



THE UNIVERSITY *of* EDINBURGH



UNIVERSITY OF EDINBURGH / NHS SCOTLAND  
CLINICAL PSYCHOLOGY TRAINING PROGRAMME

# **Doctorate in Clinical Psychology**

## **NHS and Clinical Practice Placement Handbook**

**2015 / 2016**

If you require this document or any of the internal University of Edinburgh online resources mentioned in this document in an alternative format please contact Rosie Wayte on [clinical.tutor.admin@ed.ac.uk](mailto:clinical.tutor.admin@ed.ac.uk) or 0131 651 3973.

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## **SECTION P.1 – INTRODUCTION**

This Handbook combines important information for trainees on their NHS employment with information regarding clinical practice placements. The NHS employment information in Section P.2 below applies in all settings – placement, teaching and study days.

## **SECTION P.2 –TRAINEE EMPLOYMENT ISSUES**

Trainees are required to adhere to the Health and Care Professions' Council's (HCPC) Guidance on Conduct and Ethics for Students (2012), the Standards of Conduct, Performance and Ethics (2008 – minor revisions 2012) and the Standards of Proficiency for Practitioner Psychologists (2015) and the British Psychological Society's (BPS) Generic Professional Practice Guidelines – second edition (2008). All documents are available online at [www.hcpc.org.uk/publications](http://www.hcpc.org.uk/publications) or [www.bps.org.uk/publications/](http://www.bps.org.uk/publications/). Trainees are also required to adhere to relevant NHS policies on Conduct, Capability and Health at Work (although the exact terminology may vary between NHS Health Boards). See section 3.8.8.

### **P2.1 Employment Status**

Trainees are employed by the NHS Health Board in which they are based for the duration of their training (trainees employed by The State Hospital will undertake their four core placements in NHS Lothian). All issues regarding employment matters must be referred to their nominated line manager who is responsible for day-to-day employment issues including sickness, annual leave and travel expenses. The Clinical Tutor team, via Rosie Wayte, need to be kept informed of relevant issues, such as leave requests.

**Whether on teaching, study or placement days, trainees are required to adhere to all regulations regarding their employment. This includes appropriate conduct, time-keeping and attendance. Trainee's attendance at teaching will be monitored and line managers will be informed if any trainees are absent without having given appropriate notification. Attendance on placement will also be monitored (see Section 3).**

Trainees should note that, as full-time employees of the NHS, they are **on duty 37.5 hours per week**. Although local and individual arrangements may differ this equates to the hours of 09:00 and 17:30, 5 days a week with an hour for breaks. **This also applies to university teaching and study days.**

Trainees will notice in the BPS/HCPC guidance listed above that it is essential that patients and staff, with whom they come into contact during placement, are aware of the trainee's training status. This should be made clear in letters to patients such as appointment letters, as well as in letters to referrers and GPs, and also in verbal introductions made to patients and colleagues.

### **P2.2 Annual Leave**

The standard annual leave entitlement for trainee clinical psychologists is 27 days per annum. As NHS employees, the annual leave year runs from 1<sup>st</sup> April to 31<sup>st</sup> March, rather than coinciding with academic years. During the first year of training, a pro rata amount of annual leave (13.5 days) is available up to 31<sup>st</sup> March. In cases where there is long service in the NHS (five years plus) trainees will be entitled to additional annual leave the

details of which should be agreed with their nominated line manager and relevant personnel department.

In addition to annual leave, trainees are entitled to 8 statutory and public holidays, some of which are fixed (check with individual boards for details), others of which may be taken to fit in with local circumstances if prior agreement is sought and granted. Annual leave is granted by the trainee's nominated line manager. It is usually necessary to consult with other staff (eg clinical supervisor and clinical and personal tutor) in making arrangements for annual leave, but this does not constitute formal authorisation for the leave.

Requests for annual leave should be made **in advance** using the formal local process. Supervisors **must** be consulted about requests for annual leave falling during clinical placements. Trainees should also inform Rosie Wayte of the annual leave they are taking.

The following points should be borne in mind in making a request for annual leave:

Trainees can take up to two days annual leave (in any academic year) on days when they are scheduled for teaching without prior agreement from the University, but must, in addition to using the formal local NHS process to request leave, notify Kirsty Gardner that they will be absent from teaching in advance. Any days, beyond two per academic year, that a trainee wishes to be absent from teaching require approval in advance from the trainee's Personal Tutor and Clinical Tutor, in addition to the formal local NHS process.

The requirements for a minimum number of placement days within clinical placements will govern the amount of leave that can be granted within a given placement. If a trainee has been absent from placement for 17 days or more for any type of leave, then any further applications for leave (apart from sick leave) must be approved by the Clinical Tutor as well as the line manager.

Trainees on holiday are required to take annual leave for their study days as well as placement days. Thus a week off placement requires 5 days of annual leave to be used.

Annual leave taken without due authorisation amounts to being absent without permission.

## **P2.3 Private Study Time**

### **Full Time Trainees**

Throughout the programme there is **one day per week** allocated for private study. During placements, when there are teaching days at the University, **no study day is allowed that week**, regardless of the day when it would normally have been taken. In the final year, an additional research study day is allocated until the thesis submission (1<sup>st</sup> May). There are then 3 months with the normal 1 study day per week (May, June and July), before the additional research study day occurs again in August and September. This is to facilitate trainees making any required changes to their thesis after the viva and to prepare the study for publication. For final year trainees prior to 1<sup>st</sup> May, on weeks where there are teaching days, the additional research study day is retained but the normal study day is not and any further days are spent on placement. For example, if an Advanced Practice Seminar lasts 3 days, then the remainder of the week is 1 placement day and 1 research study day. There are also thesis study weeks at the start of placements 3, 4 and 5.

## **Specialist Trainees**

During combined training / work component years, specialist trainees are allocated ½ day per week for study. In the two thesis years, an additional ½ day per week is allocated for research study time. On weeks when the trainee attends return teaching days no study time is allocated, apart from in thesis years when there is still ½ day for research. In years when thesis work is not being carried out, it may be helpful for the trainee and the placement supervisor to discuss whether study days could best be taken in a different way, i.e. one full day per fortnight.

Study time within each year should be noted in the Individual Training and Development Plan.

## **All Trainees**

A maximum of four study days per placement can be utilised as “flexible” study days. On condition of the supervisor’s agreement, these days can be “saved” up and used together if required for writing up academic assignments. If trainees wish to use the flexible study day scheme they should discuss this with their supervisor at the beginning of the placement. “Flexible” study days cannot be transferred between placements.

## **Thesis Study Leave**

Trainees may apply for **paid thesis study leave** from the NHS to use for their thesis, up to a maximum of **four days**. Study leave for theses should be requested one month in advance, from the nominated line manager, by sending full details on a study leave form relating to the trainee’s employing Board.

### **P2.4 Study leave**

If trainees wish to attend courses outwith formal teaching, they are expected to apply for this through their nominated line manager. If courses coincide with teaching, trainees must seek permission from their Personal Tutor and Clinical Tutor well in advance.

### **P2.5 Contact Information**

Trainees should keep programme staff informed of their up-to-date home address, e-mail address and telephone numbers in order that they may be contacted without delay should the need arise. The following need to be advised of changes:

- Nominated Line Manager
- Rosie Wayte, Administrative Assistant to the Clinical Tutor Team
- Kirsty Gardner, Programme Administrator

### **P2.6 Sickness**

The following is a brief summary of NHS leave policy but as these policies differ across the Boards, trainees are advised to be clear about their local procedures. If trainees are unfit for duty due to sickness the following people must be notified as soon as possible i.e. early on the first day of illness. NHS policies will indicate whether this has to be by phone. They should also be contacted each subsequent day of illness unless a period of sick leave has been agreed in which case they should be contacted if this period of leave requires extending. The trainees should notify the same people immediately upon their return to work.

1. Nominated Line Manager
2. Rosie Wayte, Administrative Assistant to the Clinical Tutor Team
3. NHS Supervisor on training placement
4. for Specialist Trainees NHS work component supervisor

Please note the following requirements:

- Absence for three days or fewer as a result of sickness only requires the notification described above
- Absence for between 4 and 7 days (inclusive) also requires an Employee's Notification of Sickness Certificate. These are available from the nominated line manager and the local personnel department and should be copied to Rosie Wayte as well as the local line manager
- For sickness extending beyond seven calendar days a certificate from a doctor must be submitted to Rosie Wayte and to the local line manager
- Weekends embedded in a period of sick leave are included in the count of days off sick, e.g. off sick on Friday and back on Tuesday = 4 days.

Eligibility for Occupational Sick Pay and Statutory Sick Pay depends on length of service and individual circumstances. There are further details in the Trainee's Contract of Employment. Any additional enquiries relating to this should be directed to the Personnel Department in the trainee's local area.

Extended periods of sick leave may have implications for applications for other kinds of leave on each placement e.g. annual leave. If a trainee has been absent from placement for 17 days or more for any type of leave, then any further applications for leave (apart from sick leave) must be approved by the clinical tutor and line manager.

## **P2.7 NHS Disciplinary Procedure and Rules**

Copies of the NHS policy and procedure on disciplinary action and appeals can be seen in the local Health Board's Personnel Department and often on local websites. NHS disciplinary matters are the responsibility of the trainee's employer. Local disciplinary action in NHS Health Boards where trainees are on an out-of-area placement is not appropriate. The University has separate requirements and procedures relating to conduct and discipline (see relevant section of Academic Handbook).

Should there be any concerns in this area, the nominated line manager and the Clinical Practice Director should be contacted.

## **P2.8 Equality and Diversity**

Edinburgh University, the NHS and NES, are committed to ensuring that all trainees receive the support they require to develop and demonstrate their competencies in a positive environment free from discrimination. All of these training partners have Equality and Diversity policies in place. They can be found on the University website, the NES website and in the HR or policy sections of the local NHS Board intranet site. Rosie Wayte also has copies of them and Local Tutors can also assist in accessing them.

Trainees who notified the programme of a disability during selection will have been invited to make contact with the Programme Team to discuss any requirements they may have for reasonable adjustments to be made to support their training. All 1<sup>st</sup> year trainees with disabilities will be invited and encouraged to discuss these with their Personal Tutors and

Clinical Tutors during induction week so that the Programme can be sure to make any reasonable adjustments required to support their training. This could include adjustments in assessments, teaching and on placement. All such discussions will occur within the framework of the Equality Act (2010). Communication of needs and adjustments to other staff involved in a trainee's learning will also be important to ensure support is consistent and appropriate. Trainees are also advised to contact the Student Disability Service which provides advice and support for disabled students and can be contacted via <http://www.ed.ac.uk/schools-departments/student-disability-service> or on 0131 650 6828. The School Co-ordinator of Adjustments is Craig Hutchison in Counselling Studies who works in the Teviot Place building.

In addition to the services above, trainees who feel that they have been discriminated against are encouraged to approach their Personal Tutor, Clinical Tutor, the Programme Director or the Clinical Practice Director. Issues which arise on placements can also be discussed with these staff members or with the trainee's supervisor, line manager or local tutor.

### **P2.9 Accommodation**

Trainees who are based in Grampian, Tayside and Dumfries & Galloway are eligible for an accommodation allowance during block teaching days in Edinburgh. This is a **maximum** of £55 per night for commercial accommodation or £25 per night for arrangements with private individuals. Trainees from these NHS Health Boards have to make their own accommodation arrangements. Wherever possible, trainees should negotiate for cheaper accommodation by booking well ahead, block booking or flat-sharing with colleagues.

Trainees from these Health Boards can apply for an advance on their salary for the initial accommodation expense at the start of the programme and arrangements for this should be made with the relevant nominated line manager.

**The final responsibility for arranging accommodation and meeting the costs rests with the trainees.**

### **P2.10 Travel Expenses**

Travel expenses forms require to be submitted to the nominated line manager. The trainee should seek guidance on how to complete expenses from their nominated line manager, because details of how to complete expense forms may vary between Health Boards. Trainees are allocated a hospital in the employing NHS Health Board as a main base (trainees employed by The State Hospital may be allocated a base outwith The State Hospital for all or part of their training). This base should not change on a day to day or week to week basis but may change at times during training in consultation with the line manager. If trainees travel directly from home to base and then directly home they are not entitled to claim travel expenses. In most Boards, trainees will have one or more placements that are in a location that is not their main base. If trainees are on placement at a base that is further from their home than their main base, then they are entitled to claim for the extra distance travelled from home to the placement and return each day. Trainees are entitled to claim expenses for any additional mileage incurred if they travel from base to another location as part of work duties (e.g. home visit, clinic).

Trainees who are based in Grampian, Tayside and Dumfries and Galloway are entitled to claim return travel to teaching blocks, unless videoconferencing is arranged. For teaching blocks that are on consecutive weeks, trainees who are based in Grampian, Tayside and Dumfries & Galloway are entitled to claim for travel to teaching at the start of each week and return travel at the end of each week. They are not entitled to accommodation costs



over any weekends, unless these costs are less than the return travel cost. Further details are available from line managers. Trainees from Borders, Fife, Forth Valley, Lothian, Lanarkshire and The State Hospital travel to teaching on a daily basis and, if appropriate, can claim expenses for travel.

Parking charges at main base are not reimbursed. Where a parking charge is necessarily incurred for duty purposes at a clinic, this can be claimed using the travel expenses form, as long as a ticket or receipt is attached. However, trainees are expected to keep costs down and to use alternative options wherever possible.

**Trainees must ensure that their car insurance cover includes business use, or they may find that in the event of an accident they are not insured.**

Be aware that, in some areas, travel expenses submitted over 3 months after date of travel **will not be reimbursed.**

### **P2.11 University Fees**

University fees for trainees are paid by NES for the initially agreed period of employment i.e. the length of the original contract. NES do not undertake to fund any re-submission or re-matriculation fees that may result from training being extended beyond that period for reasons such as placement failure, thesis extension or required thesis corrections. Other circumstances such as maternity leave or sickness absence which result in training extending beyond the initial period are not usually associated with additional fees and where these are due, will be considered on an individual basis by NES.

### **P2.12 Health & Safety Requirements**

Trainees should be aware that they have legal duties to take reasonable care of their own health and safety and for that of others that may be affected by what they do or do not do. These are also requirements as part of the HCPC Guidance on Conduct and Ethics for Students (2012), the Standards of Conduct, Performance and Ethics (2008 minor revisions 2012) and the Standards of Proficiency for Practitioner Psychologists (2015). Where trainees have concerns about the health and safety of themselves or others they should be aware of how to report these concerns.

Each trainee should ensure that they make themselves immediately aware of the various regulations that apply on each placement. **In particular trainees should know, and discuss with their supervisors:**

- **Fire procedure**
- **First Aid**
- **General Security:** ID Cards, working hours, alarms, keys, codes, home visit policy, departmental security.
- **Incident Reporting Procedures.**

**The School of Health In Social Science health and safety policy is available on the website.** Documentation relating to Health and Safety policy can be obtained from the Personnel Department of the employing NHS Health Boards or on the local intranet site.

**Employer's Liability:** Each trainee should be conscious of their responsibility to patients and clients but also of their own need for support in case of litigation. Each employing NHS Health Board provides employer's liability insurance. Trainees should consider taking out their own professional insurance.

**Personal Safety:** Working late, or after regular hours should be avoided. If, however, a trainee is working late, he or she should negotiate this in advance with the clinical supervisor and check what arrangements exist to inform hospital/unit security of his or her presence. If working after hours is unavoidable, trainees should avoid being the only staff member on the premises. In particular, the Board or Department Lone Working Policy should be adhered to.

**Trainees should check what arrangements exist for the security of staff when dealing with potentially dangerous or unpredictable clients.**

### **Personal Security Guidelines**

- All trainees should know the emergency telephone number and security procedure for the hospital or clinic you are working in.
- Do not see people outwith normal working hours unless other people are around and know you are seeing someone.
- Know the department policy on home visits. Never do a visit without letting people know who, where and when you are visiting.

If in any doubt about your personal safety, for example seeing an angry or unpredictable patient, notify the supervisor or a senior member of the department in advance, and ensure others know when and where the client is being seen. This does not just apply to aggressive individuals. Self-harm is a potential risk, as are accusations of improper behaviour. Trainees should be alert to possible accusations from patients and should leave the room and contact a colleague immediately if this is perceived to be an issue.

### **Golden Rules of Personal Safety**

1. If a situation arises where the psychologist feels threatened, the primary aim should always be to **get away**.
2. If it is not possible to leave, stay calm; speak gently, slowly and clearly. **Never argue**. Meeting aggression with aggression is rarely helpful.
3. Never try to touch someone who is angry
4. Encourage the person to move or offer a compromise such as talking through the problem.
5. Try to calm the situation down gradually and then to re-establish contact, adopt a cautious approach.
6. **Never remain alone with an actively violent person**. Keep between a potential aggressor and the exit door and if possible behind a barrier such as a desk or other

furniture. **Never remain alone with an actively violent person. BE PREPARED TO MOVE VERY QUICKLY IF NECESSARY**

7. All **incidents or potential incidents must be reported to your supervisor**. The department policy for incident recording should be followed. Injuries / damage should also be reported to the nominated line manager.

### **P2.13 Honorary Contracts**

All trainees working outwith the employing NHS Health Board are required to have an Honorary Contract for the work they undertake in another Health Board. It is the nominated line manager's responsibility to ensure that such contracts are in place **prior** to the trainee commencing the placement.

### **P2.14 Alcohol and Drugs**

NHS Health Boards have policies on alcohol and drug use. In brief: **the consumption of alcohol whilst on duty or within scheduled breaks (paid or unpaid) is strictly prohibited**.

Failure to observe any of the standards of conduct relating to the consumption of alcohol / use of drugs may lead to disciplinary action.

### **P2.15 Personal Support**

#### **Introduction**

Training in clinical psychology is a demanding experience. Clinical work may be intellectually and emotionally taxing. The academic requirements of the programme include assessed work, concentrated blocks of study and a thesis. Trainees are likely to be required to travel extensively and may have the additional pressure of split placements. Trainees undertake 6 training placements, each requiring a process of adjustment. Given these demands, it is not at all surprising that many trainees experience a degree of personal stress. Common issues might include:

- travel
- shortage of money
- problems with programme organisation
- the impact of clinical material
- tensions in relationships
- feelings of fatigue and demoralisation
- doubts concerning competency

In line with HCPC guidelines, clinical psychologists must be able to recognise their own support needs and be able to access a range of both formal and informal mechanisms to meet these needs. An important part of training is developing an understanding of your needs and finding methods to support you through the programme and the rest of your career. It can sometimes be a difficult step to seek support and can evoke concerns about how it will be interpreted by others but the acknowledgement of the need for support and help is a core competency. The programme team have extensive experience in supporting trainees and see this as an important part of their role.

The section below outlines the more formal aspects of support the programme team would encourage trainees to make use of. Generally, the support chosen will depend on the area of concern. Key people in the support network are the **Personal Tutors, Clinical**

## **Tutors, Local NHS Psychology Tutors, Mentors, Programme Director and Clinical Practice Director.**

**Mentors** are clinical psychologists within NHS Scotland who are eligible to supervise and who have volunteered to act as informal supports for trainees. Mentors are allocated to first year trainees with the expectation that they have two contacts (at least one of which should be face-to-face) over the first 6 months. Trainees can ask to be allocated a different mentor after the first 6 months of training if they wish. A list of available mentors is kept by Rosie Wayte. The Clinical Tutor Team co-ordinates the mentor system and can provide further information on request. We would ask all 1<sup>st</sup> year trainees to contact us if they have not heard from their mentor within the first four months of training. Trainees are allocated mentors who are based in a different NHS board to the trainee. This is to help ensure their separation from any direct / evaluative role in the trainee's training. It is recognised that this will therefore necessitate travel time in order to meet up with mentors. More details on the mentor system and practicalities are available in the mentor document on the programme website.

### **Personal Interest Groups**

The Programme funds Personal Interest Groups which are run by Neville Singh. There is a separate group for every cohort year of trainees. Essentially, the group is a supportive thinking space for trainees as they get to grips with the process of training and becoming a clinical psychologist. Early in training Neville provides each new cohort an overview of the Personal Interest Group and trainees are free to opt-in to the group as they wish. Normally, the groups take place to coincide with the trainees' return to University / Teviot Place. If you have any questions about the group, you are welcome to contact Neville directly on 0131 446 0146.

### **University of Edinburgh Student Counselling Service**

All students of the University of Edinburgh may use the Student Counselling Service, Paterson's Land (0131 651 6200). <http://www.ed.ac.uk/schools-departments/student-counselling> email: [Student.Counselling@ed.ac.uk](mailto:Student.Counselling@ed.ac.uk) Referrals are accepted from Personal Tutors, GPs and supervisors; **self-referral** is also possible. The service deals with a wide range of problem areas, both practical and psychological. An initial assessment is offered and thereafter around six sessions of counselling may be provided. They also at times provide group input around specific issues, eg assertiveness training

There is other useful information available from Edinburgh University Student's Association web site: <http://www.eusa.ed.ac.uk>

### **NHS Psychology and Psychotherapy Services**

As members of the public trainees are entitled to access psychology and psychotherapy services via referral from their GP as necessary. However, as they may have or develop links with their local departments during training (eg being on placement), trainees may prefer to be seen outwith their health board. The Clinical Tutor team have links with a range of psychology and psychotherapy departments. These links allow for trainees to be seen out of area. Trainees should contact their Clinical Tutor or the Clinical Practice Director if they wish to discuss this option.

### **Private Therapists**

There are a wide range of therapies and therapists available. Finding an approach (and a person) that is suitable is largely a matter of individual choice. However, the programme

would advise trainees to be aware of the various registration bodies which would give some guarantee of a therapist's credentials. These include the Health and Care Professions Council (HCPC), the British Psychological Society, the British Association for Counselling and Psychotherapy, the British Association for Behavioural and Cognitive Psychotherapy, the United Kingdom Association for Humanistic Psychology Practitioners and the British Psychoanalytic Council.

### **Occupational Health**

Trainees should acquaint themselves with the Occupational Health Service within their Health Board. Self-referral is possible and they offer specialist advice regarding health and employment, including immunisation. They may also be able to offer counselling input.

## Possible Contacts By Issue

	<b>POSSIBLE CONTACTS</b>
<b>Management</b>	
Employment Issues	Nominated Line Manager.
Personnel Issues	Personnel / Human Resource Manager in employing NHS Health Board.
<b>Academic</b>	
Written Work	Personal Tutor
Teaching Content	Year Tutor
Thesis	Personal Tutor and Field Supervisor
<b>Clinical</b>	
Ethical Issues	Clinical Tutor Local NHS Psychology Tutor Supervisor Nominated Line Manager
Supervision Issues	Clinical Tutor Supervisor
Work pressures / stress	Nominated Line Manager Clinical Tutor Local NHS Psychology Tutor Supervisor Mentor
<b>Personal</b>	Clinical Tutor Local NHS Psychology Tutor Mentor Personal Tutor

**Notes:** It is always best to try and resolve problems as early as possible and at the level at which they occur. For example, a problem with supervision on placement would generally be best discussed first with the supervisor. Trainees should contact their Clinical Tutor in the event of significant difficulties on placement or if they feel unable to raise issues with their supervisor.

### **P2.16 Confidentiality**

In the course of your duties you will have access to confidential material about patients, members of staff and other health service business. On no account must information relating to patients be divulged to anyone other than authorised persons - for example medical, nursing or other professional staff, as appropriate, who are involved directly with the patient. If you are in any doubt whatsoever as to the authority of the person or body asking for information of this nature you must seek advice from your Supervisor. Similarly, no information of a personal or confidential nature concerning individual members of staff or health service business should be divulged to anyone without the proper authority having been first given.

**Extract from: The Code of Ethics and Conduct, BPS, 2009:**

**1.2 Standard of Privacy and Confidentiality.**

*Psychologists should:*

- (i) Keep appropriate records.
- (ii) Normally obtain the consent of clients who are considered legally competent or their duly authorised representatives, for disclosure of confidential information.
- (iii) Restrict the scope of disclosure to that which is consistent with professional purposes, the specifics of the initiating request or event, and (so far as required by the law) the specifics of the client's authorisation.
- (iv) Record, process, and store confidential information in a fashion designed to avoid inadvertent disclosure.
- (v) Ensure from the first contact that clients are aware of the limitations of maintaining confidentiality, with specific reference to:
  - (a) potentially conflicting or supervening legal and ethical obligations;
  - (b) the likelihood that consultation with colleagues may occur in order to enhance the effectiveness of service provision; and
  - (c) the possibility that third parties, such as translators or family members, may assist in ensuring that the activity concerned is not compromised by a lack of communication.
- (vi) Restrict breaches of confidentiality to those exceptional circumstances under which there appears sufficient evidence to raise serious concern about:
  - (a) the safety of clients;
  - (b) the safety of other persons who may be endangered by the client's behaviour; or
  - (c) the health, welfare or safety of children or vulnerable adults.
- (vii) Consult a professional colleague when contemplating a breach of confidentiality, unless the delay occasioned by seeking such consultation is rendered impractical by the immediacy of the need for disclosure.
- (viii) Document any breach of confidentiality and the reasons compelling disclosure without consent in a contemporaneous note.
- (ix) When disclosing confidential information directly to clients, safeguard the confidentiality of information relating to others, and provide adequate assistance in understanding the nature and contents of the information being disclosed.
- (x) Make audio, video or photographic recordings of clients only with the explicit permission of clients who are considered legally competent, or their duly authorised representatives. and
- (xi) Endeavour to ensure that colleagues, staff, trainees, and supervisees with whom psychologists work, understand and respect the provisions of this Code concerning the handling of confidential information.

## **P2.17 Guidelines for Specialist Training**

### **P2.17.1 Introduction**

This guide has been developed as an adjunct to the Training Handbook. The reader is directed to other parts of the handbook for all details of trainee evaluation, academic requirements, supervision guidelines and placement issues.

It is intended to update this guide on a regular basis to keep stakeholders informed about developments. We hope that this guide therefore facilitates communication for all its users.

Any comments or queries about the training and work guidelines can be forwarded to Neil Millar, Clinical Practice Director on [neil.millar@ed.ac.uk](mailto:neil.millar@ed.ac.uk)

#### *What is Specialist Training?*

The specialist training Programme was set up as a result of a Scottish Executive workforce planning initiative aimed at modernising clinical psychology training whilst simultaneously increasing the number of Clinical Psychologists in the NHS in Scotland. Much of the funding for the initiative came from NHS Education for Scotland (NES), through an innovative scheme whereby NHS Health Boards funded a trainee salary which NES matched and met the training costs for both trainees, thus doubling the number of training places which the NHS Health Board could offer. These trainees were then employed and managed locally. There were no specialist trainees in the 2013, 2014 or 2015 intakes and there are no plans at this time for any in subsequent intakes.

#### *The Advantages of the Scheme to the NHS*

The specialist training scheme has allowed local areas to shape their current and future psychology services by introducing skill mix and by recruiting to posts which have previously been difficult to fill, or to specialities where the need for service expansion is apparent. Specialist trainees differ from full time trainees in that they are recruited to work to the level of their competence whilst fulfilling the same training requirements as full time trainees. As the trainee advances through training and gains experience in their work speciality, so their competence grows and the work they can be expected to carry out becomes more complex and varied. Specialist trainees remain in their work specialities on a part-time basis from their first year of work, thereby providing a continuous resource to the NHS over 2 or 4 years, depending on the model followed.

#### *The Advantages of the Scheme to the Trainee*

There are advantages of specialist training to the trainee as well as to the NHS. Trainees can provide an ongoing service to clients rather than the shorter-term interventions which may be possible on a series of 5 month placements. They can build knowledge of a specialist area and become part of a team. Whilst trainees will not complete their doctoral training until after their full time counterparts, they fulfil a role beyond that of a trainee as they advance in their work speciality. Specialist trainees are likely to be seen as attractive candidates for posts after qualification, especially within the speciality where they have built expertise.



Under Agenda for Change Specialist Trainees, subject to satisfactory progress, move from band 6 to 7 when they enter their fourth year of training.

### *Management Arrangements*

Specialist trainees are employed within each Health Board and managed by a nominated NHS manager who may be an Area Head of Service or the Head of the Speciality in which they work. Management arrangements should be clear at the outset. Managers of specialist trainees are responsible for their management whilst in their training role as well as their work role (e.g. they should expect to sign the trainee's travel claims or annual leave sheets from the outset, even though the trainee is in full time training for the first year). Managers are required to liaise with the Clinical Practice Director where issues arise which may impact on training.

## **P2.17.2 Structure of Training - Academic**

### *Order of Teaching*

The order in which trainees complete teaching blocks is determined by their ITDP. All trainees complete the same full time 1<sup>st</sup> year which includes teaching modules in Adult Mental Health, Intellectual Disabilities and Health Beliefs & Behaviour. Thereafter the order of teaching diverges based on the trainee's ITDP. Specialist trainees may therefore complete their teaching with a number of year cohorts.

### *Teaching/Placement Synchronisation*

The Programme tries wherever possible to retain teaching-placement synchronisation as the optimal method of encouraging trainees to apply theory in practice and thus provide the most effective training experience. This is not always possible however and where a trainee starts a training placement without having completed the relevant teaching block the Programme endeavours to make arrangements that support the trainee's learning needs. For example, a recent development has seen the Programme develop supportive online learning environments in Older People, Child & Adolescents and Intellectual Disabilities. The Older People online supportive learning environment provides trainees with online lecture content, practitioner tools repository (manuals, patient self-help literature and questionnaires) as well as audio-visual materials and access to peer and academic support. The aim is for supportive online learning environments to be developed across the curriculum. In the meantime, trainees are advised to discuss individual teaching needs with their Personal Tutor as it may be possible for them to receive direct advice from module co-coordinators about reading materials etc.

### *Research Methods and Statistics Teaching*

All trainees receive research methods and statistics teaching in each year during training. In first year all trainees receive this teaching together; thereafter the model of training as identified by the ITDP will determine what research teaching an individual trainee receives.

### *Professional Issues Teaching*

All trainees receive some professional issues' teaching in each year during training. In first year all trainees receive this teaching together; thereafter the model of training as identified by the ITDP will determine what professional issues teaching an individual trainee receives.

### *Case Conceptualisations and Small Scale Research*

Specialist trainees are strongly encouraged to complete case conceptualisations and the small-scale research project within their first 4 training placements. Case conceptualisations and the small-scale research project may be completed during non-core placements, as long as the trainee has covered a diverse range of client groups in the pieces of work presented. A detailed breakdown of the recommended submission dates for pieces of academic work is provided in the Academic Handbook. It is appreciated that these recommended dates may not be suitable for a small number of Specialist trainees due to their specific ITDPs. In these cases it will usually be possible to submit individual pieces of work a year earlier (early submission) or later (deferred submission) than the recommended dates subject to the agreement of the trainee's Personal Tutor. However it is strongly recommended that trainees complete these pieces of work as early as possible in training.

### *Thesis Submission*

Recommended submission dates for the final thesis are provided in the Academic Handbook. Earlier thesis submission dates can be arranged in consultation with the trainee's Personal Tutor, though such early submissions of theses need to be arranged at least 3 months in advance of the proposed date in order for relevant paperwork to be completed and examiners arranged etc. Delays in submitting thesis proposals can lead to serious difficulties with completion.

### *Research Thesis Topic*

Specialist trainees will normally complete their research thesis within the clinical speciality which was linked with the original offer of a training place. It is essential however that the trainee has the opportunity to choose their thesis topic within that area of work speciality as this is part of the research training and experience required by the Programme. Trainees may also choose to sample wider populations than those seen in clinical settings, eg a trainee in a child and family post may choose to carry out research in schools. Managers may not allocate thesis topics to trainees, although discussion of possible research areas is welcomed. It is possible for the Manager to allow the trainee a free choice of thesis within any speciality in clinical psychology but this will not be the norm and should not be expected by the trainee.

## **P2.17.3 Structure of Training: Clinical Placements**

### *ITDPs*

Every trainee has an Individual Training and Development Plan (ITDP) which is chosen by their manager in advance from a list of templates according to the work specialty the trainee will undertake. These templates are designed to meet the clinical and academic requirements of the Programme as well as to prepare the trainee appropriately for the

employment which dovetails with their training. A copy of each trainee's current ITDP should be kept by the trainee, the manager, the Programme and the Local NHS Psychology Tutor.

### *Review of ITDPs*

In August of each training year the trainee and the manager require to meet to agree the plan for the coming year and sign and date the plan to indicate that they have done so. It is strongly recommended that this meeting be incorporated into the trainee's PDP.

After the ITDP has been agreed, a copy should be kept by the manager and the trainee, and copies must be forwarded to the Local NHS Psychology Tutor and to the Clinical Practice Director by the end of August at the latest.

Any changes made to the plan must have the agreement of the Clinical Practice Director. The Local NHS Psychology Tutor also requires to be consulted, given the potential impact on placement availability. If any difficulties arise the Clinical Tutor Team should be contacted immediately.

If there is disagreement between trainee and manager over a suggested change to an ITDP, the Clinical Practice Director should be informed and will make a final decision based on the trainee's learning needs. Final responsibility for whether the suggested ITDP meets a trainee's learning needs rests with the Clinical Practice Director, therefore, in some cases, the Clinical Practice Director may decide to change the ITDP where the trainee's learning needs are such that the original ITDP will no longer suffice for the trainee to meet the range of competencies required to pass the Programme.

### *Duration of Training*

Once a training place has been offered and accepted, the duration of training cannot be changed.

### *Basic Competence in the Work Speciality*

Specialist training was designed and funded to improve skill mix in the profession by introducing a new group of psychologists who would work within a specialist area to the level of their competence over a specified training period. They are not assistants but partly trained staff capable of working within a specific field. Supervisors and line managers should be aware of the trainee's level of competence at the start of the work component. It is therefore essential that they achieve a base level of competence within that work area at the outset before building on this over subsequent training years. Where possible, trainees must complete a placement in their work specialty either before the work component begins or on a half time basis alongside their job in their first working year. The ITDP templates reflect this for trainees whose clinical specialty is in one of the four core placement areas (Adult Mental Health, Intellectual Disabilities, Child, Adolescents and Families and Older People). Where this is not the case, a carefully-planned induction period will be essential to ensure that the trainee is able to develop the basic level of competence before building on this within the work component.

### *Retention of Postgraduate Status*

Specialist trainees must complete at least one training placement during each year of their training programme. Trainees would otherwise lose their registration as postgraduates with the University.

### *Specialist Placements*

Specialist trainees are expected to carry out at least one specialist placement in their work speciality. Where the trainee's work speciality is in a core placement area (i.e. they have already completed a placement) they are expected to complete a further specialist placement in an area compatible with their service contribution (eg primary care where the work speciality is adult mental health). It is possible for a trainee to choose their second specialist placement and the Programme strongly encourages this, but it is at the manager's discretion. Trainees should not necessarily expect this without prior discussion.

It should be noted however that the Programme (via the Clinical Tutor and the Clinical Practice Director) retains the right to vary any trainee's placements if their learning needs are such that this is necessary for them to meet the criteria for passing the Programme.

### *Mid Placement Visits*

In the years when specialist trainees are on full time 6 month placements they will have mid placement visits three months into the placement. When the trainee is on a year-long half time placement, however, the mid placement visit will happen half way through the year. This means a visit towards the end of April/beginning of May. Given that this is a longer period than usual without a visit, it is vital that the trainee and/or the supervisor contact the Tutor Team if any there are any doubts about how the placement is progressing. Visits can be arranged at other times as required and it is crucial that difficulties can be tackled at an early stage.

### **P2.17.4 Work/Training Interface**

Given the range of training models now followed by trainees (3, 4 or 5 year training) there is potential for confusion over the interface between work and training. For clarification:

Every trainee completes the same components of training, albeit over varying periods of time. In simple terms this means that for a 4 or a 5 year trainee, 3 years of this time will be spent in training, and 1 or 2 years will be spent at work.

### *Placement Start and End Dates*

Because of the modular structure of the Programme, trainees have traditionally started and ended placements at particular times of the year (i.e. October/November and April/May). The structure of the Specialist Programme however means that from the year they commence working, trainees will complete only one teaching block in a year, and the vast majority of placements will be a year-long and part time. The order of teaching blocks may be varied in a number of ways, depending on the ITDP template being followed. It is helpful therefore to think of teaching modules and placements by name rather than by year – i.e. 'Child and Older Adult' as opposed to '2nd year teaching'. For trainees on the

specialist model (from their first year of work) the vast majority of placements will start in October/November, be a year long, and be part time. **Trainees should always be at work part time unless they are on a teaching module scheduled in their ITDP.**

Placements will end on the dates indicated on the year planners (see handbook and bear in mind that placements are year-long, and so the placement number will vary). For example, a trainee in year 4 who is finishing their 5<sup>th</sup> placement in Child, Adolescent & Family will finish on the same date as a full time trainee in year 2 who is completing their 4<sup>th</sup> placement in the same speciality. These dates are available in advance. Depending on which teaching block the trainee attends, however, placement start dates will vary. Supervisors may therefore choose to start the clinical elements of the placement immediately or alternatively might allocate guided study to those trainees who would be due to start their placements earlier, especially where there will be more than one trainee due to arrive on placement and the other is starting later.

\* The exception to this is where trainees are completing year long specialist placements in years 2-4. Because 'placement 6' finishes earlier than other placements, those trainees should continue until the end dates for placements 2 and 4. In simple terms, unless a trainee is about to qualify, the placement end dates will be the same irrespective of placement and year of training.

### *Study Time*

During part time training years, specialist trainees are allocated ½ day per week for study. On weeks when the trainee attends return teaching days no study time is allocated. In years when thesis work is not being carried out, it may be helpful for the trainee and the placement supervisor to discuss whether study days could best be taken in a more specialist way, i.e. one full day per fortnight. An agreement already exists by which trainees may save up to 4 days of their study time early in the placement so as to allow extra time for completion of academic work later in the placement. This applies only if it is agreed with the placement supervisor. It must be remembered that this is placement time and cannot be saved up and taken against work time.

### *Return Teaching Weeks of 2 days*

On return teaching weeks of 2 days the trainee will have ½ day on placement and 2½ days at work. In some cases however this may cause logistical difficulties or damages the continuity of the placement. Because return teaching days are usually Mondays and Tuesdays, it is recommended that the work component be set for the second half of the week where possible. This may require negotiation and discussion with the Local NHS Psychology Tutor as it has implications for placement supervisors who work part time. In some cases it will be impossible to allocate the days in this way and it is expected that all parties will exercise goodwill in achieving a compromise which is neither detrimental to the trainee's learning on placement nor to the needs of the workplace. Some Advanced Practice Seminars are longer than 2 days per week and will thus impact on work component regardless of the days of the week chosen. Again, flexibility and compromise should be sought to accommodate these situations and this can begin at the point of the trainee selecting the APS in discussion with their line manager. Further guidance regarding Advanced Practice Seminars is contained in the Academic Handbook.

### *Research/Study Time in Thesis Years*

Specialist trainees will complete their thesis over a longer period of time than full time trainees given that they continue to work part time (usually 2 years). As with all trainees they are entitled to additional research time over this period. During the 2 years allocated on the ITDP for thesis work, specialist trainees are entitled to a full day per week for research. This day is composed of ½ day of placement time and ½ day of working time leaving 2 days on placement and 2 days at work. Trainees are encouraged to use this time as scheduled.

Given that trainees may be at different stages with their thesis work however, the additional ½ day research/study time may be specified within a 2 year period by agreement with Personal Tutors or Clinical Tutors and the manager. For example, if there are delays at the outset which prevent ethics permission being obtained or data collection from being carried out the trainee may choose to delay the extra study/research time until they are best able to make use of it. This might result in changes to the ITDP (such that the extra study time is rescheduled to begin half way through placement 3 and to end half way through placement 5, for example).

### *Impact of the Work Role on Training.*

Because the specialist trainee's progress through training is ultimately dependent on their satisfactory performance in both work and training components it is important that the impact of each component upon the other is monitored. As part time staff in their work speciality they are entitled to the same access to CPD and to PDPs as any other staff member. Equally, the impact of their work on their training will be discussed during the mid-placement visit and at the Joint Annual Review meetings each year.

As specialist trainees reach the final years of their training (years 4 and 5) they will have accumulated significant experience and gained commensurate competence in their work speciality. This should be reflected in the nature of the work that they do, and in the potential for them to take on increased responsibility within agreed limits.

### *Logistical Issues in Work and on Placement*

The working lives of specialist trainees become more complex from the year in which work begins alongside training. The experience of the early cohorts has shown that it is important that the logistics of both half time posts are simplified as much as possible to prevent unnecessary stress on trainees who are themselves adjusting to new and varied roles. **It is therefore strongly recommended that specialist trainees have one supervisor on placement and one supervisor/manager at work.** It is also very helpful to reduce the number of different bases and clinics the trainee is required to work from.

### *Salary Issues and Agenda for Change*

Specialist trainees are paid on Band 6 of Agenda for Change pay scales in years 1-3 progressing up one point each year, in common with trainees on the full-time programme, subject to satisfactory progress. At the start of 4<sup>th</sup> year, subject to satisfactory progress, specialist trainees will move onto band 7 of Agenda for Change pay scales. Those on the 5 year programme will remain on Band 7 for their 5<sup>th</sup> year, progressing up one point at the start of the year, subject to satisfactory progress.

## **P2.17.5 Work Component**

### *Terminology*

The term Specialist Clinical Psychology Trainee is used predominantly in this document to cover both training placements and work component time. Where a specific point is relevant to only training placement or only work component this will be clearly stated.

### *Background and Context*

This section of the Specialist training guidelines was developed by a working group chaired by Mike Hopley, previous Clinical Practice Director, including representatives from trainees, heads of service and programme staff. It has been drawn up to cover some issues specific to the work component aspect of training and the overlap between work component and training.

### *BPS / HCPC Context*

The Edinburgh Programme is charged by the HCPC / BPS to oversee all aspects of a trainee's progress during training. Specialist Trainees will have two or four years on work component. During this time the performance management of the trainee is the direct responsibility of the employing Health Board. Where there are matters which have or are likely to have a material impact on a trainee's overall development it is important that all parties adhere to the communication guidelines in ensuring that information is shared appropriately between the NHS and University.

### *Title*

The agreed title of those undertaking the specialist training route will be "Trainee Clinical Psychologist" for their training component (i.e. on placement) and years 2-3 of their employment component and "Specialist Psychological Practitioner (SPP)" only for the employment component of their Contract in years 4 and 5.

### *Notes and correspondence*

On the work component, specialist trainees are not on a training placement but are not qualified clinicians either. The job titles above should be used in all entries in clinical notes and all correspondence. Local NHS Board guidance on the recording of notes and on correspondence should be consulted as to whether the name of the trainee's supervisor should be entered into clinical notes and on correspondence and/or whether notes and correspondence should be counter-signed by the trainee's supervisor.

### *Entitlements as employees under NHS contract*

During the time that trainees are working part-time on their work component, they are employees of an NHS Board entitled to the same benefits as all other NHS employees. They are therefore expected to receive an annual review/PDP meeting with their line manager and a further review meeting in line with the NHS Board policy. They are also entitled to the same support for their CPD activities. This position has the full support of Heads of Psychology Services.

### *Requests for variation of contract on return to work after maternity leave.*

Clinical trainees returning to work following maternity leave may wish to submit requests for a variation in working arrangements, in line with NHS flexible working policies. The Specialist Trainee contract is an unusual one with a specific requirement that both the academic and work components are inextricably inter-related and both must be completed satisfactorily. Legal advice confirms that the Contract is a robust document. NHS policies establish the right to request such variations and have them considered, rather than a right for these requests to be granted.

Agreement has been reached that the NHS is prepared to consider a degree of flexibility in relation to the work component where the exigencies of the service allow. The maximum variation consistent with satisfactory completion of the Contract has been held to be a 40% reduction in the work component with no agreement to consider any reduction in the training/academic component. That is, the minimum acceptable work component is 1.5 days per week equating to a four day working week, maintaining the full training/academic requirement.

It must be stressed again that this is the maximum variation that is considered consistent with the Contract. It remains discretionary and can only be implemented where the exigencies of the service allow. Individual cases will still need to be considered on their particular merits. There is no precedent in relation to any particular outcome and no established entitlement. Outcomes following a request for a variation of Contract may therefore range from no variation to the maximum variation, depending upon circumstances.

This matter has been discussed and endorsed by NHS Education Scotland, the Scottish NHS Boards, Heads of Service and Area Representatives on the Joint Training Committee, as well as having been discussed and approved by the Programme's full Joint Training Committee.

### *Trainees providing teaching on the D.Clin.Psychol Programme*

During years four and five, Specialist Clinical Psychology Trainees will have developed significant expertise in their area of work. This could then allow them to provide input to the teaching programme for other D.Clin.Psychol trainees. The BPS has endorsed this, provided that their involvement should remain within their sphere of competence and be commensurate with their level of expertise and experience. It is recommended that in year 4, specialist clinical psychology trainees may participate in a teaching activity alongside a qualified psychologist, whilst in year 5, they may be the sole provider of teaching in their specialist area. It is important to consider the potential sensitivities involved in Specialist Trainees offering teaching when trainees in their own year cohort may be recipients of that teaching.

### *Supervision by Specialist Clinical Psychology Trainees on work component*

In years 2 and 3, when on their work component, trainees will not have received supervision training and are not expected to be delivering clinical supervision to others. During these years they could contribute to the supervision of Assistant Psychologists who are also under the supervision of a qualified Applied Psychologist, in accordance with BPS/Unite guidelines on the employment of Assistant Psychologists (2007).

In years 4 and 5, the SPP job description and KSF outline include the delivery of supervision to others. Trainees must remain within their area of competence and thus will only be able to supervise in the field of their work specialty and having received the appropriate supervision training, either from the University or locally in their NHS Board.



Supervision can be offered to members of other professions where the trainee's supervisor and line manager agree that this is appropriate. No case responsibility should be accepted, however a trainee who gives incorrect advice that results in harm to a patient would be said to have some responsibility for such harm.

### *Supervision of other D.Clin.Psychol trainees by Specialist Clinical Psychology Trainees*

In relation to the supervision of other D.Clin.Psychol trainees, it is recognised that Specialist Trainees will have accumulated considerable expertise within their work component in later years of their training and thus could have a considerable amount to contribute to placements for other trainees in their departments. However, balanced against this is the need for each placement to be provided according to the HCPC and BPS standards, including the qualifications of the supervisor, such that the outcome can be robust. In practice, this requires a qualified supervisor or supervisors having sufficient awareness of the trainee's performance in all aspects of the placement to be able to make a recommendation to the University regarding the progress of the trainee. This judgement may be informed by the views and evaluations of other staff with whom the trainee has carried out work during the placement.

Specialist Trainees in years 4 and 5 on their work components in areas where they have sufficient expertise and having received the appropriate supervisor training, may provide supervision input on individual cases to a D.Clin.Psychol trainee on placement, as long as the main supervisor for the placement trainee is also the supervisor of the Specialist Trainee and all three are based in the same department. This will ensure that there is sufficient oversight and awareness on the part of the qualified supervisor, both of the work undertaken by the placement trainee, as well as the supervision provided by the Specialist Trainee. Where this is not the case, the Specialist Trainee will be able only to provide circumscribed input such as observing the trainee and offering feedback, or allowing the trainee to observe them.

### *Caseload*

Specialist Clinical Psychology Trainees on work component should be involved in service development tasks in addition to carrying a caseload and their workload should be adjusted accordingly. Adequate time should be allocated for other activities, including CPD, clinical administration and service innovation projects. This position is endorsed by HOPS and the Programme Joint Training Committee. Given the wide range of possible work component specialties it is not possible to identify a target caseload, although elsewhere in the Handbook, guidance is provided for caseloads on training placements.

### *Supervision of Specialist Clinical Psychology Trainees*

Specialist Clinical Psychology Trainees are entitled to receive clinical supervision of their work and services will wish to quality assure their work under local clinical governance processes. The HCPC Guidance on Conduct and Ethics for Students (2012) places trainees registered on the Programme under the following requirement:

*“You should make sure that you are appropriately supervised for any task that you are asked to carry out.” (page 11).*

The Programme recommendation is that Specialist Clinical Psychology Trainees on work component should receive one hour of supervision per week initially; reducing, by mutual

consent, to one hour per fortnight in later years. The Programme's recommendation is that one hour per fortnight should remain the minimum amount of supervision.

## SECTION P.3 – PLACEMENT PROCEDURES

### P3.1 Placement structure

The programme aims to prepare Trainees for lifelong learning and is developing a competency based model, whilst retaining strong core placement requirements. This means that Trainees are expected to carry out four placements deemed to be “core”. Competencies will be developed and assessed throughout these placements and also during the elective placements.

The core placements are:

- I. Adult Mental Health
- II. Intellectual Disabilities
- III. Children, Young People and Families
- IV. Older People (half or full placement)

There are 6 placements completed over the duration of training. The Older People core placement can be done either as a split or full placement, dependent on local variables. If Trainees are keen to undertake a full core Older People placement, the Programme would support this where possible, dependent on placement availability

#### P3.1.1 Full Time (3 year) Training

Placements 1 - 4 are undertaken during the first two years of the programme. Each placement lasts for 5 months. For year one, the academic teaching relating to Adult Mental Health and Intellectual Disabilities runs concurrently and Trainees may commence a first placement in either Intellectual Disabilities or Adult Mental Health. Similarly, in year two, the teaching for Older People and for Children, Adolescents and Families is spread across the year and these placements can be completed in either order.

#### *Elective Placements*

The final two placements (5 & 6) are elective. They are usually combined, providing 12 months continual clinical experience in the third year. For Trainees on an aligned training pathway, it is expected that their elective placements will be within their aligned specialty.

Placement	Timing (approx.)	Speciality	Full/ Half Time	Days on Placement		Study Days
Placement 1	Nov – Apr	Adult Mental Health/ Intellectual Disabilities (CORE)	Full	4		1
Placement 2	May – Oct	Intellectual Disabilities/Adult Mental Health (CORE)	Full	4		1
Placement 3	Nov – Apr	Children, Young People and Families/Older People (CORE)*	Full	4		1
Placement 4	May – Nov	Children, Young People and Families/Older People (CORE)*	Full	4		1
Placement 5	Nov. – Apr	Elective	Full	3		2

Placement 6	Apr – Oct	Elective	Full	3 or 4		2 or 1
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\*NB Older People placement can be completed as a half-placement split with an elective placement, in which case 2 days are spent on each placement with ½ day study from each.

### Year 3 Placements (5 & 6) Oct – Sept

These placements comprise the following components.

- From October until the end of April, three days on placement, two days study (one thesis study, one private study).
- In May, June and July placement time is four days a week, with one study day.
- In August and September placement time is three days a week, two days study.

The preferred plan is for trainees to be in the same service with the same supervisor for both placement 5 and 6. Full evaluation of both placement 5 and 6 is an essential Programme requirement. This means that mid placement visits and end of placement meetings need to be completed for **both** placement 5 and 6 even if the Trainee is based in the one placement over the whole of the final year.

Placement 5	Placement 6		
Oct - April	April	May, June and July	Aug and Sept
Elective Placement 3 days	Elective Placement 3 days	Elective Placement 4 days	Elective Placement 3 days
Thesis Study 1 day	Thesis Study 1 day		Thesis Study 1 day
Private Study 1 day	Private Study 1 day	Private Study 1 day	Private Study 1 day

It is possible to undertake 2 placements in 3<sup>rd</sup> year in different specialties, one in placement 5 (Oct – April) and one in placement 6 (April – Sept). However, this is a more complex undertaking and needs careful consideration. Any Trainee wishing to undertake 2 placements in 3<sup>rd</sup> year should consult with their Clinical Tutor at an early stage.

Trainees at times request a split placement for either placement 5 or 6 ie working in two different specialties simultaneously. There are risks to this undertaking as it leaves trainees in a split placement very few days in one of the parts and under considerable demand to complete their thesis and develop competence simultaneously in two separate placement areas. Therefore this will only be agreed:

- if the Clinical Tutor Team considers that there is sufficient overlap between the two services for it to represent a coherent placement;
- if the competencies to be developed in each part of the split are clearly linked to each other;
- if the split occurs across the whole of 3<sup>rd</sup> year – with 1 day in one part and 2 days in the other when on placement for three days, moving up to two days in each when on placement for four days and
- if the line manager, Head of Service, Clinical Practice Director and both placement supervisors agree to it.

Trainee's Learning Objectives and training needs remain paramount and all placements have to be planned so as to ensure trainees have the opportunities to meet their Learning Objectives. If this is agreed placement 5 will run from Oct - April and placement 6 from April – Sept as usual.

### **P3.1.2 Recognition of Prior Learning (RPL) Training route**

Trainees will complete the same first four core placements as 3 year trainees: Adult Mental Health and Intellectual Disabilities (in either order) in first year and Older People and Children, Young People and Families (in either order) in second year. It is necessary for all four core placements to be completed in order to demonstrate the competences in each area at a Doctoral Level. RPL trainees will have previously completed a placement during their MSc in either Adult or Child but at a Masters level. The MSc placement experience is given RPL in relation to a Specialist Placement and so trainees will complete their training contracts at the end of their Specialist placement (placement 5) at the end of April in 3rd year (slightly later than 3 year trainees complete placement 5). This can be understood as graduates of the MSc in Psychological Therapy in Primary Care having completed the equivalent to a specialist placement in primary care AMH services with close supervision of their CBT competences and graduates of the MSc in Applied Psychology for Children and Young People having completed the equivalent of a specialist placement in CAMHS services with a focus on early intervention and prevention.

### **P3.1.2 Specialist Training**

Please note this route has not been offered to intakes 2013-14, 2014-15 or 2015-16.

Placements 1 & 2 are completed in year 1, and can be completed in either order as the teaching relating to Adult Mental Health and Intellectual Disabilities is taught concurrently. All specialist Trainees therefore complete an equivalent 1<sup>st</sup> year of training to Trainees on the full time Programme.

<b>Placement</b>	<b>Timing (approx)</b>	<b>Specialty</b>	<b>Days on Placement</b>	<b>Study Days</b>
Placement 1	Nov- April	Adult Mental Health / Intellectual Disabilities	4	1
Placement 2	May-Oct	Intellectual Disabilities / Adult Mental Health	4	1

Specialist Trainees on the 4 year Programme would then complete their 2nd year in line with Trainees on the full time Programme – with placements 3 & 4 undertaken in Children, Young People & Families and Older People in either order as teaching is concurrent

<b>Placement</b>	<b>Timing (approx)</b>	<b>Specialty</b>	<b>Days on Placement</b>	<b>Study Days</b>
Placement 3	Nov- April	Children, YP, Families / Older People	4	1
Placement 4	May-Oct	Children, YP, Families / Older People	4	1

4 year Specialist Trainees then undertake elective Placement 5 in their 3<sup>rd</sup> year half time (alongside work component half time) & elective placement 6 half time in their final (4<sup>th</sup>) year, alongside their work component.

Specialist Trainees on the 5 year Programme complete placements 3, 4, 5 & 6 (years 2-5 of their training) in the order agreed on their Individual Training and Development Plans (ITDP), working half time on placement and half time in their work component area.

### **P3.1.4 Individual Training and Development Plans - Specialist Trainees**

After year 1, Trainees on the specialist scheme complete their placements in the order agreed in their Individual Training and Development Plans (ITDP). These plans must be shared between the local NHS Manager and the Clinical Practice Director. The Trainee should receive a provisional version of their ITDP at the time of accepting the training post, which may be updated by the time of their arrival in post. From this point onwards the Trainee will meet with their manager in the summer of each year of training (except the final year) to agree the ITDP for the following year. In addition, the Trainee will bring the ITDP to the Joint Annual Review with their line manager, Clinical Tutor and Personal Tutor to ensure that any changes are acceptable to the Programme bearing in mind the Trainee's learning needs. The order of placements will be influenced by the need to establish competencies in the area of specialty in which the Trainee works part-time. This means that for Trainees on the 5 year specialist scheme, one or both of the elective placements may be completed prior to completing all 4 'core' placements. The Trainees will complete the relevant teaching prior to each placement wherever possible.

### **P3.1.5 Individual Training and Development Plans - Full Time Trainees**

Full time trainees also have ITDPs. Trainees complete their placements in the order agreed in their Individual Training and Development Plans (ITDP). These plans must be shared between the local NHS Manager and the Clinical Practice Director. The Trainee should receive a provisional version of their ITDP at the time of accepting the training post, which may be updated by the time of their arrival in post. From this point onwards the Trainee will meet with their manager in the summer of each year of training (except the final year) to agree the ITDP for the following year. The ITDP will also be discussed and reviewed at the Joint Annual Review between the trainee, the line manager, the Clinical Tutor and the Personal Tutor.

## **P3.2 Organisation of Placements**

All placements are **normally** carried out in a Scottish NHS context in the areas covered by the contributing Scottish Health Boards. Trainees will not do placements in private institutions.

### **Placement Information**

Information regarding individual placements will be updated annually within their regions by the Local NHS Psychology Tutors.

#### **P3.2.1 Geographical Location:**

- Normally Trainees carry out all placements within their employing Health Board. State Hospital trainees will normally carry out their 4 core placements in NHS Lothian.
- Trainees should not approach out-of-area supervisors to discuss possible placements unless their Local Area Tutor has agreed that they can do this
- Exceptional arrangements may have to be made if a mandatory core placement is unavailable within the base health board. The placement and its location will be agreed by the Clinical Tutor, Local NHS Psychology Tutors, Area Representative and the Trainee's NHS line manager. The Area Representatives (Heads of Psychology Services) associated with the Programme have agreed that all extra costs incurred by the Trainee as a result of having to carry out a core placement out-of-area will be reimbursed by their employing Board
- In the case of elective placements, if a Trainee's ITDP includes a placement which cannot be provided in their local area it may be possible for that Trainee to undertake the placement in another area. This would need to be agreed between the Clinical

Practice Director, the Local Manager and the Area Representative as well as the Area Representative of the host Area. Financial aspects of such arrangements would have to be met by the employing NHS Board.

- If a previously agreed elective placement is not available in an Area, the Local Manager may prefer to discuss alternative placements with the Trainee rather than agree to an out of area placement. The final decision will normally lie with the Local Manager, although the Clinical Practice Director retains overall responsibility for ensuring that allocated placements meet the Trainee's overall learning needs.
- Please refer to separate guidance on out-of-area placements for more details (available from Local and Clinical Tutors).

### **P3.2.2 Procedure**

The procedure for organising placements for each Trainee is an exercise in liaison between the Local Tutors, Supervisors and the Central Tutor Team, according to the Trainee ITDP. The Clinical Practice Director has overall responsibility for ensuring that clinical placements are organised and approving placement plans

#### *Elective Placements: Trainee on Full-time Aligned Training Plans*

For Trainees on a full-time (3 year) aligned training pathway, it is expected that their elective placement will be within their alignment specialty.

#### *Elective Placements: Specialist Trainees*

Managers of Trainees on the Specialist Programme may choose the elective placements that their Trainees undertake. Managers however may take the view that their Trainee should be allowed to choose one or more of their own electives. In some circumstances (and within the boundaries of their agreed ITDP) Trainees may wish to initiate informal discussions with individual Supervisors about the possibility of undertaking a specific placement. This decision, however, is at the discretion of the Manager concerned. ITDPs must be agreed in the summer of each year of training (apart from the final year) and the Trainee may wish to formally discuss arrangements for electives at this time. Informal discussions may take place between the Trainee and the Manager at other times but any proposed changes should always be communicated to the Local Tutor and to the Clinical Practice Director for their agreement.

#### *Trainee Placement Requests: Full Time Trainees*

Initial discussions and/or requests for elective placements and any other specific placement requirements should be made on an area basis through the Local Tutors, who will then liaise with the Clinical Tutor Team and the Line Manager where appropriate. Trainees are encouraged to discuss their placement requirements with their Local Tutors as early as possible. It is not always possible to accommodate Trainee requests due to high demands on Supervisors and popularity of some electives.

#### *Three plus one Placements*

See separate guidance (available from Clinical Tutors) for core Adult Mental health placements where a day a week is in a trainee's aligned specialism.

### **P3.2.3 Trainees with Disabilities**

Trainees with disabilities, including specific learning difficulties such as dyslexia, may have specific requirements for placements. If placement planning is affected, the Local NHS Psychology Tutor should be informed. Advice can also be sought from Personal Tutors

and Clinical Tutors and the Programme Director. As NHS employees, Trainees also have the right to approach their local Human Resources Department to request reasonable adjustments in their workplace. The most appropriate source of help will depend on the issue.

### **P3.3 Pre-Placement Planning**

**A month prior to the placement start date**, Trainees should make contact with their supervisor to facilitate the planning of the placement experience. The emphasis is on encouraging a dialogue with the next supervisor early enough to allow a placement to be adapted to meet an individual's training needs. **It is the Trainee's responsibility to arrange this contact.**

The Trainee's past experience, learning objectives, stage of training and nature of the placement are all to be taken into account at the planning phase.

The following should be covered:

- Trainee arranges to provide the supervisor with a summary of their past experience (copies of past summaries of placement experience).
- Clinical Tutor will send the supervisor and trainee the updated Learning Objectives Form from the Joint Annual Review/End of Placement meeting. (**Learning Objectives Form**, see [the handbook forms and paperwork section of our website](#)).
- Supervisor arranges to provide Trainee with outline of potential placement experience. (**Placement Description**, see [our website](#)).
- Supervisor arranges to provide Trainee with copy of departmental handbook if available.
- Start date and timing of study days are agreed. Trainee should let the supervisor know dates of all teaching days.
- Mutually suitable annual leave arrangements may be able to be arranged at this stage.
- Preliminary placement objectives may be drawn up
- Supervision Contract (see [our website](#)) to be drawn up at this point or at the start of the placement.

For **Placement 1**, it is recommended that Trainees send their supervisors a summary of their previous experience (e.g. a brief CV), and follow this up either with a visit or with a telephone call, making sure to clarify start dates and study days.

### **P3.4 Placement Paperwork**

#### **P3.4.1 Paperwork details**

There are a number of tasks and associated documents that require to be completed by supervisors, Trainees and Clinical Tutors/Local NHS Psychology Tutors. The forms are



designed to facilitate the planning and running of the placements, and to provide the necessary records for the evaluation of the Trainee's progress.

1. **Learning Objectives Form:** This form outlines the standardised learning objectives that all trainees are expected to meet over the course of training and personalised learning objectives for individual trainees. This form will be used to record the Trainee's learning objectives throughout their training and progress towards the objectives. The Trainee, Supervisor and Clinical Tutor use it to make a note of future aims arising from a placement that need to be incorporated into future placements. At each end of placement meeting, the form will be updated by the Trainee and Clinical Tutor, recording which objectives have been achieved and setting the new agreed objectives. The form will be sent to the trainee's next supervisor and to the Local NHS Psychology Tutor to ensure that they are both aware of the trainee's objectives. The master copy of the form will be retained at the University (see [our website](#) for blank template).
2. **Placement Description:** A description of the placement including: speciality, type and range of experience should be available prior to the start of a placement. This form should be altered to accommodate any significant changes. A copy should be given to the Trainee at the Placement Planning Meeting, or sent in advance if possible. A blank Placement Description Form with suggested headings can be found on [our website](#).
3. **Supervision Contract:** A Supervision Contract is drawn up at the Pre-Placement Planning Meeting or at the latest, the start of placement. This details the arrangements and expectations for supervision, models of supervision used, and addresses how learning objectives will be incorporated into the placement. Practical issues including additional cover and contact information for supervisors and trainees on placement are also included (see [our website](#)). A copy of this must be forwarded to Rosie Wayte, Clinical Tutor Administrator at the University.
4. **Induction Programme:** A minimum of one and a maximum of two weeks should be spent orientating Trainees to the department and local service provision. An Induction Timetable for the first week is considered good practice, supplemented by an Induction Checklist (see [our website](#)). An example Induction Programme, which may be adapted, can be found on [our website](#). The specific details of an induction will depend on the placement, the Trainee's past experience and the speciality. A Department Handbook is invaluable at this stage, and should help to optimise the benefits of meeting/observing other professionals in different work settings that may occur throughout the placement. The Core Placement Guidelines provide specific guidance for the core placements.
5. **Placement Experience Checklist:** For each placement a checklist of Placement Objectives and experience should be drawn up (see [our website](#)). This is designed to aid the placement planning process and to facilitate checking on progress.
6. **Weekly Placement Log:** This is completed weekly by the Trainee and counter-signed by the supervisor at supervision sessions. The log is used to record all clinical experience on the placement, including additional experience such as attendance at meetings and personal study. The weekly logs may be reviewed at Mid Placement and provide a cumulative record of the whole of a Trainee's clinical experience over their training period (see [our website](#)). Original copies of weekly

logs, signed by the supervisor must be submitted to End of Placement meetings and trainees are advised to keep a copy for themselves.

7. **Mid-Placement Visit Report:** This is completed by the Tutor undertaking the Mid-Placement Visit (see [our website](#)). The Trainee and supervisor retain copies. A copy is kept in the Trainee's file for access by their Clinical Tutors and is also forwarded to the relevant Local Tutor. The report records the Trainee's and supervisor's account of the placement, details clinical and other work undertaken and includes comments with possible recommendations from the visiting tutor. If there are significant recommendations, a supplementary Mid-Placement Action Plan may be completed which details the recommendations and the agreed action. Any recommendations and the agreed plan will also be embedded within the Mid-Placement Visit Report. See [our website](#) for a copy.
8. **Evaluation of Placement Supervision:** A provisional version of this form is provided by the Trainee at the Mid-Placement Visit, and is completed at the end of the placement. Preferably the form should be shown to the supervisor, but this is not essential. (There is an expectation that at the end of placement the Trainee and supervisor will meet to discuss both positive and more difficult aspects of the placement). Completed forms are forwarded to the Clinical Tutor to be used in the End of Placement meeting. The Clinical Tutor Team keeps a record of all the Evaluation of Supervision Forms and will provide feedback in an aggregated form to supervisor's line managers. In recognition of the inherent power imbalance between trainees and supervisors, individual trainees are not identified in feedback. As a rule of thumb feedback is provided to supervisor's line managers once three or more trainees' evaluation of supervision forms have been completed. If concerns raised by trainees are considered significant enough then at times immediate action is taken, without waiting for aggregate feedback across three or more trainees. See [our website](#) for a copy.
9. **Evaluation of Clinical Competence Form:** This is the basis for assessing developing competencies. It should be completed by the supervisor; provisionally, for the mid-placement visit, and fully at the end of the placement. At mid-placement, the form should be discussed with the Trainee prior to the mid-placement visit. The Trainee is required to sign the form as evidence that they have seen its contents and have had opportunity to comment. It may not be possible to fill in all sections fully by mid placement. The final form should be submitted to the Clinical Tutor at the End of Placement meeting, with the supervisor and Trainee retaining a copy. This final form requires to be signed by the Supervisor and Trainee and there is an expectation that the Trainee will fill in relevant comments. See [our website](#) for a copy. The last page of the Evaluation of Clinical Competence form is used by the Trainee and Supervisor to highlight any learning objectives arising from the placement. This page is discussed at the End of Placement meeting with the Clinical Tutor to agree the learning objectives and to update the Learning Objectives Form which is then sent to the supervisor of the next placement and the Local Tutor (see 1 above).
10. **Summary of Placement Experience:** This is a summary record, completed by the Trainee using information from the Weekly Placement Logs. It should be completed for the mid-placement visit and again at the end of placement. The completed summary should be submitted to the Clinical Tutor at the End of Placement meeting, with the Trainee retaining a copy. The summary is an important part of the evaluation process and provides the programme and Trainee with a record of all

clinical work undertaken during training. In addition, the summary can aid the planning of future placements, allowing past experience to be taken into account. See [our website](#) for a copy.

### P3.4.2 Summary of Placement Paperwork

<b>REF #</b>	<b>DOCUMENT</b>	<b>WHEN COMPLETED</b>	<b>BY WHOM</b>	<b>PURPOSE / ACTION</b>
<b>2</b>	Placement Description	2 months before placement	Supervisor	Copies to Trainee and Local Tutor
<b>4 / 4b</b>	Induction Programme Induction Checklist	Prior to placement start	Supervisor	Timetable for week 1, copy kept for MPV.
<b>3</b>	Supervision Contract	Within 2 weeks of placement start	Trainee & Supervisor	Used to plan and agree placement timetable. Reviewed at MPV and EOP. Sent to Clinical Tutor.
<b>5</b>	Placement Experience Checklist	Within 2 weeks of placement start	Trainee & Supervisor	Used to plan and monitor placement experience. Reviewed at MPV and EOP, copy to Clinical Tutor
<b>6</b>	Weekly Placement Log	Weekly	Trainee	Log of all placement experience, reviewed weekly by supervisor. May be reviewed at MPV and should be submitted to EOP.
<b>7 / 7b</b>	Mid Placement Visit Report (Optional supplementary Action Plan)	Mid - Placement Visit	Visiting Tutor	Copies to Trainee, Supervisor, Clinical Tutor, relevant Local Area Tutor and in Trainee file for access by Personal Tutor
<b>8</b>	Evaluation of Placement Supervision	Provisionally completed at Mid - placement. Final version at End of placement	Trainee	Discussed at MPV & EOP, submitted to Clinical Tutor
<b>9</b>	Evaluation of Clinical Competence	Provisionally completed at Mid - placement. Final version at End of placement	Supervisor	Discussed with Trainee at MPV & EOP, submitted to Clinical Tutor
<b>10</b>	Summary of Placement Experience	Updated weekly	Trainee	Completed for MPV and EOP. Submitted to Clinical Tutor

1	Learning Objectives Form	At the end of each placement	Trainee, Supervisor, DOS	To facilitate the carry over of identified learning objectives from placement to placement. Discussed at EOP with Clinical Tutor & sent to new supervisor on next placement and to Local Tutor for placement planning
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Note: MPV = Mid Placement Visit, EOP = End of Placement

All documents and forms can be found on the Programme website <http://www.ed.ac.uk/schools-departments/health/clinical-psychology/studying/resources/doctorate-resources>. They may need to be adapted to meet local need and to comply with printer requirements.

### **P3.5 Placement Experience**

A detailed description of the placement at the start is helpful in order to outline the Trainee's opportunities for gaining and developing competencies. Placement learning plans for Trainees require to be detailed from the outset. Each of the core placements has a separate placement experience guideline (see Sections 5-9) and all placements should contain the following elements:

#### **P3.5.1 Induction**

- Introduction to and explanation of key personnel
- Introduction to facilities in hospital and community
- Discussion about indirectly involved personnel
- Reading service documentation
- Materials available, including introductory texts
- Relevant internal and external services
- Discussion regarding administration procedures
- Placement objective setting (within the first week)
- Direct experience of services available to clients
- Introduction to the work of voluntary agencies
- Location of key policies (e.g. Health and Safety, Lone Working and Equality and Diversity)

#### **P3.5.2 Experience of Observing Trained Psychologists**

During the first month particular emphasis should be placed on observing the supervisor at work. There is an expectation that the Trainee should observe the supervisor in at least 5 clinical interviews during the placement.

Observing a supervisor over a number of sessions with a client should be aimed for, as well as 'snapshots' of sessions with a variety of clients at different stages of input. This requirement is the same for both full and half placements.

#### *Types of work to be observed by the Trainee*

- Working directly and indirectly with clients
- Participating in multi-disciplinary meetings
- Liaison with other colleagues and disciplines
- Consultancy and research if this is part of supervisor's remit

#### **P3.5.3 Clinical intervention**

- Assessment of presenting problems, leading to formulation and treatment plans
- Direct treatment with clients with whom the Trainee is the prime worker
- Indirect work with clients
- Collaborative work as part of a multi-disciplinary team

Particular attention should be paid to the development of skills in interviewing, assessment techniques, formulation and treatment and in the use and interpretation of relevant testing/questionnaire material. It is essential that Trainees have experience of cognitive behavioural techniques in addition to other treatment approaches.

#### **P3.5.4 Range of Problems and settings**

- There will be assessment and treatment of a wide range of psychological problems.
- Trainees should have experience of working with people in both hospital and community settings.

#### **P3.5.5 Participating in Teamwork**

- Trainees should attend multi-disciplinary meetings in order to observe the work of the multi-disciplinary team.
- Trainees should be made aware of the advantages and challenges of teamwork.
- Trainees are expected to participate fully in multi-disciplinary teamwork, especially in aspects concerning individual case management in which they are involved (e.g. referral meetings, case discussions, and individual planning meetings).

#### **P3.5.6 Training**

- Where appropriate, opportunities for Trainees to join in-service training activities may be offered. In this case consideration should be given to allow Trainees to teach and present information to other staff as well as receive training.
- Where possible, Trainees should have the opportunity to observe the supervisor carry out teaching and training.

#### **P3.5.7 Workload**

Workload figures are provided for guidance and they refer exclusively to core placements.

The variability and diversity of elective placements precludes pre-set guidelines.

It is suggested that a minimum of **12 cases** including assessment and treatment cases is achieved for core full time placements, with an **average of 15 - 20**. Trainees must have carried out more than 50% of the work for a case to be counted in this total. Trainee cases

could include someone who was initially assessed by the supervisor or who was jointly assessed as long as the subsequent work is carried out by the Trainee. A person seen for a single session, screening assessment or neuropsychological assessment by the Trainee is also counted. DNAs and cancelled appoints cannot be included as contacts. See below for information on calculating cases within group work.

The normal range of contacts on a full time core placement is usually between **80 - 120 clinical contacts** throughout the placement. This figure varies depending on several factors, including placement and Trainee variables. Supervisors and trainees are strongly encouraged to plan to achieve the upper part of this range as inevitably cancellations and defaulted appointments will result in fewer contacts than anticipated.

**Supervisors are required to contact their Local Tutor as part of the placement planning process, in situations where they can anticipate difficulties achieving this minimum of 80 contacts in any CORE placement they offer, due to organisational issues or work practices specific to their service.**

Contacts are calculated as the total of **direct and indirect contacts**.

**Direct contacts** include any face-to-face work with clients, including group work. N.B. On child placements, contact with a child's parents or family is counted as a single direct contact, regardless of the number of people in the room. If a direct contact lasts for more than an hour then this is still counted as a single direct contact, for example if you carry out an observation of a client for a morning. If there are several of these types of 'longer' contacts, also outline them on the summary of experience form (under additional experiences) and the weekly log.

**Indirect contacts** are defined as time spent discussing a case with another professional or relative, for a period exceeding 10 minutes, including Case Review meetings and phone calls. Staff training **focusing on a particular client** is also included, with the number of staff counted (each staff member equates to 1 contact) per session attended regardless of the length of each training session (i.e. 1 hour or 1 day). An example might be training a group of staff to tailor behavioural management strategies to a particular client with dementia in a care home, with 6 staff members involved for 3 x 2 hour sessions – which would count as 18 contacts. If this training is co-facilitated, the number of contacts should be divided by the number of facilitators. The training should also be listed in the 'Additional experiences' section on the Summary of Placement Experience form. Training that is more general, e.g. on autism, cannot be counted as indirect contacts and should be listed on the 'additional experiences' section only.

### **Cases and Contacts for Group work**

Cases in group work are counted as the total maximum number who ever attended the group over the duration of it divided by the number of co-facilitators. For example, for an anxiety management group delivered by a trainee and a colleague, if 7 clients attend session 1, 5 attend session 2 and 6 attend session 3, the total number of cases would be 3 (7 divided by two co-facilitators). For contacts, the total number of clients attending each session is counted (irrespective of whether each group session lasts for 30 minutes or ½ a day). Following the same example, the total number of direct contacts for that group would be 9 (18 divided by two co-facilitators). Trainees are asked to list their group contacts

separately from individual contacts. Trainees require to have carried out more than 50% of a group to count all contacts. For groups to count as cases/contacts they must involve direct therapeutic engagement with a group of clients. Primarily didactic / psycho-educational groups (eg Stress Control Groups / Classes) do not count towards cases/contacts. Supervisors and trainees should contact the relevant Clinical Tutor (in advance of groups starting) to discuss any doubts about whether a particular group counts towards cases and contacts.

The Trainee's Clinical Tutor must be contacted as **soon as possible** if it becomes apparent, for any reason, that the final expected minimum of 80 contacts may not be achieved during a core placement. Plans will be discussed to try to ensure the minimum number is reached, however in some cases this may mean that additional placement time is required to meet these needs.

Trainees should complete all relevant paper work in good time before the end of placement.

### **P3.5.8 Additional Work Experience**

- Group work, teaching and working with models other than CBT are not required in all placements but are essential by the end of training
- Opportunity to do research as required by the Programme and access to relevant material. Small Scale Research Projects should be started early in the relevant placement (see Academic Handbook for guidelines).

### **P3.5.9 Supervision**

- The supervision contract should be written by the start of the placement with written learning objectives for the placement agreed between Supervisor and Trainee.
- Trainees should receive frequent feedback on progress during the regular supervision sessions.
- Supervisors are required to observe Trainees directly with clients, to provide feedback, help and instruction where necessary. There is an expectation that the supervisor should observe the Trainee in at **least 5** clinical interviews. This requirement is the same for both full and half placements. Taped sessions count towards observations, although the expectation would be that the majority are in vivo observations. Trainees require to be vigilant to local confidentiality procedures when considering taping clinical sessions.
- Whilst it is important to ensure several observations early on in placement it is also useful for observations to continue regularly throughout the placement to maximise feedback opportunities at various stages of a trainees' work with clients.
- In Core Adult Mental Health placements 3 of the 5 observations should use the Cognitive Therapy Rating Scale (revised), each with a different client.
- Where there is more than one supervisor in a placement, it should be agreed between supervisors that one of them will co-ordinate the placement (the co-ordinating supervisor will be known as the Lead Supervisor).
- Supervisors should ensure that another named person is available in their absence.
- A regular supervision time of at least 1 hour each week, and total contact time of 3 hours per week must be provided, in line with BPS guidelines. These requirements are the same for both full and half placements.

- Completion of the evaluation forms according to the guidelines at the end of the placement

### **P3.5.10 Attendance on Placement**

Placements must be of sufficient length for the trainee to be able to have sufficient opportunities to develop the core competencies. Days are counted when placement activity is being carried out regardless of the NHS location or base where this occurs, i.e. it is not days “at base” that are counted. Study time, annual leave, research study time in thesis years and days attending teaching at the University are not counted as placement days.

Trainees will report the number of days that they have spent on placement in any given week on the Weekly log which is initialled by the supervisor at supervision on a weekly basis. Then, at mid-placement visit and at the end of placement, trainees will add up the days to report them on the Summary of Placement Experience form. The number will be monitored by the mid-placement visitor and if there are any concerns that the trainee may not meet the minimum requirements for days on placement, this will be discussed. At the end of placement, part of the requirement to complete a placement successfully is that a sufficient number of days have been completed. In all placements there is some flexibility for trainees to take annual leave and to be off sick. The minimum days required for each placement are given in the Course Handbook relating to each placement (sections P5 – P9). Decisions about whether sufficient days on placement have been completed rest with the Clinical Tutor team. It is rare that trainees are close to the minimum; usually only in circumstances where a substantial period of sick leave has been necessary. If the number of placement days is lower than the minimum, then the trainee will not be deemed to have failed the placement, rather that further days are required to bring the total up to the minimum requirement. This can usually be arranged flexibly without undue disruption. Any supervisors or trainees with any questions or concerns should address these to their Local Tutor and Clinical Tutor.

## **P3.6 Mid Placement Visits**

### **P3.6.1 Introduction:**

A member of the Clinical Tutor Team or Local NHS Psychology Tutor visits all Trainees and their supervisors at the mid-point of the placement. In the case of split placements across two different specialties, Trainees will be visited at both placements. Where there are two supervisors offering experience within the same placement (eg Primary care AMH and SEMI), the supervisors are advised to complete a single Evaluation of Clinical Competence Form reflecting their shared feedback and both attend the same mid-placement visit. The visit lasts for approximately one and a half hours.

The dates for the visits are set as soon as possible at the start of the placement. The supervisors and Trainees are requested to prioritise mid placement visits and confirm dates as quickly as possible to facilitate the planning process, which can be logistically challenging for the visiting tutors and requires patience from all involved!

### **P3.6.2 Aims of Mid Placement Visits:**

- To monitor the Trainee’s development and provide formative feedback
- To monitor supervision



- To identify areas of difficulty in opportunity for competence development or in Trainee development or in the supervision relationship
- To establish learning objectives for the second half of the placement
- To facilitate communication between supervisors and the Programme Team.

### **P3.6.3 Pre Visit Preparation**

The **Trainee** should have the following documents ready for the visit

- Learning Objectives from previous placement
- Supervision contract
- Induction checklist
- Placement learning plan and learning objectives for the placement
- Weekly placement logs
- Summary of placement experience
- Evaluation of supervision (provisional copy)

The **supervisor** should have the following document ready for the visit

- Evaluation of clinical competence (provisional version) **Trainees and Supervisors are strongly advised to contact a member of the Clinical Tutor Team *before* the mid placement visit if they consider that they have encountered any difficulties in the placement.**

The supervisor and Trainee should meet to discuss the evaluation prior to the mid placement visit.

### **P3.6.4 Format of Visit**

The visiting Tutor firstly meets with the Trainee alone, followed by the supervisor alone and then all three parties meet together.

In the **interview with the Trainee**, the visiting Tutor will:

- Review learning objectives
- Review the general relationship with the supervisor and with the wider Psychology Department
- Review whether the placement environment is safe and supportive
- Review the facilities and supervision time
- Review the relationship between the Trainee and the relevant individuals in the service, access to clients and access to wider experience
- Review the placement content against learning objectives for the Trainee
- The visiting tutor may review weekly placement logs in the light of placement contract.
- Review the type and range of cases.
- The visiting tutor should review client contacts for assessment versus treatment experience; ensuring the Trainee is developing adequate experience of working with cases right through the process of assessment, formulation and treatment.

- Review the breadth of clinical experience; planned future cases.
- Review observation by the supervisor and observing of the supervisor in clinical work.
- Other experience reviewed should include meeting / observing relevant professionals; meetings; teaching experience; ward and management meetings etc.
- The visiting tutor will ask the Trainee specifically about any problems that may have arisen in this placement or generally in their training.

In the **interview with the supervisor**, the visiting Tutor will ask about:

- The competencies of the Trainee in relation to the client group. With some client groups, the Trainee may have had no previous experience and this will be taken into account.
- Relationships with supervisor, the staff in the psychology department and staff in general.
- The Trainee's general competence in relation to their level of experience.
- The Trainee's communication skills.
- The Trainee's ability to gather clinical information, organise the information and formulate the problems.
- The Trainee's written work, its reliability and quality.
- The Trainee's ability to organise their workload and their time.
- The Trainee's reliability, absences, promptness etc.
- The Trainee's ability to use supervision; their willingness to take advice; to act on this advice; their willingness to make suggestions about the clinical work etc.
- Progress of learning objectives from previous placement
- Any problems the Trainee has mentioned.
- Any issues concerning the Trainee.

The Tutor is interested in how Trainees relate to clients and to other staff, their ability to use psychological methods and treatment, develop hypothesis, make formulations, use a psychological assessment in developing formulations, carry out treatment and their openness to theoretical approaches. The Tutor will also take the opportunity to consider the Supervisor's assessment and feedback to ensure that the categories on the Evaluation of Clinical Competence form are being used consistently across all placements in the Programme in relation to a given level of performance.

### *Joint Interview*

The Tutor will then meet the Trainee and Supervisor together to provide feedback. If there have been any concerns, then they will be discussed in this final review. **A Mid Placement Action Plan** may be completed and agreed by all parties. This may include: areas of work to develop, areas of clinical work that have not been completed, clinical

experience not yet undertaken and a plan to resolve any difficulties. In the event of difficulties, an end of placement visit may be arranged.

After the visit the visiting Tutor will write up a report of the visit (Mid Placement Visit Report; Section 8). Any recommendations of the action plan will be embedded within the mid placement visit report. A copy of this report will be sent to the Trainee and Supervisor and will also be placed in the Trainee's file for access by both Directors of Studies. The relevant Local NHS Psychology tutor will receive a copy of the Mid Placement Visit Report and this will help inform future placement planning.

### **P3.7 End of Placement**

By the end of the placement the supervisor must have completed the Evaluation of Clinical Competence Form, which requires to be discussed and signed by both the Supervisor and the Trainee. The Trainee also completes an Evaluation of Supervision Form, and a Summary of Placement Experience form. Trainee and supervisor are encouraged to review the placement as a whole, identifying strengths and learning objectives for future placements.

#### *End of Placement Visit*

When an **End of Placement Visit** has been arranged (for instance due to concerns about the development of competencies or adequacy of supervision) the format is usually the same as the Mid Placement Visit, with the Trainee and supervisor being seen individually prior to a meeting with all three parties. Following the End of Placement Visit, the visiting Tutor will write a summary, in the same format as the mid placement visit report. This must be submitted to the Clinical Practice Director and copied to the trainee's Local and Clinical Tutor.

#### *End of Placement Meetings/Joint Annual Review*

Once the placement has ended, the trainee will attend an End of Placement Meeting with their Clinical Tutor at the University. The format of this meeting and the paperwork required are detailed below. End of Placement Meetings that take place towards the end of the academic year will take the form of Joint Annual Reviews where the trainee's NHS Line Manager, Personal Tutor and Clinical Tutor will meet with the trainee to review all aspects of their development and progress in the preceding year. This will include placement, academic, research and NHS KSF/PDP processes. The placement paperwork will be as specified below. The Personal Tutor will provide information concerning the trainee's academic progress thus far and the Line Manager will have completed the KSF/PDP process prior to the meeting. The trainee will also be asked to sign the annual Self-declaration of Fitness to Practise form. Joint Annual Reviews do not take place in final year.

At the End of Placement meeting/Joint Annual Review, Clinical Tutors use the supervisor's Evaluation of Clinical Competence Form, together with consideration of the trainee's clinical experiences to determine whether to recommend to Exam Board that the placement be passed or failed. This meeting also offers the opportunity for the trainee's progression through the course to be reviewed and to reflect on the trainee's professional and academic development. These meetings are intended to facilitate the trainee's progress and offer an opportunity for both trainees and staff to raise any concerns they have about any aspects of the trainees' performance/training experience, and to identify possible solutions.

#### Clinical Aims:

To review previous learning objectives.

To identify outstanding learning objectives and to plan how these are to be addressed.

#### Academic Aims:

To review progress with planned and submitted academic submissions

To plan teaching choices where appropriate

#### Personal Aims

To reflect on and discuss progress on the course and work / life balance, identifying any difficulties as early as possible.

#### Agenda

General review.  
Clinical development review.  
Academic development review.  
Research development review.  
Satisfaction with training and personal support.  
Reflective review of personal learning and development.  
Personal career objectives.  
Other issues.  
Summary of Learning Objectives agreed.

### **Placement Documentation required for End of Placement Meetings/Joint Annual Reviews**

#### From Trainee (trainees should keep copies):

Placement Contract / Placement experience checklist  
Summary of placement experience including summary of cases  
Originals of Weekly logs (initialled by supervisor)  
Evaluation of Clinical Competence Form  
Evaluation of Placement Supervision Form  
Learning Objectives

#### From the Clinical Tutor:

All documentation relating to previous End of Placement Meetings.  
Record of Mid-placement visit  
Self-declaration of Fitness to Practise form

### **P3.8 Significant Problems on Placement**

The following guidelines are included to clarify the procedure to be followed should problems arise from the perspective of a trainee and/or supervisor. For all potentially significant difficulties at any stage on placement, the Trainee and/or the Supervisor should contact the Clinical Tutor **at the earliest opportunity**. Early mid-placement visits can be arranged when necessary, a review visit can be arranged to follow-up a Mid-placement visit and an End of Placement Visit can also be arranged. Where there are difficulties, remedial steps will be discussed and then agreed with the trainee and the supervisor, who will be expected to co-operate fully with the programme and recommendations.

Issues regarding placement and/or supervision and the procedures involved are described in section 3.8.1 and issues regarding trainee progress and the procedures involved are described in section 3.8.2.

#### **P3.8.1 Issues regarding Placement and/or Supervision**

##### **P3.8.1.1 Inadequate Supervision**

Examples of inadequate performance by a supervisor include providing insufficient supervision time, insufficient observations and feedback or more serious issues of conduct. If a trainee has concerns about aspects of supervision, the Programme would encourage them to raise the concerns with their supervisor in the first instance. However the Programme recognises the inherent power imbalance of a training supervisory relationship and if a trainee feels unable to raise issues with their supervisor, or if having raised them the trainee does not feel they have been adequately

addressed, the trainee should contact their Clinical Tutor as soon as possible. If appropriate the Clinical Tutor will:

- Support the Trainee and Supervisor to agree a programme of supervision (or observations/feedback) until the end of the placement.
- Where this is impossible to achieve, seek another Supervisor to take over the responsibility for the Trainee until the end of the placement.
- Where both these courses of action are prevented, the appropriate Head of Department / Service will be consulted with a view to resolving the situation.

Feedback is provided by the Clinical Tutor Team to Line Managers of all Supervisors. Usually this is only done when at least three Trainees have completed an Evaluation of Supervision form for a Supervisor. However, in exceptional circumstances where there are serious concerns about a Supervisor's performance the Clinical Tutor Team will provide feedback to Supervisors' Line Managers outwith this normal process.

### **P3.8.1.2 Inadequate Placement Experience**

Examples of inadequate placement experience could include an unexpectedly high number of failed appointments, the forced cancellation of a planned opportunity for group work or a lack of cases of a particular type. If at any stage during a placement the trainee and/or supervisor become concerned that there may be insufficient opportunities for competency development, then they should initially discuss it between themselves and then contact the trainee's Clinical Tutor as soon as possible. If necessary a programme of remediation will be agreed between the Supervisor, Trainee and Local and Clinical Tutor and this will be completed by the end of the placement so that the Trainee may fulfil the programme requirements. If this proves impossible in that particular environment or with the supervisor(s) involved, it may be that an alternative placement environment or supervisor will be able to provide adequate experience for completion of the programme requirements.

### **P3.8.2 Issues regarding Trainee progress**

Difficulties raised by a supervisor on placement may relate to a trainee being unable to demonstrate the required standard across a range of clinical competencies or a significant weakness in a single key area of clinical competence eg formulation (see HCPC Standards of Proficiency for Practitioner Psychologists, 2012). They may also relate to difficulties in trainee's professional behaviour including failure to adhere to the Health and Care Professions Council's Guidance on Conduct and Ethics for Students (2012) or the Standards of Conduct, Performance and Ethics (2012), which apply to Trainees as well as Psychologists already registered with the HCPC.

#### **P3.8.2.1 Mid-placement Visit**

As described above, early mid-placement visits can be arranged when necessary if significant difficulties have been identified early on in placement by trainee and/or supervisor. This won't always be possible and some significant difficulties may only arise or be identified after the mid-placement visit has taken place. The trainee and/or supervisor should notify the trainee's clinical tutor as soon as possible in all situations where significant difficulties are thought to exist, regardless of stage of placement.

### **P3.8.2.2 Programme of Remediation**

Significant difficulties in a trainee's development identified at any stage during placement will require a programme of remediation to be drawn up by Local / Clinical Tutor so that the Trainee is clear about the requirements for passing the placement. If any of the concerns pose a serious problem to the completion of the placement, the Supervisor, the Trainee and the Clinical and Local Tutor should be clear about the steps the Trainee must take to remedy these difficulties. Therefore, the programme of remediation will detail the requirements the Trainee has to complete in order to pass the placement. It will also make clear any requirements of the Supervisor in terms of potential increased observations, supervision and/or feedback. The programme may be described in a Mid-placement visit report or in a separate document. At this point, the Personal Tutor should be informed.

### **P3.8.2.3 End of Placement Visit**

Where the difficulties are sufficiently serious and/or a programme of remediation has been required, then an end of placement visit will be arranged where the Clinical Tutor (sometimes in conjunction with Local Tutor) will review progress with the Trainee and Supervisor. If it transpires that there has been insufficient progress by the end of placement, then the Clinical Tutor and Supervisor (between them) will decide on whether to recommend that the placement be failed. The reasons for failure would be detailed according to the requirements of the programme of remediation and clearly explained in the Evaluation of Clinical Competence form.

### **P3.8.2.4 End of Placement Meeting**

In cases where a supervisor evaluates the trainee as failing to meet the required standard of competence on the Evaluation of Clinical Competence form (Grade D or E), this must be discussed by the Clinical Tutor with both supervisor and trainee. Both the Personal Tutor and the Clinical Tutor need to be involved in deciding what recommendation to make to the Exam Board. These discussions may take place at the End of Placement meeting with all parties present or may take place separately if this is not practical or if an End of Placement Visit (see above) has already taken place.

#### **Placement failure is a joint decision of the Personal Tutor and the Clinical Tutor.**

At the end of placement, and having had discussions with both trainee and supervisor, the Personal Tutor and Clinical Tutor may decide that factors such as inadequate supervision or inadequate placement experience (see section 3.8.1 above) have had a significant contribution to the trainee's difficulty in meeting the required standard and may take this into account in their recommendation to the Exam Board.

### **P3.8.2.5 Special Circumstances**

Trainees may struggle to develop or demonstrate required competencies due to their personal circumstances, illness or disability. In such situations, it is in the trainee's interest to discuss this with their supervisor and Personal Tutor and Clinical Tutor as early as possible, in order that support can be offered and the issues affecting the development of competencies can be understood. If such situations arise on placement, supervisors should follow the Programme Communication policy detailed in the Orientation Handbook. At the end of placement, such situations would require the trainee to follow the University Special Circumstances procedure for which details can be found on the University website. This allows trainees to have such circumstances considered and taken into account by the Exam Board without the full details needing to be disclosed to all members of the Exam Board.

### **P3.8.2.6 Exam Board outcomes**

In order to meet the requirements of the Programme, trainees are required to pass 6 placements

The Exam Board may decide between a number of outcomes, depending on the recommendation of the Personal Tutor and Clinical Tutor and their discussion of the factors surrounding a trainee not meeting the required standard of competence. Some examples of possible Exam Board decisions are given below, but others may be possible.

- The Exam Board may decide that the placement should be passed, in spite of the supervisor's recommendation, having taken other circumstances into consideration. In this instance the trainee would continue with their training as planned.
- The Exam Board may decide, particularly in cases of inadequate placement experience or inadequate supervision, that the placement has not been failed, but that a further period of supervised placement must be offered to allow the trainee an opportunity to develop the competencies to the required standard. This may be arranged as part of a later placement or it may be as part of an extension to training beyond the original planned duration.
- The Exam Board may also decide that the placement has been failed but that the trainee should be given the opportunity to retake it. It would be very likely that the trainee would be required to pass this placement retake in order to be allowed to continue on the programme.
- The Exam Board may decide that the placement is failed and that the trainee should be considered for a different degree such as a Masters.
- The Exam Board may also decide that the placement has been failed and that the trainee's studies should be discontinued. The trainee's line manager will have been invited to any Exam Board (and any related Special Circumstances Committee) at which discontinuation is one of the possible options.

### **P3.8.2.7 Serious Unethical or Unprofessional Conduct and Fitness to Practise**

If the Trainee is thought to have committed serious unethical or unprofessional conduct at any point the **Clinical Practice Director and the Trainee's NHS Line Manager must be informed immediately**. The Trainee may be suspended immediately with a recommendation to the Personal Tutor and Clinical Tutor that the Trainee fails the placement and the Programme. This will be considered at an Exam Board from which one of the possible outcomes is failure of the programme. There is also an obligation on the Programme to inform the HCPC who may decide to hold the information on file in case of a future application for registration

Both NHS employers and the University have procedures relating to the fitness to practise of employees and students, respectively. In the NHS, these can be policies relating to Capability, Conduct and Health at Work, although the precise terminology may vary. These policies are instigated by the trainee's line manager and follow the NHS procedures laid out in the relevant NHS Board policy which will be available on the NHS Board intranet site and via the Line manager. The University has a Fitness to Practise procedure (see <http://www.ed.ac.uk/schools-departments/humanities-soc-sci/undergraduate-academic-admin/student-conduct/fitness-to-practise>) which is separate from the usual assessment of progress on studies (e.g. completion of academic work and performance on placements). This can be instigated by any member of the Programme Team. The inter-relation of these processes will depend on the individual situation.



**Only the employer of the Trainee has the authority to suspend or discipline the Trainee within their NHS employment, under whichever policy is being followed. Only the University Exam Board has the authority to discontinue a trainee's studies on a University Course, whether through academic progression or Fitness to Practise regulations. Whilst these processes are separate, any such action in one will require consideration of the requirement for action in the other. Accordingly, communication between NHS and University staff in such matters is of paramount importance.**

### **P3.8.2.8 Appeals Procedure**

Should a Trainee wish to appeal about any aspect of their academic assessment, they should contact the Programme Director in the first instance. The normal University of Edinburgh appeals procedure will be followed as detailed in the University of Edinburgh Calendar. (<http://www.ed.ac.uk/schools-departments/academic-services/students/postgraduate-research/academic-appeals/procedure>)

Appeals and problems concerning matters of employment should be directed in the first instance to the NHS line Manager following the correct NHS procedure

## **P3.9 Procedure for Approval and Monitoring of Placements**

### **P3.9.1 Background**

The Health and Care Professions Council (HCPC) Standards of Education and Training (SETs) contain a number of requirements concerning practice placements. One of these is SET 5.4 "The education provider must maintain a thorough and effective system for approving and monitoring all placements". This links to a number of other SETs that concern aspects of the supervisor and placement that are required to be part of this approval and monitoring process.

Both Doctoral programmes in Edinburgh and Glasgow have systems for approving and monitoring placements and both need to extend these systems to meet the HCPC requirements. This proposal is based on discussions between the Clinical Tutor teams from both Programmes and brings together the best practice aspects of their respective processes.

The aim is to have processes that are consistent in both Programmes to ensure robustness and ease of use, given that several Boards offer placements to trainees on both programmes. Some procedures occur only once and others occur each time a placement takes place, the latter are described chronologically. The SETs can be viewed at the HCPC website: [www.hcpc-uk.org](http://www.hcpc-uk.org)

### **P3.9.2 Initial approval of placement supervisor**

The supervisor will apply by completing a form which will include details of their qualifications (with dates); their experience since qualifying; their registration details (with HCPC or other body) and any supervisor training that they have attended (with details and dates). The supervisor will indicate on the form their agreement to their details being held electronically and to their approval being shared between the Programmes to avoid duplication of effort should the same supervisor offer a placement to a trainee from each Programme. This form will also be signed by their line manager or professional lead, as appropriate to local services. This signatory will confirm that the details provided by the supervisor regarding qualifications, registration status and supervisor training are correct and that the supervisor will be released to attend

supervisor training as required under the Programme's Supervisor Training Policy (see Supervision section in Handbook).

The form will be sent to the Clinical Tutor Team in the Programme for which the supervisor is most likely to be offering placements and also to the Local Tutor in the Supervisor's Board. This process is designed to be a single occurrence prior to the supervisor taking any trainees from either Programme and must be completed in advance of a trainee being placed with a supervisor to allow sufficient time for the supervisor to attend any supervisor training required.

The forms will be processed according to the Programme's eligibility criteria for supervisors, which are in the Supervision section of this Handbook. Supervisor and line manager/professional lead will be notified of the outcome of the approval process.

Once approved, the Supervisor should ensure that those planning placements (Local Tutor and/or Clinical Tutors) have relevant details of the learning opportunities available on their placement and the practical aspects of the facilities that are available. This could be on a Placement Description Form, which would also give information as to whether the placement has an Equality and Diversity Policy and a Health and Safety Policy in place.

### **P3.9.3 Recurrent processes for every placement**

#### *Prior to placement*

The Local Tutor will plan the trainee's next placement using information regarding their learning needs gained from mid-placement and annual review/end of placement monitoring processes. Once a potential supervisor is identified, the local tutor will check the date that the supervisor most recently attended supervisor training. If the supervisor has not attended supervisor training within the preceding 5 years, the local tutor will notify them and the supervisor must attend appropriate supervisor training prior to the placement commencing (see Programme Supervisor Training Policy in this handbook). The Local Tutor also gathers information regarding the registration status of the supervisor. Given that registration is a requirement to use protected titles, and that NHS Boards have policies on Verification of Registration, this information is likely to be held in local departments as well as being available on the websites of the registration bodies.

The Local Tutor will provide a list of planned placements to the Clinical Tutor Team, indicating that all supervisors identified to offer placements have had their supervisor training needs and their registration verified. The Clinical Tutor Team will verify that the placements will fulfil the trainees' Learning Objectives and will approve them accordingly. They will confirm the details of the approved placements such as dates and locations with the supervisor and trainee. The Learning Objectives for the trainee to achieve on the placement will also be provided to the supervisor by the Clinical Tutor Team.

#### *During placement*

The placement will be reviewed around the mid-point by a Local Tutor or Clinical Tutor. The review will include the trainee's development and their progress towards their learning objectives as well as the supervision provided and the learning opportunities and facilities available on placement. The mid-placement visitor will gather feedback verbally from trainee and supervisor and also on the standard forms for the Programme. Issues that arise will be addressed during the visit; or, if this cannot be achieved, during

a subsequent follow-up process. The mid-placement visitor will complete a written report summarising the main points covered in the visit which is sent to the trainee, supervisor, Local Tutor and Clinical Tutor Team.

#### *Joint Annual Review (or End of placement review)*

Once per year (in summer), the trainee's Clinical Tutor, Personal Tutor and Line Manager will meet with the trainee to discuss the trainee's progress including the trainee's development in academic work, on placements and their progress towards their learning objectives. Verbal feedback and standard paperwork will be used to review the supervision provided on placements and the learning opportunities and facilities available. The trainee's KSF will also be signed off at that meeting and their PDP completed. Learning Objectives are agreed for the coming period of training. These are sent to the next placement supervisor and to the Local Tutor by the Clinical Tutor Team.

For any placement that ends in Spring, the Clinical Tutor will meet with the trainee to carry out the End of Placement Meeting. This is further described elsewhere in this Handbook and, in summary, is similar to the Joint Annual Review described above but without the KSF and PDP aspects. Learning Objectives are agreed and sent to the next placement supervisor and Local Tutor by the Clinical Tutor Team.

#### **P3.9.4 Monitoring and feedback processes**

The Local and Clinical Tutors with responsibility for the same trainees and geographical areas will meet regularly (at least annually or more frequently where urgent issues arise) to discuss the trainees' progress and issues arising from placement such as supervision, facilities and environment. These discussions will be documented with actions noted for Local and Clinical Tutors using the Local Area Tutor and Clinical Tutor Liaison Meeting Record.

Feedback from trainees, either verbal or on the Evaluation of Placement Supervision form, will be collated and fed back to the supervisor's line manager at an annual meeting with the Clinical Tutor with responsibility for that Board. The feedback will cover all aspects of the placement including facilities and environment and all aspects of supervision. The feedback will not be associated with trainees' names. The meeting will be documented and actions noted for the Line Manager and Clinical Tutor to undertake using the Locality/Speciality Supervision Feedback Meeting Record. Supervisors are able to request feedback based on the anonymous aggregated Evaluation of Placement Supervision forms directly from the Clinical Tutor Team.

#### **P3.10 End of the Programme and applying for HCPC registration**

There are several parts to the process of applying for registration with the HCPC at the end of the Programme. The HCPC relies on the Programme to communicate to it the names of those trainees who have met the requirements of the D.Clin.Psychol degree. The requirements for the programme entail completing all placements and all academic work satisfactorily.

In the case of the thesis, possible post viva outcomes include the need to make minor corrections, revisions or the need to resubmit the thesis. Trainees whose viva outcomes are confirmed via the official letter from College as category A, B or D are able to go on the pass list (once placements are also completed), prior to any minor revisions or corrections being approved as completed by examiner(s). Some trainees with major

deficiencies in the thesis may be required to resubmit the thesis. Such resubmissions are notably different to corrections or revisions as the changes needed are more substantial and once resubmitted they need to be formally examined again in a process that is likely to involve a further viva. Thus resubmissions are likely to lead to significant delays to completion.

Once all of these processes have been completed and all the requirements have been met, the Programme will add the trainee's name to the pass list issued to the HCPC. The Programme will send pass lists as required on a weekly basis to minimise delays.

The HCPC application involves a character reference as well as the form and payment and can be submitted to the HCPC once the trainee has had confirmation that all the requirements have been met. This will be following the receipt of the letter from College informing them of the viva outcome, or around mid-September, when their final placement paperwork has been processed through Exam Board (**whichever is the later of the two**).

Trainees, on either full-time or specialist training, should complete the HCPC application process using the forms on their website <http://www.hcpc-uk.org/apply/>, using the "UK Approved Course" route. The HCPC will retain the form on hold for around 2 weeks awaiting the pass list from the Programme to notify it formally that all the requirements have been met. The HCPC have indicated that they will aim to process an application in 10 working days from the time when they receive both the pass list from the Programme and a completed application, including payment and satisfactory reference.

Trainees are not eligible to take up posts in the NHS as Clinical Psychologists until they have been registered by the HCPC. In some Boards, trainees are able to start jobs that they have been offered prior to this but the employment grade and conditions (eg supervised practice) will not be finalised until their registration is confirmed. In other Boards, this is not possible and trainees are advised to discuss these issues with their prospective employers.

## SECTION P.4 - PLACEMENT SUPERVISION

### P4.1 Standards and Guidelines

The programme thrives on its wealth of varied and committed supervisors throughout the NHS regions, ranging from first year placements in core areas to specialist final year electives.

Supervision in all placements must meet the standards set out by the HCPC Standards of Education and Training which include: (NB HCPC refers to all “students” where we would use the term “trainee” and refers to “practice placement educators” where we would refer to “supervisors”)

- Practice placements must be integral to the programme.
- The number, duration and range of practice placements must be appropriate to support the delivery of the programme and the achievement of the learning outcomes.
- The practice placement settings must provide a safe and supportive environment.
- The education provider must maintain a thorough and effective system for approving and monitoring all placements.
- The placement providers must have equality and diversity policies in relation to students, together with an indication of how these will be implemented and monitored.
- There must be an adequate number of appropriately qualified and experienced staff at the practice placement setting.
- Practice placement educators must have relevant knowledge, skills and experience.
- Practice placement educators must undertake appropriate practice placement educator training.
- Practice placement educators must be appropriately registered, unless other arrangements are agreed.
- There must be regular and effective collaboration between the education provider and the practice placement provider.
- Students, practice placement providers and practice placement educators must be fully prepared for placement which will include information about an understanding of:
  - the learning outcomes to be achieved;
  - the timings and the duration of any placement experience and
  - associated records to be maintained;
  - expectations of professional conduct;
  - the assessment procedures including the implications of, and any
  - action to be taken in the case of, failure to progress; and
  - communication and lines of responsibility.
- Learning, teaching and supervision must encourage safe and effective practice, independent learning and professional conduct.
- A range of learning and teaching methods that respect the rights and needs of service users and colleagues must be in place throughout practice placements.

Placements must also be provided in line with the BPS Committee on Training in Clinical Psychology’s *Guidelines on Clinical Supervision*.

Key points in these guidelines include:

- That the general aims of the placement be established prior to or at the very beginning of the placement
- That a written contract should be drawn up within two weeks of the start of the placement
- **That the trainee should have, at least, one hour of formal supervision per week**
- That total “contact” time between supervisor(s) and trainee(s) should be at least three hours per week – this may be considerably more at the start of placements. Activities in this “contact” time may include conducting observations, listening to audio tape, reading letters/reports etc
- That there should be a mid-placement review of the trainee’s progress in the placement and the experience provided
- That full written feedback is given on the trainee’s performance on placements
- That the trainee should see and comment on the full report
- That trainees have the opportunity to observe the work of their supervisors and that supervisors observe the work of trainees
- That supervisors be sensitive to and prepared to discuss personal issues that arise for trainees in the course of their work
- That supervisors closely monitor and help develop trainees’ communications (verbal and written)

## **P4.2 Eligibility to supervise**

### **BPS Revisions 2010:**

The BPS have revised their criteria since the advent of the HCPC as regulator. These new Clinical Psychology Standards (alongside Generic Standards for all applied Psychology programmes) state (pp20-21):

*5.7 Trainees must be supervised either by:*

- (i) A clinical psychologist who is registered with the Health Professions Council, and/or who holds Chartered Membership of the Society and full membership of the Division of Clinical Psychology, who has at least two years’ post-qualification experience, and who has clinical responsibilities in the unit in which the work is carried out; or*
- (ii) An appropriately qualified and experienced psychologist who is registered with the Health Professions Council, and/or who holds Chartered Membership of the Society; or*
- (iii) An appropriately qualified and experienced member of another profession who is registered with a professional or statutory body which has a code of ethics, and accreditation and disciplinary/complaints procedures.*

*In case of (ii) or (iii) above, the quality and quantity of supervision that is received by the trainee requires to be carefully monitored by the Programme Director or Clinical Tutor.*

*5.8 It is expected that all trainees will have supervision with a qualified clinical psychologist (as defined in paragraph 5.7 (i) above) for the majority of their training. Where the programme involves supervisors who do not hold this status, they will be expected to demonstrate the ways in which alternative arrangements are managed effectively.*

Clarification has been sought from Lucy Horder, Quality Assurance Manager at the BPS with responsibility for Clinical Psychology training, in relation to Clinical Psychologists with 1 year post-qualification experience and eligibility for graduates of the specialist programme. This is summarised below.

- *Clinical Psychologists with 1 year post-qualification experience are covered under paragraph ii) above, along with other applied psychologists such as Counselling, Forensic or Health. The new standards are designed to be more inclusive and flexible than previous ones, but retaining the expectation that the majority of supervision throughout a trainee's programme should be delivered by Clinical Psychologists with 2 (or more) years' post-qualification experience; and with the requirement that the programme satisfies itself of the qualifications of any supervisors and monitors the supervision delivered.*
- *The prior agreement of the CTCP still remains in place regarding the eligibility of graduates of the specialist programmes to supervise. Paragraph ii) above covers those graduating from the 4-year programme provided the Programme staff are satisfied as to their qualification to supervise and monitor the supervision provided.*

Supervision by other applied psychologists and members of other professions:

The new guidance makes these situations clearer and facilitates the flexible use of the skills available within other branches of applied psychology and other professions, without requiring involvement of Clinical Psychologists, under paragraphs ii) and iii) above. Again, the requirement is that the Programme staff are satisfied as to their qualification to supervise and monitor the supervision provided.

The University of Edinburgh/NHS (Scotland) programme has adopted the following principles:

- All Psychologists, whether Clinical or other Applied, must be registered with the Health Professions Council. This effectively amends the wording of the BPS criteria in i) and ii) above to remove the “*or who holds Chartered Membership of the Society*” wording.
- Clinical Psychologists with 1 years' post-qualification experience will supervise trainees, subject to the proviso in the BPS standards concerning the majority of training being delivered by supervisors with 2 or more years' experience.
- The previous standards in relation to supervisors with one years' post-qualification experience will be maintained, namely that new supervisors receive “supervision on their supervision” from a Clinical Psychologist with 2 or more years' post-qualification experience and experience of supervising trainees.
- Newly qualified graduates of both the 4-year and 5-year specialist training programmes will supervise trainees, providing they receive “supervision on their supervision” from a Clinical Psychologist with 2 or more years' post-qualification experience and experience of supervising trainees.
- Supervisors from other branches of applied psychology and other professions will be considered on a case-by-case basis to ensure that each will provide a placement to the required standards, including consideration of any requirements for supervisor training.
- Consistent with the proviso in the BPS standards, any placements with members of other professions, members of other branches of applied psychology or with newly-qualified graduates of the specialist training programme will constitute the minority of any individual trainee's placement experience

The quality and quantity of supervision received by all trainees will be monitored by the following procedures:

- Mid-placement visits
- Clinical Tutors end of placement meetings
- Written feedback forms from trainees.

### **Programme Implications:**

The last audit of placement supervisors indicated that 92% of placements were provided by Clinical Psychologists with at least 2 years' post-qualification experience. This will continue to be monitored as part of ensuring ongoing adherence to all BPS and HCPC standards.

In the event of placement problems, CONTACT A CLINICAL TUTOR via Rosie Wayte, Administrative Assistant to the clinical tutor team

### **P4.3 Final Year & Specialist Placement Supervision**

In acknowledgement of the development of the trainee's skills and the longer placements, the supervision of final year trainees and specialist trainees in advance stages of training will have qualitative differences. In all cases, the specific requirements of the placement and the trainee need to be taken into account. Taking a developmental model, the level and type of supervision will change over time, at a rate determined by the trainee's needs. It is hoped that in the final years, supervision will evolve with the trainee, in preparation for their first, post-qualification post, the aim being to help the trainee develop into a confident, independent practitioner.

**Resources** for a final year trainee or trainee in advanced specialist placements, such as use of an office and secretarial support, should be consistent with other department members.

**Supervision** of trainees in their final years should emphasise the following:

- Development of the trainee's skill of knowing and acknowledging limits of their ability
- Opportunities to impart psychological knowledge to other staff through providing consultancy and supervision appropriate to competence
- Experience of the organisational aspects of the Clinical Psychologist's role e.g. involvement in service development, managerial/departmental issues
- Exposure to leadership opportunities appropriate to stage of competence
- Increased negotiation of autonomy and accountability, whilst still acknowledging supervisor's clinical responsibility
- Experience of managing a caseload
- Involvement in departmental activities
- Refining of time-management skills
- Clinical experience and tasks close to that which will be experienced when qualified

### **P4.4 Legal Reports**

Trainees should be aware that the courts could request all written records and that they may be called as a witness to give factual testimony about their work with a client. This is different from being an expert witness. Trainees should never undertake the preparation of legal reports for solicitors or for Court, nor should they be put in a position whereby they may be called to provide expert testimony in Court. However, it may be



helpful for a trainee to be involved in shadowing a supervisor doing legal assessments and court work.

## **P4.5 Supervisor Training**

### **P4.5.1 Introduction**

The Programme recognises that our current placement supervisors deliver a high quality learning experience to our trainees and the extent of their commitment to this is evident in situations of increasing demand. Setting requirements for supervisor training for new supervisors and for experienced supervisors will allow the Programme, trainees and supervisors to use a shared language of models and processes in supervision that will enhance the quality of placement learning. It will also ensure that trainees continue to be well supported and due process continues to be maintained on the rare occasions when trainee competencies are in question.

NES have introduced the Generic Supervision Course for Psychological Therapies which is offered as the initial part of training for new supervisors. This is delivered locally in Boards by a network of Trained Trainers. As this is generic, it is complemented by further training tailored to the supervision of Doctoral Clinical Psychology trainees. This Clinical Psychology Specialist Supervision Module is being delivered locally in Health Boards by Clinical Tutors and Local Tutors. There is also an online component which covers the Paperwork and Procedures of the Programme and which also needs to be completed by new supervisors. The Programme's requirements for supervisor training are based on the BPS Register for Applied Psychology Practice Supervisors (RAPPS) Learning Objectives and renewal criteria.

### **P4.5.2 New Supervisors**

All new supervisors are required to receive training prior to having a trainee on placement. The NES Generic Supervision Course and Specialist Clinical Psychology Course have been designed to meet the RAPPS Learning Objectives for new supervisors. Completion of these two is the entry route for supervisors before they take their first trainee on placement, in addition to the online Paperwork and Procedures course. This is in place for placements starting in October 2011.

### **P4.5.3 Supervisors who have previously supervised but not on our Programme**

Using the RAPPS Learning Objectives allows a transferable statement of the quality and content of the supervisor training that has been provided. They are also widely adopted within Clinical Psychology Training Programmes throughout the UK.

Supervisors moving into posts from elsewhere in the UK, who provide evidence of already having received supervisor training to the RAPPS requirements will only be required to complete the online Paperwork and Procedures training pertaining to the Programme for which they will be supervising.

### **P.4.5.4 Experienced Supervisors**

For more experienced supervisors, the RAPPS five year renewal period will apply for placements commencing in April 2012 and thereafter; and all supervisors will be required to have received supervisor training within the 5 years before they take a trainee. This will take the form of Refresher training which is currently being delivered locally in Health Boards by Clinical Tutors and Local Tutors and is designed around the RAPPS Learning Objectives for practitioners who are already familiar with supervision and thus need less experiential training. As there has been a variety of supervision training courses on offer locally, these will be recognised as fulfilling the current requirement until 5 years have elapsed and the supervisor will be required to attend a

Refresher course. Supervisors will be welcome to attend Refresher training at an earlier date should they so wish, dependent on spaces.

It is not the intention to move to a requirement that supervisors register with the BPS RAPPS, as this incurs a cost to the individual. The RAPPS Learning Objectives and renewal period will be used as a professional benchmark standard such that, over time, all our supervisors will be eligible to apply for RAPPS registration. Some may choose to do so and others may not.

All supervisors requiring any level of training are encouraged to contact their local NHS Psychology Tutor.

#### **P4.6 References on Clinical Supervision**

**Allan, C, Bagnall, G and Campbell, E.** (2003) Training Provision for Educational Supervisors in Clinical Psychology.

**BPS** (2003) The British Psychological Society, Division of Clinical Psychology, Policy Guidelines on Supervision in the Practice of Clinical Psychology.

**Fleming, I & Steen, L.** (Ed) (2012) Supervision and Clinical Psychology 2<sup>nd</sup> edition, East Sussex: Brunner-Routledge.

**Holloway, E.I.** (1995) Clinical Supervision: A Systems Approach, Thousand Oaks, California: Sage.

**Juwal, C et al** (2004) Enhancing student learning through effective formative feedback, The Higher Education Academy, [www.ltsn.ac.uk/genriccentre](http://www.ltsn.ac.uk/genriccentre)

**Kilminster, M & Jolly, BC.** (2000) Effective supervision in clinical practice settings: a literature review. Medical Education, 34:827 - 840.

**Milne, D & James, I.** (2002) Experiential Learning Model of Effective Supervision - 'The observed impact of training on competence in clinical supervision' British Journal of Clinical Psychology 41, .55-72.

**Scaife, J.** (2001) Supervision in the Mental Health Professions, East Sussex: Brunner-Routledge.

#### **P4.7 What the trainees want from supervision: The Trainee's Perspective**

At a number of teaching sessions, trainees' views were sought concerning what they consider to be good and not so good supervisory practice. These views are reproduced below.

##### **'HELPFUL SUPERVISION'**

- Allowing the trainee to 'shadow' the supervisor for a whole week
- It is helpful if the supervisor is able to be specific about what the trainee is and is not doing right
- Giving honest, balanced, concrete and constructive feedback on strengths as well as areas requiring development
- Inviting initiative as appropriate
- Openness, warmth and empathy in supervision relationship

- Interest in the whole trainee ... asking about things other than just cases
- Discussion of supervisors' cases/referrals/wider issues
- Ability to be able to contact supervisor or other trained psychologist at any time
- Time to de-brief after a joint clinic/sitting in
- Following a case through, observing the supervisor from start to finish
- Sitting in with other department members
- Constructive criticism about small scale research and case studies (not just spelling correction)
- Ease of contact for informal supervision
- Encouraging, considerate, open and honest supervisory style
- Consistent, open and honest monitoring of trainees' skills from day one (to reduce possibility of being surprised by feedback in evaluations of clinical competence forms at mid and end placement)
- Open-ended questioning to allow trainee to raise any problems or issues (clinical or personal)
- Collaborative style, joint discovery of solutions to clinical problems
- Focused and consistent in relation to potential weaknesses in trainees' clinical skills.
- Asking for feedback about supervision.
- Regular, pre-agreed supervision time, uninterrupted with minimal re-scheduling.

#### “UN-HELPFUL SUPERVISION”

- Giving the impression all is well, when it isn't
- Saying “that's fine”, non-specific feedback
- Patchy, cancelled or did not attend supervision
- Limited informal contact
- Nowhere for the trainee to sit and work
- Supervision in front of others
- Using the trainee as a stand-in
- Not giving importance to the evaluation of clinical competence form / final session

#### **P4.8 A Trainee's Responsibilities**

In addition to the above examples of good and not so good supervision, one group of trainees produced a list of what they consider to be primarily their responsibility:

- To be aware of training needs and alert supervisor to gaps
- To keep a record of all work done on placement
- To voice concerns and worries about cases
- To be explicit about disagreements
- To check 'creative' ideas with supervisor first
- To ensure workload is manageable and alert supervisor if feeling pressured
- To ensure that programme requirements are being met
- To raise and attempt to resolve professional or personal differences
- To come up with small-scale research ideas
- To be aware of legal boundaries, e.g., confidentiality, Children's Act, data protection, Code of Conduct
- To be adaptable
- Share knowledge
- Give as well as take

## **P4.9 BPS Guidelines on Clinical Supervision**

(from BPS MEMBERSHIP & QUALIFICATIONS BOARD Committee on Training in Clinical Psychology).

### **P4.9.1 Introduction**

The following guidelines set out the minimum standards necessary to achieve good practice in the supervision of clinical trainees. In practice it is often helpful to adapt these guidelines and customise them to the specific programme. It is important that these guidelines are read in conjunction with the criteria for accreditation.

(reviewed by CTCP 2002)

#### 1. Qualifications of supervisors

(see previous sections)

*Revised September 2010*

### **P4.9.2 Supervisors Workshops and Meetings**

2.1 Programmes must organise regular supervision workshops to train supervisors in methods of supervision; these should be designed with the needs of new as well as experienced supervisors in mind. Supervisors are expected to attend workshops on supervision. There should also be regular meetings at which supervisors have an opportunity to share information and discuss problems. Where programmes make use of team supervision, viz. where the ratio of trainee to supervisor is other than 1:1, the programme must ensure that appropriate guidance is given to supervisors and trainees on the procedures that are necessary for good team supervision. It will probably be necessary to establish supervisor workshops related specifically to team supervision.

2.2 Suggested learning objectives for introductory supervisor training are provided at [www.bps.org.uk/accreditation/downloads](http://www.bps.org.uk/accreditation/downloads). Programmes that have developed supervisor training that reflects these objectives are able to seek approval for their training from the Society's Learning Centre ([www.bps.org.uk/learningcentre](http://www.bps.org.uk/learningcentre)), enabling supervisors who successfully complete the training to apply for entry to the Society's Register of Applied Psychology Practice Supervisors.

2.3 It is important that supervisors keep abreast of theoretical, research and professional developments in their fields of work and participate in continuing professional development.

### **P4.9.3 Allocation to Clinical Placements**

3.1 There should be an explicit procedure for allocating trainees to clinical placements. All trainees and supervisors involved should understand the procedure and know how to influence decisions about clinical placements. The person responsible for arranging placements should give primacy to general training requirements and competency development needs but should also take account of the needs of individual trainees. Information should be provided about the experience obtainable in the various placements to help trainees and programme staff to make placement decisions.

3.2 The Programme should try to ensure effective co-working for trainees who are sharing the same placement. This is especially important where there is team

supervision, with two trainees allocated to one supervisor, or when two or more trainees receive supervision from a team of supervisors, within the same placement.

#### **P4.9.4 Setting up the Placement**

4.1 Both trainee(s) and supervisor(s) must have an opportunity to meet either before, or at the very beginning of the placement to discuss the range of experience, which is to be provided, and the expectations (hours, days of work, etc) of the trainee(s). The general aims of the placement should normally be agreed within the first two weeks of the placement and a clinical contract should be written. Attention must be paid in the clinical contract to the range of opportunities available in the placement, and to the needs, interests and previous experience of the trainee. Particular efforts should be made to fill major gaps in the trainee's experience, and records of the trainee's previous experience should be available for this purpose. The Programme Director or Clinical Tutor will have played a major role in the assessment of the trainee's strengths and needs and in the sequence of placements.

4.2 In cases where there is more than one supervisor involved in a trainee's placement (team supervision) a primary supervisor must be identified for each trainee who will take responsibility for the planning and co-ordination of that trainee's placement, supervision and assessment, and for liaison with Programme staff.

4.3 The supervisor must plan an induction for the trainee, arrange for cover in the event of annual or other leave and should plan casework well in advance.

4.4 Care should be taken to ensure that the trainee has access to (at least) shared office space, telephone and a desk. There must be adequate arrangements for secretarial and IT support for placement work and trainees must be given guidance on the facilities available.

4.5 Supervisors must remember that they have clinical and legal responsibilities for their trainees throughout the training period. It is good practice for supervisors to be insured, for trainees to be aware of relevant legal boundaries (e.g. re. the Data Protection Act, the Children Act). It is essential that trainees have appropriate (substantive or honorary) contracts that allow them to work in their placement.

#### **P4.9.5 Placement Content**

5.1 Programmes must develop, in consultation with the Division of Clinical Psychology's Faculties and Special Interest Groups and local supervisors, guidelines on the required experience in clinical placements, recommending an appropriate amount of clinical work.

5.2 The local guidelines on placement content should be taken into account in the provision of placement experience for the trainee. The level of his/her experience and expertise and the stage of training will determine the particular balance of work for each individual trainee.

5.3 Supervisors should ensure that trainees undertake an appropriate quantity of clinical work. There are dangers in both extremes: too little work reduces the opportunity for learning and too much may reduce trainees' capacity for planning or reflecting upon the work. Supervisors should monitor the balance of time spent by the trainee on work at different levels (direct client work, indirect and organisational work). This balance will

vary according to the stage of training and the type of placement. Supervisors should be alert to the dangers of time being lost at the start of the placement through suitable work not being available and should take this into account in preparing for the arrival of the trainee.

5.4 A log must be kept of the work a trainee has done in a clinical placement. The programme must ensure that the Clinical Tutor appropriately uses these records in planning future placements and by future clinical supervisors in discussing what experience they should provide.

5.5 With team supervision, the programme should give clear guidelines about the experience to be acquired so that the placement may be planned to make optimal use of others involved in providing supervision.

#### **P4.9.6 Clinical Supervision**

6.1 There must be a formal, scheduled supervision meeting each week that must be of at least an hour's duration. Longer supervision will sometimes be needed, especially where team or group supervision is used. In addition, supervisors should try to make themselves available for informal discussion of matters that arise between formal supervision sessions. The total contact between the trainee(s) and supervisor(s) must be at least three hours a week, and will need to be considerably longer than this time at the beginning of training.

6.2 In cases of team or group supervision, trainees must always receive, in addition, an appropriate amount of individual supervision. Individual supervision must provide opportunities to discuss personal issues, professional development, overall workload and organisational difficulties as well as on-going casework.

6.3 Adequate time for clinically relevant reading must be made available to the trainee on placement. In addition, supervisors have a crucial role in contributing to the integration of the academic and practical aspects of the Programme. They should discuss literature relevant to the clinical work in hand and suggest suitable reading to the trainee. In general they should help trainees to develop a scholarly and critical approach to their clinical work.

6.4 In addition to discussing clinical work, it is essential that the trainees and supervisors have opportunities to observe each other at work: the trainee can learn much more from this and it is essential in order for the supervisor to give the trainee accurate and constructive feedback. Placements differ in the most appropriate opportunities for such direct contact: some may use joint clinical work of some kind; others may prefer audiotape, videotape or a one-way screen. Some form of mutual observation of clinical work is regarded as essential.

#### **P4.9.7 Quality of Clinical Supervision**

7.1 The quality of the supervision that is provided for the trainee will depend upon many factors. The care taken in the early stages to build up a good relationship will enhance the quality of the clinical supervision.

7.2 Supervisors should be prepared to adapt their style of supervision to the stage of the programme a trainee has reached. It is necessary to be prepared to describe basic clinical procedures in detail and to ensure that trainees have an adequate grasp of

techniques they are asked to use. Detailed training in techniques should also be available to more experienced trainees if required.

7.3 Trainees and supervisors may find that they have a different orientation and interests. Where this happens tolerance should be shown on both sides. Trainees should be helped to see that they might learn much that is valuable from a supervisor whose approach they may not ultimately wish to adopt. On the other hand, supervisors should see it as one of their functions to help trainees develop their own interests in an appropriate way. Where supervisors decide they must overrule the way the trainee wishes to work, they should explain their reasons with care, rather than simply asserting that this is how things should be done.

7.4 Supervisors should be prepared to discuss seriously and sympathetically any general issues of relationships with patients or staff that arise in the programme of clinical work. They should be sensitive to any personal issues that arise for the trainees in relation to clients and be prepared to discuss these in a supportive way when they are considered to affect the trainee's work. The range of personal issues that can be raised by clinical work is wide and includes, for example, over-involvement, dealing with anger and despair, workload and time management problems.

#### **P4.9.8 Clinical Reports and Communication**

8.1 Communication with other members of clinical teams and networks involves both written and verbal reports. Verbal reporting and discussion are often more important than formal written reports in terms of their effects on clinical decisions and action. Since the relative importance of written and oral communication is likely to vary between settings, supervisors will need to identify the most important channels of communication in their placement and teach the trainee to use these channels effectively and efficiently. Training in effective communication will involve both observation of the supervisor's behaviour, and practice by the trainee with ample opportunity for feedback.

8.2 There is a wide variation within the profession in how clinical reports are written and presented, particularly with respect to the amount of detailed information provided. Trainees need to be acquainted with a variety of report and letter writing styles. If there is agreement about minimal requirements of clarity and relevance in reports, exposure to individual differences between supervisors is more likely to be constructive than confusing. Trainees should be encouraged to write reports that are appropriate to the recipient (whether this is a professional colleague or a client), avoid jargon, distinguish clearly between fact and opinion, and provide consistent clarity of expression. Both supervisor and trainee should be aware of the potential conflict between communicating fully to professional colleagues and maintaining confidentiality.

#### **P4.9.9 Review Meetings and Feedback**

9.1 There must be a formal process during each placement whereby the Programme team monitors the clinical experience of trainees and the supervision provided, and helps to resolve any problems that may have arisen. The aims of this are:

- a) to review the progress of the clinical Contract
- b) to give feedback to the trainee on his/her clinical performance
- c) to allow the trainee to comment on the adequacy of the placement
- d) to set targets based upon the above for the remainder of the placement
- e) to give feedback to the supervisor on his/her performance.

9.2 When a trainee is involved with some form of team supervision, the programme must ensure that each trainee's experience is monitored on an individual basis. Other review or feedback of meetings that may be held at the beginning and end of a placement should also allow for individual time allocation for each trainee. If possible, all team supervisors involved with any single trainee should be involved in the monitoring process (and beginning and end of placement meetings). Where it is not possible for all a trainee's supervisors to be present at a key review meeting, one designated supervisor should seek views from other team supervisors prior to the meeting, and provide feedback after the meeting.

9.3 Matters such as the physical resources available to the trainee (room space, secretarial backup, etc) and theory-practice links may also be usefully discussed at this time. Supervisors and trainees may find it helpful in the review to go through the rating forms that will be used at the end of the placement.

9.4 In general, it is expected that the programme staff member conducting the monitoring will hold discussions with the trainee and supervisor separately and then hold a joint discussion. In this way more accurate feedback about the trainee's performance and about the quality of the supervision provided may be obtained. The timing of the monitoring is important if sufficient time is to be left for improvements to be made. A plan and timetable for the review should be agreed at the start of the placement.

9.5 Mid placement qualitative feedback is essential both for the supervisor and the trainee. Supervisors should try to set aside positive or negative personal feelings about trainees when making evaluations. Feedback should be detailed and constructive and designed to help trainees develop a range of effective and appropriate skills; thus, feedback should be critical but not wholly negative.

9.6 If seriously dissatisfied about aspects of a trainee's performance, supervisors should regard themselves as under an obligation to the profession to indicate this to the programme staff.

9.7 The trainee also has a responsibility to the programme and to the profession to give feedback to the programme staff about the quality of the placement and the supervision.

9.8 At the end of the placement the supervisor must give the trainee full feedback on his/her clinical performance. The trainee must see the supervisor's written assessment. Any major points that the supervisor is concerned about should normally have been raised well beforehand, at least during the formal monitoring process, to allow the trainee time to improve. The trainee must also have ample opportunity to comment on the placement, for example, on the experience and the supervision received. The trainee's views should be recorded formally as part of the general evaluation of the placement. Feedback forms and forms for rating clinical competence should always be completed at the time of the end of placement review and returned promptly.

9.9 The points made in section 9.5 concerning the provision of balanced, constructive and detailed feedback to the trainee also apply to the end of placement review. The supervisor should, in addition, help the trainee to identify gaps in his/her experience to facilitate planning for subsequent placements. It is important for the supervisor and trainee to forward this information to the person responsible for co-ordinating placements.



#### **P4.9.10 Assessment of Clinical Competence**

10.1 It is important that supervisors are familiar with the examination and continuous assessment requirements for trainees and the guidelines and regulations for these.

10.2 In cases of team supervision, all supervisors who have been involved with the trainee(s) must be familiar with the programme's assessment procedure and must give feedback on the trainee(s) clinical competence.

10.3 Supervisors must be familiar with the specific criteria for passing and failing in the assessment of clinical competence set by the programme. In addition, supervisors should be aware of appeals procedures. In cases where trainees have displayed unsatisfactory behaviour, such as regular and serious lateness for clinical appointments, professional misconduct, or failure to acquire an adequate level of clinical competence, trainees must be left in no doubt about the problem. The supervisors should discuss with the Clinical Tutor what action should be taken and it may be helpful to have a member of the programme staff present at the time of the end of placement review.

School of Health in Social Science

**Adult Mental Health – Clinical  
Placement  
CLPS12002**

**COURSE HANDBOOK**

2015 - 2016

Course Organiser: Dr Rebecca Curtis

## Overview

### Welcome

Welcome to your adult mental health placement course on the DClin Psychol. Programme. We hope that you enjoy your training experience and take full advantage of the learning and teaching opportunities on offer.

### This handbook and other documents

This Course handbook should be read in conjunction with the Programme Handbook and the Programme Guide. Additional information about the regulations governing this course can be found on the University website. The links to these are available in the Programme Handbook. You should familiarise yourself with these regulations.

### Introduction to the Adult Mental Health Placement Course

The Adult Mental Health Placement course is taken on a full-time basis in year 1 of training and is a compulsory course for all trainees. The placement, running over five months, may be taken either after block 1 or block 2 teaching. All placements will normally be carried out in a Scottish NHS context in the areas covered by the contributing Scottish Health Boards. Trainees will not do placements in private institutions. General guidance on placement organisation can be found in the NHS and Clinical Practice Placement Handbook.

### Incomplete Placements

Trainees are required to complete a minimum of 55 days on placement (see section P3.5.10). Unforeseen circumstances, such as illness, etc. can cause Trainees to not reach the required days of a core placement. In such circumstances the Clinical Tutor team are responsible for ensuring that placement time is made up either by continuation of the placement or by additional experience later in training. This is arranged on a case by case basis. Any trainee at risk of not completing sufficient placement days should contact the Clinical Tutor as soon as possible.

### Key contacts

The key contacts for the Adult Mental Health Placement are:

#### For placement arrangements, local information and coordination – Your Area Local Tutor

Health Board	Local Tutor	Contact Details
Borders	Emma Ducklin	<a href="mailto:Emma.ducklin@borders.scot.nhs.uk">Emma.ducklin@borders.scot.nhs.uk</a> 01896 668 821
Dumfries & Galloway	Katie Whyte	<a href="mailto:k.mackie@nhs.net">k.mackie@nhs.net</a> 01387 244 113
Fife	Amy McArthur	<a href="mailto:amymcarthur@nhs.net">amymcarthur@nhs.net</a> 01383 565 402
Forth Valley	Ginny Avery	<a href="mailto:ginny.avery@nhs.net">ginny.avery@nhs.net</a> 01324 614 349
Grampian	Annick Shaw	<a href="mailto:annick.shaw@nhs.net">annick.shaw@nhs.net</a> 01224 559 552
Lanarkshire	Sally Dewis	<a href="mailto:sally.dewis@nhs.net">sally.dewis@nhs.net</a> 01698 210 021

Lothian	Rosalind Evans	<a href="mailto:rosalind.evans@nhslothian.scot.nhs.uk">rosalind.evans@nhslothian.scot.nhs.uk</a> 01316 537 6958
Tayside	Ailie Castle	<a href="mailto:ailie.castle@nhs.net">ailie.castle@nhs.net</a> 01382 306 150

For any **placement issues or difficulties** - **Your Clinical Tutor**

For **teaching and academic assignments** (case conceptualisation, thesis proposal, etc.) – **Your Personal Tutor**

The Course Organiser for the Adult Mental Health – Clinical Placement is Rebecca Curtis. The course receives support from Rosie Wayte, and student support from Louise Carracher, the Student Support Assistant.

Rebecca Curtis Course Organiser Room 2.6 Medical School, Teviot Place <a href="mailto:rebecca.curtis@ed.ac.uk">rebecca.curtis@ed.ac.uk</a> 0131 651 3950	Louise Carracher Student Support Assistant General Office, 1 <sup>st</sup> Floor Medical School, Teviot Place <a href="mailto:l.carracher@ed.ac.uk">l.carracher@ed.ac.uk</a> 0131 651 5144	Rosie Wayte Clinical Tutor Team Administrative Assistant General Office, 1 <sup>st</sup> Floor, OR outside room 2.6 Medical School, Teviot Place <a href="mailto:clinical.tutor.admin@ed.ac.uk">clinical.tutor.admin@ed.ac.uk</a> 0131 651 3973
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### **Employment issues and guidance for conduct on placement**

Information about the rules and regulations governing your employment with the NHS and conduct while on placement can be found in the NHS and Clinical Practice Placement Handbook. These include personal safety, sick leave, travel expenses and confidentiality. Please ensure that you familiarise yourself with this information.

### **Course Structure**

<b>Course Code:</b>	CLPS12002
<b>Title:</b>	Adult Mental Health – Clinical Placement
<b>Credits:</b>	SCQF – 40 ECTS – 20
<b>Level:</b>	SQF Level 12 (Postgraduate)
<b>College:</b>	Humanities and Social Science
<b>School:</b>	School of Health in Social Science
<b>Course Organiser:</b>	Rebecca Curtis
<b>Placement Dates:</b>	Approx. November to April (1) OR approx. May to October (2)

Please see the [Degree Regulations and Programmes of Study \(DRPS\)](#) website for full details.

## Learning Outcomes

In addition to the Learning outcomes below, trainees will have a set of Standard and Personalised Learning Objectives to meet during their training. They will have the opportunity to work towards some of these during Adult Mental Health Core placement, depending on discussions at previous Mid-placement visits:

1. Assess, formulate, evaluate and address typical clinical problems presenting in adult mental health settings, using a range of psychological theories and knowledge and drawing on a variety of models of psychological therapies and intervention.
2. Adopt both direct and indirect modes of intervention to improve and support psychological aspects of health and social care and to evaluate their efficacy, working within a framework of evidence based practice, drawing from and developing the professional knowledge base.
3. Build effective alliances with individuals (including staff, clients and carers) from a diverse range of cultural and ethnic backgrounds and to communicate effectively with staff from other disciplines and work within multi-disciplinary teams.
4. Have a deep understanding of the social context within which psychological problems may develop, how environments may be modified to ameliorate problems and to have a critical overview of the policy, legislative and planning contexts of the services in which clinical practice is undertaken.
5. Demonstrate high standards of conduct and ethical behaviour consistent with recognised guidelines for professional practice, understand the need for regular evaluation of their work, be skilled in self-reflection and self-awareness, and understand the need for continuing professional development after qualification.

## Core Placement Experience Guidelines

**General guidelines for all placements can be found in the NHS and Clinical Practice Placement Handbook. The guidelines below relate specifically to the Adult Mental Health Placement.**

This section outlines the minimum requirements from individual placements. It is expected that during the programme as a whole, trainees will gain a good working knowledge of the problems which present in the area of Adult Mental Health. Trainees should also acquire an understanding of a range of theoretical and therapeutic models and their application in clinical practice.

**Induction Phase:** A minimum of 1 and a maximum of 2 placement weeks should be spent orientating trainees to local service provision. This should include: Introduction to and explanation of the role of key personnel with whom trainees may be working directly, e.g. psychiatrists, general practitioners, social workers, occupational therapists and nursing staff. This should involve discussion about the role of different personnel and meetings between the trainee and key personnel. In addition, observation of the work of certain key personnel should be arranged e.g. sitting in on a psychiatric outpatient and/or GP clinic, attending CPN visits.

- Introduction to facilities in both Hospital and Community settings.
- Discussion about other key personnel with whom trainees may be indirectly involved or, in certain cases, directly involved e.g. Medical Records Officers.
- Time spent reading service documentation, e.g. local, regional and national policy documents pertaining to the particular placement and type of client. Trainees will

be made aware of the variety and type of materials which are available, including introductory texts. Time should be made available both at the beginning and throughout the placement for the trainee to become familiar with the relevant services.

- Introduction to “house style” of department. This should involve discussion with appropriate secretarial staff and supervisor regarding administration procedures, such as use of diary, letter writing, arranging appointments etc.
- Objective setting. Within the first week of placement, written objectives should be drawn up between the supervisor and the trainee, based on guidelines contained in the Programme Handbook. Learning objectives from a previous placement are expected to be incorporated into these.
- Direct experience of services available to those with mental health problems. This could include visiting various settings such as day hospitals, day centres, rehabilitation units, hospital - acute and long stay wards.
- Introduction to the work of voluntary agencies e.g. local Mental Health Association.

**Experience of Observing Trained Psychologists:** During the placement trainees should have the opportunity to observe a trained clinical psychologist in the following situations:

- Working directly with patients.
- Working indirectly with patients e.g. through relatives or staff.
- Participating in a multidisciplinary meeting.
- Liaison with other colleagues and disciplines.
- During the first month particular emphasis should be placed on observing the supervisor at work.
- The trainee should observe the supervisor in at least 5 clinical interviews.
- Observing the supervisor at different stages of treatment.
- Where possible, observe the supervisor carry out teaching and training.

**Clinical intervention:** Trainees can expect to experience cases involving:

- Assessment of presenting problems, leading to formulation and treatment plans.
- Direct treatment with patients with whom the trainee is the prime worker.
- Indirect work with patients e.g. advising staff or relatives.
- Development of skills in interviewing.
- Assessment techniques.
- Formulation and treatment.
- Use of and interpretation of relevant testing/questionnaire material, including neuropsychological assessment where possible
- It is essential that trainees have experience of cognitive behavioural techniques.

**Range of Problems and settings:**

- Assessment and treatment of a wide range of psychological problems. These may include phobias, OCD, PTSD or other post-trauma work including childhood abuse, anxiety, depression, eating disorders, psychosis, complex bereavement, psychosexual problems, interpersonal/relationship problems.
- Trainees should be aware of the range of psychiatric disorders and the process of their care and management, and have some direct experience of these - e.g. sitting in on a psychiatric clinic.
- Trainees should experience working in different settings, both hospital and community.

- Trainees should have the opportunity to work in outpatient clinics, inpatient wards (acute and/or long term) and in other settings as available e.g. day hospital, rehabilitation unit.

#### **Participating in Teamwork (where possible):**

- Trainees should attend multi-disciplinary meetings in order to observe the work of the multidisciplinary team.
- Trainees should be made aware of the advantages and limitations of teamwork.
- Trainees are expected to participate fully in multidisciplinary teamwork, especially in aspects concerning individual case management in which they are involved (e.g. referral meetings, case discussions, individual planning meetings).
- Where appropriate, opportunities for trainees to participate in in-service training activities may be offered. In this case consideration should be given to allow trainees to teach and present information to other staff as well as receive training.

#### **Supervision:**

- Trainees should receive frequent feedback on progress incorporated into the regular supervision session.
- Supervisors are required to observe students directly with clients, to provide feedback, help and instruction where necessary. Supervisors should continue with direct observation as necessary, using audio taping where direct observation is impractical.
- Within the Adult mental health placement, the use of a structured assessment of competence is mandatory and supervisors must use such a scale three times across the duration with the placement with three different clients. At present the Cognitive Therapy Scale- Revised (CTS-R; Blackburn, James, Milne, Baker, Standart, Garland & Reichelt, 2001) is recommended. This is to be used for formative feedback on development of trainee's CBT competencies.
- Where there is more than one supervisor in a placement, it should be agreed between supervisors that one of them will co-ordinate the placement (the co-ordinating supervisor will be known as the Lead Supervisor).
- Supervisors should ensure that another named person is available in the absence of the supervisor.
- A regular supervision time of no less than 1 hour each week with additional availability for informal contact.
- Supervisors should provide support and access to materials to enable trainees to plan and carry out research as required by the Programme for their Small Scale Research Project.
- Completion and discussion of the evaluation forms according to the guidelines at mid-placement and at the end of the placement

**Workload:** In calculating a realistic workload due attention should be paid to the stage of training and the nature of the work undertaken in the placement. **Please refer to Section 3 of the NHS and Clinical Practice Placement Handbook for full guidance on workload.**

- Suggested minimum of **12 cases** including assessment and treatment, range 12 - 20.
- The number of cases should be sufficient to reflect the variety of problems encountered in the placement.
- Trainees should complete all relevant paper work associated with the case.

**Additional Work Experience:** While the above are minimum placement requirements, it is envisaged that trainees will have access to a variety of other types of experiences. These may include:

- Research
- Group work
- Teaching
- Working with special groups of clients.
- Trainees should also be given the opportunity to do D.Clin.Psychol. research and have access to relevant material to plan the research.

### **Trainees with Disabilities**

The School Coordinator of Adjustments is Craig Hutchison, Lecturer in Counselling Studies who works in the Teviot Place building. He can offer support and guidance about requirements within the University.

Trainees are also advised to contact the Student Disability Service, Third Floor, The Main Library Building, George Square, Edinburgh, EH8 9LJ.  
Telephone: 0131 650 6828. Email: [disability.service@ed.ac.uk](mailto:disability.service@ed.ac.uk).  
Web: <http://www.ed.ac.uk/schools-departments/student-disability-service/home>

Trainees with disabilities, including specific learning difficulties such as dyslexia, may have specific requirements for placements. Special adjustments for placements are co-ordinated by the Clinical Tutor team with appropriate liaison with local supports.

If placement planning is affected, the Local NHS Psychology Tutor should be informed as early as possible. Advice can also be sought from Personal Tutors, Clinical Tutors and the Programme Director. As NHS employees, trainees have the right to approach their local Human Resources Department directly to request reasonable adjustments in their workplace.

## **Assessment and Feedback Information**

### **Assessment**

The Adult Mental Health Placement is assessed by performance on placement, as outlined by the Evaluation of Clinical Competence (ECC) form. This is completed by the clinical supervisor(s) and is reviewed, along with the additional placement paperwork, at the end of placement meeting. Where more than one supervisor is involved in an AMH placement, for example a placement that includes primary care work and CMHT/SEMI work with different supervisors, then the two supervisors should ordinarily collaborate to complete a single ECC form with an agreed grade which is signed by both supervisors. The criteria for failure of a placement and procedures for remediating difficulties on placement are provided in detail in the Programme Handbook.

### **Submission and feedback deadlines (for both formative and summative assessment)**

Formative feedback is given on an ongoing basis as part of regular supervision and case discussion. It is also given after the trainee is observed by the supervisor, whether



by sitting in with a trainee's session or by using a video or audio recording of a session. As described above, for some observations, the supervisor will use the CTS-R to provide the trainee with specific formative feedback on their CBT competences. Detailed formative feedback is given prior to the mid-placement visit, when the supervisor completes the Evaluation of Clinical competence (ECC) Form. The supervisor discusses this with the trainee in advance of the mid-placement visit. During the mid-placement visit, the ECC is discussed with the trainee and the supervisor by the mid-placement visitor.

Summative feedback is provided at the end of placement by the supervisor completing the ECC form, to make a recommendation regarding the placement grade, and discussing this with the trainee. The trainee then brings this and other placement paperwork to the End of Placement meeting or Joint Annual Review where the decision is made on the placement grade that will go to Exam Board.

**Please refer to Section 3 of the NHS and Clinical Practice Placement Handbook for full guidance on mid-placement visits, End of Placement meetings and Joint Annual Reviews.**

### **Feedback and Provisional Marks**

All placement marks are provisional marks which are subject to change by external examiners or the exam board. Final marks are available in MyEd a few weeks after the autumn exam boards. Marking is done in line with the University's common marking scheme. Details on university assessment regulations are available via the University of Edinburgh web pages, currently hosted at:

The Postgraduate (Taught) Assessment Regulations:

[www.docs.sasg.ed.ac.uk/AcademicServices/Regulations/TaughtAssessmentRegulations.PDF](http://www.docs.sasg.ed.ac.uk/AcademicServices/Regulations/TaughtAssessmentRegulations.PDF)

The Postgraduate (Research) Assessment Regulations:

[http://www.docs.sasg.ed.ac.uk/AcademicServices/Regulations/PGR\\_AssessmentRegulations.PDF](http://www.docs.sasg.ed.ac.uk/AcademicServices/Regulations/PGR_AssessmentRegulations.PDF)

Trainees are advised to familiarise themselves with these regulations

### **Extensions procedures**

Trainees are required to complete a minimum of 55 days on placement (see section P3.5.10). Unforeseen circumstances, such as illness, etc. can cause Trainees to not reach the required days of a core placement. In such circumstances the Clinical Tutor team are responsible for ensuring that placement time is made up either by continuation of the placement or by additional experience later in training. This is arranged on a case by case basis. Any trainee at risk of not completing sufficient placement days should contact the Clinical Tutor as soon as possible.

Trainees should also refer to Section P2.2 of the **NHS and Clinical Practice Placement Handbook for full guidance on annual leave** as the requirements for a minimum number of placement days within clinical placements will govern the amount of leave that can be granted within a given placement. If a trainee has been absent from placement for 17 days or more for any type of leave, then any further applications for

leave (apart from sick leave) must be approved by the Clinical Tutor as well as the line manager.

## Dates

Please find below a list of important dates for the academic year:

**February and July**

**April/May**

**October**

Mid-placement visits

End of placement meeting

Joint annual review

## Timetable

- [Web timetables](#)
- [Course timetable Browser](#)
- [Academic timetable 2015-2016](#)
- [DClin Psychol. teaching timetable 2015-2016](#)

School of Health in Social Science

# **Intellectual Disabilities – Clinical Placement**

## **CLPS12039**

### **COURSE HANDBOOK**

2015 - 2016

Course Organiser: Dr Richard Payne

## Overview

### Welcome

Welcome to your Intellectual Disabilities Placement course on the DClin Psychol. Programme. We hope that you enjoy your training experience and take full advantage of the learning and teaching opportunities on offer.

### This handbook and other documents

This Course Handbook should be read in conjunction with the Programme Handbook and the Programme Guide. Additional information about the regulations governing this course can be found on the University website. The links to these are available in the Programme Handbook. You should familiarise yourself with these regulations.

### Introduction to the Intellectual Disabilities Placement Course

The Intellectual Disabilities placement course is taken on a full-time basis in year 1 of training and is a compulsory course for all trainees. The placement, running over five months, may be taken either after block 1 or block 2 teaching. All placements will normally be carried out in a Scottish NHS context in the areas covered by the contributing Scottish Health Boards. Trainees will not do placements in private institutions. General guidance on placement organisation can be found in the Programme guide.

### Incomplete Placements

Trainees are required to complete a minimum of 55 days on placement (see section P3.5.10). Unforeseen circumstances, such as illness, etc. can cause trainees to not reach the required days of a core placement. In such circumstances the Clinical Tutor team are responsible for ensuring that placement time is made up either by continuation of the placement or by additional experience later in training. This is arranged on a case by case basis. Any trainee at risk of not completing sufficient placement days should contact their Clinical Tutor as soon as possible.

### Key contacts

The key contacts for the Intellectual Disabilities – Clinical Placement course are:

For **placement arrangements, local information and coordination – your Area Local Tutor**

<b>Health Board</b>	<b>Local Tutor</b>	<b>Contact Details</b>
Borders	Emma Ducklin	<a href="mailto:Emma.ducklin@borders.scot.nhs.uk">Emma.ducklin@borders.scot.nhs.uk</a> 01896 668 821
Dumfries & Galloway	Katie Whyte	<a href="mailto:k.mackie@nhs.net">k.mackie@nhs.net</a> 01387 244 113
Fife	Amy McArthur	<a href="mailto:amymcarthur@nhs.net">amymcarthur@nhs.net</a> 01383 565 402
Forth Valley	Ginny Avery	<a href="mailto:ginny.avery@nhs.net">ginny.avery@nhs.net</a> 01324 614 349
Grampian	Annick Shaw	<a href="mailto:annick.shaw@nhs.net">annick.shaw@nhs.net</a> 01224 559 552
Lanarkshire	Sally Dewis	<a href="mailto:sally.dewis@nhs.net">sally.dewis@nhs.net</a> 01698 210 021

Lothian	Rosalind Evans	<a href="mailto:rosalind.evans@nhslothian.scot.nhs.uk">rosalind.evans@nhslothian.scot.nhs.uk</a> 01316 537 6958
Tayside	Ailie Castle	<a href="mailto:ailie.castle@nhs.net">ailie.castle@nhs.net</a> 01382 306 150

For any **placement issues or difficulties** - **your Clinical Tutor**

For **teaching and academic assignments** (case conceptualisation, thesis proposal, etc.) – **your Personal Tutor**

The Course Organiser for the Intellectual Disabilities – Clinical Placement is Richard Payne. The course receives support from Rosie Wayte, and student support from Louise Carracher, the Student Support Assistant.

Richard Payne Course Organiser Room 2.6 Medical School, Teviot Place <a href="mailto:richard.payne@ed.ac.uk">richard.payne@ed.ac.uk</a> 0131 651 3950	Louise Carracher Student Support Assistant General Office, 1 <sup>st</sup> Floor Medical School, Teviot Place <a href="mailto:l.carracher@ed.ac.uk">l.carracher@ed.ac.uk</a> 0131 651 5144	Rosie Wayte Clinical Tutor Team Administrative Assistant General Office, 1 <sup>st</sup> Floor, OR outside room 2.6 Medical School, Teviot Place <a href="mailto:clinical.tutor.admin@ed.ac.uk">clinical.tutor.admin@ed.ac.uk</a> 0131 651 3973
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### **Employment issues and guidance for conduct on placement**

Information about the rules and regulations governing your employment with the NHS and conduct while on placement can be found in the NHS and Clinical Practice Placement Handbook. These include personal safety, sick leave, travel expenses and confidentiality. Please ensure that you familiarise yourself with this information.

### **Course Structure**

<b>Course Code:</b>	CLPS12039
<b>Title:</b>	Intellectual Disabilities – Clinical Placement
<b>Credits:</b>	SCQF – 40 ECTS – 20
<b>Level:</b>	SQF Level 12 (Postgraduate)
<b>College:</b>	Humanities and Social Science
<b>School:</b>	School of Health in Social Science
<b>Course Organiser:</b>	Richard Payne
<b>Placement Dates:</b>	Approx. November to April (1) OR approx. May to October (2)

Please see the [Degree Regulations and Programmes of Study \(DRPS\)](#) website for full details.

## Learning Outcomes

On completion of this course, the student will be able to:

1. Apply the concepts, theories and principles of the intellectual disabilities specialism in an integrated, critical, ethical and professional way in clinical practice.
2. Clinical competence as applied to a range of client needs and in a variety of clinical settings in relation to: assessment, formulation, intervention and evaluation of behavioural and psychological difficulties in clients with an intellectual disability (including indirect work with families and carers); participation in collaborative multi-disciplinary teamwork and the ethical and legal issues pertaining to intellectual disabilities clinical psychology services.
3. Apply their knowledge and skills to develop creative and original responses to clinical problems and issues.
4. Analyse, synthesise and evaluate the taught material and apply it to dealing with complex and novel situations and issues in clinical practice in an informed and reflective way.

## Core Placement Experience Guidelines

**General guidelines for all placements can be found in the NHS and Clinical Practice Placement Handbook. The guidelines below relate to the Intellectual Disabilities placement.**

This section outlines the minimum requirements from individual placements. It is expected that during the programme as a whole, trainees will gain a good working knowledge of the problems which present in the area of Intellectual Disabilities. Trainees should also acquire an understanding of a range of theoretical and therapeutic models and their application in clinical practice.

**Induction Phase of 1 - 2 placement weeks:** Time is required at the beginning of each placement for trainees to become familiar with local service provision. This orientation should normally include:

- Introduction to Department of Psychology/Service setting and other staff closely related including secretarial staff. Department/Service administration procedures, such as use of diaries, arranging appointments, home visit guidelines, etc. should take place at this point.
- Within the first week of the placement the supervisor and trainee should draw up the goals for the placement taking into account trainee's experience, facilities on offer and using the guidelines available from the programme.
- During the initial days, introductions to other staff and facilities should be implemented. This may include meeting other intellectual disabilities service staff.
- Trainees should be directed to relevant literature and assessment procedures at this stage and should read any available service documentation and relevant literature.
- A variety of experiences to take place during the placement should be arranged during the induction phase. This is likely to include settings such as day resources, residential establishments, in-patient facilities (if available). Exposure to a wide range of professionals and, if possible, time spent with them should be arranged.

These professionals would include Social Workers, Intellectual Disabilities Nurses, Psychiatrists, Speech and Language Therapists, etc.

- A regular time for weekly supervision should be established as well as opportunities for informal supervision clarified (see section 4, Supervision)

**Experience of Observing Trained Psychologists (minimum of five times):** During the placement, trainees should have the opportunity to observe their supervisors or other trained clinical psychologists in the following situations:

- Working directly with clients and their families.
- Observing the supervisor at different stages of treatment.
- Working indirectly with clients i.e. through carers or staff.
- Participating in a multidisciplinary meeting e.g. case conferences or team meetings within the service
- Liaison with other colleagues and disciplines.
- Attending departmental/service meeting.
- For the first month, particular emphasis should be placed on observing the supervisor at work, although the time will be flexible according to the trainee's previous experience and skills.
- Where possible, observe the supervisor carry out any teaching and training.

**Workload:** In calculating a realistic workload due attention should be paid to the stage of training and the nature of the work undertaken in the placement. **Please refer to Section 3 of the NHS and Clinical Practice Placement Handbook for full guidance on workload:**

- Suggested minimum of 12 cases including assessment and treatment, range 12 - 20.
- The number of cases should be sufficient to reflect the variety of problems encountered in the placement.
- Trainees should complete all relevant paper work associated with the case.
- Services across Scotland vary considerably in the level of direct work, indirect work and systemic intervention. Training placements may therefore be wide ranging in their case load and contact numbers.

**Clinical Competency Guidelines:** The trainee should have demonstrated competencies in clinical psychology practice in the following areas, although it is recognised that the level of skill acquired will depend on previous experience either on the Programme or prior to joining it, as well as to the particular interests and specialisms of the placement:

- Trainees should normally be skilled in a basic range of assessment procedures, e.g. interview and observation techniques, functional analysis, and intellectual assessment, e.g. WAIS IV
- Trainees should be able to develop a plan for intervention which is systematic and which takes into account the assessment procedures they have used.
- Normally trainees should have basic skills in behavioural and cognitive work and should have some knowledge and experience of other approaches by the end of a placement.
- Trainees should have acquired knowledge of the systems that people with an intellectual disability may have contact with, e.g. health, social work, legal.

- Trainees should have an awareness regarding negotiating their own role within this system and should be aware of other information that they may need to gain as well as how to collect that information.
- Trainees should be able to make their psychological intervention practical and easily understandable to clients and should aim to provide, where appropriate, written materials to clients.
- Trainees should complete all relevant paper work associated with their work - record keeping, letters, reports etc. within appropriate time limits.

**In addition, the trainee should undertake direct work with clients, which involves direct and/or video observation for assessment purposes. The categories given below may not be mutually exclusive):**

- Two assessments of intellectual disability functioning (using reliable and valid measures) that show an integration of cognitive functioning, adaptive functioning and development history.
- At least two clients presenting with emotional and behavioural difficulties.
- Case(s) where there is an issue of declining cognitive abilities.
- Case(s) involving transitional issues, for example, an adolescent leaving school/home or an adult moving from one care setting to another.
- At least one case that involves sexuality or relationship issues.
- Using functional analysis.
- Indirect work, which will encompass describing psychological principles to staff and family carers.
- Collaborative multidisciplinary (and if possible multi-agency) work.
- Experience of discussing ethical and legal issues pertaining to intellectual disabilities psychology services.
- Presentation to the Psychology Department

**Range of Problems & Settings (the categories given below may not be mutually exclusive):** A wide range of referrals should be aimed for and include the following categories:

- At least two clients presenting with a severe level of intellectual impairment and at least two clients presenting with a significant level of intellectual impairment
- Experience of clients with sensory difficulties.
- Experience of clients with physical difficulties.
- Experience of clients with mental health difficulties (if possible).
- Children (if possible).
- Working within a range of settings such as hospital (where possible) and community settings (for example, clients' homes, day resources and residential establishments).
- Participating in Teamwork

**Supervision:** Supervision will be provided following the guidelines outlined in the Programme guide. In brief, the supervision should:

- Be for 1 hour at least once a week.
- Consist of a minimum 'contact' time of three hours per week.
- Be in line with Programme and BPS/HPCPC guidelines.
- Involve observation of the trainee a minimum of 5 times.



**Additional Work Experience:** While the above are minimum placement requirements, it is envisaged that trainees will have access to a variety of other types of experiences while on placement. These may include:

- research
- group work
- teaching
- working with special groups of clients if desired

### **Trainees with Disabilities**

The School Coordinator of Adjustments is Craig Hutchison, Lecturer in Counselling Studies who works in the Teviot Place building. He can offer support and guidance about requirements within the University.

Trainees are also advised to contact the Student Disability Service, Third Floor, The Main Library Building, George Square, Edinburgh, EH8 9LJ.

Telephone: 0131 650 6828. Email: [disability.service@ed.ac.uk](mailto:disability.service@ed.ac.uk).

Web: <http://www.ed.ac.uk/schools-departments/student-disability-service/home>

Trainees with disabilities, including specific intellectual difficulties such as dyslexia, may have specific requirements for placements. Special adjustments for placements are co-ordinated by the Clinical Tutor team with appropriate liaison with local supports.

If placement planning is affected, the Local NHS Psychology Tutor should be informed as early as possible. Advice can also be sought from Personal Tutors, Clinical Tutors and the Programme Director. As NHS employees, trainees have the right to approach their local Human Resources Department directly to request reasonable adjustments in their workplace.

## **Assessment and Feedback Information**

### **Assessment**

The Intellectual Disabilities – Clinical Placement is assessed by performance on placement, as outlined by the Evaluation of Clinical Competence (ECC) form. This is completed by the clinical supervisor(s) and is reviewed at the end of placement meeting. Where more than one supervisor is involved in an ID placement, for example a placement that includes work with children and with adults with different supervisors, then the two supervisors should collaborate to complete a single ECC form with an agreed grade which is signed by both supervisors.

The criteria for failure of a placement and procedures for remediating difficulties on placement are provided in detail in the Programme Handbook.

### **Submission and feedback deadlines (for both formative and summative assessment)**

Formative feedback is given on an ongoing basis as part of regular supervision and case discussion. It is also given after the trainee is observed by the supervisor, whether

by sitting in with a trainee's session or by using a video or audio recording of a session. Detailed formative feedback is given prior to the mid-placement visit, when the supervisor completes the Evaluation of Clinical competence (ECC) Form. The supervisor discusses this with the trainee in advance of the mid-placement visit. During the mid-placement visit, the ECC is discussed with the trainee and the supervisor by the mid-placement visitor.

Summative feedback is provided at the end of placement by the supervisor completing the ECC form, to make a recommendation regarding the placement grade, and discussing this with the trainee. The trainee then brings this and other placement paperwork to the End of Placement meeting or Joint Annual Review where the decision is made on the placement grade that will go to Exam Board.

**Please refer to Section 3 of the NHS and Clinical Practice Placement Handbook for full guidance on mid-placement visits, End of Placement meetings and Joint Annual Reviews.**

### **Feedback and Provisional Marks**

All placement marks are provisional marks which are subject to change by external examiners or the exam board. Final marks are available within MyEd a few weeks after the autumn exam boards. Marking is done in line with the University's common marking scheme. Details on university assessment regulations are available via the University of Edinburgh web pages, currently hosted at:

The Postgraduate (Taught) Assessment Regulations:

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The Postgraduate (Research) Assessment Regulations:

[http://www.docs.sasg.ed.ac.uk/AcademicServices/Regulations/PGR\\_AssessmentRegulations.PDF](http://www.docs.sasg.ed.ac.uk/AcademicServices/Regulations/PGR_AssessmentRegulations.PDF)

Trainees are advised to familiarise themselves with these regulations

### **Extensions procedures**

Trainees are required to complete a minimum of 55 days on placement (see section P3.5.10). Unforeseen circumstances, such as illness, etc. can cause Trainees to not reach the required days of a core placement. In such circumstances the Clinical Tutor team are responsible for ensuring that placement time is made up either by continuation of the placement or by additional experience later in training. This is arranged on a case by case basis. Any trainee at risk of not completing sufficient placement days should contact the Clinical Tutor as soon as possible.

Trainees should also refer to Section P2.2 of the **NHS and Clinical Practice Placement Handbook for full guidance on annual leave** as the requirements for a minimum number of placement days within clinical placements will govern the amount of leave that can be granted within a given placement. If a trainee has been absent from placement for 17 days or more for any type of leave, then any further applications for

leave (apart from sick leave) must be approved by the Clinical Tutor as well as the line manager.

## Dates

Please find below a list of important dates for the academic year:

**February and July**

**April/May**

**October**

Mid-placement visits

End of placement meeting

Joint annual review

## Timetable

- [Web timetables](#)
- [Course timetable browser](#)
- [Academic timetable 2015-2016](#)
- [DClin Psychol. teaching timetable 2015-2016](#)

School of Health in Social Science

**Neuropsychology and Older  
Adults – Clinical Placement  
CLPS12016**

**COURSE HANDBOOK**

2015 - 2016

Course Organiser: Dr Vicky Thurlby

## Overview

### Welcome

Welcome to your Older People placement course on the DClin Psychol. Programme. We hope that you enjoy your training experience and take full advantage of the learning and teaching opportunities on offer.

### This handbook and other documents

This Course handbook should be read in conjunction with the Programme handbook and the Programme Guide. Additional information about the regulations governing this course can be found on the University website. The links to these are available in the Programme Handbook. You should familiarise yourself with these regulations.

### Introduction to the Older Adults Placement Course

The Neuropsychology and Older Adults – Clinical Placement is a compulsory course for all trainees.

The placement normally runs full time over five months for full time trainees. Its structure for specialist trainees will vary according to ITDPs (Individual Training and Development Plans). In all cases the CP2 teaching on older people requires to be started before commencing the placement.

While we have a shortage of placements in this sector, it may be that some trainees will complete a **split placement** in conjunction with an elective half placement. The Programme will endeavour to support any trainee wishing to undertake a full-time core placement with Older People, assuming availability of full-time placements in the relevant area.

The requirements for a split placement are as follows: Where the older adult part of the placement is conducted two days per week only one of these days should be on a Monday or Tuesday. Teaching days, which occur monthly in the University, occur on Monday or Tuesday and the older people placement should not be jeopardised by the requirements of the teaching programme. On a week in which teaching days occur the trainee does not get a study day.

All placements will normally be carried out in a Scottish NHS context in the areas covered by the contributing Scottish Health Boards. Trainees will not do placements in private institutions. General guidance on placement organisation can be found in the Programme guide.

### Incomplete Placements

Trainees are required to complete a minimum of 55 days on placement (see section P3.5.10). Unforeseen circumstances, such as illness, etc can cause Trainees to not reach the required days of a core placement. In such circumstances the Clinical Tutor team are responsible for ensuring that placement time is made up either by continuation of the placement or by additional experience later in training. This is arranged on a case by case basis. Any trainee at risk of not completing sufficient placement days should contact the Clinical Tutor as soon as possible.

### Key contacts

The key contacts for the Neuropsychology and Older Adults placement are:

## For placement arrangements, local information and coordination – Your Area Local Tutor

Health Board	Local Tutor	Contact Details
Borders	Emma Ducklin	<a href="mailto:Emma.ducklin@borders.scot.nhs.uk">Emma.ducklin@borders.scot.nhs.uk</a> 01896 668 821
Dumfries & Galloway	Katie Whyte	<a href="mailto:k.mackie@nhs.net">k.mackie@nhs.net</a> 01387 244 113
Fife	Amy McArthur	<a href="mailto:amymcarthur@nhs.net">amymcarthur@nhs.net</a> 01383 565 402
Forth Valley	Ginny Avery	<a href="mailto:ginny.avery@nhs.net">ginny.avery@nhs.net</a> 01324 614 349
Grampian	Annick Shaw	<a href="mailto:annick.shaw@nhs.net">annick.shaw@nhs.net</a> 01224 559 552
Lanarkshire	Sally Dewis	<a href="mailto:sally.dewis@nhs.net">sally.dewis@nhs.net</a> 01698 210 021
Lothian	Rosalind Evans	<a href="mailto:rosalind.evans@nhslothian.scot.nhs.uk">rosalind.evans@nhslothian.scot.nhs.uk</a> 01316 537 6958
Tayside	Ailie Castle	<a href="mailto:ailie.castle@nhs.net">ailie.castle@nhs.net</a> 01382 306 150

## For any placement issues or difficulties - Your Clinical Tutor

The Course Organiser for the Neuropsychology and Older Adults – Clinical Placement is Vicky Thurlby. The course receives support from Rosie Wayte, and student support from Louise Carracher, the Student Support Assistant.

Vicky Thurlby Course Organiser Room 2.6 Medical School, Teviot Place <a href="mailto:vicky.thurlby@ed.ac.uk">vicky.thurlby@ed.ac.uk</a> 0131 651 3950	Louise Carracher Student Support Assistant General Office, 1 <sup>st</sup> Floor Medical School, Teviot Place <a href="mailto:l.carracher@ed.ac.uk">l.carracher@ed.ac.uk</a> 0131 651 5144	Rosie Wayte Clinical Tutor Team Administrative Assistant General Office, 1 <sup>st</sup> Floor, OR outside room 2.6 Medical School, Teviot Place <a href="mailto:clinical.tutor.admin@ed.ac.uk">clinical.tutor.admin@ed.ac.uk</a> 0131 651 3973
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## Employment issues and guidance for conduct on placement

Information about the rules and regulations governing your employment with the NHS and conduct while on placement can be found in the NHS and Clinical Practice Placement Handbook. These include personal safety, sick leave, travel expenses and confidentiality. Please ensure that you familiarise yourself with this information.

## Course Structure

<b>Course Code:</b>	CLPS12016
<b>Title:</b>	Neuropsychology and Older Adults – Clinical Placement
<b>Credits:</b>	SCQF – 40 ECTS – 20

<b>Level:</b>	SQF Level 12 (Postgraduate)
<b>College:</b>	Humanities and Social Science
<b>School:</b>	School of Health in Social Science
<b>Course Organiser:</b>	Vicky Thurlby
<b>Placement Dates:</b>	Approx. November to April (3) OR approx. May to October (4)

Please see the [Degree Regulations and Programmes of Study \(DRPS\)](#) website for full details.

## Learning Outcomes

In addition to the learning outcomes below, trainees will have a set of Standard and Personalised Learning Objectives to meet during their training:

1. Drawing on knowledge and theory, be able to assess, formulate, evaluate and address typical clinical problems presenting in neuropsychology and older adult mental health settings, demonstrating a clear understanding of the rationale for selecting particular psychometric instruments or model of psychological therapy or intervention.
2. Adopt both direct and indirect modes of assessment and intervention to improve and support psychological aspects of health and social care and evaluate their efficacy, working within a framework of evidence based practice, drawing from and developing the professional knowledge base.
3. Build successful alliances and communicate effectively with individuals (including clients, carers, supervisor & staff) from a diverse range of cultural and ethnic backgrounds and within multi-disciplinary teams.
4. Demonstrate high standards of conduct and ethical behaviour consistent with recognised guidelines for professional practice, understand the need for regular evaluation of their work, be skilled in self-reflection and self-awareness, and understand the need for continuing professional development after qualification.
5. Have a critical overview of the policy, legislative and planning contexts of the services in which clinical practice is undertaken.

## Core Placement Experience Guidelines

**General guidelines for all placements can be found in the NHS and Clinical Practice Placement Handbook. The guidelines below relate specifically to the Older People placement.**

This section outlines the minimum requirements from individual placements. It is expected that during the programme as a whole, trainees will gain a good working knowledge of the problems which present in the area of Older Adults. Trainees should also acquire an understanding of a range of theoretical and therapeutic models and their application in clinical practice.

**Induction Phase:** A minimum of one and a maximum of two placement weeks should be spent orientating trainees to a local service provision. This should include:

- Introduction to key personnel with whom trainees will be working directly, e.g. psychiatrists, social workers, community nurses, health visitors, nursing staff, occupational therapists, geriatricians and speech therapists. This could involve discussion about the role of different personnel and where appropriate meetings should be arranged.
- Introduction to the facilities in both hospital and community settings.
- Discussion about other key personnel, with whom trainees may be indirectly involved or in certain cases directly involved, e.g. Medical Records officer and Home Care supervisors. This may be reinforced by a written handout for trainees.
- Time spent reading service documentation (local, regional and national policy documents) pertaining to older people as well as other relevant material pertaining to the particular placement and the type of client. It is suggested the trainee is made aware of the variety of materials which are available, both at the beginning and throughout the placement, and the trainee should familiarise her/himself with the relevant documents.
- Introduction to 'house style' of department. This should involve discussion with appropriate secretarial staff and supervisor regarding administration procedures such as use of diaries, letter writing, arrangement of appointments etc. This may be facilitated by the use of a written handout.
- Objective setting - within the first week of a placement, objectives should be drawn up between the supervisor and the trainee based on learning objectives agreed at the end of placement meeting from the previous placement.
- Direct experience of services used by older people. During the first month, trainees should have the opportunity to observe the work of some members of the multi-disciplinary team; spend at least one half day in a day centre for older people; spend at least one half day in residential settings, including a residential home and continuing care unit; attend at least one relative support meeting.
- Introduction to the work of voluntary agencies, e.g. Alzheimer Scotland, Action on Dementia and Age UK.

**Experience of Observing Trained Psychologists:** During the placement trainees will have the opportunity to observe a trained clinical psychologist in the following situations:

- Working directly with patients
- Working indirectly with patients - through relatives or staff
- Participating in a multi-disciplinary meeting
- Liaising with other colleagues and disciplines
- During the first month particular emphasis should be placed on observing the supervisor at work.

**Clinical Intervention:** Trainees can expect to experience cases involving:

- Assessment of cognitive and functional capabilities
- Direct treatment with patients with whom they are the prime worker
- Indirect work with patients with whom they are the prime worker (e.g. advising staff or relatives)
- Collaborative work as part of a multi-disciplinary team.

**Range of Problems and settings:** Trainees should have experience in working with people who have a range of needs, some of which may relate to functional and organic diagnosis. They may experience working with clients suffering from:

- Dementia
- Anxiety states
- Depression



- Bereavement
- Phobic states
- Behavioural disturbances
- Mobility problems
- Stroke
- Psychological reactions to illness
- Loneliness
- Isolation
- Marital, sexual or family relationship problems.
- Carers who are experiencing strain as a direct result of caring for someone with dementia.
- In addition, trainees should have experience in working with professions in different settings both in hospital and the community. This should cover both geriatric and psychogeriatric sectors. Trainees should have the opportunity to work in:
  - Out-patient clinics
  - Day hospital assessment wards and continuing care units
  - Home and residential settings and day services if appropriate.
  - Experience, as far as possible, should be with people of a range of ages in the 60s, 70s and 80s

**Participation in Team Work:** Trainees should initially attend multi-disciplinary meetings in order to observe the work of the multi-disciplinary team. As a substantial amount of care is provided for older people through multi-disciplinary teamwork, trainees should be made aware of the advantages and limitations of teamwork with older people.

- Trainees are expected to participate fully in multi-disciplinary teamwork especially in aspects concerned with individual case management, with which they are involved (e.g. referral meetings, case discussions, individual planning meetings, community dementia team meeting, social work liaison meetings, etc.).
- Trainees may also have the opportunity to work jointly on a case project with another member of the team (e.g. occupational therapist, social worker, physiotherapist).
- Where appropriate, opportunities for trainees to participate in in-service training activities may be offered. In this case, consideration should be given to allow trainees to teach and present information to other staff as well as to receiving training.
- Where possible, trainees should have the opportunity to observe the supervisor carry out teaching and training.

**Supervision:** will be provided following the recommendations of the Joint Training Committee, the BPS supervision guidelines and guidelines for supervisors in the Programme Handbook and in this section.

- This will include written objectives for the placement with frequent feedback on progress. Written objectives will be reviewed prior to the mid placement visit.
- Be for 1 hour at least once a week for both full and split placements.
- Consist of a minimum 'contact' time of three hours per week for both full and split placements.
- Guidelines on the mid placement visit are included elsewhere in the Programme Handbook.

- If the trainee is gaining experience in this client group during placement 4 they will be encouraged to complete their small scale research and case study on older people.
- Supervisors should ensure that another named person is available in the absence of the supervisor.
- Supervisors should take the opportunity to observe trainees working with patients and other members of the team.
- Minimum number of occasions on which trainees are observed is 5 and the minimum number of occasions on which the trainees observe the Supervisor is also 5.
- These numbers are the same for a split or full placement.
- Assessment at the end of this placement will involve discussion and completion of the Evaluation of Clinical Competence form.

**Workload:** In calculating a realistic workload due attention should be paid to the stage of training and the nature of the work undertaken in the placement. Please refer to Section 3 of the NHS and Clinical Practice Placement Handbook for full guidance on workload.

- Trainees should, by the end of a full placement, have taken on at least 12 cases (6 for split placement)
- This should involve a minimum of 2 pure assessment cases, of which at least one should involve a full cognitive assessment
- In estimating a realistic workload, due attention should be paid to stage of training
- Cases should be drawn from a variety of settings
- Trainees should complete all relevant paperwork associated with the case

**Supervision:** Supervision will be provided following the guidelines outlined in the Programme guide. In brief, the supervision should:

- Be for 1 hour at least once a week.
- Consist of a minimum 'contact' time of three hours per week.
- Be in line with Programme and BPS/HPCPC guidelines.
- Involve observation of the trainee a minimum of 5 times.

**Additional Work Experience:** While the above are minimum placement requirements, it is envisaged that trainees will have access to a variety of other types of experiences while on placement. These may include:

- Research
- Group work
- Teaching and working with special groups of clients if desired
- Trainees should also be given the opportunity to do D.Clin.Psychol. research and have access to relevant material to plan the research

These guidelines were informed by the PSIGE National Minimum Standards for Training in Work with Older People, available at <http://www.psig.org/psige-pdfs/PSIGE-capabilities-document-jan-2006.pdf>

### **Trainees with Disabilities**

The School Coordinator of Adjustments is Craig Hutchison, Lecturer in Counselling Studies who works in the Teviot Place building. He can offer support and guidance about requirements within the University.

Trainees are also advised to contact the Student Disability Service, Third Floor, The Main Library Building, George Square, Edinburgh, EH8 9LJ.  
Telephone: 0131 650 6828. Email: [disability.service@ed.ac.uk](mailto:disability.service@ed.ac.uk).  
Web: <http://www.ed.ac.uk/schools-departments/student-disability-service/home>

Trainees with disabilities, including specific learning difficulties such as dyslexia, may have specific requirements for placements. Special adjustments for placements are co-ordinated by the Clinical Tutor team with appropriate liaison with local supports.

If placement planning is affected, the Local NHS Psychology Tutor should be informed as early as possible. Advice can also be sought from Personal Tutors, Clinical Tutors and the Programme Director. As NHS employees, trainees have the right to approach their local Human Resources Department directly to request reasonable adjustments in their workplace.

## **Assessment and Feedback Information**

### **Assessment**

The Older People Placement is assessed by performance on placement, as outlined by the Evaluation of Clinical Competence (ECC) form. This is completed by the clinical supervisor(s) and is reviewed, along with the additional placement paperwork, at the end of placement meeting. Where more than one supervisor is involved in an OA placement, for example a placement that includes in-patient work and community work with different supervisors, then the two supervisors should collaborate to complete a single ECC form with an agreed grade which is signed by both supervisors. Where the OA placement is split with half being in a different specialty, then the supervisor in each specialty will complete their own ECC form giving a grade for their part of the split placement. The overall grade that the trainee receives will be the mean of these two grades, however, it is essential that trainees pass both parts of a split placement in order to be recommended to pass the whole Older Adults placement.

The criteria for passing/failure of a placement and procedures for remediating difficulties on placement are provided in detail in the Programme Handbook.

### **Submission and feedback deadlines (for both formative and summative assessment)**

Formative feedback is given on an ongoing basis as part of regular supervision and case discussion. It is also given after the trainee is observed by the supervisor, whether by sitting in with a trainee's session or by using a video or audio recording of a session. Detailed formative feedback is given prior to the mid-placement visit, when the supervisor completes the Evaluation of Clinical competence (ECC) Form. The supervisor discusses this with the trainee in advance of the mid-placement visit. During the mid-placement visit, the ECC is discussed with the trainee and the supervisor by the mid-placement visitor.

Summative feedback is provided at the end of placement by the supervisor completing the ECC form, to make a recommendation regarding the placement grade, and

discussing this with the trainee. The trainee then brings this and other placement paperwork to the End of Placement meeting or Joint Annual Review where the decision is made on the placement grade that will go to Exam Board.

**Please refer to Section 3 of the NHS and Clinical Practice Placement Handbook for full guidance on mid-placement visits, End of Placement meetings and Joint Annual Reviews.**

### **Feedback and Provisional Marks**

All placement marks are provisional marks which are subject to change by external examiners or the exam board. Final marks are available from MyEd a few weeks after the autumn exam boards. Marking is done in line with the University's common marking scheme. Details on university assessment regulations are available via the University of Edinburgh web pages, currently hosted at:

The Postgraduate (Taught) Assessment Regulations:

[www.docs.sasg.ed.ac.uk/AcademicServices/Regulations/TaughtAssessmentRegulations.PDF](http://www.docs.sasg.ed.ac.uk/AcademicServices/Regulations/TaughtAssessmentRegulations.PDF)

The Postgraduate (Research) Assessment Regulations:

[http://www.docs.sasg.ed.ac.uk/AcademicServices/Regulations/PGR\\_AssessmentRegulations.PDF](http://www.docs.sasg.ed.ac.uk/AcademicServices/Regulations/PGR_AssessmentRegulations.PDF)

Trainees are advised to familiarise themselves with these regulations.

### **Extensions procedures**

Trainees are required to complete a minimum of 55 days on placement (see section P3.5.10). Unforeseen circumstances, such as illness, etc. can cause Trainees to not reach the required days of a core placement. In such circumstances the Clinical Tutor team are responsible for ensuring that placement time is made up either by continuation of the placement or by additional experience later in training. This is arranged on a case by case basis. Any trainee at risk of not completing sufficient placement days should contact the Clinical Tutor as soon as possible.

Trainees should also refer to Section P2.2 of the **NHS and Clinical Practice Placement Handbook for full guidance on annual leave** as the requirements for a minimum number of placement days within clinical placements will govern the amount of leave that can be granted within a given placement. If a trainee has been absent from placement for 17 days or more for any type of leave, then any further applications for leave (apart from sick leave) must be approved by the Clinical Tutor as well as the line manager.

### **Dates**

Please find below a list of important dates for the academic year:

**February and July**

**April/May**

**October**

Mid-placement visits

End of placement meeting

Joint annual review

## Timetable

- [Web timetables](#)
- [Course timetable browser](#)
- [Academic timetable 2015-2016](#)
- [DClin Psychol. teaching timetable 2015-2016](#)

School of Health in Social Science

**Child, Adolescents and Families –  
Clinical Placement  
CLPS12009**

**COURSE HANDBOOK**

2015 - 2016

Course Organiser: Dr Ion Wyness

## Overview

### Welcome

Welcome to your Children, Young People, and Families placement course on the DClin Psychol. Programme. We hope that you enjoy your training experience and take full advantage of the learning and teaching opportunities on offer.

### This Handbook and Other Documents

This Course handbook should be read in conjunction with the Programme handbook and the Programme Guide. Additional information about the regulations governing this course can be found on the University website. The links to these are available in the Programme Handbook. You should familiarise yourself with these regulations.

### Introduction to the Child, Young Person, and Families Course

The Children, Young People, and Families placement course is a compulsory course for all trainees. The placement runs full time over five months for full time trainees. It may be taken part time over one year for specialist trainees according to ITDPs. In all cases the CP2 teaching on child, young people and families requires to be commenced before commencing the placement. All placements will normally be carried out in a Scottish NHS context in the areas covered by the contributing Scottish Health Boards. Trainees will not do placements in private institutions. General guidance on placement organisation can be found in the NHS and Clinical Practice Placement Handbook.

### Incomplete Placements

Trainees are required to complete a minimum of 55 days on placement (see section P3.5.10). Unforeseen circumstances, such as illness, etc can cause trainees to not reach the required days of a core placement. In such circumstances the Clinical Tutor team are responsible for ensuring that placement time is made up either by continuation of the placement or by additional experience later in training. This is arranged on a case by case basis. Any trainee at risk of not completing sufficient placement days should contact the Clinical Tutor as soon as possible.

### Key contacts

The key contacts for the Children, Young People and Families course are:

#### For placement arrangements, local information and coordination – Your Area Local Tutor

Health Board	Local Tutor	Contact Details
Borders	Emma Ducklin	<a href="mailto:Emma.ducklin@borders.scot.nhs.uk">Emma.ducklin@borders.scot.nhs.uk</a> 01896 668 821
Dumfries & Galloway	Katie Whyte	<a href="mailto:k.mackie@nhs.net">k.mackie@nhs.net</a> 01387 244 113
Fife	Amy McArthur	<a href="mailto:amymcarthur@nhs.net">amymcarthur@nhs.net</a> 01383 565 402
Forth Valley	Ginny Avery	<a href="mailto:ginny.avery@nhs.net">ginny.avery@nhs.net</a> 01324 614 349
Grampian	Annick Shaw	<a href="mailto:annick.shaw@nhs.net">annick.shaw@nhs.net</a> 01224 559 552

Lanarkshire	Sally Dewis	<a href="mailto:sally.dewis@nhs.net">sally.dewis@nhs.net</a> 01698 210 021
Lothian	Rosalind Evans	<a href="mailto:rosalind.evans@nhslothian.scot.nhs.uk">rosalind.evans@nhslothian.scot.nhs.uk</a> 01316 537 6958
Tayside	Ailie Castle	<a href="mailto:ailie.castle@nhs.net">ailie.castle@nhs.net</a> 01382 306 150

For any **placement issues or difficulties** - **Your Clinical Tutor**

For **teaching and academic assignments** (case conceptualisation, thesis proposal, etc.) – **Your Personal Tutor**

The Course Organiser for the Children, Young People and Families – Clinical Placement is Ion Wyness. The course receives support from Rosie Wayte, and student support from Louise Carracher, the Student Support Assistant.

Ion Wyness Course Organiser Room 2.6 Medical School, Teviot Place <a href="mailto:ion.wyness@ed.ac.uk">ion.wyness@ed.ac.uk</a> 0131 651 3950	Louise Carracher Student Support Assistant General Office, 1 <sup>st</sup> Floor Medical School, Teviot Place <a href="mailto:l.carracher@ed.ac.uk">l.carracher@ed.ac.uk</a> 0131 651 5144	Rosie Wayte Clinical Tutor Team Administrative Assistant General Office, 1 <sup>st</sup> Floor, OR outside room 2.6 Medical School, Teviot Place <a href="mailto:clinical.tutor.admin@ed.ac.uk">clinical.tutor.admin@ed.ac.uk</a> 0131 651 3973
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### **Employment issues and guidance for conduct on placement**

Information about the rules and regulations governing your employment with the NHS and conduct while on placement can be found in the NHS and Clinical Practice Placement Handbook. These include personal safety, sick leave, travel expenses and confidentiality. Please ensure that you familiarise yourself with this information.

### **Course Structure**

<b>Course Code:</b>	CLPS12009
<b>Title:</b>	Child, Adolescents and Families – Clinical Placement
<b>Credits:</b>	SCQF – 40 ECTS – 20
<b>Level:</b>	SQF Level 12 (Postgraduate)
<b>College:</b>	Humanities and Social Science
<b>School:</b>	School of Health in Social Science
<b>Course Organiser:</b>	Ion Wyness
<b>Placement Dates:</b>	Approx. November to April (3) OR approx. May to October (4)

Please see the [Degree Regulations and Programmes of Study \(DRPS\)](#) website for full details.



## Learning Outcomes

In addition to the learning outcomes below, trainees will have a set of Standard and Personalised Learning Objectives to meet during their training:

1. Demonstrate clinical competence as applied to a range of client needs and in a variety of clinical settings in relation to: developmentally appropriate assessment, formulation, intervention and evaluation of psychological difficulties in Child and Adolescent Mental Health settings (this includes the work with families and carers).
2. Adopt both direct and indirect modes of intervention to improve and support psychological aspects of health and social care and to evaluate their efficacy, working within a framework of evidence based practice, drawing from and developing the professional knowledge base.
3. Build successful alliances and communicate effectively with individuals (including clients, carers, supervisor & staff) from a diverse range of cultural and ethnic backgrounds and within multi-disciplinary teams.
4. Have a deep understanding of the developmental, systemic and social contexts within which psychological problems may develop, how environments may be modified to ameliorate problems and to have a critical overview of the policy, legislative and planning contexts of the services in which clinical practice is undertaken.
5. Demonstrate high standards of conduct and ethical behaviour consistent with recognised guidelines for professional practice, understand the need for regular evaluation of their work, be skilled in self-reflection and self-awareness, and understand the need for continuing professional development after qualification.

## Core Placement Experience Guidelines

**General guidelines for all placements can be found in the NHS and Clinical Practice Placement Handbook. The guidelines below relate to the Child, Young Person, and Families placement.**

This section outlines the minimum requirements from individual placements. It is expected that during the programme as a whole, trainees will gain a good working knowledge of the problems which present in the area of Children, Young People and Families. Trainees should also acquire an understanding of a range of theoretical and therapeutic models and their application in clinical practice.

**Induction Phase of 1 - 2 placement weeks:** Time is required at the beginning of each placement for trainees to become familiar with local service provision. This orientation should include:

- Introduction to Department of Psychology and other staff closely related including secretarial staff. Department administration procedures, such as use of diaries, arranging appointments, etc. should take place at this point.
- Within the first week of the placement the supervisor and trainee should draw up the goals for the placement taking into account trainee's experience, facilities on offer and using the guidelines available from the programme handbook.
- During the initial days, introductions to other staff and facilities should be implemented. This will include meeting Health Visitors, GPs, Psychiatrists, Community Nurses, Paediatricians, as well as other professionals appropriate to the placement.

- Trainees should be directed to relevant literature and assessment procedures at this stage and should read any available service documentation and relevant literature.
- A variety of experiences to take place during the placement should be arranged during the induction phase. Settings such as nurseries, schools, residential establishments, in-patient facilities (if available) and Children's Hearings would normally be seen as essential. Exposure to a wide range of professionals and, if possible, time spent with them should be arranged. These professionals would include Social Workers, Teachers, Psychiatrists, Paediatricians, Community Nurses etc.
- A regular time for weekly supervision should be established as well as opportunities for informal supervision clarified (see section 4, Supervision).

**Experience of Observing Trained Psychologists (minimum of five times):** During the placement, trainees should have the opportunity to observe their supervisors or other trained clinical psychologists in the following situations:

- Working directly with clients and their families.
- Observing the supervisor at different stages of treatment.
- Working indirectly with clients i.e. through parents or staff.
- Participating in a multidisciplinary meeting e.g. case conferences or team meetings within the department
- Liaison with other colleagues and disciplines.
- Attending departmental meetings.
- For the first month, particular emphasis should be placed on observing the supervisor at work, although the time will be flexible according to the trainee's previous experience and skills.
- Where possible, observe the supervisor carry out any teaching and training.

**Clinical Intervention:** Trainees should have a range of clinical experience characteristic of that likely to be encountered in general psychological practice. Experience would include:

- Assessment procedures at individual, systemic and societal levels including behavioural cognitive and educational aspects.
- From assessment, establishing a developmentally sensitive formulation
- Experience in behavioural and cognitive approaches to treatment is considered essential. Some exposure to alternative treatment approaches is strongly recommended and might include family therapy, psychotherapy and play therapy.
- Communication skills specific to working with children should be a central focus of the clinical experience.
- Direct treatment with clients as well as indirect treatment where the trainee psychologist is the prime worker should be arranged.
- There should be collaborative work as part of a team if possible.

**Workload:** In calculating a realistic workload due attention should be paid to the stage of training and the nature of the work undertaken in the placement. Please refer to Section 3 of the handbook for full guidance on workload:

- Suggested minimum of 12 cases including assessment and treatment, range 12 - 20.
- The number of cases should be sufficient to reflect the variety of problems encountered in the placement.
- Trainees should complete all relevant paper work associated with the case.

- It is essential that the placement offers varied developmental experience. The age range of pre-school children to adolescents up to 16 should be experienced.

**Clinical Competency Guidelines:** The following skills should be aimed for by the end of placement, although it is recognised that the level of skill acquired will depend on previous experience either on the Programme or prior to joining it, as well as to the particular interests and specialisms of the placement:

- Trainees should normally be skilled in a basic range of assessment procedures, e.g. interview and observation techniques, functional analysis, and intellectual assessment, e.g. WISC-III.
- Trainees should be able to develop a plan for intervention which is systematic and which takes into account the assessment procedures they have used.
- Normally trainees should have basic skills in behavioural and cognitive work and should have some knowledge and experience of other approaches by the end of a placement.
- Trainees should have acquired a knowledge of the systems in which children function, e.g. health, school, social work, legal.
- Trainees should have an awareness regarding negotiating their own role within this system and should be aware of other information that they may need to gain as well as how to collect that information.
- Trainees should be able to make their psychological intervention practical and easily understandable to clients and should aim to provide, where appropriate, written materials to clients.
- Trainees should complete all relevant paper work associated with their work - record keeping, letters, reports, etc. within appropriate time limits.

**Range of Problems & Settings** (the categories given below may not be mutually exclusive): A wide range of referrals should be aimed for and include the following categories:

- Behavioural disturbances, e.g. eating, sleeping, temper tantrums, conduct problems
- Management of parenting problems.
- Psychological disturbances such as fears and phobias, relationship difficulties at peer group and family level.
- Adolescent difficulties.
- Child health, e.g. medical, psychosomatic.
- Developmental problems.
- Trainees should have the opportunity to experience community, e.g. health centre, pre-school establishments, schools and clients homes, and hospital settings - both in-patient and out-patient. Some contact with any specialist local facilities is encouraged.
- Where possible trainees should have experience of teamwork with children and families.

**Supervision:** Supervision will be provided following the guidelines outlined in the Programme guide. In brief, the supervision should:

- Be for 1 hour at least once a week.
- Consist of a minimum 'contact' time of three hours per week.
- Be in line with Programme and BPS/HPCPC guidelines.

**Additional Work Experience:** While the above are minimum placement requirements, it is envisaged that trainees will have access to a variety of other types of experiences while on placement. These may include:

- Research
- Group work
- Teaching
- Working with special groups of clients.
- Trainees should also be given the opportunity to do D.Clin.Psychol. research and have access to relevant material to plan the research.

### **Trainees with Disabilities**

The School Coordinator of Adjustments is Craig Hutchison, Lecturer in Counselling Studies who works in the Teviot Place building. He can offer support and guidance about requirements within the University.

Trainees are also advised to contact the Student Disability Service, Third Floor, The Main Library Building, George Square, Edinburgh, EH8 9LJ.  
Telephone: 0131 650 6828. Email: [disability.service@ed.ac.uk](mailto:disability.service@ed.ac.uk).  
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Trainees with disabilities, including specific learning difficulties such as dyslexia, may have specific requirements for placements. Special adjustments for placements are co-ordinated by the Clinical Tutor team with appropriate liaison with local supports.

If placement planning is affected, the Local NHS Psychology Tutor should be informed as early as possible. Advice can also be sought from Personal Tutors, Clinical Tutors and the Programme Director. As NHS employees, trainees have the right to approach their local Human Resources Department directly to request reasonable adjustments in their workplace.

### **Recommended Reading**

A reference list for the Children, Young People, and Families Module and Clinical Placement is available in the CP2 course handbook.

## **Assessment and Feedback Information**

### **Assessment**

The Children, Young People, and Families Placement is assessed by performance on placement, as outlined by the Evaluation of Clinical Competence (ECC) form. This is completed by the clinical supervisor(s) and is reviewed, along with the additional placement paperwork, at the end of placement meeting. Where more than one supervisor is involved in a Children, Young People and Families placement, for example a placement that includes work in a developmental disorders service and CAMHS work with different supervisors, then the two supervisors should collaborate to complete a single ECC form with an agreed grade which is signed by both supervisors. The criteria for passing/failure of a placement and procedures for remediating difficulties on placement are provided in detail in the Programme Handbook.

## **Submission and feedback deadlines (for both formative and summative assessment)**

Formative feedback is given on an ongoing basis as part of regular supervision and case discussion. It is also given after the trainee is observed by the supervisor, whether by sitting in with a trainee's session or by using a video or audio recording of a session. Detailed formative feedback is given prior to the mid-placement visit, when the supervisor completes the Evaluation of Clinical competence (ECC) Form. The supervisor discusses this with the trainee in advance of the mid-placement visit. During the mid-placement visit, the ECC is discussed with the trainee and the supervisor by the mid-placement visitor.

Summative feedback is provided at the end of placement by the supervisor completing the ECC form, to make a recommendation regarding the placement grade, and discussing this with the trainee. The trainee then brings this and other placement paperwork to the End of Placement meeting or Joint Annual Review where the decision is made on the placement grade that will go to Exam Board.

**Please refer to Section 3 of the NHS and Clinical Practice Placement Handbook for full guidance on mid-placement visits, End of Placement meetings and Joint Annual Reviews.**

## **Feedback and Provisional Marks**

All placement marks are provisional marks which are subject to change by external examiners or the exam board. Final marks are available from MyEd a few weeks after the autumn exam boards. Marking is done in line with the University's common marking scheme. Details on university assessment regulations are available via the University of Edinburgh web pages, currently hosted at:

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The Postgraduate (Research) Assessment Regulations:

[http://www.docs.sasg.ed.ac.uk/AcademicServices/Regulations/PGR\\_AssessmentRegulations.PDF](http://www.docs.sasg.ed.ac.uk/AcademicServices/Regulations/PGR_AssessmentRegulations.PDF)

Trainees are advised to familiarise themselves with these regulations

## **Extensions procedures**

Trainees are required to complete a minimum of 55 days on placement (see section P3.5.10). Unforeseen circumstances, such as illness, etc. can cause Trainees to not reach the required days of a core placement. In such circumstances the Clinical Tutor team are responsible for ensuring that placement time is made up either by continuation of the placement or by additional experience later in training. This is arranged on a case by case basis. Any trainee at risk of not completing sufficient placement days should contact the Clinical Tutor as soon as possible.

Trainees should also refer to Section P2.2 of the **NHS and Clinical Practice Placement Handbook for full guidance on annual leave** as the requirements for a minimum number of placement days within clinical placements will govern the amount

of leave that can be granted within a given placement. If a trainee has been absent from placement for 17 days or more for any type of leave, then any further applications for leave (apart from sick leave) must be approved by the Clinical Tutor as well as the line manager.

## Dates

Please find below a list of important dates for the academic year:

**February and July**

**April/May**

**October**

Mid-placement visits

End of placement meeting

Joint annual review

## Timetable

- [Web timetables](#)
- [Course timetable browser](#)
- [Academic timetable 2015-2016](#)
- [DClin Psychol. teaching timetable 2015-2016](#)

School of Health in Social Science

# **Specialist Clinical Placements 1 and 2**

## **CLPS12013 and CLPS12014**

### **COURSE HANDBOOK**

2015 - 2016

Course Organiser: Dr Neil Millar

## Overview

### Welcome

Welcome to your Specialist Clinical Placements on the DClin Psychol. Programme. We hope that you enjoy your training experience and take full advantage of the learning and teaching opportunities on offer.

### **This handbook and other documents**

This Course handbook should be read in conjunction with the Programme handbook and the Programme Guide. Particular attention should be paid to the NHS and Clinical Practice Placement Handbook, where there is detailed information about the specialist placements for full time and specialist trainees.

For full time trainees, the final two placements are specialist. They are usually combined providing 12 months continual clinical experience in the third year (requiring two mid placement visits and two end of placement meetings). Progressing competencies are assessed through each of these two placements using the Evaluation of Clinical Competence form. It is possible to undertake 2 different placements in the 3<sup>rd</sup> year. This is, however, not normally recommended by the Course as it is a more complex undertaking and needs careful consideration. Any full time trainee wishing to undertake 2 placements in 3<sup>rd</sup> year should consult with their Clinical and Local Tutors at an early stage.

Aligned trainees normally undertake their final two placements within the specialism of their employment.

Specialist trainees' placements are completed according to their ITDP. Managers of Trainees on the Specialist training route may choose the specialist placements that their Trainees undertake. Managers may take the view that their Trainee should be allowed to choose one or more of their own specialist placements. This decision, however, is at the discretion of the Manager concerned.

All placements will normally be carried out in a Scottish NHS context in the areas covered by the contributing Scottish Health Boards. Trainees will not do placements in private institutions. General guidance on placement organisation can be found in the NHS and Clinical Practice Placement Handbook.

### **Incomplete Placements**

Trainees are required to complete a minimum of 50 days for placement 5 and 51 days for placement 6 (see section P3.5.10). Unforeseen circumstances, such as illness, etc can cause Trainees to not reach the required days of a placement. In such circumstances the Clinical Tutor team are responsible for ensuring that sufficient time is completed on placements. Specialist trainees may make up additional experience later in training if appropriate. This is arranged on a case by case basis. Any trainee at risk of not completing sufficient placement days should contact the Clinical Tutor as soon as possible.

### **Key contacts**

The key contacts for the Specialist Clinical Placements are:



## For placement arrangements, local information and coordination – Your Area Local Tutor

Health Board	Local Tutor	Contact Details
Borders	Emma Ducklin	<a href="mailto:Emma.ducklin@borders.scot.nhs.uk">Emma.ducklin@borders.scot.nhs.uk</a> 01896 668 821
Dumfries & Galloway	Katie Whyte	<a href="mailto:k.mackie@nhs.net">k.mackie@nhs.net</a> 01387 244 113
Fife	Amy McArthur	<a href="mailto:amymcarthur@nhs.net">amymcarthur@nhs.net</a> 01383 565 402
Forth Valley	Ginny Avery	<a href="mailto:ginny.avery@nhs.net">ginny.avery@nhs.net</a> 01324 614 349
Grampian	Annick Shaw	<a href="mailto:annick.shaw@nhs.net">annick.shaw@nhs.net</a> 01224 559 552
Lanarkshire	Sally Dewis	<a href="mailto:sally.dewis@nhs.net">sally.dewis@nhs.net</a> 01698 210 021
Lothian	Rosalind Evans	<a href="mailto:rosalind.evans@nhslothian.scot.nhs.uk">rosalind.evans@nhslothian.scot.nhs.uk</a> 01316 537 6958
Tayside	Ailie Castle	<a href="mailto:ailie.castle@nhs.net">ailie.castle@nhs.net</a> 01382 306 150

## For any placement issues or difficulties - Your Clinical Tutor

For **teaching and academic assignments** (case conceptualisation, thesis proposal, etc.)  
– **Your Personal Tutor**

The Course Organiser for the Specialist Clinical Placements is Neil Millar. The course receives support from Rosie Wayte, and student support from Louise Carracher, the Student Support Assistant.

Neil Millar Course Organiser Room 2.6 Medical School, Teviot Place <a href="mailto:neil.millar@ed.ac.uk">neil.millar@ed.ac.uk</a> 0131 651 3950	Louise Carracher Student Support Assistant General Office, 1 <sup>st</sup> Floor Medical School, Teviot Place <a href="mailto:l.carracher@ed.ac.uk">l.carracher@ed.ac.uk</a> 0131 651 5144	Rosie Wayte Clinical Tutor Team Administrative Assistant General Office, 1 <sup>st</sup> Floor, OR outside room 2.6 Medical School, Teviot Place <a href="mailto:clinical.tutor.admin@ed.ac.uk">clinical.tutor.admin@ed.ac.uk</a> 0131 651 3973
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## Employment issues and guidance for conduct on placement

Information about the rules and regulations governing your employment with the NHS and conduct while on placement can be found in the NHS and Clinical Practice Placement Handbook. These include personal safety, sick leave, travel expenses and confidentiality. Please ensure that you familiarise yourself with this information.

## Course Structure

<b>Course Codes:</b>	CLPS12013 and CLPS 12014
<b>Title:</b>	Specialist Clinical Placements 1 and 2

<b>Credits:</b>	SCQF – 40 ECTS – 20
<b>Level:</b>	SQF Level 12 (Postgraduate)
<b>College:</b>	Humanities and Social Science
<b>School:</b>	School of Health in Social Science
<b>Course Organiser:</b>	Neil Millar
<b>Placement Dates:</b>	Approx. October to April (6) and approx. April to September (6)

Please see the [Degree Regulations and Programmes of Study \(DRPS\)](#) website for full details.

## Learning Outcomes

On completion of these courses, the student will be able to:

1. Assess, formulate, intervene with and evaluate a range of complex clinical problems as would typically present in the specialist service setting, using a range of psychological theories and knowledge, and drawing on a variety of models of psychological therapies and intervention. Whilst still under clinical supervision, trainees on specialist placements are likely to be more autonomous and take greater initiative and responsibility in managing their own work.
2. Evaluate the efficacy of treatments and work within a framework of evidence based practice, drawing from and developing the professional knowledge base. Understand the need for regular evaluation of their work, be skilled in self-reflection and self-awareness, and understand the need for continuing professional development after qualification.
3. Build effective alliances with individuals (including staff, clients and carers) from a diverse range of cultural and ethnic backgrounds and often under more challenging circumstances than in core placements. Communicate effectively with staff from other disciplines and work within multi-disciplinary teams. Adopt both direct and indirect modes of intervention to improve and support psychological aspects of health and social care.
4. Demonstrate high standards of conduct and ethical behaviour consistent with recognised guidelines for professional practice.
5. Have a deep understanding of the social context within which psychological problems may develop, and how environments may be modified to ameliorate problems. Have a critical overview of the policy, legislative and planning contexts of the services in which clinical practice is undertaken.

## Placement Experience Guidelines

**General guidelines for all placements can be found in the NHS and Clinical Practice Placement Handbook. The guidelines below relate specifically to the Specialist placement.**

The role of the final year or specialist placements is to advance competencies up to the level expected of a qualified clinical psychologist. It is expected that the placements reflect

a developmental shift, both in the complexity of the work load and also in the qualitative nature of supervision.

The variation of experience available for specialist placements is far reaching. Due to this variation, each placement may vary in caseloads, contacts and wider experiences. For example, Trainees have completed leadership and consultancy placements,

**Induction Phase: Irrespective of the trainee's prior experience, there should be an induction phase.** A minimum of one and a maximum of two placement weeks should be spent orientating trainees to the local service provision and the expectations of the placement. This should include:

- Introduction to key personnel with whom trainees will be working directly, e.g. psychiatrists, social workers, community nurses, nursing staff, etc. This could involve discussion about the role of different personnel and, where appropriate, meetings should be arranged.
- Introduction to the facilities in both hospital and community settings.
- Discussion about other key personnel, with whom trainees may be indirectly involved or in certain cases directly involved, e.g. Medical Records officer and Home Care supervisors. This may be reinforced by a written handout for trainees.
- Time spent reading service documentation (local, regional and national policy documents) pertaining to the client group as well as other relevant material pertaining to the particular placement and the type of client. It is suggested the trainee is made aware of the variety of materials which are available, both at the beginning and throughout the placement, and the trainee should familiarise her/himself with the relevant documents.
- Introduction to 'house style' of department. This should involve discussion with appropriate secretarial staff and supervisor regarding administration procedures such as use of diaries, letter writing, arrangement of appointments etc. This may be facilitated by the use of a written handout.
- Objective setting - within the first week of a placement, objectives should be drawn up between the supervisor and the trainee based on guideline from the University programme.
- Introduction to the work of voluntary agencies and community services for the client group

**Experience of Observing Trained Psychologists:** During the placement trainees will have the opportunity to observe a trained clinical psychologist in the following situations:

- Working directly with patients; working indirectly with patients - through relatives or staff; participating in a multi-disciplinary meeting; liaison with other colleagues and disciplines; during the first month particular emphasis should be placed on observing the supervisor at work. Trainees should have opportunity to familiarise themselves with organisational aspects of clinical psychology through observations of their supervisor's role within the service.

**Clinical Intervention:** Direct treatment with patients with whom they are the prime worker; Indirect work with patients in which they are the prime worker (e.g. advising staff or relatives); Collaborative work as part of a multi-disciplinary team.

**Range of Problems and settings:**

**Organisational/Service development Experience:** The specialist placements provide opportunities for trainees to become familiar with organisational and service development

aspects of the placement and systemic issues relating to the NHS and their impact on the profession.

Opportunities for trainees to participate in in-service training activities should be offered. Trainees should be given opportunities to teach and present information to other staff as well as to receiving training and observing their supervisor's teaching role. Opportunities to impart psychological skills to others are also important. These may include offering consultancy (ie input to cases that are not on the trainees caseload) as well as contributing to supervision of Assistant Psychologists or members of other professions within the sphere of the trainee's competence.

### **Supervision:**

- Must be for 1 hour at least once a week.
- Must include a minimum 'contact' time of three hours per week.
- Must be in line with Programme and BPS/HPC guidelines.
- Must involve observation of the trainee a minimum of 5 times

As the trainee progresses towards completion of training and/or increasing specialist skills, supervision requires to shift developmentally to accommodate advancing competencies and increasingly reflective practice from the trainee.

Supervision should adhere to the recommendation of the Joint Training Committee, the BPS supervision guidelines and guidelines for supervisors in the NHS and Clinical Practice Placement Handbook and in this section. This will include written objectives for the placement with frequent feedback on progress. Written objectives will be reviewed prior to the mid placement visit. Guidelines on the mid placement visit are included in the NHS and Clinical Practice Placement Handbook. Supervisors should ensure that another named person is available in the absence of the supervisor. Supervisors should take the opportunity to observe trainees working with patients and other members of the team. Minimum number of occasions on which trainees are observed is 5 and the minimum number of occasions on which the trainees observe the Supervisor is also 5.

### **Workload:**

Complex cases  
Consultancy  
Multi agency liaison  
Groups  
Teaching and Training  
Developing supervision skills

### **Trainees with Disabilities**

The School Coordinator of Adjustments is Craig Hutchison, Lecturer in Counselling Studies who works in the Teviot Place building. He can offer support and guidance about requirements within the University.

Trainees are also advised to contact the Student Disability Service, Third Floor, The Main Library Building, George Square, Edinburgh, EH8 9LJ.

Telephone: 0131 650 6828. Email: [disability.service@ed.ac.uk](mailto:disability.service@ed.ac.uk).

Web: <http://www.ed.ac.uk/schools-departments/student-disability-service/home>

Trainees with disabilities, including specific learning difficulties such as dyslexia, may have specific requirements for placements. Special adjustments for placements are co-ordinated by the Clinical Tutor team with appropriate liaison with local supports.

If placement planning is affected, the Local NHS Psychology Tutor should be informed as early as possible. Advice can also be sought from Personal Tutors, Clinical Tutors and the Programme Director. As NHS employees, trainees have the right to approach their local Human Resources Department directly to request reasonable adjustments in their workplace.

## **Assessment and Feedback Information**

### **Assessment**

The Placement is assessed by performance on placement, as outlined by the Evaluation of Clinical Competence (ECC) form. This is completed by the clinical supervisor(s) and is reviewed, along with the additional placement paperwork, at the end of placement meeting. Where more than one supervisor is involved in a Specialist placement, for example an AMH placement that includes in-patient work and community work with different supervisors, then the two supervisors should collaborate to complete a single ECC form with an agreed grade which is signed by both supervisors. Where the Specialist placement is split with two halves in different specialties, then the supervisor in each specialty will complete their own ECC form giving a grade for their part of the split placement. The overall grade that the trainee receives will be the mean of these two grades, however, it is essential that trainees pass both parts of a split placement in order to be recommended to pass the whole Specialist placement.

The criteria for passing/failure of a placement and procedures for remediating difficulties on placement are provided in detail in the Programme Handbook.

### **Submission and feedback deadlines (for both formative and summative assessment)**

Formative feedback is given on an ongoing basis as part of regular supervision and case discussion. It is also given after the trainee is observed by the supervisor, whether by sitting in with a trainee's session or by using a video or audio recording of a session. Detailed formative feedback is given prior to the mid-placement visit, when the supervisor completes the Evaluation of Clinical competence (ECC) Form. The supervisor discusses this with the trainee in advance of the mid-placement visit. During the mid-placement visit, the ECC is discussed with the trainee and the supervisor by the mid-placement visitor.

Summative feedback is provided at the end of placement by the supervisor completing the ECC form, to make a recommendation regarding the placement grade, and discussing this with the trainee. The trainee then brings this and other placement paperwork to the End of Placement meeting or Joint Annual Review where the decision is made on the placement grade that will go to Exam Board.

**Please refer to Section 3 of the NHS and Clinical Practice Placement Handbook for full guidance on mid-placement visits, End of Placement meetings and Joint Annual Reviews.**

## Feedback and Provisional Marks

All placement marks are provisional marks which are subject to change by external examiners or the exam board. Final marks are available from MyEd a few weeks after the autumn exam boards. Marking is done in line with the University's common marking scheme. Details on university assessment regulations are available via the University of Edinburgh web pages, currently hosted at:

The Postgraduate (Taught) Assessment Regulations:

[www.docs.sasg.ed.ac.uk/AcademicServices/Regulations/TaughtAssessmentRegulations.PDF](http://www.docs.sasg.ed.ac.uk/AcademicServices/Regulations/TaughtAssessmentRegulations.PDF)

The Postgraduate (Research) Assessment Regulations:

[http://www.docs.sasg.ed.ac.uk/AcademicServices/Regulations/PGR\\_AssessmentRegulations.PDF](http://www.docs.sasg.ed.ac.uk/AcademicServices/Regulations/PGR_AssessmentRegulations.PDF)

Trainees are advised to familiarise themselves with these regulations

## Extensions procedures

Trainees are required to complete a minimum of 50 days on placement in Specialist Clinical Placement 1 and a minimum of 51 placement days in Specialist Clinical Placement 2 (see section P3.5.10). Unforeseen circumstances, such as illness, etc. can cause Trainees to not reach the required days of a core placement. In such circumstances the Clinical Tutor team are responsible for ensuring that sufficient time is completed on placements. This is arranged on a case by case basis. Any trainee at risk of not completing sufficient placement days should contact the Clinical Tutor as soon as possible.

Trainees should also refer to Section P2.2 of the **NHS and Clinical Practice Placement Handbook for full guidance on annual leave** as the requirements for a minimum number of placement days within clinical placements will govern the amount of leave that can be granted within a given placement. If a trainee has been absent from placement for 17 days or more for any type of leave, then any further applications for leave (apart from sick leave) must be approved by the Clinical Tutor as well as the line manager.

## Dates

Please find below a list of important dates for the academic year:

**February (P5) and July (P6)**

**April/May**

**September**

Mid-placement visits

End of placement meeting P5

Final end of placement meeting

## Timetable

- [Web timetables](#)
- [Course timetable browser](#)
- [Academic timetable 2015-2016](#)
- [DClin Psychol. teaching timetable 2015-2016](#)