UNIVERSITY OF EDINBURGH / NHS SCOTLAND
CLINICAL PSYCHOLOGY TRAINING PROGRAMME

NHS and Clinical Practice Placement Handbook

2023 / 2024

This handbook is for the academic session 2023-2024. Information in this handbook reflects the hybrid delivery of teaching and learning activities for 2023/24 at the University of Edinburgh and may be subject to change in response to Covid-19 measures.

The date of publication for this handbook is October 2023.

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 the Clinical Practice Administrator on 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 National Health Service (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.

Placements and Covid-19/lockdown

To be read in the context of the rest of The Programme Handbook

Impact on placement experience and ways of working

There have been significant changes to NHS services and the way services are delivered due to Covid-19 with a resulting impact on placements and placement experience. One significant change has been the increase in carrying out clinical work by telephone or via video such as NHS Attend Anywhere/NHS Near Me. Carrying out assessment, formulation and therapy via digital means are likely to be a more significant part of placements going forward and opportunities to develop competencies in this area will likely be a greater part of placement experience. This is an evolving situation and placement experience may vary depending on the local service context and NHS/Scottish Government guidance. Clinical and local tutors will work closely with services to ensure you are having sufficient opportunity to develop the required competences.

It is also important to continue to remain up-to-date with your NHS board and department protocols in a range of areas relevant to this including protocols for working digitally, home working and social distancing. These can potentially vary between boards. Your supervisor, line manager and local tutor will be able to advise you with regards to this.

The pandemic has created, and continues to create, difficult, uncertain and stressful situations that can have an impact on well-being. You are encouraged to make use of the range of supports available to trainees (including clinical supervisors, Clinical Tutors, line managers, Academic Advisers, mentors and the range of supports offered by the university) to discuss your individual situation as necessary.

Placement requirements and Covid-19

During previous academic years many placements were adapted according to local NHS circumstances. Placements have all been provided within the framework required by the university which governs placements as university courses. Within this it has been possible to operate some flexibility in placement guidelines in relation to caseload and contact numbers, specific placement experiences (e.g. neuro work) and use of Structured Assessments of Competence and Client Feedback Questionnaires.

During the academic year 2023/24 Programme Team and relevant stakeholders will be mindful of continuing circumstances which will impact on the nature of placement experiences. Clinical and Local Tutors will continue to monitor placement activity to ensure that trainees are having sufficient opportunity to demonstrate the required competences. These requirements may shift as circumstances change and this will be communicated.

SECTION P.2 –TRAINEE EMPLOYMENT ISSUES

Trainees are required to adhere to the Health and Care Professions' Council's (HCPC) Standards of Conduct, Performance and Ethics (2016). Trainees should read the Guidance on Conduct and Ethics for Students (2016) to know what this means for you. Trainees are also required to be able to meet the Standards of Proficiency - Practitioner Psychologists (2015) on qualification. Revised HCPC Standards of Proficiency have been introduced in September 2023. The HCPC requires the Programme to train trainees from the 2023 intake cohort onwards to develop and demonstrate these revised competences by the end of their training. Trainees in other cohorts are required by the HCPC to be able to demonstrate these competences at the point of registering with the HCPC and we therefore consider it beneficial for all trainees to develop and demonstrate these revised competences by the end of their training. Trainees are also required to adhere to the British Psychological Society's (BPS) Practice Guidelines – (2017).

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).

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, The State Hospital and other NHS Boards within commuting distance of Edinburgh.). 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.

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. Trainees' attendance at teaching will be monitored and line managers will be informed if any trainees are absent without having given appropriate notification (see Programme Handbook). 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 Absence/Leave

It is important that you ensure that the appropriate approvals are sought for any kind of absence/leave. Leave taken without due authorisation amounts to being absent without permission. As both an NHS employee and a student registered at the university, most situations will require you to ensure two separate processes are followed when requesting leave.

P2.2.1 Sickness

Trainees should consider the HCPC Guidance on Conduct and Ethics for students and the HCPC Standards of Proficiency when deciding their fitness to practice in the training context. Trainees should see taking sick leave as an appropriate professional action when their ability to work on placement or academic study is affected by their health or wellbeing. Trainees attending work are declaring that they are fit for work and therefore fit to be evaluated.

Reporting Sickness:

If trainees are unfit for work due to physical or mental health, whatever aspect of your training this may be - placement, teaching or study day, these steps must be followed:

Step 1:

Contact the below 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 to be extended. You should notify the same people immediately upon your return to work.

- Nominated Line manager
- NHS Supervisor on placement
- For missed teaching days please also contact your Academic Adviser and cc Tim Abbot each day of your absence.
- For missed study days please also contact your Academic Adviser.

Step 2:

Cancel any meetings that you may have with any member of Programme team while you are absent

If you are absent from placement for more than 2 days, please email your Clinical tutor.

Step 3:

Complete the Absence Reporting Form when you return from sick leave to advise the programme administrators.

Guidance:

The following is a brief summary of NHS leave policy. These policies differ across the Boards so please be clear about your local procedures.

Please note the following requirements:

- Please refer to local NHS Board policy regarding at what stage trainees are required to complete an Employee's Notification of Sickness Certificate and when a GP's certificate is required.
- 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. You should direct any additional enquiries relating to this to the Personnel / HR Department in your 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 you have been absent from placement for 17 days or more for any type of leave, any further applications for leave (apart from sick leave) must be approved by your Clinical Tutor as well as your line manager. Please also contact your Academic Advisers or the School of Health in Social Science Student Support Team for information regarding University Concessions.

P2.2.2 Annual Leave

Requesting Annual Leave:

To request leave you must follow these steps:

Step 1:

Request your annual leave **in advance** using your formal local Health Board process.

Step 2:

Once you have received approval, complete the Absence Reporting Form accordingly to advise the programme administrators.

Guidance:

Clinical supervisors **must** be consulted about requests for annual leave falling during clinical placements.

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

The standard annual leave entitlement for trainee clinical psychologists is 27 days per annum. As NHS employees, the annual leave year runs from 1st April to 31st March, rather than coinciding with academic years. During the first year of training, a pro rata amount of annual leave (usually 13.5 days) is available up to 31st March. In cases where there is long service in the NHS (five years plus) you will be entitled to additional annual leave the details of which should be agreed with your nominated line manager and relevant Personnel / Human Resources (HR) department.

In addition to annual leave, you are entitled to eight 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 authorised by your nominated line manager. It is usually necessary to consult with other staff (e.g. clinical supervisor and clinical and Academic Advisers) in arranging annual leave, but this does not constitute formal authorisation for the leave.

You should be mindful of taking your leave in a balanced way across the year to promote your own wellbeing and ensure that the time on leave does not have a significantly disproportionate impact on either of your placements in the year. It is not required that you take exactly half of your annual leave in each placement.

If you have 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 your Clinical Tutor as well as your line manager.

You are required to take annual leave for your study days as well as your placement days. Thus, a week off placement requires 5 days of annual leave.

Annual Leave during teaching

Attendance at teaching is mandatory but trainees can choose to take up to two days' annual leave (each academic year) on teaching days without prior agreement from the University. Any days, beyond two per academic year, that you wish to be absent from teaching requires approval in advance from your personal tutor and clinical tutor, in addition to the formal local NHS process. Trainees should inform their line managers well in advance of their intentions to either attend teaching or take annual leave on such days.

The university does not schedule bank/public holidays except during the winter closure. We are aware that different Boards have different days that are considered public holiday(s) and different expectations for staff. This means that teaching may be scheduled on days that are considered public holidays for some trainees.

P2.2.3 Other Forms of Leave

During training, some trainees may need to apply for other forms of leave e.g. maternity leave. Please ensure you follow your local Board's policies and procedures at all times. Trainees should also contact their Academic Advisers or the School of Health in Social Science Student Support Team for information regarding University Concessions. It is extremely important that you attend to both NHS and university systems. These are independent and both need attention.

On the NHS side, you will also need to let your Clinical Tutor know your plans so that they can ensure that any required contract extensions can be in place. You will also need to inform your Local Tutor so that they can adjust placement plans if necessary. If you are pregnant, then your Clinical Tutor will need a copy of your MATB1 form once you receive this.

Once this leave has been approved, please complete the Absence Reporting Form accordingly to advise the programme administrators.

On returning from longer term leave of any kind, make contact with your Clinical tutor, Local tutor and Academic Adviser so they can all support your return. The Clinical Tutor will need to know how much annual leave you have left to use so that they can calculate the duration of your remaining placements and the end date of your NHS contract to apply for an extension to your NHS funding to complete your placements.

You should also be aware that taking longer periods of leave may result in a discrepancy between your NHS contract end-date and the end-date of the university programme as recorded on EUCLID. It is the trainee's responsibility to ensure that an application is made for a programme extension if required (e.g. if the programme end-date occurs before the end of the NHS contract end-date). Trainees should contact their Academic Advisers or the School of Health in Social Science Student Support Team for information regarding University Concessions, including programme extensions.

P2.2.4 Study Leave

If you wish to attend courses out with formal teaching, you are expected to apply for this through your nominated line manager. If courses coincide with teaching, you must also seek permission from your Academic Advisers and Clinical Tutor well in advance. Once you have received approval, complete the Absence Reporting Form accordingly to advise the programme administrators.

P2.3 Private Study Time

Throughout the programme there is **one day per week** allocated for private study. During placements, when a single teaching day is scheduled, trainees additionally have a study day during those weeks.

Study days cannot be transferred due to absence – if a study day falls on a bank holiday or a trainee is off sick on a study day this is not replaced at any other point that week or in a subsequent week.

There are study weeks between placements 2 and 3, between placements 3 and 4 and between placements 4 and 5. If a trainee chooses to take annual leave on a study week, they are not able to claim back the study time at a later date.

Three Year Trainees

In final year, an additional research study day is allocated until the thesis submission (1st Monday in 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.

Recognition of Prior Learning (RPL) Trainees

RPL trainees are allocated an additional research study day throughout placement 5. Thesis submission date is 1st Monday in March.

For both three year and RPL trainees in final year during 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.

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.

Small Scale Research Project Study Time

Please see section 3.1.3 for further information.

P2.4 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
- Adam Conlin, Administrative Assistant to the Clinical Tutor Team Clinical Practice Administrator
- Tim Abbot, Programme Administrator

P2.5 NHS Disciplinary Procedure and Rules

Copies of the NHS policy and procedure on disciplinary action and appeals are available from the local Health Board's Personnel / HR Department and often on local websites. NHS disciplinary matters are the responsibility of the trainee's employer. If potential disciplinary issues arise when trainees are on an out-of-area placement they should be raised with the trainee's line manager within their employing Health Board in the first instance. The University has separate requirements and procedures relating to conduct and discipline (see relevant sections of Programme and Academic Handbooks). The dual nature of training - with trainees being both full time students at Edinburgh University and employees of an NHS Board - means that there are times where information regarding potential disciplinary matters will need to be shared between parties. See the Communication Policy in the Programme Handbook for more information.

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

P2.6 Equality and Diversity

Edinburgh University, NHS regional boards and NHS Education Scotland (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. The Clinical Practice Administrator also has copies of them and local tutors can also assist in accessing them.

In addition to the services above, trainees who feel that they have been discriminated against are encouraged to approach their Academic Advisers, Clinical Tutor, the Programme Director or the Clinical Practice Director. Issues which arise on placements can also be discussed with any of the above or with the trainee's supervisor, line manager or local tutor. Trainees can also report gender-based violence and discrimination through the University's Report and Support Service.

P2.7 Trainees with Disabilities

All first year trainees will have been invited to make contact with the Disability and Learning Support Service and the Programme Team in advance of joining the programme to discuss any requirements they may have for reasonable adjustments to be made to support their training. These could include adjustments in assessments, teaching and on placement. Trainees will also be encouraged to discuss these with their Academic Advisers and Clinical Tutors at the earliest opportunity. There may also be a requirement to attend local NHS Occupational Health services for a similar process within the NHS. If placement planning is affected, the local tutor should also be informed as early as possible.

Please see the Programme and Academic Handbooks and the University of Edinburgh's Disability and Learning Support Service website for more information.

The School Coordinator of Adjustments is Dr Jo Alexjuk (Jo.Alexjuk@ed.ac.uk). She can offer support and guidance about requirements within the University.

If a situation arises at any point during training in which a trainee becomes aware that a disability, whether previously discussed or not, may be having an impact on their training, they are strongly advised to contact the Disability and Learning Support Service so that an assessment of their needs can take place as quickly as possible. Sharing information openly will ensure that support can be consistent and appropriate.

P2.8 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, using any relevant NHS Board processes. 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.

P2.9 Travel Expenses

Travel expense forms should 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 location 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. If trainees travel directly from home to base and then directly home they are not entitled to claim travel expenses. Trainees may have one or more placements that are in a location that is not their main base. If trainees are on placement at a location that is further from their home than their base, then they are entitled to claim for any 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 placements 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 distance learning is arranged. For teaching blocks 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 expense 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 covers business use, or they may find that in the event of an accident they are not insured.

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

P2.10 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 but where these are due, they will be considered on an individual basis by NES.

P2.11 Health & Safety Requirements and Whistleblowing

Trainees should be aware that they have legal duties to take reasonable care of their own health and safety and the health and safety 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 (2016), the Standards of Conduct, Performance and Ethics (2016) and the Standards of Proficiency for Practitioner Psychologists (2015, 2023). Where trainees have concerns about the health and safety of themselves or others they should be aware of how to report these concerns.

Specifically, trainees have a duty to report concerns about the safety of service users, carers or others. The relevant people trainees can approach include your placement supervisor, your line manager, your local tutor, your Clinical Tutor and your Academic Advisers. Any trainee is also able to contact the Clinical Practice Director, Research Director or Programme Director. There is also a national Scottish Government website on the NHS Confidential Alert line: https://www.gov.scot/collections/nhs-confidential-alert-line/ . General guidance on how NHS staff can report concerns can be found at the HIS website: http://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/responding_to_concerns.aspx

Since April 2021, Scotland has had an Independent National Whistleblowing Officer (INWO) and a set of National Whistleblowing Standards in relation to NHS services. Information on both of these can be found here: https://inwo.spso.org.uk/. Whistleblowing is when someone within an organisation raises concerns about a risk of harm or wrongdoing in the public interest and for the INWO this relates only to NHS services. The website gives details of the email address and phone line available for whistleblowing advice and support. Whistleblowing differs from complaints raised by members of the public about the service they receive as patients and it also differs from a grievance an individual employee has about their employment situation. Details of the general procedure can be found here: https://inwo.spso.org.uk/whistleblowing-procedure and trainees will be made aware of their local processes, in particular who is the confidential contact for their Board. Within the programme, trainees also have access to a “course advocate” – who is available to discuss concerns and support the trainees to raise them

using the local Board processes or, in certain circumstances, to raise concerns on behalf of the trainee. The course advocate for the Doctorate in Clinical Psychology is Fiona Duffy who can be contacted at fiona.duffy@ed.ac.uk. There is further guidance for trainees including on the role of the course advocate here: https://inwo.spso.org.uk/arrangements-students-and-trainees.

There are individual procedures for the reporting of concerns regarding placements specifically and these can be found in section P3.9. We are aware that trainees may be concerned about the potential impact of raising concerns but should be reassured by the NHS whistleblowing policies which ensure that there is no detriment to the employee for raising genuine concerns.

There are also similar processes within the University in relation to concern about research participants and staff. Trainees can contact their Academic Advisers, the senior Academic Advisers, their Clinical Tutor or the student support team. Again, any trainee is also able to contact the Clinical Practice Director, Research Director or Programme Director. The relevant policies can be found here: https://www.ed.ac.uk/arts-humanities-soc-sci/research-ke/support-for-staff/res-ethics-policies/raise-concern
and include the Academic Misconduct policy, the research Misconduct policy and the Whistleblowing Policy.

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 in section 15 of the Programme Handbook. Documentation relating to NHS Health and Safety policy can be obtained from the Personnel Department / HR of the employing NHS Health Board 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 and all other local Health and Safety policies should be adhered to.

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

P2.12 Honorary Contracts

All trainees working out with 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.

P2.13 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** as is arriving at work under the influence of alcohol or drugs.

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

P2.14 Confidentiality

In the course of clinical placements, trainees 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.

SECTION P.3 – PLACEMENT PROCEDURES

P3.1 Placement Structure

The programme aims to prepare trainees for lifelong learning. We deliver 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 specialist placements.

The core placements are: **I.** Adult Mental Health
II. Intellectual Disabilities

III. Children, Young People and Families
IV. Older People

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. All placements must be completed over the course of training. Please note that in exceptional circumstances they can be taken in any order although the order described here will remain the preferred option.

The final two placements (5 & 6) are specialist. 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 specialist 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	Specialist	Full	3	2
Placement 6	Apr – Oct	Specialist	Full	3 or 4	2 or 1

*NB Where there is a shortage of supervisory capacity within a particular service, core placements may be organised such that experience is split between two different setting/specialities.

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**		
October – April	**April**	**May / June / July**	**August / September**
Specialist Placement 3 days	Specialist Placement 3 days	Specialist Placement 4 days	Specialist 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 third 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 third year should consult with their Clinical Tutor at an early stage.

Trainees at times request a split placement for either placement 5 or 6, or both i.e. 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 third year – with 1 day in one part and 2 days in the other part when on placement for three days, moving up to two days in each when on placement for four days.
- 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. Please note that in exceptional circumstances they can be taken in any order although the order described here will remain the preferred option. 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 third 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.

Additional information about the RPL training route can be found in the Programme Handbook.

P3.1.3 SSRP Study session

Trainees on the full-time (3 year) training route are required to complete a Small Scale Research Project (SSRP) during one of their first four core placements and this work is submitted at the end of second year. Trainees should be provided with a session per week (half a day) from one of their first four placements for conducting and writing up the SSRP. This time can be taken out of one placement only and this can be either the placement where the data is being collected or a later placement even if this is not the one in which the project is being conducted.

Please note that during placements, when there are teaching days at the University, this SSRP half-day is not allocated to trainees so that the week will be 1 day teaching, 3 days placement and 1 day study.

Many trainees and supervisors reach an agreement for the trainee to take their SSRP time as a whole day taken fortnightly. When this is the case, and one of the two weeks in the fortnight includes teaching days, the trainee is only eligible to a half-day SSRP study time in that particular fortnight.

Trainees on the RPL training route do not complete a SSRP. However, they receive this half day of study time usually allocated for the SSRP from one of their first four core placements. This is to provide an equivalent amount of thesis study time prior to submission as 3 year trainees. RPL trainees are able to commence this additional half day at any time in their first four placements as long as it is taken as a consecutive block of 5 months of additional half-days. This is to allow RPL trainees more flexibility to plan and use the time as the demands of their thesis require. This would mean it would have an

impact on a maximum of two placements. RPL trainees need to ensure that they give sufficient notice to their placement supervisors and local tutors to enable them to plan placements and workload, particularly if the study time is to start mid-way through a placement. This will also require a greater level of monitoring by trainees and tutors to communicate when the additional time has started and when it will finish. If started mid-way through a placement it will be important to feed this forward to the next placement supervisor so they are aware how long this half-day will apply in their placement. Please note that **RPL trainees** retain this additional half-day of study time in any weeks during placement when there is teaching at the University.

For both RPL and 3 year trainees, it is important to plan ahead and discuss with your Local Area Tutor, Clinical Tutor, line manager and prospective/confirmed supervisor well in advance when you wish to take your SSRP study time.

P3.1.4 Dates

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

February and July	Mid-placement visits
April / May	End of placement meeting
October / November	End of placement meeting
Every 12 months of training	Joint Annual Review

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 undertake their four core placements in NHS Lothian, NHS Fife, The State Hospital and other NHS Boards within commuting distance of Edinburgh.
- Trainees should not approach out-of-area supervisors to discuss possible placements unless their local tutor, line manager and Clinical Tutor have 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

- As with core placements, specialist placements are carried out within the trainees' employing health board. Only in exceptional circumstances would an out of area specialist placement be considered and only with the agreement of the Clinical Practice Director, the local NHS line manager and 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 specialist 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 Clinical Tutor Team. The Clinical Practice Director has overall responsibility for ensuring that clinical placements are organised and approving placement plans.

Trainee Placement Requests

Initial discussions and/or requests for specialist 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 specialist placements.

Split placements

See separate guidance (available on the course website and/or from Clinical Tutors) for split placements. There can be a variety of split placements. This guidance is focused on core placements where there are two supervisors and provides information regarding the specific circumstances of split placements. They supersede the previous '3 plus 1'placement guidelines.

P3.2.3 Local Tutors

Please see below for a list of the local tutors in the different health boards:

Health Board	Local Tutor	Contact Details
Borders	Sonya Campbell	Sonya.Campbell3@borders.scot.nhs.uk 01896 826 323 / 07814913344

Dumfries & Galloway	Zounish Rafique	zounish.rafique1@nhs.scot 01387 244 495
Fife	Kirsty Gallen Rachel Pickles	kirsty.gallen@nhs.scot 01334 696 336 rachel.pickles@nhs.scot 01334 696 336
Forth Valley	Heather Simpson	Preferred contact is by email fv.lat@nhs.scot Telephone contact 01324 614347
Grampian	Annick Shaw	annick.shaw@nhs.scot 07905 501 674
Lanarkshire	Sally Dewis	Sally.Dewis@lanarkshire.scot.nhs.uk 07811 487 408
Lothian	Laurie Siddell	laurie.siddell@nhslothian.scot.nhs.uk 0131 537 6913 or 07929 816581
Tayside	Hannah Watkins	Hannah.Watkins@nhs.scot 01738 413 070

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 (eg past Summaries of Placement Experience Forms).
- Clinical tutor will send the supervisor and trainee the updated Learning Objectives Form from the End of Placement meeting. (**Learning Objectives Form**). Trainee may choose to provide a draft version in advance of this being agreed at End of Placement meeting.
- Supervisor arranges to provide trainee with outline of potential placement experience. (**Placement Description**).

- 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** 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 TURAS Portfolio

See P.3.4.3 below for 2020 intake who still use older paperwork

From the 2021 intake onwards we have introduced TURAS Portfolio - an electronic Portfolio for trainees to record their placement activity and for supervisors to assess them.

This will replace most ongoing placement paperwork that is described below (eg Weekly logs, Summary of Placement experience, Evaluation of Clinical Competence form) and will spread the collection of data across the placement rather than condensing all of the paperwork and supervisor sign off around mid-placement and end of placement.

TURAS Portfolio has been developed by Gavin Richardson, Clinical Practice Director of the University of Glasgow Doctorate in Clinical Psychology Programme along with Neil Millar and other NES colleagues. Initial feedback from our trainees and supervisors has been positive and the environmental benefits of reducing paper use are clear. Like any complex IT system, there are some aspects that could be smoother and feedback was very helpful in identifying these. Changes will be made in response to this feedback.

This has been in use in the University of Glasgow DClinPsych programme successfully and pilot feedback indicates that it is intuitive to navigate.
It replicates the functions of the existing paperwork but there are some small adjustments such as the ways that supervisors sign off clinical activity on placement and Evaluations of Clinical Competence will need to be typed rather than handwritten.
Training will be provided to trainees and supervisors in the use of TURAS Portfolio

P3.4.2 Placement Paperwork

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. All form templates are

available on the DClinPsychol website. **Trainees should ensure that they keep copies of all their placement paperwork for their own reference.**

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 form also records details of Structured Assessments of Competency (SAC) completed over training. 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, summarising evidence of relevant experience and setting the new agreed objectives. The form will be sent to the trainee's next supervisor, the local tutor and Academic Advisers to ensure that they are all aware of the trainee's objectives. The master copy of the form will be retained at the University.
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.
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. A copy of this must be uploaded by the Trainee to the Trainee's Placement Documents Teams page.
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**. An example **Induction Programme**, which may be adapted, can also 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. This is designed to aid the placement planning process and to facilitate checking on progress.
6. **TURAS Portfolio Log of experience:** All trainees should complete and update at least weekly all their clinical experience including additional experience such as attendance at meetings on placement in the TURAS Training portfolio. This

includes adding new clients and updating direct contacts, indirect contacts, CNAs and DNAs with clients within the Relationship Section. The date of the session, contact type, primary therapy modality, stage of therapy, evaluation and client outcome is recorded as well as a summary of the activity and any observations of the trainee. There is also an optional reflection section for completion by the trainee. Each contact has to be acknowledged by the supervisor in the TURAS Portfolio. As well as client contact, there is a section to record observations of others including observations of your supervisor and there is a section to record other placement activities. This will be reviewed by the Clinical Tutor at mid placement and end of placement meetings.

7. **Mid-Placement Visit Report:** This is completed by the tutor undertaking the Mid-Placement Visit. A copy is kept in Trainee's Placement Documents Teams page for access by trainee, supervisor and local tutor or in the trainee'. 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.
8. **Evaluation of Placement Supervision:** A provisional version of this form is provided by the trainee at the Mid-Placement Visit and is updated 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. If concerns raised by trainees are considered significant enough then at times immediate action is taken out with the normal feedback process.
9. **Evaluation of Clinical Competence Form:** This is completed in the TURAS portfolio and 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. It is currently,not possible for two supervisors to edit a single ECC form within TURAS portfolio. On a split placement with two supervisors, it is recommended they have a prior discussion about the form including comments and ratings. One supervisor then completes the form based on these discussions on behalf of both supervisors Another way is for one supervisor to type their comments into the ECC on TURAS portfolio and then cut and paste the other supervisor's comments from a Word document they are sent.(Please see split placement guidance for more information about how to complete an ECC on a split placement). At mid-placement, the form should be discussed with the trainee prior to the mid-placement visit. The trainee is required to acknowledge the form within TURAS 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 supervisor again completes the form at end of placement. This final form requires to be acknowledged by the trainee and there is an expectation that the trainee will fill in relevant comments. Prior to the overall rating on the form, there is a section for the trainee and supervisor to highlight any learning objectives arising from the placement. This is discussed at the End of Placement meeting with the Clinical Tutor to agree the learning objectives and to update the Learning Objectives Form (see 1 above).

P3.4.3 Summary of Placement Paperwork

REF#	DOCUMENT	WHEN COMPLETED	BY WHOM	PURPOSE / ACTION	REQUIRED IF USING TURAS PORTFOLIO?
2	Placement Description	Prior to placement	Supervisor	To Local Tutor and trainee	Yes
4 / 4b	Induction Programme Induction Checklist	Prior to placement start	Supervisor	Timetable for week 1, copy kept for MPV.	Yes
3	Supervision Contract	Within 2 weeks of placement start	Trainee & Supervisor	Used to record discussions about placement supervision. Reviewed at MPV and EOP. Saved in Trainees Teams folder by trainee (2021 and 2022) or Sent to Clinical Tutor Team administrator for 2020 intake.	Yes
5	Placement Experience Checklist	Within 2 weeks of placement start	Trainee & Supervisor	Used to plan and monitor placement experience. Reviewed at MPV and EOP.	Yes
6	Log of all placement experience(clinical and additional experience)	Weekly	Trainee	Log of all placement experience, reviewed and acknowledged regularly by Supervisor. Will be reviewed at MPV and EOP	Completed within TURAS portfolio

7 / 7b	Mid Placement Visit Report (Optional supplementary Action Plan)	Mid - Placement Visit	Visiting Clinical Tutor	Copies to Trainee, Supervisor, Clinical Tutor, relevant Local Area Tutor and in Trainee file for access by Academic Advisers	Yes
8	Evaluation of Placement Supervision	Provisionally completed at Mid - placement. Final version at End of placement	Trainee	Discussed at MPV & EOP, submitted to Clinical Tutor	Yes
9	Evaluation of Clinical Competence	Provisionally completed at Mid - placement. Final version at End of placement	Supervisor	Discussed with Trainee prior to MPV & EOP, submitted to Clinical Tutor	Completed within TURAS Portfolio
10	Learning Objectives Form	At the end of each placement	Trainee, Supervisor, Clinical Tutor	To facilitate the carry-over of identified learning objectives and information re SAC from placement to placement. Discussed at EOP with Clinical Tutor & sent to new Supervisor on next placement, Local Tutor for placement planning and Academic Advisers to inform of progress	Yes

Note: MPV = Mid Placement Visit, EOP = End of Placement

All documents and forms can be found on Learn and on the DClinPsychol website. They may need to be adapted to meet local need and to comply with printer requirements.

P3.5 Placement Experience

P3.5.1 Experiences Core to All Placements

A detailed description should be provided at the start of each placement and should outline the trainee's opportunities for gaining and developing competencies.

Each of the core placements has a separate placement experience guideline (see sections 5-9) and all placements should contain the following elements:

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)
- If the trainee is new to the area, orientation to significant local social history that applies to the client group

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

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 Intervention and in the use and interpretation of relevant testing/questionnaire material. It is essential that trainees have experience of both cognitive behavioural therapy and systemic therapy over the duration of their training. In addition, other therapeutic approaches are covered in teaching and trainees may get experience of these on placement, depending on their placements/supervisors.

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.

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).

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.

P3.5.2 Additional Learning Opportunities

Revised HCPC Standards of Proficiency have been introduced in September 2023. The HCPC requires the Programme to train trainees from the 2023 intake cohort onwards to develop and demonstrate these revised competences by the end of their training. Trainees in other cohorts are required by the HCPC to be able to demonstrate these competences at the point of registering with the HCPC and we therefore consider it beneficial for all trainees to develop and demonstrate these revised competences by the end of their training. There are a range of Standard Learning Objectives for all trainees and these are detailed on the Learning Objectives form. It is not required that all of these are developed and demonstrated on all placements. Some e.g. group work, teaching, consultancy/providing psychological perspective to others and organisational/service

development must be developed and demonstrated at some point in training. There will be an additional objective in working with experts by experience for trainees from the 2023 intake cohort onwards.

Formulation and intervention based on a model other than CBT is essential by the end of training but not required on all placements. The Programme has agreed that all trainees will have learning opportunities in Systemic Therapy as a model additional to CBT by the end of their core placements. The Programme based this decision on the UCL/CORE competence framework in Systemic Therapy. We view a Systemic Therapy as one that sees both the origin of the problem(s) and the potential solutions to them as located not in any one individual but with a system of which the individual and those in relationship with the individual are all members. It would include Systemic Family Therapy but not be limited to this specific example of a systemic therapy.

Work with supervisors in Older Adults, Child and Family and Intellectual Disabilities placements has identified systemic approaches being used with families, ward staff teams, residential care staff groups and many others. For example, although interventions like PBS and Psychological Interventions in Stress and Distress in Dementia are behavioural in focus, there is a stage in both where the care team is assembled to discuss the behaviours and their understanding of them and this is a systemic approach. Further information is available on the DClinPsychol website.

Experience in further models beyond CBT and Systemic Therapy will be available via teaching and, where possible, placements. The programme has developed a set of criteria for these models and a list of those agreed so far.

Opportunities 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 Research and Thesis Handbook for guidelines).

P3.5.3 Client Feedback Questionnaires

All trainees are to complete client feedback questionnaires with at least two clients per placement and a session-by-session feedback questionnaire on client experience with at least one client during training. For the client feedback questionnaires, the course recommends the use of either the CARE questionnaire or the Edinburgh Client Feedback Questionnaire. For the session-by session feedback, the Session Rating Scale (Duncan & Miller, 2003) is recommended. If there is a local questionnaire that covers client experience this could be used with the proviso it is first checked for suitability with the Programme. Guidelines and recommended assessments are available on the DClinPsychol website. With regards to storage of the completed questionnaires, be mindful of confidentiality and any local health board protocols. Trainees should also familiarise themselves with the University's data protection policy.

P3.5.4 Workload for core placements

Workload figures are provided for guidance and they refer exclusively to core placements. We have been able to be more flexible about workload figures during the COVID-19

pandemic and we encourage supervisors and trainees to discuss what a reasonable workload is and to bring any difficulties with this to Clinical Tutors or local tutors. The Supervision Contract has a set of prompts to structure this discussion. Once at full capacity, trainees should be spending around 50% of the placement time in clinical contacts (direct and indirect). There will be variation between placements and specialties in terms of the balance between direct and indirect contacts, the frequency with which clients are seen, travel requirements for community work etc. It is also reasonable to have a period of time for all trainees to build up to being at full capacity on each placement. These factors should be taken into account in the discussion between trainees and supervisors.

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

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 this within the summary of activity in TURAS portfolio.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 can also be included **if it is focusing on a particular client**, for example training a group of staff to tailor behavioural management strategies to a particular client with dementia in a care home Training that is more general, e.g. on autism, cannot be counted as indirect contacts and should be logged in the Placement Activities section only.

Within the Forensic Specialty only, trainees will at times carry out lengthy and significant case risk file reviews over a number of sessions. Within this context only, each session (similar to an individual clinical session) reviewing a case file can be counted as an indirect contact. There is a maximum one contact for each session. This does not include the standard reviewing of files for background information in any other context.

Cases and Contacts for Group work

Within the group tab on TURAS portfolio, group work can be recorded. The group name (Group intervention identifier) and each session of the group is recorded. For each group session, the number of attendees, session duration and other professionals are logged. These contacts also have to be acknowledged by the supervisor.

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 (e.g. 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.

Planning Workload for core placements

At the outset of placement, trainees and supervisors should discuss the planned allocation of time to clinical work each week including allocated clinic space and/or home visits. The typical frequency of client contact (ie weekly or fortnightly) and the frequency of indirect contacts should also be discussed. It is advantageous for trainees to see therapy clients weekly, as long as it is clinically appropriate to do so, as they have more opportunity to complete intervention stages of therapy in this way. There should also be discussion about expectations of how quickly the trainee will build up to full capacity of working, defined as spending about 50% of their placement time in clinical contacts (direct and indirect). There is space in the Placement Supervision contract to record these discussions.

P3.5.5 Supervision

- 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). There is additional guidance for 'Split' placements which should be considered alongside this handbook.
- 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 (this may mean in person or remotely) 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.
- A requirement is that supervisors use a structured assessment of competence scale three times across the duration of a placement as part of the five minimum observations. These need to be based on observations of sessions with three separate clients and can cover either a CBT session a systemic session or a cognitive assessment. There is also the option to use a Leadership structured assessment and structured assessments for other therapeutic models where appropriate. Over training this will include at least three assessments of CBT (Cognitive Therapy Rating scale – revised, CBT for Children and Young People- Session Competency Framework), three of systemic competencies (SFP-SCS or equivalent for non-family sessions), and three of neuropsychological assessment (using the manual for assessment as the structure the trainee must follow). There is also a Leadership and influencing structured assessment of competency for facilitation of team formulation (The Team Formulation Quality Rating Scale) and there is also the option for use of structured assessments for other therapeutic models across training as long as the three assessments of CBT, Systemic and Neuropsychology are met by the end of training. Certain placements will be more focused on certain areas, for example CBT in Adult Mental health and Systemic in Child and Family. Supervisors and trainees can together choose the spread of these that makes most sense for the placement workload and areas of

competence being worked on. These are for formative feedback only and are not to be seen as a pass/fail. They are not collated by the programme or mid-placement visitor but stay on placement as a feedback tool designed to encourage a greater level of detail in feedback of an observation and provide mechanism of capturing that feedback. They will be one source of information among many others that supervisors will use when completing the Evaluation of Clinical Competence Form. Further information on competence frameworks and copies of recommended assessments such as the CTS-R and SFP-SCS are available on the DClinPsychol website The website also offers further support in the use of these measures such as a narrated PowerPoint presentation on Systemic therapy and training options. With regards to the storage of completed structured assessments of competency, be mindful of confidentiality and any relevant health board protocols. Trainees should also be mindful of the University's data protection policy.

- Where there are two supervisors involved in a single placement (for example in an adult mental health placement which involves both CMHT and Primary Care) the expectation is that the Lead or co-ordinating supervisor should observe the trainee in **at least** 5 clinical sessions and the second supervisor should observe in **at least** 3 clinical sessions. This would make a minimum of eight observations across the placement.
- Recorded or videoed sessions count towards observations, although the expectation would be that the majority are in vivo observations. Trainees require to be vigilant to local confidentiality and information governance procedures when considering recording 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.
- 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. If a trainee has two supervisors on a single placement (e.g. in Adult Mental Health where one covers primary care and one CMHT work) then the total weekly supervision time should be a minimum of an hour and a half a week (can be split in ways which work for all concerned). 90 minutes is also the minimum per week for trainees on 'three plus 1' placements.
- More supervision (than the minimum) is often useful / necessary at the start of placement. As long as minimum requirements are met supervisors and trainees can negotiate the amount of supervision according to need.
- Completion of the evaluation forms according to the guidelines at the end of the placement.

P3.5.6 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.

The following is offered as guidance. There is currently no required minimum number of days on placement.

The functionality for collating various information regarding placement activity/experience is currently in development within TURAS portfolio. Your Clinical Tutor will review time on placement with you on an as required basis eg if there have been significant periods of absence – in order to ensure that you have sufficient time on placement to allow for competency development. You will not be routinely required to collate days on placement at present.

P3.6 Placement Assessment and Feedback Information

P3.6.1 Placement Assessment

The placements are assessed by performance in various areas of competence, 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 information on TURAS at the end of placement meeting. Where more than one supervisor is involved in a placement, for example an Adult Mental Health (AMH) placement that includes primary care work and CMHT/SEMI work with different supervisors, then the two supervisors should ordinarily collaborate in TURAS to complete a single ECC form with an agreed grade which is signed by both supervisors (see guidance under P3.4.2 about ECC where there are two supervisors). The criteria for failure of a placement and procedures for remediating difficulties on placement are provided elsewhere in this handbook.

P3.6.2 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 sometimes supported by the use of a structured assessment of competence. Please refer to the individual sections on different placements in this handbook to see links to specific formative feedback, e.g. the use of CTS-Rs in AMH placements to provide feedback on 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 where the decision is made on the placement grade that will go to Exam Board.

Full guidance on mid-placement visits and End of Placement meetings is available elsewhere in Section 3.

P3.6.3 Feedback and Provisional Marks

All placement marks are provisional until they have been ratified by the Exam Board. Final marks are available from the trainee's MyEd account shortly after the relevant Exam Board. Marking is carried out in line with the University's common marking scheme. For information on university assessment regulations, codes of practice and guidance, please see the programme Academic Handbook.

P3.6.4 Extensions procedures

Unforeseen circumstances, such as illness, etc. can cause trainees to not have sufficient time on placement. In such circumstances the Clinical Tutor Team are responsible for ensuring that the trainee has had sufficient placement time to ensure that they have had the opportunity to demonstrate the required competencies. It may be necessary to make up placement time either by continuation of the placement or by additional experience later in training. This is arranged on a case by case basis.

Trainees should also refer to section 2.2 for full guidance on 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 as well as the line manager.

P3.7 Mid Placement Meeting

P3.7.1 Introduction

A member of the Clinical Tutor Team meets all trainees and their supervisors at the mid-point of the placement. In the case of split placements both supervisors will ordinarily be present at the same mid placement meeting and the supervisors are advised to complete a single Evaluation of Clinical Competence Form reflecting their shared feedback. The meetings lasts for approximately one and a half hours.

The dates for the meetings are set as soon as possible in the early stages of the placement. The supervisors and trainees are requested to prioritise mid placement meetings and confirm dates as quickly as possible to facilitate the planning process, which can be logistically challenging and requires patience from all involved!

P3.7.2 Aims of Mid Placement Meetings

- 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.

P3.7.3 Pre Meeting Preparation

The trainee should have the following documents ready for the meeting and should ensure that entries on to TURAS Portfolio are up-to-date

- Learning Objectives from previous placement
- Supervision contract
- Induction checklist
- Placement learning plan and learning objectives for the placement
- Contacts and experience fully up to date on TURAS Portfolio and acknowledged by their supervisor(s) Evaluation of supervision (provisional copy) - emailed to Clinical Tutor in advance of the meeting
- Count the number of Observations that they have had of their supervisor(s) - emailed to Clinical Tutor in advance of the meeting
- Count the number of Observations of them by their supervisor(s) - emailed to Clinical Tutor in advance of the meeting

The **supervisor** should have the completed and shared the Evaluation of clinical competence form with the Clinical Tutor by completing it on TURAS Portfolio in advance of the meeting. All work recorded on TURAS Portfolio by the trainee should have been acknowledged by the supervisor(s).

Trainees and supervisors are strongly advised to contact a member of the Clinical Tutor Team *before* the mid placement meeting if they consider that they have encountered any difficulties in the placement (see also Section P3.9 below).

The supervisor and trainee should meet to discuss the evaluation prior to the mid placement meeting.

P3.7.4 Format of Meeting

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 Clinical 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 including the use of Structured Assessments of Competency
- Other experience reviewed should include meeting / observing relevant professionals; meetings; teaching experience; ward and management meetings; use of client feedback questionnaires 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 Clinical 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, and 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 meeting the Clinical Tutor will write up a report of the meeting (Mid Placement Visit Report; Section 8). Any recommendations of the action plan will be embedded within the mid placement meeting 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 personal and Clinical Tutors. The relevant local NHS psychology tutor will receive a copy of the Mid Placement Visit Report and this will help inform future placement planning.

P3.8 End of Placement

By the end of the placement the supervisor must have completed the Evaluation of Clinical Competence Form on TURAS portfolio, which requires to be discussed and signed by both the supervisor and the trainee. The trainee also completes an Evaluation of Supervision Form, and ensures that their activities are all recorded and acknowledged in the TURAS portfolio. 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 Meeting, 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

Once the placement has ended, the trainee will attend an End of Placement Meeting with their Clinical Tutor at the University. Academic Advisers will also be invited to End of Placement Meetings or Joint Annual review. In the case of an End of Placement Meeting in which a fail mark is being considered, an Academic member of staff who is also an HCPC-registered Clinical Psychologist will be involved in the decision. Clinical Tutors and Academic staff 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
From Trainee (trainees should keep copies):
Placement Contract / Placement experience checklist
Updated contacts and experience on TURAS portfolio, all acknowledged by their supervisor(s) Evaluation of Clinical Competence Form on TURAS portfolio
Evaluation of Placement Supervision Form
Learning Objectives
Count the number of Observations that they have had of their supervisor(s) - emailed to Clinical Tutor in advance of the meeting

Count the number of Observations of them by their supervisor(s) - emailed to Clinical Tutor in advance of the meeting

Trainees should ensure the TURAS portfolio is fully up to date.

From the Clinical Tutor:
All documentation relating to previous End of Placement Meetings.
Record of Mid-placement meeting

Academic Advisers and Local Tutors will have access to the trainee's Learning Objectives following the End of Placement meeting or Joint Annual Review.

P3.9 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 meetings can be arranged when necessary, a review visit can be arranged to follow-up a Mid-placement meeting 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 3.9.1 and issues regarding trainee progress and the procedures involved are described in section 3.9.2.

P3.9.1 Issues regarding Placement and / or Supervision

This guidance is intended to provide clarity on the procedures that would be followed in responding to concerns regarding placement environments and placement supervision. The aim of the process is to deal with situations in a way that is transparent and supportive of supervisors as well as those raising the concern. We are aware that there can be situations where concerns regarding a trainee and concerns regarding a supervisor can be expressed at the same time. The processes for responding to these are described separately for clarity only and any concerns are always considered in context.

The majority of placements offered, and the supervision received within them, are of very high quality and form an essential part in the growth and development of our trainees. Sometimes, however, concerns are raised about the placement environment and/or the supervision received. All Programme stakeholders acknowledge the range of circumstances that can lead to difficulties on placement or strain on supervisory relationships including factors related to trainees, to supervisors and to the context in which the placement occurs. It is the Programme's experience, however, that the majority of these situations are managed through routine processes, particularly the Mid-Placement meetings and subsequent actions. Most often, these situations are resolved quickly and result in positive learning experiences for those involved.

P3.9.1.1 Minor Difficulties

Trainees are encouraged to raise minor concerns as and when they arise and to seek a mutually acceptable resolution to them with their supervisors. Other possible contacts who can assist with this are listed in the Placement Supervision contract and include the Clinical Tutor, local tutor and Clinical Practice Director. The trainee's own line manager is also available for support. Consideration will be given to whether to try to empower the trainee to raise the issue (or it raise again) with the supervisor or whether to become involved directly.

Issues such as these, whether resolved or not, can be raised at the Mid-placement visit (described in section 3.7). We are all aware that minor concerns sometimes reflect issues that arise only for a specific trainee, or are attributable to temporary problems with a

service or organisation. For this reason, the Clinical Tutor Team and/or local tutor may not act immediately, but may monitor the placement to check whether the difficulties recur. In circumstances where a pattern of recurrent difficulties is evident, or minor difficulties cannot be resolved through these processes, the supports described below may become necessary. The occurrence of any minor issues would be considered in the context of other information from the Clinical Tutor or local tutor and feedback from other trainees to ensure a process that is based on information that is as representative as possible.

For general information on feedback and monitoring processes, including where minor difficulties have been raised, please see section 3.10.4. Local tutors will know whether their local Heads of Service/line mangers/professional leads wish to be kept informed of minor difficulties more regularly than the annual feedback from the Clinical Tutor.

The following guidance describes how more significant concerns will be managed by the programme and how the programme will communicate with others involved.

P3.9.1.2 Dealing with More Significant Concerns

More rarely, problems emerge which raise significant concerns about either the provision or quality of supervision, or the clinical capacity of the supervisor. In such instances the University, Health Boards and NES have a “duty of care” to current and future trainees, colleagues and clients. On this basis, the Programme and Health Board would be required to investigate concerns in a more formal manner.

Additional information can be found in Appendix 1.

P3.9.1.3 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.

P3.9.2 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 e.g. formulation (see HCPC Standards of Proficiency for Practitioner Psychologists, 2015). 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 (2016) or the Standards of Conduct, Performance and Ethics (2016), which apply to trainees as well as Psychologists already registered with the HCPC or the BPS Code of Ethics and Conduct (2018).

P3.9.2.1 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 meeting 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.

P3.9.2.2 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 the 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 Academic Advisers should be informed.

P3.9.2.3 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 supervisor will decide with support from the Clinical Tutor 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.

P3.9.2.4 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 Academic Advisers and the Clinical Tutor need to be involved in deciding what recommendation to make to the Board of Examiners Meeting. 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 Academic Advisers and the Clinical Tutor.** At the end of placement, and having had discussions with both trainee and supervisor, the Academic Advisers and Clinical Tutor may decide that factors such as inadequate supervision or

inadequate placement experience (see section 3.9.1 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.

P3.9.2.5 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, Academic Advisers 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 Programme Handbook. Trainees are directed to the Programme Handbook for guidance and the Special Circumstances policy, details of which can be found on the School's Student Support website.

Trainees are required to submit their Special Circumstances paperwork as soon as possible after the event **and in advance of being informed of the final placement grade by their placement supervisor**.

P3.9.2.6 Exam Board Outcomes – Failed Placements
In order to meet the requirements of the Programme, trainees are required to pass 6 placements (or 5 placements for RPL trainees).

If a trainee fails a placement, the Exam Board may decide between a number of outcomes, depending on the recommendation of the Academic Advisers and Clinical Tutor and their discussion of the factors surrounding a trainee not meeting the required standard of competence. These factors will include, but not be limited to, whether this is the first placement that has been recommended for a fail, the trainee's academic progress, the stage of training, progress towards agreed learning objectives in previous placements and whether the placement was a resit for a previously failed placement.

For further information on failed work and programme discontinuation, please see section 8 of the Programme Handbook.

P3.9.2.7 Serious Unethical or Unprofessional Conduct
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 Academic Advisers and Clinical Tutor that the trainee fails the placement and the Programme. This will be considered at a Board of Examiners Meeting 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.

Trainees should refer to the Academic Handbook for guidance on academic misconduct

P3.9.2.8 Fitness to Practise

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 which is separate from the usual assessment of progress on studies (e.g. completion of academic work and performance on placements). The inter-relation of these processes will depend on the individual situation. Trainees are required to ensure that they are fit to practise at all times. By attending work, trainees are indicating that they are well enough to be assessed against the usual required standards.

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 has the authority to discontinue a trainee's studies on a University Course, whether through academic progression, misconduct 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.**

P3.9.2.9 Appeals Procedure

Information about academic appeals can be found in the Programme and Academic Handbook. If you are considering lodging an appeal, it is important that you act promptly.

Problems concerning matters of employment should be directed in the first instance to the NHS Line Manager following the correct NHS procedure.

P3.10 Procedure for Approval and Monitoring of Placements

P3.10.1 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 on the HCPC website.

P3.10.2

There are two processes required as one-off initial approvals for a new placement and/or a new supervisor to take a trainee on placement. These are detailed below.

P3.10.2.1 Initial approval of placements

Any supervisor who wishes to offer a new placement, either in a location or service that has not previously provided a placement, needs to have this placement approved. The process is that the supervisor completes a Placement Description form (available from the DClinPsychol website) and sends this to the Local Tutor for their Board who will answer any initial queries. Once complete, the form is sent to the Clinical Practice Director for approval. If necessary an Approval of New Supervisor form (see below) may also need to be completed.

P3.10.2.2 Initial approval of placement supervisor

The supervisor will apply by completing an Approval of New Placement Supervisor form (available from the DClinPsychol website) 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 this handbook).

The form will be sent to the Clinical Practice Administrator at the University 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.

P3.10.3 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, end of placement and joint annual review 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 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 Clinical Tutor 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 meeting; or, if this cannot be achieved, during a subsequent follow-up process. The Clinical Tutor will complete a written report summarising the main points covered in the visit which is sent to the trainee, supervisor, local tutor and retained by the Clinical Tutor Team.

End of Placement Review

After the end of every placement, the Clinical Tutor will meet with the trainee to carry out the End of Placement Meeting. Academic Advisers can also be involved in the meeting. This is further described elsewhere in this Handbook. Learning Objectives are agreed and sent to the next placement supervisor, local tutor and Academic Advisers by the Clinical Tutor Team.

Joint Annual Review
Once per year, the trainee's Clinical Tutor, Academic Advisers 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.

Please consult the Programme Handbook for further information.

P3.10.4 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.

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 placements.

Supervision in all placements must meet the standards set out by the HCPC Standards of Education and Training.

Placements must also be provided in line with the BPS Standards of Accreditation for Doctoral Programmes in Clinical Psychology and the 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 (for placements with two supervisors see section 3.5.9)
- 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 Final Year Placement Supervision

In acknowledgement of the development of the trainee's skills and the longer placements, the supervision of final year trainees 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.

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

P4.3 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.

P4.4 What 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

P4.5 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

SECTION P.5 – COURSE HANDBOOK FOR ADULT MENTAL HEALTH CLINICAL PLACEMENT (CLPS12002)

Overview

Welcome

Welcome to your adult mental health placement course on the DClinPsychol 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 handbooks. Additional information about the regulations governing this course can be found on the University website. The links to these are available elsewhere in this 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. General guidance on placement organisation can be found in section 3.2 of this handbook.

Key contacts

The key contacts for the Adult Mental Health Placement are:

- For **placement arrangements, local information and coordination** – **your Area Local Tutor (see table in section 3.2.3 for contact details)**
- For any **placement issues or difficulties** - **your Clinical Tutor**
- For **teaching and academic assignments** (case conceptualisation, thesis proposal, etc.) – **your Academic Advisers**

The Course Organiser for the Adult Mental Health – Clinical Placement is Rebecca Curtis. The course receives administrative support from Adam Conlin Clinical Practice Administrator.

Rebecca Curtis Course Organiser Room 2.6 Medical School, Teviot Place rebecca.curtis@ed.ac.uk 0131 651 3950	Adam Conlin Clinical Practice Administrator Outside room 2.6 Medical School, Teviot Place clinical.tutor.admin@ed.ac.uk 0131 651 3973

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 section 2. These include personal safety, sick

leave, travel expenses and confidentiality. Please ensure that you familiarise yourself with this information.

Course Structure

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

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, including CBT.
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 section 3. The guidelines below relate specifically to the Adult Mental Health Placement. These guidelines are under revision and will be updated during the Academic year.

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. You can find the CTS-R on the DClinPsychol website.
- 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.**

- The number of cases should be sufficient to reflect the variety of problems encountered in the placement.
- Trainees should complete all relevant paperwork 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
- Influencing and Leadership
- Working with special groups of clients.
- Trainees should also be given the opportunity to do DClinPsychol research and have access to relevant material to plan the research.

SECTION P.6 – COURSE HANDBOOK FOR INTELLECTUAL DISABILITIES CLINICAL PLACEMENT (CLPS12039)

Overview

Welcome

Welcome to your Intellectual Disabilities Placement course on the DClinPsychol 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 handbooks. Additional information about the regulations governing this course can be found on the University website. The links to these are available elsewhere in this 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. General guidance on placement organisation can be found in section 3.2 of this handbook.

Key Contacts

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

- For **placement arrangements, local information and coordination** – **your Area Local Tutor (see table in section 3.2.3 for contact details)**
- For any **placement issues or difficulties** - **your Clinical Tutor**
- For **teaching and academic assignments** (case conceptualisation, thesis proposal, etc.) – **your Academic Advisers**

The Course Organiser for the Intellectual Disabilities – Clinical Placement is Jennifer Hadden. The course receives administrative support from Adam Conlin, Clinical Practice Administrator.

Jennifer Hadden Course Organiser Room 2.6 Medical School, Teviot Place jennifer.hadden@ed.ac.uk 0131 651 3950	Adam Conlin Clinical Practice Administrator Outside room 2.6 Medical School, Teviot Place clinical.tutor.admin@ed.ac.uk 0131 651 3973

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 section 2. These include personal safety, sick leave, travel expenses and confidentiality. Please ensure that you familiarise yourself with this information.

Course Structure

Course Code	CLPS12039
Title	Intellectual Disabilities – Clinical Placement
Credits	SCQF – 40 ECTS – 20
Level	SQF Level 12 (Postgraduate)
College	Arts, Humanities and Social Sciences
School	School of Health in Social Science
Course Organiser	Jennifer Hadden
Placement Dates	Approx. November to April (1) OR approx. May to October (2)

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 section 3. The guidelines below relate specifically to the Intellectual Disabilities placement. These guidelines relate to the experiences for a placement that is 4 days/week in an Intellectual Disabilities Service. Guidelines for a split placement where the trainee is in an Intellectual Disabilities service for less than 4 days/week are available from the Clinical tutor team or your Local tutor.

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 for full guidance on workload:**

- 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, and 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 paperwork 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 normally include the following categories:

- Clients presenting with a severe level of intellectual impairment and 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/HCPC guidelines.
- Normally involve observation of the trainee a minimum of 5 times. In placements with two supervisors the Lead Supervisor should observe the trainee on 5 occasions with the second supervisor observing on at least three other occasions.
- Within the Intellectual Disabilities placement, the use of a structured assessment of competence is mandatory and supervisors must use such a scale three times across the duration of the placement with three different clients. They can cover a CBT session (using the CTS-R), a cognitive assessment (using the manual for the assessment as the structure that the trainee must follow) or a systemic session (either a family session or a systemic session that is not with a family). These are to be used for formative feedback on development of trainee's competencies and the three structured assessments will count towards the total of 5 observations that are required of the trainee. You can find further information about structured assessments the DClinPsychol website.

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

SECTION P.7 – COURSE HANDBOOK FOR NEUROPSYCHOLOGY AND OLDER ADULTS CLINICAL PLACEMENT (CLPS12016)

Overview

Welcome

Welcome to your Older Adult placement course on the DClinPsychol 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 handbooks. Additional information about the regulations governing this course can be found on the University website. The links to these are available elsewhere in this handbook. You should familiarise yourself with these regulations.

Introduction to the Older Adults Placement Course

The Older Adult – Clinical Placement is a compulsory course for all trainees.

The defining feature of an older adult placement is not chronological age but a wide variety of case presentations with comorbid complexities related to the ageing process. The placement normally runs full time over five months for full time trainees.

The expectation is for all older adult placements to be carried out in older people specialist services apart from occasions where there is a shortage of supervisory capacity within the Older People's service. In these circumstances, Heads of Service may work with local and Clinical Tutors to offer trainees split placements in conjunction with time in a different service or may offer a placement in a different service which enables the trainee to develop similar competences (see experience guidelines below).

General guidance on placement organisation can be found in section 3.2 of this handbook.

Key contacts

The key contacts for the Older Adults placement are:

- For **placement arrangements, local information and coordination** – **your Area Local Tutor (see table in section 3.2.3 for contact details)**
- For any **placement issues or difficulties** - **your Clinical Tutor**
- For **teaching and academic assignments** (case conceptualisation, thesis proposal, etc.) – **your Academic Advisers**

The Course Organiser for the Older Adult – Clinical Placement is Hannah Wallace. The course receives administrative support from Adam Conlin, Clinical Practice Administrator.

Hannah Wallace Course Organiser Room 2.6 Medical School, Teviot Place hannah.wallace@ed.ac.uk 0131 651 3950	Adam Conlin Clinical Practice Administrator Outside room 2.6 Medical School, Teviot Place clinical.tutor.admin@ed.ac.uk 0131 651 3973

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 section 2. These include personal safety, sick leave, travel expenses and confidentiality. Please ensure that you familiarise yourself with this information.

Course Structure

Course Code	CLPS12016
Title	Neuropsychology & Older Adults – Clinical Placement
Credits	SCQF – 40 ECTS – 20
Level	SQF Level 12 (Postgraduate)
College	Arts, Humanities and Social Sciences
School	School of Health in Social Science
Course Organiser	Hannah Wallace
Placement Dates	Approx. November to April (3) OR approx. May to October (4)

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 section 3. The guidelines below relate specifically to the Older People placement and relate to the experiences for a placement that is 4 days/week in an Older Peoples Service. Guidelines for a split placement where the trainee is in an Older Peoples service for less than 4 days/week are available from the Clinical tutor team or your Local tutor

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, Care of the elderly medical consultants, psychiatrists 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 – including the local policy and procedures relating to domiciliary visits) 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 time in a day centre for older people, in residential settings, including a residential/care home and if possible, a hospital 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:

- Multi comorbidity, complexity & chronicity
- Dementia & other cognitive impairment
- Anxiety states
- Depression
- Bereavement
- Phobic states
- Distressed behaviours
- Mobility problems
- Sensory impairment
- Stroke
- Psychological reactions to illness
- Loneliness & Isolation
- Trauma
- Severe and enduring mental health difficulties
- Personality disorders
- Adjustment to ageing issues
- Marital, sexual or family relationship problems
- Carers who are experiencing strain as a direct result of caring for someone with dementia or other long-term conditions.
- In addition, trainees may have experience in working with professions in different acute admission and assessment units and ongoing care settings both in hospital and the community. Trainees may have the opportunity to work in:
- Outpatient clinics

- Psychiatry of old age assessment wards and complex care units
- Home and residential/care home 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 with another member of the team (e.g. occupational therapist, social worker, physiotherapist and Community Psychiatric Nurse).
- 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.
- 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. In placements with two supervisors the Lead Supervisor should observe the trainee on 5 occasions with the second supervisor observing on at least three other occasions.
- These numbers are the same for a split or full placement.
- Within the Older Adults placement, the use of a structured assessment of competence is mandatory and supervisors must use such a scale three times across the duration of the placement with three different clients. They can cover a CBT session (using the CTS-R), a cognitive assessment (using the manual for the assessment as the

structure that the trainee must follow) or a systemic session (using either a family session or a systemic session that is not with a family). These are to be used for formative feedback on development of trainee's competencies and the three structured assessments will count towards the total of 5 observations that are required of the trainee. You can find further details about structured assessments on the DClinPsychol website.
- 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.

- 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

Additional Work Experience: While the above are suggested 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
- Consultancy
- Teaching and working with special groups of clients if desired
- Trainees should also be given the opportunity to do DClinPsychol 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.

SECTION P.8 – COURSE HANDBOOK FOR CHILD, ADOLESCENTS AND FAMILIES CLINICAL PLACEMENT

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 handbooks. Additional information about the regulations governing this course can be found on the University website. The links to these are available elsewhere in this 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. In all cases the CP2 teaching on child, young people and families requires to be commenced before commencing the placement. General guidance on placement organisation can be found in section 3.2 of this handbook.

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 (see table in section 3.2.3 above for contact details)**
- For any **placement issues or difficulties** - **your Clinical Tutor**
- For **teaching and academic assignments** (case conceptualisation, thesis proposal, etc.) – **your Academic Advisers**

The Course Organiser for the Children, Young People and Families – Clinical Placement is Amy McArthur. The course receives administrative support from Adam Conlin, Clinical Practice Administrator.

Amy McArthur Course Organiser Room 2.6 Medical School, Teviot Place Amy.McArthur@ed.ac.uk	Adam Conlin Clinical Practice Administrator Outside room 2.6 Medical School, Teviot Place clinical.tutor.admin@ed.ac.uk 0131 651 3973

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 section 2. These include personal safety, sick leave, travel expenses and confidentiality. Please ensure that you familiarise yourself with this information.

Course Structure

Course Code	CLPS12009
Title	Child, Adolescents and Families – Clinical Placement
Credits	SCQF – 40 ECTS – 20
Level	SQF Level 12 (Postgraduate)
College	Arts, Humanities and Social Sciences
School	School of Health in Social Science

Course Organiser	Amy McArthur
Placement Dates	Approx. November to April (3) OR approx. May to October (4)

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 section 3. The guidelines below relate specifically to the Child, Young Person, and Families placement.

This section outlines the suggested 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, record keeping and use of digital systems 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, and 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 (normal minimum of five times - in placements with two supervisors the Lead Supervisor should observe the trainee on 5 occasions with the second supervisor observing on at least three other occasions.**)** 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:

- The number of cases should be sufficient to reflect the variety of problems encountered in the placement.
- Trainees should complete all relevant paperwork 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-V.
- 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 paperwork 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.
- Difficulties associated with the developmental tasks of adolescence, child health-related presentations, e.g. medical, psychosomatic.

- Developmental and neurodevelopmental concerns.
- 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/HCPC guidelines.
- Minimum number of occasions on which trainees are observed is 5. In placements with two supervisors the Lead Supervisor should observe the trainee on 5 occasions with the second supervisor observing on at least three other occasions.
- The minimum number of occasions on which the trainees observe the supervisor is also 5.
- Within the Child, Adolescents and Families placement, the use of a structured assessment of competence is mandatory and supervisors must complete three structured assessments across the duration of the placement with three different clients. They can cover a CBT session (using the CBT for Children and Young People: Session Competency Framework (CBTCYP-SCF) for children/young person and/or the CTS-R for adolescents), a cognitive assessment (using the manual for the assessment as the structure that the trainee must follow) or a systemic session (using either a family session or a systemic session that is not with a family). These are to be used for formative feedback on development of trainee's competencies and the three structured assessments will count towards the total of 5 observations that are required of the trainee. You can find further details about structured assessments on the DClinPsychol website.

Additional Work Experience: While the above are suggested 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
- Working with experts by experience
- Trainees should also be given the opportunity to do DClinPsychol research and have access to relevant material to plan the research.

Recommended Reading

A reference list for the Children, Young People, and Families Module and Clinical Placement is available in the Clinical Psychology 2 course Learn space.

SECTION P.9 – COURSE HANDBOOK FOR SPECIALIST CLINICAL PLACEMENTS 1 AND 2 (CLPS12013 AND CLPS12014)

Overview

Welcome

Welcome to your Specialist Clinical Placements on the DClinPsychol 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 handbooks. Additional information about the regulations governing this course can be found on the University website. The links to these are available elsewhere in this handbook. You should familiarise yourself with these regulations.

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 third 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 third 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.

General guidance on placement organisation can be found in section 3.2 of this handbook.

Key contacts

The key contacts for the Specialist Clinical Placements are:

- For **placement arrangements, local information and coordination** – **your Area Local Tutor (see table in section 3.2.3 above for contact details)**
- For any **placement issues or difficulties** - **your Clinical Tutor**
- For **teaching and academic assignments** (case conceptualisation, thesis proposal, etc.) – **your Academic Advisers**

The Course Organiser for the Specialist Clinical Placements is Richard Payne. The course receives support from Adam Conlin, Clinical Practice Administrator.

Richard Payne Course Organiser Room 2.6 Medical School, Teviot Place	Adam Conlin Clinical Practice Administrator Outside room 2.6 Medical School, Teviot Place

Richard.payne@ed.ac.uk 0131 651 3950	clinical.tutor.admin@ed.ac.uk 0131 651 3973

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 section 2. These include personal safety, sick leave, travel expenses and confidentiality. Please ensure that you familiarise yourself with this information.

Course Structure

Course Codes	CLPS12013 and CLPS12014
Title	Specialist Clinical Placements 1 and 2
Credits	SCQF – 40 ECTS – 20
Level	SQF Level 12 (Postgraduate)
College	Arts, Humanities and Social Sciences
School	School of Health in Social Science
Course Organiser	Richard Payne
Placement Dates	Approx. October to April (6) and approx. April to September 6)

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 section 3. The guidelines below relate specifically to the specialist placements.

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 workload 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 guidance 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.

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 (i.e. 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/HCPC guidelines.
- Must normally involve observation of the trainee a minimum of 5 times. In placements with two supervisors the Lead Supervisor should observe the trainee on 5 occasions with the second supervisor observing on at least three other occasions.

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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 Accreditation Criteria 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

Appendix 1 – Dealing with Significant Concerns

Examples of serious concerns in relation to supervision may include:

- Extremes of insufficient supervision (e.g. leaving trainee unsupervised for a protracted period)
- Major deviations from accepted good practice in supervision. Usually this would reflect a persistent combination of failures rather than a single instance and may include a lack of response to prior feedback regarding these issues – for example, always allowing supervision sessions to be interrupted by phone calls or other demands, a supervisor talking about their own clinical work rather than that of the trainee, or acting in a manner which emphasised status differences between trainee and supervisor
- Clear evidence that the quality of supervision falls significantly below the standard expected of a qualified psychologist (e.g. offering advice at clear variance with accepted professional practice, clear indications of minimal or absent knowledge of usual practice in the clinical context)
- Unethical professional practice
- Breaches of the BPS Code of Conduct
- Breaches of standard NHS policies and procedures
- Serious doubts about the clinical competence of the supervisor
- Breaches of the HCPC Standards

The governance of supervision is shared in that the programme is responsible for ensuring that trainees receive high quality supervision and the NHS Board as employer is responsible for the performance of all aspects of the supervisor's work including supervision. Thus responses to situations of concern will also be a collaborative process between the NHS and programme and will be managed with high sensitivity and due regard to the importance of the potential outcomes. Both the NHS HR and the University have processes for the management and resolution of complaints and staff in each organisation will make decisions as to whether, or when, it is appropriate to trigger their local processes. Any programme specific guidance is not intended to supersede any such processes but to describe how the two sets of staff and processes will work together to each discharge their respective responsibilities in these situations.

This will also be done in collaboration with supervisors in an open and transparent manner within a spirit of support and individual growth with the aim of resolution and remediation. Should there be occasion where time constraints make collaboration difficult, the programme will ensure supervisors are informed at the earliest possible opportunity.

If anyone (the trainee or a supervisor's colleague or line manager) has concerns of this level regarding a placement experience, they should convey their concerns to the Clinical Tutor who covers that NHS Board or their local tutor. The Clinical Tutor or local tutor will consider this guideline and other contextual information to determine whether the concerns are significant. This may include discussion between the clinical and local tutor (who cover the same NHS Board) and consulting the Clinical Practice Director. If it is deemed to be a

minor issue, they will take action using the processes described above for minor concerns. If it is deemed to be significant, or if unsure, they will follow the steps below:

1. A senior programme team member (for example the Clinical Practice Director or Programme Director) will meet with the Clinical Tutor and/or local tutor and, if appropriate with the concerned party, to clarify the substance of the difficulty and whether there are appropriate grounds for significant concerns. At this stage, it may be possible for action to be taken which could resolve the situation to the satisfaction of all parties. If not already involved, the local tutor will be informed of the process. The supervisor's line manager/professional lead will be informed that a concern has been raised.

2. If the matter was felt to warrant further investigation, discussions will take place with the supervisor and with the supervisor's line manager/professional lead. We would hope to raise any concerns directly and usually promptly with the supervisor, but in some circumstances, discussion with the line manager/professional lead may take place beforehand. Trainees sometimes request that such discussion occurs only after they have left the placement because they worry that their feedback will influence a supervisor's evaluation. While being sensitive to such requests, the programme staff and line manager/professional lead will decide whether the matter can wait to be raised or whether it warrants immediate attention. The range of support systems available for trainees are described in section 2.16.

3. These discussions will arrive at a shared conclusion between programme staff and line manager/professional lead. These may include:
    a. It is established that there are no grounds for the complaint and no further action would be taken (although some consideration may be given to the nature and purpose of the complaint)
    b. It is agreed that there have been difficulties in the supervision provided and a collaborative action plan is developed, with involvement of Clinical Practice staff, local tutor and line manager/professional lead, to improve the quality of the existing supervision arrangements. This action plan may include enhanced arrangements for monitoring the experiences of future trainees, and if appropriate working with the supervisor to help them address any concerns. It will be clear who will undertake what action and how this will be reviewed.
    c. It is the role of the line manager/professional lead to determine at any point whether any NHS HR policies should form part of any co-ordinated response. If invoked, the processes and the implications of these for any collaborative action plan or future outcomes would need careful co-ordination.
    d. The Clinical Tutor will ensure that concerns are recorded using appropriate processes at the University.
    e. In very rare cases, concerns about supervision may raise significant questions about a supervisor's professional and clinical capacities. We would still hope to discuss an appropriate action plan directly with the supervisor

(which could include a decision not to use the placement in future). However, some concerns will be sufficient that an action plan is implemented without prior discussion with the supervisor. Examples would include: practice which appears to be at significant variance with acceptable standards; or breaches of the HCPC Standards of Conduct, Performance and Ethics, BPS Code of Conduct and/or relevant Board procedures. Supervisors would of course be informed of this action. See also Section P2.13 above regarding Health and Safety concerns in relation to NHS service users, carers and others.

f. The trainee may be removed from the placement and alternative provision made.
g. The aim of these processes is to provide appropriate support and development opportunities to those involved in order that supervisors can continue to be considered for future placements. However, there may be occasion where placements are removed from the allocation process. In these circumstances, the supervisor will be informed and, in collaboration with supervisor and line manager/professional lead an individual development plan would be put in place to support the supervisor at the conclusion of any investigation. As the governance of supervision is shared, it will be important for both the NHS and programme to share information about the outcomes of any processes within each of these structures as part of the development and implementation of a collaborative action plan.

Information/feedback to those raising concern

It is understandable that the concerned party would wish to know whether the situation about which they had raised concern had been addressed. This must be balanced sensitively with the importance of individuals' performance management and any NHS HR processes taking place in the context of their line management. The concerned party will be informed of the broad outline of the actions taken as a result of the concerns that they have raised, without giving details of any NHS HR processes involved for any individual member of staff. It is important that information provided to those concerned is treated with sensitivity and professionalism.

Supervisors on other programmes

All stakeholders will be aware that there are a number of Applied Psychology programmes across Scotland and supervisors would often receive trainees from a range of these programmes. Alongside the duty of care to the programme's own current and future trainees, there is a responsibility for sharing concerns across programmes where appropriate.

The programme will adopt a similar two level approach to sharing concerns:

- Where minor concerns have been expressed, the programme would not share information until any grounds for the concern had been established and decisions made about how these should be managed. Information would only be shared when sought by another programme.
- On the occasion where grounds of a more serious concern are established, should there be trainees from other programmes involved or potentially involved in the

placement, the presumption would be that information would be shared with the other programme. The supervisor and line manager/professional lead would be informed of this.

This guidance was developed based on similar documents developed by courses in London, North West of England and Glasgow and this is gratefully acknowledged.

Appendix 2 – Supervision

A2.1 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 and Care 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 and Care 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 and Care 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 one year's post-qualification experience will supervise trainees, subject to the proviso in the BPS standards concerning the majority of training being delivered by supervisors with two or more years' experience.

- The previous standards in relation to supervisors with one year's post-qualification experience will be maintained, namely that new supervisors receive "supervision on their supervision" from a Clinical Psychologist or other Applied Psychologist with two or more years' post-qualification experience in the relevant service area and competences and with experience of supervising clinical psychology 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 or other Applied Psychologist with two or more years' post-qualification experience in the relevant service area and competences and with experience of supervising clinical psychology 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 two 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 the Clinical Practice Administrator at the University.

A2.2 Supervisor Training

A2.2.1 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. Requiring new supervisors and experienced supervisors to attend supervisor training allows 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 also ensures that trainees continue to be well supported and that due process continues to be maintained on the rare occasions when trainee competences are in question.

Colleagues in NES developed 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.

A2.2.2 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.

A2.2.3 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. RAPPS Learning Objectives 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 be seen as experienced supervisors and the paragraph below (P4.5.4) will apply. Supervisors from

outside the UK will need to provide evidence of supervisor training that they have received which may have fulfilled the RAPPS Learning objectives. The Clinical Practice Director will review this and determine the most appropriate supervisor training on an individual basis.

A2.2.4 Experienced Supervisors

For more experienced supervisors, the RAPPS five year renewal period will apply and all supervisors will be required to have spent a minimum of one day in supervision CPD activities in the five years prior to taking a trainee on placement. The most straightforward method of achieving this is to attend a one-day supervisor training course. Several different supervisor training courses are available currently, provided by NES or the programme and occasionally by other providers. For example, Refresher training is currently being delivered locally in Health Boards by Clinical Tutors and local tutors and is designed for experienced supervisors around the RAPPS Learning Objectives.

It is also possible to fulfil this 5 year CPD requirement through a combination of other activities that amount to a total of one day's work. This might include online learning, self-study or attendance at shorter supervisor training events. In order to maintain the equivalence of this route to the established one-day supervisor training events, supervisors must submit a list of the activities completed (including author/title of any articles and chapters read) and the duration of these. This must be accompanied by a short (500 words) reflective statement describing what has been learned from the activities undertaken and how this learning will be applied with trainees on placement. The list and reflective piece must be submitted to the Clinical Practice Director in sufficient time for it to be approved prior to the supervisor being included in the placement plans for upcoming placements (usually 3 months before the placement starts). Local tutors can provide guidance on the kinds of activities and reading that may fulfil this route and key references are listed below.

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.

A2.3 BPS Guidelines on Clinical Supervision

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

A2.3.1 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

A2.3.2 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 described by the BPS. Programmes that have developed supervisor training that reflects these objectives are able to seek approval for their training from the BPS, 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.

A2.3.3 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.

A2.3.4 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 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. In addition to this BPS guidance, the programme requires that trainees have sufficient access to clinical spaces to complete the required amount of clinical work on placement and sufficient access to office equipment (eg computer and Dictaphone) to compete the required electronic recording, administrative work and clinical preparation.

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.

A2.3.5 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.

A2.3.6 Clinical Supervision

(NB This is BPS specific guidance, please see section 3.5.9 of the handbook for guidance on placements with two supervisors and see separate document on 3+1 guidelines)

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.

A2.3.7 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.

A2.3.8 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.

A2.3.9 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.

A2.3.10 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.

A2.4 References on Supervision

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