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**School of Health and Social Work**

**Faculty of Health Sciences**

**DOCTORATE IN CLINICAL PSYCHOLOGY (ClinPsyD)**

**PROGRAMME HANDBOOK**

**Cohort 2018- 2021**

This handbook is available on request in alternative formats from the School.

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### SECTION A: GENERAL INFORMATION

**Welcome and Introduction**

Welcome to the Doctoral Programme in Clinical Psychology at the University of Hull. We hope you find the time here both fulfilling and challenging. The time in clinical psychology training will foster not just your professional growth but also your personal development.

This handbook seeks to give you information of immediate concern relating to your programme of study. It also provides you with sections identifying University policies and procedures, as well as NHS policies and procedures, which are directly relevant to you, and with which you must familiarise yourself.

The Clinical Psychology Doctorate Programme (ClinPsyD) is a Post-Graduate Research Degree. Additional information covering University regulations, policies and procedures relevant to post graduate research students, and information about University facilities and services, can be found in the University PGR handbook on Canvas.

It is your responsibility to familiarise yourself with the contents of this handbook, and make sure that you use it as the first source of information and guidance on matters relating to your programme and status as a student. You will not be permitted to rely on ignorance of regulations, policies or procedures contained in this handbook as a ground for mitigation, special treatment or appeal.

Every effort is made to ensure that the information in this handbook is accurate and up-to-date at the time of publishing. However, matters detailed in this handbook are subject to review and change during the year. Please contact Beverley Leak ([b.j.leak@hull.ac.uk](mailto:b.j.leak@hull.ac.uk), 01482 464106) at the Student Hub in the Allam Medical Building, or Dr Nick Hutchinson (Programme Director) for guidance if required.

This programme handbook incorporates information on the academic, clinical practice and research components of the Doctorate Programme in Clinical Psychology. Appendices and forms referred to in this Handbook are available on Canvas.

The handbook is also provided to those clinical psychologists who teach and who supervise the practice or research of trainees/students. A shorter electronic version is sent to all supervisors and includes all matters relating to clinical placements and clinical evaluation for easy reference.

Please note that the terms “student” and “trainee” are used interchangeably in the Handbook. When University matters are referred to, the term “student” is generally used, in line with University Policies or Documents.

**A1. Introduction to the Doctorate Programme in Clinical Psychology**

**A1.1 General Information about the Faculty of Health Sciences and School of Health and Social Work**

The Faculty of Health Sciences was formed in February 2017 and is made up of three Schools - Hull York Medical School (HYMS), School of Life Sciences, and School of Health and Social Work - and is headed up by the Dean, Professor Julie Jomeen. In executing her duties as Dean, Professor Jomeen is supported by Heads of School, Academic and Business Managers and Associate Deans.

As Trainee Clinical Psychologists on the ClinPsyD programme, your studies will be delivered as part of the University provision within the Faculty of Health Sciences, School of Health and Social Work.

**Student Hub**

The Student Hub is a one-stop shop for student enquires. Services offered by the Hub include general enquiries about assignment submission, addressing timetable enquiries, and signposting to other services, support and facilities.

The Student Hub for the Faculty of Health Sciences is located on the ground floor of the Allam Medical Building. The Hub operates from 8.30am to 5.30pm, Monday to Friday.

To contact the Student Hub, telephone: 01482 463342, email: [FHS-studenthub@hull.ac.uk](mailto:)

The Clinical Psychology Doctorate Programme is attached to the Psychological Health, Wellbeing and Social Work subject group alongside Cognitive Behavioural Therapy, Social Work, Learning Disability and Mental Health Nursing Programmes.

Academic staff in the School are mainly located in Dearne and Aire buildings. ClinPsyD programme academic staff offices are located in the Aire Building on the first floor. The Programme Manager can be found in the Allam Medical building on the ground floor in student administration support office and can be contacted by email, telephone or at the student administration support office helpdesk.

Campus maps are available online and from the Student Hub if required.

**A1.2 Background**

The Clinical Psychology Training Course is a six-year integrated professional training programme, run in conjunction with the Departments of Psychology in Hull and York universities. It operates in partnership with NHS Trusts and other organisations across the region and culminates in the award of the Doctorate in Clinical Psychology (ClinPsyD). The Course enjoys a national reputation for high quality training and innovation, and has received very positive reports from external examiners and visiting professional accreditation teams.

The Course was originally developed as a collaborative venture between the four former District Health Authorities of Humberside (East Yorkshire, Grimsby, Hull and Scunthorpe) and the University, to provide clinical psychologists qualified and competent to be recruited to the local NHS. Planning and negotiations began in the early 1980s. Unlike existing courses, the Hull Course was conceived from the outset as an integrated undergraduate/postgraduate programme, with candidates selected for clinical training during their undergraduate programme at Hull. The Course received initial accreditation from the British Psychological Society in 1986, and the first cohort (5), successfully completed the six-year programme in 1989. At that time the standard professional university qualification for clinical psychology courses was the MSc, and the Hull Course was no different in this. However, in 1995 the Hull Course became one of the first university-based courses in the UK to award the Doctorate in Clinical Psychology (ClinPsyD).

In 2003, a partnership between the then named Department of Clinical Psychology of the University of Hull, the Department of Psychology of the University of York and the Department of Clinical Psychology of then the Selby and York NHS Primary Care Trust, led to the development of a York undergraduate entry stream to the Hull-based, postgraduate Doctorate in Clinical Psychology, in addition to the existing Hull psychology undergraduate intake.

The doctorate programme is of three year’s duration and postgraduate trainees are funded and salaried by the Health Education England (Yorkshire and the Humber) and employed, for the duration of the programme, by the Humber Teaching NHS Foundation Trust.

This course/programme is approved by the Health and Care Professions Council (HCPC), the statutory regulator for practitioner psychologists in the UK. It is a legal requirement that anyone who wishes to practise using a title protected by the Health

Professions Order 2001 (e.g. Clinical Psychologist) is on the HCPC

Register. Graduates from this Course are eligible to gain admission and remain on the Register with the HCPC and to use the protected title. For more information, please see the HCPC website at: [www.hcpc.org.uk.](http://www.hcpc.org.uk/)

The Programme is also accredited by the British Psychological Society (BPS). The Society is the professional body responsible for developing and supporting the discipline of psychology and disseminating psychological knowledge to the public and policy makers. It is the key professional body for psychology and psychologists. Please see [www.bps.org.uk/membership](http://www.bps.org.uk/membership) for further information. Successful completion of the programme confers eligibility to apply for Chartered Membership of the Society and full membership of the Division of Clinical Psychology.

The Programme has an annual intake of fifteen clinical psychology trainees. These clinical psychology trainees contribute to health care service provision through their supervised clinical placements in local NHS Trusts. Furthermore, they undertake small scale and doctoral research projects in a broad range of health care topics. These are conducted in the Trusts and contribute to knowledge and subsequent improvement of local health care. Members of staff have published in international top-ranking scientific journals. Academic staff have a diverse range of clinical research areas.

**A1.3 Clinical Psychology Doctorate Programme Staff**

At present the course has 13 academic staff and a programme manager. The majority of staff work part-time at the University. In addition to their University work, most academic members of staff provide clinical sessions for local NHS Trusts or other health and social care organisations.

**Programme Director**

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**Programme Manager**

Beverley J Leak

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**A2. Programme Orientation and Values**

The purpose of the Course is to produce competent, reflective clinical psychologists who are qualified for employment in the NHS. Their professional practice should conform to the high ethical and professional practice standards specified in the *Standard of Proficiency of the HCPC (2015), and the* generic *Professional Practice Guidelines of the* British Psychological Society (2008).

The Course's unifying orientation is the scientist-practitioner model: the application of scientific knowledge to the understanding and treatment of psychological problems and disabilities. This is carried out through a process of psychological assessment, formulation, intervention and evaluation. Individuals are seen in the context of their relationships, communities and social situation. Understanding difference and diversity is fundamental and we seek to ensure that people who use services are at the centre of all our work.

All this implies familiarity with a range of psychological models, the ability to apply these to the clinical problem, to develop effective interventions and to evaluate these within an appropriate methodological framework. It also implies familiarity with research methods in clinical psychology and an ability to apply these to NHS R&D priorities on a local or national level. Trainees develop knowledge and critical evaluation of the current literature relating to a particular type of problem, including the various sources of evidence for and against the use of a given intervention in a given context.

Personal reflectivity is also seen as integral to both training and practice. Here the trainees are learning to reflect on the impact of clinical experience on their behaviour, development and ideas about themselves. Equally trainees are encouraged to reflect on what they might bring to a clinical situation, based on their own personal and family experiences.

The intention is for trainees to develop life-long skills to learn and reflect leading to the continuing acquisition of clinical knowledge, the maintenance of current awareness and an ability to enhance wellbeing and provide the best possible service to people who are distressed.

**The NHS Context**

From its inception in the mid-1980s, the Hull Course has had at its centre a philosophical, strategic and operational partnership between the NHS and the University. The Course is funded by NHS commissioners (Health Education England); strategic and operational decisions are made by boards and committees comprising substantially local NHS managers and clinicians; more than 50 per cent of course teaching is delivered by practising NHS clinicians; all trainees are full-time NHS employees; and the majority of university academic staff hold substantive or honorary NHS clinical contracts. Consequently the Course seeks to teach trainees to become clinical psychologists who are fit for purpose: that is, individuals with competences and capability which meet the needs of the local and national health service; who are steeped in its culture and values; who are aware of its policies, the processes by which these are implemented and who are motivated to remain up-to-date with NHS policy development.

**Competence Underpinned by Values**

The BPS Committee on Training in Clinical Psychology has summarised the ultimate objective of training in the following statement: ‘[Newly qualified clinical psychologists] will have a value driven commitment to reducing psychological distress and enhancing and promoting psychological well-being through the systematic application of knowledge derived from psychological theory and evidence. Work should be based on the fundamental acknowledgement that all people have the same human value and the right to be treated as unique individuals’ (BPS 2014, page 8). The Course endorses this objective, and is committed to developing an explicit understanding in trainees of the key values that underpin clinical practice. Such values are evident in the person centred aspirations of both the NHS and the clinical psychology profession and underpin the HCPC Documents on training, e.g. Standards of Education and Training Guidance (HCPC 2014, amended June 2017) and the Standards of Proficiency for Practitioner Psychologists (HCPC 2015).

**The Reflective Scientist Practitioner**

The distinctive characteristics and competencies of the clinical psychologist have been defined in a series of documents over the years, the most recent being the: Standards of Education and Training Guidance (HCPC 2014, amended June 2017); Standards of Proficiency for Practitioner Psychologists (HCPC 2015), BPS Standards for Doctoral Programmes in Clinical Psychology (BPS 2014); Quality Assurance Agency Benchmark Statement for Clinical Psychology (QAA 2004).

The foundation for all these statements is that of the reflective scientist-practitioner, in which intervention is informed by the evidence-base and systematically evaluated during the course of therapy in order that the best outcome for the client can be obtained. Such competence is developed partly as a result of an extensive training in applied clinical research intrinsic to pre-registration training in clinical psychology. Assessment, formulation, intervention and evaluation are conducted in collaboration with the client, and the client's perspective is seen as a central component in all of these processes.

The course seeks to train clinical psychologists who are capable of flexibility of thought and approach, such that skills and knowledge can be applied in completely novel clinical situations. Such characteristics are a direct function of *reflective practice* which is integral to all activities of clinical psychologists. This involves personal, critical self-awareness and the ability to consider the psychological, emotional and behavioural impact on the self of clinical and personal experiences, both during and following clinical encounters. Trainees are provided with research training to enable them to contribute to the development of new knowledge and the evidence base in clinical practice.

**Formulation and the Hull Integrated Course**

Multi-theoretical formulation skills (which include formulation about systems and organisations as well as individuals) are drawn from a broad range of theoretical models, and subsequently drive intervention, and are seen as a defining feature of the clinical psychologist. This particular philosophical and conceptual stance is closely allied with the integrated nature of the Course in which continuity with the undergraduate curriculum is emphasised. The Hull Course is distinctive in its integration with the undergraduate programme. We remain the only course in the country which selects directly from the undergraduate phase from both Hull and York Psychology Departments and includes a substantial amount of professional clinical psychology teaching in the undergraduate curriculum. Thus, trainees are encouraged to draw upon their undergraduate learning in social psychology, cognitive psychology, developmental psychology, etc. in addition to traditional therapeutic models and schools when formulating.

**Intervention Skills**

Trainees are taught to develop a critical understanding of, and competence in, a broad range of psychological interventions and are not confined to any single school.

In line with the Standards of Proficiency for Practitioner Psychologists (HCPC 2015) and the BPS Standards for Doctoral Programmes in Clinical Psychology (BPS 2014) - which state trainees must be able to ‘implement therapeutic interventions based on knowledge and practice in *at least two* evidence-based models of formal psychological interventions, of which one must be cognitive-behaviour therapy (CBT)’ (BPS 2014, page 12) - the emphasis on the Hull doctorate programme is on cognitive behavioural therapy and systemic therapy. However, teaching and clinical placements on the Course also encompasses a range of psychological interventions, for example cognitive-analytic therapy (CAT), compassion-focussed therapy (CFT) and psychodynamic approaches. Hence, in practice the Course provides substantial training in CBT but also incorporates training in a broad range of other psychological interventions including family therapy, CAT, CFT, Psychodynamic Psychotherapy, and Interpersonal Therapy. In line with the BPS Standards for Doctoral Programmes in Clinical Psychology (BPS 2014), model specific therapy skills will be evidenced against recognised competency frameworks. Whilst recognising that the Course will provide a thorough grounding and competence in a number of types of psychological intervention, individuals completing the Course are encouraged to seek further, advanced post-qualification training in specific psychological approaches in accordance with their particular clinical interests and specialisation as part of their continuing professional development.

**Models of Learning**

The Course involves the provision of a variety of learning experiences in the University and on clinical placement. The design of such experiences will be informed by adult learning models which inculcate life-long learning skills, including problem-based learning and critical reflection.

The Course embraces the general framework of competencies specified in the Standards of Proficiency for Practitioner Psychologists (HCPC 2015); Standards of Education and Training Guidance (HCPC 2009, amended June 2017); and BPS Standards for Doctoral Programmes in Clinical Psychology (BPS 2014). In addition, training on the Course also provides trainees with the necessary and appropriate level of knowledge and skill to fulfil NHS Knowledge and Skill Framework requirements for clinical psychology. The Course has chosen to implement this competency specification within three progressive learning phases which broadly correspond with the three years of postgraduate training: Phase One places emphasis on one-to-one or face-to-face interpersonal assessment and therapeutic skills; Phase Two emphasises interdisciplinary and interagency collaborative, networking and consultancy skills; and Phase Three provides opportunities for consolidation, the development of advanced skills such as those required in the management of complex problems, and specific client group specialisation.

**A3. Organisation and the Academic Year**

Doctoral trainees undertake placements in the NHS as well as attending lectures and workshops at the University. Generally, postgraduate trainees spend 3 days a week on clinical placement (Monday, Tuesday, and Wednesday) and 2 days a week at the University (Thursday, Friday). During Semester time, Thursdays and Fridays are devoted to clinical workshops and lectures or collaborative learning and reflective practice (CLRP) sessions which include research seminars, clinical case presentations and workshops that foster reflection on clinical practice. Thursdays and Fridays not timetabled for teaching are allocated for trainees’ doctoral research projects and personal study time. Some days are reserved for Rescheduled teaching, for when presenters have had to cancel or need to reschedule at relatively short notice. Rescheduled teaching days become study days if they are not required for rescheduled teaching.

The fourth year begins with a 3-week teaching block during which trainees are provided with an induction to employment in the NHS, three days of NHS mandatory training, and preparatory teaching for their community psychology placements. Following this, there is extensive practical skill-based workshops to prepare trainees for their placements. The emphasis during year 4 teaching is on 1-1 working with individuals across the lifespan and ability range, with a focus on contextualising this work in terms of the clients’ relationships and social situation. Teaching prepares trainees for their placements in year four. There are 2 placements in year 4: Placement one is a community psychology placement, of 6 weeks duration, which involves trainees working within non-NHS organisations; Placement 2 is a clinical placement in the NHS and is of 9 months duration.

The fifth year begins with a four-week teaching block, which prepares trainees for indirect work and working within a multi-disciplinary setting. There are two placements in year 5. The majority of fifth year placements are of five-and-a-half month’s duration.

The final year begins with a four week teaching block. This year consists normally of two five and half month elective specialist placements, determined largely by trainee preference, in consultation with the clinical practice co-ordinator. Trainees on occasion elect to undertake placements in centres of excellence some considerable distance from Hull. Occasionally this may include an overseas placement. See the Clinical Practice section of this handbook for further information on placements and associated processes.

The work of clinical psychology trainees is not restricted to the University trimesters. Clinical Placements run all year; whilst most of the academic teaching takes place within then University trimesters, it is important to note that some teaching on the course happens outside of the University trimester dates.

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**A4. Programme Boards and Committees**

The Course has a Programme Board and a number of committees, which have a role in the monitoring and improvement of the quality and content of the Course.

The programme is a partnership between the University and local NHS trusts and other healthcare providers. The board and committee structure and the associated membership reflect that partnership.

**Programme Boards**

The executive body to which the Director and the Course staff are accountable is known as the *Board of Management*. It includes NHS, University and trainee representatives. It meets four times per year. The *Board of Supervisors* includes all NHS clinical placement supervisors and normally meets once a year. The Board of Examiners sits after Vivas in July to approve assessed work thus far and then sits again in September to approve all assessed work.

**Programme Committees**

There are three Committees that review and monitor the core activity areas of the Course: the *Learning and Teaching Committee*, the *Placement Committee* and the *Research Committee*. Membership of these committees includes Programme staff, NHS staff and trainee representatives. These three committees meet twice per year.

The *Trainee Support sub-Committee* reviews trainee support provision on the Course and reports to the Clinical Psychology Course Staff Committee*.* This committee consists of Programme staff and trainee representatives.

*The HOLD (Helping Others Learn and Develop) committee* membership is made up of course staff, trainees and service users/advisors. The committee normally meets 4 times per year and primarily reports to the Board of Management. The remit of HOLD is to advise and comment on service user involvement on all aspects of the Doctorate course and to make sure that involvement is meaningful and not tokenistic.

In addition to these committees, there is also a *Clinical Psychology Programme Staff Committee* that generally meets once a month and includes all staff of the Clinical Psychology Doctoral Degree Course. There is discussion of Course matters and also broader matters including the role and activities of the programme and staff within the Department, Faculty and University.

Finally, the *Selection Committee* reviews and monitors the programme selection process and membership is made up of programme staff and NHS staff.

The terms of reference for all programme boards and committees can be found on Canvas.

**A5. Mechanisms for Review of the Quality and Content of the Programme**

**A5.1** **Teaching Quality Assurance**

It is University policy that all courses should be subject to Teaching Quality Assurance (TQA) procedures and such procedures are an integral part of the Doctorate programme. The TQA mechanisms and practices in all universities in the UK are audited and assessed by Government agencies.

All academic aspects of the Course are reviewed, where feasible, immediately on completion. The Academic Co-ordinator has responsibility for the design of TQA feedback questionnaires which trainees are asked to complete on Canvas. Trainees are encouraged to be candid in their responses, whilst not wishing to encourage unreasonable, ill-considered or offensive comments. All feedback is noted and stored on a database and is processed by the Academic Co-ordinator and reported to individual staff and external lecturers to whom the comment and ratings apply. Where there is persistent and consensual criticism, steps will be taken to remedy the difficulty.

**It is mandatory for trainees to complete TQA feedback on-line for all workshops and time is available for this within the standard teaching day between 9:00 a.m. and 9.30 a.m. and 4.30 and 5.00 p.m. Although feedback is completely anonymous, overall rates of completion are monitored and fed back as part of the annual appraisal and personal tutor process.**

**A5.2** **External Examiners’ Report**

At the end of each academic year, a Board of Examiners’ meeting takes place at which assessed work from all three postgraduate years of the Course is reviewed by the External Examiner team and the Course staff. Subsequently the External Examiners provide a written report on the quality of work submitted and general standards of the programme. This report is forwarded to the Graduate School of the University and is also included in reports to the programme commissioners (Health Education England), the wider Faculty, HCPC and BPS. The most recent External Examiners report and details of the current External Examiner team can be found on Canvas.

**A5.3** **Annual Report to Health Education England Regional Commissioners**

All places are commissioned by Health Education England (Yorkshire and the Humber). The Commissioner requires a written annual report on the activities of the

Course, its output, any changes that may have occurred and the employers’ survey. This report is produced in the autumn of each year and sent to the Commissioner in December.

**A5.4 Health and Care Professions Council (HCPC)**

Clinical Psychology is regulated by the HCPC. The HCPC is an independent statutory regulatory body whose main aim is to protect the public. It is a legal requirement that anyone who wishes to practise using the protected title “Clinical Psychologist” is on the HCPC Register. When the HCPC took over the regulation of clinical psychology in 2009, the Hull Clinical Psychology Doctorate Course was granted open-ended approval based on the status of our programme’s accreditation with the BPS. Successful completion of this Course provides eligibility to apply for registration with the HCPC. There was a full approval visit in January 2011. Just three recommendations were made and the HCPC panel granted formal approval in June 2011. For more information about the HCPC, including guidance and resources for students please see the HCPC website at: <http://www.hcpc-uk.org/>

All trainees should familiarise themselves with the document entitled *Guidance on conduct and ethics for students* (HCPC 2016) which can be obtained at: [http://www.hcpc.org.uk/aboutregistration/standards/standardsofconductperformance andethics/index.asp](http://www.hcpc.org.uk/aboutregistration/standards/standardsofconductperformanceandethics/index.asp)

**A5.5 British Psychological Society (BPS) Accreditation**

The Society is the professional body responsible for developing and supporting the discipline of psychology and disseminating psychological knowledge to the public and policy makers. It is the key professional body for psychology and psychologists. The programme had a partnership accreditation visit by the British Psychological Society in April 2018 during which 9 commendations of good practice were given. The BPS accreditation visit report can be found on Canvas. The next BPS partnership accreditation team visit is scheduled to take place in 2023/2024. Successful completion of the clinical psychology doctorate programme confers eligibility to apply for Chartered Membership of the Society and full membership of the Division of Clinical Psychology.

**A6. Summary of Trainee Evaluation**

**A6.1 Overview**

This section provides an overview of the evaluative requirement during the three years of the ClinPsyD programme. Further information can be found in the individual sections (academic, clinical and research) of this handbook.

The BPS Standards for Doctoral Programmes in Clinical Psychology (BPS 2014) retains its emphasis on competency-based training with the implication that direct assessments of trainee competence are required. On the Hull programme, such assessments are integrated into a global scheme which includes all three strands: academic, practice and research.

The table in section A6.5 indicates the summative assessments and they are arranged in chronological order throughout the fourth to the sixth years of the Course.

Another principle is that supervisors are seen as providing *clinical experience* (and the extent of this is monitored in the *Logbook*) and *formative* feedback to the trainee. The Course Team is primarily responsible for the gate-keeping function, and leads on *summative* assessment. The placement supervisor retains the right to recommend that a placement has been failed. Supervisors are also central to the process of summative assessment of clinical skills.

The following is a brief summary of each summative evaluation. (In addition to these are a number of formative evaluations, which are not listed and do not contribute marks for the award of the doctorate.)

**A6.2 Year 4 Evaluation**

*Clinical Literature Review:* This is *based* on a clinical case. Trainees are required to do a literature search on relevant clinical problems and demonstrate the ability to critically evaluate theory and evidence from literature in order to address clinically related questions*.*

*Clinical Practice Evaluation:* Trainees are required to submit a taped assessment interview, a critical narrative about the process of the session, a formulation and an intervention plan. The case should be contextualised by a one page summary that is not assessed.

*Case Study:* Trainees are expected to produce a report that is most likely based on a one-to-one treatment case. In some circumstances, the first clinical placement lends itself to the production of a Psychometric Case Study. When this is the situation, trainees can opt to submit this as an alternative; however, this should be discussed with the appropriate clinical tutor prior to submission as it may have implications for future placement planning. All trainees must have submitted an Individual Case study and a Psychometric Case study by the end of January in year 6. A marking scheme is used to assess seven of the nine core competency areas as indicated by the British Psychological Society’s Standards for Doctoral Programmes in Clinical Psychology (2014).

*General Compendium Examination:*  This written examination takes place at the end of the 4th year. The aim of the examination is to ensure that trainees can demonstrate the acquisition and application of requisite theoretical and clinical knowledge to enable progression from year 4 to 5 of the programme.

If you have a disability and require alternative arrangements for examination you should contact Beverley Leak (Programme Manager). If you have any other special circumstances which may require alternative arrangements you should contact Beverley Leak at the Student Hub.

**A6.3 Year 5 Evaluation**

*Clinical Practice Evaluation:*

The clinical practice evaluation for fifth year trainees is designed to assess competence in the conceptualisation of complex case work involving a network of professionals and the wider context of people’s lives. Trainees are expected to demonstrate the ability to understand their work and their psychological models of intervention from a wider systemic perspective. The examination consists of four components – a simple drawing of the system, a written formulation, a short realistic intervention plan and an auditory or video segment of tape (ten minutes) changed to reflect changes to the exam with supporting transcription and critique.

*Multi-Disciplinary Team (MDT) Interaction Rating:* As with the above evaluation, emphasis lies on the fifth year development of competences of working with teams, carers and other agencies. This rating scale is completed by two members of the MDT in which the trainee is working on their second placement. A single rating is agreed by both members and submitted to the supervisor at the MPR. It with then be taken it into account in assessing trainee progress on the placement.

*Small Scale Project (SSP):* The requirement is for a project of a clinical audit/service evaluation nature, usually undertaken on placement. It is assessed in terms of a number of the key competence areas. The project is conducted in year 4 and is submitted in January of Year 5.

*Fifth Year Examination Papers 1 & 2:* These two written examinations assess knowledge acquired by trainees over the 4th and 5th years of the course and their ability to apply it clinically.

If you have a disability and require alternative arrangements for examination you should contact Beverley Leak (Programme Manager). If you have any other special circumstances which may require alternative arrangements you should contact Beverley Leak at the Student Hub.

**A6.4 Year 6 Evaluation**

*Psychometric Assessment Case Study:* Trainees are required to submit a psychometric assessment case study. Trainees are encouraged to use material from placements from the 4th year onwards though the submission date is 6th year. Some trainees may have submitted the psychometric case study in year 4 or 5 instead of the Individual case study. In such circumstances, the Individual case study must be submitted by the psychometric case study deadline.

*Service User Rating:* This measure is used in the sixth year to evaluate the trainee’s progress in core clinical skills from the user perspective. Three service user ratings are considered at the mid placement review (MPR) of the second placement in the year and will be taken account of by the supervisor in assessing the trainee’s progress on placement. Forms are sent out by the supervisor to randomly selected clients.

*Research Portfolio Thesis*: This is an assessment of the trainee’s ability to initiate, carry out and write up a clinically relevant research project that adds to new knowledge. Trainees are required to submit a thesis consisting of two papers in publishable format for peer reviewed journals (one paper being a systematic literature review paper; one paper being an empirical paper, based on the trainee’s research project). Trainees also have to include a reflective statement and epistemological statement. Secondary details or analyses are submitted as appendices within the portfolio. The portfolio thesis is evaluated by an external and internal examiner. *The Research Viva Voce* is an assessment of the trainee’s ability to verbally discuss and defend their portfolio.

**A6.5 Competency assessment matrix**

The nine key areas of competence, as specified by the BPS (2014) training standards, are displayed as column headings in the table overleaf. For each assessment (table rows), the key area competences being assessed are indicated in the cells.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Competency  Assessment  Matrix | 1.  Generalisable meta competencies | 2. Assessment | 3.Formulation | 4.Intervention | 5.Evaluation | 6.Research | 7.Personal & professional skills and values | 8.Communication  & Teaching | 9.Organisational & Systemic  Influence and  Leadership |
| YEAR 4 |  |  |  |  |  |  |  |  |  |
| 1. Clinical literature review | Literature search skills, applying  knowledge &  critical evaluation |  | Critical evaluation of theory &  evidence from literature, to address clinically related questions |  |  |  |  | Effectively  targeting written communication |  |
| 2. Clinical Practice Evaluation – individual client  work | Reflectivity and applying knowledge | Working alliance & interview skills | Initial and final formulations presented | Identifying which interventions flow from formulation |  |  |  | Presentation and defence of formulations. |  |
| 3. 1:1 Case study | Reflectivity & applying knowledge | Working alliance & other modes of assessment | Formulation development; plan intervention  & communicate | Implementing intervention | Selecting methods of evaluation |  | Power issues, informed consent, boundaries | Correspondence |  |
| 4. General compendium  Examination | Applying knowledge and  showing  reflection skills | Showing knowledge of modes and process of assessment risk assessment | Development of formulations Using formulations to plan interventions | Implementing and adapting interventions | Selecting methods of evaluation |  | Showing awareness of difference / diversity, power and socio-cultural issues |  |  |
| YEAR 5 |  |  |  |  |  |  |  |  |  |
| 5. Small Scale  project | Applying research into practice, thinking  critically, evaluatively and reflectively | Showing knowledge of modes of assessment |  |  | Selecting methods of evaluation & effectiveness audit | Planning conducting and implementing small scale service orientated research |  | Effectively communicating research information  relevant to audience | Showing understanding of and contributing to organisational context |
| 6.Clinical Practice  Evaluation - MDT | Reflectivity & applying knowledge |  | Multi-modal formulation, including systemic perspective, presented. | Multi-disciplinary intervention plan presented arising from formulation. Tape of trainee intervention session submitted. |  |  | Understanding of professional roles | Presentation and defence of formulation and multi-disciplinary care plan. |  |
| 7. Fifth year examination: Papers 1 & 2 | Demonstrate a broad evidence and knowledge base and apply this to unique | Demonstrate awareness of engagement issues and importance of | Ability to formulate within more than one therapeutic model to be demonstrated | Demonstration of selection of appropriate interventions based on assessment/formulation | To identify appropriate methods of evaluation in clinical and |  | Professional roles | Demonstrate  ability to adapt communication to match clients need and identify roles | Understanding context &  organisational change |
|  | clinical scenarios | comprehensive  assessment as basis for formulation and intervention |  | n and matched to the client | organisational context |  |  | for  psychoeducational approaches with  clients |  |
| YEAR 6 | 1. General, transferable | 2. Assessment | 3.Formulation | 4.Intervention | 5.Evaluation | 6.Research | 7.Personal, professional | 8.Communication  & Teaching | 9.Services & organisation |
| 8 Psychometric assessment case  study | Reflectivity & applying knowledge | Psychometric  skills | Formulation development; plan  intervention  & communicate | Recommending  intervention |  |  | Informed consent, boundaries | Correspondence |  |
| 9. Research  Portfolio and viva | Thinking critically and evaluatively |  |  |  |  | Appraising the evidence in the  light of theory to develop new questions that contribute to new psychological knowledge |  | Effectively communicating research information  relevant to audience |  |

**A6.6 Marking System and Resubmission of Work**

**Marking System**

All coursework assessments must have a published submission time which should be no later than 5pm. All formal submissions of coursework will be made through Canvas.

Within the programme marking system, trainees are required to pass all pieces of academic work to an acceptable standard. Marks are not deducted for inadequate work but trainees are required to amend and resubmit all pieces of work assessed as needing corrections.

The marking system used for work submitted as part of the Clinical Psychology doctoral course is *Pass with distinction, Pass – no corrections required, Minor corrections, Major corrections, Fail.* Semantic anchors for these verbal labels are as follows:

*Pass with Distinction*

This category is given in recognition of outstanding work that demonstrates a high level of theory/practice linking and evaluation, generally considered beyond what is expected for the trainee given their stage of training.

*Pass with no corrections required*

Work represents the level of attainment expected from a competent and satisfactory trainee at this stage of training. The work is clearly presented and shows evidence of adequate integration of theory and practice, as well as sound knowledge of assessment and intervention procedures and/or research skills. Additionally the work shows good evidence of reflection and evidence of learning from the work conducted.

*Minor Corrections*

In order to meet the standard required to pass some minor changes need to be made. These might include small statistical errors, significant (but not major) presentation and stylistic errors, small but significant omissions, as well as structural errors, which could be corrected relatively easily. These errors would need to be corrected and resubmitted and should not take the trainee more than half a day to correct. If the corrections involve the inclusion of additional information, the word limit can be extended by an extra 150 words.

Resubmitted coursework will not be passed until it has been brought up to the required standard. If the work is not considered to have reached the required standard the trainee is judged to have failed the assignment. The trainee would be given one chance to submit a new piece of work and pass in accordance with the course’s failure procedure.

*Major Corrections*

The work does not meet the required standard for a trainee at this stage of training. The work may show confidentiality errors; poor integration of theory and practice; poor understanding of research skills (where applicable); be inadequately discussed or show little evidence of learning from work. The trainee would be required to resubmit the piece of work, making the corrections required, and pass. If the corrections involve the inclusion of additional information, the word limit can be extended by an extra 150 words

Resubmitted coursework will not be passed until it has been brought up to the required standard. If the work is not considered to have reached the required standard the trainee is judged to have failed the assignment. The trainee would be given one chance to submit a new piece of work and pass in accordance with the course’s failure procedure.

*Fail*

The work is of an unacceptable standard, showing little or no integration of theory and practice, little evidence of a systematic approach, little or no awareness of appropriate research methods (where applicable); little or no critical appraisal and/or no clear evidence of learning. There may be clear evidence of unethical or unprofessional methods or working.

If a piece of work is failed, the trainee would be required to submit a new assignment and pass. If the assignment is a case-study a new case must be submitted. Failure on a second attempt at an assignment may lead to termination of training.

Where work is submitted that is not appropriately anonymised the work will be handed back to the trainee for anonymisation before marking proceeds further. Disclosure of personal data or failure to safeguard personal data is a breach of the Humber Teaching NHS Foundation Trust’s confidentiality code of conduct and could lead to disciplinary action. A copy of the confidentiality code of conduct is available on the Humber Teaching Trust intranet site.

**Resubmission Procedure**

Work must be resubmitted through Canvas with all corrections complete and a letter detailing the corrections made (including page and paragraph numbers) by the deadline (see penalties for late submission). If work is re-submitted without the letter or in the incorrect format it will be given back to the trainee. An example of the format of the letter is available on Canvas.

*Resubmission deadlines*

Corrections (minor and major) –Five weeks from feedback date\*

Fail – 3 calendar months from feedback date\*

\*all deadline dates exclude Bank holidays and annual leave

Markers should aim to check and provide feedback on resubmitted pieces of work within two weeks of receiving the piece of work.

**Penalties for late submission**

All coursework assessments must have a published submission date and time which should be no later than 5pm. In accordance with the University Regulations, failure to submit or re-submit work within the prescribed time-frames without prior approval from the Faculty of Health Sciences (i.e. extension or mitigating circumstances) constitutes unprofessional conduct and will result in this piece of work being marked as a Fail.

**Coursework Mitigating Circumstances**

When preparing for an examination or other form of assessment, this may be done while experiencing the effect of circumstances which might affect your performance. Boards of Examiners are empowered to take such circumstances into account if they consider that the circumstances have had a significant effect when determining your marks. However, it is your responsibility to make the School aware of such circumstances before the relevant Board of Examiners meets. Appeals are very rarely allowed where evidence is raised after such a meeting when it was available before.

The University refers to this as "mitigating" (sometimes known as "extenuating") circumstances, and has established a procedure to enable you to inform Schools of such circumstances. In all cases you must submit evidence to support your application, such as a medical certificate or information from a source other than yourself which will enable the University to confirm the circumstances you are claiming. Applications must be submitted to the Programme Manager, Beverley Leak, in the student hub, within 10 working days of the assessment deadline. Applications received after that date will be referred to the Student Progress Committee to determine whether they may be considered in the light of the lateness of the application. Further information can be found in the University’s mitigating circumstances code of practice.

If trainees are experiencing difficult *circumstances affecting the timely submission of coursework*, for instance lack of availability of suitable clinical material to write a case study or clinical practice evaluation (CPE), and would like to request an extension to the approved deadline, this also needs to be made through the mitigating circumstances process.

**If you are experiencing difficult personal circumstances or difficulties affecting your academic performance or ability to submit coursework then it is important that you speak to a member of the ClinPsyD programme team about this as soon as possible, in advance of submitting a mitigating circumstances application. This will ensure that staff have an awareness and understanding of the difficulties you are experiencing and can offer appropriate advice and guidance on how best to proceed. Your first point of contact might be your Personal Tutor, Clinical Tutor, Research Supervisor, Programme Director or Section Coordinator. Further information on the Faculty and ClinPsyD Programme policy and procedure for extension and mitigation requests - including the application process, deadlines for application, how to submit an application, application form templates, and flowcharts detailing the decision making process - can be found on Canvas.**

**Getting your Results**

Marks for individual pieces of assessed work are usually given to you 4 weeks after the submission date. However, such results are provisional, that is they can be changed by the programme board - for example on the advice of the external examiner - and they are not therefore final until that Board of Examiners has met to ratify the marks. In practice, marks are very rarely changed at the Board of Examiners. However, should this occur, the fact that a programme board reduces a mark previously notified to you as provisional does not constitute a ground for appeal.

**External Examiners**

The role of the external examiner is to assure the standard of your award when compared to similar awards of other institutions, to assure the integrity of the assessment process and to comment on the quality of the learning opportunities given by the University.

The external examiners of the ClinPsyD programme are:

|  |  |  |
| --- | --- | --- |
| Name | Job Title | Host Institution |
| Prof. Margie Callanan | ClinPsyD Programme Director | Canterbury Christ Church University |
| Dr Rachel Sabin-Farrell | ClinPsyD Academic Tutor | University of Nottingham |
| Dr Emma Karwatzki | ClinPsyD Clinical Tutor | University of Hertfordshire |
| Dr Ciara Masterson | ClinPsyD Clinical Tutor | University of Leeds |
| Dr Angela Prout | ClinPsyD Clinical Tutor | University of Teesside |
| Dr Gary Robinson | ClinPsyD Academic and Clinical Tutor | University of Newcastle |

You should not contact the external examiner directly. ClinPsyD Programme Representatives work with the University (Programme Staff) to oversee the management of Quality and Standards of the University’s programmes, including external examiner reports. You are encouraged to liaise with your Course Representative.

**A7. Health and Care Professions Council (HCPC): Information for year 6 trainees on the registration process**

To practice as a clinical psychologist all trainees need to register with the Health Care Professional Council (HCPC). This can only be done when final year trainees have handed in all pieces of assessed work and all corrections needed to be done to the assessed work has been completed to the satisfaction of the marker and signed off by them. This includes case reports, written examinations and the final portfolio thesis. All placement documentation needs to be submitted, in particular a copy of the pass forms as evidence that the trainee as passed their final placement. The Programme Director will inform the Graduate School once all coursework and the portfolio thesis have been completed and signed off. The Graduate School will then send a confirmation letter to the trainee, Programme Director and Programme Manager giving confirmation of completion of the degree. Only at this point will the Programme Manager contact the HCPC and ask them to update their records to include the trainee on the HCPC pass list. Once the HCPC records have been updated the Programme Manager will contact the trainee to let them know about this and that they can go ahead and register with the HCPC. The registration form, and further guidance for students on how to register with the HCPC, can be found on the HCPC website at: <http://www.hcpc-uk.org/>

**A8. Personal and professional development (PPD)**

**A8.1 General Information**

The Hull Clinical Psychology training course is committed to ensuring that personal and professional development of trainees is central to, and integrated within, all aspects of the course. Such a commitment is in line with the course philosophy and aim to develop clinicians whose professional practice should conform to the high ethical and professional practice standards of the BPS and HCPC.

Personal and professional development on the Hull Course is a term used to encompass the fostering of a range of self-care and self/professional awareness competencies for trainees:

*“Personal reflectivity is also seen as integral to both training and practice, in which the individual is able to consider and learn from the impact of clinical experience (theirs or that of others) on her or his behaviour, personal development and self-concept. The intention is for trainees to develop life-long learning skills”.*

The BPS Code of Ethics and Conduct (2009) states:

*“In making decisions on what constitutes ethical practice, psychologists will need to consider the application of technical competence and the use of their professional skill and judgement. They should also be mindful of the importance of fostering and maintaining good professional relationships with clients and others as a primary element of good practice” (p5).*

The Partnership and Accreditation Committee of the BPS (BPS 2014, Standards for Doctoral Programmes in Clinical Psychology) explicitly emphasises the importance of PPD in their overarching required learning outcomes for clinical psychology training programmes; one of the learning outcomes requires newly qualified psychologists to have:

* ‘High level skills in managing a *personal learning agenda* and self-care, in *critical reflection* and *self-awareness* that enable transfer of knowledge and skills to new settings and problems and professional standards of behavior as might be expected by the public, employers and colleagues’ (BPS 2014, page 9).

* Professional competence relating to personal and professional development and awareness of the clinical, professional and social context within which the work is undertaken (BPS 2014, Page 8)

In addition, *Personal and Professional Skills and Values* is one of the 9 core competencies specified in the Standards for Doctoral Programmes in Psychology document (BPS 2014, see page 14). 10 competency areas are specified, and in the list below some of these areas have been grouped together to reflect the intended impact of personal and professional development within trainees themselves and across all levels of their role:

For the clinician as an individual:

* Managing own personal learning needs; Using supervision to reflect on practice;
* Working effectively at an appropriate level of autonomy with awareness of the limits of own competence;
* Developing strategies to handle the emotional and physical impact of practice and seeking appropriate support when necessary;
* Understanding the impact of one’s own value base upon clinical practice

For the clinician in therapeutic/professional relationships:

* Appreciating the inherent power imbalance between practitioners and clients and how abuse of this can be minimised;
* Developing good awareness of boundary issues
* Understanding ethical issues and applying these in complex clinical contexts
* Understanding the impact of differences, diversity and social inequalities on people’s lives;
* Working collaboratively and constructively with other people and respecting diverse viewpoints.

The academic programme (including modules offered to third year undergraduates) has an explicit emphasis on areas of PPD in terms of course input, whilst aspects of its demonstration by trainees is explicitly assessed in all areas of the course. One of the major aims of the Community Psychology placement at the start of Year 4 is on developing trainees’ PPD skills and values. Ongoing development of PPD is integral to the course and fostered by a range of strategies and structures, through which knowledge is put into practice, for example clinical supervision and placement reviews, peer discussion, reflective practice groups and personal tutor system.

**A8.2 Personal Development Planning**

The university encourages all students to undertake Personal Development Planning (PDP) activities to enhance their learning experience and to foster lifelong learning. PDP is defined as 'a structured and supported process undertaken by an individual to reflect upon their own learning, performance and / or achievement and to plan for their personal, educational and career development' (Quality Assurance Agency).

On the clinical psychology training programme a number of activities in the placement, academic and research components of the course come under the umbrella of PDP and so you will be engaging in PDP throughout your training.

Trainees’ progress across all aspects of the Clinical Psychology training programme is reviewed on a regular basis including in supervision and in personal tutor meetings. Regular review can help students:

* become more effective, independent and confident self-directed learners
* understand how they are learning and relate their learning to a wider context
* improve their general skills for study and career management
* articulate their personal goals and evaluate progress towards their achievement
* encourage a positive attitude to learning throughout life

**A8.3 Trainee Appraisal**

An important part of personal and professional development is appraisal. The appraisal system is based on the principle that training and development is best seen as a continuous developmental process. Trainees are encouraged to engage in reflection on their PPD during personal tutor meetings. Trainees have an annual appraisal at the end of each academic year. The purpose of the annual appraisal is to assist trainees to reflect on the training they have received so far and to prepare them for the coming year. It is designed to help trainees to reflect on what they have learned to date and to identify their further needs and set clear targets for the forthcoming year. It brings together both the clinical, academic and research aspects of the clinical training. It also prepares trainees for the appraisal process in NHS employment during their post-qualification career.

The first appraisal at the end of year 4 is the Knowledge and Skills Framework (KSF) appraisal required by the NHS. The Programme Director, who manages the trainees on behalf of the hosting Trust, delegates these appraisals to the personal tutors. The second and third appraisals take place at the end of years 5 and 6 and are usually carried out by the trainee’s personal tutor. The final appraisal is mostly developmental in nature. It serves as a final preparation for the trainee’s professional life as a qualified clinical psychologist. This may include advice on job seeking, further development of academic and/or clinical skills and general feedback about the Course. However, development and self-reflection is a continuous process. Trainees are encouraged to reflect on their learning from time to time and seek advice outside the appraisal meeting if necessary.

Further information and guidelines on the annual appraisal can be found on Canvas.

**A8.4 Academic Discipline, professional misconduct and professional unsuitability**

Trainee clinical psychologists are students of the University and employees of Humber Teaching NHS Foundation Trust and as such they are subject to both NHS and University regulations and disciplinary procedures. Trainees are accountable for their work and behaviour on NHS and University premises to the Programme Director as both their NHS line manager and their Head of Course.

NHS terms and conditions of employment, regulations and disciplinary procedures are described in *General Conditions of Service and Information for New Starters* which trainees receive at the beginning of their course and NHS employment. Trainees should acquaint themselves with this document.

The University has a code of practice on Professional Unsuitability and Professional misconduct. The Clinical psychology programme has produced also joint investigatory principles and processes for allegations of professional unsuitability/professional misconduct for trainee clinical psychologists. The document outlining the policy and procedures can be found on Canvas and it should be read as an addendum to and in conjunction with the Faculty Code of Practice on Professional Unsuitability and Professional Misconduct and Humber NHS Foundation Trust’s disciplinary procedure. Relevant documents are available on Canvas.

Guidance on conduct and ethics for students can be found on the HCPC website: [www.hcpc-uk.org](http://www.hcpc-uk.org).

**As a student aspiring to qualify as a registered health professional you are expected to work towards these standards and must comply with relevant guidance on professional conduct.**

**Failure to comply may result in an investigation utilising the Code of Practice on Professional Unsuitability and Professional Misconduct (see Canvas).** Examples of behaviour which may result in an investigation utilising this code include: unsafe practice, inappropriate behaviour towards patients/clients, relatives, clinical staff, academic and other university staff, misuse or inappropriate use of social networking sites, falsification of any documentation relating to your programme.

Please be aware that as a student you have both rights and obligations in respect of your fellow students, members of staff, and others who come into contact with the University. The University has a set of general regulations governing the conduct of students, as well as specific policies and procedures. These are supported by a Code of Discipline, under which you could be penalised for conduct of a non- academic nature (such as possession of drugs or damage to property). You also have rights to freedom of speech, freedom from harassment, and to have your personal information handled in accordance with the Data Protection Act, but you also have obligations to respect other peoples’ right to free speech, freedom from harassment, and protection of their personal information. It is also expected that students will behave in a way which respects the right of their peers to learn and the rights of staff to teach.

The Course and the University expect trainees to behave in a reasonable and respectable manner. Abusive, antisocial or criminal behaviour on University premises or whilst engaged in course-related activity will result in disciplinary action. Abuse of University facilities or acting in a manner in contravention of University regulations including non-payment of library fines, illegitimate use of University computer and network systems, parking regulation violations, deliberate damage to University property, plagiarism or the use of any other unfair means in relation to examinations, etc. will result in disciplinary action which may lead to deferment or termination of course.

**Safeguarding of personal data**

Disclosure of personal data or failure to safeguard personal data is a breach of the Humber Teaching NHS Foundation Trust’s confidentiality code of conduct confidentiality and could lead to disciplinary action. A copy of the confidentiality code of conduct is available on the Humber Trust intranet site.

**A9. Support Services**

Within the University there are a range of support services which have been developed to assist you in overcoming academic or personal difficulties. These include the Student Wellbeing, Learning and Welfare Support, Students’ Union Advice Centre, Skills Team and the Careers and Employability Service.

The Student Wellbeing, Learning and Welfare Support team are there to support students in a variety ways from finance to chaplaincy, and wellbeing to learning.

Our Inclusion Team (Disability advisers) offer a wide range of support to meet individual students’ needs. Students with physical disabilities or long term health conditions are strongly encouraged to contact the services (01482 462020) to discuss support available or reasonable adjustments that could be made to meet their needs.

The Learning Support team are available to provide specialist support for students with dyslexia and other learning differences.

The Chaplaincy Team is a voluntary group made up of local and regional faith leaders, all bringing a wealth of experience and expertise to broaden the pastoral support we are able to offer. They provide a place of welcome and support to all students and staff of any faith or belief system, and offer physical and emotional space to chat, reflect, and, if appropriate, pray. Email: [Chaplaincy@hull.ac.uk](https://myadmin.hull.ac.uk/main/)

Our Student Wellbeing Advisers are normally available Monday to Friday during office hours for students who require confidential, free support for a range of issues which cause emotional or mental distress. A drop in service and bookable appointments are also available. Contact 01482 462222 for availability.

For more information on Student Support Services please go to the Student Support section of the University website.

**Programme Support**

Section E of this handbook describes support mechanisms within the Clinical Psychology Doctorate Programme.

**A10. Academic and Research Conduct**

**A10.1 Guidelines for Presentation and Submission of Written Assignments**

The following guidelines should be adopted when presenting and submitting your written assignments:

* Use A4 size paper;
* All written material should be word processed.
* Use font Times New Roman 12 or Arial 11 font.
* Leave 2.5 cm margins either side of your work.
* Use double spacing.
* Number pages consecutively.
* Drawings, diagrams and tables should be appropriately labelled.
* Drawings, diagrams and tables should always be referred to and discussed in the text; they should not be used as a way of subverting the word limit.
* Contents and appendices should be listed on a contents page at the front of the piece of work.
* Appendices must be clearly identified and should appear at the end of the text after the reference list.
* All formal academic work should be written in the 3rd person with the exception of the thesis reflective statement section or in case studies where the model used lends itself to a 1st person account. When a 1st person position is taken in the writing of case studies, a statement about the choice of writing style should be made and there should be consistency throughout.
* Abbreviations may be used. When used the abbreviated name or term should be cited in full at first usage, followed by the accepted abbreviation; for example British Psychological Society (BPS).
* *All* references, including references for psychometric tests, should be listed in a reference list.
* Referencing guidelines: The empirical paper and the systematic clinical literature review in the 6th year portfolio should follow the guidelines of the journals to which the candidate aims to submit the papers. All other written course work has to be in APA Reference Style, which is accepted widely in the academic world. The websites below are informative and the second website gives links to other useful APA sites:

<http://owl.english.purdue.edu/owl/resource/560/01/>

[http://www.psywww.com/resource/APA%20Research%20Style%20Crib%20S heet.htm](http://www.psywww.com/resource/APA%20Research%20Style%20Crib%20Sheet.htm)

* An electronic copy of work must be submitted through Canvas. Your assignment will be anonymously marked, therefore is should have a front page containing the following information:
  + Department and programme of study
  + Type of assignment
  + Assignment title
  + Examination number
  + Date of submission
  + Word count
* Confidentiality must be maintained in assignments.

**A10.2 Academic Misconduct - Plagiarism and Cheating**

The University Regulations for Academic Misconduct – (available through the Assessment section of the Quality Handbook via the SharePoint site) - govern all forms of illegitimate academic conduct which may be described as cheating, including plagiarism. The term ‘academic misconduct’ is used in the regulations to indicate that a very wide range of behaviour is punishable. The regulations give examples, including

* ‘cheating’ in an examination by possessing materials prohibited in the examination room
* ‘cheating’ in an examination by using materials prohibited in the examination room
* falsifying the results of laboratory, field-work or other forms of data collection and analysis
* impersonating another during an examination or other assessment or related event
* conspiring with another or others to have work completed by another candidate, including offering work, whether for sale or not, for use by another without acknowledgement
* collusion (where the work submitted is the result of the work of more than just the student making the submission but which the student making the submission claims to be his/her own work without acknowledging the contribution of other students)
* using false statements, or presenting false evidence, in support of a request to withdraw from an examination, obtain an assessment extension, or explain any form of absence or default
* falsifying a transcript or other official document
* submitting work for assessment which has been performed or created by other persons or commissioning third parties to perform or create the work whether for payment or not
* making your work available to others, giving opportunity for them to plagiarise (group work must acknowledge the contribution of others or collusion may be deemed to have occurred)
* an erroneous word count declaration on written assignments which are over-length
* submitting work for assessment which is substantially the same work as submitted for a previous assessment (sometimes referred to as ‘self-plagiarism’)
* notification of a suspected case of Academic Misconduct will normally be given to you within four ‘trimester’ weeks of the submission deadline of the assessment unless fresh evidence is discovered thereafter.

Conduct is punishable when undertaken by any University of Hull student on any programme, whether acting alone or with others, and conduct which amounts to an attempt to use such means is also a breach of the regulations. The regulations define the procedures which must be followed when an allegation is made, stating the rights of the student, including the establishment of an Adjudicating Panel which is required to determine whether the breach of the code has been proven.

It is essential, therefore, that you recognise that the University takes very seriously any form of illegitimate conduct, especially plagiarism, and that if you are judged to have breached these Regulations this could result in you not being awarded your degree.

**The plagiarism declaration**

When you submit any piece of work for assessment you are required to attach a cover sheet which contains a declaration. It is your responsibility to ensure that you have understood the guidance you have been given about referencing – and therefore how not to commit plagiarism. If you have any doubts you must seek advice from your supervisor.

**Plagiarism and how to avoid it**

As a research student you are expected to be familiar, and comply fully, with the requirements of your discipline for acknowledging the ideas of others in your work.

It is good academic practice to build on the work of others and place your own contributions against the background of existing ideas and knowledge. However, all material (such as ideas, text, figures, data and computer programs) taken from other sources, including unpublished material obtained from the Internet, lectures and **even colleagues and students**, must be properly acknowledged using a well-defined referencing system.

If you do not reference the work of others adequately you run the risk of committing plagiarism and will be in breach of the University’s Regulations on Academic Misconduct.

**Where can I get help with referencing?**

The Skills Team based in the Brynmor Jones Library provide full and comprehensive help on all four referencing styles on their website. Go to the Library website and click on the referencing section for detailed help. The Library also run practical sessions on referencing so check the same website out for further information.

**A10.3 Research Misconduct**

To meet the requirements of the Research Councils the University also approved a Code of Practice on Research Misconduct (in October 2004) which sets out the principles of good research practice and the definition of what constitutes ‘research misconduct’. This includes such matters as:

1. failure to obtain appropriate permission to conduct research;
2. deception in relation to research proposals;
3. unethical behaviour in the conduct of research, for example in relation to research subjects;
4. unauthorised use of information which was acquired confidentially;
5. deviation from good research practice, where this results in unreasonable risk of harm to humans, other animals or the environment;
6. fabrication, falsification or corruption of research data;
7. distortion of research outcomes, by distortion or omission of data that do not fit expected results;
8. dishonest misinterpretation of results;
9. publication of data known or believed to be false or misleading;
10. plagiarism, or dishonest use of unacknowledged sources;
11. misquotation or misrepresentation of other authors;
12. inappropriate attribution of authorship;
13. fraud or other misuse of research funds or research equipment;
14. attempting, planning or conspiring to be involved in research misconduct;
15. inciting others to be involved in research misconduct;
16. collusion in or concealment of research misconduct by others.

Conduct is punishable whether deliberate, reckless or negligent. It does not include ‘honest error or honest differences in the design, execution, interpretation or judgement in evaluating research methods or results or misconduct unrelated to the research process. Similarly it does not include poor research unless this encompasses the intention to deceive.’ For research students, allegations of such misconduct will be investigated and determined in the same way as allegations of unfair means as set out in the Code of Practice on the Use of Unfair Means (above). Allegations against members of staff are dealt with by the Deputy Vice-Chancellor.

All members of the University of Hull are expected to observe high standards of professional conduct and integrity in the practice of research and in the publication of research. Any departure from those ethical standards for proposing, conducting and publishing research constitutes research misconduct and is unacceptable to the consensus among members of the University on the standards and values to which they wish to subscribe. The University holds that all the instances of misconduct exemplified by (but not limited to) those outlined below, are unacceptable.

The following are examples of research-related misconduct whether deliberate, reckless or negligent:

1. Fabrication;
2. Falsification;
3. Misrepresentation of data and/or interests and/or involvement, including improper allocation or denial, of authorship / contributorship;
4. Plagiarism;
5. Failures to follow accepted procedures or to exercise due care in carrying out responsibilities for:
6. Avoiding unreasonable risk or harm to humans, animals used in research and

the environment;

1. the proper handling of privileged or private information on individuals collected during the research or of human tissue/ material.

For the avoidance of doubt, misconduct in research includes acts of omission as well as acts of commission. In addition, the standards by which allegations of misconduct in research should be judged should be those prevailing in the country in question and at the date that the behaviour under investigation took place.

Any allegation of misconduct against a student as set out in this code must be dealt with in accordance with the regulations on the use of unfair means. Where the student is also a member of staff (e.g. academic staff undertaking a PhD, or a PhD student also employed to do work by the University), the Registrar will determine which process should be used.

The full version of the Code on Research Misconduct is on SharePoint.

**A11. Contractual Matters**

**A11.1 Teaching Attendance**

**Attendance at teaching workshops is mandatory.** Trainees must attend 80% of workshops each year to fulfil course requirements in order to pass the course. Unless specified otherwise, trainees are required to attend workshops starting at 09.30 hours on academic days. Failure to do so will be treated as absence without leave, unless permission to be absent is obtained in advance. In the case of sickness, a sick note/self-certificate is required. Trainees who are absent must demonstrate that they have caught up with missed teaching in order to meet the required course learning outcomes. The Programme policy on managing absence from teaching can be found on Canvas.

Trainees are expected to sign in each day of teaching in the morning and should report to the programme manager who is located on the ground floor of the Allam medical building before teaching starts at 9.30 so should aim for arriving by 9.15am. If a trainee is late then they should still sign in the time they arrive. Arrangements will be made for lecturers to meet at the Allam medical building and it is hoped that trainee representatives from each of the year groups will meet with outside lecturers and take them to teaching rooms. Workshops are usually delivered in the Allam Medical Building, Brynmor Jones Library, Nidd Building and Wilberforce Building.

All trainees are provided with a detailed timetable and teaching programme at the beginning of each academic year. Trainees are normally e-mailed with any changes to the timetable and the timetable is updated on Canvas and on the noticeboard.

When formal teaching is not timetabled for an academic day, trainees are to use the time for the preparation, planning and execution of their Doctorate research projects or for personal study.

It is not acceptable for trainees to be engaged in clinical work on designated academic days, unless some exceptional circumstance arises in which case there would be need for prior discussion with the Course Director. It is the trainee’s responsibility to ensure that their clinical supervisor and clinical department or Locality Manager are informed as to their activities and location on Thursdays and Fridays, in case of clinical emergencies and also to satisfy the requirements of professional accountability.

**A11.2 Revision Leave**

4th and 5th Year Doctorate Trainees are assigned *one week’s revision leave* immediately prior to their written examinations. During this week trainees do not attend their clinical placement.

**A11.3 Research Leave**

Year 6 trainees are allowed to take a total of up to ten placement days study leave in the run up to submission of their thesis. Study leave should only be taken in negotiation with the trainee’s placement supervisor/s but can be taken as individual days or as consecutive blocks of days.

The days can be taken with effect from the start of the first placement in year 6. Up to six days can be taken from the first placement and four from the second or four from the first placement and six from second. The basic rule is that six days in maximum can be taken from each placement with ten in total. A record form detailing days taken has to be completed and returned to the programme secretary (see Canvas for the form).

After the portfolio has been handed in and teaching finished year 6 trainees are on placements five days a week. Trainees are expected to continue to attend University meetings, such as personal tutor meetings, research supervision and programme committees during this time and should liaise with and agree this with their clinical placement supervisor.

**A11.4 Annual Leave**

In addition to eight statutory bank holidays, trainees are permitted to take 27 working days (including during study/research days) of annual leave per year. These are allocated in relation to the NHS financial year which runs from 1st April to 31st March. **It is expected that trainees do take all their annual leave and are encouraged to do so. Humber Teaching NHS Foundation Trust policy only allows trainees to carry over annual leave days (maximum of 5 days) into the next financial year in exceptional circumstances.** Final year trainees ***must*** take all their leave entitlement before leaving the course as any leave left over will be lost and cannot be paid for. Trainees should be taking annual leave during university vacation times as attendance at teaching is mandatory. However, in exceptional circumstances and with the permission of the programme director trainees can sometimes take annual leave then. This is decided on a case by case basis. We strongly recommend that trainees take their annual leave during university vacation times (Christmas and Easter) to enable them to be able to take the required amount and not lose annual leave days.

Applications for annual leave should be made in writing to the Programme Director using the annual leave form which can to be found on Canvas. The form should be submitted to the Programme Manager at least one week in advance of its commencement. Annual Leave *should not be taken in academic time during the University Semesters.* Study Periods are *under no circumstance*s to be considered supplementary to such Annual Leave.

Annual leave during placement time should be discussed with the placement supervisor and supervisors should sign the annual leave request form in advance of the form being submitted to the Programme Manager. If for any reason the clinical placement supervisor is unable to sign the annual leave form, for example if the trainee is taking annual leave between placements, or at short notice, then arrangements should be made for the supervisor to email the Programme Manager to confirm their approval for the trainee to take annual leave on the requested dates.

**A11.5 Illness and Sick Leave**

**The Programme Manager *must* be notified when a trainee is on sick leave from either the placement or university teaching. Notification should be on the morning of the sick leave and then each day that the trainee is off, normally by telephone. If the trainee is too sick to call in themselves then someone else should do it for them. Trainees also need to inform the placement supervisor of sick leave.** The trainee must ensure that alternative arrangements are made for clients booked to see the trainee, or that they are contacted to cancel such appointments, in consultation with the supervisor. If the trainee is absent due to illness then they need to self-certify for the first 7 days. If the trainee is off for more than 7 days then from the 8th day a fit note (sick note) must be submitted from the GP to Humber Trust payroll with a copy to the Programme Manager. After a period of sickness, of any duration, the trainee must complete a return to work form and pass this on to the Programme Manager who will send the form on to Humber Teaching NHS Trust. A copy of this return to work form can be found on Canvas. For longer periods of absence due to illness then the trainee is required to meet with the Programme Director for a return to work discussion in accordance with Humber Teaching NHS Foundation Trust Managing Attendance Policy.

**A11.6 Special Leave**

There may be times when trainees may need special leave from work for domestic, family and personal reasons. Special leave may be requested due to a number of reasons, including urgent and unforeseen need (for example bereavement of someone close, sudden illness of dependent, breakdown of carer arrangements, domestic crisis), foreseen or planned need (such as accompanying a dependent to a medical appointment) or attendance on Jury service.

Time off for medical appointments: under normal circumstances trainees will be expected to make routine medical and dental appointments in their own time, but in the event of an emergency there will be flexibility. Hospital appointments will be accommodated within working time but trainees are requested to minimise time lost by requesting appointments at the beginning or end of the working day, wherever possible.

Applications for special leave should be made using the special leave application form available on Canvas. Applications should be submitted to the Programme Manager.

Trainees should familiarise themselves with the Humber Teaching NHS Foundation Trust special leave policy.

**A11.7 Accommodation and Travel Expenses on Placement**

As NHS employees, trainees can claim travel expenses for placement related travel. Trainees submit travel expenses electronically through the NHS e-expenses system. You will be given training on how to claim your travel expenses once you have signed your contract and been given a Humber e-mail account. **TRAVEL CLAIMS SHOULD BE MADE MONTHLY.**  Before any claims can be processed, trainees must register on another form as standard users (included in employment contract pack). This form asks for details of the trainee's car, registration and insurance, and is obtained from the Humber Trust.

The trainees work base is the University of Hull. It is unlikely that trainees will start and finish their clinical placements working days at the University; instead they will often start/finish their working day travelling from/to their home address. Where this is the case, In order to ensure that travel is calculated correctly, and that trainees are only paid expenses for journeys they have undertaken, trainees should enter their home address as the start and finish location on the e-expenses system, rather than University Base.

1. Trainees may claim return mileage allowance at Public Transport Rates for journeys between their home/University base (UB) (whichever applies - see above) and their placement base (PB).
2. Trainees may choose to stay overnight in the area of their PB and claim reimbursement for accommodation (on the production of receipts) up to the value that would have been paid to them in mileage for a return UB/PB journey (minus return home to base mileage where appropriate). Any additional cost above that amount is borne by the trainee.
3. A contribution towards two nights’ accommodation as above plus one PB to UB return journey will be reimbursed per week.
4. Individual application for additional accommodation expenses may be sought by trainees under exceptional circumstances (i.e. hazardous roads during winter). The decision to grant additional expenses will be at the discretion of the Course Director.
5. If the placement is in Grimsby or Scunthorpe the cost of the Humber Bridge tolls can be claimed. Trainees must scan toll receipts onto the e-expenses system in order to claim parking expenses.
6. A subsistence allowance for evening meals will not be routinely be paid while the trainee is on placement.
7. Staying with friends and family: The guiding principle to be followed is that expenses must be incurred to be claimed. Claiming for any expense which is not incurred is fraudulent. The Course will not pay costs to trainees staying with friends or family. Similarly mileage allowance will not be paid for journeys which have not been made.
8. Parking charges will be paid at placement bases. Trainees are expected to make use of the cheapest reasonable option and to use on-street parking where this is available. Trainees must scan parking receipts onto the e-expenses system in order to claim parking expenses.

Placements based in London or other areas where trainees are not routinely based should discuss their requirements in advance of the placement with the Programme Director on an individual basis. In principle overnight accommodation up to a maximum of £35 will be funded for placements more than 75 miles from the UB. In those instances where £35 does not reflect the commercial reality in any particular locality this amount may be exceeded with the Course Directors permission.

All travelling (on NHS business) from the placement base will be reimbursed at the NHS `standard user rate', except travel to courses or study days (public transport rate). **Whenever possible, tickets for public transport should be booked in advance to get a good rate.** If several trainees are travelling to the same location, they should arrange to share transport.

**Please note that insurance policies must cover business use, and the Course Director will require written proof of this before any travel claims can be processed.**

Trainees cannot claim travel to and from their home to the University for teaching. However, trainees can claim return car travel to joint teaching workshops (teaching jointly with Leeds and Sheffield Trainees). Travel expenses will be granted for car travel only, based on 4 trainees sharing a car. Travel claims relating to joint teaching sessions are made by completing a student expenses form available from the Programme Manager and on Canvas.

**A11.8 Overseas Placements**

The Workforce Development Directorate has agreed that overseas placements may take place without compromise to the trainee's contract of employment, and a trainee on such a placement would continue to receive their NHS salary despite being out of the Country. However, **no other expenses will be payable: the trainee will be responsible for the costs of their airfare, accommodation, living expenses, etc.**

**SECTION B - CLINICAL PRACTICE ELEMENTS OF THE PROGRAMME**

The Clinical Tutor team has compiled this section to provide you with information about placements and how your clinical practice is evaluated. The Clinical Tutor team is listed below, if you have any queries or comments about this part of the handbook please contact us. Clinical Tutors all have other commitments outside the university. To make it easier to contact us please see Table B.1 below.

Table B.1: Clinical Tutor Team contact details

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Days in the Department** | **E-mail** | **Telephone** |
| Philip  Molyneux | Tues, Wed, Thu, Fri | [P.Molyneux@hull.ac.uk](mailto:P.Molyneux@hull.ac.uk) | 01482 464008 |
| Anjula  Gupta | Wed, Fri | [A.Gupta@hull.ac.uk](mailto:A.Gupta@hull.ac.uk) | 01482 464087 |
| Pete  Fleming | Wed, Thu | P.Fleming@hull.ac.uk | 01482 464117 |
| Susanne Vosmer | Wed, Thu | S.Vosmer@hull.ac.uk | 01482 463280 |

**B1. Placement Structure and Duration**

**B1.1 Minimum Attendance, days and conduct on placement**

Placement experience constitutes the largest single component of the Course and there are six placements across the three years of training. Placement 1 is the Community Psychology Placement. This is a 6-week placement running from October to November in the first half of the first year of training and will run on Tuesdays, Wednesdays and Thursdays. It is considered part of the course’s Integrated Reflective Learning agenda.

Placement two begins in the following January and for this and all future placements trainees should be on placement on Mondays, Tuesdays and Wednesdays, with the exception of time spent on block teaching at the beginning of each academic year. They should not normally be engaged in clinical work on Thursdays or Fridays, without prior discussion with their Clinical Tutor (see below). Final year trainees work for five days a week after the thesis portfolio has been submitted (normally early June of the final year).

Placement two is nine months long ending in September. In the fifth and sixth years. Trainees have two placements per year (Placements 3 – 6). These are undertaken either consecutively (‘short fat’) lasting six months each or in parallel (‘long thin’) lasting 11 months and splitting into one day per week in one placement and two days per week in the other.

It is a requirement of the course that trainees spend at least 50% of their training on placement. Trainee absence from placement is reported under reserved business to the weekly senior staff meeting. The percentage attendance is reviewed regularly for each trainee and trainees are expected to attend each placement for at least ***80%*** of the available time. Trainees should contact their placement supervisor, placement administrative staff and the programme manager if they are going to be absent from placement. For all placements the general daily working hours are 9am-5pm; any deviation from this should be negotiated and approved by both the supervisor and Clinical Tutor. Trainee attendance will be reviewed by the Programme Director when it drops below 80%.

Trainees should plan their annual leave with their supervisor and take into consideration the impact of such leave on opportunities for their learning and development. As NHS employees, trainee annual leave entitlements run from April to April and can therefore straddle placements. In general, taking leave at recognised holiday periods (e.g. Christmas, Easter and Summer) is a sensible approach; as is taking leave to coincide with supervisor leave.

It is the trainee’s responsibility to ensure that their placement supervisor and placement administrative staff are informed as to their contact details on days when they are not on placement in case of clinical emergencies. Trainees are expected to conduct themselves professionally whilst on placement and to adhere to the HCPC Standards of Conduct, Performance and Ethics (2016). Trust protocols should always be followed so that service users are aware that they are seeing a trainee and have given their consent to do so. All correspondence sent by trainees must be signed by both the trainee and their supervisor.

**B1.2 Support on placement**

Fourth year trainees will be allocated a Clinical Tutor, a member of Course staff, who should be their first contact point in relation to any placement related issues that arise. This Clinical Tutor will follow the trainee throughout their three years of training.

On Community Psychology Placements, Trainees will be allocated a **Mentor** in their workplaces in addition to a **Supervisor** and a **Clinical Tutor** within the University. The **Mentor** is the individual within the host organisation who is responsible for organising placement opportunities. S/he will be the first point of contact for the trainee on placement and will work with the trainee to look at the experiences that can be gained. S/he will generally be the individual within the host organisation who has responsibility for supporting volunteers within established volunteer programmes. The **Supervisor** is a named HCPC registered Clinical Psychologist within the University staff team who has clinical responsibility for the trainee whilst on placement within the non-statutory organisation of the Community Psychology Placement. S/he has a responsibility for monitoring and managing professional conduct and matters of risk. S/he will meet with trainee pairs or individuals on a weekly basis for approximately 45 minutes. Trainees will participate in supported Reflective Practice Groups hosted by University staff members. These serve a dual purpose of offering learning opportunities around reflective skill development and space for peer support and supervision in respect of placement experiences.

**Clinical Tutors** are responsible for pre-placement planning, allocation, review and audit of process. With regard to the six week Community Psychology Placements, they review at mid- and endpoint and ensure that all continuation paperwork is completed by Mentors and Trainees. Clinical Tutors will support the initial placement contracting process. Mid Placement Reviews for Community Psychology Placements may be undertaken via telephone.

For Placement 2, a Trainee’s Clinical Tutor will be present at initial, mid and end of placement review meetings. In the fifth and sixth year, the Clinical Tutor will be present at Mid Placement Review (MPR) meetings and at End of Placement Reviews (EPRs). It is the responsibility of the trainee to ensure that the contracting process at the start of 5th and 6th year placements includes sharing previous placement paperwork to facilitate a discussion about the trainee’s previous placement experiences and goals for the next placement. Trainees’ main relationship on placement will be with their placement supervisor, usually an HCPC registered Clinical Psychologist employed within the service where the Trainee is on placement. In accordance with the BPS guidance on clinical supervision on clinical psychology training programmes (BPS, 2010) other staff, including non-psychologists, may also act as placement supervisor. Where this is the case the supervision will be overseen by the Clinical Tutor or Programme Director. In these circumstances additional monthly supervision may be provided by a nominated HCPC registered Clinical Psychologist to ensure that access to supervision around specific professional issues is available.

Supervisors have a responsibility to ensure that Trainees are safe to practise but their main role is to facilitate Trainee development. Trainees should feel able to raise a range of issues with supervisors, including personal issues that may be affecting work performance. Personal Tutors and Mentors also have a role to play in supporting the trainee (See section E. Trainee Support systems).

**B1.3 Training Pathways**

All Trainees must meet the expected competencies across the three years of training. The Standards for the Accreditation of Doctoral Programmes in Clinical Psychology (BPS, 2014) sets out the competencies and range of experiences that trainees are expected to demonstrate. Trainees must demonstrate that they have worked with a range of service users in a variety of settings; with individuals across the age and ability range; and be competent in Cognitive Behaviour Therapy and at least one other model of psychological therapy (e.g. Systemic Therapy, Cognitive Analytic Therapy or Psychodynamic Therapy). Table B2 briefly illustrates these competencies and experiences.

Table B2: Competencies & Experiences

|  |  |  |
| --- | --- | --- |
| **Core Competency** |  | **Experiences** |
| Generalisable Meta-competencies |  | Age range |
| Psychological Assessment |  | Ability range |
| Psychological Formulation |  | Range of presentations |
| Psychological Intervention |  | Service delivery settings |
| Evaluation |  | Chronicity & severity |
| Research |  | Diversity |
| Personal and Professional Skills & Values |  | Modes of delivery |
| Communication & Teaching |  | Providers |
| Organisational & systemic influence and leadership |  |  |

Trainees should refer to the above BPS accreditation document for a full description of the competencies and experiences (this can be found on Canvas). In order to meet these requirements, the course has established relationships with local NHS partners and a small number of private sector providers.

Historically, Clinical Psychology training incorporated trainees spending time on core placements in the first two years of training with each of the following groups:

* **Working Age Adults**
* **Children and Families**
* **Older Adults**
* **People with Learning Disabilities**

A number of years ago the model of training changed to focus on competency development rather than trainees having experience of working with each of these client groups. The competencies listed in Table B2 can therefore be developed with any client group. Table B3 illustrates some possible combinations of placements in the first two years of training. Note that in meeting the requirement that trainees are required to work across the age range, the Clinical Tutors strive for all trainees to have worked with Children and Families by the end of the fifth year. Experience of working with Older Adults may be gained on an Adult placement (where there may not be an upper age limit to the service), a Health placement (where particular health conditions may be more common in the older age group), or a Neuro placement (where older people who have had a stroke may present). Learning Disability placements may also present opportunities of working with age-related issues where there is a specialist dementia assessment service.

As the table illustrates, Trainees A and B both have an Adult placement in the first two years of training, however, the focus of Trainee A’s Adult placement will be on 1-1 working, whereas the focus of Trainee B’s Adult placement will be on working with the system. Examples of the type of work expected with the different client groups at different stages of training can be found on Canvas.

Table B3: Example 4th & 5th year Training pathways

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Trainee** | **Year 4** | | **Year 5** | |
| 1 | 2 | 3 | 4 |
| A | Community Psychology | Adult | Child | LD |
| B | Community Psychology | LD | Adult | Child |
| C | Community Psychology | Older Adult | Child | Adult |
| D | Community Psychology | Adult | Neuro | Child |
| E | Community Psychology | LD | Health | Child |

Trainees may be placed in a number of different geographical areas and in a number of different departments across the three years of training. Table B4 lists some of the organisations and their locations and others are also utilised in Bradford, Nottingham and occasionally further afield. The Clinical Tutor Team make every effort to plan placements to ensure Trainees gain the necessary experiences and have opportunities to demonstrate the required competencies. Sometimes placements across the first two years of training may not always include the full range of experiences and Trainees will then have to ensure that any gaps are remedied in their choice of final placements. It is a shared responsibility of the Trainees, their supervisors and Clinical Tutors to identify gaps in Trainee experiences and competencies. This helps to inform future planning of placements for the individual Trainee.

Table B4: Placement Locations & Organisations

|  |  |
| --- | --- |
| **Location** | **Organisation** |
| Hull/Bridlington/ Beverley/Driffield | * Humber NHS Foundation Trust * Hull and East Yorkshire Hospitals NHS Trust |
| Grimsby/Scunthorpe/ Doncaster | * Care Trust Plus * NAViGO * Lincolnshire Partnership NHS Trust * North Lincolnshire and Goole Hospitals NHS Trust * Rotherham, Doncaster and South Humber NHS Trust |
| York | * York Teaching Hospital NHS Trust * Leeds & York Partnership NHS Trust * Tees, Esk and Wear Valleys NHS Trust * The Retreat |
| Harrogate/Northallerton | * Harrogate & District NHS Trust * Tees, Esk and Wear Valleys NHS Trust |

The Community Psychology placement has a focus upon context and invites trainees to consider issues of power and empowerment and the broader lived experiences of individuals who may access or be excluded from accessing statutory services. The placement has at its core an expectation that trainee clinical psychologists should work across cultural boundaries to form inclusive partnerships with communities and individuals experiencing a loss of power or self-efficacy (Society for Community Research and Action, USA. 2012)

In line with the progressive learning model, clinical placement experience in the fourth year is oriented towards learning 1:1 clinical skills. In the fifth year working as a member of a multi-disciplinary team, as well as working with family members and carers, and consultation work are all emphasised.

In the sixth year, provided they are able to demonstrate that they have acquired the wide range of experiences required of them, trainees can choose elective placements that provide experiences that have not been available to them previously. This may be working with a particular client group or gaining experience of a particular therapeutic approach. Trainees are strongly encouraged to select final year placements within Departments where they have not worked during the first two years of the Course, in order to obtain as broad an experience as possible.

Trainees may gain experience through a variety of placement arrangements, organised around the progressive learning model. They will have two placements in the sixth year, which will either run consecutively (2 x 5 month placements) or concurrently (2 days in one specialty and a day in another over the year or on occasion the two/one day split reversing after the first 5 months).

During each placement the trainee will have a primary supervisor who is responsible for liaising with the Course concerning the trainee. If the placement is split (two days/one day) then the main supervisor of the ‘day a week’ experience will also be involved in all review meetings to ensure that a balanced appraisal of trainee development occurs. Where more than one supervisor is involved in overseeing trainee work within a specialty it is the role of the primary or main supervisor to ensure that other staff from that specialty involved in the supervision of the trainee (secondary supervisors), input into discussions about progress towards learning outcomes prior to review meetings. A suggested supervision record can be found on Canvas which facilitates the recording of sessions in relation to the trainee competencies focused on during supervision.

**B1.4 Placements outside the established course boundary and overseas placements**

The majority of trainees select final year placements within the areas described above. From time to time however trainees may opt to explore the possibility of a final year placement in another part of the UK or abroad. Any trainee wishing to have a placement outside the usual geographical region in the final year of training must have the support of their Personal Tutor and research supervisor, due to the demands of the Research programme in the final year. They must also demonstrate that all other aspects of their training has been completed to the satisfaction of the senior course staff (i.e. the Programme Director and each of the Coordinators). If senior staff approve of the trainee pursuing an ‘out of area’ placement the next step is for the Clinical Practice Coordinator to liaise with the Clinical Psychology Training Programme local to that placement. Liaison with local Courses is essential when discussing placements outside the area. Overseas placements need to begin to be thought about towards the end of the fourth year. Any ‘out of area’ placement should be designed to meet specific learning needs that cannot be met locally and should be within nationally/internationally recognised services.

**B2. Placement Allocation**

**B2.1 Prior to coming on the Course**

Candidates for clinical training are informed at selection that they need to be prepared to travel to placements outside the Hull and East Yorkshire area. Travel expenses are paid, which can be put towards the cost of overnight accommodation, if the trainee chooses not to commute. Whilst every effort will be made to arrange local placements for trainees with carer responsibilities, candidates are made aware that this cannot be guaranteed. Factors that are taken into account when determining allocation of placements at the beginning of the fourth year include:

* Special needs relating to trainee disabilities
* Carer responsibilities
* Trainee preference for a particular set of clinical experiences
* Trainee preference for a particular geographical area

Trainees who feel that they have special needs relating to the allocation of a training placement are strongly encouraged to make contact with the Clinical Practice Co-ordinator soon after starting the Course (See section on trainees with disabilities below).

The majority of clinical placements are in and around Hull, the East Riding of Yorkshire, York, Harrogate and North Lincolnshire. Most trainees will experience placements in more than one of these. There is an expectation that trainees will travel within this locality. Trainees are also often required to travel between bases whilst on placement and, as such, access to independent transport is desirable.

**B2.2 Fourth Years**

Allocation to the six week October to November Community Psychology placements (Placement 1) occurs within the first two weeks of the first Semester. Trainees will be allocated places in pairs with, wherever possible, one Hull graduate and one York graduate per pair.

Trainees will be allocated placements on the basis of the following criteria: previous work experience as described within the application process, preferences as described within the application process and relevance to first clinical placement (Placement 2).

Placement 2 may be in an area of practice associated with the Community Psychology placement, though not necessarily. Details of Placement 2 will aim to be available by the end of November. Any queries or concerns about placements once allocated should be raised with the Clinical Practice Coordinator.

In May of each year there is a meeting between the Clinical Tutors and the Locality Coordinators (clinical psychologists employed in the Trusts who coordinate all placement provision in their areas) to confirm placements for the second year of training and to establish whether there will be any change in the number of placements available for new trainees. Any changes that affect current trainees will be notified to them in writing as soon as alternative placement options have been identified. When placement providers cannot deliver any aspect of a specific placement because of resource issues, the aim is to find equivalent or equally relevant experiences within the same clinical grouping. Although the Course endeavours to inform trainees as soon as possible about changes in allocated placements trainees must be aware that sometimes changes can occur at short notice and that alternative options may be limited. Where there is a choice of alternative options the trainee will always be asked for their preferences.

At the end of the fourth year, trainees will be informed of Placements 3 and 4. These will have been chosen for trainees by the Clinical Tutor team to complement fourth year experiences and to continue the development of the core skills of Assessment, Formulation and Intervention. There will be some shift in emphasis from 1-1 work to more systemic ways of working.

**B2.3 Fifth Years**

In January, following liaison with Locality Coordinators, trainees are circulated with information about the final year placements available and are asked to indicate in writing their placement preferences for Year 6. It is the trainee’s responsibility to consider how their preferences will dovetail together. Trainees **should not** request placements which are not compatible in structure and duration, e.g. a two day/week placement for 10 months alongside a 3 day/week placement for 5 months. If competing preferences are identified between trainees, decisions will be taken about allocation based on the following criteria:

* Special needs relating to trainee disability
* Log book gaps that require to be filled/other identified training needs
* Carer responsibilities
* Experience in different department/s to the ones in which they have previously worked.
* Trainee preference for a particular set of clinical experiences
* Trainee preference for a particular geographical area
* Ranking of placements (e.g. the aim is for each trainee to be provided with at least one of their first ranked placements)

Locality coordinators should confirm availability of the trainee preferences indicated by the end of July, with the aim of finalising placements by August. Trainees should be informed about the final allocation in writing by the end of August. **Trainees should not approach individual supervisors to discuss possible placements prior to allocation** in order to ensure both transparency and equity in the allocation process. Trainees wanting additional information that cannot be provided by the Clinical Practice Coordinator or Clinical Tutors should note that all communication with supervisors at the allocation stage should be through the Locality Coordinators.

**B2.4 Review Process for Allocation Procedures**

There is always considerable variability in the ease with which placements are allocated from year to year and the need to retain flexibility in any process agreed for placement allocation is important. In some years very little discussion will be needed and in other years the process may be protracted. Feedback on the process each year is obtained through a variety of mechanisms:

* Individual feedback from trainees and supervisors to the Clinical Practice Coordinator
* Trainee and Locality Coordinator representation on the Placement Committee where the placement allocation process is a standing agenda item.

A formal review is held at the first Placement Committee of each academic year where feedback from all the above sources is discussed.

**B2.5 Trainees with Disabilities**

The BPS document ‘Clinical Psychology Training and Disability: Information, guidance and good practice guidelines’ (2006) (see Canvas) outlines and discusses a variety of strategies to promote and support the engagement of people with disabilities within the profession and the Course is actively working on implementing the key recommendations made in this document. Details of processes in place regarding supporting placement experience are described in Section E of the handbook.

**B3. Mandatory Training**

The Humber Trust runs annual Mandatory NHS training courses for all trainees, as part of their block teaching, covering Fire Training, Manual Handling, Display Screen Equipment, Child Protection 1 and 2 and Conflict Resolution. Trainees should not be expected to repeat such training on placement and if asked to do so should contact the Clinical Practice Coordinator. Additional child protection training and breakaway training may be offered on some placements and trainees are encouraged to participate in this where relevant. Trainees are not expected to, and should not be expected to participate in control and restraint training.

**B4. Minimum required experience on placements**

The British Psychological Society Membership and Qualifications Board through the Committee on Training in Clinical Psychology have outlined the experiences that trainees should have whilst on clinical placements in order to allow them to develop the competencies required by a clinical psychologist. These are specified in the BPS Standards for Doctoral Programmes in Clinical Psychology (BPS 2014) and recorded in the Logbook.

The training placements agreed between the Course and its NHS and other partners, described above, have been designed to enable trainees to obtain experience in working with people across the age and ability range, in a variety of clinical contexts and using a range of modes and models of working. In choosing final year placements trainees must ensure that they will have completed the range of required experiences before the end of the Course (see Table B2).

It is important to recognise that the scope of clinical psychology is so great that initial training only provides a foundation for the range of skills and knowledge demonstrated by the profession. Further skills and knowledge will need to be acquired through continuing professional development appropriate to the specific employment pathways taken by newly qualified psychologists. These issues will be discussed with all trainees at their final Appraisal meeting (See section on Personal and Professional Development).

**B4.1 Learning Outcomes**

The course aims are underpinned by the BPS’ Partnership and Accreditation Committee goals for doctoral programmes, published within the 2014 Standards for Doctoral Programmes in Clinical Psychology (Table B6).

Placement Learning outcomes in the PPAP relate to the areas of core clinical competency outlined by the Partnership and Accreditation Committee (PAC) of the British Psychological Society in their Standards for Doctoral Programmes in Clinical Psychology, 2014 (BPS, 2014). The British Psychological Society has outlined the broad experiences that trainees should have whilst on clinical placements in order to allow them to develop those competencies required by a clinical psychologist (Table B5).

Table B5: Goals achieved on completing a Doctorate in Clinical Psychology

|  |  |
| --- | --- |
| **Goals achieved on completing Doctorate in Clinical Psychology** | |
| **1** | A value driven commitment to reducing psychological distress and enhancing and promoting psychological well-being through the systematic application of knowledge derived from psychological theory and evidence. Work should be based on the fundamental acknowledgement that all people have the same human value and the right to be treated as unique individuals. |
| **2** | The skills, knowledge and values to develop working alliances with clients, including individuals, carers and/or services, in order to carry out psychological assessment, develop a formulation based on psychological theories and knowledge, carry out psychological interventions, evaluate their work and communicate effectively with clients, referrers and others, orally, electronically and in writing. |
| **3** | Knowledge and understanding of psychological (and other relevant) theory and evidence, related to specific client groups, presentations, psychological therapies, psychological testing, assessment, intervention and secondary prevention required to underpin clinical practice. |
| **4** | The skills, knowledge and values to work effectively with clients from a diverse range of backgrounds, understanding and respecting the impact of difference and diversity upon their lives. Awareness of the clinical, professional and social contexts within which work is undertaken and impact therein. |
| **5** | Clinical and research skills that demonstrate work with clients and systems based on a reflective scientist-practitioner model that incorporates a cycle of assessment, formulation, intervention and evaluation and that draws from across theory and therapy evidence bases as appropriate. |
| **6** | The skills, knowledge and values to work effectively with systems relevant to clients, including for example statutory and voluntary services, self-help and advocacy groups, user-led systems and other elements of the wider community. |
| **7** | The skills, knowledge and values to work in a range of indirect ways to improve psychological aspects of health and healthcare. This includes leadership skills and competencies in consultancy, supervision, teaching and training, working collaboratively and influencing psychological mindedness and practices of teams. |
| **8** | The skills, knowledge and values to conduct research and reflect upon outcomes in a way that enables the profession to develop its knowledge base and to monitor and improve the effectiveness of its work. |
| **9** | A professional and ethical value base, including that set out in the BPS Code of Ethics and Conduct, the DCP statement of the Core Purpose and Philosophy of the profession and the DCP Professional Practice Guidelines. |
| **10** | High level skills in managing a personal learning agenda and self-care, in critical reflection and self-awareness that enable transfer of knowledge and skills to new settings and problems and professional standards of behaviour as might be expected by the public, employers and colleagues. |

These learning outcomes have been translated into nine core competencies which are used to evaluate trainee development whilst on placement.

**B4.2 Clinical Practice Portfolio (CPP)**

In order to progress through the programme, trainees are required by the BPS to record evidence that they have developed competency in a range of skills and have had the opportunity to work in a number of settings and with a range of client presentations (see Table B2). The Clinical Practice Portfolio (CPP), which is made up of a number of sources listed in Table B6, provides space for this evidence to be recorded.

Table B6: Clinical Practice Portfolio

|  |  |
| --- | --- |
| **Source** | **Purpose** |
| Placement Planning and Assessment Pack (PPAP) | * To contract and record trainee progress on placement in the development of the Core and Therapy Competencies |
| Logbook (Excel spreadsheet) | * To provide a log of all non-therapy experiences; * To provide a log of all therapy competencies used; * To provide a log of all clients seen (extracted from CORE-NET); * To summarise the range of presentations, settings, client groups, therapies, modes of working, etc. (extracted from CORE NET). |

The CPP serves several additional key functions:

* It is an important means by which trainees, supervisors and Course staff are able to monitor gaps in experience in order to consider how these may be addressed;
* It enables external assessors to evaluate the experiences that placements provide;
* It provides the necessary evidence that trainees have completed their placement to the satisfaction of their supervisor and the university.

The format and content of the CPP is reviewed annually at the Board of Supervisors meeting, in order that it continues to reflect the realities of day-to-day NHS practice for clinical psychologists.

**B4.2.1 Placement Planning and Assessment Pack (PPAP)**

This document allows for the joint planning, monitoring and documenting of specific learning outcomes that trainees should aim to achieve on placement. The PPAP has a separate supplementary section (PPAP Supplementary Forms) which provides space for trainees to record the developmental of skills across all placements, rather than those specific to a particular placement.

At the outset of a placement, supervisors and trainees agree on the range of experiences available to enable the trainee to develop each of the nine core competencies and competence in particular models of therapy. They then agree on how these competencies will be evaluated (e.g. observation, audio recording, discussion in supervision, etc.). These agreements are documented in the PPAP and revisited at the mid and end of placement reviews in order to evaluate trainee progress and identify areas of development to carry forward to subsequent placements.

In addition to the generic learning outcomes, trainees set individual goals/ learning outcomes with supervisors to address areas of skill on which they wish to focus. This is again a developmental process with goals being revised, and new goals identified at each placement review meeting. It is recognised that every trainee has areas of skill with which they are less confident, and which may not be specifically addressed by the generic learning outcomes, and therefore setting individual goals bridges this gap.

The PPAP Supplementary Forms include sections on each model of psychological therapy that the trainee may come across during training. It is the trainee’s responsibility to log experiences that provide evidence for the development of their therapeutic skills in CBT and at least one other model. The therapy competencies listed in the PPAP Supplementary Forms align with those listed in the Excel Logbook and have been developed with local clinicians and with reference to the UCL therapy competency frameworks (<http://www.ucl.ac.uk/pals/research/cehp/research-groups/core/competence-frameworks>). As part of the emphasis on benchmarking therapy competencies, trainees are required to self-assess their therapy skills using the forms available on Canvas. Their reflections on their progress in particular therapies will be reviewed in conjunction with the logbook and discussed in supervision, at placement reviews and at their yearly appraisals

**B4.2.2 Logbook**

The BPS requires all Trainee Clinical Psychologists to document evidence to support the development of the nine core competencies and competence in CBT and at least one other therapy. The logbook provides the space to document such evidence and is formatted in an Excel spreadsheet.

Trainees record in the Logbook the frequency of their use of different therapy skills from different therapy models and of other non-therapy experiences, e.g. teaching and group work. Trainees also have access to the CORE NET online system to record basic information about each of the clients that they work with. This information is then exported into the Logbook to provide a summary of their experiences and client groups.

***B4.2.1 Using the Clinical Practice Portfolio***

It is a trainees’ responsibility to ensure that his/her CPP is updated regularly and is referred to when planning placements, setting placement contracts and in their own individual annual appraisals. **Trainees are required to bring their Portfolio to all placement review meetings.**

The experiences recorded in the CPP should enable the trainee to achieve the competencies specified in the Placement Planning and Assessment Pack (PPAP). At least **one week prior** to each placement review, the trainee must email their Excel Logbook to their Clinical Tutor in preparation for the Mid (MPR) or End of Placement Review (EPR). Trainees must then electronically submit their CPP to Canvas no later than **two weeks following the MPR**; and no later than the **final day** of their placement following the EPR.

**Trainees will only be considered to have passed the placement once the completed Clinical Practice Portfolio for that placement has been submitted to the University**. As with all other coursework, trainees will be required to submit an extension request should they believe they will not be able to submit the CPP by the deadline. The CPP from previous placements should be reviewed at the start of the next placement as part of the initial contracting process.

A modification to the training within the Hull ClinPsyD Programme has been to appreciate the varied experiences trainees have on placement within a rapidly changing healthcare context. Historically, it has been possible to apply a standardised developmental model against which to evaluate trainee progress across three years. The emphasis now within a more varied clinical arena is upon **INDIVIDUAL trainee pathways and development**, with an expectation that progress within individual competencies will be made at different rates by trainees depending upon placement opportunities. The emphasis is upon progress in respect of clearly defined placement specific goals mapped onto generic competencies. Failure to achieve contracted goals by the end of placement will be understood to evidence a lack of appropriate progress.

The aim of the electronic submission of the CPP is to enable clearer communication with supervisors about trainee needs and outstanding goals. The expectation is for supervisors to be prepared for a new trainee’s arrival by having an understanding of trainee competency in advance. **It is therefore imperative that trainees complete all placement paperwork by the end of the placement to facilitate a smooth transition into their next placement.**

**A note on CORE-NET.**

In January of the 4th year, there is a training session on using CORE NET and the Logbook. The minimum requirement is that Trainees **must** complete an **Assessment Form** and **End Form** for **every** client with whom they carry out independent work. At regular intervals, trainees must import the data from CORE NET into their Excel logbook by following the guidelines available on Canvas. At the very minimum this should be done for each placement review but it is recommended that trainees also take this information into supervision regularly in order to facilitate their development.

CORE NET is also an outcomes monitoring system and trainees are encouraged to use the full range of functions available to them. There are numerous outcome measures available and it is part of good practice to monitor the effectiveness of your work. CORE NET provides a system to support this and provides a graphing function to facilitate discussions with clients and supervisors. Evidence suggests that regular discussions with clients on the effectiveness of psychological therapy promotes better outcomes and fewer people dropping out of therapy.

**B5. Formal meetings and requirements**

**B5.1 Induction**

As employees of the Humber Teaching NHS Foundation Trust, trainees will receive a formal induction to the Trust during their initial block teaching period in Year 4. On each placement however there will be different issues and practices with which the trainee will need to become familiar, in addition to the differences in the clinical experiences available. Each placement therefore needs to begin with a short induction period.

Trainees should contact their primary supervisor/s at the department where they will be on placement **at least two weeks** prior to starting the placement to discuss joining arrangements. If appropriate, trainees may want to meet with their new supervisor(s) in advance of placement commencement. Supervisors should already have negotiated with their line managers the presence of a trainee and checked that office space, clinical space, a phone, IT facilities and secretarial support are available by that point. Trainees should make supervisors aware of particular experiences that are important for them to obtain on the placement to facilitate the early identification of suitable cases and other experiences by their supervisor/s.

The length of the initial induction period will vary depending on the placement and trainee’s stage of training. It is likely to involve visits to a variety of services/bases of relevance, discussions with and observations of the work of a variety of professionals and substantial `supervisor shadowing', including sitting in on sessions with clients/patients - both assessments and therapeutic intervention, and accompanying the supervisor to clinical, organisational, research and teaching meetings.

During this phase the supervisor should plan to be frequently and flexibly accessible to the trainee for the purpose of basic education and discussion. Meetings with administrative staff to learn about office and administration procedures should also occur as well as a familiarisation with available resources. Towards the end of such an induction phase, the supervisor should begin to involve the trainee in clinical situations in which there is potential for joint work. Sitting in with the trainee, or the use of session tapes are encouraged throughout the placement, but are of particular importance in the early and later stages in order to assess and evaluate trainee performance.

At the beginning of the placement the Clinical Tutor will ensure that the **Mid-Placement Review (MPR) meeting** is arranged at a mutually convenient time for all three parties. Trainees who have two separate placements over the course of the year will have a MPR half way through each placement.

**B5.2 Contracting Placement Goals**

A meeting between the trainee, primary supervisor/s and Clinical Tutor will occur within the first two weeks of placement for fourth year trainees, generally at the placement base. At this meeting sections A to G of the PPAP will be completed/reviewed detailing administrative and practical issues, special requirements and needs and the specific experiences and resources available to the trainee on placement that will enable the achievement of the competency based learning outcomes. Goals should be clearly stated and measurable wherever possible. For fifth and sixth years no initial meeting with the Clinical Tutor takes place unless considered necessary, though the trainee and supervisor should still meet to review the trainee’s past experiences, development needs and to complete the PPAP. The trainee is then responsible for submitting a completed copy of the PPAP to Canvas within two weeks of starting the placement. They should keep a copy for their records and provide a copy to the supervisor/s involved in the placement.

In addition to discussing the experiences that the placement will provide, the learning outcomes to be achieved and practical/administrative issues, the early meetings between the trainee and supervisor/s should also focus on contracting in relation to issues relating to the development, aims and boundaries of the supervisory relationship. Mutual expectations should be explored and models of supervision discussed. Records of supervision sessions should be kept by both trainees and

Supervisors.

**B5.3 Frequency/amount of supervision**

Supervisors should plan regular supervision sessions with the trainee at the beginning of placement and include this in the placement contract. Trainees should have **at least one hour of formal scheduled supervision a week** plus at least two hours of informal contact with their supervisor/s. Under the primary/secondary supervisor system this minimum standard applies to the whole “package” of supervisor contact. Primary supervisors should provide the majority of this. Where some supervision is delegated out to groups or other supervisors the primary supervisor should always coordinate and monitor how this is working. ‘Back-up’ supervisors should be identified in the contract for situations where the regular supervisor is unavailable for any length of time.

***B5.4 Preparation for Review meetings***

Prior to any mid- and end of placement meetings the trainee should evidence progression towards both the generic and individual learning outcomes using their Clinical Practice Portfolio. The trainee and their supervisor(s) should then spend some time considering this evidence and rate the trainee’s progress towards, and demonstration of, each Core Competency guided by the scale for monitoring progress towards goals presented in section F of the PPAP. The ratings are recorded on the contracting page for each competency. If there is a difference of opinion between trainee and supervisor(s) on progress, separate ratings should be made and discussed with the Clinical Tutor at review. **The trainee must have their up to date log book available at all review meetings.**

For all placements there will be two points of evaluation; one at mid-placement review (MPR) and one at the end of placement review (EPR). The ratings made at mid- and end of placements are intended to be ‘formative’ to the trainee, not ‘summative’, i.e. these ratings should contribute to the professional development of the trainee in all competency areas by highlighting areas for improvement and continued development. The ratings do not contribute to a trainee’s final marks on the course. An MDT rating scale and Service User rating scale also contribute to the supervisor’s final evaluation of the trainee.

Progress in relation to specific learning outcomes is assessed on a scale of 0-5 with a score of 5 implying full achievement of the goal to an excellent standard (See Section F of the PPAP). The scale is constructed around the competency concept in that it attempts to clearly describe the minimum standards needed to be achieved to signify progression in a particular goal area. A key way of assessing trainees’ progress toward specific goals is assessing their ability to do so without excessive reliance on didactic instruction from supervisors. Trainees who are performing well should be clearly demonstrating progress towards required learning outcomes and should be seen to do this on more than one occasion and without needing heavy instruction from their supervisor(s).

An essential part of this process is that supervisors ensure that they are regularly able to observe trainees outside supervision in different settings so that valid assessments of progress in different competencies can be made. Supervisors are advised to make regular use of audio or video recordings, direct observation, process notes and competency based supervision records in order to ensure that can evaluate validly their trainee’s progression and development. The University requires a minimum of one live observation per placement and recommends a minimum of three as good practice. Live observation can include audio and video recording.

***B5.5 Mid-Placement Review (MPR)***

The Mid-Placement Review begins with individual meetings between the Clinical Tutor and the trainee, and then the Tutor and the supervisor, before all three parties meet together. If more than one supervisor is involved in the placement, the supervisors will meet together when the Clinical Tutor is meeting with the trainee.

In general, the following agenda will be followed:

* Review of progress towards the learning outcomes and individual goals set at the beginning of the placement (progress towards these should have been rated by the trainee and supervisor/s prior to the review meeting).
* Identification and documentation of any barriers preventing progress towards achieving learning outcomes
* Identification of areas of concern and remedial action to be taken.
* Identification and documentation of areas of strength
* Review of CORE-Net summary documentation
* Setting the date of the End of Placement Review

Whenever concerns are raised at an MPR that might lead to placement failure, the trainee and supervisor will receive in writing from the Clinical Tutor a summary of the discussions held and the agreed action plan to be put in place over the remainder of the placement.

Where there are concerns raised early in a placement, the MPR may brought forward. In the case of eleven month placements where a supervisor is concerned that the trainee risks failing the placement (see placement failure criteria, Course Handbook B8) an additional ‘early’ MPR will be arranged at the end of month three to formally review the trainee’s progress. Unless a recommendation for placement failure is made at that point, the trainee will continue on placement and will have a second mid-placement review and end of placement review at the usual times. Where a trainee is judged at the mid-placement review to be at risk of potentially failing a placement then they will be written to by their Clinical Tutor outlining the changes/developments that must be evidenced to pass the placement. This document is known as an Action Plan. Additional review meetings may be put in place to provide support to both trainee and supervisor by the Clinical Tutor.

**B5.6 End of Placement Review (EPR)**

This meeting takes place at some point during the last two weeks of the placement. At the EPR, as in the MPR, there is a review of progress towards the learning outcomes set at the beginning of the placement. These should have been rated on the scales set out in the PPAP at the previous supervision session. These ratings represent formative feedback and do not count towards a trainee’s marks. Comments about the trainees’ overall progress along with any agreed future goals are noted in the appropriate sections of the PPAP. This information is reviewed by the next supervisor as part of the initial contracting process.

The End of Placement Review (EPR) is also when the supervisor recommends a **summative** **mark**. This is a simple Pass/Fail for the placement and it does contribute to the trainee’s marks for their training. Where the Placement Supervisor recommends a Fail, this recommendation must then be approved and upheld by the Programme Director, Board of Management and lead External Examiner. If the ‘Fail’ is upheld, the trainee will then be expected to demonstrate improvement in the areas of concern in future placements, but must also undertake an additional placement. This will mean an extension to training, provided funding can be agreed with Health Education England. ***A Fail on two placements will constitute failure of the course***.

**The trainee submits the final Clinical Practice Portfolio to Canvas by the last day of the placement.** It is the trainee’s responsibility to provide their next supervisor with the relevant documentation prior to the start of their next placement. It should be reviewed at the start of the next placement as part of the initial contracting process. As with all other coursework, trainees will be required to submit an extension request should they believe they will not be able to submit the CPP by the deadline

**Failure to submit up to date placement documentation may be subject to disciplinary action for the trainee and may result in delayed pay increment; delayed progression to the next stage of training; and the delay or non-completion of training. At the end of training this can cause delays in registering with the Health and Care Professions Council (HCPC) and therefore have implications for employment and practice as a Clinical Psychologist.**

The trainee also provides feedback (recorded in the PPAP) to the supervisor/s about their placement experience. The central issue around which feedback is given is the trainee’s judgement of the relative quality of the placement and supervision received in relation to enabling the development of the trainee’s skills, knowledge and values under each competency area.

**B6. Placement failure and associated procedures**

A supervisor can recommend that a trainee can fail a placement in one of two ways, outlined below. Details of the criteria can be found on Canvas, but are summarised here:

**(a)** Because of a level of performance in conjunction with poor responsiveness to training that leads the supervisor to seriously question fitness to practice (Criteria 1-4).

**(b)** Because of serious, professional misconduct (Criteria 5-7).

Failure on the grounds of **(b)**, if upheld, will result in irreversible and outright failure of the course, and termination of employment. If a supervisor recommends that a trainee fails on the grounds of **(a)** they may be required to repeat an equivalent placement with a different supervisor.

Whatever the grounds, if a supervisor recommends that the trainee fail the placement the matter is referred to the Board of Management, which, in turn, instructs the Programme Director, or, if deemed more appropriate, appoints a small enquiry committee comprising supervisor and academic representatives, to undertake a review of the trainee’s progress and placement fail. The placement fail and outcome of the review will be discussed with the lead External Examiner. The outcome and recommendations of this process are then referred back to the Board of Management and Board of Examiners for ratification. If the recommendation of the supervisor is upheld, the Faculty Programme Board of Studies and the programme commissioners (HEE) are notified of the placement failure.

**B7. Summative evaluation of clinical competence**

Whilst supervisors provide formative feedback to the trainees, summative evaluation of clinical competency is carried out through the marking of case studies submitted by the trainee and through the Clinical Practice Evaluations carried out in the 4th and 5th years. This section outlines these evaluations and two additional assessments which have been designed to provide feedback to placement supervisors about trainee performance from members of the multi-disciplinary team and from service users/carers. These additional assessments are not summative, but contribute to the supervisor’s evaluation about trainee progress and recommendation for the outcome of the placement.

**B7.1 Year 4**

Clinical Practice Evaluation 1 (CPE1): Trainees are required to submit a 50 minute recording of an assessment interview and present a critical narrative of this session, an initial formulation and intervention plan. The CPEs are held in July and the trainee presents the material and answers questions relating to it to two examiners, at least one of whom is a Clinical Tutor. The marking frame and procedure to be followed at the CPE can be found on Canvas.

Case Study: Over the course of the three years, trainees are required to submit two case studies: a one-to-one treatment case (3500 words) and a psychometric case (5000 words). It is recommended that the Individual Case Study is submitted in the fourth year and the Psychometric Case Study in the sixth year. Some trainees may choose to submit case studies early or in a different order than that suggested. This will depend upon placement experiences. Hand in dates are in August of Year 4 and February of Year 6. Guidelines and example case studies can be found on Canvas.

**B7.2 Year 5**

Clinical Practice Evaluation 2 (CPE2): Trainees are required to present a simple diagram to contextualise a particular clinical case, a formulation, a short realistic intervention plan and a transcribed segment of tape from an intervention session with written critique. The marking frame and procedure to be followed at the CPE can be found on Canvas though briefly the emphasis of this piece of work is on a systemic understanding of the referred individual.

Multi-Disciplinary Team Interaction Rating: As with the CPE above, emphasis lies on the fifth year development of competences of working with teams, carers and other agencies. This rating scale is completed by two members of the MDT in which the trainee is working on their second placement. A single rating is agreed by both members where possible, or two separate ratings where not, and submitted to the supervisor at the MPR. The ratings are used by the supervisor in assessing trainee progress on the placement at the last MPR of the year.

**B7.3 Year 6**

Case Study (see above)

Service User Rating: This is a measure used in the sixth year together with the MDT rating to evaluate the trainee’s progress in core clinical skills from the service user perspective. Three service user ratings are considered at the MPR of the second placement in the year and will be taken account of by the supervisor in assessing the trainee’s progress on placement. Forms are sent out by the supervisor to randomly selected clients.

**B7.4 Clinical Assessment Guidelines**

The general aims of all clinical practice coursework are:

* To provide an accurate account of a piece of clinical work;
* Demonstrate the use of an appropriate clinical intervention for the case considered;
* Demonstrate clear theory-practice linkage;
* To present the work in written format to a standard compatible with doctorate level training. In addition to its clinical content, work will be assessed on the quality of the written communication, how well it is structured and focused, as well as quality of referencing.

**B7.4.1 Use of Language**

The course recognises the power of language to shape attitudes and relationships: it has the ability to marginalise as well as empower people. As such, we expect that trainees will be thoughtful and respectful in the language they use in all written and verbal material. Language that is derogatory or that marginalises and devalues an individual or a group of people will not be acceptable. As a guide, or a rule of thumb, you should not use any language about a person (client, family member or staff) that you would not feel comfortable using to the person’s face. In addition, when referring to diagnostic labels, please ensure that your position is consistent with the Division of Clinical Psychology statement on classification and good practice guidelines to ensure that you take a respectful and compassionate stance (see Canvas).

**B7.4.2 Consent**

Trainees are not required to gain consent for using client material for coursework unless recording equipment is used. As with all sensitive material these recordings should be stored on encrypted devices, such as those supplied by Humber NHS Foundation Trust. When in transit encrypted devices must be stored in the lockable bags provided by Humber NHS Foundation Trust.

**B7.4.3 Using the same case for more than one submission across clinical/ academic/research assessments.**

There are a number of course evaluations, which could in theory, be based on the same client. However in order both facilitate and ensure robust evaluation of trainee progress it is preferable for trainees to use different case material for each piece of work. Where this is not possible, the same case can be used ***only*** in the following circumstances:

* CPE1 and Clinical Literature Review;
* Individual/Psychometric Case Study and Case Presentation;
* The Small-scale research project is a separate piece of work to the Clinical Literature Review but can in theory relate in general terms to it.  It should not overlap with the case studies or case presentation.

**B7.4.4 Selecting cases for case studies**

Cases chosen need to reflect the type of case study trainees are presenting. The individual case study should demonstrate a one-to-one therapy intervention. The psychometric case study should demonstrate a detailed psychometric assessment and intervention, though this may be in the context of a case with other aspects of treatment with which the trainee is involved.

**Cases presented do not have to be complete pieces of clinical work**

Clearly it would be good to be able to present an intervention from start to finish where possible but good case studies can be written from cases which have quite short interventions, for example, if the client dropped out of therapy. The key in such cases is the quality of the detail presented about the assessment and formulation phases. In all cases, wherever there are gaps in clinical information, a demonstration that the trainee has applied psychological theory to understand this and can say how they might go about finding additional information, if they had the chance, is sufficient. In the same way trainees can also demonstrate how they understand theory-practice links by using their formulation to predict how a client may have progressed in further therapy even if the clinical contact has ended prematurely.

**Trainees must have access to detailed information from clients’ notes at the time of writing**

This means that at least a draft should be completed while still on placement.

**Case studies should be carefully anonymised**

All identifiable details client (Name, DOB, address, city or towns in history, names of other staff/units involved, unusual details that would allow identification) must be changed / removed. The use of liquid paper / marker pen alone is insufficient as details may still be read against the light. Trainee, supervisor and service user details’ must also be removed to allow blind marking. Particular care must be taken with copies of correspondence to make sure that all identifying names, addresses, treating clinicians and names of institutions have been deleted.

Where trainees submit work which is not appropriately anonymised, the work will be returned to be amended before any mark is given. In the case of CPEs, the CPE will be stopped and will need to be rearranged at a mutually convenient time.

Trainees should be familiar with and adhere to ‘Confidentiality’, the NHS Code of Practice (Department of Health, 2003; 2010) when submitting Course work.

**Key issues in case study content**

Trainees should familiarise themselves with the marking frame relevant to the case study they plan to submit. These can be found on Canvas. The marking frames provide the expected written structure, a brief guide to the expected content of each section, and the title page. It is of particular importance that this structure is considered when submitting the psychometric case study. It should be consulted before deciding whether a particular case is appropriate for submission. The following guidance expands on the above point in relation to the first individual case study:

* Provide a concise summary of the referral path.
* Provide a clear statement of the client’s presenting problems. The same problems should be focussed on in assessment, formulation and plans for intervention - unless it is made clear that during assessment that a new problem focus became evident.
* Include objective and subjective measures in the assessment. These should be repeated after intervention and referred to in the discussion when discussing the outcome of the case.
* View the Formulation Section as a key section for demonstrating theory-practice links. Recognised psychological models should guide the presentation of clinical material, including clinical information. Knowledge of the pertinent literature and key texts should be demonstrated. It is acceptable to present a formulation that integrate(s) theory from different models, or formulations that present ideas from more than just one therapeutic orientation, the important factor is that there is consistency between the literature review and the formulation.
* Use diagrams to clarify understanding and be economical with words. Arrows and lines should make sense or they risk demonstrating an unclear understanding and losing marks.
* The Literature Review should include theory and evidence that supports the formulation presented. Alternative ideas / hypotheses may be presented. However, it is important that there is consistency between the model(s) used within the formulation and literature reviewed. Ideas from a number of different models may be introduced. This section should be clear and concise (a recommended length would be between one and two sides of A4).
* The subsequent intervention plan should clearly link the chosen formulation with what happens during the actual intervention. The trainee must provide a justifiable rationale, if this has not been the case.
* Biologically/neurologically informed, as well as functional formulations, may be relevant to both the treatment case studies and the psychometric assessment. Trainees should avoid focusing exclusively on mood and behaviour in the first and biology in the latter, without considering other factors.
* During the account of the intervention, content and process of sessions should be documented. This should be related to the formulation later in the critical discussion section. This may be structured as a session by session account or by summarising specific interventions and informing the reader of where they are included. E.g. Graded exposure of fear of needles-session 3-8. This intervention started with….and then…See Appendix 1 for example of monitoring forms used. It is important to include specific details e.g. ‘modified unhelpful thoughts such as “If I get scared I will faint”’ rather than just the more general: ‘modified negative thoughts’
* The critical discussion is extremely important in allowing demonstration of theory –practice linkage. Trainees should not be tempted to cut this part down to accommodate the word limit. Here trainees should make sense of progress and problems in line with the formulation. They should also discuss interventions that might be predicted as useful based on the formulation where an intervention was not complete or they lacked resources. Limitations of the model used or arguments for adopting an alternative approach presented earlier should also be discussed. Highlight what went well and what didn’t-ensure that you are presenting an understanding of why things didn’t go well, if relevant, and how it might have been done differently.

**B.7.4.5 Presentation and Submission**

Please refer to Section A of this Handbook for guidance on how to present and submit your work**.** Additional points to note are:

* Psychometric tests used should also be referenced in the reference list.
* Appendices should contain examples of monitoring forms or exercises completed during therapy.
* Appendices should be used to enhance the case study and can allow you to benefit from work you have already done. They should be referred to in the main text where appropriate. They should not be used as a way of presenting additional information that is needed for an understanding of the case because difficulty is being experienced in staying within the word limit.

**B7.4.6 Remedial supervision.**

All trainees are provided with detailed written feedback about summative assessments. If a trainee has failed a piece of work, or on occasion when major corrections are required, then they should discuss with their Clinical Tutor whether remedial supervision is required to assist them in improving their performance. This is provided by their Clinical Tutor and can range from a single session to a series of sessions, based on trainee need.

**B8. Complaints about trainees on placement**

Supervisors who have concerns about the trainee on placement with them that cannot be resolved through the supervision process, but which do not amount to professional misconduct, should contact the Clinical Tutor.

Clinical Psychologists, or other staff, who have concerns about the behaviour of a trainee who is not on placement with them, which do not amount to professional misconduct, should in the first instance discuss these with the Placement Supervisor in order to determine whether any remedial action can be taken. These discussions must be documented by the supervisor as part of the supervision record relating to the placement and the Clinical Tutor consulted about the agreed course of action.

The trainee must be informed by the Supervisor that concerns have been raised about them and by whom and that the Clinical Tutor has been informed. The subsequent discussions with the trainee should also be documented as part of the supervision record and a copy sent to the Clinical Tutor to be placed on the trainee’s placement file. The Placement Supervisor should discuss with the member of staff raising the concern whether there is any reason why they should not discuss their concerns directly with the trainee. Consideration should always be given to providing the trainee with the opportunity to talk the issues through with the person who has raised them, if the complainant is a member of staff. The emphasis in this process is ensuring that the trainee receives clear feedback that is owned by the staff member with concerns, which enables the trainee to reflect on aspects of their behaviour/ performance with a view to making changes where appropriate. Concerns dealt with in this manner are unlikely to be at a level where consideration is given to making a formal complaint.

In those circumstances where the person with concerns believes that the above course of action is insufficient, or in those cases where the allegation is of professional misconduct, they should utilise the University’s formal procedure, which has been developed for use with Clinical Psychology trainees in conjunction with the Humber NHS Foundation Trust. In such circumstances the Course Director should be contacted for advice and a written statement made which details what the trainee did and why it is a cause for complaint / constitutes professional misconduct. The Course Director and the Head of Clinical Psychology/Professional Lead for the relevant Trust will liaise to determine the appropriate course of action to be followed. If the trainee is on placement outside the employing Trust (Humber NHS Foundation Trust) the Professional Head of Service of the employing Trust will be informed by the Course Director and participate in determining the course of action to be followed. Further details about action that may be taken can be found in the Code of Practice on Professional Unsuitability and Professional Misconduct (University Quality Handbook Section: (<https://share.hull.ac.uk/Services/LTE/quality/_layouts/15/WopiFrame.aspx?sourcedoc=/Services/LTE/quality/SharedDocuments/Assessment/QH_8_Reg_Professional_Unsuitability_and_professional_Misconduct_v2_06_Aug16.docx&action=default>

(See also section A12.3 in this Handbook).

**B9. Supervisor training and support**

The Course runs an annual Introductory Supervisor Workshop (ISW) in conjunction with colleagues from the Leeds and Sheffield Courses. This workshop runs over 4 days from February-November each year and is advertised using the PQT network in November of each year. Additional Advanced Supervisor Workshops (ASW) for all supervisors are also available. These are advertised on an individual basis. Further details are available in the Supervisors Handbook. Supervisors who wish to discuss their development needs are very welcome to do so with the Clinical Practice Coordinator.

**B10. Guidelines concerning personal safety on placement**

**Placement Induction**

Either before the placement begins, or during the first week of the placement, the trainee and supervisor should discuss personal safety issues associated with the particular placement concerned. The trainee should make a point of finding out about, and obtaining a copy of any local, hospital, trust or team policies on personal safety, and acquaint themselves with these.

**Personal Alarms**

Personal alarms are provided by the Student Wellbeing Service free of charge. Trainees are strongly advised to keep these on their person at all times whilst on placement. The trainee is responsible for keeping their alarm in good working order, and for replacing batteries (if applicable) when necessary. Personal alarms should not be seen as a replacement for adequate risk assessment or for taking proactive precautions. They are only a small component of any overall risk reduction strategy.

**B11. Feedback from trainees**

There are a number of different mechanisms that allow trainees to provide feedback about placements and their associated organisation. Both the Clinical Tutor team and placement supervisors welcome feedback because it provides the opportunity to reflect and develop the clinical and organisational experiences of trainees.

At the end of each placement trainees are expected to complete and feedback the placement and supervisor evaluation form within the PPAP. This should be discussed in the supervision session prior to the EPR and reviewed at that meeting. An annual, anonymous audit of trainees’ placement experiences is conducted and fed back to the Placement Committee and Board of Management. On a less formal basis, trainees are encouraged to provide feedback to both their supervisors and their Clinical Tutor about the quality of their experience on placement. This also comprises part of the MPR.

Trainees have a representative who sits on the Placement Committee. This person can bring wider issues to that forum where they can be discussed by the Clinical Practice Coordinator/Clinical Tutors and Locality Coordinators who represent the supervisors from different geographical areas. Items for the Agenda can be notified to the Clinical Practice Coordinator in advance or brought on the day. Between meetings the Coordinator is always happy to meet with trainees to discuss issues that arise. Feedback can also be provided via their Year Group Tutor.

It is incumbent upon trainees to report concerns that they may have regarding patient care, staff or placements. The areas that might provide cause for concern include:

* **Alleged abuse of a vulnerable adult or child;**
* **Unsafe or poor practice/patient care delivery;**
* **A professional training issue;**
* **Quality of placement experience raised by students or through an educational audit e.g. safety issue.**

The **Policy on Escalating Concerns** provides guidance on the appropriate process should any concerns arise. This policy is available on Canvas under Trainee Support Documentation. This policy also applies where concerns about any of the above issues are identified by course staff when evaluating coursework submitted by trainees, e.g. in case studies or Clinical Practice Exams.

**B12. Information Governance**

All trainees should be aware of the importance of Information Governance throughout their training and subsequent career in clinical psychology. Generic guidance regarding Information Governance can be found by following the link below.

<https://www.gov.uk/government/news/clinical-governance-guidance>.

Trainees should familiarise themselves with the Information Governance policy local to the organisation in which they are working. Humber NHS Foundation Trust supplies all trainees with encrypted laptops and it is important that these are kept safe. The loss of a laptop is recorded as an adverse incident and a potential breach of Information Governance policy. As such an investigation may be necessary should they be lost. Humber NHS Foundation Trust also supplies all trainees with a lockable bag in which confidential information should be transported when travelling between sites.

**SECTION C- ACADEMIC ELEMENTS OF THE PROGRAMME**

**C1. Introduction to the Academic Component of the Course**

The academic team has compiled this section to help you make sense of the structure of the academic programme and to provide information about teaching, assessment of academic components and teaching quality assurance. The academic team members are listed below. If you have any queries or comments about this part of the handbook please contact us.

**The Academic Team**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Days in the Department | E-mail | Telephone |
| Annette Schlösser | One flexible day (Mon or Tue or Wed) and  Thursday, Friday | a.schlosser@hull.ac.uk | 01482  464094 |
| Emma  Lewis | Thursday, Friday | e.lewis@hull.ac.uk | 01482  464617 |
| Chris Sanderson | Thursday | c.sanderson@hull.ac.uk | 01482  463378 |

The academic component of the course (teaching sessions) has been designed to support a progressive learning model on the Hull Clinical Psychology training course and to prepare trainees for their placements.

**C2. Main Principles**

Curriculum bundles provide an organising principle for academic course input across the integrated undergraduate and postgraduate elements of the Hull Clinical Psychology Training Course. In addition to organising taught material, these bundles reflect the philosophy of the course.

Teaching is organised into workshops which provide generic/core information on a topic area, together with applications of this knowledge to clinical populations across the lifespan and intellectual functioning range and in a variety of different clinical settings.

Strong links between theory and practice are encouraged in a number of ways:

* Much teaching is provided by clinical psychologists who work locally within the NHS and their contribution is greatly valued and encouraged. There is ongoing consultation and lecturer involvement regarding the content of the syllabus.
* Workshop organisers and lecturers are encouraged to include case material and examples in their sessions and trainee feedback has confirmed the value of this to their learning.
* There is good communication between academic staff and lecturers regarding teaching content so lecturers have a clear overview of syllabus content and how related workshops fit together in the thematic strands.
* Forums are provided for trainees to share aspects of their clinical work and reflect on its links to theory and to learn from each other in this process.
* Academic staff and lecturers are encouraged to draw upon good practice guidance from the Division of Clinical Psychology (DCP) and the British Psychological Society (BPS) on knowledge and skills required to work with different client groups. They are also encouraged to draw upon evidence based frameworks, such as NICE guidelines and to encourage trainees to critically reflect upon their application and use within health and social care settings.

The academic component of the course is delivered through a variety of teaching strategies that reflect the adult learners who are undertaking it and their developmental progression across the undergraduate and postgraduate years of the course. These include:

* A strong emphasis on trainee participation and skill development.
* Explicit teaching and reflection to aid “learning about learning” in order to equip trainees with the skills and commitment to undertake continuous professional development throughout their careers.
* Collaborative Learning and Reflective Practice sessions, which encourage trainees to learn from each other (including across the three postgraduate years), together with the development of communication and presentation skills.
* Enabling trainees to provide feedback to influence the teaching they receive.
* Ensuring that assessment methods are relevant and related to competencies.
* Working with trainees to identify their own learning strengths and needs and to use development plans to enhance their progress.

The course is committed to providing quality teaching and values trainee feedback and peer observation in ensuring this is maintained and improved.

**C3. Overarching Learning Outcomes**

The overarching learning outcomes of the academic programme are as follows:

* To contribute to the overall aim of the course, which is to foster the development of competent, reflective scientist-practitioners who have a value-driven commitment to working ethically and effectively as clinical psychologists within the NHS.
* To prepare trainees for placements by providing them with a comprehensive knowledge base that is:
  1. applicable to all areas of clinical practice (client groups and settings);
  2. enables trainees to see individuals in the context of their relationships, community and social background;
  3. promotes understanding and respect of difference and diversity;
  4. encourages the integration of theory and practice.
* To enable trainees to develop, synthesise and generalise experience, knowledge and competencies relevant to working with unique clients, their families/carers and services through reflection and creativity and the application of the core skills in psychological assessment, formulation, intervention and evaluation (AFIE Cycle). This includes being competent in applying knowledge to new problems, situations and settings, and being able to decide using a broad evidence base, how best to work within the AFIE cycle with clients, their families, carers and service systems.
* To enable trainees to develop their skills in communication, presenting and teaching and to apply these effectively in a range of academic and clinical settings in order to facilitate reflection upon and inform clinical practice.
* To enable trainees to develop their knowledge and skills in working with individuals and families across the age and ability range who experience a range of difficulties; and develop their knowledge and skills in more systemic and indirect ways of working/intervening to improve psychological health and wellbeing; for example, training, consultancy, supervision, working effectively in teams, and organisational leadership.
* To enable and encourage trainees to take responsibility for providing feedback on teaching quality and their learning experience in a constructive and professional manner.
* To support trainees to develop their skills in self-awareness, reflective practice and self-care to maximise their personal professional development and learning.

**C4. Teaching days**

At the beginning of each academic year trainees attend block teaching i.e. Monday to Friday with no placement days. Fourth years have 3 weeks of block teaching including 2 days of NHS mandatory training; 5th years and 6th years have 4 weeks. Year 4 trainees start their community psychology placements in week 4, and have Monday and Friday as teaching days, with Tuesday, Wednesday and Thursday being placement days for 6 weeks. Once block teaching ends all year 5 and 6 trainees attend University on Thursdays and Fridays. Generally, Thursday is the main teaching day when most teaching workshops are held, and Fridays are set aside for Collaborative Learning and Reflective Practice (CLRP) sessions. CLRP sessions include some cross-year teaching, with trainees contributing actively to the teaching as well as the learning process. They also involve within-year group reflection workshops that aim to help foster an awareness of the importance of reflective practice. Trainees attend 6 specialist workshops across the 3 years of the training course in collaboration with trainees from other local training courses at Sheffield and Leeds. These workshops are currently focused on specialist therapy skills, team-working, leadership, consultation and supervision.

Attendance at teaching is compulsory. If for any reason you need to miss a teaching session you must contact the Course Director and Academic Co-ordinator to request leave to be absent. Permission to be absent from teaching will only be granted in exceptional circumstance. Trainees are required to catch up with any missed teaching in accordance with the course policy on missed teaching (see handbook general section). The days when there is no teaching are for personal study and research.

**C5. Curriculum Bundles and thematic Strands**

The taught elements of the course are in line with the Health and Care Professions Council (HCPC) standards of proficiency for practitioner psychologists (HPC 2015) and the overarching ethos, values and specific core competencies outlined by the British Psychological Society (BPS) standards for doctoral programmes in clinical psychology (BPS, 2014). Clinical psychology training courses are approved by the HCPC and accredited by the BPS on the basis of trainees being able to demonstrate their competence in a variety of areas listed by the HCPC and the BPS. This means that the teaching we provide on the course has to be focused on helping trainees to develop competencies and it needs to relate to the competencies they are working on to develop in their clinical placements. BPS clinical psychology course training standards require courses to help trainees to develop the ability to implement therapeutic interventions in at least two evidence based models of psychological therapy (of which one is CBT), the Hull course has chosen systemic therapy as its second substantive modality in light of the wide applicability of this model in NHS settings.

The course is structured to reflect the 9 core competencies defined by the BPS (BPS 2014).Teaching is organised within *seven bundles.* The seven bundles are: therapeutic relationships and self-awareness; Clinical Skills; Practice Based Knowledge and its Application; Ethical Practice, Values and Professional Issues; Disciplined Enquiry; NHS Context and Professional Relationships; and Integration through Reflection. A bundle acts as an organising structure for course input for trainees. Within the bundles “core” workshops are organised to provide teaching in relevant areas, each of which will explore adaptations to clinical populations and settings.

Each bundle has an explicit developmental dimension and runs across the integrated 4 years of the clinical psychology course (1 undergraduate and 3 postgraduate years). Within this, the scheduling of workshop topics over the 3 years of the doctorate course are organised within *thematic teaching strands* and is in line with a progressive learning model. This means year 4 generally focuses on the development of 1-1 working skills, with an emphasis on contextualising this work in terms of the client’s relationships and social situation; year 5 is centred around complex client work with an emphasis on developing skills to work in indirect ways to improve client psychological health and wellbeing, such as consultation, training and working with teams. The 6th year provides an opportunity to further develop knowledge and skills in consultation, supervision, leadership and in working with organisations and also to gain further knowledge in specialist clinical areas.

An overview of the structure of the academic curriculum and the course bundles and thematic strands is presented in the Curriculum and Syllabus Pack (CASP) on CANVAS. This pack also includes the aims, learning outcomes and indicative reading for each workshop.

**C6. Collaborative Learning and Reflective Practice (CLRP)**

It has been a tradition on the Hull Clinical Psychology training course that trainees from all three years of the course meet together on a regular basis to learn from each other. The programme also recognises the fundamental role of reflective practice in facilitating personal and professional development. The CLRP programme is a much valued element of the Hull course that received a commendation for good practice during the BPS accreditation visit in 2011.

CLRP workshops are organised within the integration through reflection academic bundle. The *overarching aim* is provide a regular forum to encourage and enable trainees to develop transferable skills and self-awareness in a safe and supportive space. Within this space, trainees are encouraged to learn from each other (within and between year groups), to express and respect multiple valid perspectives and to develop a commitment to openness and flexibility in thinking. There is a particular emphasis on understanding the higher level process of their thinking as applied in all areas of their clinical work. In addition, CLRP activities help trainees to acquire and demonstrate presentation & teaching skills. The more *specific aims* of the CLRP sessions are to encourage trainees to integrate theoretical concepts within clinical and research work; to help them develop skills in generalising and synthesising prior knowledge and experience in order to apply them in different settings and novel situations; to increase their awareness of the role of themselves in their work; to foster an awareness of the value of open reflection on work to facilitate development and an appreciation of complexity and plurality; and to provide learning experiences and tools to help trainees develop their skills in formulation, reflection, evaluation, critical appraisal and use of supervision.

As part of the Collaborative Learning and Reflective Practice activities, trainees are required to give community psychology case presentations in 4th year, clinical issues presentations in their 5th year, and a clinical case presentation in their 6th year. Guidelines for all presentations are available in the clinical community section on CANVAS. Trainees receive formative feedback on their presentation. Fourth and fifth year presentations are also recorded on DVD, a copy of which is given to presenting trainees to watch and reflect on as an aid to learning. In addition to the presentations, year 4 and year 5 trainees take part in clinical issues reflective practice groups, which are trainee led, and focus on discussion and debate about current clinical or professional issues in clinical psychology.

Fifth year trainees are also required to give a presentation on their research. Information about the research presentations is given in the Research section of the handbook. Sixth year trainees take part in reflective practice groups that have a focus on their doctorate research.

**C7. Academic Assessments**

The majority of assessments which come under the academic section are summative. Trainees are required to pass each summative assessment to remain on the course. If a trainee fails a summative assessment they will have the opportunity to resit it once. Case presentations/clinical issues presentations and the psychometric compendium assignment make up the formative part of the academic assessments. All academic assessments are listed below.

***C7.1 Year 4 – Summative assessments***

*General Compendium Examination*

This written examination takes place at the end of the year 4. The aim of the examination is to ensure that trainees can demonstrate the acquisition and application of requisite theoretical and clinical knowledge to enable progression from year 4 to 5 of the course. The focus of the examination is on aspects of assessment, formulation, intervention and evaluation in relation to one-to-one working across the age and ability range. Trainees must demonstrate that they have acquired and can apply a broad knowledge base, that they can recognise what further information is required in clinical situations, and explain why it is required, and that they can apply their knowledge and skill base to novel situations and problems.

The content and format of the end-of-year Compendium Examination reflects the competency model that underpins the Clinical Psychology Training Course. The content is based on the Clinical Skillsand Practice Based Knowledge and Applicationteaching bundles of the academic program. The examination requires candidates to answer 6 brief vignette questions in 3 hours. Three of these questions relate to specific problems and client groups that trainees will have received teaching on, and 1 is an essay-type question on systemic working (Section A). The remaining two questions (Section B) require trainees to think more broadly and creatively and demonstrate the application of existing knowledge and skills to situations and problems that they may not have had first-hand experience of. Previous papers and a copy of the marking scheme are available on CANVAS.

***C7.2 Year 5 – Summative assessments***

*Fifth Year Examination Part 1 & 2:* These two three hour written examinations take place at the end of year 5. They assess knowledge acquired by trainees over the 4th and 5th years of the course and trainees’ ability to apply this knowledge clinically. The overall aim of the examinations is to assess trainees’ ability to think in critical, reflective and evaluative ways and to generalise and synthesise prior learning and knowledge. Both papers must be passed to continue onto year 6 of the programme.

*Paper 1* has 6 essay questions relating to the bundles Ethical Practice, Values & Professional Issues (EPVPI), NHS Context and Professional Relationships (NCPR), and Therapeutic Relationships and Self Awareness (TRSA).

The examination requires candidates to answer 4 questions: one from each section, and a further question of their choice from any section.

*Paper 2* is vignette-based covering one-to-one and multidisciplinary clinical work across the age and ability range. It covers teaching within the bundles Clinical Skills (CS) and Practice Based Knowledge and Application (PBKA).

Paper 2 has three sections: Section A (Adults across the lifespan), Section B (Adults across the ability range) and Section C (children and adolescents). Each section has 3 vignettes. The examination requires candidates to answer 4 questions: one from each section, and a further question of their choice from any section. Previous papers and a copy of the marking scheme are available on CANVAS.

**4th and 5th year trainees do not attend placements during the week leading up to their end of year written examinations. This time is set aside for revision.**

***C7.3 Formative assessment***

*Psychometric compendium assignment*

Trainees complete this assignment during the first 6 months of the course and submit it in March of year 4. It consists of 2 parts: Part A is comprised of two clinical vignettes from across the age and ability range and focuses on knowledge and skills relating to psychometric assessment. Trainees are required to submit a written answer to the questions posed for each vignette. Part B is comprised of two psychometric profiles and focuses on knowledge relating to interpretation of test data. Trainees are required to submit a written answer to the questions posed. Both sections A & B must be passed in order to pass the assignment overall. The aim of the assignment is to provide trainees with a real world task around which they can structure their learning about psychometric testing and interpretation and apply this to clinical problems across the lifespan; to encourage trainees to become familiar with the administration and scoring procedures for a range of psychometric tests that they may encounter on placement; and to provide a foundation of knowledge and clinical skills as a basis for further development of psychometric and neuropsychological competence during the postgraduate course. The word count for this piece of work is 10,000 words.

Assignment guidelines, past papers and the current paper will be available on CANVAS in the clinical community section.

*CLRP Case/Clinical Issues Presentations*

These presentations are treated as formative assessments in that trainees are provided with formative feedback when they do a case or clinical issues presentation. The feedback relates to the content of the presentation and presentation skills/style. The aim is for the trainees to develop their presentation and teaching skills. Further information is available on CANVAS in the clinical community section.

**C8. Teaching Quality Assurance -TQA**

***C8.1 TQA Strategy***

The aim of the academic team’s TQA strategy is to have continual, year on year enhancement of the quality of teaching and learning on the clinical psychology doctorate programme. This will ensure the academic component of the course continues to support the research and clinical practice elements of the course and meets the high standards for doctoral programmes in clinical psychology as outlined by the Health and Care Professions Council (HCPC) standards of proficiency for practitioner psychologists (HPC 2015) and the British Psychological Society (BPS) standards for doctoral programmes in clinical psychology (BPS 2014). In addition, as mentioned in section A16 of the course handbook - *Mechanisms for review of the quality and content of the programme*- it is University policy that all courses should be subject to TQA procedures and such procedures are an integral part of the doctorate programme. The Teaching Quality Assurance (TQA) mechanisms and practices in all universities in the UK are audited and assessed by Government agencies.

The strategy will be achieved through a cycle of quality assurance that involves:

1. Mechanisms for **gaining** **feedback** from trainees, lecturers and other stakeholders on the overall quality of teaching and areas for further development;
2. Processes to ensure the academic team, and lecturers, have opportunity to systematically **review and** **analyse** feedback and **reflect on feedback** in order to identify outstanding positives, areas for improvement and priorities for action.
3. Methods of **reporting back** to trainees, lecturers and other stakeholders to inform them about developments in the academic curriculum and how the academic team has acted on feedback to enhance teaching quality.

In addition the strategy will be achieved through:

1. The provision of **CPD opportunities and peer observation** for lecturers (internal and external) to support the enhancement of their teaching skills;
2. **Sharing and learning from good practice**, locally and nationally.
3. Regular **review of national guidelines, strategies and policy** -such as those produced by the DCP and BPS, NICE, DoH, CORE competence frameworks - to ensure the academic curriculum continues to be informed by best practice and developments in the profession of clinical psychology.

***C8.2 The purpose of TQA of the academic component of the Hull Clinical Psychology Training Course***

As outlined above, TQA is a continuous process for both collating information on the quality of teaching and acting on the information obtained to improve that quality.

A robust TQA process correlates information regarding teaching quality that is gained from a number of different perspectives. It communicates this appropriately and has clear lines of accountability for acting on information received.

The purpose of TQA is to:

* Evaluate trainees’ experience of academic input on the course in terms of teaching approach (including explicit teaching outcomes), content and relevance/links to clinical practice on placements.
* Ensure that a workshop format incorporating ‘generic’ teaching with adaptations to specific clinical populations/settings is effectively delivered.
* Ensure that trainees are provided with the opportunity to reflect on their teaching and learning.
* Ensure teaching is and remains of a high quality.
* Encourage teachers to reflect on and develop their teaching style and content through the use of constructive feedback.
* Be an integral part of the teaching and learning strategy of the course.

**C8.3 Elements of the TQA process**

The TQA process involves a number of elements:

*Teaching and learning strategy*

* A *teaching and learning strategy* that provides clear guidance to lecturers/workshop co-ordinators on the remit of their teaching session, the role and value of specifying clear learning outcomes for trainees and the importance of emphasising clear links to clinical practice.

*Feedback on teaching*

* *TQA questionnaires* completed by trainees to gain feedback on the quality of teaching received. This consists of an 8 item electronic questionnaire (the TQA form) that gathers a range of information related to teaching sessions. For example, clarity of learning outcomes, the extent to which the workshop met its stated objectives, the extent to which the workshop provided information relating to a range of clients, outstanding positives and suggestions for improvement. TQA questionnaire data is collected on line, through Canvas; completion of TQA forms is mandatory and trainees are required to complete forms within 2 weeks after teaching.
* *Year group tutor* meetings provide an opportunity for feedback and discussion around issues related to teaching. Feedback at the end of each academic year is also gathered during year group tutor meetings.
* Feedback from trainees at the *learning and teaching committee*.
* The *lecturer feedback form* provides an opportunity for workshop organisers to provide feedback to the course about their workshop and any issues relating to it that they wish to raise.
* *The service user involvement feedback form* provides an opportunity for service users involved in teaching to provide feedback to the course about their workshop and any issues relating to it that they wish to raise.
* *Trainee post-qualification questionnaires.* Trainees are asked to complete questionnaires immediately and 6 months after qualification to gain feedback on how the training course has prepared them for qualification. This form includes questions on the academic component of the course.
* *One-off informal feedback.* The team also welcomes informal feedback from trainees, staff and lecturers.

*Review and Reflect on Feedback*

* Feedback from all sources is collated in an academic *feedback log* that can be found on CANVAS.
* Discussion at *academic team meetings*.
* Discussion at *learning and teaching committee*.
* Discussion at the *HOLD* committee.
* The *Annual General Meeting* is used to both elicit feedback from trainees on teaching verbally, but also to discuss which kind of teaching changes were made to the programme following feedback.
* Individualised feedback is provided to workshop organisers to inform their own reflection on teaching sessions and potential adaptations for the future.

*Action and Reporting Back*

* Actions documented on academic feedback log.
* Reports to learning and teaching committee and board of management.
* Information in workshop organiser pack.
* An annual report is provided for trainees to help them understand how the feedback they gave was instrumental in making changes on the teaching programme. Changes can be made to the content, timing or presenters of workshops.

*Provision of CPD opportunities for lecturers*

* The University has introduced a code of practice called *Peer Support for the Enhancement of Learning and Teaching (PSELT).* The PSELT process involves peer observation of teaching as a way of supporting lecturers (both course staff and external lecturers) to reflect upon and develop their teaching skills as part of their CPD, and to enhance the student learning experience. A copy of the University Code of Practice for Peer Support for the Enhancement of Learning and Teaching can be found on the University website.

* External lecturer entitlement to membership of the Brynmor Jones library, use of computing facilities and access to training through the University staff development programme.
* The University provides a teaching programme for bringing internal staff into the Health Education Academy (HEA) called the *Postgraduate Certificate in Academic Practice (PCAP)*. Staff are encouraged to apply for this course and some staff are currently studying for this higher education teaching qualification.

*Sharing and Learning from good practice*

* Discussions at the *HOLD* committee
* Attendance and presentation at annual *GTiCP conference*
* Attendance at Faculty of Health and Social Care *learning, teaching and quality committee*.

**SECTION D- RESEARCH ELEMENTS OF THE PROGRAMME**

**D1. Introduction to the Research elements of the programme**

May we take this opportunity to warmly welcome you to the Research Programme of the Doctorate in Clinical Psychology of the University of Hull. We hope that your experience of applied clinical research will prove both enjoyable and productive. In putting together the programme (which has evolved over a number of years), we aim to help trainees develop a genuine interest in, and enthusiasm for, clinical research. This section provides you with a summary of the background information that you need to help you throughout the Research Programme. The programme is overseen and coordinated by the Research Group (see below).

**The Research Group**

|  |  |  |
| --- | --- | --- |
|  | Days in the University | E-mail |
| Tim Alexander | M,T, W, Th, F | [t.alexander@hull.ac.uk](mailto:t.alexander@hull.ac.uk) |
| Emma Wolverson | Th,F | [e.wolverson@hull.ac.uk](mailto:e.wolverson@hull.ac.uk) |
| Chris Clarke | F | [c.clarke@hull.ac.uk](mailto:c.clarke@hull.ac.uk) |
| Lesley Glover | F | [l.glover@hull.ac.uk](mailto:l.glover@hull.ac.uk) |
| Eric Gardiner | Th, F | [e.d.gardiner@hull.ac.uk](mailto:e.d.gardiner@hull.ac.uk) |

If there are any aspects of the Research Programme that require clarification, please do not hesitate to contact Dr. Tim Alexander (Research co-ordinator) for additional information and guidance.

Trainees and Supervisors are advised to familiarise themselves with the contents of this section as trainees are not permitted to rely on ignorance of regulations, policies or procedures as grounds for mitigation, special treatment or appeal.

The Graduate School is responsible for the main administrative functions relating to research students and provides the facilities for use by all postgraduate students. The facilities at the Graduate School are available to all trainees.

Forms, documents, University regulations, policies and procedures and information about University facilities and services relevant to you as a postgraduate research student (PGR) are available on the Graduate school SharePoint pages:

<https://share.hull.ac.uk/Services/GraduateSchool/SitePages/Home.aspx>

Staff of the Graduate School can be contacted by telephone on 01482 466844 or by e-mail [gs@hull.ac.uk](mailto:gs@hull.ac.uk).

***D1.1 Rationale and Scope***

The rationale of the Research Programme is to develop clinical researchers who have good applied research practice that contributes to the profession of clinical psychology within the NHS and takes into account policies relating to NHS research such as ethics and research governance. This programme operates within an integrated model of training that seeks to incorporate research skills into other aspects of training i.e. concepts and knowledge within clinical psychology (the academic programme) and clinical experience (the placement / skills training component). The programme takes place in the context of the Course Research Strategy which is strongly focused on ongoing research by academic staff, who act as supervisors for trainee research.

**Aims**

1. To develop critical skills which enhance new knowledge
2. To apply knowledge in new ways to clinical settings
3. To integrate research skills into ongoing clinical skills development
4. To develop communication skills (verbal and written) in order to disseminate research findings
5. To foster an enjoyment of research within a collaborative environment
6. To develop research active clinical practitioners

Overall, the Research Programme seeks to reinforce academic and placement aims as they relate to developing skills in formulation and evaluation of clinical problems i.e. scientist practitioner approaches in clinical settings. The programme seeks to reinforce the research base of clinical psychology practice, (which makes clinical psychologists different from many other health professional groups), in order that following attainment of the ClinPsyD, these are well learned skills which can be generalised within routine clinical practice.

Given the need for evidence based practice in the NHS, the research programme will also reinforce the ability to communicate (verbally and in writing) new research-driven concepts and procedures that can re-shape clinical practice and the quality of psychological services to patients and families within the NHS.

In summary, this section will:

* **Introduce University research structures, policies & procedures**
* **Describe the context of the research programme**
* **Outline components, outcomes and evaluation of the research programme**
* **Give practical guidance and advice on achieving these outcomes**

**D2. University Research Structures, Policies and Procedures**

***D2.1 Graduate School***

The Graduate School is the main administrative office on the Hull Campus for research students, supplementing the personal supervision and discipline-specific support provided by academic staff. Clinical Psychology Trainees are research students and are therefore automatically a member of the Graduate School. Staff of the Graduate School can be contacted by telephone on 01482 466844 or by e-mail [gs@hull.ac.uk](mailto:gs@hull.ac.uk).

***D2.2 Graduate Research Committee***

The University Graduate Research Committee is responsible for all matters relating to the academic progress of research students.

***D2.3 Student Misconduct and Code of Practice on Research Misconduct***

The University has general regulations governing the conduct of students, supported by a [Student disciplinary regulations](https://www.hull.ac.uk/choose-hull/university-and-region/governance/policies.aspx) under which a clinical trainee could be penalised for conduct of a non-academic nature (such as possession of drugs or damage to property). In addition there is a [Code of Practice on Research Misconduct](https://universityofhull.app.box.com/s/zkzqmbb7a8jr4bou4iajq7m2e24gmlr2) which trainees should be familiar with (available via the Research Degree Provision section of the University’s [Quality and Standards webpages](https://www.hull.ac.uk/choose-hull/university-and-region/key-documents/quality.aspx).

The following are examples of research related misconduct whether deliberate, reckless or negligent:

* Fabrication;
* Falsification;
* Misrepresentation of data and/or interests and/or involvement, including improper
* allocation or denial of authorship/ contributorship
* Plagiarism; and
* Failures to follow accepted procedures or to exercise due care in carrying out

responsibilities for avoiding unreasonable risk or harm to:

* humans;
* animals used in research; and
* the environment; and
* the proper handling of privileged or private information on individuals collected during the research or of human tissue/ material.

The University also has detailed regulations governing student rights to make a complaint if there is cause for concern about any aspect of the University’s provision to students.

***D2.4 Research Supervision***

All Clinical Psychology Trainees will be allocated a supervisor, who has the responsibility of providing guidance during the course of the trainees studies. The responsibilities of the course, supervisor and trainee are detailed in the [University’s Code of Practice for Postgraduate Research Students.](https://universityofhull.app.box.com/s/2bmu79mt0ads2hceywhox0b0fet5p50f) You must be familiar with the obligations this sets out.

***D2.5 Theses***

The rules governing dissertations in the University of Hull can be found on the [Graduate school sharepoint site](https://share.hull.ac.uk/Services/GraduateSchool/SitePages/Home.aspx).

These rules are specific about binding and submission of the final dissertation and all students must follow them carefully when completing their dissertation. Specific information pertaining to the ClinPsyD will be advised during teaching in year 6.

**D3. Context of the Doctorate in Clinical Psychology Research Programme**

***D3.1 The Research Strategy and its Context***

Our research strategy is driven by the following aims:

Our overarching goal is the enhancement of psycho bio social wellbeing in communities.

* **We will achieve this by adding to the evidence base of clinical psychology through research of international quality.**
* **Findings will be disseminated via journals, conferences and other publications and we will share these with all stakeholders.**
* **Using participatory research we will engage service users in all stages of the research process from conception and design to sharing of findings.**
* **We will employ pluralistic methods and epistemologies and engage in interdisciplinary collaboration within the university and beyond.**

The research component of the course has been designed and is continuously developed to ensure these aims are supported.

At the start of each academic year, course staff outline potential areas of research (i.e. research topics), that build and develop their personal research, area of interest or ‘research programme’ including that of trainees that have been supervised within the theme from previous years.

***Trainees are strongly encouraged to consider the course research themes when choosing their research area and specific topic.***

***D3.2 Research themes within the course***

The research strategy encompasses three broad areas that members of staff on the course have interests in:

***D3.2.1 Long Term Needs***

This area encompasses all aspects of work from management through to assessment, treatment and rehabilitation of adults with chronic disabilities. The connective tissue here is the process of supporting disabled people and their family and staff carers. It includes people with learning disabilities, complex and/or enduring mental health disabilities, depression, psychosis and dementia. This area also covers the full range of issues involved in the functioning of children and families. Children can present with most adult conditions and disorders. They also present with some conditions which are uniquely their own and of course, their developmental position and social significance makes them a particularly fruitful if complex and sensitive area for research.

***D3.2.2 Health***

This area encompasses all aspects of health – i.e. cognitive, affective and behavioural components of individuals and groups as they relate to psychological adjustment to a range of health issues. The connective tissue here is the psychological processes involved in human responses to health challenges and health service interventions. This area includes the study of men and women’s health, reproductive psychology, contextually based PTSD and PTG, cardiology, stroke, cancer, memory, health and well-being in ageing, alcohol use and chronic pain.

***D3.2.2 Neuropsychology***

The specialism of neuropsychology is concerned with the assessment and rehabilitation of people with brain injury or other neurological disease. Work can be with people of all ages with neurological problems, which might include traumatic brain injury (TBI), stroke, toxic and metabolic disorders, tumours and neuro-degenerative diseases.

***D3.3 Staff Research Profiles***

**Dr Tim Alexander (Lecturer & Research Co-ordinator)**

Dr Alexander’s background is in cognitive perception but is also interested in mental health issues relating to the transition of students to university and the protective and risk factors together with other correlates that might lead to the development of anxiety and depression. He is also interested in occupational health issues relating to health professionals and compassion focused care and is interested in compassion focussed therapy.

**Dr Lesley Glover (Senior Lecturer and Research Tutor)**

Dr Glover has an interest in

* Wellbeing in older people
* Wellbeing in the perinatal period
* Mind / body approaches, specifically the Alexander Technique

**Dr Eric Gardiner (Medical Statistician)**

Dr. Eric Gardiner provides statistical support to trainee research projects.

**Dr Emma Wolverson (Research Tutor)**

Dr Wolverson’s research interests include dementia and positive psychology.

**Dr Chris Clarke (Clinical Lecturer & Research Tutor)**

Dr Clarke’s research interests currently include; worry and rumination in anxiety and depression in old age, the nature of death anxiety in older people with mental health problems and psychological factors involved in late-onset affective problems in older people. In addition, he has an interest in investigating aspects of insight and appraisal in older people experiencing cognitive impairments and/or early dementia, as a way of understanding and aiding the adjustment process for individuals with these problems. Having completed his original doctoral thesis in the area of chronic pain, he also has an interest in continuing to investigate cognitive and attentional factors involved in affective distress in those experiencing chronic pain problems.

**Dr. Nick Hutchinson (Programme Director)**

Dr Nick Hutchinson’s general research interests are in the area of Learning Disability. His interests include research with older people with learning disabilities and their carers. More specifically, he is interested in the assessment and management of dementia in people with Down’s syndrome.

**Dr Annette Schlὅsser (Academic Co-ordinator)**

Dr Schlosser’s research interests currently include emotional screening of looked after children; adolescents leaving care and their sources of social support; coping in families; psychological variables resulting in young people not being in education, employment or training (NEET).

**Dr Philip Molyneux (Clinical Co-ordinator)**

Dr Molyneux is interested in how Compassion Focused therapy can be used to benefit individuals adjusting to life after cancer and in the self management of individuals with chronic health problems.

**Dr Anjula Gupta** **(Clinical Lecturer)**

Dr Gupta’s research interests include; making sense of psychosis, psychological pathways to suspiciousness, early psychosis, impact of bullying and discrimination, psychological consequences of migration

**Dr Chris Sanderson (Clinical Lecturer)**

Dr Sanderson’s research interests are in the psycho-social understanding of psychosis and personal recovery.

**Dr Pete Fleming (Clinical Lecturer)**

Neuropsychology of Traumatic or Acquired Brain Injury.

**Dr Susanne Vosmer (Clinical Lecturer)**

Dr Vosmer is interested in Internet communication in relation to dating, sexting, romance, sexual offending etc. across the life span.

Other interests include: Psychosomatic medicine - the heart in particular - including alternative healing methods (Reiki, acupuncture, Chinese medicine, TFT etc.) in combination with psychoanalytic perspective.

**Dr Emma Lewis (Academic Lecturer)**

Dr Lewis is interested in health psychology:

Haematology patients: Predicting psychological coping in patients with a haematological disorder.

Surgery and decision making: Quality of life of patients with a cancer diagnosis

Compassion and compassion fatigue in patients, carers or staff members in an oncology setting.

***D3.4 Previous trainee research***

Electronic copies of previous trainee theses can be found on the Hydra Digital Repository <https://hydra.hull.ac.uk/>

**D4. Components, Requirements and Evaluation**

The research programme has been developed to encompass all aspects of the research process and is set within the ethos that to carry out ‘quality research’ requires collaboration. It aims to increase knowledge and develop skills and competencies including:

Critical appraisal of theory, concepts and evidence relevant to clinical and research practice; research design, methodology and analysis; interpretation and critical evaluation of findings, reporting of outcomes and discussion of clinical and research implications, dissemination of research findings through publication or presentation.

The programme is developmental in nature and provides both teaching and co-ordinated supervision, which takes into account the timing of the outcomes (see below) that are required for successful completion of the programme. Each piece of submitted work, both formative and summative, aims to move the trainee further along the research trajectory for the course, building on skills each step of the way, culminating in the doctoral thesis. For example, knowledge and skills gained in undertaking the Clinical Literature Review supplement aspects of Research Proposal 2 and Systematic Review paper requirement for doctoral thesis.

***Trainees should follow the suggested research timeline to gain most benefit from the developmental aspect of the programme and to ensure course completion within the three years.***

Components

There are four main components to the research programme:

* **formal research teaching**
* **learning through research presentations**
* **learning through research groups**
* **individual supervision from a named member of the staff team**

***D4.1 Formal Research Teaching***

*RESEARCH TEACHING PROGRAMME -* an outline of content and timing of the formal research teaching programme.

**Aims:** to increase knowledge and critical appraisal skills.

The formal teaching programme adopts procedures of problem-based learning wherever possible. Formal teaching occurs in year groups as follows:

**Year 4**

Literature searching and reviewing, focusing and critical appraisal.

Design, methodology, practical aspects of quantitative and qualitative analysis. Research skills for the application of practice.

**Year 5**

Includes teaching on how to write a good research proposal; planning analysis; preparing for submission to ethics; writing a systematic literature review and practical issues on undertaking a research project in the NHS Research governance and ethics , both NHS and non-NHS .

**Research Presentations**

Guidance on research presentations is given in advance to all trainees and attending staff. A minimum of two staff are present at these sessions and the trainee’s academic supervisor (and field supervisor if relevant) are invited by the trainee.

**Aim:** To practice the following skills across all year groups.

Critical appraisal of theory, concepts and evidence relevant to research practice.

Critical appraisal of research design, methodology and analysis.

Verbal presentation of research information and summarising.

Collaboration and peer support

Research presentations are given by 5th year trainees on aspects of their research relevant to the current stage of their individual project. Trainees present their research proposal, including background, proposed methodology and any issues for discussion.

In parallel sessions, trainees present and then all trainees and attending staff take part in group discussion. The discussions identify strengths and weaknesses and provide help with specific points which are then fed back to the presenting trainee. Feedback can then be utilised by the presenting trainee in writing and developing their doctoral research proposal.

**Year 6**

Portfolio thesis writing up research.

Database searching. In this session trainees have hands on practice of searching on-line databases effectively.

Year 5 Research Presentations.

Systematic literature review analysis and synthesis of results.

Research reflective practice groups. The purpose of these groups is for final year trainees to reflect on their research experience with the aim of informing the content of the reflective piece to be included in the portfolio thesis.

***Supervision***

Full details on supervision and rights and responsibilities of trainees and supervisors can be found the Graduate school Share Point pages. At the beginning of the supervision all parties sign a supervision contract detailing rights and responsibilities of each party. After each supervision session the trainee completes a record of the supervision meeting detailing what was discussed and next actions. A copy should be distributed to each party.

***It is the trainees responsibility to complete a record of each supervision meeting.***

***D4.2 Allocation of Research Supervisors***

Formal trainee-supervisor pairing occurs April/May of Year 4, following submission of Research Proposal 1*.*

***Trainees should discuss initial research ideas with course staff and/or the Research Coordinator, PRIOR to submitting Research Proposal 1. (Potential projects need to be within the course research themes).***

Academic Research Supervisors are a member of course staff. Pairing of individual trainees with Academic Research Supervisors is overseen by the Research Coordinator and Research Group, in consultation with trainees and staff. Supervisor allocation is based on resources and appropriate expertise within the staff team, the choice of project area (from Research Proposal 1) and the individual trainee’s needs. Joint supervision arrangements may sometimes be necessary.

We actively encourage collaboration with research-active NHS colleagues and, where applicable, trainees may also have a *Field Research Supervisor* although this is not mandatory. The University Research Supervisor’s role is to facilitate the project in relation to the requirements of the research component of the course. The field supervisor’s role is to collaborate to facilitate arrangements for access to NHS facilities and participants for the project and may take on other roles, as agreed in discussions with the trainee and University Research Supervisor.

The following is a summary of the process of research supervisor-trainee pairing:

Trainees discuss and develop possible project ideas with potential research supervisors following the Research Fair in December of Year 4. Potential research supervisors will indicate whether they would be interested in supervising the trainee. Trainees should approach more than one potential supervisor.

Trainees begin the process of ‘distilling’ possible research ideas from clinical areas of interest – these ideas are provisionally formulated within Research Proposal 1 (RP1) in an area already discussed with a potential research supervisor. **It is vital that RP1 is in an area that has already been discussed with a potential University supervisor.** All supervisors have limited numbers of trainees that they can accept for supervision. In the event that there are more trainees than spaces available for a supervisor the supervisor will give feedback accordingly. Course staff retain the right to decide which trainees they will supervise for example, if several trainees are requesting supervision within the same project area. It is for this reason that trainees should speak to more than one potential supervisor. The Research coordinator will advise of next steps in the event that the first choice of supervision cannot be met.

Staff and trainees can formally ‘contract’ at any point in the process if both agree (see SUPERVISION AND AUTHORSHIP AGREEMENT documentation) but this contract must be completed by the published deadline. Next steps are to further develop initial ideas via formal review of relevant literature and formulation of research aims, hypotheses and questions (Research Proposal 2).

***Trainees are strongly advised to select projects that fall within the research expertise of course staff and according to the themes within the course Research Strategy. It is the trainees responsibility to contact Course Staff to arrange mutually convenient times to discuss ideas further. It is the trainees responsibility to inform the Research Coordinator of supervisor contracting.***

***They are also advised that they should not agree a project with a clinician outside of the course without consulting with a member of course staff first. Similarly, research proposal 1 should not be written solely on the basis of discussion with clinicians. A member of course staff must be consulted about the suitability of the proposed project before research proposal 1 is written.***

Records of each supervision session are also made by research supervisors and trainees and copies kept within each trainee’s site file (Supervsion section). It is the responsibility of trainees to complete the supervision record at supervision meetings or at no later than seven days after the supervision meeting.

***D4.3 Supervision Guidance: Frequency, Structure and Content of Meetings***

Trainees and research supervisors are expected to meet at least once a month. Trainees can arrange more frequent meetings with their research supervisors if required or necessary. It is important that careful planning occurs from the start. Delays on timeline targets inevitably impact on the quality of the thesis and sometimes result in ‘late theses’. A ‘late’ thesis can affect whether the trainee completes training and hence begins practice as a clinical psychologist.

***The trainee is responsible for the planning, organisation, conducting of and reporting of the research, and for decisions taken in the case of conflicting advice. It is also the trainees responsibility to keep the research supervisor up to date with all major developments and, in particular, significant difficulties or problems with implementation of the project as they occur.***

Established timelines and supervisory procedures are to assist and support the trainee to realise the aims of the programme, by the end of Year 6.

The following may be useful starter points for discussion between research supervisor and trainee:

* Defining the ‘problem’ which is to be tackled in the course of the research. It is vital that this should be given sufficient scope for investigation appropriate to the degree but not be so large a topic that it cannot be mastered within the normal period of candidature
* Clarifying the hypotheses and/or research aims and questions upon which the proposed research is based and establishing the proposed details of the research study, such as resources required and research design
* Reviewing the timetable of work and endeavouring to see that it is followed in accordance with research programme timelines

***D4.4. Trainee Research Budget***

A budget of up to £400 in total over the fifth and sixth years is submitted as part of the final proposal for the portfolio thesis to the research team. Please refer to the Research Cost section of the Portfolio Thesis Guide on Canvas for further information. Once ethical approval has been obtained the budget should be submitted to the Research Co-ordinator for final approval before expenses are incurred. Each expense item needs to be spelled out clearly and the research team will approve if the budget is justifiable. The overriding principle is that research should be carried out at the lowest possible cost. Trainees should keep a record of their expenditure against the budget and all expenses claims in relation to the research budget should be made on a monthly basis. Expenses older than 2 months will not be paid by the University’s finance office.

Certain costs are not eligible for inclusion in the research budget. These include printing and soft binding costs for the submission of the thesis.

In addition to the portfolio thesis research budget, trainees are able to obtain document supply articles via the library. The current allowance is 12 items per year (1 August – 31 July) and all document supply requests are submitted using the on-line request form available via the library web pages.

***D4.5 Key research tasks***

**Year 4**

* Focusing on a clinical/research area and reviewing the relevant literature base
* Reviewing theoretical and empirical literature and formulating this with clinical area and need; investigating practical issues (feasibility) e.g. access to participants etc.
* Select and conduct a suitable small scale project on placement
* Conduct a clinical literature review.

**Year 5**

Write-up small scale project report.

Research design, formulation of hypotheses, decisions regards appropriate measures; pilot investigations.

Writing of formal research proposal for peer review and securing ethical approval.

Negotiation with relevant administration; liaison with clinical and other staff

Data collection.

**Year 6**

Data collection, Data Analysis, Data Interpretation

Writing up Portfolio Thesis systematic review and empirical papers and supporting appendices.

Viva examination and presentation of findings at research conferences.

***Requirements***

By May of year 4, each trainee will have been paired with an academic research supervisor and will have planned supervision times. This process follows from information obtained on trainee preferences and interests provisionally formulated via Research Proposal 1. Supervisors should guide and give verbal advice on developing ideas for Research Proposal 2, including advising on structure, research questions, measures and design.

Further development of the Research Proposal occurs from the start of Year 5 via knowledge and skills gained from research presentations and on-going supervision. Research Proposal 4 is formally submitted in December of Year 5 and passed to a member of the research group *independent to* the trainee for peer review. The proposal will be reviewed on the basis of rationale, coherence, suitability for a ClinPsy D project, feasibility, originality and clinical relevance.

The peer review process is of paramount importance as it forms the basis of the peer review requirement for research governance. Research Governance has become an important concept in the NHS and is now part of the process of accountability.

In December of Year 5, the Research Group meets to consider peer review feedback forms and sanction progression to ethical submission i.e. application to Research Ethics Committee (REC). Should a peer reviewed proposal not be progressed, a meeting between the trainee, their supervisor and the Research Coordinator is arranged to review timelines and research progress.

Statistical advice for quantitative projects should be sought from the course Statistician (Dr. Eric Gardiner) and sample size estimates, power calculations, rationale for chosen analysis etc. included within the final written Research Proposal. Similarly, clear descriptions of the process of chosen qualitative methodology should be provided, including issues related to quality control of qualitative data.

The Portfolio Guide on Canvas gives details of the evaluation documentation used by local NHS trusts and which are also used by Course staff as a guide when evaluating the final Research Proposal. Local NHS Trusts are aware of the Course peer review process and trainees have to declare that their project proposal has been subject to peer review and that appropriate changes and recommendations have been made.

Following peer approval of the final Research Proposal , trainees submit their work for ethical approval which is required before projects commence.

***D4.6 Procedures for achieving ethical approval***

***D4.6.1 Research involving NHS patients, or resources***

Approval to undertake research involving NHS patients staff or resources is given by the Health Research Authority (HRA). Upon application to the HRA an NHS ethics committee will review and give ethical approval for the thesis project. Research supervisors usually attend the REC with the trainee to offer support. Shared arrangements can be made between supervisors if more than one trainee is submitting at any one time. Ethical Committee requirements are changeable and trainees are advised to remain proactive in checking these well in advance of preparation for Ethics. As this process and the final decision from the ethics committee may take time, any submission should be made well in advance of the planned start date for data collection. Following a favourable ethical opinion being granted the HRA will give overall approval for the study to proceed. Individual NHS Trust Research and Development departments also have to confirm their capacity and capability for the study to proceed.

***D4.6.2 Research where no NHS patients, or resources are involved or for studies involving NHS staff***

Where research does not involve the use of NHS premises or clients e.g. where only members of the University population are participants, or for studies involving NHS staff, ethical approval should be sought via the Faculty of Health Sciences ethics committee.

The appropriate approval of any organisation through which the research is being conducted should also be obtained before the commencement of the research. For NHS staff projects this also includes HRA and the relevant trust R&D approval.

For full guidance on the procedures relating to ethics procedures please refer to the **Ethics and Research Governance Guide** on Canvas:

Clinical Community Resources/Research Guidance and Information.

***D4.7 Summative Evaluation***

The following sections provide a brief overview of the three pieces of research work that have to be submitted and passed to meet the requirements of the course. Full guidance for each piece of work can be found on Canvas in Clinical Community Resources/ Research Information and Guidelines.

***D 4.7.1 Year 4: Clinical Literature Review (CLR)***

***Aim:*** To write a focused literature review that is based on a question that has arisen from a specific case or clinical issue encountered or observed on placement. This outcome is intended to develop skills in synthesising and integrating theoretical information, research literature and clinical issues which can be built upon in the large scale research project. The question should be psychologically based and relate to what is relevant to a clinical practitioner.

For full guidance on the procedures relating to the CLR please refer to the

**Clinical Literature Review Guide** on Canvas:

Clinical Community Resources/Research Guidance and Information

***D 4.7.2 Year 5: Small Scale Project (SSP, placement based)***

**Aim:**  To carry out a small scale study on either the community placement or clinical placement in year 4. Questions for evaluation should be relevant to the setting where the placement is based and should assist the placement supervisor in their contribution to enhancing the practice of clinical psychology in their work place.

The project is completed in Year 4 and handed in during year 5.

The SSP is seen as a way of contributing in a practical way to the evidence base within the NHS or community placement. Agreements to embark on a study are made within placement contracting and review procedures, managed by the trainees’ clinical tutor.

The overall aim of the SSP is to allow development of competencies for evaluation of questions such as “Does this service reach a predetermined standard?” (clinical audit) or “What standard does this service achieve?” (service evaluation) rather than those related to generating new knowledge (research).

SSP’s can encompass a range of methods, models and/or skills that commonly have an evaluation aspect e.g. evaluation of client satisfaction. Research Ethics Committee (REC) approval should not be required as SSP’s are clinical audit or service evaluation and constitute an extension of good clinical practice rather than aiming to generate generalizable new knowledge.

Additional Practical Information:

* A ‘rolling programme’ of SSP’s can be used within clinical services that routinely take trainees.
* If there is difficulty in finding a suitable project on placement the research Co-ordinator should be contacted to review potential other projects available on other placements or in the course.
* Commissioned projects can be offered to trainees, if there is the requirement and this is acceptable to the trainee.
* Time to discuss the SSP should be scheduled within formal supervision time to allow review and feedback.
* A timescale should be agreed with the service in which the study is undertaken to agree when it will be completed and findings fed back.

For full guidance on the procedures relating to ethics procedures please refer to the **Small Scale Project Guide** on Canvas:

Clinical Community Resources/Research Guidance and Information

***D 4.7.3 Year 6: Research Portfolio Thesis***

Clinical psychology training in the UK is based on a core competency model. A key competency is the ability to write publishable papers in peer-reviewed journals. This assesses the trainees’ ability to think clearly and to focus and distil research findings in order to contribute as part of the scientific community.

For the Portfolio Thesis requirement of the Course, trainees are required to submit two papers in publishable format. The first paper is a systematic review paper in which trainees are expected to review an area of clinical psychology to which their main research project is related. A detailed guideline of the systematic review is given in the **Portfolio Thesis Guide** (Section 3). The second paper is an empirical paper based on the candidate’s research project and is written in the format ready to submit to one of the major journals of clinical or health psychology (see Portfolio Thesis Guide, Section 2). Any secondary details or analyses are submitted as appendices.

The Hull Clin PsyD Portfolio Thesis is expected to achieve the standard of a PhD in the following areas:

Quality of conceptual thinking

Development of arguments

Logical writing style

Design and Methodology

Quality and understanding of analysis

Interpretation of data and generation of logical well argued discussion and conclusions

Contribution to new knowledge or further areas for research

The work should be the trainee's own contribution to the development of knowledge

The Clin PsyD is different from a PhD in terms of the following areas:

The Clin PsyD must address an area of new psychological knowledge that is directly related to the practice of clinical psychology

Time allowed for execution and data collection (PhD = minimum 3 years; Clin PsyD = minimum of 0.33 over 3 years)

Length (PhD = word maximum 100,000; Clin PsyD = word maximum determined by guidelines of journal to which you are planning to submit).

**Portfolio Thesis Marking Scheme**

The Portfolio Thesis is graded pass or fail.

*VIVA (*Seedocumentationfor further information).

The viva takes place in September of Year 6. It is an oral examination of the Portfolio Thesis, during which an external examiner (an academic clinical psychologist from a different course) and an internal examiner (a member of the academic staff who is not the trainee’s supervisor) will critically appraise the thesis and ask questions about the research. Trainees may request that their supervisor attends as an observer. The viva may last up to one hour.

The examiners may make one of the following recommendations:

a. award the degree

b. award the degree subject to minor corrections which should be to the satisfaction of the internal examiner and completed within three months

c. award the degree subject to amendments made to the satisfaction of the internal examiner and completed within six months

d. referred and permitted to submit, on one occasion only, a revised research project report for a second oral examination, without further research

e. referred and permitted to submit, on one occasion only, a revised research project report for a second oral examination, after further research

h. fail

After the oral examination and according to criteria a) and b) above, trainees are required to amend (if necessary), and following approval by the internal examiner, submit to the Graduate School two unbound copies of the thesis which will then be hard bound and retained by the University before the degree can be awarded. This is a formal requirement, before a degree can be conferred.

* ***Trainees are expected to submit one copy of their thesis (hardcopy or e-copy) to their Academic Research Supervisor. They are also required to hand in research data (e.g. via e-mail attachment). Please note that research data belongs to the University and the NHS Trust that has employed trainees on the Course. The Course has the right to utilise research data if it is unused 6 months after submission of thesis.***

***D4.8 Study Leave***

Year 6 trainees are allowed to take a total of up to ten placement days study leave in the run up to submission of their thesis. Study leave should only be taken in negotiation with the trainee’s placement supervisor/s but can be taken as individual days or as consecutive blocks of days.

Research leave consists of 10 days in total to take flexibly, with your supervisor’s approval. Up to 6 days can be taken from the beginning of the first placement to the end of first placement in year 6 and up to 6 days from the second placement start date until thesis hand-in. The same split of days applies to trainees on a long-thin placement also. So up to 6 days can be taken up to the end of March and then up to 6 days after, but with a maximum of 10 days overall.

For those on long thin placements they should be sensible and try not to take days off from their 1 day/week placement where possible- especially if this falls on a Monday.

One Study leave form (available on Canvas /Clinical Community/ Trainee Forms) needs to be submitted for each day or series of days you take and handed to Beverley Leak who will keep a record of the days taken.

***D4.9 Post Portfolio Thesis Submission***

Following Portfolio Thesis submission, trainees may in negotiation with their placement and research supervisor take time off placement towards completing corrections/amendments to their thesis, writing and/or refining research papers for publication, dissemination of research findings.

For full guidance on the procedures relating to the Portfolio Thesis please refer to the **Portfolio Thesis Guide** on Canvas:

Clinical Community Resources/Research Guidance and Information

**D4.10 Formative Evaluation**

These evaluations are not formally ‘graded’ and therefore are not ‘passed’ or ‘failed’. They are reviewed by course staff and feedback given to assist trainees with on-going development of competencies. Additionally, formative feedback serves to assist the trainee in developing their research study and written output to a standard sufficient for doctoral level.

***Trainees must adhere to hand-in deadlines for formative work. Failure to meet the deadlines will lead to delays in feedback and the trainee being behind on the research schedule.***

The following are required research programme components that are formatively marked:

***Research Proposal 1****:* this is submitted in February of Year 4, following a Research Fair during which course staff and NHS colleagues share research interests and possible project ideas. The main purpose of Research Proposal 1 is to encourage trainees to start to put research thoughts on paper and therefore make more concrete initial research ideas. Trainees are also encouraged to start reading around their proposed project area.

**Research Proposal 2**: this is submitted any time between Research Proposal 1 and July of Year 4 following formal pairing of trainees with Research Supervisors. Its main purpose is to formally review the literature base relevant to the research area, to develop a clear rationale and produce a project feasibility statement together with consideration of a potential systematic literature review area.

**Research Presentation (RP3):** this consists of the formal presentation of the research proposal to staff and peers. It allows for development of ideas, enhancement of critical thinking and provides extensive feedback to assist in further development of the research proposal. This presentation should focus on proposed methodology.

**Final research proposal (RP4):** this is the basis of the doctoral research project and is subject to peer review. It is a requirement of the REC application process.

**Research Conferences:** Trainees present their research at a joint conference with the Leeds and Sheffield clinical psychology courses shortly before the vivas in July of their final year. Traineesdisseminate research in verbal and written form. Field supervisors, NHS colleagues and colleagues from other Academic Departments are invited to this conference.

The purpose of the conference is dissemination, which is a key competency and ethical requirement in NHS research and development. It aims to help prepare the trainee for research presentation at professional conferences in the future. In addition it allows the opportunity to verbalise their ideas before formal viva examination. Trainees are required to present using outline slides: background, aims, methodology and main findings. Posters are prepared in standardised format and a template is provided to trainees. Guidance is given by the Research Co-ordinator prior to the conference.

In September a second conference is held within the course which is aimed at disseminating the research findings to a knowledgeable but mixed audience not necessarily entirely comprising delegates with an academic background. This conference will include invited service user and research participants and the aim again is to demonstrate the ability to disseminate findings and in a manner that is appropriate for the audience.

**Other tasks**:In addition to the research conferences, trainees are encouraged to consider the following dissemination activities:

Reviewing with their NHS or Community Placement supervisor whether their SSP needs wider dissemination and working out a plan to achieve this.

Submitting conference papers with or without published abstracts, submitting posters at national and international conferences

Submitting papers from Research Portfolio. Trainees are expected to submit the articles from their research portfolio for publication before they leave the course.

Providing presentations and written feedback to staff participants and other relevant groups, who may have supported the research in the field.

**D5 Summary of Research Programme Requirements**

Exact dates are available on the Course deadlines and exam timetable

|  |  |  |  |
| --- | --- | --- | --- |
| **Coursework** | **Hand-In** | **Assessment** | **Feedback Due** |
| ***Year 4*** |  |  |  |
| Attend Research Fair | December | / | / |
| SSP Proposal | March | Formative | February |
| RP 1 | March | Formative | April |
| CLR | April | Summative | June |
| RP 2 | July | Formative | August |
| ***Year 5*** |  |  |  |
| Research presentation | October | Formative | / |
| SSP submission | January | Summative | March |
| Final research proposal | December | Formative | January |
| Ethics and R&D application | January – April\* | / | / |
| ***Year 6*** |  |  |  |
| Present poster of research to date at Research fair | December |  |  |
| Portfolio Thesis | 1st week June | Summative | / |
| Research Conference | July & September | Formative | / |
| Viva | July | Summative | / |
| ***\* Trainees must submit applications for ethical approval by April of year 5 to ensure adequate time for data collection, analysis etc.*** | | | |

**D6. Practical Advice and Guidance**

The aim of this section is to provide practical advice to trainees on the research process throughout the 3 years of the course.

**Year 4**

* Arrange to meet early with any of the course staff who act as Academic Research Supervisors to discuss ideas and potential research topics.
* Trainees may also wish to contact clinicians in the field who may be able to assist in developing research ideas further.

***Trainees are advised to stay within the course research themes in their contact with clinicians. They are also advised that they should not agree a project with a clinician outside of the course without consulting with a member of course staff first. Similarly, research proposal 1 should not be written solely on the basis of discussion with clinicians. A member of course staff must be consulted about the suitability of the proposed project before research proposal 1 is written.***

* Trainees can access copies of past trainee research theses via the library or the Course secretary.
* Trainees are encouraged to discuss potential ideas with current trainees, including ideas arising from current trainee research projects
* Research ideas may arise following attendance at the Research Fair, held in December of Year 4 where staff and NHS clinicians are available to present on research areas, discuss ideas etc.
* Focus thinking around a topic related to an investigation of human participants in a clinically relevant situation. This may include a wide variety of methods from group to single cases, from experimental studies to structured surveys. Service oriented topics are welcomed as are more fundamental and experimental studies. **All research topics must be theoretically grounded and clinically relevant.**
* Begin searching and reviewing relevant literature as soon as possible to culminate in Research Proposal 2, hand-in by July Year 4.

**Year 5**

Early in Year 5, trainees and Academic Research Supervisors should begin work on developing the final Research Proposal .

Trainees should be proactive in arranging times with academic supervisors and where relevant, field supervisors.

Pay attention to time and facility constraints and apply conservative estimates to the issue of participant recruitment.

Investigate REC processes and do not delay applying.

It is vital and imperative that HRA/R&D/Trust approval for the research project is also granted which also can cause delays.

***Trainees should note that honorary contracts or letters of access are required for any research undertaken outside of the employing NHS Trust i.e. Humber NHS Foundation Trust. Application for these can take up to 12 weeks as additional Criminal Record Bureau checks and clearance may be required. This additional time needs to be considered in overall research project planning.***

Trainees are advised to spend time in the clinical service within which they intend to conduct their research to build relationships with staff and to meet informally with the client group.

**Year 6**

Arrange appointments for statistical input and advice for data analysis; organise peer group supervision for qualitative data if required.

Establish a clear time plan for submission of review of draft components of the Portfolio Thesis with Academic Research Supervisor.

Miscellaneous

**Photocopying and Inter Library Loans -** all photocopying expenditure should be incorporated in the ‘costings’ section of the Final Research Proposal and be covered by trainees’ research allowance.

Each trainee has a University based allowance for inter-library loans, currently 12 per academic year (1 August-31July).

**Feasibility issues -** feasibility of obtaining access to participants must be carefully considered and is a major issue when considering a project. Trainees can evaluate this with field and academic research supervisors, and for example base this on an analysis of ‘case patterns over the past year for the experimental group’. Trainees should then consider these estimates carefully applying highly conservative principles to recruitment potential. Advice must be sought from the course statistician, on basic issues such as identifying real versus random change; power calculations; controlling general versus specific variables and identifying alternative competing hypotheses which are central to appropriate methodology.

***Advice to Trainees - Cautionary notes and tips***

Getting started will take at least as long as the data collection

The number of available subjects will be one-tenth of your first estimate

Completion of the project will take twice as long as your last estimate and three times as long as your first estimate

A research project will change twice in the middle

The help provided by other people has a half-life of two weeks

The tedium of research is directly proportional to its objectivity

The effort of writing up is an exponential function of the time since the data were collected

Taken with permission from Ray Hodgson and Steve Rollnick 1996

A Quote from a previous trainee:

*‘When the going gets tough get organised - use a timetable, set goals and make a list’.*

**Professional Etiquette (Clinical Setting) -** a summary of the thesis should be prepared or discussed with those who have provided facilities in the clinical setting post submission. This debriefing could occur in a variety of ways, depending on the people who have been involved in the project -advice can be sought from Academic and Field Research Supervisors.

**Professional Etiquette (Academic Setting)** all publications resulting from doctoral research undertaken within the Course should be co-authored by your Academic Research Supervisor (and also Field Research Supervisor[s] where appropriate).

Trainees are advised to discuss authorship and choice of journal with their Academic and Field Research Supervisors early in the research supervisory process.

***Trainees are advised that the Course can publish doctoral research independently if trainees have not submitted within six months following Course completion.***

**D7. Guidelines for home visits for data collection purposes**

Trainees should follow the Faculty of Health Sciences Postgraduate Research Student Lone Worker Policy when collecting data alone in private premises. This can be found on Canvas: clinical community/resources/research information and guidelines/ portfolio thesis.

# SECTION E – TRAINEE SUPPORT SYSTEMS

There are a range of support systems available to trainees. These are outlined below. More information about support systems can be found in the clinical community section on CANVAS, under Trainee Support documents. If you have any queries or comments about this part of the handbook please contact:

Trainee Support Co-ordinator

Dr Annette Schlösser A.Schlösser@hull.ac.uk

## E1. Confidentiality within the support systems

Professional standards of confidentiality and conduct apply on the part of clinical tutors, personal tutors, clinical supervisors and mentors. The limits on confidentiality will be discussed with trainees, early in each of these relationships / processes, by the individuals concerned. Matters may emerge which potentially affect the trainee’s progress on the programme or their well-being. Such information will be shared within the programme staff team on a ‘need to know’ basis.

## E2. Year group tutor

Each year group is assigned a member of staff who acts as their tutor for one academic year. The year group tutor is the point of contact for the year group for any issues relating to training. The role of the year group tutor is to facilitate discussion within the group and to help the group decide how they want to address any key issues. Year group tutor meetings are routinely held once each semester but trainees can request additional meetings if necessary.

## E3. The Clinical Tutor Role and Support on Placement

Fourth year trainees will be allocated a clinical tutor, a member of Course staff, who should be their first contact point on the Course in relation to any placement related issues that arise. Their clinical tutor will be present at placement review meetings throughout the three years of training. It is anticipated that trainees will keep their initial clinical tutor throughout their training, although this cannot be guaranteed.

Trainees should feel able to raise a range of issues with their practice supervisors within supervision, including personal issues that may be impacting on work performance on placement.

## E4.Personal Tutor

All trainees are assigned to a personal tutor at the start of their training. This is the member of staff who will follow trainees through their training and will know about their progress and difficulties on the three main strands of the programme – academic, practice and research – together with any personal difficulties. Generally speaking the personal tutor is the first person to go to with general course difficulties or personal issues. It is usual that as a minimum the personal tutor and trainee will meet once per semester. The personal tutor will also carry out appraisals for their tutees in Years 4, 5 & 6. More detailed information about the personal tutor system is given in the clinical community section on CANVAS, under Trainee Support.

## E5. Mentor System

The mentor system is designed to provide trainees with the opportunity to discuss personal and professional issues with an experienced clinical psychologist who is not a member of course staff. The mentor system may be used if a trainee wants to reflect on issues relating to the course or to their own personal and professional development with someone outside the course.

There is a small team of mentors who are experienced clinical psychologists who have volunteered to act in this role. They are not members of the course staff. Often they are placement supervisors but if a trainee requests to see a mentor they will not be allocated to someone who is a past or present supervisor. The mentor will not be involved in an evaluative role with the trainee. The mentor team is co-ordinated by the mentor link who is not a member of the course staff. Trainees can ask for a mentor at any time throughout training. See trainee support in the clinical community section on CANVAS for more information. If you would like to meet with a mentor or if you have any queries about the mentor system then please contact our mentor link Dr Paul Duggan on [Paul.Duggan1@hse.ie](mailto:Paul.Duggan1@hse.ie)

## E6. Peer/Buddy Support

The programme encourages peer support and the ‘Buddy’ system has been put in place to structure this. The Buddy System involves the pairing of two trainees for the purposes of providing informal peer support. The buddy system is organised by the trainee support representatives. They allocate buddies and organise a “buddy bonding” event normally during week 1 of teaching to introduce the system to new trainees. Fourth year trainees are buddied by 5th year trainees, who are in turn buddied by 6th year trainees. Buddies are there to provide support, information and advice (i.e. initial link and sounding board) for course issues relating to academic, clinical, research and administrative matters. Buddies can provide help on where to go should further advice and support be required. For more information on the buddy system see the ‘buddy support guidelines’ in the trainee support section on CANVAS.

## E7. Formal Therapeutic Support

Most trainees find training personally challenging. Sometimes issues raised by clients can touch something personally for a trainee. Sometimes trainees simply reach a point in their lives when they would like to find out more about themselves and do some personal development work. Generally trainees find that personal therapy, although hard at times, is helpful for them as clinicians. The course does not fund personal therapy but is very supportive of trainees who wish to pursue this. Further information on finding a therapist is given in the trainee support booklet.

If a trainee requests or is considered to be in need of psychological or psychiatric intervention this can be facilitated either locally or outside of the Humber area if this is requested by the trainee. Help can be arranged through the trainee’s general practitioner or the Humber Trust occupational health department. If necessary the programme director can facilitate the liaison. There are also other routes for formal support available within the university, such as the student wellbeing service.

## E8. Managing Emotional Responses within Teaching Sessions

Course teaching can involve the presentation of material that trainees may find distressing. It also encourages trainees to reflect on personal experiences that may have an emotional impact on them. Furthermore, trainees attending teaching sessions may also be struggling with personal issues that trigger upset unexpectedly. It is inevitable that the very nature of clinical psychology training will involve exposure to distressing material and learning to manage these inevitable potential emotional responses and learning effective strategies for self-care are an integral part of clinical psychology training. The Academic team have produced guidelines for trainees and teaching staff to help them work together to ensure emotional responses remain as manageable as possible. For more information on this see the ‘guidelines for managing emotional responses within teaching sessions’ in the trainee support section on CANVAS.

## E9. Trainee Support Sub-committee

The trainee support sub-committee meets at least once per semester and has the role of monitoring support systems. The committee consists of the three trainee support year representatives, two members of the programme team, the Programme Manager and the mentor link. Feedback on trainee support systems is routinely collected annually via anonymous feedback forms and is considered at the support sub-committee. Dr Annette Schlösser is chair of this committee.