University of Glasgow

Doctorate in Clinical Psychology

Trainee Handbook

2025-2026

Contents

Chapter 1. Introduction 5

1.2. Statement of Programme Orientation and Values 6

1.3. Stakeholders and Collaborators 6

Chapter 2. Programme Organisation 9

2.1. Programme Strategy Group 9

2.2. Programme Organisers Group 10

2.3. Selection Sub-Group 14

2.4. Supervisors Sub-Group 15

2.5. Equality, Diversity, and Inclusion (EDI) 16

2.6. Advisory Group (CUSP) 17

2.7. Board of Examiners 18

2.7. Feedback from Trainees 19

2.8. Programme Administration 20

2.9. The role of NHS Education for Scotland 24

Chapter 3. Overview of the structure and content of the DClinPsy Programme 26

3.1. Background to Modularisation 26

3.2. The Doctorate in Clinical Psychology 26

3.3. DClinPsy Structure 28

3.4. Aims and Intended Learning Outcomes (ILOs) 31

3.5. SCQF Levels and Credits 37

3.6. The Programme Curriculum 38

3.7. Aligned Training Pathways 40

3.8. Consent to participate in training 41

3.9. Timetables 41

3.10. References 42

Chapter 4. Module Descriptions 43

4.1. Module Co-Ordinators 43

4.2. Understanding the Module ILO's Assessment Goals, and competencies 47

4.3. Module 1. Foundations of Clinical Psychology 48

4.4. Module 2. Foundation Clinical Practice I 49

4.5. Module 3. Foundation Clinical Practice II 50

4.6. Module 4: Foundation Knowledge, Understanding and Skills 52

4.7. Module 5. Data Management and Analysis 54
4.8. Module 6. Children/ Young People and Families Theory and Practice 55
4.9. Module 7. Learning Disability Theory and Practice 56
4.10. Module 8. Research Design and Statistics 58
4.11. Module 9. Research Practice I 60
4.12. Module 10. Advanced Professional Practice I 62
4.13. Module 11. Service Evaluation and Quality Improvement 63
4.14. Module 12. Advanced Clinical Practice I 64
4.15. Module 13. Advanced Clinical Practice II 66
4.16. Module 14. Psychology and the Law 68
4.17. Module 15. Research Practice II 69
4.18. Module 16. Advanced Professional Practice II 71
Chapter 5. Support Systems 73
5.1 The recognised need for support 73
5.2. Programme Mechanisms for Trainee Support 73
5.3. Local NHS Employment Support 77
5.4. Programme/ NHS Support Provision 79
5.5. Other NHS, University and Professional Support 81
5.6 Extended leave 85
5.7 Enhancing Programme Communications 86
Chapter 6. Practice Placements 89
6.1 Overview 89
6.2 Organisation of Clinical Practice Training 96
6.2.2 Older Adult Experience 98
6.3 Qualifications of Clinical Supervisors 99
6.3.4 In Situ Support 107
6.4 Practice Placement Procedures 109
6.5 Assessment of competency development 117
6.6 Resolution of problems on placement 124
6.7 Individual Learning Plan Review 130
Chapter 7. Professionalism, Conduct, Advocacy & Reflective Practice 131
7.1 Fitness to Practise 131
7.2 Trainee Conduct 132
7.3 Reflective Practice: Introduction & Rationale 138

Chapter 8. Research Training 149

8.1 Overview of Research Training 149
8.2 Major Research Project 149
8.3 Systematic Review 153
8.4 Service Evaluation and Quality Improvement 153
8.5 Facilities and Resources 154
8.6 Research Supervision 156
8.7 Responsibilities of Trainees 158
8.8 Research Supervision Agreement 159
8.9 Research Progress Meetings 159
8.10 Health and Safety 160
8.11 Research Governance and Good Practice 162
8.12 Thesis 165
8.13 Research Log 165
8.14 Examination of the Thesis 166
8.14.1 Possible Outcomes 166

Chapter 9. Schedule of Assessment 170

9.1 University Regulations 170
9.2 Scheme of Assessment 170
9.3 Attendance and absence 172
9.4 Exam and Coursework guidance 173
9.5 Guidelines for submitting written work 174
9.6 Plagiarism and Declaration of Originality 177
9.7 Word limits 179
9.8 Deadlines and Extenuating Circumstances 180
9.9 Assessment feedback 182
9.10 Progression to next year of training 182
9.11 Resubmission 183
9.12 Appeals Against Academic Decisions 184
9.13 Discontinuation 185
9.14 Assessment Schedule: Year 1 186
9.15 Assessment Schedule: Year 2 187
9.16 Assessment Schedule: Year 3 188
9.17 Formative and Summative Assessment Summary 189

Chapter 1. Introduction

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

Over the years, the Programme has been run from a variety of locations but since 2023 we have been based in the Clarice Pears Building. We are part of the School of Health and Wellbeing (SHW) and the College of Medical, Veterinary and Life Sciences (MVLS).

We take pride in remaining at the forefront of clinical psychology training. This involves a continual process of review and refinement of the Programme to adapt to changes in the scientific literature, the National Health Service, the tertiary education sector, and the professional regulatory landscape. In 2005, the DClinPsy developed a modularised programme in response to the Scottish Credit and Qualifications Framework (SCQF). This revision was guided and informed by the Quality Assurance Agency for Higher Education (QAA) Benchmarks for Clinical Psychology (2004) and the Criteria for the Evaluation of Clinical Programmes (CTCP) Accreditation criteria (2002). With the establishment of the Health and Care Professions Council (HCPC), the Programme has continued to align its policies, procedures, and curriculum with national standards to ensure that Glasgow graduates become eligible to apply for registration as clinical psychologists who can make a substantial contribution to the community we serve. The programme is currently structured to meet the accreditation criteria set by the British Psychological Society (BPS)[1] and standards of proficiency for practitioner psychologists (SOPS) set by the HCPC. From September 2023 the SOPS programme has been benchmarked against the revised SOPS published by the HCPC[2].

[1] https://cms.bps.org.uk/sites/default/files/2022-07/Clinical%20Psychology%20-%20Standards%20for%20Accreditation.pdf
[2] https://www.hcpc-uk.org/standards/standards-of-proficiency/practitioner-psychologists/

1.2. Statement of Programme Orientation and Values

At the heart of the Programme lie the ethical principles of respect, competence, responsibility and integrity that are reflected in the regulatory and professional codes of conduct specified by the HCPC and the BPS. We aim to produce reflective psychologists who are highly skilled scientist practitioners and who:

1. Value the dignity and worth of all persons, with sensitivity to the dynamics of perceived authority or influence over clients and with particular regard to people's rights including those of privacy and self-determination.
2. Value the continuing development and high standards of competence in their professional work, and the importance of preserving their ability to function optimally within the recognised limits of their knowledge, skill, training, education and experience.
3. Value their responsibilities to clients, to the general public, to the profession and science of psychology, including the avoidance of harm and the prevention of misuse or abuse of their contributions to society.
4. Value honesty, accuracy, clarity and fairness in their interactions with all persons and seek to promote the integrity in all facets of their scientific and professional endeavours.

As a Programme Team we are committed to acknowledging our own positions of privilege and committed to taking positive action to eliminate racism, discrimination and structural inequalities in our roles as trainers and educators of clinical psychologists. We are committed to working with our trainees, our experts by experience, our stakeholders and our broader training communities to ensure greater diversity within our profession and to ensuring our academic curriculum, our clinical placements, and our research activities are underpinned by anti-racist values and human rights principles.

1.3. Stakeholders and Collaborators

The DClinPsy Programme is funded through a contract between NHS Education for Scotland (NES) and the University of Glasgow and is a collaborative enterprise

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

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

This Programme Handbook provides detailed information on the organisation, structure, and day-to-day running of the Programme. Information has been grouped into sections beginning with a summary statement of the philosophy and aims of the Programme followed by details regarding Programme Organisation where the various individuals and groups who play an important part in the running of the Programme are described. Separate sections on the academic teaching programme, the clinical training programme, and the research training programme are included, followed by information on assessment and examinations which cover the academic, clinical and research components respectively. Finally, the appendices expand upon the information presented. These appendices include information about the standards of conduct and professional behaviour expected of Trainees and examples of the forms and guidelines used to monitor progress and evaluate performance are also presented. Please note that forms presented in the appendices are intended as a guide only; the most up-to-date versions of forms and templates should always be downloaded from Moodle.

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

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

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

Professor Hamish J McLeod

PROGRAMME DIRECTOR

Mental Health and Wellbeing Clarice Pears Building

90 Byres Road Glasgow

G12 8TB

Email: hamish.mcleod@glasgow.ac.uk

Chapter 2. Programme Organisation

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

2.1. Programme Strategy Group

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

- To set strategic objectives for the overall organisation, monitoring, and development of academic and clinical training of the Programme.
- To respond to proposals concerning the workforce planning and training and the appraisal of training needs in Health Boards served by the Programme.
- To appoint convenors of Sub-Groups and Specialist Working Groups.
- To provide strategic direction for these Groups, to ratify and to receive and approve their reports.
- To amend and approve Constitutions of the various Programme Sub- Committees.

2.1.1. Trainee Representation on the Programme Strategy Group

The Trainee representative has the opportunity to be involved in facets of the PSG's business deemed to be appropriate by the Group and/or Trainee representative. The Trainee representative also has equal voting rights to all other members of the Group. This

is summarised in Appendix 2.2. Employing NHS Boards have agreed that Trainees can have time from placement to attend the PSG meetings, which are held quarterly.

2.2. Programme Organisers Group

The Programme is run by the following Programme Organisers:

Professor Hamish McLeod	Chair of Clinical Psychology and Programme Director
Professor Andrew Gumley	Chair of Psychological Therapy and Director of Equality, Diversity and Inclusion
Dr Gavin Richardson	Clinical Practice Director and Director of Selection
Dr Jala Rizeq	Senior Lecturer in Clinical Psychology and Academic Director
Dr Juliane Kloess	Research Director
Professor Jon Evans	Chair of Clinical Neuropsychology
Dr Ellen Homewood	Clinical Tutor
Dr Cara Diamond	Clinical Tutor
Dr Cathy Saddington	Clinical Tutor
Dr Claire McGuire	Clinical Tutor

Dr Lynda Russell	Lecturer in Clinical Psychology and Disability Coordinator
Dr Kirsty Dunn	Lecturer in Clinical Psychology
Dr Karen McKeown	Lecturer in Clinical Psychology
Dr David Grinter	Lecturer in Clinical Psychology
Dr Laura Hughes	Lecturer in Clinical Psychology
Dr Alex Fradera	Lecturer in Clinical Psychology
Dr Katja Weides	Lecturer in Clinical Psychology
Dr Heather McClelland	Lecturer in Clinical Psychology
Ms Alba Ruiz Diaz	Senior Clinical Practice Administrator
Ms Isa Vernal	Student Support Administrator
Mrs Pauline Rankin	Student Support Administrator
Ms Carol Lang	Student Support Administrator

Other academic members of staff contribute to the programme as Research Supervisors, teachers and/or University Advisers including Dr Jessica Fish, Dr Jack Melson, Professor Rory O'Connor, Professor Katie Robb, Professor Andrew Jahoda, and Professor Helen Minnis. We also benefit from the support and input of honorary professors: Professor Craig White, Professor Liam Dorris, and Professor Chris Williams. Local Area Tutors (LATs) also contribute to the Programme Organisers Group and form

close links to support clinical training. The Programme Organisers co-ordinate the overall academic, clinical and research programme and are responsible for the day-to- day running of the Programme. The Programme Organisers report to the Head of Mental Health and Wellbeing, the Programme Strategy Group, and the College of Medical, Veterinary, and Life Sciences Graduate School. The remit of the Programme Organisers' Group is to:

1. Carry out operational tasks associated with the smooth running of the Programme. For example, these include:
    - Approving entries for the Programme Handbook
    - Overseeing the academic timetable
    - Ensuring appropriate clinical and research supervision
    - Administering all arrangements for assessment procedures - examinations, projects, placement reports, essays, etc
    - Recommending External Examiners to the University for appointment, and
    - Ensuring that students admitted to the Programme hold the University prescribed entry requirements for matriculation and that any selection processes adhere to the University policies
2. Make recommendations concerning any changes to the Programme to the University and to NHS stakeholders
3. Prepare accreditation reports for the professional body and statutory bodies
4. Meet to discuss and complete Annual Course Monitoring Reports for the Programme
5. Ensuring compliance with the University and QAA policies with respect to codes of assessment, placement learning etc.
6. Collect and receive feedback from students on all aspects of the Programme
7. Act as a Staff-Student liaison committee at least twice an academic session.

Programme Organisers Group meetings are held each month. These meetings are chaired by the Programme Director. All meetings are minuted and Trainee Year Representatives attend one Programme Organisers Group meeting per term ('Joint POG').

2.2.1. Trainee Progress Review Meetings

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

1. General review of Trainee progress, including research progress
2. Identification and preliminary consideration of Fitness to Practice issues exhibited by Trainees (further details about Fitness to Practice procedures are provided in Chapter 7)
3. Review and preliminary consideration of extenuating circumstances raised by Trainees that may have affected their progress or performance (where these issues impact on academic decisions the matter is formally dealt with by the Board of Examiners under the regulations specified in the University Calendar)

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

2.3. Selection Sub-Group

This is a Sub-Group of the Programme Strategy Group convened by a Chair nominated and agreed by the Programme Strategy Group. The current chair is Dr Gavin Richardson. The Selection Sub-Group includes representatives from all employing NHS Boards, the Programme Organisers Group, Carers and Users of Services in Clinical Psychology (CUSP), and NHS Education for Scotland.

The selection and appointment procedures reflect the close involvement of the NHS Boards who are partners of the Programme, and their wish to encourage recruitment of Trainees into their locality. First, all applications are scrutinised by a panel of NHS Board representatives and programme organisers. At least twice as many candidates as places are short-listed on the basis of the entry requirements. The short-listing panel considers evidence of candidates' strengths in terms of the following domains: Academic, Research, Relevant experience, Professional, and Ethics / Values as reflected in applications. Following short- listing, candidates are provided with information regarding NHS Boards who employ Trainees. Prior to interview, candidates are asked to indicate their preferences for the NHS Boards in which they wish to be considered for their employment and to undertake their training. Finally, the selection process includes two interviews (clinical and academic) and a role-play to assess interpersonal abilities. The panels are comprised of a combination of academic staff (role plays and academic interviews), NHS clinicians (role plays and clinical interviews), and members of our lived experience advisory panel (Role plays). Alternative selection arrangements have been applied during times of extreme disruption (e.g. during the COVID-19 pandemic).

Candidates must have the Graduate Basis for Chartered Membership (GBC) for the British Psychological Society. This would usually take the form of a single joint honours degree in Psychology that has been accredited by the BPS. Applicants must also have achieved a 2.1 degree classification or above. Up to the 2017 intake year, candidates who have previously studied at university in another area and who have gained GBC by other means were considered for admission if they obtained a 2.1 or better in their original degree. In 2018, we revised this criterion such that eligibility to be considered for

a selection interview requires a minimum grade of 2.1 honours (or equivalent) in the degree that conveys GBC.

This change allows candidates who have a first degree below the 2.1 honours standard in a non-psychology subject to apply for training provided that they have gone on to demonstrate the necessary academic standard via a BPS-approved Psychology conversion course (see our admissions webpage for more details). These changes have been introduced as part of our efforts to widen access to clinical psychology training for candidates on atypical academic and career pathways. We do not accept applications from final year undergraduates. Practical clinical experience of working with children or adults with mental health problems or disabilities is an advantage. A background in clinically oriented research is also an advantage. Trainees are selected and treated on the basis of their merits, abilities and potential, regardless of gender, ethnic or national origin, colour, race, disability, age, religious or political beliefs, trade union/professional organisation membership, sexual orientation or other irrelevant distinction. Overseas applicants whose first language is not English, are required to demonstrate their proficiency in English language via the International English Language Testing System (IELTS). The Overall Band Score needs to be 8.0 or higher with no element of the test falling below 7.5. Candidates must be eligible to work in the UK without restriction.

2.4. Supervisors Sub-Group

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

1. To represent supervisor issues
2. To develop the competence agenda
3. To enhance and support placement capacity
4. To advise on professional practice issues

2.5. Equality, Diversity, and Inclusion (EDI)

Our pedagogical stance underpinning our approach to Equality, Diversity and Inclusion is rooted in our civic responsibility and commitment to the wellbeing of our local, national, and global society. Throughout the DClinPsy programme, three overarching "themes" are embedded in various aspects of teaching, research, and practice: 1) critical reflection and discourse, 2) citizen psychology, and 3) lived experience. Those will be addressed through seminar series, reflective essays, and experiential activity. Our vision is to create the spaces that enable and promote inclusive learning and practice that celebrates diversity and redresses inequity.

Critical reflection and discourse. Through critical reflection and discourse, we use a human rights framework through which learners will be introduced to the operations of power and privilege within society. They will have the opportunity to identify systems of power and privilege that create and maintain inequality, risk, and vulnerability within our community and critically analyse structural inequities.

Citizen psychology. Understanding our position as citizen psychologists and the power and privilege that offers, empowers our learners to claim their position in society and use their civic roles as individuals or groups to create change. Learners will have an opportunity to reflect on their personal and professional identity and how those aspects intersect with their civic responsibilities throughout the course of their training and career. Learners will engage with human rights and social issues of relevance and use those as avenues to engage meaningfully with their communities.

Lived Experience. Partnership is key to our education and learning, and this is best exemplified in our partnership with individuals with lived experience. Throughout the training including in teaching, research and practice, learners will have an opportunity to engage and learn with individuals with lived experience. Our training curriculum is continuously being updated with lived experience input or actively co-developed with people with lived experience.

Key Reference:

Hagenaars, P., Plavšić, M., Sveaass, N., Wagner, U., & Wainwright, T. (Eds.). (2020). *Human rights education for psychologists*. Routledge/Taylor & Francis Group. https://doi.org/10.4324/9780429274312

2.6. Advisory Group (CUSP)

Partnership with people who have Expertise by Experience (EbE) is key to our education and learning, and this is exemplified in our partnership with individuals with lived experience. Throughout DClinPsy training including in teaching, research and practice, learners will have an opportunity to engage and learn with individuals with lived experience.

In 2011, the University of Glasgow collaborated with the University of Edinburgh and NHS Education for Scotland to examine new ways of engaging service users and carers in clinical psychology training. A joint national meeting was held and expressions of interest were called for input to a service user and carer steering group for the Glasgow DClinPsy Programme. This led to the formation of CUSP - Carers and Users of Services in Clinical Psychology Training.

This group comprises representatives from care providers in the public and voluntary sectors and advocacy groups. The regular attendees of meetings include people with EbE including users of services, professional and family carers, and members of the Glasgow DClinPsy Programme team. The committee is co-chaired by a service user representative and Professor Andrew Gumley and meetings typically occur on a monthly cycle. The CUSP group is officially a sub-committee of the Programme Strategy Group (PSG) and a service user representative from CUSP attends the quarterly PSG meetings. The business of the CUSP group includes the identification and development of specific project work designed to enhance clinical psychology training and provide a vehicle for EbE to positively influence the development of Trainees. CUSP have contributed to a variety of training activities in the DClinPsy across selection, teaching and research. In addition, CUSP members also contribute to the Selection Sub-

committee and the Programme Strategy Group. In line with our commitments to diversity and inclusion we are constantly seeking to expand CUSP to reach out to other stakeholding organisations with an interest in Clinical Psychology Training.

2.7. Board of Examiners

In accordance with the University regulations[3], the Programme convenes a Board of Examiners that is responsible for reviewing and ratifying decisions that influence Trainee progress. The quorum for this group includes the Programme Director or their delegate, at least one External Examiner, the Assessment/Examinations Officer, and a minimum of one additional member of the academic staff team. In accordance with HCPC Standards of Education and Training (SET 6.7), it is mandatory that at least one External Examiner is taken from the relevant part of the HCPC register. This minimum standard is almost always exceeded as the Programme policy has multiple External Examiners who are HCPC registered clinical psychologists. They provide independent appraisal of the Programme, review sample scripts for each summative assessment throughout the academic year, contribute to viva voce examinations of final year research theses, and scrutinize failed Trainee assessment items. These examiners liaise directly with the Examinations Officer and the Programme Director throughout the year. The External Examiners have a particular role in relation to the moderation of Programme standards and the ratification of grades awarded for failed assessment items. Examination Board meetings are held after each viva voce diet to review and declare grades. Additional meetings may be convened to review Trainee work and assessment decisions when a summative assessment task is awarded a fail grade. External Examiners may contribute their opinions to these ad hoc meetings in person or by electronic means such as video-conference or via email submissions.

The current External Examiners for the Programme are: Professor Gary O'Reilly, Professor Christina Jones, Professor Richard Meiser-Stedman, Professor Georgina Charlesworth, Dr Nicola Cogan, Dr Marc Williams, Professor Noelle Robertson, Professor

[3] www.gla.ac.uk/media/media_124297_en.pdf

David Murphy, Dr Victoria Vass, Dr Alex Lau-Zhu. To manage the high volumes of viva voce examinations we also appoint external examiners who act as thesis examiners on *an ad* hoc basis.

2.7. Feedback from Trainees

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

More formal opportunities for feedback and discussion are provided through first, second- and third-year Trainee representatives on the Programme Strategy Group and the Supervisors Sub-Group. Year Representatives also meet formally with the Programme Organisers at least once per semester. Apart from the expectation that representatives will raise matters of concern, these representatives are requested to present an agreed written statement of Trainees' comments on the academic component of the Programme to a meeting of the Programme Strategy Group and of the clinical component at the Autumn meeting of the Supervisors Sub-Group. Interim feedback reports are also welcomed at the end of each academic semester since experience has shown that points remain fresher in the mind when an aspect of the Programme has recently been completed. Training, advice and support in developing skills relevant to Student Representation is available via the Students Representative Council:

GUSRC

John McIntyre Building University Avenue GLASGOW

G12 8QQ

Tel: 0141 339 8541

Fax: 0141 337 3557

Email: enquiries@src.gla.ac.uk http://www.glasgowstudent.net/about/

Feedback on teaching is gathered at the end of each module by the University Module Co-ordinators. Feedback is collated and passed onto the Academic Director who reports the outcomes to the Programme Organisers Group, to guide planning and monitor theory to practice integration. Trainees are also asked to provide written feedback on placements. This is in the form of their individual comments on specific placements via the Trainee Placement Feedback Form (see Chapter 6).

2.8. Programme Administration

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

2.8.1. Roles and Functions

Administration Services

Mrs Pauline Rankin, Ms Carol Lang and Mrs Isa Vernal are the Student Support Administrators. Ms Alba Ruiz Diaz is the Senior Administrator. Their offices are on Level 2 of the Clarice Pears Building. Because most members of the administration team work part time, emails to personal addresses are not checked every working day. The main way of contacting the admin team should be via the following generic email address:

Address	Purpose/ Types of Emails
dclinpsy@glasgow.ac.uk	Academic and Admin queries (e.g., request for test materials, equipment, MyCampus queries, updating contact details, jury exemption requests)
alba.ruizdiaz@glasgow.ac.uk	TURAS and Placement administration

Programme Director

Professor Hamish McLeod is the Programme Director and takes responsibility for the overall organisation and management of the DClinPsy Programme.

Clinical Practice Director

The Clinical Practice Director, Dr Gavin Richardson, is employed by NHS Education for Scotland (NES) to work in close collaboration with the Programme Director, to head up the Clinical Tutor team, to oversee all aspects of clinical practice training on the Programme, approve Individual Learning Plans, and to develop systems which maintain an excellent clinical training experience. All of this is done in collaboration with local NHS Managers, Local Area Tutors, and Supervisors.

Director of Selection

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

Director of Equality, Diversity & Inclusion

Professor Andrew Gumley takes responsibility for overseeing the monitoring, supporting, and reporting on stakeholder engagement activities across all elements of the programme. This role is designed to support new developments that widen engagement of the programme. This role is responsible for convening the CUSP sub-committee.

Research Director

Dr Juliane Kloess is the Research Director (from 1st December 2025). This role manages the research programme of the DClinPsy, including research methods, curriculum, and practice-based elements (Thesis and service-based quality improvement work). This role is supported by the Module Coordinators of the five research-focused modules.

Academic Director

Dr Jala Rizeq the Academic Director and takes an overview of the whole academic curriculum, including synthesis of module feedback across stakeholders (students, University staff, NHS lecturers, External Examiners), and development and implementation of curriculum changes, in liaison with module co-ordinators, to enhance academic teaching.

Examinations Officer

The programme Examinations Officer, Dr Laura Hughes, oversees the practical arrangements for summative assessment, including invigilation, receipt and marking of submissions, and co-ordination of releasing results to Trainees.

Clinical Tutors

The Clinical Tutors, Dr Ellen Homewood, Dr Cara Diamond, Dr Cathy Saddington and Dr Claire McGuire are directly employed by NES and work closely in collaboration with Local Area Tutors and NHS Managers in arranging, coordinating, and assessing clinical placements, conducting placement visits, assessing clinical assignments, carrying out Annual Review of Individual Learning Plans, and participating in clinical teaching on the Programme. Trainees are allocated a Clinical Tutor in Year 1 with whom they will remain involved throughout their training.

Module Coordinators

Most modules/courses in the DClinPsy programme are co-ordinated by at least one University and one NHS Co-ordinator. Module co-ordinators jointly review the fit between the Module content and the curriculum, identify topic areas that require updating, contact lecturers, and timetable lectures. Module co-ordinators also review content in relation to issues of inclusion and diversity.

University Advisers

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

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

Research Supervisors

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

Local Area Tutors (LATs)

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

The current Local Area Tutors are:

- Greater Glasgow & Clyde NHS – Dr Margi Amin
- Ayrshire & Arran NHS – Dr Kim Robertson
- Lanarkshire NHS – Dr Sally Dewis
- Highland NHS - Dr Andrew MacDougall and Dr Mary Reid

Clinical Supervisors

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

2.9. The role of NHS Education for Scotland

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

- Commissioning training places on behalf of NHS Boards via a contract with the University of Glasgow
- Employing the Clinical Practice Team (Clinical Practice Director and Clinical Tutors) that work alongside university staff as members of the Programme team as specified in the contract between NES and the University
- Providing governance and funding arrangements via service level agreements for the services of Local Area Tutors with employing NHS Boards
- Providing funding and governance arrangements via service level agreements for the employment of clinical psychology Trainees with NHS Boards.

Chapter 3. Overview of the structure and content of the DClinPsy Programme

3.1. Background to Modularisation

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

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

3.2. The Doctorate in Clinical Psychology

The DClinPsy was introduced in 1995 to provide training for graduates in psychology wishing to pursue a career in clinical psychology. Funding for the Programme is via the University of Glasgow and NHS Education for Scotland (NES). Students are salaried as Trainee Clinical Psychologists in the NHS. The Programme aims to produce good clinicians but also good scientists, promoting high quality clinical, academic and research standards within a supportive environment. From 2015, the programme

calendar regulations dealing with the maximum duration of study have been adjusted in line with the policies and procedures of other professional training programmes in the College of Medical, Veterinary and Life Sciences (MVLS) such as the BVMS degree. The maximum time available for completion of all components of the DClinPsy is 6 academic years from the year of first enrolment.

The standard DClinPsy is a full-time programme delivered over three years. From the 2017 intake, trainees who have already completed the MSc in Applied Psychology for Children and Young People[4] at Edinburgh University or the MSc in Psychological Therapy in Primary Care[5] at the Universities of Dundee and Stirling will be eligible to complete their doctorate in a shortened timeframe in accordance with the University of Glasgow Accreditation of Prior Learning (APL) regulations and procedures. APL recognises that trainees have already acquired and demonstrated many skills covered in the foundational modules of the DClinPsy. These skills and knowledge are detailed in the Scottish Subject Benchmark Statement for Clinical Psychology and Applied Psychology (Scotland)[6]. Up to date information on the programme adjustments for APL trainees are provided on Moodle.

About half of all Trainee time is spent on clinical placement with the rest divided between academic work, research work, and personal study. The time allocation for clinical training, academic teaching, and personal study or research time for each year of the programme is provided in summary timetables at the beginning of each academic year. Trainees complete six clinical placements within their employing Board, covering the required core competencies. The placements cover a wide range of training opportunities and are widely spread geographically.

Alongside high-level clinical skills, the DClinPsy promotes high quality research skills that support clinical and research practice. The University of Glasgow is fortunate in collaborating with a number of senior NHS staff with PhDs and active research interests. The DClinPsy is delivered through the research Institute of Health and

[4] https://health.ed.ac.uk/study/postgraduate-taught/msc-applied-psychology-healthcare-for-children-and-young-people
[5] https://www.stir.ac.uk/courses/pg-taught/psychological-therapy-in-primary-care/
[6] https://www.qaa.ac.uk/docs/qaa/sbs/sbs-psychology-23.pdf?sfvrsn=5b58ae81_3

Wellbeing of the University of Glasgow. This provides a dynamic research environment with access to expertise spanning multiple disciplines and medical subspecialties. At the end of the programme Trainees prepare a thesis that reflects a variety of applied research methodologies.

The Programme is accredited by the BPS as the progressional regulator and the Health and Care Professions Council (HCPC) as the statutory regulator. The HCPC Standards of Proficiency are available here and the BPS standards are here.

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

3.3. DClinPsy Structure

3.3.1. Rationale

The revision of the Programme structure in 2005 was conducted so as not to atomise courses into disparate components. Instead, there is greater integration of clinical and academic components where possible. This approach aimed to maximise synergy between the clinical, academic, and research components of training to reflect the Programme's commitment to an integrative educational process. The overall approach to the re-design of the Programme was to apply a developmental model that provides a framework for Trainees to acquire and practice increasingly advanced skills and knowledge. With the introduction of APL in 2017 we reviewed the competencies that Clinical Associates in Applied Psychology have acquired during their Masters training and then mapped these to the DClinPsy curriculum. On this basis, APL trainees are deemed eligible to receive credit for foundation level skills in the following main competence domains:

- clinical assessment, formulation, and treatment planning for common psychological problems

- ability to understand basic issues relevant to working in NHS contexts (e.g. completing paperwork, adherence to local operational policies and procedures)
- ability to design and execute basic research projects (e.g. literature reviews and service audits)

The overall educational rationale and architecture of the training programme is not changed for APL trainees, and they follow the same developmental trajectory as trainees on the 3-year route. The most substantial alterations to the training pathway are applied in Y1 of the programme. This means that there is a minimal reduction in the time devoted to advanced skills and knowledge training completed in Y2 and Y3 of the course. This is consistent with our approach of increasing the level of doctoral competencies that are acquired, deployed, and assessed as training advances.

This developmental model of skill and knowledge acquisition and the relationship to the course modules is represented schematically in Figures 3.1 and 3.2 below.

<table>
<tr><th colspan="17">Knowledge, skill and competency development</th></tr>
<tr><td rowspan="2">3Y</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td></tr>
<tr><td colspan="5">Y1</td><td colspan="4">Y1
-
Y2</td><td>Y2</td><td>Y1-
Y3</td><td colspan="2">Y3</td><td colspan="3">Y2
-
Y3</td></tr>
<tr><td rowspan="2">APL</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td></tr>
<tr><td colspan="5">Y1</td><td colspan="4">Y1
-
Y2</td><td>Y2</td><td>Y1-
Y2</td><td>Y2</td><td>Y3</td><td colspan="3">Y2
-
Y3</td></tr>
<tr><td></td><td colspan="5">Foundation skills for working with individuals</td><td colspan="6">Thinking systemically and working within systems</td><td colspan="5">Advanced research, leadership and reflective practice skills</td></tr>
</table>

Figure 3.1 Schematic representation of the developmental model underpinning the Glasgow DClinPsy programme and the relationship to its modular structure, by 3-year and APL training pathways. Modules shared green are via teaching only, those shaded blue represent a combination of taught and placement components, and those shaded lilac are research modules.

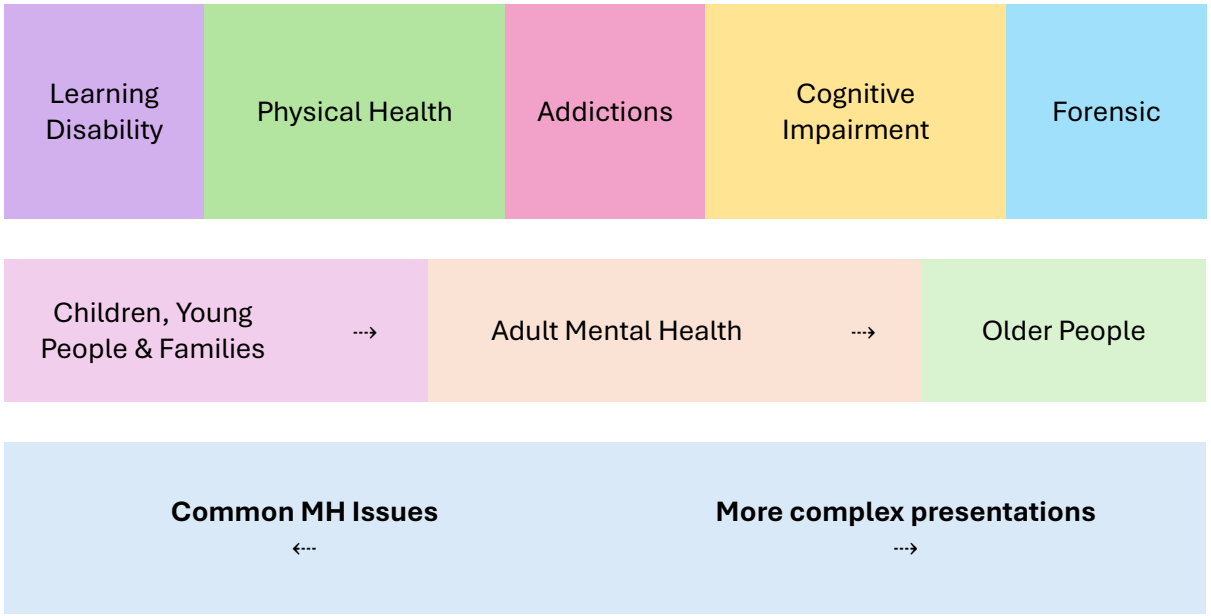

Figure 3.2. Schematic giving overview of areas of practice specialism, lifespan working, and range of complexity addressed across the academic programme.

The programme standards have been shaped by reference to several key documents. These include the Quality Assurance Agency (QAA) for Higher Education subject Benchmark statements for Clinical Psychology (2004), both for the UK (2004) and the counterpart statement for Scotland (2006) Subject benchmark statements assist the academic community to describe the nature and characteristics of academic awards in a specified subject. They also represent general expectations about the standards for the award of qualifications at a given level and articulate the attributes and capabilities individuals possessing such qualifications should demonstrate. The Programme standards are also informed by the criteria specified in the BPS Accreditation Through Partnership Handbook Guidance for Clinical Psychology Programmes[7]. Finally, the Programme content and procedures are subject to continued review and refinement so that they conform to the standards stipulated by the Health and Care Professions Council (HCPC) for providers of clinical psychology training[8].

[7] https://cms.bps.org.uk/sites/default/files/2022-07/Clinical%20Psychology%20-%20Standards%20for%20Accreditation.pdf
[8] https://www.hcpc-uk.org/standards/standards-of-proficiency/practitioner-psychologists/

3.3.2. Integrated Courses

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

The integration of courses with practical experience and skill development is a significant strength of the modularised structure. There is an explicit link between learning, knowledge, and application of clinical skills. Indeed, by providing integrated clinical-academic modules we try to inculcate our education philosophy of integration. This philosophy of integration and synergy is consistent with the language and thrust of current educational frameworks guiding doctoral degrees.

Qualified clinicians are required to draw on extensive knowledge to make complex, high level judgements in uncertain situations.

3.4. Aims and Intended Learning Outcomes (ILOs)

3.4.1 Aims

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

1. To work as skilled scientist practitioners and skilled applied researchers for employment as Clinical Psychologists
2. To be committed to reducing client psychological distress through the systematic application of knowledge derived from psychological theory and evidence
3. To be committed to enhancing client psychological wellbeing, and maximising client independence, recovery, self-understanding and self-worth by applying knowledge derived from psychological theory and evidence
4. To develop working alliances with clients, including individuals, carers, and services, to carry out psychological assessment, develop a formulation based on

theory and knowledge, carry out psychological interventions, evaluate the work, and communicate effectively with clients, referrers, and others

5. To work effectively with a range of clients in a range of different settings to work effectively in a range of indirect ways to improve psychological aspects of health and healthcare
6. To work effectively with systems relevant to clients, and enable other service providers to develop psychologically informed ways of thinking
7. To understand and embrace the core purpose and philosophy of the profession
8. To conduct research which enables the profession to develop its knowledge base, and monitor and improve the effectiveness of its work
9. To manage a personal learning agenda involving critical reflection to enable transfer of knowledge and skills to new settings and problems.
10. These core aims are derived from the CTCP accreditation criteria, the GAA subject benchmarks for clinical psychology (2004) and the standards of accreditation set by the health and care professionals council (HCPC).

3.4.2. Intended Learning Outcomes

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

1. 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.
2. Display 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, 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.

4. Show professional competence relating to personal and professional development and awareness of the clinical, professional and social context within which the work is undertaken. This includes awareness of the ways that personal and professional values are applied to the science and practice of clinical psychology, including:
    - Acquiring 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.
    - Being aware of the importance of diversity, the social and cultural context of their work, working within an ethical framework, and the need for continuing professional and personal development.
    - Developing and communicating formulations that are in accessible language that is culturally sensitive and non- discriminatory (e.g, in terms of age, gender, disability and sexuality).
    - Developing personal and professional skills and values including an explicit understanding the impact of differences, diversity and social inequalities on people's lives, and their implications for working practices

5. Display high level transferable skills and meta-competencies such as:
    - the ability to use a broad evidence and knowledge base to decide how to assess, formulate and intervene psychologically, from a range of possible models and modes of intervention with clients, carers and service systems
    - generalise and synthesise prior knowledge and experience in order to apply them in different settings and novel situations
    - demonstrate self-awareness and work as a reflective practitioner
    - be able to evaluate critically and reflectively.

6. Display high level psychological assessment skills such as:
    - development and maintenance of effective working alliances with clients, including individuals, carers and services

- be able to choose, use and interpret a broad range of assessment methods appropriate to the client and service delivery system in which the assessment takes place (and to the type of intervention which is likely to be required)
- use formal assessment procedures (standardised instruments), systematic interviewing procedures and other structured methods of assessment (e.g. observation or gathering information from others)
- conduct appropriate risk assessment and use this to guide practice.

7. Display high level psychological formulation skills such as:
    - develop formulations of presenting problems or situations which integrate information from assessments within a coherent framework that draws upon psychological theory and evidence and which incorporates interpersonal, societal, cultural and biological factors
    - use formulations with clients to facilitate their understanding of their experience
    - use formulations to plan appropriate interventions that take the client's perspective into account
    - use formulations to assist multi-professional communication, and the understanding of clients and their care
    - revise formulations in the light of ongoing intervention.

8. Display high level intervention skills such as:
    - on the basis of a formulation, implement psychological therapy or other interventions appropriate to the presenting problem and to the psychological and social circumstances of the client(s), and to do this in a collaborative manner with individuals, couples/families/groups, and/or services/organisations
    - implement interventions through and with other professions and/or with individuals who are formal (professional) carers for a client, or who care for a client by virtue of family or partnership arrangements

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

9. Display high level evaluation skills such as:
    - 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 including:
    - identify and critically appraise research evidence relevant to practice
    - conduct service evaluation
    - conduct collaborative research
    - be a critical and effective consumer, interpreter, and disseminator of research evidence relevant to clinical psychology
    - plan and conduct independent research (i.e. identify research questions, demonstrate an understanding of ethical issues, choose appropriate research methods and analysis, report outcomes and identify appropriate pathways for dissemination).

11. Display high level personal and professional skills and values such as:
    - understand ethical issues and applying these in complex clinical contexts, ensuring that informed consent underpins all contact with clients and research participants
    - appreciate the inherent power imbalance between practitioners and clients and how abuse of this can be minimised
    - understand the impact of difference and diversity on people's lives, and their implications for working practices

- 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
- take responsibility for one's own personal learning needs and develop strategies for meeting these
- use supervision to reflect on practice, and making appropriate use of feedback received
- 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
- work collaboratively and constructively with fellow psychologists and other colleagues and users of services, respecting diverse viewpoints.

12. Display high level communication and teaching skills such as:
    - communicate effectively clinical and non-clinical information from a psychological perspective in a style appropriate to a variety of different audiences (e.g. to professional colleagues, and to users and their carers)
    - adapt one's style of communication to people with a wide range of cognitive ability, sensory acuity and modes of communication
    - prepare and deliver teaching and training which takes into account the needs and goals of the participants (for example by appropriate adaptations to methods and content)
    - understand the supervision process for both supervisee and supervisor roles.

13. Display high level service delivery skills and skills in organisational and systemic influence, leadership and service delivery such as:
    - understanding of consultancy models and the contribution of consultancy to practice
    - adapting practice to a range of organisational contexts, on the basis of an understanding of pertinent organisational and cultural issues

- awareness of the legislative and national planning context of service delivery and clinical practice
- working with users and carers to facilitate their involvement in service planning and delivery
- working effectively in multi-disciplinary teams
- understanding of change processes in service delivery systems
- provide supervision at an appropriate level within ones sphere of competence
- working with users and carers to facilitate their involvement in service planning and delivery
- understanding of change processes in service delivery systems
- understanding and working with quality assurance principles and processes including health informatics systems
- being able to recognise and act on malpractice or unethical practice in systems and organisations.

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

3.5. SCQF Levels and Credits

3.5.1. Levels

The SCQF defines qualification level as the degree of complexity in a set of learning outcomes. Master's Programmes are set at Level 11, Doctoral degrees at Level 12. Following SCQF and University regulations, the DClinPsy requires the accumulation of a minimum of 540 and a maximum of 560 credits. Of these, 420 must be at Level 12. Trainees who join the programme with Accreditation of Prior Learning from the approved CAAP courses get the Level 11 Course Foundation of Clinical Practice 1 (Module 2) awarded in recognition of their previous experience at master's level.

3.5.2. Credits

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

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

3.6. The Programme Curriculum

The overall Programme curriculum is presented in Chapter 4 where the aims, learning outcomes and delivery modes for the separate modules are described. It will also be evident that for separate Modules, certain learning outcomes may be assessed using course specific assessment methods, whereas others may be assessed more generically using, for example, the portfolio. A reflective portfolio of clinical experience covering cases is attached to all clinical Modules. Productive discussion with the Programme Strategy Group and Programme Organisers Group has guided the range of assessment methods used. In 2019 we began to transition to a new assessment framework that updated the methods used to assess competence and changed some of the marking mechanisms so that Trainees would receive faster feedback on their performance on assessment tasks.

The programme is also committed to improving the way the curriculum deals with issues of diversity, inclusion, marginalisation and discrimination. This Programme is committed to working with all stakeholders to improve all aspects of our activities so that we better meet the needs of all members of the community and develop future clinical

psychologists who are equipped to address issues of equality, diversity and inclusion in all aspects of their professional life.

3.6.1. Relationship of the Curriculum to the HCPC Standards of Proficiency for Practitioner Psychologists

The Health and Care Professions Council remains the statutory regulator of the standards of training and practice for Practitioner Psychologists. The DClinPsy programme curriculum is designed to be compliant with the HCPC published Standards of Proficiency (SOPs)11 that stipulate the minimum generic and psychology specific competencies for Practitioner Psychologists. These are organised across 15 generic standards that include domain specific standards that are relevant to clinical psychology as a domain of practice. The standards are summarised as follows:

1. Able to practice safely and effectively within scope of practice
2. Able to practice within legal and ethical boundaries of the profession
3. Able to look after their health and wellbeing, seeking appropriate support where necessary
4. Able to practice as an autonomous professional, exercising their own professional judgement
5. Able to recognise the impact of culture, equality, and diversity on practice and practise in a non-discriminatory and inclusive manner
6. Able to understand the importance of and maintain confidentiality
7. Able to communicate effectively
8. Able to work appropriately with others
9. Able to maintain records appropriately
10. Able to reflect on and review practice
11. Able to assure the quality of their practice
12. Able to understand the key concepts of the knowledge base relevant to their profession
13. Able to draw on appropriate knowledge and skills to inform practice
14. Able to establish and maintain a safe practice environment

15. Able to promote health and prevent ill health

The HCPC SOPs provide a framework for understanding the skills, knowledge, and attitudes that need to be acquired and demonstrated during training and then maintained during post-registration practice. The practice domain specific competencies specified under each sub-theme in the SOPs document relate most directly to the Intended Learning Outcomes (ILOs) specified for the sixteen Modules that make up the overall DClinPsy Programme (see Appendix 3.2). Because the evolution of the Programme structure predates the establishment of the HCPC, the ILOs for the DClinPsy use different wording to the HCPC SOPs in places. Also, the meta-themes for the DClinPsy map onto four main domains:

1. Interpersonal skills and knowledge
2. Professional practice skills and knowledge
3. Clinical practice skills and knowledge
4. Research skills and knowledge

However, the DClinPsy programme curriculum is regularly checked and adjusted to ensure it remains compliant with the HCPC Standards of Proficiency and BPS CTCP accreditation standards. Also, the existing curriculum review processes for the individual Modules and the Programme are designed to ensure the adjustment and updating of the training offered so that it remains compliant with the standards set by professional and statutory regulatory bodies.

3.7. Aligned Training Pathways

As a response to workforce planning needs, there has been a move to align some Trainees to specific clinical populations (e.g. Older Adults, Child and Adolescent Mental Health, Forensic). These Trainees complete all core elements of the DClinPsy Programme in accordance with BPS and HCPC guidance on the training requirements to qualify as clinical psychologists. Aligned Trainees graduate with the same qualification as non-aligned Trainees and this not a specialist training pathway. Instead, the principle underlying aligned training pathways is one of increasing experience with a defined

clinical population and not altering either competencies required or Trainee workload. The main feature that distinguishes the aligned route is the advanced specification of the enhanced experience with a defined population. The aim is to help expand workforce capacity in high priority clinical areas.

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

3.8. Consent to participate in training

It is a requirement of the Health and Care Professions Council 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. Full details are provided in Appendix 3.4, along with a consent form which all Trainees will be asked to sign. Trainees should contact the Programme Director if they have any queries about this.

3.9. Timetables

Live timetables are provided via MS Teams. These are organised by intake cohort and can be accessed from the following links:

- 2025 Intake Cohort click here
- 2024 Intake Cohort click here
- 2023 Intake Cohort click here

Please use this calendar as the first point of reference for ascertaining lecture arrangements (time, topic, venue, lecturer, Zoom link). Any changes to any lecture will be available via the live calendar.

3.10. References

Standards for the Accreditation of Doctoral Programmes in Clinical Psychology. The British Psychological Society, (January, 2019).

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

Higher Education Funding Council for England Improving standards in postgraduate research degree programmes (2004)

Quality Assurance Agency for Higher Education (QAA) Benchmarks for Clinical Psychology (2004)

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

Chapter 4. Module Descriptions

The overall schedule of Modules and associated assessments is shown in Chapter 9.

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

4.1. Module Co-Ordinators

Each Module in the DClinPsy programme is co-ordinated by one person from the University and one from the NHS. Module co-ordinators jointly identify topics and timetable lectures.

Year 1		
Module	***Programme***	***NHS***
Module 1. Foundations of Clinical Psychology	Lynda Russell	Vik Nair

Module 2. Foundation Clinical Practice I	Alex Fradera	Gwenllian Jenkins
Module 3. Foundation Clinical Practice II	Katja Weides	Lynsey Cameron
Module 4. Assessment Intervention and Management of Cognitive Impairment	Jessica Fish	Ruth Sumpter
Module 4. Older Adult	David Grinter	Maxine MacDonald
Module 4. Psychosis	Andrew Gumley	Vacant
Module 4. Addictive Behaviours	Lynda Russell	Andrew Smith
Module 4. Clinical Health Psychology	Katja Weides	Kathleen McHugh
Module 5. Data Management and Analysis	David Grinter	Liam Dorris

Year 2		
Module	***Programme***	***NHS***
Module 6. Children, Young People and Families	Jala Rizeq	David Maher and Vicky Walker
Module 7. Learning Disabilities	Laura Hughes	Claire McNab
Module 8. Research Design and Statistics	Heather McClelland	Liam Dorris
Module 9. Research Practice I	Kirsty Dunn	Liam Dorris
Module 10. Advanced Professional Practice	Gavin Richardson	Suzy Clark
	Alex Fradera	Liam Dorris

Module 11. Service Evaluation and Quality Improvement		

Year 3		
Module	***Programme***	***NHS***
Module 12. Advanced Clinical Practice I	Gavin Richardson	n/a
Module 13. Advanced Clinical Practice II	Gavin Richardson	n/a
Module 14. Psychology and the Law	Karen McKeown	Emma Drysdale
Module 15. Research Practice II	Heather McClelland	Liam Dorris
Module 16. Advanced Professional Practice	Gavin Richardson	Suzy Clark

4.2. Understanding the Module ILO's Assessment Goals, and competencies

As described in the preceding chapter, the Programme curriculum evolves to keep pace with changes affecting the tertiary education sector, professional regulation, and advances in the evidence base of clinical psychology and related fields. The following sections present the Aims, Intended Learning Outcomes, and a brief description of the assessment tasks associated with each Module. This section should be read in conjunction with Chapter 9 for a more comprehensive description of the assessment tasks and the marking frameworks used to grade submitted work. Detailed Module-specific guidance is also provided on Moodle.

All Trainees should read the Standards of Proficiency for Practitioner Psychologists provided by the HCPC available here.

More detail on the approach to the development and refinement of this curriculum is available in Chapter 3.

4.2.1. Use of Course Materials

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

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

4.3. Module 1. Foundations of Clinical Psychology

4.3.1. Aims

1. To overview the aims of Clinical Psychology in its broadest sense emphasising lifespan and psychological models of clinical practice.
2. To overview the regulatory, professional and institutional context for professional practice.
3. To introduce issues in working with clients from a diverse range of social and cultural backgrounds.
4. To convey the importance of valuing individuals, and to respect the rights, dignity, values, and autonomy of all individuals across the lifespan.

4.3.2. Competencies/ Intended Learning Outcomes

By the end of this Module, Trainees will be able to:

1. Describe and appraise the broad role of the Clinical Psychologist within health and social care services and discuss the adaptation of practice across the range service users and organisational contexts.
2. Describe the skills knowledge and values required to work effectively with service users from a diverse range of backgrounds, understanding and respecting the impact of difference, diversity and social inequality on people's lives.
3. Discuss and justify the need to adapt Clinical Psychology practice to a range of service users and organisational contexts, on the basis of an understanding of pertinent developmental, organisational and cultural issues.
4. Understand basic aspects of assessment and formulation in clinical psychology practice.
5. Recognise the importance and role of supervision and reflective practice in clinical psychology and begin to take responsibility for continuing professional development.

6. Understand and critically analyse the legal and ethical responsibilities of clinical psychology practice, including patient consent, confidentiality and data protection.
7. Describe the family of applied psychology and the role of the professional bodies and the role of statutory registration and regulation, and understand the HCPC Standards of Conduct, Performance and Ethics; the BPS Code of Conduct, Ethical Principles and Guidelines and the Professional Practice Guidelines of the Division of Clinical Psychology.

4.3.3. Summative Assessment

Module 1 is assessed by an online exam containing multiple choice and 'fill in the blanks' items.

4.3.4. References

The module reading list can be found here.

4.4. Module 2. Foundation Clinical Practice I

4.4.1. Aims

1. For Trainees to acquire foundational knowledge of the theoretical, clinical and professional issues relevant to adult mental health.
2. For Trainees to develop and apply the core skills of clinical psychology practice in an adult mental health setting: assessment, formulation, intervention, evaluation, and communication.

4.4.2. Competencies/ Intended Learning Outcomes

By the end of this Module, Trainees will be able to:

1. Understand and apply the foundational concepts relevant to clinical psychology practice in adult mental health settings.

2. Apply forefront knowledge to the analysis, evaluation, and comparison of psychological models, psychotherapy approaches, and testing/measurement strategies.
3. Develop and demonstrate a high-level understanding of ethical and values-based practice principles (e.g. non-discriminatory and safe practice, inclusivity, respect).
4. Develop, evaluate, and justify psychological assessment plans and formulations based on psychological theory and models.
5. Apply, critically evaluate, and refine psychological treatment plans that are based on an analysis of relevant contextual factors (e.g. developmental, cultural, sociodemographic).

4.4.3. Summative Assessment

Module 2 is assessed via the Supervisor's Evaluation of Clinical Competence.

4.4.4. References

The module reference list can be found here.

4.5. Module 3. Foundation Clinical Practice II

4.5.1. Aims

1. To consolidate and extend Trainee knowledge of the clinical psychological evidence relevant to working in adult mental health settings.
2. To consolidate and develop Trainee assessment, formulation, intervention, evaluation, and communication skills within adult mental health settings.

4.5.2. Competencies/ Intended Learning Outcomes

By the end of this Module, Trainees will be able to:

1. Demonstrate a critical understanding of forefront psychological models, and their application to clients' experiences, when working with adults experiencing a range of common mental health difficulties.
2. Demonstrate critical and detailed knowledge of a number of therapeutic models relevant to working with adult clients affected by a range of mental health difficulties.
3. Comprehensively demonstrate the ability to adaptively apply the range of skills and techniques and materials relevant to the use of Cognitive Therapy and Cognitive Behavioural Therapy in working with adults experiencing a range of common mental health difficulties.
4. Use a substantial range of skills, techniques and practices including, assessment, formulation (and where appropriate reformulation), intervention and evaluation in a way that demonstrably leads to relevant treatment outcomes.
5. Use specialised skills to manage increasingly complex therapeutic relationships.
6. Understand and address complex ethical and professional issues while working in a reflective, self-critical manner.
7. Demonstrate clinical leadership and originality in identifying and managing mental health difficulties.

4.5.3. Summative Assessment

Module 3 is assessed by the Supervisor's Evaluation of Clinical Competence and a clinical case study.

4.5.4. References

In addition to Module 2 references the following are recommended:

Hupp, R. & Santa Maria, C. Eds (2023). Pseudoscience in Therapy: A Skeptical Field Guide. Cambridge University Press

Stuart, S. & Robertson, M. (20) Interpersonal Psychotherapy – A Clinician's Guide (2nd Ed), London: Arnold

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

4.6. Module 4: Foundation Knowledge, Understanding and Skills

4.6.1. Aims

1. To overview the core skills of assessment, formulation, intervention, evaluation and communication in relation to a broad range of complex adult mental health difficulties across a range of age groups and healthcare settings.
2. To provide forefront knowledge of models of psychopathology and psychological intervention when working with a broad range of clients experiencing mental health difficulties across a range of age groups and healthcare settings.

4.6.2. Competencies/ Intended Learning Outcomes

By the end of this Module, Trainees will be able to:

1. Demonstrate acquisition and understanding of forefront psychological theory and evidence across a broad range of complex mental health difficulties across the adult age range.
2. Describe, critically analyse and apply current best evidence in relation to assessment, formulation intervention and evaluation in cases of a broad range of complex adult mental health difficulties in across the adult age range

4.6.3. Summative Assessment

Module 4 is assessed via a literature review essay.

4.6.4 References

Davis, P., Patton, R., & Jackson, S. (2018). Addiction: Psychology and Treatment. Wiley.

Goldstein, L., & McNeil, J. (2013). Clinical Neuropsychology: A Practical Guide to Assessment and Management for Clinicians. Wiley-Blackwell.

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

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

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

Miller, W. R., & Rollnick, S. (2023). Motivational Interviewing: Helping People Change and Grow (4th ed.). Guilford Press.

Najavits, L.M. (2002). Seeking safety: A treatment manual for PTSD and substance abuse. Guilford Press.

Bennett, P. (2000). Introduction to Clinical Health Psychology. Open University Press.

Kinsella, P., & Moya, H. (2021). CBT for Long-Term Conditions and Medically Unexplained Symptoms: A Practitioner's Guide (1st edition). Routledge.

Llewellyn, C. D., Ayers, S., McManus, C., Newman, S., Petrie, K. J., Revenson,

T. A., & Weinman, J. (Eds.). (2019). Cambridge Handbook of Psychology, Health and Medicine (3rd ed.). Cambridge University Press.

Owen, R. (2014). Living with the Enemy: Coping with the Stress of Chronic Illness Using CBT, Mindfulness and Acceptance (1st ed.). Routledge https://healthtalk.org/

Badcock, J. & Paulik, G. (2019) A Clinical introduction to psychosis (1st Edition) Foundations for Clinical Psychologists and Neuropsychologists. Elsevier, Academic Press

4.7. Module 5. Data Management and Analysis

4.7.1. Aims

1. To revise and update knowledge of foundational techniques in data management and statistics.
2. To develop skills in interpreting and communicating quantitative analysis results.

4.7.2. Competencies/ Intended Learning Outcomes

By the end of this Module, Trainees will be able to:

1. Demonstrate the ability to appropriately manage, interpret and present quantitative data, and use descriptive and inferential statistics.
2. Demonstrate an understanding of measures of central tendency and dispersion, and the assumptions that underlie the selection of specific statistical techniques.

4.7.3. Summative Assessment

Module 5 is assessed by a data management and statistics examination.

4.7.4. References

Dancey, C.P. & Reidy, J. (2020) Statistics without Maths for Psychology (8th edition). Harlow: Pearson.

Field, A. (2017) Discovering Statistics using IBM SPSS Statistics (5th Edition). London: SAGE.

Pallant, J. (2020) SPSS Survival Manual (7th Edition). London: Open University Press.

Online R courses: https://psyteachr.github.io/

4.8. Module 6. Children/ Young People and Families Theory and Practice

4.8.1. Aims

1. To develop Trainee knowledge of the clinical psychological evidence relevant to working with children and their families.
2. To develop Trainee assessment, formulation, intervention, evaluation, and communication skills for work with children and their families.

4.8.2. Competencies/ Intended Learning Outcomes

By the end of this Module, Trainees will be able to:

1. Demonstrate the acquisition, critical understanding, and application of forefront psychological models to the understanding and treatment of psychological and behavioural problems experienced by children and their families.
2. Demonstrate critical and detailed knowledge of a number of therapeutic models appropriate to working with children and their families.
3. Select, apply, and evaluate psychological theories relevant to the understanding and treatment of a range of psychological and behavioural problems commonly experienced by children, young people, and their families.
4. Create integrated and evidence based clinical formulations that include all relevant sources of assessment information.
5. Design treatment plans for a range of mental health and behavioural problems experienced by children, young people, and their families based on critical analysis of the relevant evidence base.
6. Apply ethical reasoning and judgement across multiple domains of clinical and academic work including professional and academic contexts.
7. Design, justify, and implement structured approaches to clinical case work.
8. Use a significant range of skills, techniques and practices including, assessment, formulation (and where appropriate reformulation), intervention and evaluation in a way that enhances understanding and collaboration.

9. Use specialised skills to ensure that at all stages, relationships and communication with clients, carers and colleagues are appropriate, client centred and clear.
10. Deal with complex ethical and professional issues while working in a reflective, self-critical manner.
11. Demonstrate clinical leadership and originality in approach to supporting clients in identifying and managing mental health difficulties.

4.8.3. Summative Assessment

Module 6 is assessed by the Supervisor's Evaluation of Clinical Competence and (from the 2020 intake onwards) a clinical case study or essay.

4.8.4. References and resources

The module reading and resource list can be found here.

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

4.9. Module 7. Learning Disability Theory and Practice

4.9.1. Aims

1. To develop Trainee knowledge of the clinical psychological evidence relevant to working with people with learning disability.
2. To develop Trainee assessment, formulation, intervention, evaluation, and communication skills for work with people with learning disability.

4.9.2. Competencies/ Intended Learning Outcomes

1. By the end of this Module, Trainees will be able to:

2. Select, apply, and evaluate forefront psychological theories relevant to the understanding and treatment of a range of psychological and behavioural problems commonly experienced by people with Learning Disabilities.
3. Demonstrate critical and detailed knowledge of a number of therapeutic models relevant to working with people affected by learning disability.
4. Design treatment plans for a range of mental health and behavioural problems experienced by people with Learning Disabilities based on critical analysis of the relevant evidence base.
5. Use a significant range of skills, techniques and practices including, assessment, formulation (and where appropriate reformulation), intervention and evaluation in a way that enhances understanding and collaboration.
6. Create integrated and evidence based clinical formulations that include the integration of relevant sources of assessment information.
7. Use specialised skills to ensure that at all stages, relationships and communication with clients, carers and colleagues are appropriate, client-centred and clear.
8. Apply ethical reasoning and judgement across multiple domains of clinical and academic work including professional and academic contexts.
9. Demonstrate clinical leadership and originality in approach to supporting clients in identifying and managing mental health difficulties.
10. Generate and adapt strategies to guide responses to complex and/or challenging assessment and treatment needs of people with learning disabilities.

4.9.3. Summative Assessment

Module 7 is assessed through the Supervisor's Evaluation of Clinical Competence and (from the 2019 intake onward) a literature review essay.

4.9.4. References

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

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

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

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

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

Weblinks:

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

  https://www.nes.scot.nhs.uk/our-work/matrix-a-guide-to-delivering-evidence-based-psychological-therapies-in-scotland/ (accessed 22 September 2024).

- Adults with Incapacity (Scotland) Act 2000: http://www.legislation.gov.uk/asp/2000/4/contents (accessed September 2016).
- Safeguarding Vulnerable Groups Act 2006:

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

4.10. Module 8. Research Design and Statistics

4.10.1. Aims

1. To develop a critical understanding of research design issues as applied to clinical psychology.
2. To assist trainees to select appropriate research strategies and develop applied research plans.

4.10.2. Competencies/ Intended Learning Outcomes

By the end of this Module, Trainees will be able to:

1. Apply a constant and integrated approach to critical analysis, evaluation and synthesis of new and complex ideas.
2. Critically analyse research across a range of methodological and analytic approaches and be able to justify this evaluation with reference to the evidence base and current good practice.
3. Select, classify, and critically appraise a range of research methods (including data analytic approaches) across a range of clinical and theoretical contexts.
4. Communicate at the standard of published academic work and/or critical dialogue and justify judgements about the quality, strengths, and weaknesses of published research.
5. Use a range of specific skills, concepts and practices including methodological design, statistical analysis, statistical power and reliability.

4.10.4. References

Barker, C. et al. (2015) Research Methods in Clinical Psychology (3rd Edition). New York: Wiley.

Bourgeault, I., Dingwall, R. & De Vries, R. (eds.) (2010) The SAGE Handbook of Qualitative Methods in Health Research. London: SAGE.

Braun, V., Clarke, V. (2022) Thematic Analysis: A Practical Guide. London: SAGE.

Charmaz, K. (2024) Constructing Grounded Theory (3rd Edition). London: SAGE.

Cohen, B.H. (2014) Explaining Psychological Statistics (4th Edition). New York: Wiley.

Dancey, C.P. & Reidy, J. (2020) Statistics without Maths for Psychology (8th Edition). Harlow: Pearson.

Field, A. & Hole, G. (2003) How to Design and Report Experiments. London: SAGE.

Field, A. (2024) Discovering Statistics using IBM SPSS Statistics (6th Edition). London: SAGE.

Smith, J.A., Flowers, P. & Larkin, M. (2021) Interpretative Phenomenological Analysis: Theory, Method and Research (2nd Edition). London: SAGE.

Tabachnick, B.G. & Fidell, L.S. (2018) Using Multivariate Statistics (7th Edition). Harlow: Pearson.

4.11. Module 9. Research Practice I

4.11.1. Aims

1. To give an overview of ethical and research governance issues in clinical psychology research.
2. To introduce systematic approaches to searching for and identifying literature for review.
3. To assist trainees to conceptualise, design and complete a clinically relevant systematic literature review and critically appraise the research literature using appropriate standards.
4. To help trainees produce a research proposal for a feasible project in a clinically relevant area derived from appropriate psychological theory.

4.11.2. Competencies/ Intended Learning Outcomes

By the end of this Module, Trainees will be able to:

1. Describe and discuss the principles, practice, and procedures involved in research and ethical governance, in line with current legislation, and including informed consent and incapacity.
2. Develop an outline proposal that demonstrates skills in designing a systematic review that addresses a clinically relevant issue, incorporates explicit and reproducible search methodology and includes critical appraisal of methodological quality of the studies included in the review.
3. Demonstrate skills in the design of clinically relevant research, including identification of suitable research questions, along with appropriate methods and analyses through which to address them.
4. Be able to consider practical aspects of research design including costs and health and safety issues.

5. Produce a research proposal that is ready for supervisory and ethical approval, detailing the research protocol and considering plans for future dissemination.

4.11.3. Summative Assessment

Module 9 is assessed through the Major Research Project Proposal

4.11.4. References

Barker, C. et al. (2015) Research Methods in Clinical Psychology (3rd Edition). New York: Wiley.

Booth, A., Noyes J., Flemming K., Gerhardus, A., Wahlster, P., van der Wilt, G.J., Mozygemba, K., Refolo, P., Sacchini, D., Tummers, M., Rehfuess, E. (2016) Guidance on Choosing Qualitative Evidence Synthesis Methods for Use in Health Technology Assessments of Complex Interventions [online]. Available from:

https://www.researchgate.net/publication/298743768_Guidance_on_choosing_qualitative_evidence_synthesis_methods_for_use_in_health_technology_assessments_of_complex_interventions [accessed Sep 22, 2024]

Egger, M., Davey Smith, G., & Altman, D. (eds.) (2001) Systematic Reviews in Health Care: Meta-analysis in Context (2nd Edition). London: BMJ Publishing Group. Available from: http://alraziuni.edu.ye/book1/Health%20and%20Society/Systematic%20Reviews%20in%20Health%20Care%20,%20Meta%20Analysis%20in%20Context_2001. pdf [accessed Sep 22 2024].

Ring, N., Ritchie, K., Mandava, L., & Jepson, R. (2011) A Guide to Synthesising Qualitative Research for Researchers Undertaking Health Technology Assessments and Systematic Reviews. Available from: https://dspace.stir.ac.uk/bitstream/1893/3205/1/HTA_MethodsofSynthesisingQualitativeLiterature_DEC101.pdf

[accessed Sep 22 202

4.12. Module 10. Advanced Professional Practice I

4.12.1. Aims

1. To develop Trainee understanding of the professional and legislative issues for working with vulnerable client groups (e.g. children and individuals with learning disability).
2. To foster Trainee awareness of the role of Clinical Psychologists in the Health Service and responsibility and accountability within multidisciplinary working.

4.12.2. Competencies/ Intended Learning Outcomes

By the end of this Module, Trainees will be able to:

1. Describe and discuss the statutory legislation and guidance pertaining to the welfare of children, families, and their carers.
2. Describe and discuss the statutory legislation and guidance pertaining to the welfare of people with a learning disability.
3. Describe and discuss the statutory legislation and guidance pertaining to the welfare of vulnerable adults.
4. Describe and justify sharing/disclosing/disseminating confidential information within multi-disciplinary team and multi-agency working.
5. Apply these principles to areas of clinical psychology practice.

4.12.3. Summative Assessment

Module 10 is assessed through a group-based oral presentation.

4.12.4. References

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

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

4.13. Module 11. Service Evaluation and Quality Improvement

4.13.2. Aims

1. To enable trainees to conduct a piece of service evaluation or quality improvement work of relevance to clinical psychologists and the wider health and social care community.
2. To support the development of skills in disseminating service evaluation or quality improvement outcomes to a range of stakeholders.
3. To support the development of early-stage leadership competencies in conceptualising and communicating service evaluation and quality improvement issues.

4.12.3. Competencies/ Intended Learning Outcomes

By the end of this Module, Trainees will be able to: Demonstrate an understanding of the value of service evaluation and quality improvement activities in relation to the development of the profession of clinical psychology and of patient/client care.

1. Draw on cross-cutting competencies in academic, clinical and professional practice domains to conduct a piece of service evaluation or quality improvement work that is relevant to clinical psychology practice.
2. Demonstrate the ability to present service-related or quality-related data/information clearly and concisely, and interpret it appropriately.
3. Demonstrate the ability to communicate evaluation/improvement outcomes in a form that is accessible and appropriate to the intended audiences.

4.13.3. Summative Assessment

Prior to 2022, Module 11 was assessed by the completion of a Service Based Evaluation Project (three-year trainees) or a Service Based Evaluation Report (APL trainees). From the 2022 intake onwards, Module 11 will be assessed by the completion of a piece of

quality improvement work. Three-year trainees will do this in small groups or individually in Year 3, and APL trainees will do this individually in Year 2 or Year 3.

4.13.4. References

The module reading list can be found here.

4.14. Module 12. Advanced Clinical Practice I

4.14.1. 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.

4.14.2. Competences/ Intended Learning Outcomes

By the end of this Module, Trainees will be able to:

1. Undertake clinical work over a substantial period of time with complex cases.
2. Work in more than one recognised model of psychological therapy.
3. Choose, use and interpret a wide range of psychological assessment methods including formal procedures (use of standardised instruments) and other structured methods (e.g. observation or gathering of information from others) in a specialist area of clinical practice.
4. Develop problem level and case level psychological formulations of complex cases which draw widely upon psychological theory and evidence and incorporate interpersonal, societal, cultural and biological factors.
5. Use such formulations to facilitate client understanding, plan appropriate intervention and assist multi-professional understanding and communication.

6. Revise formulations in the light of ongoing intervention and utilise one or more psychotherapeutic models or approaches to facilitate change with consideration of the psychological, cultural and social circumstances of the client.
7. Based on the formulation, implement interventions appropriate to the presenting problem and to the psychological, systemic cultural and social circumstances of the client and their family.
8. Recognise when intervention by training of others (professional staff, relatives and carers) may be appropriate to promote client change, and implement this.
9. Demonstrate a high level understanding of ethical issues in clinical practice competency.
10. Demonstrate well developed ability to contribute to team management and functioning.
11. Participate effectively in inter-professional and multi-agency approaches to health and social care.
12. Exercise appropriate autonomy and initiative in professional activities.
13. Manage the physical and emotional impact of own clinical practice.
14. Demonstrate self-management skills and independence of thought and action.

4.14.3. Summative Assessment

Module 12 is assessed through the Supervisor's Evaluation of Clinical Competence, which includes discussion of a Reflective Account.

4.14.4. References

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

Roth, A. & Fonagy, P. (2005, 2nd Ed) What works for whom? A critical review of psychotherapy research. London: Guilford Press.

4.15. Module 13. Advanced Clinical Practice II

4.15.1 Aims

1. To provide an opportunity to develop complex skills of assessment, formulation, intervention and evaluation within a specialist area of clinical practice.
2. To experience the role of consultancy in health and social care.
3. To provide learning opportunities for the practice of clinical and professional skills in the context of new problems and new circumstances.
4. To provide an opportunity to make complex judgements, especially risk assessments.

4.15.2. Competencies/ Intended Learning Outcomes

By the end of this Module, Trainees will be able to:

1. Undertake complex clinical work over a substantial period of time with complex chronic cases.
2. Demonstrate complex skills of assessment, formulation, intervention and evaluation within a specialist area of clinical practice.
3. Choose, use and interpret a wide range of psychological assessment methods including formal procedures (use of standardised instruments) and other structured methods (e.g. observation or gathering of information from others) in a specialist area of clinical practice.
4. Develop detailed problem level and case level psychological formulations of highly complex cases which draw widely upon psychological theory and evidence and incorporate interpersonal, societal, cultural and biological factors.
5. Use such formulations to facilitate client understanding, plan appropriate intervention and assist multi-professional understanding and communication.
6. Based on the formulation, implement interventions appropriate to the presenting problem and to the psychological, systemic cultural and social circumstances of the client and their family.

7. Revise formulations in the light of ongoing intervention and utilise one or more psychotherapeutic models or approaches to facilitate change.
8. Make informed judgements on complex clinical issues in the absence of complete data and in novel circumstances.
9. Conduct complex risk assessments and formulate appropriate action plans with consideration of the ethical and professional implications.
10. Demonstrate self-awareness and ability to work as a reflective practitioner.
11. Describe and justify consultancy models and the contribution of consultancy to practice.
12. Intervene by training of others (professional staff, relatives and carers).
13. Extend psychological knowledge and development of psychological skills via teaching, supervision, and consultation.
14. Demonstrate in supervision a high level understanding of ethical issues in clinical practice competency.
15. Demonstrate excellent ability to contribute to team management and functioning.
16. Participate effectively in inter-professional and multi-agency approaches to health and social care.
17. Work effectively at a high level of autonomy in complex and unpredictable situations, with awareness of the limits of own competence, and accepting accountability to relevant professional and service managers.
18. Manage the physical and emotional impact of own clinical practice.
19. Demonstrate self-management skills and independence of thought and action.
20. Display cognisance of the importance of self-awareness and the need to appraise and reflect on their own practice and the need for continuing professional and personal development.

4.15.3. Summative Assessment

Module 13 is assessed through the Supervisor's Evaluation of Clinical Competence, which includes discussion of a Reflective Account.

4.15.4. References

Casement, P. (1995). Learning from the Patient. Tavistock

4.16. Module 14. Psychology and the Law

4.16.1. Aims

1. To foster trainee understanding of the scope of clinical psychology theory and practice in contributing to understanding and managing the treatment needs of individuals presenting with:
2. risk of harm to others
3. in the context of mental health, intellectual disability, neuropsychological and adaptive functioning across the lifespan and
4. in NHS, legal (forensic) and social care settings.
5. To overview the contribution of the core clinical psychological skills of assessment, formulation and intervention to informing and leading on production of individualised and representative risk assessment and management plans guided by Structured Professional Judgement (SPJ) approaches.
6. To provide knowledge of forefront models of psychological functioning, risk assessment and risk management pertinent to complex risk and clinical needs encountered not only in specialist forensic clinical and other legal care settings but in the range of clinical settings across all levels of intensity

4.16.2. Competencies/ Intended Learning Outcomes

By the end of this Module, trainees will be able to:

1. Discuss and critically appraise forefront psychological theory and evidence relating to people presenting with risk of harm and concomitant clinical needs.
2. Describe and discuss the assessment, formulation and intervention processes for cases where legal issues are or might be involved.

3. Demonstrate an understanding of the principles of risk and needs assessment, formulation and management for people who present with actual or putative risk of harm to others
4. Discuss and appraise psychological theories of offending risk and their application.
5. Demonstrate an understanding of key Structured Professional Judgement (SPJ) risk assessment schemes and their application
6. Understand the operational concept of personality and its importance in forensic risk assessment.
7. Describe and discuss the operation of the civil and criminal legal systems.

4.16.3 Summative Assessment

Module 14 is assessed through a short essay exam.

4.16.4 References

Logan, C & Johnstone, L. (eds), (2013). Managing Clinical Risk: A guide to effective Practice. London: Routledge

Rogers, A., Harvey, J. & Law, H. (2015) Young People in Forensic Mental Health Settings: Psychological thinking and practice. Basingstoke: Palgrave McMillan

4.17. Module 15. Research Practice II

4.17.1 Aims

1. To produce a piece of innovative, applied scientific research of theoretical and clinical relevance to the clinical psychology community.
2. To support trainees to develop and demonstrate doctoral-level research skills.

4.17.2 Competencies/ Intended Learning Outcomes

By the end of this Module, Trainees will be able to:

1. Conduct a piece of theoretically and clinically relevant research.
2. Access, review, critically appraise and synthesise extant evidence pertaining to a research topic.
3. Formulate a scientific research question.
4. Use contemporary research methods to obtain, prepare and analyse data relevant to the research question, using appropriate quantitative or qualitative methods.
5. Report findings clearly, in a manner acceptable to the wider scientific community.
6. Critically appraise the limitations of the research.
7. Discuss key ethical issues relating to the research.
8. Critically appraise the contribution of the research to the current literature and clearly summarise future clinical and research implications.
9. Produce two scientific papers in the format of a recognised and appropriate peer-reviewed scientific journal.

4.17.3 Summative Assessment

Module 15 is assessed through the submission and oral examination (viva) of the thesis.

4.17.4 References

Barker, C. et al. (2015) Research Methods in Clinical Psychology (3rd Edition). New York: Wiley.

Greenhalgh, T. (2019) How to Read a Paper (6th Edition). Chichester: John Wiley & Sons Ltd.

Hall, G.M. (ed.) (2013) How to Write a Paper (5th Edition). Chichester: John Wiley & Sons Ltd.

Murray, R. (2015) How to Survive Your Viva (3rd Edition). Maidenhead: Open University Press.

4.18. Module 16. Advanced Professional Practice II

4.18.1 Aims

1. To build upon the Foundations Module in Year 1, and Professional Practice Module in Year 2.
2. To develop appreciation of the whole range of professional issues in the transition to being an independent practitioner.
3. To consider the role transitions involved in moving to post-registration status including becoming a supervisor, taking responsibility for personal CPD, career development, contributing to clinical leadership activities, and taking on advanced practitioner status.

4.18.2 Competencies/ Intended Learning Outcomes

By the end of this Module, Trainees will be able to:

1. Demonstrate a high level of autonomy and initiative in professional activities and personal professional development.
2. Critically appraise the legislative and national planning context of service delivery and clinical psychology practice.
3. Synthesise and critically appraise the range of professional issues in the transition to becoming an independent practitioner.

4.18.3 Summative Assessment

Module 16 is assessed through a group presentation and a brief individual written report.

4.18.4. References

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

Fleming, I. & Steen, L. (Eds) (2011) Supervision and Clinical Psychology. Theory, Practice and Perspectives (2nd edition). Brunner-Routledge

Chapter 5. Support Systems

5.1 The recognised need for support

The Programme and its NHS partners recognise the demands placed on Students and that it is necessary and appropriate for Trainees to seek support, advice and guidance. This is reflected in the standards specified by the Health and Care Professions Council in the Standards of Proficiency for Practitioner Psychologists. For example, Practitioner Psychologists must:

1.2 Recognise the need to manage their own workload and resources safely and effectively, including managing the emotional burden that comes with working in a pressured environment

2.1 Maintain high standards of personal and professional conduct

3.2 Understand the importance of their own mental and physical health and wellbeing strategies in maintaining fitness to practise

3.3 Understand how to take appropriate action if their health may affect their ability to practise safely and effectively, including seeking help and support when necessary

3.4 Develop and adopt clear strategies for physical and mental self-care and self-awareness, to maintain a high standard of professional effectiveness and a safe working environment

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

5.2. Programme Mechanisms for Trainee Support

5.2.1 Programme Team

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

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

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

5.2.2 University Advisers[9]

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

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

[9] Also see p. 16

5.2.3 Practice Placement Visits

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

5.2.4 Annual Review of Individual Learning Plan/ Employment Appraisal

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

The review will be carried out jointly by the designated Appraiser (usually the Trainee's Clinical Tutor but can be any member of the Programme team) and the Trainee's Local NHS Line Manager (or their representative, such as the NHS Local Area Tutor). The review covers both university education and NHS employment. This process highlights the integrated nature of training, with a focus on professional development. The review takes a holistic approach, and considers the relative contributions of the clinical, academic and research domains towards professional development, the fulfilment of Programme and NHS employment requirements, and career plans may also be discussed.

Trainees are asked to prepare for these meetings by reflecting on all aspects of their training experience and are asked to highlight areas of strength and personal learning goals for the future. The review has a semi-structured format, and Trainees are

encouraged to engage in short, medium and long-term goal planning in the various domains. All Modules are reviewed in terms of the development of competency according to the defined Intended Learning Outcomes for each Module. Any gaps in experience are identified and placed into plans for training over the coming year. Written feedback from this meeting is provided to the Trainee, the Local NHS Tutor, local NHS Line Manager, and is placed on the University file. This meeting is an opportunity to provide feedback on training experiences, to raise issues of concern and to seek advice.

5.2.5 Peer Support

Trainees are an important source of support for each other. The Programme seeks, in partnership with Trainees, to encourage and support developments, which foster this. There may also be circumstances where access to peer support is more challenging (e.g. Trainees employed by NHS Highland). The Programme is keen to ensure that Highland Trainees, who are employed by a geographically remote health board, are enabled to integrate with their peer groups so that they can access systems of peer support. To this end, Highland Trainees will attend for lectures, in person, with their peers for blocks of teaching at various stages through training with a particular emphasis in first and second year. Because systems of peer support are, by their nature, flexible and voluntary, the form this support system takes may vary from year to year depending on preferences and enthusiasm of the Trainees involved.

The following systems have operated in some Trainee cohorts over the last few years. They were arranged by the year groups involved:

Inter-Year Groups

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

Buddy System

The Buddy System is led by Year 2 and 3 Trainees who self-nominate to act as “Buddies” for people joining Year 1 of the programme. The new intake cohort are invited to opt into the Buddy System and those who want a buddy, get matched based on factors

such as health board, alignment, protected characteristics, or personal circumstances such as parenthood, disability, or health conditions. The Buddy System can provide invaluable support in assisting Trainees to settle into the programme.

Tutor Groups

These are within year groups. Trainees that relate to Clinical Tutors will be invited to meet on a regular basis. The group is likely to contain trainees from several NHS boards and may allow networks of trainees that may not have had significant contact in other circumstances.

Lunch Time Meetings

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

5.3. Local NHS Employment Support

5.3.1 Local NHS Line Managers

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

5.3.2 NHS Local Area Tutors

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

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

NHS Greater Glasgow & Clyde
Dr Margi Armin
ggc.lat@nhs.scot

NHS Ayrshire & Arran
Dr Kim Robertson
Rainbow House
Ayrshire Central Hospital Irvine
KA12 8SS 01294 323441
Kim.Robertson@aapct.scot.nhs.uk

NHS Lanarkshire

Dr Sally Dewy
Clinical Psychology Department Airbles Road Centre
59 Airbles Road Motherwell
ML1 2TP
0141 531 4117 / 07795 318 953
sally.dewis@nhs.net

NHS Highland

Dr Andrew Macdougall and Dr Mary Reid
Older People's Clinical Psychology Service
Drumossie Unit, New Craigs Hospital 6-16
Leachkin Road, Inverness
IV3 8NP 01463 253 697

5.3.3 Clinical Supervisors

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

5.4. Programme/ NHS Support Provision

5.4.1 Mentoring System

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

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

5.4.2 Mentoring Role

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

The Mentoring System is optional and informal and based solely on agreement between mentor and Trainee. It is anticipated that the same mentor would be in contact with the Trainee throughout training to facilitate the development of a supportive relationship. Meeting frequency and venue would be agreed by the mentor and Trainee,

but it is anticipated that meetings would take place during normal working hours and at the mentor's place of work or online. There will be no requirement to report to the Programme the use of the mentoring system by either Trainee or Mentor. There will ordinarily be no contact between the mentor and the Programme, except when mentors volunteer for the support system, and are provided written guidelines on the role.

5.4.3 Therapeutic Support

Trainees may wish to engage with more intensive support / psychotherapy for both personal and professional development purposes (although the latter should be sought on a private basis). Occupational Health Departments within the employing Health Boards can offer assistance and guidance with this. Alternatively, Trainees may access therapeutic support via their General Practitioner, and the programme can 'signpost' Trainees to 'out of area' services so that Trainees are not seen for therapy in the area where they work. The Trainee should then ask their GP to make the 'out of area' referral. The Programme can also inform the relevant service lead that a Trainee referral has been made so that the Trainee is seen by an appropriate therapist (e.g., not by another Trainee).

As NHS staff members, trainees can access a variety of NHS health and wellbeing resources including the National Wellbeing Hub and its 24-hour Wellbeing Helpline (0800 111 4191). NHS local Boards also provide a range of resources available to their staff groups. Trainees should check their NHS Board intranet for information or ask their line manager.

Trainees may also choose to seek support/therapy on a private basis from services such as Human Development Scotland https://www.hds.scot/ or the British Psychoanalytic Council https://www.bpc.org.uk/find-a-therapist.

5.5. Other NHS, University and Professional Support

5.5.1. General Practitioner and Other NHS Health Services

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

5.5.2. University Student Disability Service

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

Office hours: 9.00am – 5:00pm, Monday – Friday

Address: Disability Service, 65 Southpark Avenue, University of Glasgow, G12 8LE

Telephone: 0141 330 5497

Email: support@disability.gla.ac.uk

The Disability Officer for the DClinPsy Programme is Dr Lynda Russell. Trainees needing advice on how to manage disability support needs in training should consult Lynda. She will also help with ensuring that Disability Service provisions are put into place in the academic programme. Employment related adjustments and support are usually managed by the Occupational Health team in your employing Health Board (consult your line manager for more information

5.5.3. University of Glasgow Counselling and Wellbeing Services

During your time on the Programme, you may experience personal and emotional issues that impact on your academic/clinical work and your enjoyment of university life. Counselling and Wellbeing Services offer a confidential space for you to explore and reflect on these issues without being judged, and to help you develop ways of overcoming your difficulties.

Some of the services they provide:

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

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

Office hours: 0900 - 1700, Monday to Friday

Address: Level 1, Fraser Building, Glasgow G128QF

Telephone: +44 (0) 141 330 4528

Email: studentcounselling@glasgow.ac.uk

5.5.4. University of Glasgow Student Representative Council

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

Nightline is an SRC service that provides confidential information and listening telephone services to the student community at Glasgow University during the hours 7pm – 7am, term time. Nightline: 0141 334 9516

Ask Nightline Email Service: asknightline@glasgowstudent.net

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

For example:

- Benefits and Tax Credits Council tax

- Employment Rights
- Financial Support for Students
- Income Tax/National Insurance
- Health Issues
- Housing Issues
- Money Advice

The SRC may also be able to represent you with regard to academic appeals, formal complaints and disciplinary issues. The Advice Centre is on the ground floor of the John McIntyre building, right in the middle of University Avenue.

Office hours: Monday to Friday (11:30am-4:00pm). Opening hours during holidays may vary. Alternative, they offer online appointments via Zoom or Teams. To make a Zoom appointment, please contact them on the email address below.

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

Telephone: 0141 339 8541

Email: advice@src.gla.ac.uk Web:

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

5.5.5. Employment Union Representation

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

5.5.6. British Psychological Society – Professional Body

The British Psychological Society (BPS; http://www.bps.org.uk) is the representative body for psychology and psychologists in the UK. It describes itself as

having “national responsibility for the development, promotion and application of psychology for the public good, and promotes the efficiency and usefulness of its members by maintaining a high standard of professional education and knowledge”. The BPS provides advice and guidance on a range of professional matters, including ethical conduct and legal matters. The BPS Division of Clinical Psychology – Scotland (DCP-S) have provision to allow for Trainee representation on their committee. For details of the current representative, please contact the student support team.

5.5.7 Association for Clinical Psychologists (ACP-UK) – Professional Body

The Association for Clinical Psychologists-UK (ACP-UK) was established in 2017 as an independent body to represent clinical psychology and clinical psychologists. The ACP website describes its mission as being “to act for the good of our clients and communities by promoting, publicising, supporting and developing clinical psychologists”. A particular aim is to respond promptly to events and other developments that impact on health and social care, serving as a 'voice' for the profession based on the results of rapid member consultations and activity of specific task-and-finish groups. There is a trainee representative on their Board of Directors. You can find out about the organisation and its activities at https://acpuk.org.uk/

5.5.8. Health & Care Professions Council – Regulating Body

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

5.5.9. Interfaith Chaplaincy

The University Chaplaincy welcomes all students, offering pastoral care and a calm space on the Campus. Chaplains can provide support and advice at times of stress and crisis but are also available to explore spirituality, or simply if students need someone independent to talk to in confidence.

There are a number of faiths represented by more than 12 chaplains. Contact details for all chaplains can be found here.

The Interfaith Chaplaincy is based at the main university campus:

Address: Chapel Corridor (South), West Quadrangle, Glasgow, G12 8QQ.
Telephone: +44(0) 141 330 5419
Email: chaplaincy@glasgow.ac.uk
Website: www.glasgow.ac.uk/chaplainc

5.6 Extended leave

5.6.1 Maternity, Paternity and Parental Leave and Extended Sick Leave

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

- Programme Director
- Examinations Officer/Academic Director
- Clinical Practice Director
- NHS Line Manager

- NHS Local Area Tutor
- Allocated Clinical Tutor

An editable version of the form is available by clicking here and a PDF copy for reference is in Appendix 5.1. Please submit by email and this will prompt a learning plan review and development of a plan to complete and assess outstanding coursework, and co-ordination of re-scheduled practice placements where necessary. If scheduled long-term leave will prevent completion of a forthcoming course, practice placement rotation may be postponed until such time as the Trainee is able to enrol on a practice placement of adequate length to achieve the relevant course competencies.

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

The IHW Athena SWAN web pages are a good source of information regarding University policies on maternity, paternity, adoption, parental and carer issues: University of Glasgow - MyGlasgow - Academic Policy & Governance

5.7 Enhancing Programme Communications

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

5.7.1 Communication Meetings

Each year group will have regular meetings with members of the Programme team. These meetings currently happen once per semester but could happen more regularly if this was thought to be useful and this can be agreed within individual year groups. These

meetings will provide a forum for communication between trainees and the Programme Team. The main underlying principle is to provide the opportunity for open communication and, if necessary, engage in collaborative problem solving that addresses issues proactively and in a timely fashion. Items for discussion may include deadlines, practice placement issues, recent staff changes, recent publications within the department and general communication issues. To maximise the usefulness of these meetings the exact format and structure of the meetings will be decided in the meeting with each year group. It is expected that trainees will lead the meeting collaboratively with the Programme team. Where relevant any outcomes from discussions will be uploaded to the Common Room on Moodle to allow trainees of all years to access. Half-hour communication meetings on lecture days are scheduled. Where necessary relevant items can be fed back to the Joint Programme Organisers Group via the year representatives.

5.7.2 Trainee Class Representatives

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

Programme Organisers Group

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

Programme Strategy Group

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

Supervisors Group

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

Informal Duties

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

Chapter 6. Practice Placements

6.1 Overview

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

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

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

Clinical Practice Team

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

- Dr Gavin Richardson – Clinical Practice Director
- Miss Alba Ruiz Diaz – Clinical Practice Administrator
- Dr Ellen Homewood – Clinical Tutor
- Dr Cara Diamond – Clinical Tutor

- Dr Cathy Saddington - Clinical Tutor
- Dr Claire McGuire – Clinical Tutor

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

1. Issue an employment contract using the NHS Education for Scotland template.
2. Pay salary and expenses for Trainees.
3. Carry out NHS induction including education on all relevant NHS policies such as policies on health and safety and equality and diversity.
4. Handle discipline, conduct and grievance issues.
5. Conduct employment appraisal via the TURAS Appraisal process.
6. Resource local elements of the individual training and development plan and provide an agreed number and type of practice placements within safe and supportive environments.
7. When appropriate, arrange practice placements outside the employing Board area (including honorary contractual arrangements and “Protection of Vulnerable Groups” (PVG) checks) in liaison with local NHS Human Resource Departments.

NHS Local Area Tutors

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

NHS Greater Glasgow & Clyde
Dr Margi Armin
ggc.lat@nhs.scot

NHS Ayrshire & Arran
Dr Kim Robertson
Rainbow House
Ayrshire Central Hospital Irvine
KA12 8SS 01294 323441
Kim.Robertson@aapct.scot.nhs.uk

NHS Lanarkshire

Dr Sally Dewy
Clinical Psychology Department Airbles Road Centre
59 Airbles Road Motherwell
ML1 2TP
0141 531 4117 / 07795 318 953
sally.dewis@nhs.net

NHS Highland

Dr Andrew Macdougall and Dr Mary Reid
Older People's Clinical Psychology Service
Drumossie Unit, New Craigs Hospital 6-16
Leachkin Road, Inverness
IV3 8NP 01463 253 697

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

6.1.1 Modular Programme Content

Individual Learning Plans encompass integrated clinical practice and academic elements, are shaped by:

- Relevant University of Glasgow policies
- The Health and Care Professions Council (HCPC) Standards of Education in Training and Standards of Proficiency for Practitioner Psychologists, and
- The British Psychological Society (BPS) Standards for the Accreditation of Doctoral Programmes in Clinical Psychology.

6.1.2 Trainee Responsibility for Learning

Each Trainee is expected to take an proactive and reflective approach to the development of their clinical competence and to maintain a written record of clinical

experiences (Portfolio), record their reflections on these experiences, and document awareness of the process of developing their own competencies, particularly with reference to the programme Intended Learning Outcomes

6.1.3 Individualised Learning Plans

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

6.1.4 Intended Learning Outcomes and Core Competencies

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

6.1.5 Practice Placements

Practice placements are planned and coordinated within modules and integrated with the academic curriculum (across adult, older adult, child and family, learning disability and specialist services). The number, range, and duration of practice placements are designed to support the achievement of Intended Learning Outcomes. Practice placements are designed to meet learning needs, as well as to enable Trainees to work in those services and settings which are seen as having high priority within NHS Scotland. Practice placements are arranged and coordinated by the NHS Local Area Tutor attached to the employing NHS area. The placement plans are submitted to the Programme by Local Area Tutors and are ratified by the Clinical Practice Director, who must approve the final placement arrangements in line with quality criteria. Trainees will be placed according to individualised learning plan, alongside consideration of local service needs.

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

6.1.6 Electronic Record Keeping: Portfolio

The programme has a tailor-made online resource (TURAS Portfolio) for recording and collating the evidence of their training experience and evaluation outcomes. TURAS Portfolio is designed to provide a portable and flexible way of capturing key data about training inputs, skill development, and feedback. This information may be subsequently used to support applications for registration and accreditation by other professional or regulatory bodies. Trainees with questions about activity recording procedures should consult with their Clinical Practice Team tutor and/or Dr Gavin Richardson

6.1.7 Practice Placement Planning and Accreditation

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

Time to Placement Start	Task	Action
9 weeks	Local Area Tutor (LAT) Submits proposed placement plans to Clinical Practice Team	Local Area Tutor
8 weeks	Plans reviewed by Clinical Tutor (CT) according to relevant quality criteria (accredited supervisor, appropriate placement plan consistent with ILP).	Clinical Tutor
7 weeks	Placement Planning meeting between CT and LAT to confirm any amendments	
6 weeks	Plans accredited by Clinical Practice Director (CPD) at meeting with the Clinical Practice Team.	Clinical Practice Director
4-6 weeks	Confirmation emails sent by the Clinical Practice Administrator to all Supervisors and Trainees. Pack includes links to the following documents stored on Moodle: ▪ BPS Guidelines on Supervision ▪ Placement information sheet ▪ Placement documentation instructions ▪ Template placement agreement ▪ Relevant course reflective notes template	Clinical Tutor

- Relevant course Intended learning outcomes
- Academic year planner including deadlines
- Involving users and carers
- Trainee's evaluation of placement / supervision form

If at 7 weeks prior to placement start, no placement plans have been submitted by the LAT, the Clinical Tutor may commence placement planning. Where there are delays in placement planning, Trainees will be kept informed by the Clinical Practice Administrator.

These placement planning procedures take place three times a year, during August/September, October and January/February; with the main plans for the academic year ahead taking place during the summer placement planning cycle. First year Trainees may be informed of placement plans with less notice (usually 1-2 weeks), during October/November once they have commenced university induction, but supervisors will be given more notice to expect a first year Trainee (3-5 weeks). Supervisors of first year Trainees will receive confirmation that a trainee will be arriving on placement 4-6 weeks before commencement, although the name of the Trainee may be unavailable at that point. Trainees with accreditation of prior learning due to previous CAAP training may have variations to this schedule to accommodate their different pattern of placement work. Please consult with the Clinical Practice Team for guidance.

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

6.2 Organisation of Clinical Practice Training

6.2.1 Practice Placement Organisation

Six Modules involve training through a Clinical Practice Placement and are an integral part of the Programme. Increasingly, trainees are gathering experience in a broader range of settings for each of the modules listed below.

Year 1

Module 2: Foundation Clinical Practice I

Aims

- Trainees will acquire foundational knowledge of the theoretical, clinical and professional issues relevant to adult mental health.

- Trainees will develop and apply the core skills of clinical psychology practice in an adult mental health setting: assessment, formulation, intervention, evaluation, and communication.

Module 3: Foundation Clinical Practice II

Aims

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

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

Year 2

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

Aims

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

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

Module 7: Learning Disability Theory and Practice

Aims

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

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

Year 3

Module 12: Advanced Clinical Practice I

Aims

- To provide experience of working with complex clinical problems.

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

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

Module 13: Advanced Clinical Practice II

Aims

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

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

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

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

6.2.2 Older Adult Experience

In addition to the requirements of developing competencies in the above settings, Trainees are expected to gain experience working with patients within the older adult age group (i.e. 60 years of age or older). Requirements and recommendations on clinical work with older adults (OA) may be met at any point in training, depending on the needs of the local NHS Psychology Services and Trainee needs (e.g. it may be more appropriate for some APL trainees to complete OA experience in Y3).

The guidelines are as follows:

It is expected that Trainees conduct clinical work relating to at least two older adult patients during their training, with the following specific types of clinical experience being obtained:

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

2. Direct work with one older adult presenting with a functional/emotional disorder, or a patient with adjustment problems relating to the psychosocial and physical events common in this age group (e.g. retirement, stroke disability or other loss of function).
3. Direct or indirect work with staff, families, or other carers. It is recommended that one of these cases should involve either management or assessment of dementia.

It is desirable that Trainees experience:

1. Direct work with older adults in a variety of settings (e.g. day centre, hospital, residential care, patient's own home).
2. Experience of working with staff in a multi-disciplinary team setting.
3. Experience of the application of existing therapeutic approaches devised specifically for older people (e.g. Cognitive Stimulation Therapy (CST) and Cognitive Rehabilitation).

6.3 Qualifications of Clinical Supervisors

6.3.1 Accreditation of Supervisors

During each placement, Trainees will have a named co-ordinating supervisor who is accredited by the Programme Organisers Group and the Clinical Practice Director. The supervisor is responsible for the organisation and management of the practice placement and for the supervision of the Trainee while on placement. Supervisors will, in the first instance, be accredited by the Clinical Practice Director. Recently qualified psychologists may be involved in supplementing supervision in limited areas at the discretion of Clinical Practice Director, and under full supervision of the co-ordinating supervisor.

The accreditation of supervisors is also informed by the HCPC Standards and the BPS Guidelines on Clinical Supervision (2024). Clinical Psychologists who undertake supervision for the University of Glasgow DClinPsy Programme must meet the following criteria:

Supervisor Accreditation Criteria

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

2. The supervisor will be nominated by the submission of a "New Supervisor Nomination" form which can be obtained from the Clinical Practice Administrator accompanied by a brief curriculum vitae via their Head of Department, Professional Lead, or Psychology Line Manager. This nominating individual, who will normally be an experienced supervisor who is in a position to receive and act on feedback from the placement quality assurance processes and who, by recommending the supervisor will:
    a. confirm that the accreditation criteria have been met;
    b. declare a willingness to provide in situ support and advice to the new supervisor; and
    c. propose that the new supervisor complete the University of Glasgow Programme paperwork module.

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

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

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

Supervision by those under two years qualified (Provisional Accreditation)

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

Provisional Supervisor Accreditation Criteria

1. The supervisor will be a clinical psychologist who is professionally registered with the HCPC; who is eligible for Chartered Membership of the BPS and membership of the DCP; has at least one year's full-time experience (or the equivalent part-time) after qualifying, and who has clinical responsibilities in the unit in which the placement work is carried out.
2. The supervisor will have an experienced "Grandparent supervisor", who will provide supervision of their supervision for the duration of the placement.
3. The supervisor will be nominated by the submission of a brief curriculum vitae via their Head of Department, Professional Lead, or Psychology Line Manager, who will normally be an experienced supervisor and who, by recommending them will:
    a. confirm that the provisional supervisor accreditation criteria have been met;
    b. declare a willingness to provide in situ support and advice to the new supervisor; and
    c. propose that the new supervisor completes the University of Glasgow Programme paperwork module

4. By implication, an accredited supervisor agrees to follow the BPS Guidelines for Clinical Supervision (2024) and Programme requirements for clinical supervision, including the evaluation of Trainees and assessment of their clinical competence, as laid out in the Programme Handbook.
5. The supervisor attends training workshops on supervisory skills:
    a. The NES Generic Supervision Course for Psychological Therapies plus the NES Clinical Psychology Module for New Supervisors.

    OR

    b. An equivalent RAPPS aligned pathway
6. The supervisor keeps abreast of theoretical, research and professional developments in their field of work and participates in continuing professional development.

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

Grandparent Supervisor

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

The Grandparent supervisor will provide "supervision of supervision" for the new supervisor on a formally arranged and regular basis (recommended fortnightly meetings or similar frequency as part of other regular supervision). The Grandparent will not be clinically responsible for the caseload of the Trainee. It is expected that the "Grandparent" will observe at least one supervision session between supervisor and

Trainee. The "Grandparent" will also participate in the placement visit; however, this should be limited to the section of this meeting between the supervisor and placement visitor. The Grandparent is also expected to counter sign placement documentation. This will provide the Grandparent with a formal link back into the Programme Team.

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

Experienced Supervisors

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

Supervision by other professionals (Specialist Supervision)

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

Clinical responsibility for a particular case should be established on a case-by-case basis, responsibility being allocated to the Specialist Supervisor or Main Supervisor

as appropriate. This should be put in writing in the Placement Agreement, prior to the Trainee's first contact with the client.

6.3.2 Responsibilities of Co-ordinating Supervisors and Backup Supervisors

The minimum supervision requirements are derived from the BPS Standards for the Accreditation of Doctoral Programmes in Clinical Psychology. Each Trainee should have a nominated coordinating Supervisor who has overall responsibility and who will be accountable for ensuring that standards are met. Supervisors are clinically responsible for all work carried out by Trainees during a placement and this necessitates close supervision throughout the practice placement.

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

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

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

Supervisors have a responsibility to assess Trainee competence through direct observations of their clinical and professional work. This should include the regular reviewing of the paperwork and record keeping associated with the Trainee's clinical work. In 2016, the Programme introduced the requirement that supervisors use a

recognised structured observation tool on at least three occasions during each placement. A list of recommended tools is available on Moodle.

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

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

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

It is essential that supervisors arrange for supervision cover if they are absent or on annual leave.

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

Back-up Supervisor

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

In the event of a main supervisor being unable to undertake their supervisory role on a long-term basis, the Trainee's health board area and local service would be asked to propose an alternative placement plan. This process would be coordinated by the Local Area Tutor who should be notified of this type of situation as soon as practicable. It is important that Trainees make both the LAT and Clinical Practice Team aware of any

supervisor's absence of more than two weeks, or unplanned absence of one week. The Programme's role in this process is to assess and ratify new placement arrangements, once these have been resolved at a local health board level.

6.3.3 "Split" placement Arrangements

In recent years, we have seen an increase in the number of occasions where trainees have found themselves working across a range of settings and with multiple supervisors within a single "placement". These arrangements are most common where:

- Service need/capacity restricts placement capacity
- Trainees require experience in specific service/population groups
- Trainees have specific outstanding areas for competence development

'Split placement' refers to a trainee's placement time being divided between two supervisors. The split can take a number of forms and is designed to support the trainee's achievement of Intended Learning Outcomes that would not be possible in one placement alone, or where there are not sufficient placement opportunities to offer substantive placements to all trainees.

In line with BPS (2010) guidance, ahead of commencement of placement one of the supervisors must be identified as the "coordinating supervisor" who will carry overall responsibility for the planning and co-ordination of all elements of the trainee's placement, including overall workload, supervision and assessment and liaison with Programme staff.

Both supervisors must contribute to the "sign-off" on evidence produced by the trainee. This could happen using one of two methods.

- **System 1:** Trainee is associated (simultaneously) with 2 supervisors, each of whom are required to complete and sign off all paperwork independently (mid placement review and evaluation of clinical competence)
- **System 2:** Trainee is associated (simultaneously) with 2 supervisors. The co-ordinating supervisor will be required to complete the paperwork; however, the

secondary supervisor will contribute and be required to confirm the content by counter signing it.

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

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

6.3.4 In Situ Support

On confirmation of practice placement, all new supervisors will be added to the relevant MS Teams channel to allow them access to a range of relevant documents including: placement information and ILOs; sample placement agreement; induction checklist; BPS Supervision Guidelines; placement documentation instructions; HCPC Standards of Conduct, Performance and Ethics; and an academic year planner. Additional resources are available on the Programme Moodle site (log-in details are also emailed to all current supervisors or are available on request from administrative staff – dclinpsy@glasgow.ac.uk).

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

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

6.3.5 Supervisor Training

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

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

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

The Clinical Practice team routinely deliver supervisor update workshops in March and September of each year. These two-hour sessions cover developments within the programme, changes to process and a Q&A opportunity for supervisors. Supervisors will be invited to attend once placement arrangements have been finalised.

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

6.4 Practice Placement Procedures

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

6.4.1 Setting up the Practice Placement

A coordinating clinical supervisor oversees and is clinically accountable for all of the Trainee's work. The BPS Guidelines on Clinical Supervision (2024) guide the responsibilities of Clinical Supervisors (see Appendix 6.2). The clinical supervisor and Trainee must be fully prepared for practice placement, as follows:

- The clinical supervisor will plan an induction well in advance of placement start.
- Trainees will be asked to identify a full session in the final 4-6 weeks of their current placement to allow an initial meeting with their next supervisor, before commencing placement. This will provide opportunity to discuss initial placement experiences, expectations and cover any adjustments that may be required and to begin the placement contracting process
- The Trainee and supervisor must develop a Placement Agreement: this should be submitted to the Clinical Practice Administrator within two weeks of the commencement of placement
- Trainees should prepare a summary of their experience and learning needs in advance of this meeting to allow these to be incorporated into the placement agreement.
- During induction the Trainee should be introduced to the local department and local resources (office and clinic accommodation, secretarial support and computer facilities) by the Clinical Supervisor. Induction must involve orientation

to all appropriate NHS policies and procedures, including Health and Safety at Work, and Equality and Diversity policies.

Supervisors should be mindful of Trainee workload throughout placement and should consider planning appropriate cases in advance of commencing placement.

6.4.2 Clinical Supervision on Placement

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

Observations

Across all placements, there is a minimum expectation that:

- Trainees will have the opportunity to observe their supervisors on five occasions, accompanied by appropriate opportunity to discuss these observations
    - APL trainees during year one have a single placement running from September through to June the following year. In these circumstances, trainees should observe their supervisors on at least seven occasions accompanied by the opportunity to discuss these observations
- Trainees will be observed by their supervisors on a minimum of five occasions, three of which will involve a structured observation tool, all of which will be supported by structured balanced feedback. A range of specific competence lists, structured observation tools and their manuals are available in the Supervisors' Moodle site.
    - Because APL trainees have a single placement in year one running from September through to June the following year they will be observed by their supervisors on a minimum of seven occasions. Four of these will involve a structured observation tool and all of which should be accompanied by the opportunity to discuss these observations. A range of specific competence

lists, structured observation tools and their manuals are available in the Supervisors' Moodle site.

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

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

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

Supervision must provide opportunities to discuss work-related personal issues (such as professional development, overall workload and organisational difficulties), as well as on-going caseload. Adequate time for clinically relevant reading and relevant research activity must be available to the Trainee on placement, and supervisors should discuss literature relevant to the clinical work in hand and suggest suitable reading for a

Trainee. Supervisors should help Trainees develop integrating theory and practice elements of training. See also section 6.3.2: Responsibilities of Clinical Supervisor. The supervisor should also arrange for the Trainee to meet and work with other relevant health and social care professionals and groups.

Assessment of Therapeutic Competence and the use of Structured Observation Tools

Commencing with the 2016 intake, the Programme introduced new specific competency lists for use by supervisors and trainees in the two key therapeutic modalities expected to be delivered within the range of placement experiences. These competence lists for Cognitive Behavioural Therapy and Systemic Therapeutic Approaches are available from the Supervisors' MS Teams channel and in Portfolio. The lists are derived from nationally recognised frameworks and are designed to allow supervisors and trainees to focus on the key skills required to deliver these approaches competently.

These competency lists are accompanied by a range of structured observation tools to offer a framework for discussing, observing and assessing the development of these competencies. These tools along with their manuals are available in the Supervisors' MS Teams channel. As mentioned above, the expectation is that a structured observation tool is used to provide feedback on **at least three occasions during each placement.** There is no requirement to submit completed observation tools for evaluation, nor is there an expectation that the tools would be used for summative assessment. Rather they should be used with the trainee to structure balanced feedback and to track skill development over the course of placement. Further guidance on their use is available on Moodle, or by contacting a member of the Clinical Practice Team

6.4.3 Responsibilities of Trainees

In addition to adhering to the Programme Code of Professional Conduct (Appendix 9.3), all Trainees must take note of and adhere to the following responsibilities:

- As an NHS employee, a Trainee must familiarise themselves with, and follow, all relevant employment policies and procedures in relation to their post.
- Trainees must familiarise themselves with relevant HCPC, BPS, and Division of Clinical Psychology (DCP) professional guidelines, and adhere to these at all times.
- Trainees must always conduct themselves in a responsible and professional manner.
- Trainees must work within their limits of competence and are expected to inform their supervisor (rapidly if needed) if they have any doubt about their ability to carry out tasks on placement.
- Trainees should take a proactive approach to supervision, prepare an agenda, keep an up-to-date caseload list and other documentation and undertake to read relevant material (both identify relevant reading on their own initiative and follow their supervisor's guidance on relevant reading).
- Trainees are expected to take an active and reflective approach to the development of their own clinical competence and to adapt their practice in relation to these reflections, shared in the context of supervision.
- Trainees should take on board constructive feedback and should make appropriate adaptations to their practice in line with the guidance provided.
- Trainees are expected to act professionally and to manage administration duties according to guidelines provided by the Supervisor. Trainees should be punctual, should complete diary schedules as required, and be timely in completion of their administrative work.
- Trainees are responsible for keeping their Portfolio up to date.
- Trainees should discuss any problems they may encounter during placement or during supervision and notify the Clinical Practice Administrator or their Clinical Tutor as soon as possible if the Supervisor becomes unavailable (e.g. because of illness).
- Trainees are expected to dress in a smart and tidy manner that indicates respect for clients and other staff.

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

6.4.4 The Placement Agreement (Sample – Appendix 6.3)

On commencing placement, the Placement Agreement should be drawn up collaboratively by supervisor and Trainee, **within two weeks** of commencing placement. A copy of the agreement should be submitted to the Clinical Practice Administrator, along with the signed induction checklist (see Appendix 6.10). See Appendix 6.4 for full details of all placement documentation.

Supervisor and Trainee will receive a summary of the previous end of placement meeting which should indicate on-going learning needs, however trainees should take this early opportunity to engage in discussion about development, experiences and expectations more generally. The placement agreement should incorporate time for the Trainee to complete any necessary placement-based research (e.g. MRP activities during third year) and regular time within working hours should be provided for Reflective Portfolio completion. The planned experiences during practice placements should reflect the Intended Learning Outcomes of the Modules covered by the placement, as laid out in the relevant Evaluation of Clinical Competency document as well as any previously identified gaps in competence development or experience where possible.

The Placement Agreement should include:

- Overall aims and objectives of the placement experience (Adult and Older Adult; Learning Disabilities; Child, Family and Young People; Advanced Clinical Practice).

- A statement of Intended Learning Outcomes relevant to the placement.
- A statement of Intended Learning Outcomes relevant to the Trainee (i.e. carried forward from previous placements).
- Plans for induction, including Health & Safety, Equality & Diversity and risk management.
- Explicit plans for weekly supervision.
- How and when the Supervisor(s) will observe the Trainee:
    - In direct clinical work on at least 5 occasions (or 7 for APL placements in Year 1): this should include at least part of the assessment phase of both a treatment and an assessment case, including administration of appropriate assessment instruments; and early, middle and end of (not necessarily the same) treatment cases.
    - The use of structured observation tools (minimum 3 occasions) including appropriate tools, form/timing of feedback.
    - In other settings (e.g. team meetings, liaising with other professionals).
- How and when the Trainee will observe supervisor(s) (on at least 5 occasions) and other professionals as available.

6.4.5 Mid-Placement Review by Supervisor and Trainee

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

1. Discuss placement progress and competence development.
2. Review how well the planned experience has been completed (by review of Placement Agreement).
3. Provide formal feedback to the Trainee on clinical performance by completion of the mid-placement version of the Supervisor's Evaluation of Clinical Competence Form within Portfolio.
4. Allow the Trainee to comment on the adequacy of the placement.
5. Allow the Trainee to reflect on the development of their competence and review their own needs for learning (through review of the Trainee's Reflective Notes).

6.4.6 Placement Visit

A placement visit will be carried out by a Clinical Tutor around the middle of each practice placement. It is important that trainees ensure Portfolio is current and complete. The supervisor should also have completed the mid placement version of the Supervisors evaluation of clinical competence within Portfolio. This information will be reviewed by the Clinical Tutor in advance of the meeting

The visitor will meet with the Trainee and the Supervisor individually in order to assess Trainee progress on placement and the quality of placement provision. A meeting will be convened at the end with both the Trainee and supervisor to feedback on the discussion. Both the supervisor and Trainee receive a summary of this discussion.

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

1. Review the Placement Agreement
2. Assess the quality of the supervision
3. Review the quality of the placement experience
4. Review the resources available at the placement
5. Discuss the outcome of the mid placement review
6. Review the Trainee's views on their own progress to meet Intended Learning Outcomes
7. Confirm and discuss the supervisor's view on Trainee progress to meet Intended Learning Outcomes
8. Identify any gaps in training to date
9. Aim to resolve any particular problems that have arisen and to document an agreed plan to address these.
10. Set targets, based on the above, for the second half of the practice placement. If necessary, this will incorporate any remedial plans agreed at the meeting.

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

6.4.7 End of Placement Meetings

Trainees will meet their allocated Clinical Tutor at the end of each placement. Trainees will have completed all relevant documentation in Portfolio, placement feedback form and reflective notes. Clinical Tutors will review activity records, and the meeting will allow for reflection on the placement experience and competence development, highlighting any areas for future development in clinical placements and any important information to discuss with subsequent supervisors.

All meetings should be arranged during placement time. The Programme acknowledges that trainees often arrange annual leave during the last week or two of placement. This reduces impact on clinical activity during placement and affords a break before the transition. In these circumstances, the Clinical Tutor should be notified in advance, and the placement documentation should be submitted earlier to allow for review and earlier scheduling of the meeting. In all circumstances, the period between document submission and end of placement will continue to be monitored by the supervisor who will inform the programme should there be a change in recommended outcome.

Where possible, meetings will be arranged during placement time, although circumstances may require meetings to be arranged on study days.

6.5 Assessment of competency development

A range of documentation, both formative and summative, is central to the procedures of monitoring Trainee progress in developing competence and reflective practice. These documents are essential tools for both the supervisor and Trainee in reviewing progress. They are submitted to the programme at the end of each relevant Course. This submission is usually at the end of the designated practice placement, and for this reason, final submissions are often referred to as “end of placement documents”. It is the responsibility of the Trainee to ensure that all documentation (including the supervisor evaluation of clinical competence form) is signed and submitted in Portfolio. For an outline of the Placement Documentation to be submitted, please see Table 6.1.

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

There are **two versions** of this form within Portfolio. Both versions enable the supervisor to evaluate Trainee progress in acquiring the appropriate competencies relevant to the practice placement and to highlight where difficulties may have occurred, either through lack of opportunity or problems in performance.

- The **formative version (mid placement)** of this form should be completed as part of the Mid-Placement Review. **The form should be completed at least a week before the mid placement visit** to allow the Clinical Tutor to review all relevant placement information.
- The **summative version (end of placement)** of this form should be completed and submitted within Portfolio **two weeks before the end of placement.**

For full instructions on the completion of this document, supervisors should refer to the Placement Documentation Instructions (available on MS Teams). Along with the Portfolio data, this document is the main method of ensuring Trainees' experience across the training is coherent and complete. It allows Clinical Tutors, Trainees and supervisors to identify areas of strength and areas for development. Careful consideration should be given to identify particular competencies or experiences which may need to be addressed in later placements and these should be captured in the final section of the document.

Table 6.1 Documentation Monitoring Clinical Competence Development

Document	How will the documentation be used?	At what time will the documentation be used and by whom?	Programme Submission Date
Placement Agreement	To identify and evidence objectives of the placement in line with Intended Learning	Outset of placement—Supervisor and Trainee Mid-placement review—Supervisor and Trainee	**2 weeks after commencement of placement**

	Outcomes, set at the outset of placement and used as a basis for monitoring development.		Submitted by Trainee via Clinical Practice Administrator
Portfolio Activity Data	To identify and evidence Trainee experience on placement	On-going activity throughout placement—Trainee Mid-placement review—Trainee and Supervisor Mid Placement Visit- Trainee, supervisor and clinical tutor Individual Learning Plan Review—Trainee, NHS Line Manager, and member of the Programme Team	Trainees are expected to maintain activity records in Portfolio throughout placement
Trainee Reflective Notes	To identify how developing clinical experience relates to Intended Learning Outcomes and competency development. A form of reflection on continuing	Mid-placement review—Trainee and Supervisor End of placement meeting- Trainee and clinical tutor Individual Learning Plan Review—Trainee and	End of placement Submitted by Trainee to Clinical Practice Administrator

	professional development.	member of the Programme Team	
Supervisor's Evaluation of Clinical Competence (SECC)	To monitor competence development	Mid-placement review—Supervisor and Trainee Mid placement meeting-Trainee, supervisor and clinical tutor Individual Learning Plan Review—Trainee, NHS Line Manager, and member of the Programme Team	One week before Mid Placemnt (formative version) Two weeks before end of placement Summative version) Submitted by supervisor within Portfolio
Trainee Feedback on Placement form	To give an opportunity for the Trainee to feedback on training experiences during placement	Individual Learning Plan Review—Trainee, NHS Line Manager, and member of the Programme Team	End of Placement Submitted through a link provided by admin
Where required: **Remediation Plans drawn up between Clinical Tutor, Supervisor and Trainee**	Where required, to formalise specific plans for extra supervision, focus or experience, in supporting development and/or assessment of competency in relation	To be reviewed as and when agreed in the document, but also at: Mid-placement review—Supervisor and Trainee	Used and reviewed throughout Course to support competency development. Reviewed through more frequent placement visits as required.

	to Intended Learning Outcomes	Placement visits—Placement visitor, supervisor and Trainee Individual Learning Plan Review—Trainee, NHS Line Manager, and member of the Programme Team	

6.5.2 Trainee's Reflective Portfolio

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

Record of Clinical Activity (Appendix 6.6)

Portfolio must be completed as an on-going activity while on placement. Portfolio entries will be reviewed by the Placement visitor ahead of the mid placement visit. Portfolio entries should be an accurate record and description of clinical and professional activity on placement. When gaps in experience are identified Trainees should consider how these will inform and shape learning plans, and consider any further experience needed within their Reflective Notes. **Portfolio data should be fully anonymised.**

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

Reflective Notes (Appendix 6.7)

These notes (formative assessment) also completed by the Trainee, are designed to allow trainees to form a reflective record of learning points and progress. Each reflective note relates to an important area of clinical and professional practice, in line with relevant Intended Learning Outcomes (ILOs) for the Module. The document is available electronically. The Trainee is encouraged to consider the development of competencies, as they maintain their Portfolio, to reflect on how they are progressing in relation to the Module ILOs, and to consider what further experience or skills are required in order to achieve each competency. It is recommended that this form be updated at least once a month during placement hours. The Reflective Notes should be updated prior to the mid-placement review discussion between trainee and supervisor, and submitted at the end of the Module.

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

The Trainee will receive formative feedback on the reflective log to support both the development of the reflective function and the identification of learning and development needs. Trainees will also receive feedback the summative Evaluation of Clinical Competence at the end of placement meeting highlighting strengths and outstanding learning needs or gaps. The content of this discussion will inform the summary received by the next supervisor.

6.5.3. Trainee's Feedback on Placement Form

Trainees are encouraged to let a member of the Clinical Practice Team know about any problems on placement as soon as possible so that these can be resolved. In addition to this, Trainees will have an opportunity to comment on the quality of the

supervision, adherence to the Placement Agreement and on the resources available to them during the practice placement via the Trainee's Placement Feedback Form which is submitted to the Programme two weeks after the completion of placement (see Appendix 6.8). This form is submitted elecrtonically and a copy of the form will be made available to the supervisor. The form should be viewed as a constructive document which aims to record instances of good or excellent practice as well as to improve the quality of placements and supervision where this is necessary.

6.5.4 Clinical Portfolio

The Trainee will be responsible for maintaining their personal Portfolio record which should contain evidence of clinical training milestones.

Careful planning and monitoring of training is needed to ensure that a range of appropriate experience has been gained. Within Portfolio, evidence will be collated automatically by the system and activity information will be available to Clinical Tutor and can be made available to others as required.

Supervisors' evaluation of clinical competence forms (mid placement and end of placement) are completed and stored within Portfolio, along with all placement activity data, however the following documentation should be submitted to the programme and copies stored and collated by the trainee:

1. Reflective Notes for each Module
2. Trainee's Placement Feedback Form

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

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

At the start of each practice placement the previous end of placement summary should be used to draw up the placement agreement.

6.6 Resolution of problems on placement

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

6.6.1 Communication

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

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

- Clinical Practice Director
- Clinical Tutor
- Head of Service
- Line manager
- Local Area Tutor
- NES (Training Office Manager, Director of Training)
- Programme Director
- Supervisor

These individuals are subsequently referred to as “the core group”.

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

At the outset of training, the Programme requests a named line manager for each trainee. It is proposed that this be the person viewed as the key individual for communication, who will then take responsibility for informing others within the Board, either day-to-day managers or more senior managers, as appropriate. Similarly, 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 to clarify for the future.

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

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

- Various kinds of Leave – sickness (of more than 2 weeks), parental, special, compassionate, carer, adoption (not annual leave for which separate communication is detailed in the Handbook)
- Professional behaviour and Conduct issues
- Fitness to practise issues
- Failure of parts of programme
- Disability status where reasonable adjustments are required (see note below)

Principle 2 – Information request

In addition to Principle 1, any members of the core group (named above) can request information held by another member of the core group, or another stakeholder.

A reason must be given for the information requested. The request must be considered and a reason given and recorded if the request is not fulfilled.

Personal difficulties

Trainees may sometimes disclose information about personal difficulties affecting their work, either on placement, and/or in relation to academic and research work. Trainees discussing the impact of these difficulties in the past have voiced concern that sensitive information might be disseminated widely. Trainees should be aware of the guidance in the BPS Code of Ethics and Conduct (2021) (3.2 Competence) as well as in the HCPC Standards of Conduct Performance and Ethics (2016) and the HCPC Guidance on Conduct and Ethics for Students (2016): "You should ask for appropriate support and adapt your study or stop studying if your performance or judgement is affected by your physical or mental health and could put service users, yourself or others at risk". 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.

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

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

However, individuals disclosing a disability under the definition of the Equality Act are entitled to request that this disclosure be kept confidential. Full confidentiality cannot be guaranteed as the Equality Act does not override Health and Safety legislation with respect to the individual or others. Further details regarding processes for trainees with disabilities are given in the Handbook. In the meantime, anyone receiving a disclosure of disability from a trainee should discuss confidentiality explicitly and

discuss the benefits of full disclosure for the trainee and their training. Clarification should also be obtained as to the extent of information sharing to which the trainee consents, for example all information or just that which is required for reasonable adjustments to be made.

These procedures will be highlighted to trainees as part of the induction process (see Appendix 9.3).

The NHS's role in handling concerns

The NHS take very seriously any concerns that are raised by staff, students and volunteers about health services. The NHS is committed to handling concerns openly and transparently throughout, while recognising and respecting that everyone involved has the right to confidentiality.

As laid out above, there are a range of processes and methods for managing difficulties on placement, however trainees may have concerns relating to speaking up in the public interest, about an NHS service, where an act or omission has created, or may create a risk of harm or wrong doing, including events that have happened, is happening or is likely to happen, or that may affects the public, other staff or the NHS provider (the organisation) itself. In these circumstances, after engaging with local processes, trainees may wish to review the NHS Whistle Blowing Standards.

6.6.2 Criteria for Failure of a Clinical Placement

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

arrangements for a particular focus of placement work. External support may also be provided outwith placement, for example extra recommended reading or tutorials.

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

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

Although the Supervisor makes a 'Pass' or 'Fail' recommendation, this decision is ultimately made by the Examination Board, based on a report from the Clinical Tutor and the recommendation from the Programme Team. Evidence is gathered and considered in detail by the Examination Board to ascertain whether a Trainee's competence merits the 'Pass/Fail' recommendation. A recommendation for failure may be made in circumstances in which the Trainee has not established appropriate competencies. These may also include unprofessional or unethical conduct, a failure to accept supervision, unreliability, unacceptable written work, and/or inability to carry out psychological treatments. With respect to these terms, Trainees are guided to the HCPC Standards of Proficiency (2023) expected as a registrant following completion of DClinPsy training, and the BPS Code of Ethics and Conduct (December, 2021). These documents underpin the value base of our Programme.

When a Module related practice placement fails on first completion, a Trainee will be given the opportunity to re-sit the Module in full, with a remediation plan in place. The Trainee has the right to appeal, and further information about this process is presented in Chapter 9.

6.7 Individual Learning Plan Review

Trainees meet annually with a member of the Programme Team and their NHS Line Manager (or their representative), for the Individual Learning Plan Review. Guidelines for the structure and content of this meeting are available in the Supervisors' Moodle. Progress towards all academic, clinical and research Modules will be reviewed, and employment appraisal (including Knowledge and Skills Framework (KSF) paperwork) will be completed. This process will feed into Individual Learning Plans, which are adapted over time to reflect development of clinical competence and training needs of the individual Trainee (see Appendix 6.9 for an example of an ILP review form). Trainees must come prepared by completing a brief reflection on their progress over the past 12 months, and by completing any relevant employment paperwork, as directed by their NHS employer. Any potential gaps in experience can be addressed through appropriate action and targets set in the learning plan. Trainees will share all end of placement documentation and learning plans with future supervisors to allow for continuity of training, the development of competencies, and to facilitate the transferability of skills.

Chapter 7. Professionalism, Conduct, Advocacy & Reflective Practice

This chapter addresses issues related to cross-cutting skills and attributes that support the high standards of conduct and professional functioning expected of clinical psychologists. Some of the material also addresses the human rights and advocacy dimensions of the professional role and describes some of the activities that are incorporated into training to provide the opportunity for these skills to develop.

7.1 Fitness to Practise

In addition to providing the opportunity for Trainees to acquire the skills and knowledge needed to be a competent clinical psychologist, the Programme also takes responsibility for helping them become autonomous health professionals who display integrity and take personal responsibility for their professional functioning. The socialisation into this professional role begins with acceptance of an offer of a training place. All Trainees are required to declare that they will abide by the Code of Professional Conduct for DClinPsy Trainees by completing the online form accessible via this link or from Appendix 7.1. This code is designed to make the professional responsibilities of Trainees transparent at the commencement of training. In addition, the code emphasises the need for Trainees to learn and adhere to the standards set by the professional and statutory regulatory bodies, the HCPC and BPS14. Ethical awareness and self-management of one's professional functioning are addressed in specific lecture topics from the start of training and are a recurrent theme throughout the taught courses and practicum experiences that Trainees complete. Although by far the majority of Trainees will develop into highly ethical practitioners who can maintain the standards of conduct expected by the profession, there will be occasions when problems with a Trainee's fitness to practise will need to be addressed. The main mechanisms for dealing with this are described below.

7.1.1 Resolution of fitness to practise issues

The University of Glasgow regulations addressing fitness to practise procedures are provided can be accessed via this link. The University differentiates formal from informal responses to breaches of the code of conduct that raise concerns about a Trainee's fitness to practise. Informal resolution will typically be sought first when a pattern of behaviour or persistent ill health that impairs fitness to practise is identified in a Trainee of the Programme. The Trainee will be made aware of the nature of the breach of the code and an action plan for addressing the problem will be agreed. This will typically be addressed by members of the Programme Organisers Group via the monthly Trainee Progress Review Meetings. Where there is a serious breach of the code or persistent repetition of low-grade breaches that have not been resolved via the informal Programme procedures, then the issue will be referred to the MVLS College Fitness to Practise officers or committee. Similar to the programme level response, the college processes aim to take a proportionate approach that starts by examining options for informal resolution. The rules governing the operation of the School Fitness to Practise committee are provided in detail at the University Regulations (Calendar).

7.2 Trainee Conduct

7.2.1 Active Participation in Learning

Background and Rationale

The DClinPsy academic programme provides a diverse range of learning experiences that are matched to competence development needs in areas such as research, clinical psychology theory, and applied practice. As life-long learners, all clinical psychologists are expected to take responsibility for engaging fully with development opportunities and this applies not only during training but also in post-qualification roles.

Teaching Engagement Standards

The DClinPsy curriculum is designed to meet the standards set by the professional and statutory regulators (the BPS and HCPC) and all the presented material is relevant to the award of the degree and the eligibility for licensing that this confers. Because of this, it is necessary to actively engage with all teaching sessions and if a session is missed a suitable catch-up plan for the missed content needs to be agreed with the module coordinator.

Active engagement with the learning process is expected of all Trainees and this will be conveyed in a variety of ways depending on the learning context. For example, asking pertinent questions, actively contributing to small group exercises, and providing input to whole class discussions are all important ways that participation in teaching sessions can be demonstrated. Active participation in learning opportunities is important for skill and knowledge development, and it also can produce a positive feedback cycle between the lecturers and trainees.

Based on feedback about DClinPsy teaching and learning experiences in 2024 we implemented a formal set of procedures to support active participation in teaching sessions and to provide remedies where problems with the level and style of teaching engagement falls below the expected standard. These include specification of engagement standards and the introduction of sanctions and consequences associated with non-adherence to these standards. The key principles for engagement are presented below. These are designed to be non-contentious and able to be followed by all Trainees but if anyone has questions or requires clarification about the standards, please contact the Programme Director or Academic Director to discuss.

In Person Teaching

In anticipation of stipulations likely to be mandatory in the next set of CTCP accreditation criteria, the Glasgow DClinPsy programme has been ensuring that a proportion of all teaching requires in person presence for all trainees. The teaching content for those sessions is aligned to the delivery method to ensure that face to face teaching is the best approach to achieve the learning outcomes and objectives. For these sessions, all trainees are expected to be present and to participate fully in the learning

activity. Remote participation via video-link will not be possible for these sessions even if the trainee has medical or adverse personal circumstances reasons for not presenting in person for teaching.

Consistent with an adult learner approach to teaching provision the expectation is that all Trainees will demonstrate their engagement in the learning process by behaviours such as asking questions, completing practical tasks diligently and with full consideration of the issues raised, and devoting attention to the learning activities.

Remote Participation in Teaching for NHS Highland Trainees

An important feature of the Glasgow University DClinPsy programme is the provision of training places in geographically remote and sparsely populated rural areas such as the Highlands and islands of Scotland. The health boards that provide NHS services to these communities face geographical challenges in delivering workforce education and post-qualification support that are substantially helped by the emergence of technology enabled learning (TEL) approaches to knowledge transfer. This means that Trainee Clinical Psychologists employed by these health boards access some of the academic programme by video (e.g. Zoom or other digital video conferencing platforms). All DClinPsy programme educators (including guest Lecturers from the NHS) are provided with guidance on delivering inclusive and engaging teaching sessions. However, this requires full engagement by the Trainee cohort, including those who are accessing teaching remotely via video link. To support full engagement and in anticipation of the revised BPS accreditation criteria for UK DClinPsy programmes, from 2025 we require NHS Highland Trainees to access video-link delivered teaching sessions from a designated NHS site. This reflects the approach to remote presence learning that was in place prior to the COVID19 pandemic and is one of the ways that we support skills development and peer to peer interactions during teaching.

Remote Participation in Teaching for Trainees Employed in Other Boards

The provision of a portion of the academic curriculum via video-link has meant that Trainees employed by health boards other than NHS Highland may make a case to also join teaching from a remote location. Such requests need to be made in advance and must be justified using the following grounds:

Category	Example
Health/ Medical Reasons	• An injury that temporarily limits mobility • A short-term infectious illness that does not impair teaching engagement • Attendance at a medical appointment where absence from class will be reduced if working from home is approved
Compassionate Grounds	• Unexpected carer duties that do not preclude full online participation in teaching • Temporary adverse personal circumstances • Unexpected practical problems such as car trouble or broken boiler
Disability	• A Student Disability Service approved disability support plan

It is expected that Trainees attend required in person teaching at least 70% of the time and this will be monitored. Any request for remote participation needs to be processed as far ahead of the session as possible using this online form.

Code of Conduct for Participating in Teaching

The career of clinical psychology requires an ongoing commitment to learning and personal development and these skills and attitudes are developed and consolidated during training. There are also stipulations made by both the professional and statutory regulators that require an active participation in learning and development. For example, the HCPC Standards of Proficiency state that registered Practitioner Psychologists:

1.3 keep their skills and knowledge up to date and understand the importance of continuing professional development throughout their career

4.8 understand the need for active participation in training, supervision and mentoring in supporting high standards of practice, and personal and professional conduct, and the importance of demonstrating this in practice.

In addition to cultivating an engaged and curious mental attitude toward the learning experiences available across the DClinPsy programme it is also imperative that Trainees reflect these attitudes in their behaviour. Appropriate conduct during teaching participation for all Trainees will be reflected in the following types of behaviours:

- Arriving punctually and staying for the duration of teaching sessions
- Demonstrating engagement with the learning process by answering and asking questions, contributing to group discussions, and paying attention to the lecturer(s)/facilitator(s)
- Online participants should have their camera turned on by default and requests to interact with the "live" room should be responded to
- Preparatory reading and other asynchronous learning activities should be completed in a timely and conscientious manner
- Any deviation from normal attendance should be explained to the lecturer and, if known in advance, the request for approved absence process should be used. If disability adjustments apply these should be implemented under the guidance of the Disability Officer

Deviations from this code of conduct will be monitored by the programme team and will result in a rising scale of consequences as the seriousness or persistence of the problems increases.

The following framework will be used to guide the responses:

Level	Example	Response
1	Failure to display active engagement in learning activities (e.g. not turning on camera; no active participation in practical exercises)	If this is the first occasion of the breach a written warning will be issued along with guidance on expected changes in behaviour. The Local Area Tutor (LAT) will receive a copy of the warning.
2	Repeated failure to display active engagement with learning Clearly disrespectful conduct toward other trainees or teaching staff.	A meeting will be booked with a member of the programme team to review the incident and provide guidance on appropriate next steps (e.g. changes in conduct, consideration of extenuating circumstances, diversion to sources of support). Following this meeting a written summary will be supplied to the Trainee and LAT.
3	Persistent reports of lateness, non- engagement, or behaviour suggestive of disinterest in teaching	A joint review meeting will be held with the Trainee, a member of the programme team, and a representative of the health board employer. Outcomes will be selected based on the seriousness of the problem and the remedies available (e.g. university fitness to practise procedures)

Note

For all of these levels, the employing health board may opt to enact its own procedures according to local policies and procedures.

Feedback and Improvement Mechanisms

These processes for supporting appropriate engagement in teaching and learning activities are designed to be sufficiently precise to allow implementation but not rigid or legalistic. To help make improvements over time, feedback is welcomed. Opinions about training activities can be provided by the Module evaluation process or, if in need of urgent attention, by contacting the Academic Director. Any other feedback can be emailed or discussed with a member of the programme team who will help with directing the feedback to the appropriate person or committee (e.g. the POG).

7.3 Reflective Practice: Introduction & Rationale

The Programme aims to ensure that its graduates are fit to practise by placing an explicit emphasis on promoting reflective functioning in Trainees. The Programme adopts a reflective- practitioner approach in conjunction with the scientist-practitioner model. The Health Professions Council (HCPC) Standards of Education and Training (2017) states that programmes must "support and develop autonomous and reflective thinking" (4.7, p.7; and the HCPC Standards of Proficiency (2023) say that qualified clinical psychologists must be able to "understand the value of reflection on practice and the need to record the outcome of such reflection" . The BPS Accreditation through Partnership guidance (2019) states that training programmes must enable Trainees to "Demonstrat[e] self-awareness and sensitivity and working as a reflective practitioner within ethical and professional practice frameworks" (p.16).

Professional and personal development is recognised and actively encouraged throughout the Programme which has paperwork and procedures in place to embrace an agenda of reflective practice in the context of professional and personal development. These measures include self- assessment and reflective writing in Reflective Notes (completed at the end of each clinical placement in years I and II), Reflective Account

(submitted at the end of both module 12 and 13 in year 3) and the Individual Learning Plan Reviews (completed annually to reflect on trainee's competency development over time). These procedures ensure that Trainees monitor and review their own progress and develop skills in self-reflection and are "cognisant of the importance of self-awareness and the need to appraise and reflect on their own practice" (Benchmark Statement, QAA, 2006).

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

The HCPC emphasise the importance of continuing professional development (CPD). Maintaining a record of CPD is a compulsory aspect of registration for Practitioner Psychologists. The HCPC define CPD as "a range of learning activities through which health professionals maintain and develop throughout their career to ensure that they retain their capacity to practice safely, effectively and legally within their evolving scope of practice". Consistent with this HCPC definition, Trainees on the Programme learn how to reflect on their own professional and personal development, identify their own learning needs provide evidence to support these and develop skills in recording their professional and personal development.

The reflective-practitioner model is a core theme for the Programme. This theme continues throughout the three years of training and is developed via lectures, workshops, personal and professional development (PPD) groups, practice placement supervision, reflective notes and accounts and individual review meetings with tutors.

7.3.1 Overall Aims

The reflective practice curriculum aims to:

1. Enhance Trainees' ability to think critically, reflectively and evaluatively.
2. Provide Trainees with the background theories, knowledge and core skills necessary to adopt reflective practice in their clinical, academic and research work.
3. Support Trainees to develop self-awareness and knowledge about the reflexivity of interactions in their clinical and professional practice.
4. Empower Trainees to adopt a reflective and self-aware approach to professional development and lifelong learning.

7.3.2 Core Elements of the Reflective Integrated Curriculum

1. Reflective Diary

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

2. Reflective Notes

Trainees enter reflections related to each clinical contact or learning experience recorded on Portfolio. These are not mandatory but support clinical practice learning in a contemporaneous way that is evidenced directly to placement supervisors who sign off each entry. The reflective entries can be reviewed by clinical tutors.

Trainees submit Reflective Notes during practice placements in years 1 and 2 as part of their end of placement document portfolio (Modules 2&3 and 6&7). The

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

3. Reflective Account

In Year 3 Trainees who commenced training prior to 2024 complete two Reflective Accounts. The purpose of the Reflective Accounts is to allow trainees to evidence their personal and professional learning over the course of their training by focusing on experiences that have supported the development of specific core competence domains:

One of the two accounts is focused on their service user and carer activity, and trainees can choose experiences on which to focus the other account. Full guidelines for completion and submission can be found in Appendix 7.1 with supplementary information about the Service User and Carer Placement activity on Moodle via this link.

The key themes discussed in this section are important in considering work on the Reflective Account. The final product should focus on personal and professional development and highlight the key learning experiences and reflections that led to change and development over time.

Trainees Enrolled from 2024

As part of the ongoing development of the EDI aspects of the DClinPsy programme a new framework that spans all three years of the curriculum was introduced in September 2024. Trainees enrolled from the 2024 intake onwards replace the Service User and Carer Placement activity (described above) with a new reflective task focused on issues of citizenship and mental health (see Appendix 9.6). This means that trainees

from the 2024 intake omwards only submit one reflective account. The second reflective account that is based on the service user and carer activity is now replaced with the citizenship and mental health task.

4. Individual Review Meetings

Trainee personal and professional development is reviewed at various points during training. Formal points of review include End of Placement meetings, the trainee and clinical tutor review feedback from supervisors in a reflective discussion about areas of strength and areas for ongoing development. The trainee presents a brief document summarising this discussion for sharing with their subsequent placement supervisor.

Annually, the trainee has an ILP Review with a Programme team member and the trainee's NHS Line Manager. Prior to the ILP review, Trainees are asked to reflect on their own learning and development over the past year, and this is discussed with a member of the Programme team and the NHS line manager during the review. This allows a collaborative reflection on the trainee's progress and an agreement on training targets for the coming year.

7.3.3 Confidentiality

In all reflective writing, including the personal Reflective Diary, Trainees should take care to protect the identity of others and reflections should focus on the trainee's learning journey and should not contain excessive detail about other people. All information which may breach service-user / carer or colleague confidentiality must be excluded. Trainees must ensure that they consider and respect others' dignity in their reflective writing.

7.3.4 Outline of Reflective Practice Integrated Curriculum across Courses

Year One

Module 1

The reflective scientist practitioner workshop introduces trainees to structured reflection through several models including Gibbs Reflective Cycle, Johns, etc.

Trainees may complete a written reflective exercise in session and review examples of different levels of reflection to support small group discussion on the nature of reflection.

Modules 2 & 3

A second reflective practice workshop builds on the module 1 workshop and offers additional opportunities to practice reflective practice through imaginal scenarios.
As trainees commence clinical practice, they are encouraged to add a reflective entry for each clinical contact they document on Portfolio. These reflective entries are not mandatory but provide opportunities to practise and evidence reflective clinical practice, are reviewed by placement supervisor and the clinical tutor.
Reflective notes are submitted as part of the end of placement documentation for courses 2 & 3 and formative feedback is provided by clinical tutors.

Further development opportunities

Individual meetings are arranged with the Clinical Tutor to discuss end of placement documents, including the reflective notes. Further meetings with clinical tutors to develop reflective practice skills can be arranged at any point.

Year Two

Modules 6 & 7

Reflective notes are submitted as part of end of placement documentation for courses 6 & 7 and formative feedback is provided by clinical tutors.

Further development opportunities

Personal and Professional Development (PPD) Groups are organised in year 2 and continue in year 3 to allow trainees to experience reflective practice in a group setting. These groups are not formally evaluated and are intended to allow trainees to reflect on their clinical work outside of the Programme assessment framework and to facilitate personal and professional development. To this end, they are facilitated by Clinical Psychologists from affiliated health boards, rather than members of the Programme Team. Trainees will be allocated to a group and will remain in the same group with the same 2 facilitators over the course of the 8 sessions over the course of second and third year. Trainees work with their facilitators to devise their own group rules, so the group feels like a useful and safe space in which to reflect openly about their personal and professional development.

End of placement meetings with the Clinical Tutor give opportunities to review placement learning and feedback and are shaped by specific discussion of end of placement documentation, including trainee reflective notes or account.
Where required, further meetings with clinical tutors will be arranged to develop reflective practice skills.

Year Three

Module 12 & 13

Reflective Accounts – Modules 12 & 13 (See appendix 7.2 and also 9.6 for those enrolled from 2024 onwards)

Trainees who entered the programme before 2024 submit two reflective accounts in their final year of training, one for each module. The purpose of the reflective pieces is to allow trainees to demonstrate evidence of their advanced reflective skills by writing about experiences that have prompted personal and professional development over the course of clinical training. Trainees enrolled from Intake 2024 onwards submit one reflective account and complete the citizenship and mental health task with its own reflective activity (see Appendix 9.6)

Further development opportunities

- Personal and Professional Development (PPD) Groups
- Individual written feedback on notes reflective account submissions. Further individual consultancy sessions with Clinical Tutor as required.

Assessment criteria

The following assessment rubric, adapted from the University of Edinburgh Reflective Toolkit, can be used to help trainees demonstrate their reflective work, and will be used to offer feedback on reflective submissions. They can be considered as a checklist of reflective competences:

Criterion	Reflective novice	Aware practitioner	Reflective practitioner
Analysis/depth of reflection	Trainee makes attempts at applying the learning experience	The reflection provides a descriptive	The reflection moves beyond simple description of the

	to understanding of self, others, and/or course concepts but the account is descriptive rather than analytic.	demonstration of the trainees attempts to analyse the experience but the analysis lacks depth.	experience to an analysis of how the experience contributed to trainee understanding of self, others, and/or course concepts.
Appropriate use of model	There is confusion or little to no attempt to relate the learning to an appropriate model that supports and develops reflection and understanding.	The account reflects a reasonable understanding of an appropriate model with an analytical quality to its application used to further understanding.	The reflection and learning is supported and developed by use of at least one appropriate model. The trainee is also able to critique the model/s used and confidently discusses their analysis of their professional/personal development with clear application of the model or learning experience.
Attention to emotion	Recognition but no exploration or attention to emotions.	Recognition, exploration, and descriptive attention to emotions.	Recognition, exploration, attention to emotions, and gain of emotional insight.

Evidence of critical skills in relation to self/ other/ systems	There is some attempt at self- critique, but the self- reflection is predominantly descriptive in quality and does not demonstrate a new awareness of personal biases, etc.	The reflection demonstrates ability of the trainee to question their own biases, stereotypes, preconceptions.	The reflection demonstrates ability of the trainee to question their own biases, stereotypes, preconceptions, and/or assumptions and define new modes of thinking as a result.
Evidence of learning and development	There is little to no attempt to demonstrate connections between the learning experience and previous other personal and/or learning experiences.	The reflection describes connections between the experience and material from other courses; past experience; and/or personal goals.	The reflection demonstrates connections between the experience and material from other courses; past experience; and/or personal goals and details evidence of what learning has been achieved and/or identification of continuing learning needs/goals.
Clarity	There are frequent lapses in clarity and accuracy.	Minor, infrequent lapses in clarity and accuracy.	The language is clear and expressive. The reader can create a mental picture of the situation being described. Abstract concepts are

			explained accurately. Explanation of concepts makes sense to an uninformed reader.

References and recommended reading

Bassot, B. (2013). The Reflective Journal. Basingstoke: Palgrave

Bolton G. (2005). Reflective Practice – Writing and Professional Development, Second Edition. Sage Publications Ltd

Bolton, 2010 Reflective Practice, Writing and Professional Development. Sage Publications Ltd

Casement P (1985). On Learning from the Patient. Tavistock Publications.

Gibbs, G. (1988) Learning by Doing: A guide to teaching and learning methods. Further Education Unit, Oxford Brookes University, Oxford.

Hughes, J. & Youngson, S. (2009). Personal development and clinical psychology. BPS Blackwell.

Moon, J.A. (2004). A handbook of reflective and experiential learning: theory and practice. London: Routledge Falmer.

Schön, D. (1983). The reflective practitioner: how professionals think in action. New York: Basic Books.

Thompson, S. & Thompson, N. (2008). The critically reflective practitioner. New York: Palgrave Macmillan.

For kick-starting your reflective writing with basic theory and a range of activities:

Literature review on reflection 2020 University of Edinburgh

Bournemouth University Reflective Writing videos

Hull University on reflective writing: https://www.youtube.com/watch?v=b1eEPp5VSIY

Chapter 8. Research Training

8.1 Overview of Research Training

As outlined in Chapter 4, research training on the Programme includes taught modules on data management, research design and analysis (Modules 5 & 8), research practice (Modules 9 & 15), and service evaluation and quality improvement (Module 11). In the earlier stages of training, the emphasis is on building skills in basic data management and analysis, research design (quantitative and qualitative), and critical appraisal. As training progresses, the emphasis extends to encompass applied research and professional skills at doctoral level, culminating in the production of the thesis and service evaluation/quality improvement work.

Training is provided in a range of methodologies, both quantitative and qualitative. The research training curriculum is regularly updated and refined to keep pace with new developments and recommendations in relevant guidance documents. The aim of the research-related teaching is to provide a basic foundation, from which Trainees can develop further knowledge and skills under the guidance of their University Research Supervisor.

This chapter provides general information regarding the structure and content of research activities on the Programme. Additional information with regard to submission of formative and summative assessments for research are to be found in Chapter 9. Examples of research-related documents are provided in the Handbook Appendices, but Trainees should obtain the most up-to-date versions from the Research Documentation or Exams and Assessment areas in the Moodle Common Room.

8.2 Major Research Project

The Major Research Project (MRP) is a substantive piece of empirical research, which forms the core of the thesis. A wide range of research designs may be employed (quantitative, qualitative, or mixed), and Trainees may undertake primary data collection

or an original analysis of existing data. The project will be written up in the form of a journal paper, of a standard that could be submitted for publication.

The MRP is developed and conducted across all three years of the Programme (see figure below for approximate timeline). In November of Year 1 an MRP Booklet is circulated to all Trainees, containing details of project ideas and information about current University Supervisors and their research interests. Trainees will explore potential projects with University Supervisors following the release of the MRP Booklet. The Programme team will suggest a recommended timeline for agreeing a 'match' between Trainees and University Supervisors and will monitor this to ensure that all Trainees have agreed a match in good time. Full details of what is expected at each stage of the MRP process are provided in the Exams and Assessment area on Moodle (Module 9 and Module 15). General resources are provided in the Research Documentation area on Moodle. Some health boards may supplement the university processes for MRP project choice with local guidance and procedures. Please consult with your Local Area Tutor or Line Manager to ascertain if there are any additional health board policies that you should comply with in exploring your major research project options.

8.2.1 Major Research Project Costs

The Programme has limited resources to support Trainee research so costs should be kept to a minimum for all projects. This reflects the general principle that conducting research involves not only generating a relevant question but also answering that question cost-effectively. All costs need to be detailed on the Research Costs & Equipment Form (Appendix 8.1; download Word version from Moodle Research Documentation area). The costs need to be approved by the Research Director/Tutor before the project can proceed. A case for additional funding may be made if the project is exceptional on equality, diversity and inclusion grounds (see below). More information on the processes relating to MRP costs is provided in the Module 9 guidance in the Exams and Assessment area on Moodle.

8.2.2 Supporting Equality, Diversity and Inclusion in Research

Where possible, the DClinPsy Programme seeks to actively promote training activities that address issues of equality, diversity and inclusion. In some circumstances, there will be an identifiable barrier to including research participants from minority backgrounds, e.g. because of language proficiency or the unavailability of materials in the participant's first language. These barriers may be surmounted if additional funds are made available to support the research. If the estimated costs are expected to greatly exceed the funding typically available for Trainee research, the Trainee should firstly discuss the costs with their University Research Supervisor and then discuss the project with the Research Director. The funding allocated to the project will be determined on a case-by-case basis and with reference to the current budget, the number of projects requesting additional funds, the contribution of funds from partners and/or other stakeholders (e.g. the NHS), and the viability of the project. This decision will be the primary responsibility of the Research Director and the Programme Director.

Thesis Timeline[10]		
1	**2**	**3**
Call for major research project (MRP) idesa from Field and University Supervisors **(August before Y1)***	Field Supervisor contacts University Supervisor to discuss project idea and agree supervision arrangements **(By end September before Y1)**	University Supervisor submits information to Programme team for MRP Booklet **(Mid-October Y1)**
4	**5**	**6**
MRP Booklet circulated to all Trainees **(Early November Y1)** Trainee and University Supervisor agree match by early February	Trainee submits MRP Proposal Outline to Supervisor(s) (formative) **(Mid-March Y1)**	Trainee submits MRP Proposal Draft and Systematic Review Outline to Supervisor(s) (formative) **(Early July Y1)**
7	**8**	**9**
Trainee submits MRP Proposal to Programme for blind review (summative) **(Early September Y1)** Final approved MRP Proposal and Proceed to Ethics letter **(By mid-November Y2)**	Trainee conducts and writes up MRP and Sytematic Review **(Winter Y2 – Winter Y3)**	Trainee submits Thesis **(End February Y3)** Viva examination **(Early April Y3)**

[10] This timeline applies to all trainees (three-year and APL) from the Intake 2022 onwards. Trainees from previous cohorts should refer to the Module 9 guidance document for their cohort.

* Field supervisors can contact University Supervisors to discuss potential research ideas throughout the year.

8.3 Systematic Review

The purpose of a Systematic Review is to evaluate and synthesise the available evidence concerning a particular research topic. The Systematic Review will usually focus on literature related to the Major Research Project. The Systematic Review could, for example, be an evaluation of the evidence for a particular theoretical model, or a synthesis of the evidence for the effectiveness of a clinical intervention. Occasionally there may be too few studies of an appropriate design in the precise area of the MRP, or there may already be a recently published Systematic Review on the topic. The Systematic Review focus may then be broadened, e.g. to a related but more general clinical condition, a range of severities of disability, or (if need be) to a topic unrelated to the MRP.

The Systematic Review requires Trainees to demonstrate a systematic approach to the analysis and synthesis of an area of empirical and theoretical literature and evidence. While carrying out the Systematic Review, Trainees should use search skills, critical appraisal skills, data synthesis skills and inferential skills to produce a high-quality piece of work that is potentially publishable.

8.4 Service Evaluation and Quality Improvement

Prior to the 2022 intake, three-year trainees completed a Service Based Evaluation Project (SBEP) and APL trainees completed a Service Based Evaluation Report (SBER) in Years 1-2 of the programme. From the 2022 intake onwards, we are transitioning to a broader service evaluation and quality improvement (QI) framework. The new assessments will be completed in Year 3 (three-year trainees) or Year 2 or 3 (APL trainees) and will enable all trainees to develop and consolidate advanced academic and professional skills to produce a piece of work that is aimed at enhancing the quality and effectiveness of NHS services or other relevant organisations. The details of the kinds of

activities to be undertaken by trainees will be decided by programme and NHS staff in the near future; this is likely to involve a project undertaken in small groups or individually by three-year trainees, and an individual piece of work undertaken by APL trainees (taking into account existing skills and experience).

Detailed information regarding the process and assessment requirements will be provided in the Module 11 folder in the Exams and Assessment area on Moodle in due course.

8.5 Facilities and Resources

Individual workspaces are available in the Clarice Pears Building, on Level 2 in areas marked for PGR use. Student cluster computers elsewhere on the main campus (e.g. in the Main Library) are available for use also. All university computers have a range of data analysis software installed, and these can also be accessed via the Glasgow Anywhere remote desktop from a personal device.

Trainees can download personal copies of data analysis software to their own devices free of charge by following the instructions here.

We strongly recommend that Trainees make use of bibliographic software from an early stage in the Programme. This is essential for conducting the Systematic Review and is good practice in academic writing in general. Our Year 1 teaching provision includes basic training on the use of EndNote.

Clinical research data may be safely stored and processed on a restricted access University network drive. This includes data analysis conducted via remote access to the University servers; see the University IT webpage for up-to-date details about remote access.

Appendix 8.2 contains guidelines about the transfer and storage of clinical research data. Please familiarise yourself with the information pertaining to your NHS Board at an early stage.

Encrypted laptop computers are available on loan if necessary (e.g. if the required software is not available in the Glasgow Anywhere remote desktop); please download the request form template from the Research Documentation area on Moodle.

A variety of psychometric tests and digital recording and transcribing equipment are available on loan from the Student Support Team; please refer to the list in the Research Documentation area on Moodle.

Advice on relevant aspects of research design and analysis for the Major Research Project is available from your University Research Supervisor. Programme lecturer Dr Jala Rizeq provides a general quantitative methods advice service on issues such as research design, statistical analysis and statistical software navigation (SPSS and RStudio) and Dr Lynda Russell provides an advice service for qualitative methods; email Jala or Lynda to book a consultation. Specialist statistical consultation and advice regarding the Major Research Project is available from the **Robertson Centre for Biostatistics (RCB)**. There is a charge to the Programme for this service and so the first step should always be to consult with the Dr Rizeq or Dr Russell. When an RCB consultation is deemed necessary please discuss with your supervisor first before booking an appointment. If your supervisor can attend the consultation with you this can remove the consultancy charge back to the DClinPsy programme. Trainees should note that the information provided by the Statistics Consultant is advisory only. Trainees seeking an RCB consultation should only do so once the statistical analysis plan has been worked up fully with the oversight of your MRP supervisor. An RCB consultation should not be used for simple statistical analysis issues such as completion or ratification of power calculations. Once an RCB consultation has been approved by your supervisor, appointments can be made by contacting 0141 330 4744 or rcbadvisory@glasgowctu.org

The MVLS College specialist librarians can provide guidance on developing search strategies for Systematic Reviews. This service should be used sparingly, and only after the Trainee has attended the librarians' lectures/workshops on the Programme and has made use of the librarians' online self-guided resources. Appointments can be made with the MVLS librarians here.

8.6 Research Supervision

The supervisory relationship is complementary to the research teaching, and both support the Trainee. However, it is primarily the Trainee's responsibility to develop and complete each element of their research to the required standard, within the required timescale and in line with the submission procedure detailed by the Programme team.

All Trainees will have a University (Research) Supervisor who will typically be an academic member of staff in Mental Health and Wellbeing. Matching Trainees to University Supervisors is done through a process of discussion, based on the MRP Booklet circulated early in Year 1. In addition to academic staff employed by the University, research-active NHS staff may be available as University Supervisors if they have an appropriate honorary University appointment. A full list of University Supervisors can be found near the beginning of the MRP Booklet.

The MRP Booklet contains descriptions of staff research interests and ideas for potential MRPs. In addition to the named University Supervisor, specific projects often have a named Field Supervisor from the NHS or another partner organisation. The Field Supervisor may have initiated the project idea and will be involved in the formulation and development of the research question, development of the proposal, and consideration of the results and write-up. The Field Supervisor and/or other relevant local clinicians (e.g. Local Lead Investigator) can also advise on participant recruitment and health and safety issues. It is intended that a range of high quality and interesting projects can be supported, and to encourage the involvement of NHS clinicians in research.

There is an expectation that such collaboration between Trainees and Supervisors will often lead to joint publication of research findings.

8.6.1 Responsibilities of University Research Supervisors

1. To give guidance about the nature of the research, the standard required, the planning of the research project, literature and sources, the writing of the report, the ethics of research, and matters relating to possible publication.

2. To provide adequate advice and supervision on matters relating to health and safety in the field and to ensure that this is specifically considered at an early stage in the development of the project.
3. To maintain regular and frequent contact with the Trainee and to be accessible to the Trainee at other appropriate times when the Trainee may need advice. To agree a schedule of meetings and to review this periodically.
4. To give detailed advice on the necessary completion dates of successive stages of the work so that the whole may be submitted within the scheduled time. To request written work on a regular basis and to return such work with constructive criticism within a reasonable time.
5. To ensure that the Trainee is made aware of inadequate progress, unsatisfactory work or written and oral presentation which does not reach the required standard.
6. To liaise with any Field Supervisor and ensure they are aware of deadlines.
7. To advise the Research Director of any likely delay in submission of the Trainee's thesis as soon as possible.
8. To advise about preparation for the oral examination (viva voce examination; commonly referred to as *viva*).

8.6.2 Responsibilities of Field Supervisor/ Local Lead Investigator

1. To give guidance about the nature of the research, the planning of the research project, literature and sources, the ethics of research and matters relating to possible publication.
2. To provide adequate advice and supervision on matters relating to health and safety in the field and to ensure that this is specifically considered at an early stage in the development of the project.
3. To maintain regular and frequent contact with the Trainee and to be accessible to the Trainee at other appropriate times when the Trainee may need advice. To agree a schedule of meetings and to review this periodically.
4. To ensure that the Trainee and their University Supervisor are made aware of inadequate progress or unsatisfactory work.
5. To read drafts of the proposal and of the completed work.

6. To advise the Research Director and the University Supervisor of any likely delay in completing the project.

8.6.3 Responsibilities of Local Lead Clinician

1. To give guidance about the planning of the research project, facilitate recruitment of participants, facilitate liaison with local services as appropriate and discuss ethical issues relating to the research.
2. To provide advice and supervision on matters relating to health and safety in the field and to ensure that this is specifically considered at an early stage in the development of the project.
3. To maintain regular contact with the Trainee and to be accessible to the Trainee at other appropriate times when the Trainee may need advice.
4. To provide a point of contact for the Trainee to report any adverse events associated with the project.
5. To ensure that the Trainee and their University Supervisor are made aware of issues or difficulties arising in relation to the conduct of the research.
6. To advise the Research Director and the University Supervisor of any likely delay in completing the project.

8.7 Responsibilities of Trainees

1. To discuss with their Supervisor(s) the type of guidance the Trainee finds most helpful.
2. To agree a schedule of meetings with their Supervisor(s) and attend arranged meetings promptly.
3. To take account of the regulations and advice relating to health and safety.
4. To take initiative in raising problems or difficulties with their Supervisor(s) in a timely fashion.
5. To maintain the progress of work in accordance with the stages agreed with their Supervisor(s) and the Programme, including the presentation of written material

in sufficient time and in the appropriate format to allow for comment and discussion before proceeding to the next stage.

6. To instigate the arrangement of Research Progress Meetings, and to provide written progress reports to the University Research Adviser and University Research Supervisor for discussion at these meetings.
7. To report any adverse events arising during the research to the Local Lead Clinician, University Research Supervisor and other appropriate agencies such as NHS R&D/R&I in line with ethical principles and approvals.
8. To decide when to submit their thesis, having first discussed this with their University Research Supervisor.
9. To ensure that the thesis is accurately checked, is consistent with the format required by the University and is well presented, and that they have adequately prepared for the oral examination (viva).
10. To obtain information from Registry on enrolment for graduation.
11. To take account of the regulation, which permits submission up to, but not beyond, one year from the date of the last matriculation.

8.8 Research Supervision Agreement

The Trainee and the University Supervisor of the Major Research Project must complete a Research Supervision Agreement. This document sets out their respective roles and associated expectations (see Appendix 8.3; download Word version from Moodle Research Documentation area). When a Field Supervisor is involved, the document should be signed by both supervisors. This agreement should be completed during the development of the MRP Proposal and a signed copy submitted with the final approved version of the Proposal.

8.9 Research Progress Meetings

Research Progress Meetings relating to the MRP should take place on three occasions between the point when the final MRP Proposal is approved and when the

thesis is being written up. Appropriate junctures for the three meetings will be highlighted by the programme team. It is the Trainee's responsibility to initiate the meeting arrangements at the recommended times.

Research Progress Meetings are **not** a substitute for supervision meetings. They are formal review meetings that serve as a monitoring function to ensure that the Trainee's progress is in line with Programme expectations.

The Research Progress Meeting must include the Trainee and the University Research Supervisor. The meeting is led by another MHW academic staff member who is the University Research Adviser to the supervisory relationship; this is usually the person who marked the MRP Proposal. The Field Supervisor and/or Local Lead Investigator should also be invited but their presence is not mandatory for the meeting to proceed. The role of the **Research Adviser** is to provide feedback on the progress of the Major Research Project and the Systematic Review. The Research Adviser can also be a resource for advice and consultation on aspects of the Trainee's research, to both the Trainee and Research Supervisor.

Prior to each Research Progress Meeting, Trainees must complete a Research Progress Form (see Appendix 8.4; download Word version from Moodle Research Documentation area), which forms the basis for discussion. This form allows the Trainee to prioritise issues for discussion and advice and should be shared with the other meeting attendees in advance. At the end of each Research Progress Meeting, the Research Adviser will provide a brief report on progress and any action points agreed and will return the completed Research Progress Form to the Trainee, Supervisor(s) and Student Support Team.

8.10 Health and Safety

Trainees are reminded that, as in all other aspects of their work, they must not place themselves or others at risk, for example when engaged in interviewing research participants or collecting data. As part of the development of the project, the process of risk assessment is initiated and overseen by the University Research Supervisor who will

advise about the most appropriate means of carrying out the various tasks involved. This ensures that safety issues are incorporated at the earliest stage of research planning. Research interviews should be carried out on sites where there is appropriate support and robust procedures for dealing with unforeseen events. NHS policies on personal safety and visiting clients at home cannot be used in isolation outwith the clinical setting. These policies rest on the assumption that there is a sound infrastructure to support these activities. Trainees are required to complete a Health and Safety for Researchers form detailing all potential risks to the researcher and the participant (see Appendix 8.5; download Word version from Moodle Research Documentation area). This form is reviewed by the Research Director/Module 9 Coordinator and requires approval before the research proposal is considered suitable to proceed to the ethics application stage.

8.10.1 Home Visits and Research

The programme encourages Trainees to avoid research procedures 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 acquaint themselves with the risk assessment details 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 has responsibility for management of the patient.

6. The overall appraisal of risk must consider what is known about the participant, a risk assessment of their living environment by the clinical team and consideration of the geographical setting 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 NHS 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.

In addition to NHS policies and procedures relating to home visits, Trainees should also follow the advice set out in the University's Lone Activities Procedure and the Safeguarding Researchers Policy:

If there are any doubts or concerns about these processes and responsibilities the Trainee can contact the Research Director for advice.

8.11 Research Governance and Good Practice

Research governance is concerned with "setting standards to improve research quality and safeguard the public. It involves enhancing ethical and scientific quality, promoting good practice, reducing adverse incidents, ensuring lessons are learned and preventing poor performance and misconduct" (NHS Research Scotland). Guidance on research governance is available here.

A helpful starting point for student research governance support within the University is the MVLS College student project roadmap.

In accordance with research governance principles, prior to carrying out their MRP all Trainees are required to ensure that their project has ethical approval from the relevant Research Ethics Committee. Details of how to apply for NHS ethics approval are available here.

Some MRPs may come under the remit of the University's College of MVLS Research Ethics Committee, instead of NHS ethics. Information about the MVLS Research Ethics Committee can be found here

In addition, research on NHS patients (and often on NHS staff) cannot be carried out without NHS management approval. Advice on local processes for management approval can be sought through local Research and Development/Innovation (R&D/R&I) departments. Teaching is provided in Year 1 to explain ethics and R&D processes in more detail.

Some MRPs may require different approvals processes (e.g. projects using existing data). Under the guidance of their University Research Supervisor, Trainees must ascertain which approvals or notifications are required and ensure these are in place before the project commences. Written evidence (e.g. letters, emails) must be retained for inclusion in the thesis appendices.

Trainees cannot submit for ethics or management approval (or other relevant organisational approvals/notifications) until the MRP Proposal has been formally passed (see information regarding Module 9 summative assessment in Chapter 9 and on Moodle). A 'proceed to ethics' letter from the Research Director will be sent to the Trainee when the Proposal is passed, and this should be filed in the Trainee's Research Log (see below) and included with the organisational application/notification.

On commencement of their MRP, Trainees are expected to maintain a Site File to support the storage of all essential documents pertaining to their research. This is normally retained for several years following the end of study. Teaching and resources for this are provided in Year 1. Please note that although the Site File is a specific requirement for NHSGG&C employees, this process is considered best research practice and Trainees employed by other NHS Boards should seek information on similar procedures if carrying out research in their Board areas.

A Research Log (see below and Appendix 8.6; download Word version from Moodle Research Documentation area) should be maintained by all Trainees throughout their project. At the end of the study the Trainee must submit a 'Declaration of the End of Study' Form (or equivalent report to the University MVLS Research Ethics Committee or other relevant ethics committee), and a summary of the final report of the study. The Programme team provides a checklist for Trainees to use at the end of the Programme to prompt the completion of all required reports. Please note that there should be a

discussion with the University Supervisor and sponsor's representative before submitting the End of Study Form, to ensure that no further amendments or extensions are required.

Service evaluation and quality improvement projects do not usually require ethics approval, but Trainees must verify this before proceeding. The Trainee should ensure that other governance permissions are obtained, if necessary, e.g. Caldicott Guardian or local management group approval.

In addition to NHS guidance on research governance, all Trainees must abide by the University's standards and policies with regard to **research integrity.**

Trainees should also familiarise themselves with current **data protection** regulations and the role of the University's Data Protection Office.

In particular, Trainees must adhere to requirements regarding completion of a Data Protection Impact Assessment (DPIA) before commencing a project. Teaching is provided on data protection issues in Year 1.

Many Trainees will use **online platforms** for data collection. Trainees and their supervisor(s) must carefully consider which platform to use, in light of data protection and information governance requirements. The University recommends the use of Microsoft 365 apps, such as Teams and Forms. Trainees can also use the University's Qualtrics account by logging in at https://uofg.qualtrics.com/ using your GUID and password. Zoom, Teams and NHS clinical systems such as Attend Anywhere/Near Me are also commonly used for online meetings and interviews, subject to local guidance. **Trainees using these tools for DClinPsy-related activities must log in using their University or NHS account (not a personal account).**

The Programme is strongly supportive of **Open Science** practices in research. We expect trainees to become familiar with transparent and open practices with regard to the planning, conduct and dissemination of research. This helps to ensure rigour and integrity, as well as efficient use and (where appropriate) sharing of resources. Teaching and resources are provided in Year 1 to support this.

8.12 Thesis

Each Trainee is required to submit a thesis for examination in the final year of the Programme. The chapters within the thesis are written in the style of journal articles, suitable for submission for publication. The thesis should include:

1. Systematic Review paper
2. Major Research Project paper and Plain Language Summary
3. Appendices for the Systematic Review and Major Research Project. The thesis must not exceed a total of 30,000 words including appendices.

Notification of the intention to submit the thesis should be sent to the Module 15 coordinator at least one month before the planned submission date (see the year 3 timetable spreadsheet for the relevant thesis submission dates). Any requests for submission of the thesis outside of the dates stipulated on the timetable should be discussed with the Module 15 coordinator as early as possible. Detailed guidance regarding the content, structure, format and submission of the thesis is available in the Module 15 folder in the Exams and Assessment area on Moodle.

8.13 Research Log

Trainees are required to maintain an up-to-date Research Log. This will include:

- A calendar of important dates and submission deadlines
- Dates and notes of meetings with supervisors and
- Dates and notes of other relevant meetings
- Copies of important correspondence
- Copies of documents relating to project governance (Appendix 8.6; download Word version from Moodle Research Documentation area).

The examiners can request to see this. It should be brought to the viva examination by the Trainee but should not be submitted with the thesis.

8.14 Examination of the Thesis

One University-appointed External Examiner and one Internal Examiner appointed by Mental Health and Wellbeing will independently appraise each thesis. The External Examiner and the Internal Examiner will, independently, prepare a written report on the thesis, prior to the viva examination. This report will reflect the merits and any deficiencies apparent from the reading of the work and will identify issues to be discussed at the viva examination. All thesis content may be examined at the viva. In addition, examiners can ask about any aspect of the Doctorate Programme.

The viva will be conducted by the External Examiner and Internal Examiner in Year 3, normally in early April (for all trainees from the 2022 intake onwards). The viva will take place in person at a venue organised by the Programme team or online via Zoom. Appendix 8.7 sets out the arrangements for the conduct of remote viva voce examinations. Exceptionally, and where mutually agreed by the Trainee and the University Research Supervisor, it may be permissible for the University Research Supervisor to have observer status at the viva examination. The Supervisor would not participate in the discussion, except at the invitation of the examiners. Where the Supervisor accompanies the Trainee, they would normally enter and leave the examination room together. After completion of the examination process the External and Internal Examiner will agree a joint report for the Board of Examiners meeting. This report will include their recommendation concerning the award of the degree and any conditions associated with the award. Usually, Trainees will be informed of their viva outcome following the Board of Examiners meeting.

8.14.1 Possible Outcomes

The recommendations of the examiners will be in one of the following categories:

A	**PASS** - The thesis is acceptable with the degree to be awarded unconditionally.

B **PASS SUBJECT TO MINOR AMENDMENTS** - The thesis is acceptable apart from typographical or other minor corrections which are remedial; corrections to be completed within one month to the satisfaction of the Internal Examiner. Minor amendments may include: improving the thesis presentation; editing references; amending typographical/grammatical errors. Minor changes to any specific element of the thesis could include amendment of text, with the emphasis on changes to paragraphs rather than pages required.

C **PASS SUBJECT TO CHANGES OF SUBSTANCE** - The thesis is acceptable subject to certain changes of substance in a specific element or elements as recommended by the Examiners. These shall not involve a revision of the whole thesis or a major proportion of it. The changes should be completed within four months to the satisfaction of both Internal and External Examiners.

Changes of substance may include: further data analysis; re-writing a substantial proportion of a chapter; obtaining and critiquing further literature absent from the thesis.

For theses with extensive minor amendments required, the thesis will receive a C recommendation, to provide the candidate with four months to complete the changes; in these instances, the changes should normally be completed to the satisfaction of both Internal and External Examiners.

D **REFERRED** - The thesis is unacceptable on the grounds of unsatisfactory content but the candidate is permitted to revise it, taking account of criticisms of the Examiners and to resubmit for consideration by both Internal and External Examiners on one occasion only.

E	**FAIL** - The revised thesis will be submitted normally no earlier than four months and no later than 12 months after the viva. A resubmission fee will be charged to cover the examination costs.

8.14.2 Individual Circumstances

Occasionally, a Trainee will request an extension to the thesis submission deadline. This may be due to recruitment difficulties or other delays. If an extension is granted, the viva examination will be postponed to a later date. Similarly, when a Trainee is completing their training out of synchrony with a year group (e.g. maternity leave absence, extension of placement duration due to sick leave absence), then alternative viva scheduling may be more appropriate.

8.14.3 Writing-up Status

In circumstances where a Trainee has completed all practicum and teaching components of the Programme and has passed all the summative assessment tasks except for the viva examination of the thesis, their enrolment may shift to “writing up” status. This allows completion of the research aspects of the Programme without the need for payment of full fees. Trainees are personally responsible for paying the enrolment fee for writing up status. NES does not financially support Trainees who are enrolled as writing-up students, after their trainee employment contract has ended. Trainees must seek advice from their MRP sponsor’s representative regarding updating their researcher approvals if their employment ceases or changes before the MRP has ended.

8.14.4 Doctorate in Clinical Psychology Award

Assessment results are ratified at the Board of Examiners meeting; following which, the academic record on MyCampus is updated to reflect the grades awarded and the credit points achieved. When all required thesis amendments have been approved

by the examiners and the final copies of the thesis have been submitted, and when all other Programme assessments have been completed, the College is notified by the Examinations Officer that the Trainee is now qualified to graduate with the degree of Doctorate in Clinical Psychology. An award letter is issued once certain conditions have been met; the Programme team will provide a checklist to prompt Trainees regarding all requirements.

8.14.5 Graduation

The winter graduation ceremony for the College of Medical, Veterinary and Life Sciences is usually scheduled at the end of November or beginning of December, and the summer graduation at the end of June/beginning of July. Enrolment information is available from the Registry website. The Programme team will provide guidance on timings for enrolment and registration for each graduation ceremony.

8.14.6 Health and Care Professions Council Registration

Once the College is notified by the Examinations Officer that the Trainee is now qualified to graduate with a degree of Doctorate in Clinical Psychology, professional registration becomes possible. At this stage the University of Glasgow will issue a pass list to the Health and Care Professions Council (HCPC) and the Trainee is eligible to apply for registration with the HCPC. Trainees are advised not to begin the process of HCPC registration until the above requirements for the Doctorate have been met. The protected title of Clinical Psychologist can only be used once HCPC registration has been confirmed. Further information on HCPC registration is available here.

Chapter 9. Schedule of Assessment

9.1 University Regulations

All Trainees should acquaint themselves with the current University Regulations, which outline University policies with respect to registration, examinations, Code of Assessment (including standard penalties for the late submission of coursework), Discipline (including Statement on Plagiarism), Fitness to Practice and Appeals Procedures.

9.1.1 The use of Artificial Intelligence and related technology

Note: This section should be read in conjunction with Section 9.6 below.

The development of more effective AI tools is likely to have a transformative effect on many aspects of your education and practice while in training. Please ensure that you familiarise yourself with the general guidance provided by the university (available here) and be aware that using any kind of technology should be done with appropriate care and acknowledgement of the source of information used. Please ensure that you follow any university guidance on the choice if AI enabled web-browser. In addition, be especially careful in uploading any information to AI tools such as this may violate your responsibilities to protect sensitive and personal information. An obvious example will be information gathered during your clinical or research work, even if it has been anonymised. These principles also extend to the use of similarity checking software (e.g. TURNITIN) - if you have used information from other sources such as published papers or theses and research proposals developed by former trainees you must ensure that all appropriate attributions of source are provided.

9.2 Scheme of Assessment

Academic assessments are marked anonymously (blind to Trainee identity), with the exception of presentation-based assessments for which blinding is not possible.

Most academic assessments (exams and coursework) are marked using the University's Schedule A or Schedule B (please see Chapter 6 and Chapter 8 for information regarding the different summative assessment schemes for the clinical practice placements and the thesis, respectively). The Module 1 examination is graded under a binary pass/no pass scheme, where 'pass' is denoted by a percentage score higher than 50%. Under Schedule A and Schedule B, pass grades are A, B, C, and D. Fail grades are E, F, G, and H. The general marking framework for examinations, with specific grade descriptors for the Doctorate in Clinical Psychology programme, is provided in Appendix 9.1. The written description in these frameworks emphasise that all passing grades must meet the minimum threshold of more than half of the key learning outcomes and assessment criteria being met. You should use the written marking guides as a source of information about the minimum standards required. Specific marking frameworks for other summative tasks (such as case studies, literature review essays, presentations, the data analysis exam and service evaluation/QI tasks) are provided in the relevant Module folders in the Exams and Assessment area in the Moodle Common Room.

A single internal examiner grades the assessment. If the assessment is graded as D1 or below (or <55% on the Module 1 exam), the assessment is allocated to a second internal examiner who marks the assessment blind to both Trainee identity and the grade given by the first examiner (in the case of the Module 1 examination, the second marker just checks the assessment to make sure the borderline grade is not due to a problem with the Moodle scoring system). The two marks are then combined to provide an average mark for the assessment. If the two marks fall across two different grades, the two examiners are required to moderate an agreed grade for the assessment. In the unlikely event that the two examiners cannot agree a grade, a third examiner will mark the assessment.

For any exams where answering more than one question is required, an average grade is calculated, using the aggregation scores representing the Secondary Bands of the Primary Grade. Mean scores will be rounded in accordance with the following example, taken from the University Regulations: 15.5 and higher values less than 16.5 should become 16. Further, for an essay exam answer with two marks across different grades, an average mark can be calculated instead of examiners moderating an agreed

grade; this process is only applied in cases where this does not penalise the Trainee's overall grade.

A number of External Examiners are appointed for the Doctorate in Clinical Psychology programme. The majority of our External Examiners are Chartered Psychologists and registered as Practitioner Psychologists with the HCPC. External Examiners are provided with samples of marked work representing a spread of grades for all exam and coursework assessments. Assessments graded as a minimum pass (grade D), a fail (grades E to H), or re-sit assessments, are sent to an External Examiner. The minimum pass grade requires demonstration of at least 50% of the required competencies relevant to the assessment task. Following External Examiner review of summative assessment scripts, the grades are ratified by the Exam Board.

9.3 Attendance and absence

Attendance - both at lectures and on clinical placement - is an assessed requirement across all Modules. Trainees are required to have their attendance registered and any absence from lectures will be recorded. Recording of attendance at teaching is done via the Attendance tile in your Intake Year section of Moodle. Please select the date and session title to record your participation in the lecture. If you have approval to be absent (see procedure below) you do not need to complete the Moodle attendance record on the day.

Non-attendance at teaching may be considered a professional conduct issue (see Code of Professional Conduct; Appendix 7.1). Trainees are required to provide prior notice of any absence from lectures by completing a Request for Approved Absence form (Appendix 9.5; download from Moodle). From 2024 we began phasing out the Word-based form that was submitted by email and replaced this system with an online form (available here) or via the link in Appendix 9.4. If you are late lodging a request for absence or if you have not had confirmed approval, please contact the Student Support Team (dclinpsy@glasgow.ac.uk). Any absence from teaching, research or clinical placement should be logged on to MyCampus. If lectures have to be cancelled at short notice,

Trainees should utilise this time as additional study time. Absence should also be reported in your health board according to your employer's absence policy.

9.4 Exam and Coursework guidance

Samples of papers may be retained by the DClinPsy programme, as part of our regulatory compliance and quality assurance process. Samples of summative assessments may be made available in anonymised form to provide examples of work for future Trainees. For Modules that are assessed by other kinds of coursework, detailed guidance is provided in the Moodle Exams and Assessment area, explaining the requirements of the task. If appropriate, a past example of coursework may be provided, but this is not always possible.

9.4.1 Exam Preparation Guidance

Plans to provide preparation guidance for examinations should be signalled to all members of Trainee year cohorts by email at least one week ahead of the proposed date of delivery. Trainees who will not be present to receive the guidance should contact the Module Co-Ordinator to indicate this and request that an alternative mechanism for receiving the information be set up. The exact mechanism will be agreed between the Trainee and Module Co-Ordinator (e.g. obtaining feedback from peers, getting an update via a phone call with the Module Co-Ordinator etc.). All Module Co-Ordinator's will be responsible for checking that any guidance to Glasgow-based Trainees is also delivered to remote access Trainees via video conferencing link or via a satisfactory mutually agreed alternative (e.g. by phone call).

If any Trainee does not receive exam preparation guidance that has been provided to their peers and they subsequently fail the examination, they will be able to invoke the unfair or defective procedures rules that allow a reattempt of the failed work without academic penalty (that is, the first failed attempt will be set aside).

9.4.2 Coursework Preparation Guidance

Detailed written guidance is provided on Moodle regarding all summative coursework tasks (such as essays, case studies, presentations). This may be supplemented by information provided at teaching sessions or other specifically arranged meetings. As per the exam preparation section above, arrangements for the provision of guidance should be clearly signalled to Trainees by the Module Co-ordinator and alternative communications put in place where necessary.

9.5 Guidelines for submitting written work

Submission processes differ depending on whether the work is formative or summative. Please see the summary table towards the end of this chapter, which indicates which assessments are formative or summative for each Module.

Formative submissions of supervised coursework (e.g. outlines or drafts of MRP proposals) should be emailed directly to your supervisor(s) only. These formative submissions are not uploaded to Moodle, and Trainees are not required to copy in the Programme team when submitting such work by email to supervisors. The Programme team may, however, periodically seek information from Trainees and supervisors to ensure that work is progressing according to recommended timelines.

Other types of formative work (e.g. in-class presentations) should be submitted as per the guidance provided by the relevant Module Co-ordinator.

Coursework which is to be marked summatively should be submitted via Moodle. Submission links will be set up by the Student Support Team in good time before the deadlines. It is not necessary to also submit copies of summative work by email, unless specifically requested by the Programme team.

Unless otherwise specified in the Module-specific guidance documents on Moodle, please follow the guidelines below for all written work submitted to the Programme (both formative and summative assessments). These guidelines are to help ensure that coursework is in a form that is easy to read and mark for your supervisor(s) and marker. It will also make it easier to track through the marking process.

9.5.1 General format

Font: Standard typeface, e.g. Calibri, Arial or Times New Roman; 11 or 12 pt. Line spacing: At least 1.5

Margins: At least 2.5cm down each side Pagination: Include page numbers throughout.

Do not submit work in PDF format unless instructed to. Work should be submitted in Microsoft Word (or equivalent) format.

9.5.2 Referencing

Referencing should follow a consistent author-date system, such as APA or Harvard. Do not use numbered referencing.

Trainees are advised to become proficient in using bibliographic software (e.g. EndNote) so that appropriate citations can be added to all work and the format adjusted if necessary.

9.5.3 Front Page

This should contain the following information: Name of assessment

- Title of work
- Student ID (numbers only)
- Date of submission
- Version number
- Actual word count
- Maximum word limit

Your name should not appear anywhere in a document that is being submitted for blind marking. Your name can be added to the front page after marking and amendments are complete, for documents that will be shared externally (e.g. MRP Proposal for ethics application).

9.5.4 Tables and Figures

Where possible it is usually best to generate your own original diagrams or tables, since they are more likely to show what you intend than those developed for different purposes. Original diagrams or tables:

- help to develop and demonstrate your understanding and integration of material
- can be more informative than diagrams copied directly
- minimise any perception of plagiarism
- can include additional information not in the original source(s)
- often look superior to scanned diagrams or low-resolution digital images
- can easily be generated using drawing tools in PowerPoint, for example.

However, it can take a long time to generate complex diagrams and tables, time that may be better spent understanding the topic and conducting further research. Therefore, it may be appropriate to use an existing diagram or table that you have found in a published source. This is standard practice in academic publishing, wherein textbooks, book chapters and papers often include reproductions of figures originated by others, permission having been obtained from the copyright holder.

If you decide to include in your work a diagram or table from a publication:

- always make sure that the diagram or table you are using is appropriate
- use the highest possible resolution version of the diagram or table (it is now often possible to download figures from papers in PowerPoint format)
- remember you can adapt an existing figure
- draft your own legend to demonstrate understanding of the material being illustrated and include in this acknowledgement of the source, e.g.
    - Reproduced from Smith and Brown (2012). [for a scanned or photocopied diagram]
    - Redrawn from Smith and Brown (2012). [when you have produced an essentially identical copy of the original]

- Redrawn, with modification, from Smith and Brown (2012). [when you have made significant changes to the original, for example adding or correcting information. Significant changes should be changes which add information to a diagram.]
- Original diagram, compiled from information in Smith and Brown (2012) and Wilson et al. (2011). [when you have constructed your own diagram from the available information].

If you are in any doubt as to how to reference a particular table or figure or whether you should produce an original diagram, please refer to the Academic Director or your Research Supervisor in the first instance.

9.5.5 Appendices

These should include materials and information that is supplementary to the main body of work, for example unpublished questionnaires or interview schedules, copies of governance approvals, or additional results that are not central to the main paper. Do not move material into the appendices as a way of reducing the word count.

9.6 Plagiarism and Declaration of Originality

Note: This section should be read in conjunction with Section 9.1.1 above.

All work submitted by Trainees is accepted on the understanding that it is the Trainee's own effort and that any material incorporated from another source is formally and appropriately acknowledged. Any instance of suspected plagiarism by post-graduate students is immediately referred to the Senate Assessors for investigation. This is mandatory even when the similarity to other work has occurred inadvertently (i.e. "sloppy academic practice" in the attribution of source material). It is essential that all Trainees take note of the following information.

9.6.1 University of Glasgow Plagiarism Statement

The University's degrees and other academic awards are given in recognition of a student's personal achievement. Plagiarism is defined as the submission or presentation of work, in any form, which is not one's own, without acknowledgement of the source. Please familiarise yourself with the University of Glasgow Plagiarism Statement,

It is important to note that the University does not distinguish between intentional and unintentional plagiarism. The University's Student Learning and Development (SLD) team provides helpful resources on how to avoid plagiarism.

9.6.2 Declaration of Originality

All summative submissions must be accompanied by a Declaration of Originality. For work that is submitted via Moodle, the Declaration is presented electronically as part of the submission process and must be accepted in order that the submission can be completed. Some written work (e.g. the thesis) may require a signed paper copy of the Declaration; where this is the case, clear guidance and a copy of the form will be provided to Trainees.

9.6.3 Use of Similarity Checking Software

Plagiarism may sometimes unintentionally occur, for instance when a source is not cited or where evidence is not sufficiently adapted in your own words. The understanding of what constitutes plagiarism and the avoidance of plagiarism in Trainees' written work can be supported through the submission of coursework through similarity checking software (also known as plagiarism prevention software). This enables Trainees to submit a draft, review feedback and make any necessary amendments prior to submission for marking.

The facility is provided for Moodle submissions, using Turnitin software. Where such software is in operation for submission, Trainees will have the opportunity to review the similarity report for at least one draft version of their work. The Turnitin report for the

version that is submitted for marking will also be accessible to the Trainee, and may be reviewed by the Module Co-ordinator, Examinations Officer or other relevant member of the Programme team. Please note that software such as Turnitin does not state if plagiarism has occurred; it only highlights the degree to which the submitted work is similar to other work stored by the software system.

For any academic assessment where one or more examiners have concerns about content originality, the Academic Director or other appropriate member of the Programme team may retrospectively organise the submission of the assessment to Turnitin with the Trainee, if this had not already been done when the work was submitted. Since plagiarism is a serious issue, similarity reports generated should be interpreted cautiously by both Trainees and the Programme team. Any instances of suspected plagiarism by Trainees will be reported to Senate.

9.7 Word limits

All written coursework assessments have clear word limits. Word limits include tables, figures and references (both in-text citations and the reference section) but exclude appendices. For work that is marked using Schedule A or Schedule B, a grade penalty will be applied if the submitted work exceeds the limit by more than 10%. Full details of the penalties to be applied are provided in the guidance documents and marking templates available in the Module-specific folders in the Exams and Assessment area on Moodle.

Since the MRP Proposal and the thesis are not marked using the Schedule A/B grading system, no grade penalty will apply for these submissions. However, these submissions are subject to a formal amendments process, in which the examiner(s) may require the Trainee to edit the work to reduce the word count. It is therefore strongly advised that Trainees adhere to the stated word limits for these submissions. If these submissions exceed the word limit, the examiner can choose to return the work to the Trainee unmarked, so that it can be shortened and resubmitted. This will result in a delay to the return of the mark and feedback to the Trainee. Further information on word limits

for the MRP Proposal and the thesis are provided in the Exams and Assessment area on Moodle (Module 9 and Module 15).

9.8 Deadlines and Extenuating Circumstances

Assessment deadlines for summative coursework are mandatory and any extension to these dates must be agreed in advance with the relevant Module Co-ordinator and the Examinations Officer. Trainees are required to submit a request for a summative assessment extension in writing, outlining the extenuating reasons necessitating extra time. The maximum discretionary extension that can be granted for such a request is five working days. Requests for longer extensions must be notified through the MyCampus system under the Extenuating Circumstances provisions. Requests for consideration of extenuating circumstances will involve submitting information and evidence in support of the claim for consideration by the Programme team and College committee. Trainees who have flexibility with coursework deadlines incorporated within their Student Disability Service (SDS) recommendations should be issued a letter by the SDS indicating their need for such flexibility, and extension requests should still be made to the Module Coordinator and Exams Officer accordingly. Information about how to access MyCampus and other key University IT systems is provided in Appendix 9.6 and the University website provides detailed information about the Extenuating Circumstances policy.

Trainees who do not submit a summative assessment by the deadline and have not been granted an extension will receive a standard penalty for the late submission of coursework. However, if the Trainee is able to demonstrate relevant extenuating circumstances (e.g. illness, adverse personal circumstances) the penalty will not be applied, subject to Exam Board ratification. Late submission penalties are set out in the University Code of Assessment.

Trainees who are unable to attend an examination must initially provide prior notice to the Student Support Team, Module Co-ordinator and Examinations Officer. Trainees who miss a scheduled examination will normally sit the exam on the date scheduled for the re-sit exam.

If you miss an examination or assessment deadline, or if you believe your assessment performance has been affected by adverse circumstances, you should submit a Good Cause claim via MyCampus.

Submission of a Good Cause claim is the mechanism which allows your circumstances to be considered by the Board of Examiners. Please note that all Good Cause claims must be submitted within **one week** of the affected assessment. If you encounter any difficulties with this process, please contact the Academic Director immediately to advise you have a problem with your Good Cause claim. Any extenuating circumstances raised by Trainees will be discussed at the Exam Board. The Exam Board may ratify that a summative assessment fails with extenuating circumstances be discounted and the Trainee receive another first attempt to complete the assessment. The Exam Board may alternatively decide to refute the extenuating circumstances and retain a failure grade. Even where Good Cause has been established for non-completion or assessment failure, the Trainee must subsequently submit and pass the assessment element in order to qualify with the Doctorate degree. As this is a professional degree, Trainees are required to show competence across all assessment elements. Extenuating circumstances with Exam Board ratification will only provide another opportunity to demonstrate competence; there can be no adjustment of the original grade.

Extenuating circumstances may also impact on satisfactory completion of a clinical placement. A Trainee who misses a significant proportion of placement time may still be able to pass the placement, provided the required professional competencies have been acquired and demonstrated. The achievement of competencies takes precedence over actual time spent on clinical placement. If, however, a significant proportion of time has been missed from placement and the competencies are not met, the extenuating circumstances would typically be considered by the Board of Examiners under the Good Cause rules specified in the University Regulations. Similar to the requirements for completion of coursework and research training, it is not possible to award credit for components of the Programme that have not been completed, even if there were extenuating circumstances that prevented the completion of that component. If extenuating circumstances are evidenced and subsequently ratified by the Board of Examiners, then the Trainee would typically be given a further opportunity to achieve the

required placement competencies. This would also require approval from NHS Education for Scotland to extend the training period funding.

9.9 Assessment feedback

Trainees are provided with a provisional grade and brief examiner feedback following examinations and summative coursework submissions, to guide learning. At a minimum, feedback will be provided at the group level to the Trainee cohort collectively, summarising the most common strengths and weaknesses of the submitted work. For most exams and Module coursework, specific individual feedback is provided to all Trainees. Trainees are welcome to contact the Module Co-ordinator to request clarification of feedback provided. For work that is submitted via Moodle, Trainees will continue to be able to access the work after marking is complete, and the feedback will usually be uploaded to Moodle. The Programme team endeavours to return provisional grades and feedback in a timely manner and will notify Trainees if significant delays to the normal timescales of fifteen working days are expected.

Assessment grades provided throughout the year are provisional until confirmed or amended by the Board of Examiners. The Board of Examiners' meetings are normally scheduled in April and September. For summative coursework and exams where one or more Trainees have received a provisional failure grade, an Exam Board is conducted following the External Examiner's review of the sample scripts. A resubmission date or re-sit exam will be scheduled once the Exam Board has ratified the grades.

9.10 Progression to next year of training

A Trainee must achieve a grade D or better in all taught and integrated clinical-taught course components and Satisfactory in all clinical placements in each year to progress to a further year of study or research. In cases where a clinical placement or summative assessment is failed and requires a re-sit, the Examinations Board will discuss whether the Trainee should progress to the next year of study with the outstanding components or remain in their current year of training. Extension of training

by repeating any element of the Programme requires approval from NHS Education for Scotland for the additional funding required for training.

Further details about the rules and procedures governing academic progression are provided in the DClinPsy Regulations

9.11 Resubmission

If an assessment item has been failed, Trainees are contacted individually and recommended to meet with their University Adviser in the first instance, for pastoral support and advice. Any advice about the reasons for the fail grade and the issues that need to be addressed to bring the work to the accepted standard should first be discussed with the Module coordinator (not the markers or the University Adviser). The Programme Director and Academic Director are also available to discuss the consequences of assessment failure and the options available. For clinical placement failure, the Clinical Practice team can provide support to the Trainee and advise on how a placement will be repeated and whether the Trainee will move to a different year group.

The University Code of Assessment details the regulations around failure and the procedures for raising extenuating circumstances and submitting an appeal against the academic decision (see below).

Coursework assessments graded as a failure need to be re-attempted and re-submitted for marking. The Trainee should address the weaknesses and deficiencies identified in the work by the examiners. Resubmitted coursework may also require detailed summary of how the resubmission has addressed the examiners' comments (seek confirmation of this is required from the Examinations Officer or the relevant Module Coordinator). The assessment must be resubmitted within an agreed time frame. Both internal examiners will mark the resubmitted assessment. Any failed item of coursework can only be resubmitted for marking once (see Sections 9.12 and 9.13 below).

Examinations graded as a failure are required to be retaken. The Programme timetable includes module exam re-sit dates. A re-sit examination can be taken on only one occasion.

Resubmission/re-sit results for all examinations and summative coursework will be capped at grade D3, in accordance with the University guidelines.

9.12 Appeals Against Academic Decisions

If a Trainee fails a summative assessment task, they may have the option of appealing that outcome. The main grounds for challenging a failure grade are:

1. Unfair or defective procedure
2. A failure to take account of medical or other adverse personal circumstances
3. The presence of relevant medical or other adverse personal circumstances which for good reason have not previously been presented.

Appealing against an academic decision can be pursued in the following ways. Firstly, the Trainee may raise extenuating circumstances to be considered by the Doctorate in Clinical Psychology Exam Board. The Board will decide, following review of extenuating circumstances, whether to discount the assessment result and provide another "first attempt" opportunity to pass the assessment. Secondly, the Trainee is entitled to lodge an appeal with the University against the academic decision (see this link for information about the appeals process). Intention to lodge an appeal against an academic decision has to be notified in writing within 10 working days of the assessment result being published. The adjudication of the appeal falls to the College Appeals Committee which is independent of the Doctorate in Clinical Psychology Programme. The outcomes and remedies available to the College Appeals Committee are described in the University Regulations. The Committee does not have the power to overturn academic judgements and therefore cannot revise a fail grade up to a passing grade.

A Trainee who is considering an appeal against an academic decision can receive support and guidance from their University Adviser, Examinations Officer, Academic Director, and/or Programme Director. Support and advice that is independent of the Programme can be obtained from the Students Representative Council (see Chapter 5 for contact details of the SRC).

9.13 Discontinuation

As students of the University, Trainees can be discontinued from the Programme based on the outcome of Fitness to Practice Procedures (see Chapter 7), based on failing a Module resubmission, or on the basis on an unsatisfactory thesis and viva voce. A Trainee who fails a summative assessment has the right to appeal this decision, as described above.

Trainees would only be discontinued on the basis of failing Module resubmissions that are summative (graded). Formative assessments that did not meet the expected standard on resubmission would not result in discontinuation, but the Trainee may be required to amend the formative assessment until a satisfactory standard is reached. Summative and formative Module assessments are summarised below.

Trainees who choose to exit from the Doctoral degree may be eligible for the award of Master of Science (Medical Science) in Applied Psychology or Postgraduate Diploma in Applied Psychology, depending on the number of credits completed:

- A candidate will be eligible for an MSc (Med Sci) in Applied Psychology on obtaining an average aggregation score of 12 (equivalent to C3) or above in 180 credits referred to at section 3.5 of the DClinPsy Regulations.
- A candidate will be eligible for Postgraduate Diploma in Applied Psychology on an average aggregation score of 9 (equivalent to D3) or above in 180 credits referred to at section 3.5 of the DClinPsy Regulations.

Trainees who exit the Doctorate programme early and graduate with either an MSc or Postgraduate Diploma will not be eligible to apply to the Health and Care Professions Council for registration as a Practitioner Psychologist.

The Credit structure of the DClinPsy Programme is summarised in Appendix 3.1. Further information on these exit awards can be obtained from the Examinations Officer, Academic Director or published DClinPsy Regulations.

9.14 Assessment Schedule: Year 1

9.14.1 Foundations of Clinical Psychology

Module 1 is summatively assessed by an online examination containing multiple choice and 'fill in the blanks' items. As a formative activity, Trainees work together to develop practice quiz items using PeerWise software.

9.14.2 Foundation Clinical Practice I

Module 2 is summatively assessed by the Supervisor's Evaluation of Clinical Competence. Trainees receive formative feedback from their clinical supervisor throughout placement, based on the Reflective Portfolio.

9.14.3 Foundation Clinical Practice II

Module 3 is summatively assessed by the Supervisor's Evaluation of Clinical Competence and a structured case study. Trainees receive formative feedback from their clinical supervisor throughout placement, based on the Reflective Portfolio.

9.14.4 Foundation Knowledge, Understanding and Skills

Module 4 is summatively assessed via an extended literature review essay.

9.14.5 Data Management and Analysis

Module 5 is summatively assessed via a data management and statistics examination. Formative feedback is provided by programme staff during practical workshops.

9.15 Assessment Schedule: Year 2

9.15.1 Children/ Families and Young People Theory and Practice

Module 6 is summatively assessed by the Supervisor's Evaluation of Clinical Competence and either a structured case study or literature review essay depending on the order in which year 2 clinical placements are completed (see supplementary guidance supplied in class). Trainees receive formative feedback from their clinical supervisor throughout placement, based on the Reflective Portfolio.

9.15.2 Learning Disabilities Theory and Practice

Module 7 is summatively assessed by the Supervisor's Evaluation of Clinical Competence and either a structured case study or literature review essay depending on the order in which year 2 clinical placements are completed (see supplementary guidance supplied in class). Trainees receive formative feedback from their clinical supervisor throughout placement, based on the Reflective Portfolio.

9.15.3 Research Design and Statistics

Module 8 is summatively assessed through an individual oral presentation, critically appraising a research paper of the Trainee's own choice. Prior to the presentation, Trainees participate in several peer-led 'Journal Club' meetings to provide formative feedback to each other.

9.15.4 Research Practice I

Module 9 is summatively assessed through the submission of the Major Research Project (MRP) Proposal. To pass the Module, Trainees must satisfactorily complete all Proposal amendments required by the examiner. Formative assessment is via supervisor feedback on the MRP outline and draft proposal, and the systematic review outline.

9.15.5 Advanced Professional Practice I

Module 10 is summatively assessed through a group-based presentation.

9.16 Assessment Schedule: Year 3

9.16.1 Service Evaluation and Quality Improvement

Module 11 is summatively assessed based on the output of a piece of service evaluation or quality improvement work. Formative feedback is provided by supervisors or the research tutor.

9.16.2 Advanced Clinical Practice I

Module 12 is summatively assessed through the Supervisor's Evaluation of Clinical Competence, which includes discussion of a Reflective Account. Trainees receive formative feedback from their clinical supervisor throughout placement, based on the Reflective Portfolio. From the 2024 intake cohort onwards, one of the Reflective Accounts will be replaced with the Citizenship and Mental Health Activity (see Appendix 9.6).

9.16.3 Advanced Clinical Practice II

Module 13 is summatively assessed through the Supervisor's Evaluation of Clinical Competence, which includes discussion of a Reflective Account. Trainees receive formative feedback from their clinical supervisor throughout placement, based on the Reflective Portfolio.

9.16.4 Psychology and the Law

Module 14 is summatively assessed by a short essay exam.

9.16.5 Research Practice II

Module 15 is summatively assessed through the submission and oral examination of the thesis. Formative feedback is provided by the research supervisor(s) throughout the research process.

9.16.6 Advanced Professional Practice II

Module 16 is summatively assessed through a group presentation and a brief individual written report. Formative feedback will be provided during the development of the presentation.

9.17 Formative and Summative Assessment Summary

Module	Formative non-graded assessments/ activities	Summative graded assessments
1	PeerWise practice quiz	Online examination
2	Trainee Reflective Portfolio	Supervisor's Evaluation of Clinical Competence
3	Trainee Reflective Portfolio	Supervisor's Evaluation of Clinical Competence Case study
4		Literature review essay

5	Practical workshop	Data management and statistics exam
6	Trainee Reflective Portfolio	Supervisor's Evaluation of Clinical Competence Case study or literature review essay
7	Trainee Reflective Portfolio	Supervisor's Evaluation of Clinical Competence Case study or literature review essay
8	Journal Club meetings	Individual oral presentation
9	Major Research Project Outline Major Research Project Proposal Draft Systematic Review Outline	Major Research Project Proposal
10		Group presentation

11	Feedback from supervisor/tutor	Service evaluation/QI project output
12	Trainee Reflective Portfolio Reflective Account or Citizenship and Mental Health Activity	Supervisor's Evaluation of Clinical Competence
13	Trainee Reflective Portfolio Reflective Account	Supervisor's Evaluation of Clinical Competence
14		Short essay exam
15	Feedback from research supervisor(s)	Thesis and viva examination
16	Formative feedback on group presentation development	Group presentation and brief individual written report