of Clinical Competence, Unseen Case Conceptualisation Assessment (1.5 hours) and Three Essays Exam (3 hours). Essay topics are circulated 48 hours in advance of the essay exam. Formative assessment is via the Trainee Reflective Portfolio.

9.14.3   Research Methods

Module 8 is assessed through the submission of the Major Research Project (MRP) Proposal Outline and a Critical Appraisal Examination, critical appraisal of a published paper which has the discussion and conclusions sections omitted. The MRP Proposal Outline is a formative assessment.

9.14.4   Research Practice I

Module 9 is assessed through the submission of a Systematic Review Outline and a Major Research Proposal). Formative learning and assessment is monitored through research supervision attendance, the production of a Research Agreement (*Appendix 8.1)* and a logbook of Research Experience (*Appendix 8.4*). The Systematic Review Outline is a formative assessment that is not graded; the completed Systematic Review is assessed in Module 15. Systematic Review Outlines considered unlikely to meet course requirements are required to be resubmitted.   The MRP proposal is a formative assessment that is not graded; the completed MRP is assessed in Module 15.   Major Research Project Proposals considered unlikely to meet course requirements are required to be resubmitted.

9.14.5   Advanced Professional Practice I

Module 10 is assessed through Group based presentations and the Trainee's Reflective Portfolio.

9.14.6   Service Based Evaluation II

Module 11 is assessed through submission of a Service Based Evaluation Report.   Prior to this, feedback on the outline submitted in year 1 is to be integrated before the Service Based Evaluation Proposal is submitted for formative feedback from the University Supervisor. A PowerPoint presentation to the class is the second formative assessment. Included in the SBEP report must be an executive Summary, which has the potential to be a standalone document.

9.15 ASSESSMENT SCHEDULE: YEAR 3

9.15.1 Advanced Practice I

Module 12 is assessed by Supervisors Evaluation of Clinical Competence, and by one Reflective Account. Formative assessment is via the Trainee Reflective Portfolio.

9.15.2 Advanced Practice II

Module 13 is assessed by Supervisors Evaluation of Clinical Competence and by one Reflective Account. Formative assessment is via the Trainee Reflective Portfolio.

9.15.3 Psychology and the Law

Module 14 is assessed by a Short Essay Exam (1 hour).

9.15.4 Research Practice II

Module 15 is assessed through the submission of a Clinical Research Portfolio.

9.15.5 Advanced Professional Practice II

Module 16 is assessed by a Short Essay Exam (1 hour).

9.16 FORMATIVE AND SUMMATIVE ASSESSMENT SUMMARY

Module	Formative non-graded assessments	Summative graded assessments
1		Structured short notes exam
2	Trainee Reflective portfolio	Unseen case conceptualisation exam Supervisor's evaluation of clinical competence
3	Trainee reflective portfolio	Unseen case conceptualisation exam Supervisor's evaluation of clinical competence
4		Five essays exam
5	Service based evaluation outline Service based evaluation proposal	Data management and statistics exam
6	Trainee reflective portfolio	Unseen case conceptualisation exam Three essays exam Supervisor's evaluation of clinical competence
7	Trainee reflective portfolio	Unseen case conceptualisation exam Three essays exam Supervisor's evaluation of clinical competence
8	MRP outline	Critical appraisal exam
9	MRP proposal draft Systematic review outline MRP proposal	Systematic review (submitted as part of clinical research portfolio)
10	Group based presentations	Short essay exam (submitted for

	Trainee reflective portfolio	course 16)
11	Service based evaluation presentation	Service based evaluation report
12	Reflective account draft Trainee reflective portfolio Reflective account	Supervisor's evaluation of clinical competence
13	Reflective account draft Trainee reflective portfolio Reflective account	Supervisor's evaluation of clinical competence
14		Short essay exam
15		Clinical research portfolio (major research project, systematic review,)
16		Short essay exam

9.17 TIMETABLES

Consult Moodle for the most up to date version of the timetable for your cohort.