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APPENDIX 2.1 DOCTORAL PROGRAMME STRATEGY GROUP

CONSTITUTION

Membership

Stakeholder Health Boards
NHS Greater Glasgow & Clyde  Dr Ruth Stocks
NHS Ayrshire & Arran       Dr Karen Porter
NHS Lanarkshire            Dr Gary Tanner
NHS Highland               Dr Ann Galloway

Doctorate in Clinical Psychology Programme
Programme Director          Prof Hamish McLeod
Research Director           Prof Tom McMillan
Clinical Practice Director  Dr Gavin Richardson
Head of Mental Health & Well-being  Prof Rory O’Connor
Chair of Selection Sub-Committee  Dr Gavin Richardson
Chair of Supervisors Group  Dr Cerys McGilvray
NHS Education for Scotland  Ms Judy Thomson
DCP (Scotland)              Alison McMullen
Trainee Sub-Committee Representative There are two group representatives in each year. All are eligible to attend.
Service User Representative  David Wright
Local Tutor Representative   Dr Sally Dewis

1 2 Represented by HMcL
Tenure Of Appointment

Ex-officio members shall serve for the duration of their tenure. Nomination of student representatives shall be made or renewed annually. The Chair and Chair Depute shall normally serve for a period of two years. The Chair shall rotate on a biennial basis between Health Board representatives.

Terms Of Reference

1. To review strategic objectives for the overall organisation, monitoring and development of academic and clinical training of the Programme.
2. To respond to proposals concerning the workforce planning and training and the appraisal of training needs in Health Boards served by the Programme.
3. Where necessary, to appoint convenors of Sub-Committees and Specialist Working Groups. (Not aware we have done this – should this be removed?)
4. To provide strategic direction for these Groups, to ratify and to receive and approve reports supplied by them to the PSG (see 3 above)
5. To amend and approve Constitutions of the various Programme Sub-Committees. (Have not done this – should this be an action?)

Standing Orders

1. The Committee shall meet four times per year.
2. A quorum shall consist of six members (or their depute) with at least three Stakeholder Health Board representatives.
3. A Stakeholder Health Board is defined as any employing Health Board of the University of Glasgow postgraduate Doctorate in Clinical Psychology Training.
4. The Committee will nominate and elect the Chair and Chair Depute.
5. Stakeholder representation will reflect the composition of postgraduate Doctorate in Clinical Psychology Trainees.
6. The Committee shall have the power to co-opt for a specified time any necessary additional members.
7. Members unable to attend a meeting should send a depute or representative.
8. The position of Chair of the PSG will be held by a representative of one of the stakeholder health boards and will rotate sequentially around each board on a two yearly cycle.
Sub-Committees

1. Programme Organisers Group
2. Selection
3. Academic
4. Supervisors
5. Trainees
6. Carers and Service Users Group (CUSP)

Reporting Arrangements

1. NHS Health Board representatives report through the structures of their respective Boards.
2. University representatives report through the structures of University of Glasgow.
3. Other stakeholder representatives report to their relevant bodies.
4. Should there be something about NES here?
5. Do we need to be more explicit about where the PSG reports in the structure of the programme?

As appropriate, to the accreditation body (Health and Care Professions Council)
APPENDIX 2.2 DOCTORAL PROGRAMME
STRATEGY GROUP – TRAINEE REPRESENTATION

CONSTITUTION FOR TRAINEE REPRESENTATIVE

Tenure of Appointment:
Nomination of student representatives shall be made or renewed annually.

Two students should be nominated for attendance at this committee, however except in exceptional circumstances, only one should attend with the other acting as a deputy.

Terms of Reference:
The Trainee representative should have the opportunity to be involved in all facets of the committees business deemed to be appropriate by the committee and/ or trainee representative.

Standing Orders:
1. A trainee representative will attend each of the committees 4 annual meetings whenever possible.
2. The trainee representative will have equal voting rights to all other members of the committee. Proposals will be carried by a simple majority.

Subcommittees:
A trainee will sit on a sub-committee or attend a specific meeting of a subcommittee only when the PSG feel this is necessary or the trainee representative feels this to be important.

Reporting Arrangements:
The trainee representative attending the PSG meeting will be responsible for disseminating information from this meeting to all other trainees on the Programme. They should also endeavour to gain the opinions of other trainees before providing feedback to the PSG.
APPENDIX 2.3 SUPERVISORS’ SUB-GROUP

CONSTITUTION

Membership
Chair- Elected by sub-committee members.
At least one representative of each health board area.
Membership should represent, as far as possible, each clinical specialism.
Members should be on the programme’s list of accredited supervisors.
Clinical Tutors from the University of Glasgow Programme.
A trainee representative.

Terms of reference
1. To represent supervisor issues.
2. To advise on approval and accreditation issues for supervisors and 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.

Standing orders
1. The sub-committee shall meet four times per year.
2. The chair shall be a member of the Programme Management Committee.
3. The chair shall nominate a depute.
4. Sub-committee members shall elect the chair on a two yearly basis.
5. The committee shall have the power to co-opt necessary additional members.

Links
The chairperson will report to the Programme Strategy Committee.
The group links to the Programme Organisers Group via Clinical Tutors.
Any supervisor can raise issues with the sub-committee.
The sub-committee is responsible for organising the annual supervisors meeting.
# APPENDIX 3.1 PROGRAMME CREDIT STRUCTURE

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<th>Module Number</th>
<th>Module Name</th>
<th>Module Code</th>
<th>Credits</th>
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<td>1</td>
<td>Year 1; Foundations of Clinical Psychology</td>
<td>MED6027</td>
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<tr>
<td>2</td>
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<td>Year 1; Foundation, Knowledge, Understanding &amp; Skills (Assessment, Management &amp; Intervention for Cognitive Impairment, Health Psychology, Older Adults, Psychosis, Addictive Behaviours)</td>
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<td>5</td>
<td>Year 1; Service Based Evaluation 1</td>
<td>MED6032</td>
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<td>Year 2; Learning Disability Theory &amp; Practice (6 month placement plus learning disability teaching)</td>
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<td>8</td>
<td>Year 2; Research Methods</td>
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<td>9</td>
<td>Year 2; Research Practice 1 (Major Research Proposal, Systematic Review)</td>
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<td>10</td>
<td>Year 2; Advanced Professional Practice 1</td>
<td>MED6021</td>
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<td>MED6024</td>
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<td>Year 3; Advanced Practice 1 (6 month placement)</td>
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<td>13</td>
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<td>Year 3; Advanced Professional Practice 2</td>
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<td><strong>Total Programme Credits</strong></td>
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### APPENDIX 3.2  SUMMARY OF DCLINPSY ILOS MAPPING TO HCPC SOPS AND BPS COMPETENCIES

<table>
<thead>
<tr>
<th>HCPC Standards of Proficiency (SoPs) for Clinical Psychologists (2015)</th>
<th>Examples* of HCPC SoP embedded in University of Glasgow DClinPsy Intended Learning Outcomes (2017-18)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  be able to practise safely and effectively within their scope of practice</td>
<td>11. 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</td>
</tr>
<tr>
<td>2  be able to practise within the legal and ethical boundaries of their profession</td>
<td>2. 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.</td>
</tr>
<tr>
<td>3  be able to maintain fitness to practise</td>
<td>11. - take responsibility for one’s own personal learning needs and develop strategies for meeting these. - 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.</td>
</tr>
<tr>
<td>4  be able to practise as an autonomous professional, exercising their own professional judgement</td>
<td>11. - 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.</td>
</tr>
<tr>
<td>5  be aware of the impact of culture, equality and diversity on practice</td>
<td>4. show professional competence relating to personal and professional development and awareness of the clinical, professional and social context within which the work is</td>
</tr>
</tbody>
</table>
undertaken.

11. - understand the impact of difference and diversity on people’s lives, and their implications for working practices.

6. be able to practise in a non-discriminatory manner

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

7. understand the importance of and be able to maintain confidentiality

2. 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.

8. be able to communicate effectively

12. display high level communication and teaching skills

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

9. be able to work appropriately with others

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

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

13. - working effectively in multi-disciplinary teams.

10. be able to maintain records appropriately

2 (as above)

11. be able to reflect on and review practice

2. (as above)

3. 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,
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<tbody>
<tr>
<td>1.</td>
<td>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.</td>
<td>12. be able to assure the quality of their practice.</td>
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<td>2.</td>
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<td>9. display high level evaluation skills. - audit clinical effectiveness.</td>
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<tr>
<td>3.</td>
<td>(as above)</td>
<td>11. - use supervision to reflect on practice, and making appropriate use of feedback received.</td>
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<td>4.</td>
<td></td>
<td>13. understand the key concepts of the knowledge base relevant to their profession.</td>
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<tr>
<td>5.</td>
<td>- demonstrate self-awareness and work as a reflective practitioner. - be able to think critically and reflectively.</td>
<td>14. be able to draw on appropriate knowledge and skills to inform practice.</td>
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<td>6.</td>
<td></td>
<td>15. understand the need to establish and maintain a safe practice environment.</td>
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<td>7.</td>
<td>- identify and critically appraise research evidence relevant to practice.</td>
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<td>8.</td>
<td></td>
<td>- understand ethical issues and applying these in complex clinical contexts, ensuring that informed consent underpins all contact with clients and research participants.</td>
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<td>9.</td>
<td>display high level evaluation skills. - audit clinical effectiveness.</td>
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<td>- identify and critically appraise research evidence relevant to practice.</td>
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<td>11.</td>
<td>- use supervision to reflect on practice, and making appropriate use of feedback received.</td>
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<td>understand the key concepts of the knowledge base relevant to their profession.</td>
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<tr>
<td>15.</td>
<td>understand the need to establish and maintain a safe practice environment.</td>
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*Note: examples listed are illustrative, not exhaustive, as the SoPs are addressed across multiple ILOs. Dash denotes sub-section.*
BPS Accreditation Standards (2016, Section 2.2)

Overarching goals, outcomes, ethos & values

1. A value driven commitment to reducing psychological distress and enhancing and promoting psychological well-being through the systematic application of knowledge derived from psychological theory and evidence. Work should be based on the fundamental acknowledgement that all people have the same human value and the right to be treated as unique individuals.

2. The skills, knowledge and values to develop working alliances with clients, including individuals, carers and/or services, in order to carry out psychological assessment, develop a formulation based on psychological theories and knowledge, carry out psychological interventions, evaluate their work and communicate effectively with clients, referrers and others, orally, electronically and in writing.

3. Knowledge and understanding of psychological (and other relevant) theory and evidence, related to specific client groups, presentations, psychological therapies, psychological testing, assessment, intervention and secondary prevention required to underpin clinical practice.

4. The skills, knowledge and values to work effectively with clients from a diverse range of backgrounds, understanding and respecting the impact of difference and diversity upon their lives. Awareness of the clinical, professional and social contexts within which work is undertaken and impact therein.

5. Clinical and research skills that demonstrate work with clients and systems based on a reflective scientist-

Examples* of BPS Standards embedded in University of Glasgow DClinPsy Intended Learning Outcomes (2016)

2. 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.

3. 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.

6. 7. & 8. Display high level psychological assessment, formulation and intervention skills.

11. - understand the impact of difference and diversity on people’s lives, and their implications for working practices.

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

3. have high level clinical and research skills and demonstrate work with clients and systems based on a scientist-practitioner and reflective-practitioner model that
practitioner model that incorporates a cycle of assessment, formulation, intervention and evaluation and that draws from across theory and therapy evidence bases as appropriate.

6. The skills, knowledge and values to work effectively with systems relevant to clients, including for example statutory and voluntary services, self-help and advocacy groups, user led systems and other elements of the wider community.

7. The skills, knowledge and values to work in a range of indirect ways to improve psychological aspects of health and healthcare. This includes leadership skills and competencies in consultancy, supervision, teaching and training, working collaboratively and influencing psychological mindedness and practices of teams.

8. The skills, knowledge and values to conduct research and reflect upon outcomes in a way that enables the profession to develop its knowledge base and to monitor and improve the effectiveness of its work.

9. A professional and ethical value base, including that set out in the BPS Code of Ethics and Conduct, the DCP statement of the Core Purpose and Philosophy of the profession and the DCP Professional Practice Guidelines.

10. High level skills in managing a personal learning agenda and self-care, in critical reflection and self-awareness that enable transfer of knowledge and skills to new settings and problems and professional standards of behaviour as might be expected by the public, employers and colleagues.

9. display high level evaluation skills; - 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. - audit clinical effectiveness.

10. display high level research skills; - identify and critically appraise research evidence relevant to practice. - conduct service evaluation

*Note: examples listed are illustrative, not exhaustive, as the Standards are
addressed across multiple ILOs; dash denotes sub-section.

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<td>4. Psychological intervention</td>
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<td>7. Personal and professional skills and values</td>
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<tr>
<td>34 YES YES YES YES YES YES YES YES YES YES YES YES YES YES YES</td>
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<td>35 YES YES YES YES YES YES YES YES YES YES YES YES YES YES YES</td>
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<tr>
<td>36 YES YES YES YES YES YES YES YES YES YES YES YES YES YES YES</td>
<td></td>
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<tr>
<td>37 YES YES YES YES YES YES YES YES YES YES YES YES YES YES YES</td>
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</tbody>
</table>
APPENDIX 3.3 GUIDANCE ON REQUIREMENTS FOR ALIGNED TRAINING PATHWAY

Clinical Psychology Training in Scotland

Guidance on requirements for Aligned Training Pathways

1. **Purpose of the guidance**

   This guidance has been produced to provide an underpinning framework for nationally commissioned aligned training pathways for any defined clinical population.

   The guidance provides information to:
   1. enable boards to consider whether they can offer an aligned plan
   2. enable descriptions to be made available to applicants
   3. inform the content of contracts between NES and the Universities
   4. inform the content of the SLA between NES and NHS Boards

2. **General Points**

   Trainees with training pathways aligned to specific clinical populations will follow all core elements of the training as per BPS and HCPC guidance requirements to qualify as clinical psychologists.

   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 from the generic 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.

   In order to take account of the variation in service models and current inequity of service provision, flexibility in putting together aligned training plans is required.

3. **Clinical Practice Requirements**

   - All training plans will meet the clinical practice requirements for Clinical Psychology as defined by the HCPC and BPS.
   - Opportunities for acquiring generic competencies while working with the defined clinical population will be maximised in the training plan.
   - Opportunities for acquiring competencies that are specific to the defined clinical population will also be maximized analogous to existing arrangements for elective/specialist placements.
   - A Co-coordinating Clinical Practice Supervisor with a minimum of 2 years relevant post qualification clinical expertise will oversee the Clinical Practice
Training plan.

- Trainees on aligned training pathways will carry out one or more placements enabling substantial access to the defined population.

- As aligned training plans are a new development, increased quality assurance monitoring by the Clinical Practice Team will be available. Supervisors may also need to allow for extra time in supervision with trainees and to provide additional reading materials. This is particularly pertinent when trainees are undertaking work not yet covered in core teaching.

- Trainees following aligned pathways will have preferential and prioritised access to any opportunities for additional experiences relevant to the defined population.

4. Academic requirements

- All training plans will meet the academic requirements for Clinical Psychology as defined by the HPC and BPS.

- Opportunities for undertaking academic work that is relevant to the needs of the defined population will be maximized.

- Programme Teams will co-ordinate the academic elements of the aligned training plan.

- Wherever possible academic and research assignments will focus upon topics highly relevant to the defined population.

- As part of any aligned training plan, the trainee will be encouraged to carry out the research components of their training in areas relevant to their defined population. At least one of these components will be relevant to their defined population. In addition the training plan may specify for the major research component to be carried out in an area relevant to the defined population.

5. Curriculum requirements

Access to optional seminar or workshop style teaching specific to aligned training pathways will be developed. This teaching would not be core teaching for generic doctorate trainees, and if there are several clinical populations aligned training pathways, the proposal would be to develop similar ‘advanced’ seminars and workshops as options that could be offered in parallel to smaller groups of trainees. This additional training may be developed on a national level and may be offered in the form of ‘summer school’ style teaching shared between Edinburgh and Glasgow.

6. Implementation advice for specific clinical population training pathways

Additional advice about implementing the above framework for specific clinical population training pathways will be made available to NHS Board and programme teams. This advice will provide information about a range of implementation options and is currently being drafted by relevant specialty leads.
APPENDIX 4.1 CONSENT TO PARTICIPATE IN CLINICAL TRAINING

Consent to participate in clinical training

Information sheet for trainees

Background: Possible stresses linked to clinical training

For the most part trainees report that their training programme is stimulating and interesting. However, because of its aims and focus, training in Clinical Psychology can present personal challenges and it is widely recognised that clinical teaching can be stressful. At some point in their training it is quite likely that trainees will feel uncomfortable or upset by material to which they are exposed. While this is often a transient experience, some trainees may experience a more sustained impact. Examples of “triggers” for this upset might occur when:

- trainees recognise some aspect of themselves in the clinical material
- teaching makes them more uncomfortably aware of long-standing mental health issues which they had previously managed well
- some of the issues being discussed echo current dilemmas or life-events (such as bereavement, or relationship difficulties)
- some of the content of teaching is at variance with the trainee’s personal, cultural or religious beliefs or values

Teaching on the Programme is not restricted to passive listening; it also involves active participation in exercises, which many trainees find rather stressful. For example, most people find it personally challenging to participate in role-plays in front of their peers, disclose personal feelings, or discuss their personal viewpoints. All of these often occur in experiential sessions or in sessions where the focus is on feelings about professional work and career development. Discussion of personal feelings and viewpoints can also be an important part of clinical supervision especially where emotional resonances can occur in relation to placement experiences.

Focusing on the ways in which teaching and training could be stressful is not
intended to indicate that there is any intent to make it so. When planning training, the Programme takes into account the potential impact of the teaching content and the teaching method, especially when the topic is a sensitive one. We know that learning is inhibited by high levels of stress, which means that there are powerful educational reasons for keeping any stresses at an optimal level. All teaching modules are co-ordinated and developed by an academic member of staff in conjunction with an NHS colleague and feedback from trainees is gathered for each module and used to inform and develop both the teaching content and the teaching methods employed. Likewise clinical placements are jointly co-ordinated and monitored by NHS and University Tutors with feedback from trainees.

**Support for trainees**

Although we expect trainees to be appropriately robust in relation to the issues which training presents them with, we also expect them to be able to reflect on and to talk about their feelings. All professionals need to recognise when seeking support from others is the most appropriate action. The Programme Handbook (Chapter 5) contains clear information about sources of support. Although it can be very hard to draw attention to difficult personal experiences, suffering in silence is neither helpful nor a good model for a professional career.

**Your consent to participate in clinical training**

It is a requirement of the Health Professions Council (HPC) that when students participate in clinical teaching they have given informed consent to this. For this consent to be meaningful it is important to set out the Programme’s expectations and the rights of trainees.

**Programme expectations in relation to clinical training**

The Programme expects that trainees will actively participate in all aspects of the clinical, academic and research teaching, including:

- Clinical placements
- Lectures
- Experiential exercises which take place as part of lectures
- Workshops on clinical topics and reflective practice
- Role-play as part of the above activities (this may include taking the role of both therapist and client; giving feedback to peers; and receiving feedback from peers, carers, service users, actors and lecturers)
- Research projects

Where a trainee finds participation difficult they are entitled to withdraw from an exercise, but the Programme expects them to do this in an appropriately professional manner. If their level of personal distress is very high and results (for example) in prolonged withdrawal from specific areas of teaching, it is expected that the trainee take appropriate action to address and return to an appropriate level of participation. This would normally include discussion with their University
Advisor, who can advise on ways to appropriately manage difficult reactions to teaching activities.

In practical terms, trainees who find themselves distressed during a lecture or a workshop are entitled to leave, but should do so as quietly as possible, returning if they feel able to, and if possible discussing their absence with the lecturer or workshop leader. Trainees who feel that a workshop task is too personally demanding are entitled not to participate, but should do so in an appropriately negotiated manner, if possible discussing this with the lecturer.

**Disclosure of personal information**

During training there should be no pressure on trainees to disclose personal information that they feel uncomfortable revealing and especially personal information, which they do not see as relevant to the task of training. However, the nature of the programme means that discussion of personal feelings in relation to professional development is often appropriate and necessary, and there is an expectation that trainees will be open to discussion of these feelings if these are relevant to their clinical work and professional development.

**Confidentiality**

Trainees who discuss their experience of stress arising from clinical training (or indeed any personal issue) with a member of staff are entitled to the usual assurance of confidentiality that applies in clinical contexts. This means that information that they disclose will not usually be discussed with third parties without their consent and/or knowledge. As in clinical contexts, a guarantee of confidentiality cannot be absolute, as might be the case if there were serious concerns about the welfare of the trainee. Any such breaches would be rare, and would usually be discussed with the trainee.

The HPC publish guidance relating to confidentiality on their website ("Confidentiality – Guidance for Registrants"\(^3\)), and this expands on the principles set out in this paragraph.

**Consenting to participate in clinical training**

At the end of this document is a formal consent form. Signing it means that you acknowledge and accept the expectations set out above and have had a chance to clarify what is expected of you during training. However, although you are consenting to participate in teaching, this consent is not absolute and includes the right to withdraw if there are exceptional circumstances or good grounds for doing so\(^4\).

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\(^3\) www.hpc-uk.org/assets/documents/100023F1GuidanceOnConfidentialityFINAL.pdf

\(^4\) This document has been adapted by the form ‘Consent for participation in clinical teaching’ developed by Professor Tony Roth, Doctoral Course in Clinical Psychology, University College
Consent to participation in clinical training

<table>
<thead>
<tr>
<th>I have read the background information provided by the Programme in Appendix 4.1 of the Handbook which:</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) acknowledges the potential stresses inherent in clinical teaching</td>
</tr>
<tr>
<td>b) sets out the Programme’s expectations of trainees in relation to their participation in clinical teaching</td>
</tr>
</tbody>
</table>

| I am aware that I am not obliged to sign this form. |

| I am aware of the relevant section (Chapter 5) of the Trainee Handbook which provides details of the sources of support offered by the Programme and by external agencies. |

I consent to participate in the clinical teaching provided by the University of Glasgow, Doctorate in Clinical Psychology

London:  
Name of trainee: .................................................................

Signature: ........................................... Date: .................................
# APPENDIX 6.1 INDIVIDUAL LEARNING PLAN

**SAMPLE**

<table>
<thead>
<tr>
<th>Year</th>
<th>Training Modules</th>
<th>Planned Placement(s)</th>
<th>Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Foundations of Clinical Psychology, Foundation Clinical Practice I (6 month placement plus Adult Mental Health teaching), Foundation Clinical Practice II (5 month placement plus Adult Mental Health teaching), Foundation, Knowledge, Understanding and Skills (Neurosciences, Physical Health, Older Adult, Psychosis, Addictions), Service Based Evaluation</td>
<td>1. Adult Core Competencies (10.5 months)</td>
<td>To be proposed by Tutor / NHS Psy Manager</td>
</tr>
<tr>
<td>2</td>
<td>Children, Young People and Family Theory and Practice (6 month placement plus child/family teaching), Research Methods (Preliminary Research Proposal / Critical Appraisal), Learning Disability Theory and Practice (6 month placement plus Learning Disability Teaching), Research Practice I (Major research proposal, Systematic Review Outline), Advanced Professional Practice I, Evidence Based Practitioner (Single n Proposal)</td>
<td>2. Children, Young People &amp; Family (6 months)* 3. Learning Disability (6 months)*</td>
<td>To be proposed by Tutor / NHS Psy Manager</td>
</tr>
<tr>
<td>3</td>
<td>Advanced Clinical Practice I (6 month placement), Advanced Clinical Practice II (6 month placement), Psychology and the Law, Research Practice II (Major Research Project), Advanced Professional Practice II</td>
<td>4. Advanced Practice I (6 months) 5. Advanced Practice II (6 months)</td>
<td>To be proposed by Tutor / NHS Psy Manager</td>
</tr>
</tbody>
</table>

**Clinical Research Portfolio Title:** ...........................................  
**Name of Research Supervisor:** ...........................................

Signed: ..................................... (NHS Manager)  Date  ..........  Signed: ..................................... (Programme Director)  Date  ..........  
Signed: ..................................... (Trainee)  Date  ..........  

Review Date 1:  Review Date 2:  Review Date 3:  

*Placements in either order
APPENDIX 6.2 BPS GUIDELINES FOR CLINICAL SUPERVISION

Please consult Moodle for the most up to date version of this guidance or Check the BPS website:

https://www1.bps.org.uk/system/files/Public%20files/inf224_dcp_supervision.pdf
The following is a general guide and should be adapted to local circumstances.

<table>
<thead>
<tr>
<th>TRAINEE</th>
<th>SUPERVISOR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Specialty and location</td>
</tr>
</tbody>
</table>

**PLACEMENT**

**DATE** Period and days on placements

**SUPERVISION MEETING**

Day and time, arrangements for cover in absence of supervisor. Where more than one supervisor is being used, arrangements for both supervisors should be specified.

**OBJECTIVES**

General statement of objectives and aims. It is helpful to state the objectives in terms of specific competencies or experiences which the trainee will have attained during the placement.

**INTENDED LEARNING OUTCOMES**

Detail the intended learning outcomes for the relevant courses. Supervisor and trainee should use the trainee’s Clinical Training Folder to review the trainee’s previous experience and to incorporate any programme recommendations on ILOs and required essential experience from the Individual Learning Plan Review.

**CONTENT**

This should include reference to and/or estimates of the following:

- **Induction process**
  
  Plans for the early part of the placement. Health, Safety and Welfare

  Trainees must have access to local policies and procedures documents relating to Health, Safety and Welfare. The supervisor must ensure that the trainee must be familiar with these procedures.

- **Caseload**

  Range and number of cases

  Types of treatment and assessment methods

  Therapeutic Skills

  Percentage of time to be spent in direct patient contact (it is recommended
that this should not exceed 50% of time spent on placement).

- **Supervision**
  Where more than one supervisor is being used, specify main supervisor if
  appropriate and outline who will do which part of the supervision process.
  The plan should also specify which supervisor will contribute to the End of
  Placement report.
  Frequency and methods of supervision.
  Frequency and of observation including methods, plan for feedback and
  use of structured observation tolls, of the trainee by the Supervisor and
  vice versa.

- **Further Professional Practice**
  Other aspects of professional work to be considered within the
  context of the placement, including ILOs relevant to professional
  practice, working within professional guidelines, and wider roles of
  working, including teaching and training other professionals,
  supervising others, leadership roles, audit and research.

- **Other Planned Experiences**
  Other activities e.g. regular meetings, group work, clinics and hospitals to
  be attended.

**FACILITIES**

Trainees should have a minimum of access to a shared office with their own desk
and access to adequate secretarial support (in line with resource provision for the
rest of the team).

Other facilities such as access to computer and library should be described in
this section.

**DATE OF**

Mid-Placement Review.................................

Placement Visit...........................................

End of Placement Review .........................

**SIGNATURE OF TRAINEE**

..........................................................

**SIGNATURE OF SUPERVISOR**

..........................................................

**DATE**

..........................................................
APPENDIX 6.4 PLACEMENT DOCUMENTATION INSTRUCTIONS

<table>
<thead>
<tr>
<th>Documentation</th>
<th>How will the documentation be used?</th>
<th>At what time points will the documentation be used, and by whom?</th>
<th>Programme Submission Date</th>
</tr>
</thead>
</table>
| Placement Agreement            | To identify and evidence objectives of the placement in line with Course Intended Learning Outcomes. Set at the outset of placement and used as a basis for monitoring progress. | Beginning of Placement  
Supervisor and Trainee  
Midplacement Review  
Supervisor and Trainee  
Placement Visit  
Placement Visitor, Supervisor and Trainee | 2 weeks after commencement of placement  
Submitted by trainee via Clinical Practice Secretary |
| Trainee - Reflective Portfolio |                                                                                                     | Midplacement Review  
Supervisor and Trainee  
Placement Visit  
Placement Visitor, Supervisor and Trainee  
Individual Learning Plan Review  
Trainee and Member of the Programme Team | End of each Course  
Submitted by trainee via Clinical Practice Secretary |
| Log book of Clinical Activity  | To identify and evidence Trainee experience on placement                                              |                                                                                                           |                           |
| Reflective Notes               | To identify how developing clinical experience (as evidenced in the Log Book of Clinical Activity) relates to Intended Learning Outcomes |                                                                                                           |                           |
| Supervisor – Evaluation of Clinical Competence |                                                                                                     | Midplacement Review  
Supervisor and Trainee  
Placement Visit  
Placement Visitor, Supervisor and Trainee  
Individual Learning Plan Review  
Trainee and Member of the Programme Team | End of each Course  
Submitted by trainee via Clinical Practice Secretary |
| Evaluation of Clinical Competence Form |                                                                                                     |                                                                                                           |                           |

Trainees also complete and submit written feedback on the placement in the
Trainee Feedback on Placement Form at the end of the Course placement.

OVERVIEW

Six modules or “Courses” involve training through a clinical placement, and are an integral part of the Programme. They are detailed below.

Year I

Course 2: Foundation Clinical Practice I

Aims
1. For trainees to acquire a foundation knowledge of the theoretical/clinical base and professional issues relevant to adult mental health.
2. For trainees to develop the core skills of clinical practice in an adult mental health setting: assessment, formulation, intervention, evaluation, and communication.

Course 3: Foundation Clinical Practice II

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.

Year II

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

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.

Course 7: Learning Disability Theory and Practice

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.

Year III

Course 12: Advanced Practice I

Aims
1. To provide experience of working with complex clinical problems.
2. To provide an opportunity to consolidate and develop clinical skills of assessment, formulation, intervention and evaluation within a specialist area of clinical practice.
3. To provide a venue for the demonstration of original and creative application of evidence-based practice and for theory-practice integration.
Course 13: Advanced Practice II

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 clinical practice.
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.

PLACEMENT DOCUMENTATION

For each Course, both Trainee and Clinical Supervisor complete placement documentation.

Placement Agreement

The placement agreement should be drawn up by supervisor and trainee, in the context of the trainee’s previous experience. The trainee should provide a summary of their previous experience, through the use of their Clinical Training Folder. The placement agreement should incorporate time for the trainee to complete any placement based research (e.g. Service Based Evaluation). The planned experiences during the first half of the placement should also reflect the Intended Learning Outcomes of the relevant Course, as laid out clearly in the relevant Supervisor Evaluation Form.

The Placement Agreement should include:

1. Overall aims and objectives of placement experience
2. A statement of Intended Learning Outcomes relevant to the placement
3. Name and contact details of the back-up supervisor
4. Plans for induction, including health & safety and risk induction
5. Trainee/Supervisor responsibilities including
   a. Discussion of self care and work/home balance
   b. Dealing with personal issues that may arise in the course of the trainee’s work
   c. Communication (written and verbal) including service deadlines, access to template/example correspondence
   d. Review of risk and therapist/service user safety
6. Therapeutic models adopted in the setting
7. Explicit plans for weekly clinical supervision
   a. Format and style of supervision meetings
   b. Process for recording content and action points
   c. Formats for developing theory practice links e.g. case presentation, role play, review of recordings
   d. Models of supervision/reflective practice
8. How and when supervisor will observe trainee:
   a) in direct clinical work on at least 5 occasions for each Course (this should include at least part of the assessment phase of both a treatment and a cognitive assessment case, including administration of appropriate assessment instruments; and early, middle and end of (not necessarily the same) treatment case)
   b) in other settings (e.g. team meetings, liaising with other professionals)
   c) Use of structured tools during observation and method of feedback

7. How and when trainee will observe supervisor (on at least 5 occasions for each Course) and other professionals (as available).

Reflective Portfolio
- Log Book of Clinical Activity
- Reflective Notes

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 Logbook of Clinical Activity and the Reflective Notes documentation while on placement. Together, these documents comprise the trainee’s Reflective Portfolio.

The Log Book of Clinical Activity must be completed as an ongoing activity while on placement. It must be updated and utilised at specific time points throughout the Course - Midplacement Review, Placement Visit, and ILP Review - and a final version is submitted to the Programme at the end of the Course. The logbook should be an accurate record and description of activity on placement. If gaps in experience are identified, then trainees should consider how these will inform and shape individual learning plans, and include a consideration of further experience needed in the Reflective Notes.

- The client’s initials should not be used in the final submitted logbook. Number cases instead.
- Separate recording tables are provided for Individual, Couple and Family cases and Groups.
- Keep to the format and be brief.
- Where assessment only is carried out, this should be noted in the box provided in the Record of Individual Cases table.
- Assessment should include a brief description of methods of assessment and any measures used.
- Intervention should summarise standard and non-standard treatment methods. Distinguish clearly plans from interventions already carried out.
- Outcome should briefly state any change in presentation of symptoms through use of outcome measures and/or observations, and whether the case was passed to supervisor, referred on to another agency or discharged.
- If others were also involved in management of this case, clearly indicate your role.
• Learning Points ("What did I learn from this case?") may relate to the 
Intended Learning Outcomes in the Reflective Notes, but may also include 
professional learning experiences not easily categorised.

The Reflective Notes are designed to assist the trainee in monitoring and reflecting 
on learning experiences on clinical placement. Each section relates to an 
important area of professional practice, and relates to ‘intended learning outcomes’ (ILOs) for the course. (The document is available electronically and 
short notes should be typed for submission. The supervisor will use a ‘parallel’ form with the same competencies, in order to evaluate the trainee’s progress and 
to form a basis for constructive advice.)

Reflective Notes must be completed prior to the Midplacement Review with the 
placement supervisor(s). This process allows self-assessment of progress so far, 
but also allows trainee and supervisor to collaboratively identify gaps in experience 
and to decide upon appropriate action. This review, along with details of the 
Placement Agreement, will inform discussion during the Placement Visit from a 
member of the programme team.

The Reflective Notes should be submitted at the end of the Course. The use of a 
personal reflective diary may be used to aid in the process of reflection. The 
reflective diary will not be viewed by any other person, and will not be submitted 
for inspection. It will be a private and personal aid, for trainees to use at key points 
in the placement to reflect on powerful learning experiences as they occur.

Trainee Feedback on Placement
The trainee is given the opportunity to give written feedback on training 
experiences during placement by completing the Trainee Feedback on Placement 
form. They may comment on the quality of the supervision, the adherence to the 
Placement Agreement, and on the resources available during the placement. This 
document is read and signed by both trainee and supervisor.

Evaluation of Clinical Competence
The supervisor should rate the trainee under each heading and add explanatory 
comments where appropriate. The form is available electronically, on Moodle and 
can be typed or hand-written as preferred. The standard documents provided are 
macro enabled word files. Please enable the use of macros on your computer to 
enable you to complete the ratings electronically. Provide additional comments 
and feedback as desired.

Please refer to the Placement Documentation Instructions for full guidance for 
supervisors on how to complete this form. Please select the appropriate grade for 
each ILO according to the definitions below. Please enable the use of macros on 
your computer to enable you to complete the ratings electronically. Provide additional comments and feedback as desired.

This documentation is reviewed by the Clinical Practice Team and any appropriate 
information will be passed on to the next supervisor. The documentation will also 
inform the process of the Individual Learning Plan Review. Trainees will let future 
supervisors see their Individual Learning Plans, as agreed by the Clinical Practice 
Director, to allow for continuity of training and to facilitate the transferability of 
skills.
In arriving at a rating, the following points should be considered:

a) Trainees cannot be expected (nor expect themselves) to perform at a level of established competence on all abilities, all of the time.

b) Competence is defined as the ability to perform the activities of an occupation to the standards expected in employment or to the standards expected by the profession, as appropriate to level of developmental stage in training.

c) The use of the “SOME IMPROVEMENT DESIRABLE” rating should not be seen as unusual or as necessarily implying negative judgment on the trainee’s performance as a whole.

d) The comments section should be used to illustrate the reasons for the rating given. In the case of a low rating, the supervisors should give guidance on how the trainee may improve development of competence.

e) These assessments must be partly based on direct observation of the trainee. Supervisors should fully consider the evidence from their supervision notes and observations that lead them to make judgements.

Please circle the appropriate rating. The following are the definitions to be used for the rating of each item:

1. **COMPETENCE DEMONSTRATED SATISFACTORILY:** This trainee’s performance is considered to be of a satisfactory standard with respect to this competency. The standard of rating here suggests that the skills, knowledge and values of the trainee are at a level one would ordinarily expect at this level of experience.

2. **COMPETENCE DEMONSTRATED, SOME IMPROVEMENT DESIRABLE:** Competence development is evident, but some improvement is desirable. This rating may be used where a trainee needs to further improve their skills or competence. This rating may also be used when supervisors lack evidence to be fully confident that competence is demonstrated satisfactorily. There should be no concern that performance is less than adequate or that remediation is required. This rating must be accompanied by specific recommendations on how the trainee can improve in this area. This may involve gaining further experience or training.

R/R **REMEDIATION REQUIRED:** This rating implies that a trainee is considered to be performing at a less than adequate standard of competence than would be expected given the level of training. *Specific details should be provided.* In this event the Clinical Practice Director becomes involved to develop a plan of remedial action and to determine adjustment to the Individual Learning Plan.

N/O **NO OPPORTUNITY TO ESTABLISH COMPETENCE:** The placement has not provided sufficient experience to make any of the above judgments. This rating by a supervisor should only be used sparingly (i.e. when none of the
above apply) and requires explanation. The supervisor should have made every effort to make experience available to the trainee during placement. In this event the Clinical Practice Director becomes involved to develop a plan of remedial action and to determine adjustment to the Individual Learning Plan.

The Evaluation of Clinical Competence Form must be completed prior to the Midplacement Review with the trainee. This process allows the assessment of progress so far, and allows the provision of written feedback to the trainee at this timely point. This document also allows the supervisor to identify gaps in experience and/or difficulties in achieving the appropriate level of competence for the trainees' stage of training. This review, along with details of the Placement Agreement, will inform discussion during the Placement Visit from a member of the programme team. The Evaluation of Clinical Competence Form must also be completed for submission to the Programme Team at the end of each course.

**Annual Individual Learning Plan Review**

At the Individual Learning Plan Review meeting with a member of the Programme Team, all Course assessments and documentation, including everything from placement, will be reviewed. This will feed into Individual Learning Plans, which are adapted over time to reflect the development of clinical competence and the training needs of the individual trainee. Any potential gaps in experience can be addressed through appropriate action in placement planning, following the Individual Learning Plan.
APPENDIX 6.5 SUPERVISOR’S EVALUATION OF CLINICAL COMPETENCE (SAMPLE)

Trainee Name:
Course: 2 / 3 / 6 / 7 / 12 /13:
Course Start Date:
Course End Date:
Main Supervisor(s):
Other Supervisor(s):
Number of Times Trainee Observed by Supervisor:
Number of structured observation tools used:

Overall recommendation

☐ PASS ☐ FAIL

Global Assessment Comments:

Final Submission to be signed off at End of Placement Review

Signed by Supervisor(s):
Signed by Trainee: Date:

EVALUATION OF CLINICAL COMPETENCE

Please refer to the Placement Documentation Instructions for full guidance for supervisors on how to complete this form. Please select the appropriate grade for each ILO according to the following definitions. Provide additional comments and feedback as desired.

1. Competence demonstrated above expected level: The trainee has consistently demonstrated the relevant competence
at a level beyond that which would be expected at their stage of training. This rating should only be considered where the demonstrating of competence has been sustained and is clearly exceptional.

2. Competence demonstrated: The trainee has consistently demonstrated this competence at a good standard. The standard of rating here suggests that the skills, knowledge and values of the trainee are at a level one would ordinarily expect at this stage of training.

3. Competence demonstrated, some improvement desirable: Competence development is evident, but some improvement is desirable. This rating may be used where a trainee needs to further improve the specific competence. This rating may also be used when supervisors lack evidence to be fully confident that competence is demonstrated satisfactorily. There should be no concern that performance is less than adequate or that remediation is required. This rating must be accompanied by specific recommendations on how the trainee can improve in this area. This may involve gaining further experience or training.

R/R Remediation required: This rating implies that a trainee is considered to be performing at a less than adequate standard of competence than would be expected given the level of training. Specific details should be provided. In this event the Clinical Practice Director becomes involved to develop a plan of remedial action and to determine adjustment to the Individual Learning Plan.

N/O No opportunity to demonstrate competence: The placement has not provided sufficient experience to make any of the above judgments. This rating by a supervisor should only be used sparingly (i.e. when none of the above apply) and requires explanation. The supervisor should have made every effort to make experience available to the trainee during placement. In this event the Clinical Practice Director becomes involved to develop a plan of remedial action and to determine adjustment to the Individual Learning Plan.

Trainees are expected to demonstrate a broad range of competences during each placement and at all stages of development. In order promote discussions around specific areas of development, we have listed the competences individually below.

You will see from the layout that, while we ask for a rating of each competence, they have been clustered into broader areas of functioning for further comment. It is important that trainees are
offered specific and tailored feedback for each of the areas as they progress through training. While continual feedback based on a range of evidence gathering approaches including “in vivo” observation, self report and information from colleagues and clients, is an essential component of supervision, the comments on this form will inform the trainee’s future experiences as they progress from placement to placement. The information offered in this form will provide the basis for the “End of Placement Meeting” which will in turn inform the experiences for the trainee in the subsequent placement.

We would encourage supervisors to use the range of available ratings in their evaluation. While a rating of should be reserved for “exceptional” cases, we would encourage that it is used as appropriate to communicate areas of particular strength. Ratings of should be used where trainee’s have demonstrated specific competences but they are not yet established: either not quite at the expected level or not in a sustained way. Offering these ratings can prove difficult, but will support trainees to develop their skills across the range of competences.

While this form remains the supervisor’s means of communicating their professional assessment of trainee’s competence to the trainee, Programme and ultimately the exam board, during the course of placement, trainees will be gathering supplementary evidence of their demonstration of competence. They will be asked to gather, and have supervisors ratify, additional evidence in the following areas:

- **Assessment, formulation and intervention using specific therapeutic approaches**: Trainees will be asked to gather evidence of key competences in at least two psychological therapies. Trainees will have the means to record evidence in ePortfolio and will in turn ask you as supervisors (or other relevant and appropriate colleagues) to sign off on these activities. The Programme also require supervisors and trainees to use an appropriate structured observational tool on three occasions over the course of each placement. These forms need not be submitted, but the trainees will be asked to record a summary of feedback and outcome from the observations. Competence lists have been derived from nationally recognised frameworks and are available the links below.
  - CBT
  - Systemic therapeutic approaches
  - Other therapeutic approaches where circumstances allow
- **Neuropsychological Assessment**: Trainees and supervisors will have access to a competence list which will help guide trainees through the process and allow
supervisors to offer structured feedback on each step. While not all placements will allow opportunity for formal neuro assessment, trainees will be expected to gather the minimum number of experiences over the course of training. Competence list and experience guidelines are available here.

- **Leadership and influence**: Trainees will be asked to gather additional evidence of their competence in line with the competence list developed. Evidence can be derived from a range of sources including individual, team and service related activities which are clearly related to informing, shaping or influencing others, through to supervision discussion related to aspects of professional functioning or service delivery. The competence list can be found here.

Below you will find the list of competences trainees are expected to demonstrate during placement. Please assign a level to each competence from the drop down menu, using the range of scores available and as appropriate. We would also ask that you add some balanced and constructive feedback to allow trainees to reflect on their experiences and plan future development.

<table>
<thead>
<tr>
<th></th>
<th>Theory</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1</td>
<td>Ability to demonstrate knowledge of psychological theory (e.g. cognitive behavioral theory) and how they apply to the client group.</td>
</tr>
<tr>
<td>1.2</td>
<td>Ability to decide, using a broad evidence and knowledge base, how to assess, select and apply a range of possible models and modes of intervention with clients, carers and service users.</td>
</tr>
<tr>
<td>1.3</td>
<td>Ability to work effectively whilst holding in mind alternative, competing explanations.</td>
</tr>
<tr>
<td>1.4</td>
<td>Ability to demonstrate knowledge of the evidence base and practice guidance and the capacity to critically utilise these in complex clinical decision making without</td>
</tr>
<tr>
<td><strong>Comments:</strong></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Engagement</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1</td>
<td>Ability to develop and maintain effective collaborative working alliances with service users, carers and stakeholders, adapting communication as appropriate</td>
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<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td><strong>2.2</strong></td>
<td>Ability to adapt communication style to people with a wide range of cognitive ability, sensory (including the use of visual aids, interpreters etc. where appropriate)</td>
</tr>
<tr>
<td><strong>2.3</strong></td>
<td>Ability to recognise and manage the inherent power imbalance of the therapeutic relations</td>
</tr>
<tr>
<td><strong>Comments:</strong></td>
<td></td>
</tr>
</tbody>
</table>
3 Assessment

3.1 Ability to demonstrate skills in Therapeutic Interviewing;

a. Goal setting
b. Active listening
c. Summarising / reflecting back
d. Provision of accurate and constructive feedback
e. Pacing and timing
f. Confrontation (For example manages boundary issues – e.g. consistent issues)

3.2 Ability to select, use and interpret a broad range of assessment methods appro
takes place, to gather information on presenting difficulties (e.g. clinical intervie psychometric assessments, observations and information from others, includin

3.3 Neuropsychological Assessment

a. Ability to demonstrate understanding of the ethical, legal and clinical con
b. Ability to administer tests within structure, being mindful of people’s deve
response to the situation
c. Demonstrates ability to interpret results and incorporates into formulatio
d. Demonstrates ability to provide sensitive, constructive feedback, pitched

Risk Assessment

Ability to conduct appropriate risk assessment and use this to guide practice. Is
practices, as appropriate to the client and service setting, e.g. risk of self-harm
appropriate raises concerns with colleagues in a timely manner. This includes
responsibilities in terms of child protection and protection of vulnerable adults.

3.4 Comments:
## 4 Formulation

### 4.1 Ability to use assessment information to develop psychological formulations informed by incorporating interpersonal, societal, cultural and biological factors where appropriate, cognitive-behavioural (if applicable to placement) systemic therapeutic modalities other modalities (please specify as many as relevant)

### 4.2 Ability to develop formulations through a shared understanding of its personal meaning with others to better understand their experience.

### 4.3 Ability to develop formulations collaboratively with service users, carers, teams and services to receive feedback about what is accurate and helpful.

### 4.4 Ability to ensure that formulations are expressed in accessible language, culturally sensitive, for example, age, gender, disability and sexuality. Uses formulations to guide appropriate interventions.

### 4.5 Ability to lead on the implementation of formulation in services and uses formulation to enhance communication and psychological mindedness in services.

### 4.6 Ability to display competence in written communication of psychological formulations and their written form for a range of purposes and with appropriate frequency.

### 4.7 Reformulation

- Ability to reflect on and revise formulations in the light of on-going feedback and intervention.

**Comments:**
<table>
<thead>
<tr>
<th>5</th>
<th>Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1</td>
<td>Ability to recognise when (further) intervention is inappropriate, or when it is unhelpful to clients, referring and/or directing to other services as appropriate.</td>
</tr>
</tbody>
</table>
| 5.2 | **Application of Psychological Models**  
Ability to apply, evaluate and modify appropriate formulation-based interventions. Demonstrates application of theory into practice  
**Cognitive- Behavioural (if applicable to placement)**  
**Systemic Therapeutic modalities**  
**Other Modalities (please specify as many as relevant)** |
| 5.3 | Where intervention is appropriate, demonstrates the ability to use the formulation to inform other interventions relevant to the presenting difficulties and to the psychological complexity of the client |
| 5.4 | Ability to carry out these formulation driven interventions collaboratively in a range of settings: families, family carers, professional carers, groups, and services/organisations |
| 5.5 | Ability to use multi-modal interventions as appropriate to the complexity of the problem |
| 5.6 | Where appropriate, the ability to implement interventions and care plans throughout the multidisciplinary team members |
| 5.7 | Ability to conduct interventions in a way which promotes recovery of personal and social values and goals. |
| 5.8 | Ability to negotiates a collaborative and constructive end to therapy, utilising reflective practice |

**Comments:**
### 6 Evaluation

**6.1** Ability to select, develop and implements appropriate methods to critically and reflectively evaluate the effectiveness of interventions (both individual and organisational) and uses this information to inform and shape personal and professional practice.

**6.2** Ability to engage in a critically reflective approach to practice based evidence where both client related activities are reviewed in light of data from all sources including outcome measurement, feedback received in supervision, services/organisations in which the trainee is working.

**Comments:**

### 7 Personal and Professional Skills and Values

**7.1** Ability to demonstrate understanding of the broad role of the clinical psychologist within the health and social care system.

**7.2** Ability to recognise the importance and role of supervision and understand the process for both supervisor and supervisee, and makes appropriate use of feedback received.

**7.3** Values and respects individuals and diversity (e.g. understands the impact of difference, cultural, social and personal factors on people’s lives including any implications for working practices and always works in an anti-discriminatory and inclusive manner) and acknowledges the impact of one’s own value base upon clinical practice. Appreciates the inherent power imbalance between provider and client and works to minimise this.

**7.4** Ability to apply their understanding of ethical issues in complex clinical contexts, ensuring that informed consent is always obtained, provides clients, families and carers with information necessary to make informed decisions; explains the nature of treatment and techniques to clients.

**7.5** Ability to demonstrate self-awareness, the ability to work as a reflective practitioner, and awareness of the need for ongoing professional development, for example shows an awareness of the emotional impact of practice on self and develops strategies for support when necessary, with good awareness of boundary issues.

**7.6** Ability to use existing supports (including supervision) and develop strategies to manage the emotional and psychological impact of practice on self and develops strategies for support when necessary.

**7.7** Ability to function at a level of autonomy and initiative in professional activities appropriate to the stage in training and the needs. Does not work too independently or fail to take advantage of supervision.

**7.8** Ability to demonstrate and apply adequate knowledge of sharing/disclosing/disseminating confidential information to others in agency working.

**7.9** Ability to comply with the policies and practices of NHS Board with respect to time-keeping and record-keeping, including the keeping of accurate, up-to-date written or electronic records and case-notes.

**Comments:**
### 8 Communication and Teaching

**8.1** Ability to communicate clinical and non-clinical information from a psychological perspective to different audiences (for example, to professional colleagues, and to users and patients).

**8.2** Within scope of competence, ability to provide psychological advice/supervision not directly to clients / groups of clients that trainee is not directly working with (where appropriate).

**8.3** Ability to recognise when intervention by training of others (professional staff, relevant stakeholders) is required, supporting others’ learning in the application of psychological skills, knowledge and skills.

**8.4** Ability to prepare and deliver teaching and training which takes into account the learning style of the individual or group by utilising appropriate adaptations to methods and content and communicates these effectively.

**Comments:**

### 9 Organisational and Systemic Influence and Leadership

**9.1** Ability to establish good working relationships and contribute to team functioning. Provides constructive contributions in uni and multi-disciplinary meetings and offers opinions in supervision.

**9.2** Ability to influence service delivery including through consultancy, training and supervision of professional teams. Promotes psychological mindedness in the service delivery.

**9.3** Ability to demonstrate awareness of, and apply the principles of the legislative framework and clinical practice.

**9.4** Ability to demonstrate leadership/influence qualities such as being aware of and promoting the psychological mindedness of teams and organisations, contributing to the psychological mindedness of teams.

**Comments:**
OTHER COMMENTS ON LEARNING AND COMPETENCY DEVELOPMENT

What have been the trainee’s strengths during placement?

Further training and development: Are there any important areas of learning or experience that have not been available during this placement? What are your recommendations for future learning?

Other Comments
APPENDIX 6.6 LOG BOOK OF CLINICAL ACTIVITY (SAMPLE)

RECORD OF CLINICAL ACTIVITY

Trainee Name:

Course:

Specialty:

Course Start date:

Course End date:

Main Supervisor(s):

Back-up / Additional Supervisor(s)

This is an accurate record of clinical activity carried out on placement

Signed by Trainee: ..................................................

Signed by Supervisor: .............................................

Date: .................

Trainees should initial each page of the document and complete the “page_ of _” section with a pen, in order to show that they have proof read the printed document. Signed original documents should be submitted. Only submit those pages/boxes that are relevant to the completed Course. Take care to remove all identifiers.

Office Use:

Reviewed by Clinical Tutor .................................

Date ..........................
### Summary of the Range of Experience on Placement

(This summary will be used during the Individual Learning Plan Review)

<table>
<thead>
<tr>
<th>Number of cases</th>
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<tbody>
<tr>
<td>Sex and Age Range</td>
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</table>

**Types of Presenting Problems, Diagnoses, Conditions, Services worked in.**

**Format of sessions:** Direct and Indirect Clinical Work (e.g. one-to-one, group work, couples, families, intervention through carers)

**Assessment approaches**
(observation, psychometric, other)

**Therapeutic approaches**
(variety of models)

**Settings**
(Describe Community-based work and Acute/Inpatient Work)

**Contribution to team management and functioning**

**Consultation**

**Teaching/training Others**

**Organisational Professional Work (e.g. Service development)**

### RECORD OF MUTUAL OBSERVATIONS

**Supervisor observes trainee** (included taped/videoed/screened sessions)

<table>
<thead>
<tr>
<th>CASE</th>
<th>Age/Gender</th>
<th>Presenting problem/diagnosis and Learning Points</th>
<th>n of sessions observed</th>
</tr>
</thead>
</table>
### Trainee observes supervisor (include taped/videoed/screened sessions)

<table>
<thead>
<tr>
<th>CASE</th>
<th>Age/Gender</th>
<th>Presenting problem/diagnosis and Learning Points</th>
<th>n of sessions observed</th>
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### Trainee and Supervisor work together

<table>
<thead>
<tr>
<th>CASE</th>
<th>Age/Gender</th>
<th>Presenting problem/diagnosis and Learning Points</th>
<th>n of sessions worked together</th>
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### OTHER OBSERVATIONS

#### Trainee observes other professionals

<table>
<thead>
<tr>
<th>CASE</th>
<th>Age/Gender</th>
<th>Professional Observed</th>
<th>Presenting problem/diagnosis and Learning Points</th>
<th>n of sessions observed</th>
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</table>

#### Joint working with other Multi-disciplinary Team Members

<table>
<thead>
<tr>
<th>CASE</th>
<th>Age/Gender</th>
<th>Professional Observed</th>
<th>Presenting problem/diagnosis and Learning Points</th>
<th>n of sessions worked together</th>
</tr>
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</table>
## RECORD OF INDIVIDUAL, COUPLE AND FAMILY CASES

<table>
<thead>
<tr>
<th>Case:</th>
<th>Referral (Reason for referral, presenting problem, relevant diagnoses):</th>
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<tbody>
<tr>
<td>(Do not use real initials)</td>
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<table>
<thead>
<tr>
<th>Gender:</th>
<th>Assessment (methods):</th>
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</table>

| Total n of sessions involved with case: | |
|-----------------------------------------| |
| Client Attended: | |
| Client Cancelled/DNA: | |
| Indirect/Consultation: | |

| Formulation (approach, models, methods, sharing formulations, reformulating): | |

| Intervention (approach, treatment plans, methods, models): | |
|------------------------------------------------------------| |
| Assessment only (tick box): | |

| Format and setting of sessions (One-to-one, Couple or Family Work, Work with Carers, telephone liaison, videoing, day centre observations, home visits, out-patient / in-patient): | |

| Multidisciplinary Team Working (Indicate your role clearly): | |

| Consultation/Liaison with other professionals and services outwith the MDT/ Indirect Working (e.g. through Carers, Other Professionals, Family Members); (Indicate your role clearly): | |

| Outcome (evaluation of outcomes, outcome measures, discharge, referral): | |

| What did I learn from this case? | |

Do not go over one page per case.
# RECORD OF GROUP INTERVENTION

(If applicable and completed on this Course)

<table>
<thead>
<tr>
<th>Trainee's role:</th>
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<tbody>
<tr>
<td>Others involved in case:</td>
</tr>
<tr>
<td>Group intervention objectives:</td>
</tr>
<tr>
<td>Methods and outcome:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Case</th>
<th>Age</th>
<th>Gender</th>
<th>N of sessions in group (Attended/Cancelled/DNA)</th>
<th>Case</th>
<th>Age</th>
<th>Gender</th>
<th>N of sessions in group (Attended/Cancelled/DNA)</th>
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</table>

What did I learn from working with this group?

## PROFESSIONAL ACTIVITY/EXPERIENCE

### Teaching and training others / Consultation

<table>
<thead>
<tr>
<th>Activity/Experience</th>
<th>Learning Points</th>
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### Organisational Involvement (e.g. Service Development, Service Organisation)

<table>
<thead>
<tr>
<th>Activity/Experience</th>
<th>Learning Points</th>
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</table>
### Contribution to Team Management and Functioning

<table>
<thead>
<tr>
<th>Activity/Experience</th>
<th>Learning Points</th>
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</table>

### Record of RESEARCH ACTIVITY on placement
- e.g. audit, data management, psychometric outcomes, literature reviews, attending conferences

<table>
<thead>
<tr>
<th>Activity/Experience</th>
<th>Learning Points</th>
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<tbody>
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### Course 5: SERVICE BASED EVALUATION
(If applicable and completed on this Course)

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<tr>
<th>Title of Project</th>
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<table>
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<tr>
<th>Abstract</th>
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</table>

### Course 11: SERVICE BASED EVALUATION II
(If applicable and completed on this Course)

<table>
<thead>
<tr>
<th>Title of Project</th>
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<table>
<thead>
<tr>
<th>Abstract</th>
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### Course 12 & 13: REFLECTIVE ACCOUNT
(If applicable and completed on this Course)

<table>
<thead>
<tr>
<th>Title of Reflective Account</th>
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</tbody>
</table>
APPENDIX 6.7 TRAINEE’S REFLECTIVE NOTES (SAMPLE)

Reflective notes
COURSE 6
CHILDREN, YOUNG PEOPLE & FAMILIES THEORY AND PRACTICE

Trainee Name:
Course Start date:
Course End date:
Main Supervisor:
Other Supervisor(s):
Number of Times Trainee Observed by Supervisor(s):

Signed by Trainee: ..............................................................

Signed by Supervisor(s): .....................................................

Date: ..............................................................................
Office Use:

Reviewed by Clinical Tutor: .................................................................

Date: .....................................................................................................
Please write a reflective piece about your Personal and Professional Development over Course 3. You might use the ILOs listed below to structure your reflections or you might choose to reflect freely but note which ILOs your reflections refer to. Your reflective diary should provide you with material for this task. Please do not exceed 1000 words.
CLINICAL SKILLS DEVELOPMENT

6.1 THEORY
How have you developed your understanding of major theories and evidence informing clinical practice with children/young people, and their families?

6.2 LINKING THEORY TO PRACTICE
Please consider times when you have applied theoretical knowledge to assessment, formulation and intervention with service-users and reflect about your development in these skills over the course of this placement.

6.3 EFFECTIVE WORKING ALLIANCES
Reflect about how your skills have developed in terms of initiating and maintaining collaborative working alliances with children/young people, their families/carers and services.

6.4 ASSESSMENT
REFLECT ON THE DEVELOPMENT OF YOUR SKILLS IN SELECTING, USING AND INTERPRETING A WIDE RANGE OF SPECIALISED PSYCHOLOGICAL ASSESSMENT METHODS APPROPRIATE TO CHILDREN/YOUNG PEOPLE AND THEIR FAMILIES, INCLUDING FORMAL PROCEDURES (USE OF STANDARDISED INSTRUMENTS) AND OTHER STRUCTURED METHODS (E.G. OBSERVATION OR GATHERING OF INFORMATION FROM OTHERS)

6.5 FORMULATION
Reflect on the development of your ability to develop psychological formulations, which integrate assessment information within a coherent theoretical framework (drawing upon psychological theory and evidence and which incorporate cognitive, behavioural, developmental, interpersonal, systemic, societal, cultural and/or biological factors)

6.6 How have your developed your skills in the sharing of formulations, e.g., how you used formulations with children/young people and their families to facilitate their understanding of experiences, and with other professionals to assist multi-professional understanding and communications regarding the service-users.

6.7 Reflect on times when you have had to revise formulations in the light of ongoing intervention.

6.8 How have you developed your skills in this area?

6.9 Indirect Work: Reflect on the development of your ability to implement and record interventions collaboratively through family members, carers, or individuals who are formal professional carers for the child/young person, e.g., social work, school or medical staff.

6.10 Direct Work: How have you developed your competence in the delivery of a range of intervention skills, techniques and practices relevant to children/young people and their families (including use
of more than one relevant therapeutic model e.g. cognitive behavioural, behavioural and systemic)?

- 6.11 How do you recognise when further intervention is inappropriate, or unlikely to be helpful, and communicate this sensitively to clients and their family (including appropriate management of the end of therapy and discharge)?

- 6.12 EVALUATING INTERVENTION

Reflect about the development of your ability to select and implement appropriate methods to evaluate the effectiveness, acceptability and broader impact of interventions (both individual and organisational). How do you use this information to inform and shape your practice?

- 6.13 PROFESSIONAL DEVELOPMENT

How do you ensure that your clinical practice is ethical? Please reflect on occasions where you have had to resolve ethical issues during this placement.

- 6.14 Reflect about your contribution on this placement to multidisciplinary team functioning and work within specialist service systems (including consultancy work and supervision, teaching and training of other professionals).

APPENDIX 6.8 TRAINEE PLACEMENT FEEDBACK FORM (SAMPLE)

UNIVERSITY OF GLASGOW
DOCTORATE IN CLINICAL PSYCHOLOGY

TRAINEE’S PLACEMENT & SUPERVISION FEEDBACK FORM

Name of Trainee: ___________________________  Intake Year: __________

Name of Supervisor(s): _______________________

Placement: ________________________________

Base: ________________________________

Signed by Trainee __________________________  Date ______________

Signed by Supervisor ________________________  Date ______________
For Office Use:

Signed by Clinical Tutor ………………………..
Date……………………..

This form should be completed by the trainee and signed by both trainee and supervisor before being submitted to the Programme with all documentation. Copies are held in confidence by the trainee, supervisor and the Programme. Please describe the placement briefly under each of the headings below, making any evaluative comments you feel would be helpful.

1. **Early part of placement** (placement agreement, induction, other early placement experiences)

Were you given adequate briefing in terms of Health, Safety and Welfare?

○ YES  ○ NO

If, No, please elaborate

2. **Case Load** Did the caseload meet your requirements in terms of training needs on placement? (E.g. range of cases, number of cases, assessment and intervention cases, time spent in direct patient contact, group and family work, work with clients and carers)

○ YES  ○ NO

If, No, please elaborate

3. **Supervision** (frequency, methodology, opportunities for supervisor to observe trainee and vice versa)

4. **Other Placement Experiences**

5. **Physical Environment and facilities** (desk, room, secretarial support)

6. **Secretarial Support**

7. **Social Environment / Orientation / Ethos**

8. Did this placement conform with the training plan outlined in your placement agreement?

○ YES

○ YES - Although there were some minor problem areas of gaps (specify)
9. Overall View of Placement, General Comments

Signed by Trainee ........................................ Date .................

Signed by Supervisor ........................................

For Office Use:

Seen by.................................................. Date ......................

☐ NO - There were one of more substantial problem areas (specify)
APPENDIX 6.9 INDIVIDUAL LEARNING PLAN REVIEW FORM (SAMPLE)

First Year ILP Review Meeting Date of meeting:

1. Reflection on CPD:

2. CLINICAL/PROFESSIONAL PRACTICE

Has Older Adult Experience been met? Yes ( ) No ( ) – Requirements and plans to meet them:

3. ACADEMIC PROGRESS

4. RESEARCH PROGRESS

Trainee Feedback (including preferences for training/placement plans)

Outstanding items for review in Year II/Essential Action Points:

1st Year ILP Review completed & signed by:

Programme Team Member:

Attending NHS Line Manager/Local Tutor:

Trainee:
APPENDIX 6.10 INDUCTION CHECKLIST

PRACTICE PLACEMENT INDUCTION CHECKLIST

NHS Board:

Placement Base:

Specialty:

Practice Placement Dates:

Trainee Name:

Main Supervisor(s):

We confirm that the following topics were formally discussed in relation to practice placement, with consideration of the above placement base, specialty and relevant individual requirements of supervisor and trainee.

Signed by Supervisor(s):

date:

Signed by Trainee:    date:

<table>
<thead>
<tr>
<th>The Practice Placement setting must provide a safe and supportive environment (SET 5.3)</th>
<th>Supervisor (initial and date on completion)</th>
<th>Trainee (initial and date on completion)</th>
</tr>
</thead>
</table>
**The Practice Placement must be conducted in line with relevant Equality and Diversity policies (SET 5.5)**

Relevant policies discussed and accessible to trainee (including Equality Act, 2010) and trainee knows what they should do under employment procedures if they feel discriminated against.

**Resources:** Trainee has access to (at least) shared office space, a telephone and desk.

**Placement Agreement** has been jointly written, agreed and signed.
APPENDIX 7.2  GUIDELINES FOR REFLECTIVE SCIENTIST PRACTITIONER

1. General Introduction

Third year trainees are required to submit two 3000 to 5000 word Reflective Accounts, one during module 12 and one during Course 13. The purpose of the Reflective Account is to demonstrate evidence of reflection about personal and professional development over time and should focus on learning experiences, which have prompted personal and professional development. Learning experiences used as a foundation for reflection may involve; work with a clinical case or a number of clinical cases over time, a group intervention, indirect interventions or staff training, the development of an innovative intervention, specialist working in the wider political context, experiences of multidisciplinary team working or perhaps the dynamics of working within a specialist team, audit or research work completed on placement, issues in clinical governance, ethical, confidentiality or risk issues, involvement in service development; indirect experiences (e.g., shadowing supervisor) of management in the context of service delivery. This is not an exhaustive list of examples, and the trainee should select key development occasions as the focus for reflection to illustrate the beginnings of, or the catalyst for, the process of change.

Trainees are encouraged to view the Reflective Account as an opportunity to present themselves as reflective practitioners, and should be satisfied that the learning experience(s) and process of reflection presented is representative of their personal and professional development over time. The account should be set in the context of relevant literature, with reference to models of reflection, relevant policy and professional guidelines and the relevant evidence base for clinical or professional work undertaken as appropriate.

BPS Professional Development Framework

The National Occupational Standards and BPS Continuing Professional Development guidelines provide structure to the process of reflection for Courses 12 & 13.

Reflective Account - Course 12

It is our hope that the process of writing the account will be helpful in prompting reflection on your personal and professional development. Therefore please select a topic that you would like to explore further using written reflection. As a guide, the reflective account for Course 12 can address a range of experiences as they relate to one of (or more than one of) the following competency domains. Writing the account will involve drawing upon and synthesising experiences throughout training.

- **Ethics** – Develop, implement and maintain professional standards and ethical practice.
- **Clinical Practice** – Apply psychological and related methods, concept, models,
theories and knowledge derived from reproducible research findings.

**Communication** - Communicate psychological knowledge, principles, methods, needs and policy requirements.

**Reflective Account Course 13**

It is our hope that the process of writing the account will be helpful in prompting reflection on your personal and professional development. Therefore please select a topic that you would like to explore further using written reflection. As a guide, the reflective account for Course 13 can address a range of experiences as they relate to one of (or more than one of) the following competency domains:

**Research and Evaluation** - Research and develop new and existing psychological methods, concepts, models, theories and instruments in psychology.

**Training** - Develop and train the application of psychological skills, knowledge, practices and procedures.

**Management** - Awareness of how the provision of psychological systems, services and resources are managed.

**Confidentiality**

In line with the NHS Code of Practice on protecting Patient Confidentiality, no individual person should be identifiable in your work. The work is a focus on your own personal professional development, not on other specific people. Of course, the work may involve reflection on interactions, and work with patients and professionals. However, this should not be a story of work with one client or professional in which an individual is identifiable. The work should focus on you and how you have changed and developed as a professional. We also recommend that you do not disclose personal details of your own history that could identify you in the anonymised work.

All information which may breach patient confidentiality must be removed from the essay. No names or initials can be included. Take care when giving pseudonyms to others in the work. This style is often a sign that too much focus is being placed on another individual, such as in a case study format. No other information should be included which may enable individuals to be identified as one of a small number of people such as an identifying birthplace or ethnicity, specific workplace, patient group, home, hostel, club, activity centre, voluntary organisation, naming of occupation or job position occupied by few people.

Professionals' identity must also be protected in the work. The names and bases of workers and agencies should be removed. The clinical supervisor's name must not appear in the account. The name of the placement base should not be stated in the document. Trainees must ensure that they consider and respect others' dignity in writing the Reflective Account. Make it clear where expressed ideas or feelings are your own, rather than objective fact. Avoid judgemental statements. For further guidance, please discuss the account with the Clinical Tutor. Trainees who do not adequately remove identifiers will be required to resubmit the work.

**Supervision**

Since all clinical cases and professional activities are conducted under
supervision, supervisors will naturally be able to advise on the selection, assessment and management of clinical and professional work, and help the trainee reflect on the work. However, the written Accounts have the status of University examination scripts and under no circumstances should drafts be given to clinical supervisors for comment. This restriction applies equally to all drafts of the Account. Advice can be sought from Clinical Tutors. Clinical supervisors may read the Accounts after formal submission if you would like them to.

Trainees are advised to discuss and reflect on potentially appropriate experiences with their supervisors and Clinical Tutors as early as possible and throughout placement. General enquiries can be directed to Clinical Tutors. A clear process for feedback is provided, and appropriate teaching, workshops and Personal and Professional Development (PPD) Groups will be regularly convened to aid the process of reflection.

Content and Format of Account

Each Account should be typewritten and the text be 3000 to 5000 words, and should not exceed 5000 words. Accounts should have a title page which includes the name of trainee, Course, word count, matriculation number, date (and no other information). Each subsequent page should contain a footnote with only the trainee matriculation number.

The report layout must include the following:

Title Page

Clearly articulated, succinct and relevant title reflecting content of Reflective Account. Name of trainee, matriculation number, date of submission, Course, word count. Trainee name should be included on title page only, and a footnote on each subsequent page should note matriculation number only.

Introduction

The introduction should provide an overview of how and why the learning experience(s) was selected for presentation in the account, and the professional relevance this has for the trainee. Relevant theoretical, clinical, professional and/or policy issues relating to the subject matter of the essay may be referred to and introduced in this section. An introduction and description of the model/models used to structure the reflection should also be provided. The introduction may also refer to the process of supervision, the professional development that may be a focus for the account, and/or the context of the learning environment.

Reflection

The body of the account can be structured in some way by a model or models. However, trainees should not be restricted by one model, or stick only to educational models. Trainees are free to apply whatever theory or model they find helps them with the process of reflection. Do not simply adhere rigidly to one model if this seems restrictive in expressing the nature of the reflection. Most of the educational models involve some description of events, together with impressions and observations, and other relevant background information. Trainees should then actively reflect on the decision-making processes contributing to clinical and professional actions, using guidance from their chosen
model, and go on to consider impact on future practice. The account should convey all of the Criteria for Reflective Functioning.

The chosen reflective models used in structuring the account will guide this process. This section may also involve discussion of how supervision or other supports were used to aid reflective practice. In the context of the relevant models, trainees should discuss the personal impact, resulting professional outcome, and the implications of this professional topic area/role for the wider context of the profession of clinical psychology.

Reflective Review

A critical reflective review may discuss the experience or the account itself (i.e. a meta-reflection), in the context of any evidence base or later experiences/reflections, and consider alternative approaches, what you may have done differently, or what you may do differently in the future. You may also consider relevant theoretical, empirical, clinical, professional and/or policy documents which may aid reflection on the wider issues of professional development as a clinical psychologist. You may like to critique the models adopted.

Reflective Practice Support

In order to support the process of writing these Accounts and the development of reflective writing skills, regular meetings and support will be set up throughout the year. Aspects of reflective functioning, models and references, suitable selection of learning experiences, examples and writing guidelines may be discussed. Clinical Tutors will also be available to answer questions about Reflective Accounts at other times.

Formative Feedback on Draft Reflective Accounts

Draft Reflective Accounts for Course 12 and 13 can be read and reviewed by Clinical Tutors prior to final submission, although it is not necessary to submit drafts. No grade will be given, but formative feedback will be provided based on the Criteria of Reflective Functioning. Advice may be given on structure and content if the Reflective Accounts fail to meet the required standards, they will be re-written to conform to the necessary criteria (fully informed by feedback) and resubmitted for further review by the clinical tutor.

Criteria of Reflective Functioning

In considering the application of educational models of reflective practice, four main themes can be highlighted. Trainees are expected to be aware that the learning environment is complex, that their competencies will develop over time, and that reflection on reactions to learning experiences may lead to progress in professional development. Finally, trainees are expected to recognise their future training needs in the context of reflection on their achievements. These themes, outlined further below, indicate ways in which reflective functioning may be evidenced, and will guide the completion and review of Reflective Notes.

**Multiple influences lead to competency development in a complex learning environment**

Trainee makes explicit effort to communicate awareness of the complex learning environment and multiple influences on changes in their thinking, knowledge, skills and competencies.
Here we are attempting to encourage reflection on the complexity of the learning environment and the multiple sources of influence derived from clinical training. To highlight a few examples: clinical and research supervision, working with other professionals and agencies, conducting both small scale and large scale research, observing others in their professional roles, participating in the organisational structures and processes of NHS and Social Care, participating in teaching and training others, and self directed study. The trainee should try to reflect on the key aspects of the learning environment that have influenced change and development over time.

**Development of professional competencies may be explicitly recognised through reflection on personal reactions**

Trainee makes explicit effort to communicate the **impact** of learning experiences and to express how this has led to change in practice.

The trainee should communicate the dynamic impact of their experiences and, through reflection on these, the resulting implications for professional and clinical practice development. Trainees should evidence this through communicating an awareness of how reflection on personal responses and reactions may provide a source for professional learning and development. Trainees should communicate awareness of how learning experiences can feed into the process of development and change. Trainees must be mindful of privacy issues and the difference between reflection on professional development, through expressing emotions involved, and personal disclosure. Consideration must be given to the context for the appropriate level of reflection and language used (e.g. use of personal and private reflective diary vs. final formal submission).

**Skills and competencies develop over time**

Trainee makes explicit effort to communicate awareness of **developmental changes** in their thinking, knowledge, skills and competencies and on their professional, ethical and personal development and conduct (following awareness of the personal impact of learning experiences.

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 possess an awareness of the developmental nature of their skills over time, and should communicate this in their reflective writing. 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 how their theoretical orientation, value base, practice or professional and ethical awareness changes over time, and are impacted by the experiences accrued during training.

**Taking responsibility for future learning**

Trainee makes explicit effort to communicate formulation of experiences and learning in terms of **future training and professional development**.

Here, the trainee should begin to articulate the foundation skills for self regulating CPD and life long learning. Trainees should be aware of an active, autonomous and responsible approach to their own learning and professional development. Trainees should be able to constructively consider strengths or limitations in their experience, knowledge, skills and competencies and articulate personal learning
goals and objectives. In addition, trainees may use knowledge of limitations in their experience and competencies to reflect on appropriate adjustment of professional and ethical practice.

The Clinical Tutor will make one of the following recommendations:

1. **This account is considered to be suitable for submission.** Please make any minor amendments as recommended, and submit a paper copy.

2. **This account should be amended as recommended, and handed in for further review by the Clinical Tutors.** Please meet with the named reviewer to discuss changes and hand in for further formative feedback by: specified date.

---

**Draft Account Handed in to Clinical Tutors**

**Formative feedback** given based on the *Guidelines for Reflective Account* and the *Evidence of Reflective Functioning Criteria*.

**Proceed with Submission**
Trainee can make minor amendments as per feedback prior to the submission date.

**Revise and receive further formative feedback**
Trainee should make recommended revisions and hand in the work to Clinical Tutors by the given deadline.

**Summative Feedback**
Given by clinical tutor to indicate if the Reflective Account has achieved the necessary 'pass' grade.
Appendix 8.1 Data Handling Procedures for Psychologists in Training

University of Glasgow – NHS Scotland Doctoral Programme in Clinical Psychology

These measures are in force until more formal processes are agreed at a strategic level between the Board and the University (the more formal processes will apply to all NHS employees who are registered concurrently as students with the University)

For the use of clinical data in research projects, the following control measures will be used:

- All data must be anonymised before it leaves the clinical environment

- There are two approved methods for the transfer of the data from the NHS environment to the university or student’s own systems:
  - Through the use of approved encrypted flashdrives. (NHS GGC currently permit the use of SafeStick by Blockmaster.)
  - Through the use of NHS mail which can be accessed over the web outside the NHS environment. Students can either email data to themselves (NHSm ail to NHSm ail) or attach it to an email (NHSm ail accounts can be activated by going to www.nhs.net and following the instructions), save a draft, and then access the draft email to download the data.

- The data may be stored and processed on:
  - a restricted access university network area;
  - laptops or home PCs with whole-disk encryption and from which the data is deleted on completion of the research. Preferably, the hard disk should be encrypted with a security application accredited to FIPS 140-2 standard. Where no such software is readily available an alternative may be used, applying the Advance Encryption Standard (AES) as a minimum. (The freely available TrueCrypt software claims to meet this standard: www.truecrypt.org)

Isobel Brown, IG Manager, NHS Greater Glasgow & Clyde

Frank Rankin, IG Manager, NHS Education for Scotland

December 2009
INTERIM DATA HANDLING PROCEDURES FOR PSYCHOLOGISTS IN TRAINING – ADDITIONAL INFORMATION AND GUIDANCE

UNIVERSITY OF GLASGOW-NHS EDUCATION FOR SCOTLAND DOCTORAL PROGRAMME IN CLINICAL PSYCHOLOGY

The following guidance has been developed in consultation with Mike Dench (IT Security Manager, NHS GG&C) and should be followed when handling research and audit data. This document is an addendum to, and should be read in conjunction with, the “Interim data handling procedures for Psychologists in Training” dated December 2009. This guidance applies to all NHS employees who are registered concurrently as students with the University.

For transfer of data the encrypted flashdrives currently approved by NHS GG&C for use include SafeStick and SafeXs both by Blockmaster.

For storage and processing of data a “restricted access university network” includes the accessing of the network through the University of Glasgow remote access system. When using a restricted access university network these additional guidelines must be followed:

- The password you use to access your university account must comply with NHS GG&C standards. Specifically the password should be at least 8 characters long, contain a combination of upper and lower case letters and include either a number or a symbol.

- When using the remote access service all processing of data should remain within the remote access environment and you should not download or save the data file to the client computer that you are using to access your account (unless the client computer complies with the encryption standards set by NHS GG&C).

For storage and processing of data on a laptop or home PC:

- The password you use to access the computer must comply with the above NHS GG&C standard for passwords.

For storage and processing of data on an Apple laptop or computer:

- An encrypted folder must be created to store the data and the password set for this folder must comply with the above NHS GG&C standard for passwords.

Sue Turnbull, University Teacher, Mental Health & Wellbeing, University of Glasgow

May 2013
APPENDIX 8.2 RESEARCH SUPERVISION AGREEMENT

The purpose of this agreement is two-fold. Firstly, to provide structure for the trainee-research supervisor relationship; and secondly, to establish mutual responsibilities associated both with the process and productivity of the research work. By signing this you agree to follow the guidelines in the research chapter in the DClinPsy handbook. You should comply with Research Governance procedures which will include maintaining an up to date research log (appendix 8.4 of handbook) and a Site File.

<table>
<thead>
<tr>
<th>Title of Research Project:</th>
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<tr>
<th>TOPIC AREAS TO CONSIDER FOR SYSTEMATIC REVIEW:</th>
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<tr>
<th>Roles and Responsibilities</th>
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You should agree the frequency of meetings at different stages of the research and define the roles of all collaborators. Guidance as to the roles and responsibilities of academic supervisors, field supervisors and trainees can be found in the handbook (8.3-4)
### Frequency of meetings

- 

### Specific roles of supervisors / collaborators (in addition to those in the Handbook)

- 

### Specific roles of trainees (in addition to those in the Handbook)

- 

### Undertaking concerning publication

If the paper is considered suitable for publication by the trainee and university supervisor, it should be submitted to a relevant journal as agreed with supervisor(s). The date for submission should be agreed between the trainee and the university supervisor. The affiliation of the trainee should be stated as “Institute of Health and Wellbeing, University of Glasgow” at the university department address. It will be normal practice for the postgraduate to be the first author, but with the supervisor identified as the corresponding author. In the event of the paper not being submitted for publication by the agreed date then the supervisor may assume responsibility for submission. An electronic copy of all data files and resources should be provided to the University Supervisor. A copy of any publication should be sent to the Research Director.

### Administration

Signed copies of this agreement should be held by the postgraduate and supervisor(s) and an electronic copy submitted with the final version of your MRP Proposal to moodle for your efile

<table>
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<tr>
<th>Trainee</th>
<th>Date</th>
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<tr>
<td>University Supervisor</td>
<td>Date</td>
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<tr>
<td>Other Supervisor</td>
<td>Date</td>
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APPENDIX 8.3 RESEARCH PROGRESS REPORT

NAME: ............................................................................................................................
PROJECT TITLE: ..............................................................................................................
SUPERVISOR(S): .........................................................................................................
DATE OF RESEARCH PROGRESS COMMITTEE: ....................................................

1. Has a Research Agreement been completed?
2. Which Ethics Committee(s) have approved your research?

   Date(s) Approved:
   Has a copy of ethical approval been passed to the Research Director?

3. Has the Research and Development form been completed?
4. Describe progress with the systematic review

5. How many research participants have been recruited?

   When do you expect to complete data collection?

   Comments:

6. Please describe how the data are to be analysed

7. Are there any issues or difficulties you wish to discuss?

Any other comments:

Signature ................................................................. Date ......................
APPENDIX 8.4 RESEARCH LOG BOOK

Trainee Name

Part A: Calendar of important dates and deadlines
Part B: Log of research supervision
Part C: Log of other key research meetings (e.g. statistician, local clinician)
Part D: Relevant correspondence
Part E: Letters of submission and acceptance/permission (e.g. ethics)

To be kept up-to-date and brought to viva examination to be shown to the examiner on request.

PART A: Calendar of Important Dates and Deadlines Pertaining to Research

<table>
<thead>
<tr>
<th>Date of Log Entry</th>
<th>Task/Deadline</th>
<th>Date Due</th>
<th>Date Completed</th>
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### RESEARCH SUPERVISION LOG

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**PART C**

Trainee Initials ...............................................  Page .......... of .................

**KEY RESEARCH MEETINGS LOG**

<table>
<thead>
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<th>Date of Meeting:</th>
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<td>Agenda:</td>
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(Further copies of this page can be made as required)
## APPENDIX 8.5 HEALTH & SAFETY FORM

### HEALTH AND SAFETY FOR RESEARCHERS

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<table>
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<tbody>
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<td>1.</td>
<td>Title of Project</td>
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<tr>
<td>2.</td>
<td>Trainee</td>
</tr>
<tr>
<td>3.</td>
<td>University Supervisor</td>
</tr>
<tr>
<td>4.</td>
<td>Other Supervisor(s)</td>
</tr>
<tr>
<td>5.</td>
<td>Local Lead Clinician</td>
</tr>
<tr>
<td>6.</td>
<td>Participants: (age, group or subgroup, pre- or post-treatment, etc)</td>
</tr>
<tr>
<td>7.</td>
<td>Procedures to be applied (eg, questionnaire, interview, etc)</td>
</tr>
<tr>
<td>8.</td>
<td>Setting (where will procedures be carried out?)</td>
</tr>
<tr>
<td></td>
<td>i) General</td>
</tr>
<tr>
<td></td>
<td>ii) Are home visits involved</td>
</tr>
<tr>
<td>8.</td>
<td>Potential Risk Factors Identified see chart</td>
</tr>
<tr>
<td>9.</td>
<td>Potential Risk Factors Considered (for researcher+participant safety):</td>
</tr>
<tr>
<td></td>
<td>i) Participants</td>
</tr>
<tr>
<td></td>
<td>ii) Procedures</td>
</tr>
<tr>
<td></td>
<td>iii) Settings</td>
</tr>
</tbody>
</table>

Trainee signature: Date:  
University supervisor signature: Date:
HEALTH AND SAFETY FOR RESEARCHERS: GUIDELINES

Points to consider when assessing risk. In each instance make a case for the design being safe or reconsider the design of the study.

<table>
<thead>
<tr>
<th>Participants</th>
<th>Levels of Risk</th>
<th>Actions</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>This participant sample is not normally associated with dangerous or unpredictable behaviour</td>
<td>Provide details of participants.</td>
</tr>
<tr>
<td></td>
<td>This participant sample is associated with impulsive, irrational or unpredictable behaviour, and/or has poor emotional control</td>
<td>What procedures will be put in place to ensure your safety as a researcher?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Research Procedures</th>
<th>Levels of Risk</th>
<th>Actions</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>The procedures in the study are same/similar to those used by clinical psychologists with these participants and are not normally associated with production of significant distress.</td>
<td>Most research procedures have the propensity to cause some level of frustration and/or distress. What can you do to minimise frustration? What would you do if someone became upset? What would you do if the research procedures identified unmet need?</td>
</tr>
<tr>
<td></td>
<td>These are novel procedures and/or might produce anger, irritability or distress</td>
<td>In addition to the above consider ways to design your study that minimises the likelihood of causing anger, irritability or distress.</td>
</tr>
</tbody>
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<table>
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<tr>
<th>Settings</th>
<th>Levels of Risk</th>
<th>Actions</th>
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<tr>
<td></td>
<td>These are clinical or University research settings, charitable organisations or other institutional settings, that participants routinely attend (eg, a school). They have procedures in place to minimise risk to staff and these are thought to be adequate in the context of the proposed study.</td>
<td>Detail what these are and how they will be adhered to.</td>
</tr>
<tr>
<td></td>
<td>Home visits</td>
<td>Refer to the specific guidance for Home-Visits for research detailed overleaf and include all points in research design and detail on Health and Safety form</td>
</tr>
</tbody>
</table>
Home Visits and Research Guidance

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.
APPENDIX 8.6 RESEARCH COSTS & EQUIPMENT
RESEARCH EQUIPMENT, CONSUMABLES AND EXPENSES

Trainee

Year of Course .............................................. Intake Year ...............................  

Please refer to latest stationary costs list (available from student support team)

<table>
<thead>
<tr>
<th>Item</th>
<th>Details and Amount Required</th>
<th>Cost or Specify if to Request to Borrow from Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stationary</td>
<td></td>
<td>Subtotal:</td>
</tr>
<tr>
<td>Postage</td>
<td></td>
<td>Subtotal:</td>
</tr>
<tr>
<td>Photocopying and Laser Printing</td>
<td></td>
<td>Subtotal:</td>
</tr>
<tr>
<td>Equipment and Software</td>
<td></td>
<td>Subtotal:</td>
</tr>
<tr>
<td>Measures</td>
<td></td>
<td>Subtotal:</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td></td>
<td>Subtotal:</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For any request over £200 please provide further justification for all items that contribute to a high total cost estimate. Please also provide justification if costing for an honorarium:

Trainee Signature.............................................. Date............................

Supervisor’s Signature ............................... Date ............................
APPENDIX 8.7 PLAIN ENGLISH SUMMARIES

Guidelines for Plain English Summaries

1. There is a **maximum** word count of 500 words. *Report the word count at the end of the summary* [proposal only]

2. *Plain English Summaries should be written in Font Size 14 with 1.5 spacing.* [proposal and for dissemination]

3. The aim of plain English summaries is provide clear, concise and unambiguous descriptions of your study in a way that is accessible to others without specialist knowledge.

4. In adopting plain language to describe your study be careful not to ‘dumb down’ the language so that it is vague or worse, seems patronising to the reader.

5. Make sure that all aspects of the study are transparent including the purpose of the work, your methods of identifying and approaching participants, methods of informed consent, any ethical issues and what is required of the participant.

6. Plain English Summaries should be structured and use the following headings:
   a. **Title**
      i. This should state clearly what the purpose of the study is. Where there are non plain English terms used in title these need to be explained in Background.
   b. **Background** – This needs to be relatively brief and crisp.
      i. Does the background explain the title?
      ii. Define terms clearly and concisely.
      iii. Clearly illustrate the rationale for the study and lead the reader directly into the study aims and questions.
   c. **Aims and Questions** –
      i. Aims (check that these are clearly described)
      ii. Research Questions to be addressed by the study (check that these are clear)
   d. **Methods** –
      i. Participants – who are the participants and the groups? Who will be included and excluded?
      ii. Recruitment – how will participants be identified and approached, where will they be recruited from?
      iii. *Consent – briefly, how will informed consent be secured* [proposal only]
iv. Design of study – how will the study answer the research questions?

v. Data collection – What is required of the participants how will data be collected e.g. qualitative interviews, self report questionnaires, semi-structured interviews etc. Do not give exhaustive or detailed listings of measures-you are communicating in general terms what is involved.

e. **Key ethical issues including confidentiality [proposal only]**

f. Main Findings and Conclusions [MRP paper only]
   i. What are the main results? Make sure that these clearly relate to the aims and hypotheses.
   ii. What are the key conclusions and recommendations arising from your research?

g. **Practical Applications and Dissemination [proposal only]**
   i. *How will the data be useful and who will use the data arising from the study?*
   ii. *Who will be informed of the outcomes (e.g. planned publications and presentations)?*

h. References
   i. You can include a maximum of three key references at the end of the summary
APPENDIX 8.8 THESIS SUBMISSION

University guidelines on the layout and presentation of your thesis are available from the following link:

http://theses.gla.ac.uk/format.html

A signed form detailing word count for submission of DClinPsy thesis for examination is required. This form is available from the Moodle Common Room.

If an extension to the thesis deadline is required, a thesis extension request form should be submitted for approval. This form is available from the Moodle Common Room.
APPENDIX 9.1 MARKING FRAMEWORK FOR EXAMINATIONS

The examinations are marked using the University’s Schedule A, described below. From the Examiner’s point of view, the key decision is the categorical judgement of Grade, with Secondary Band being assigned subsequently based on the merits of the work within that Grade. Examiners are encouraged to use the full range of Grades.

Any assessment graded as D1 or below is second marked. The two scores are then combined to provide an average score. In the event that scores fall across two different grades, examiners are required to moderate an agreed grade.

For exams where more than one question is answered, aggregation scores will be used to calculate an average grade.

<table>
<thead>
<tr>
<th>Primary Grade</th>
<th>Secondary Band</th>
<th>Aggregation Score</th>
<th>Descriptive comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>A1</td>
<td>22</td>
<td>This piece of work shows an excellent grasp of the relevant theoretical, clinical and professional issues. There is clear evidence of incisive critical analysis of the material, and the question is directly addressed throughout. The references that are cited are always directly relevant, up to date, and an evaluative commentary is provided. There is evidence of the Trainee having explored a wide literature. Where appropriate, clinical, ethical and professional materials are used and fully integrated with the piece of work. The presentation of the work (including grammar, spelling and writing style) is excellent. References are cited appropriately in the text.</td>
</tr>
<tr>
<td></td>
<td>A2</td>
<td>21</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A3</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A4</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A5</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>B1</td>
<td>17</td>
<td>The answer has demonstrated a comprehensive and good grasp of the relevant theoretical, clinical and professional issues. The skills of critical analysis and synthesis of the relevant literature are demonstrated. The answer is well integrated and well structured. References are cited appropriately and overall presentation is good.</td>
</tr>
<tr>
<td></td>
<td>B2</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td></td>
<td>B3</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>C1</td>
<td>14</td>
<td>This piece of work shows a good grasp of the relevant theoretical, clinical and professional issues. There is some evidence of critical analysis of the material, and the question is addressed fairly clearly throughout. The references that are cited are usually relevant. Where</td>
</tr>
<tr>
<td></td>
<td>C2</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td></td>
<td>C3</td>
<td>12</td>
<td></td>
</tr>
</tbody>
</table>
appropriate, clinical, ethical and professional matters (e.g. ethics) are commented on, although they are not fully integrated with the piece of work. The presentation of the work (including grammar, spelling and writing style) is acceptable. References are cited appropriately in the text, with few errors.

<table>
<thead>
<tr>
<th>Mark</th>
<th>Criteria List</th>
</tr>
</thead>
<tbody>
<tr>
<td>D1</td>
<td>Most of the criteria for a clear pass are met, but there are some areas where those criteria are not met. Those deficiencies are not sufficient to mean that the Trainee should fail the work. However, this mark should serve the function of alerting the Trainee to the need to improve subsequent work, to a Doctoral level standard.</td>
</tr>
<tr>
<td>D2</td>
<td></td>
</tr>
<tr>
<td>D3</td>
<td></td>
</tr>
</tbody>
</table>

| E1   | Some of the criteria for a clear pass are met, but there are many areas where those criteria are not met. Those deficiencies are sufficient to mean that the Trainee should fail the work, but indicate that the work has some merit. This mark should serve the function of alerting the Trainee to the need to significantly improve subsequent work, to a Doctoral level standard. |
| E2   | |
| E3   | |

| F1   | Few criteria for a clear pass are met. Those deficiencies are sufficient to mean that the Trainee should fail the work, and indicate that the work is broadly deficient. This mark should serve the function of alerting the Trainee to the need to improve subsequent work, to a Doctoral level standard. |
| F2   | |
| F3   | |

| G1   | None of the criteria for a clear pass are met. |
| G2   | |

| H    | No evidence of attainment of intended learning outcomes. |

| CR   | CREDIT REFUSED |
|      | Failure to comply, in the absence of good cause, with the published requirements of the course or programme; and/or a serious breach of regulations. |

**Aims**

The Examinations are designed to examine the candidate's knowledge of assessment, clinical phenomenology and the theoretical and research base that underpin the practice of clinical psychology.

**Assessment criteria**

Candidates must demonstrate a sound grasp of the conceptual frameworks, clinical phenomenology, theory and research and especially the ability to integrate these as appropriate. Professional and ethical issues should be taken into account. Candidates should be able to evaluate the relevant literature critically.
and incisively, and to present the work in a coherent and articulate manner. Depending on the question, examiners award marks to answers on the basis of a number of factors, including:

- Clear attempt to understand and answer the question as set
- Pertinent factual material
- Clear focus on the question
- Acceptable definition and understanding of core concepts and theory
- Clarity of expression
- Structure and organisation of material
- Logical argument
- Well-founded critical analysis and synthesis of the appropriate literature
- Proper consideration of clinical, ethical and professional issue
APPENDIX 9.2 MARKING FRAMEWORK FOR UNSEEN CASE CONCEPTUALISATION

Examinations are marked using the University's Schedule A, described below. From the examiner’s point of view, the key decision is the categorical judgement of Grade, with the Secondary Band being assigned subsequently based on the merits of the work within that Grade. Examiners are encouraged to use the full range of Grades.

<table>
<thead>
<tr>
<th>Primary Grade</th>
<th>Secondary Band*</th>
<th>Aggregation Score</th>
<th>Descriptive comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>A1</td>
<td>22</td>
<td>This piece of work shows an excellent grasp of the relevant theoretical, clinical and professional issues as suggested by the relevant case scenario. There is clear evidence of incisive critical analysis of the material, and the case scenario is directly addressed throughout. The references that are cited are always directly relevant, up to date, and an evaluative commentary is provided. There is evidence of the Trainee having explored a wide literature and integrated this into clinical material. Clinical material is also used to inform areas of ambiguity or disagreement within the literature. Contrasting or differing hypotheses (mechanisms) are considered within the answer and the Trainee considers alternative means to test these through the process of assessment and treatment. Where appropriate, clinical, ethical and professional materials are used and fully integrated with the piece of work. The presentation of the work (including grammar, spelling and writing style) is excellent.</td>
</tr>
<tr>
<td></td>
<td>A2</td>
<td>21</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A3</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A4</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A5</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>B1</td>
<td>17</td>
<td>The answer has demonstrated a comprehensive and good grasp of the relevant theoretical, clinical and professional issues suggested by the case conceptualisation. The skills of critical analysis and synthesis of the relevant empirical and theoretical literature are</td>
</tr>
<tr>
<td></td>
<td>B2</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td></td>
<td>B3</td>
<td>15</td>
<td></td>
</tr>
</tbody>
</table>
demonstrated. Contrasting or differing hypotheses (mechanisms) are considered in the answer. The answer is well integrated and well structured.

| C  | C1  | 14 | The Trainee’s approach to case conceptualisation shows a good grasp of the relevant theoretical, clinical and professional issues suggested by the relevant case scenario. There is some evidence of critical analysis of the material, and the approach to case conceptualisation is addressed fairly clearly throughout. Relevant theoretical models are utilised and where appropriate, clinical, ethical and professional matters (e.g., ethics) are commented on, although they are not fully integrated with the piece of work. The presentation of the work (including grammar, spelling and writing style) is acceptable. |
|    | C2  | 13 |
|    | C3  | 12 |

Most of the criteria for a clear pass are met, but there are some areas where those criteria are not met. Those deficiencies are not sufficient to mean that the Trainee should fail the work. However, this mark should serve the function of alerting the Trainee to the need to improve subsequent work, to a Doctoral level standard.

| D  | D1  | 11 | Some of the criteria for a clear pass are met, but there are many areas where those criteria are not met. Those deficiencies are sufficient to mean that the Trainee should fail the work, but indicate that the work has some merit. This mark should serve the function of alerting the Trainee to the need to significantly improve subsequent work, to a Doctoral level standard. |
|    | D2  | 10 |
|    | D3  |  9 |

Few of the criteria for a clear pass are met. Those deficiencies are sufficient to mean that the Trainee should fail the work, and indicate that the work is broadly deficient. This mark should serve the function of alerting the Trainee to the need to improve subsequent work, to a Doctoral level standard.

<p>| G  | G1  |  2 | None of the criteria for a pass are met. |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>G2</strong></td>
<td><strong>1</strong></td>
<td></td>
</tr>
<tr>
<td><strong>H</strong></td>
<td><strong>H</strong></td>
<td><strong>0</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>No evidence of attainment of intended learning outcomes.</strong></td>
</tr>
<tr>
<td><strong>CR</strong></td>
<td><strong>CREDIT REFUSED</strong></td>
<td><strong>Failure to comply, in the absence of good cause, with the published requirements of the course or programme; and/or a serious breach of regulations.</strong></td>
</tr>
</tbody>
</table>
APPENDIX 9.3 MARKING FRAMEWORK FOR DATA ANALYSIS EXAMINATION

Examinations are marked using the University’s Schedule A, described below.

Three questions are answered with each question scored out of 50 and a percentage calculated to assign the grade.

<table>
<thead>
<tr>
<th>Primary Grade</th>
<th>Secondary Band*</th>
<th>Aggregation Score</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>A1</td>
<td>22</td>
<td>96-100</td>
</tr>
<tr>
<td></td>
<td>A2</td>
<td>21</td>
<td>91-95</td>
</tr>
<tr>
<td></td>
<td>A3</td>
<td>20</td>
<td>86-90</td>
</tr>
<tr>
<td></td>
<td>A4</td>
<td>19</td>
<td>81-85</td>
</tr>
<tr>
<td></td>
<td>A5</td>
<td>18</td>
<td>76-80</td>
</tr>
<tr>
<td>B</td>
<td>B1</td>
<td>17</td>
<td>72-75</td>
</tr>
<tr>
<td></td>
<td>B2</td>
<td>16</td>
<td>68-71</td>
</tr>
<tr>
<td></td>
<td>B3</td>
<td>15</td>
<td>65-67</td>
</tr>
<tr>
<td>C</td>
<td>C1</td>
<td>14</td>
<td>61-64</td>
</tr>
<tr>
<td></td>
<td>C2</td>
<td>13</td>
<td>58-60</td>
</tr>
<tr>
<td></td>
<td>C3</td>
<td>12</td>
<td>55-57</td>
</tr>
<tr>
<td>D</td>
<td>D1</td>
<td>11</td>
<td>53-54</td>
</tr>
<tr>
<td></td>
<td>D2</td>
<td>10</td>
<td>51-52</td>
</tr>
<tr>
<td></td>
<td>D3</td>
<td>9</td>
<td>50</td>
</tr>
<tr>
<td>E</td>
<td>E1</td>
<td>8</td>
<td>48-49</td>
</tr>
<tr>
<td></td>
<td>E2</td>
<td>7</td>
<td>46-47</td>
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<tr>
<td></td>
<td>E3</td>
<td>6</td>
<td>45</td>
</tr>
<tr>
<td>F</td>
<td>F1</td>
<td>5</td>
<td>40-44</td>
</tr>
<tr>
<td></td>
<td>F2</td>
<td>4</td>
<td>30-39</td>
</tr>
<tr>
<td></td>
<td>F3</td>
<td>3</td>
<td>20-29</td>
</tr>
<tr>
<td>G</td>
<td>G1</td>
<td>2</td>
<td>10-19</td>
</tr>
<tr>
<td></td>
<td>G2</td>
<td>1</td>
<td>1-9</td>
</tr>
<tr>
<td>H</td>
<td>H</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>CR</td>
<td>CREDIT REFUSED</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Assessment criteria

Examiners award marks on the basis of the following criteria:

- A clear and unambiguous null hypothesis is presented.
- The nature of each variable is clearly described and assigned as dependent, independent (or predictor/response) as appropriate.
- The rationale for the statistical analysis used is clearly presented. Test assumptions are described and explored and supported by graphs and/or statistics as appropriate.
- The results are presented clearly in writing. The appropriate descriptive data, test statistics, significance value and effect size should be presented. An explanation of the results in relation to the hypothesis should accompany the presentation of the data.
- A graph or table appropriate to the statistical test used should be provided. This should be clearly and unambiguously labelled.
- Relevant criticisms as to the design of the study and suggestions to improve this design are made. Criticisms and suggestions can include any element of the design, for example, the data collection methods; participant recruitment; factors that may confound the study; suggestions as alternative data to answer hypotheses; limitations to the conclusions that can be made with data available.

Each criterion is marked on its own merit to allow for credit to be given for the appropriate application of data analysis and presentation in the context of how previous sections have been answered. For example, if a candidate presented an incorrect rationale to complete a parametric test (when the correct choice would be non-parametric) marks would be lost for the rationale for the choice of test but if the parametric analysis was then carried out and the written results presented correctly credit would be given for that on its own merit. Similarly, the illustration of the results using a graph or table will be given credit only if it is appropriate to the analysis that the candidate has completed in the previous section.
APPENDIX 9.4 MARKING FRAMEWORK FOR SERVICE BASED EVALUATION PROJECT

Examinations are marked using the University’s Schedule A, described below. From the examiner’s point of view, the key decision is the categorical judgement of Grade, with the Secondary Band being assigned subsequently based on the merits of the work within that Grade. Examiners are encouraged to use the full range of Grades.

<table>
<thead>
<tr>
<th>Primary Grade</th>
<th>Secondary Band*</th>
<th>Aggregation Score</th>
<th>Descriptive comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>A1</td>
<td>22</td>
<td>This piece of work shows an excellent grasp of the relevant issues. There is clear evidence of incisive critical analysis of the material, and the question is directly addressed throughout. The references that are cited are always directly relevant, up to date, and an evaluative commentary is provided. The presentation of the work (including grammar, spelling and writing style) is excellent. References are cited appropriately in the text.</td>
</tr>
<tr>
<td></td>
<td>A2</td>
<td>21</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A3</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A4</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A5</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>B1</td>
<td>17</td>
<td>The answer has demonstrated a comprehensive and good grasp of the relevant issues. The skills of critical analysis and synthesis of the relevant literature are demonstrated. The answer is well integrated and well structured. References are cited appropriately and overall presentation is good. There is evidence for good discipline in writing style and awareness of what to omit as well as what to include.</td>
</tr>
<tr>
<td></td>
<td>B2</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td></td>
<td>B3</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>C1</td>
<td>14</td>
<td>An executive summary of no more than 2 pages which can act as a stand alone document. A brief introduction, covering most of the main contextual issues, cites key literature-including to National standards or other National publications, makes some reference to theory if appropriate, leads into aims and research questions. There is a clear statement as to the national or local standard or guideline or other comparator that the audit aims to assess against. Aims</td>
</tr>
<tr>
<td></td>
<td>C2</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td></td>
<td>C3</td>
<td>12</td>
<td></td>
</tr>
</tbody>
</table>
and audit questions are clear and appropriate. There is a section on ethics. Reasonable consideration has been given to data analysis/presentation. Method and design is clear and would allow repetition of the study. Results are presented clearly and logically and analysed appropriately. Evidence of critical analysis of the material in Discussion and in relation to other studies. A clear Dissemination plan is included. The references that are cited are relevant. Appendices are used appropriately for additional material-this includes a PowerPoint presentation that summarises the study appropriately. The presentation of the work (including grammar, spelling and writing style) is acceptable. There is evidence for some discipline in writing style including in terms of the prescribed word limit of 5000 words plus appendices.

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>D</td>
<td>D1</td>
<td>11</td>
<td>Most of the criteria for a clear pass are met, but there are some areas where those criteria are not met. Those deficiencies are not sufficient to mean that the Trainee should fail the work. However, this mark should serve the function of alerting the Trainee to the need to improve subsequent work. Deficiencies often pertain to barely adequate presentation or style, work which is in places difficult to follow, lacks depth of understanding, some references but inadequate.</td>
</tr>
<tr>
<td></td>
<td>D2</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td></td>
<td>D3</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>E</td>
<td>E1</td>
<td>8</td>
<td>Some of the criteria for a clear pass are met, but there are many areas where those criteria are not met. Those deficiencies are sufficient to mean that the Trainee should fail the work, but indicate that the work has some merit. This mark should serve the function of alerting the Trainee to the need to significantly improve subsequent work. Deficiencies often pertain to inadequate presentation or style, work that is difficult to follow, lacks depth of understanding, some references but inadequate. Analyses or interpretation of data may be wrong or inadequate. The work may be too long and require significant editing. The work should be retrievable on resubmission.</td>
</tr>
<tr>
<td></td>
<td>E2</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td></td>
<td>E3</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Grade</td>
<td>Description</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------</td>
<td>-----------------------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>F</td>
<td>Few or none of the criteria for a clear pass are met. Those deficiencies are sufficient to mean that the Trainee should fail the work, and indicate that the work is broadly deficient. This mark should serve the function of alerting the Trainee to the need to very significantly improve subsequent work. Deficiencies often pertain to poor presentation or style, work that is difficult to follow, lacks depth of understanding, references are inadequate. Analyses may be inappropriate or interpretation of data wrong. The work may be too long and require significant editing. The work may not be retrievable in some cases and a new project required.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>G</td>
<td>None of the criteria for a pass are met.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>H</td>
<td>No evidence of attainment of intended learning outcomes.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CR</td>
<td>CREDIT REFUSED Failure to comply, in the absence of good cause, with the published requirements of the course or programme; and/or a serious breach of regulations.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX 9.5 MARKING FRAMEWORK FOR CRITICAL APPRAISAL EXAMINATIONS

The examinations are marked using a six category scheme, described below. From the point of view of the marker, the key decision is the categorical judgement, with the level of percentage mark being assigned subsequently based on the merits of the work within that category. Examiners are encouraged to use the full range of the scale.

<table>
<thead>
<tr>
<th>Primary Grade</th>
<th>Secondary Band*</th>
<th>Aggregation Score</th>
<th>Descriptive comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>A1</td>
<td>22</td>
<td>This piece of work shows a sophisticated grasp of theoretical, clinical and professional issues. There is clear evidence of incisive critical analysis of the material, and the question is directly addressed throughout. The references that are cited are always directly relevant, up to date, and an evaluative commentary is provided. There is evidence of the Trainee having explored a wide literature. Where appropriate, clinical, ethical and professional materials are used and fully integrated with the piece of work. Clinical and research implications are comprehensively outlined. Contribution to the literature (even if hypothetical) is discussed. The presentation of the work (including grammar, spelling and writing style) is excellent. References are cited appropriately in the text.</td>
</tr>
<tr>
<td></td>
<td>A2</td>
<td>21</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A3</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A4</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A5</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>B1</td>
<td>17</td>
<td>The answer has demonstrated a comprehensive and good grasp of the procedural and methodological issues pertaining to research. The skills of critical analysis and synthesis of the relevant literature are well demonstrated. The trainee has summarised and synthesised the key methodological issues, providing an account of both strengths and weaknesses. The answer is well integrated and well structured. References are cited appropriately and overall presentation is good.</td>
</tr>
<tr>
<td></td>
<td>B2</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td></td>
<td>B3</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>C1</td>
<td>14</td>
<td>This piece of work shows a good grasp of the relevant procedural and methodological issues pertaining to research. There is clear</td>
</tr>
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<td></td>
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</tr>
<tr>
<td>C3</td>
<td>12</td>
<td>evidence of critical analysis of the material. The trainee has summarised and synthesised many of the key methodological issues including both strengths and weaknesses of the study being critiqued. The references that are cited are usually relevant. Where appropriate, clinical, ethical and professional matters (e.g. ethics) are commented on, although they are not fully integrated with the piece of work. The presentation of the work (including grammar, spelling and writing style) is acceptable. References are cited appropriately in the text, with few errors.</td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>D1</td>
<td>11</td>
<td>Most of the criteria for a clear pass are met, but there are some areas where those criteria are not met. Those deficiencies are not sufficient to mean that the Trainee should fail the work. However, this mark should serve the function of alerting the Trainee to the need to improve subsequent work.</td>
</tr>
<tr>
<td></td>
<td>D2</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td></td>
<td>D3</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>E</td>
<td>E1</td>
<td>8</td>
<td>Some of the criteria for a clear pass are met, but there are many areas where those criteria are not met. Those deficiencies are sufficient to mean that the Trainee should fail the work, but indicate that the work has some merit. This mark should serve the function of alerting the Trainee to the need to significantly improve subsequent work.</td>
</tr>
<tr>
<td></td>
<td>E2</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td></td>
<td>E3</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>F</td>
<td>F1</td>
<td>5</td>
<td>Few or none of the criteria for a clear pass are met. Those deficiencies are sufficient to mean that the Trainee should fail the work, and indicate that the work is broadly deficient. This mark should serve the function of alerting the Trainee to the need to improve subsequent work.</td>
</tr>
<tr>
<td></td>
<td>F2</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>F3</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>G</td>
<td>G1</td>
<td>2</td>
<td>None of the criteria for a pass are met.</td>
</tr>
<tr>
<td></td>
<td>G2</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>H</td>
<td>H</td>
<td>0</td>
<td>No evidence of attainment of intended learning outcomes.</td>
</tr>
<tr>
<td>CR</td>
<td>CREDIT REFUSED</td>
<td>Failure to comply, in the absence of good cause, with the published requirements of the course or programme; and/or a serious breach of regulations.</td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX 9.6 COMMUNICATION & CONFIDENTIALITY SHEET

You can expect that information about you and your training is kept confidential, but as for clients in clinical settings, this cannot be absolute. The Programme Communication Policy is the document which describes how information about you is shared and why.

The Programme Communication Policy ensures that those training you and supporting your training are able to do so to the best of their ability and in your best interests. On the Programme, you are not only employees of the NHS, but also postgraduate students at the University of Glasgow and your training is supported by NHS Education for Scotland (NES). So communication is necessary, both within each of these organisations as well as between these organisations. This is similar to communication between professionals in a multi-disciplinary team who share confidential information about clients in order to provide high quality care in the patients’ best interests.

It is important that you understand how information about you will be shared, and the group of people within which that sharing will take place. The Programme Communication Policy is therefore reproduced beneath, and you are asked to read this and sign to indicate your understanding and acceptance of the ways, described in the Policy, that information about you will be shared.

If you have any concerns about this, please speak to your Personal Tutor or Clinical Tutor.

--------------------------------------------

Programme Communication Policy

Background
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 of these stakeholders 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 independent 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):
DOCTORATE IN CLINICAL PSYCHOLOGY HANDBOOK

- Clinical Practice Director
- Programme Director
- Clinical Tutor
- Head of Service
- Line manager
- Local Tutor
- NES (Training Office Manager, Director of Training)
- 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, or on work component, for specialist trainees. 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 only the information that is relevant and necessary to the work of another member of the core group is shared.


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.

I have read and understood the above Programme Communication Policy and accept that the stakeholders included in it will share information about me as described in the Policy.

Signed……………………………………………………………………………………………………

PRINT NAME……………………………………………………………………………………………

Date………………………………………………
APPENDIX 9.7 CODE OF CONDUCT

University of Glasgow College of Medical, Veterinary, and Life Sciences
Code of Professional Conduct for DClinPsy Trainees

Trainees are required at all times to be of good behaviour and to observe all regulations which may be made from time to time by the University. A trainee who is a matriculated student for the programme of study leading to the degree of Doctorate in Clinical Psychology (DClinPsy) is required to act in a professional role in relation to patients, their families and carers, and professional colleagues. Therefore, as a condition of matriculation all trainees must undertake to comply with the principles of this Code of Professional Conduct.

Purpose of the Code
Compliance with the code aims to:

- protect present and future patients, children, clients, or service users
- promote trainees adherence to the standards of conduct, performance, and ethics stipulated by the Health Professions Council (HPC) and the British Psychological Society (BPS)
- protect the health and well being of the Trainee
- protect the University of Glasgow against legal action brought by someone claiming to have suffered loss as a result of the Trainee proving to be unfit to practise, both during training or after qualification.

Core Values
The core values that underpin activities in education, research and overall professional conduct are:

- the habit of truth
- respect for others
- caring
- partnership
- creativity
- social justice
- integrity
- responsibility

A trainee matriculated on the programme of study leading to the degree of DClinPsy is expected to adhere to these values, to be honest and trustworthy and to follow at all times this Code of Professional Conduct. In the unlikely and unfortunate event that the Code is not followed, Fitness to Practise procedures will be invoked.

Professional Conduct
The expectations of DClinPsy Trainees with respect to professional conduct are primarily derived from the HPC Standards of Conduct, Performance, and Ethics (2008) and the British Psychological Society (BPS) Code of Ethics and Conduct (2009). In addition, Trainees are obliged to adhere to the policies and procedures governing professional conduct that are stipulated by their employing NHS Health Board.

Code of Practice
As a Trainee Clinical Psychologist enrolled in the Doctorate of Clinical Psychology at University of Glasgow, I shall:

- be honest and trustworthy
- make the safety and care of patients my first concern
- treat every patient politely and with consideration
- respect each patient's right to privacy and dignity
- listen to patients and respect their views
- always seek any necessary permission and consent for my activities
- always make it clear to patients that I am a Trainee Clinical Psychologist
- develop, practise and maintain my skills and knowledge to the best of my ability, and ensure they are up-to-date

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1 Available at: http://www.hpc-uk.org/assets/documents/10002367FINALcopyofSCPEJuly2008.pdf
• recognise and act within the limits of my competence
• respect and protect confidential information
• ensure that my personal beliefs do not prejudice my dealings with patients
• treat colleagues with courtesy and respect
• report to the Programme any action by Trainees or staff which might put patients/clients/Trainees/service users at risk
• respect a patient/carer/relative’s trust in me
• conduct and present myself in a manner which the public might reasonably expect of a professional person (this includes standards of dress, record keeping, time keeping, notification of absences from teaching and/or clinical work)
• take responsibility for my learning by attending and actively participating in all learning opportunities
• comply with the requirements of the Programme as set out in the University Calendar and Course Information Documents

Procedure for Consideration of Fitness to Practice

Low-grade infringements of this Code of Professional Conduct will be dealt with internally by the Programme team under the guidance of the Programme Director or their delegate. This set of procedures is described in the Programme Handbook. Persistent low-grade infringements and/or serious violations of the Code will be referred to the College for consideration. The formal procedure for determining whether a student is fit to practise is contained in the University Calendar, Fees and General Information (Sections 33 and 34).

A Trainee shall be referred to the College Fitness to Practise Committee in the following circumstances:

(a) Where a minor breach is repeated and is considered to constitute a pattern of behaviour which is not compliant with the Code of Professional Conduct for DClinPsy Trainees
(b) Where a review of the progress made by the student following action under the informal procedure indicates a serious breach of the Code of Professional Conduct for DClinPsy Trainees
(c) Where a reported breach of the Code is deemed by the Dean of the Faculty to be of sufficient seriousness to warrant immediate referral to the College Fitness to Practise Committee rather than resolution by the informal procedure
(d) Where a trainee has a persistent mental or physical impairment that is likely to jeopardise the wellbeing of patients and interfere with the trainee’s clinical functioning

Where failure to comply with the Code of Professional Conduct for DClinPsy Trainees is demonstrated, the Trainee may be excluded from the programme of study.

Declaration

I have read and understand this Code of Professional Conduct and Fitness to Practise. I agree, whilst a matriculated DClinPsy student of the University of Glasgow, to comply with its terms. I understand that if I am found to be in breach of its terms I may be referred for consideration under the University’s Fitness to Practise procedures (found in the University Calendar, Fees and General Information, Sections 33 and 34).

Name: ____________________________

Date: ____________________________

3 Available at http://www.gla.ac.uk/services/senateoffice/calendar/
APPENDIX 9.8  REQUEST FOR APPROVED ABSENCE

Trainee Name:  
Intake year:  

Date of Request:

Dates of Requested Absence:

From:  
To:  

Activities/teaching that will be missed:

Grounds for absence:

I confirm that I have contacted the Module Coordinator or Research Supervisor and agreed a suitable plan to make up for the missed work

PLEASE TICK.

Comments/Additional Information:

PLEASE SUBMIT THIS COMPLETED FORM TO THE ADMINISTRATION TEAM:
dclinpsysubmissions@glasgow.ac.uk