

# **Supervisor Handbook**

**2018**

**UNIVERSITY OF ESSEX**

**DOCTORATE IN CLINICAL PSYCHOLOGY (DClinPsych)**

## Table of Contents

<b>SECTION 1. INTRODUCTION.....</b>	<b>7</b>
<b>TABLE 1. CORE PROGRAMME TEAM .....</b>	<b>7</b>
1.1. QUICK GUIDE TO PLACEMENT STANDARDS AND PROCESSES.....	7
<b>TABLE 2. CORE PROGRAMME TEAM .....</b>	<b>7</b>
<b>SECTION 2. PROGRAMME OVERVIEW .....</b>	<b>10</b>
2.1. INTRODUCTION.....	10
2.2. THE PROGRAMME IN CONTEXT .....	10
2.2.1. <i>Programme philosophy and values</i> .....	10
2.2.2. <i>The University Values</i> .....	10
2.2.3. <i>North Essex Partnership NHS Foundation Trust and other services</i> .....	10
2.2.4. <i>Statutory, regulatory and professional context</i> .....	10
<b>TABLE 4. KEY HCPC DOCUMENTATION.....</b>	<b>11</b>
<b>TABLE 5. SELECTED BPS DOCUMENTATION.....</b>	<b>11</b>
HTTP://WWW.ESSEX.AC.UK/HHS/PLACEMENTS/CP/DEFAULT.ASPX.....	11
2.3. PROGRAMME PHILOSOPHY AND VALUES .....	11
2.4. AIMS AND OBJECTIVES OF THE PROGRAMME .....	12
LEARNING OUTCOMES .....	13
2.5. PROGRAMME STRUCTURE .....	13
2.5.1. <i>Introduction</i> .....	13
2.5.2. <i>Academic Component</i> .....	13
2.5.3. <i>Clinical Component</i> .....	13
2.5.4. <i>Research Component</i> .....	14
2.6. TRAINEE DEVELOPMENT AND SUPPORT.....	14
2.6.1. <i>Introduction</i> .....	14
2.6.2. <i>University of Essex Student Support Services</i> .....	14
2.6.3. <i>Supporting Trainees with Disabilities</i> .....	14
2.6.4. <i>Personal Tutor</i> .....	15
2.6.5. <i>Year Tutor</i> .....	15
2.6.6. <i>Supervisors on Placement</i> .....	15
2.6.7. <i>Buddy System</i> .....	15
2.6.8. <i>The Reflective Practitioner Group</i> .....	15
2.6.9. <i>Consultation and personal therapy services</i> .....	15
2.6.10. <i>Support for attendance of short courses, workshops and conferences</i> .....	15
<b>SECTION 3. GUIDANCE FOR PLACEMENT SUPERVISION .....</b>	<b>16</b>
3.1. <i>Overview of the Placement Structure</i> .....	16
3.2. <i>Availability and Allocation of Placements</i> .....	16
3.3. <i>Monitoring of Placements</i> .....	17
3.3.1. <i>Placement Contract</i> .....	17
3.3.2. <i>Mid Placement Review (MPR) Procedure</i> .....	17
3.4. <i>Assessment of Trainee Performance</i> .....	17
3.5. <i>Guidance on Trainee Development of Clinical Competences</i> .....	18
3.6. <i>Placement Monitoring and Audit Forms</i> .....	20
3.7. <i>Risk of / Actual Placement Failure</i> .....	21
3.8. <i>Clinical Supervision</i> .....	21
3.9. <i>Supervisors Workshops and Meetings</i> .....	22
3.10. <i>Clinical placement practicalities</i> .....	22
3.11. <i>Advice and Support</i> .....	24
3.12. <i>Insurance, Liability and Court Reports</i> .....	24
3.13. <i>Health and Personal Safety at Work</i> .....	24
<b>SECTION 4. ACADEMIC ASSIGNMENTS AND RESEARCH INFORMATION .....</b>	<b>26</b>
<b>SECTION 5. EMPLOYMENT AND ADMINISTRATION.....</b>	<b>27</b>
5.1. <i>Employment Contracts</i> .....	27
5.2. <i>Salary</i> .....	27

5.3.	<i>Employment Guidelines</i> .....	27
5.3.1.	<i>Attendance</i> .....	27
5.3.2.	<i>Appraisals</i> .....	27
5.3.3.	<i>Fitness for Duty</i> .....	27
5.3.4.	<i>Health, Safety and Security</i> .....	27
5.3.5.	<i>Unauthorised Use of Computer Equipment</i> .....	27
5.3.6.	<i>Observance of Employment Policies &amp; Procedures</i> .....	27
5.3.7.	<i>Equal Opportunities</i> .....	28
5.4.	PROFESSIONAL MEMBERSHIP .....	28
5.5.	FITNESS TO PRACTISE PROCEDURES AND PROTOCOLS .....	28
5.5.1.	<i>Fitness to practise</i> .....	28
5.5.2.	<i>Overview of fitness to practise processes</i> .....	29
5.5.3.	<i>Guiding Principles</i> .....	29
5.5.4.	<i>Application of Protocol</i> .....	29
<b>FIGURE 1. FITNESS TO PRACTISE PROCESSES AND COMPONENTS</b> .....		<b>31</b>
5.6.	COMPLAINTS PROCEDURES .....	32
5.7.	TRAINEES AND SOCIAL MEDIA .....	32
5.8.	COMPLETION OF THE COURSE AND EMPLOYMENT .....	32
<b>SECTION 6. APPENDICES, FORMS AND ADDITIONAL INFORMATION</b> .....		<b>33</b>
<b>APPENDIX 1 COURSE CALENDAR</b> .....		<b>33</b>
<b>APPENDIX 2 TEMPLATE CLIENT CONSENT FORM</b> .....		<b>34</b>
<b>APPENDIX 3 CASE REPORT CONSENT FORM</b> .....		<b>35</b>
<b>APPENDIX 4 PLACEMENT CONTRACT</b> .....		<b>36</b>
<b>APPENDIX 5 ECC FORMS: SECTION 1-6</b> .....		<b>41</b>
<b>APPENDIX 6 LOGBOOK CAME HERE</b> .....		<b>50</b>
<b>APPENDIX 7 NOTIFICATION OF POTENTIAL FOR PLACEMENT FAILURE (PPF)</b> .....		<b>51</b>
<b>APPENDIX 8 POTENTIAL FOR PLACEMENT FAILURE (PPF) REVIEW FORM</b> .....		<b>52</b>
<b>APPENDIX 9 TRAINEE PLACEMENT AUDIT FORM</b> .....		<b>53</b>
<b>APPENDIX 10 MID PLACEMENT REVIEW SUMMARY FORM</b> .....		<b>56</b>
<b>APPENDIX 11 MAINTAINING CONFIDENTIALITY IN YOUR WORK: CONFIDENTIALITY POLICY OF THE SCHOOL OF HEALTH AND HUMAN SCIENCES</b> .....		<b>57</b>

## Section 1. Introduction

This supervisor handbook provides key information required by supervisors for the successful implementation of clinical placements. Trainees are provided with a programme handbook with additional information and documents available on an online electronic repository called Moodle. Placement related documentation can also be accessed by trainees and supervisors on the University of Essex website at <https://www.essex.ac.uk/departments/health-and-social-care/placements/clinical-psychology-placements>.

Clinical placements are central to the clinical psychology training programme. Placements take up more than half of the total course time and contribute significantly to the assessment that leads to the award of the doctoral degree. If you have any further questions about the contents of this handbook or any other aspects of the course please contact Frances Blumenfeld or one of the staff team. Our details appear in Table 1 below.

**Table 1. Core programme team**

Name	Job Title	Availability	Contact information
Dr Frances Blumenfeld	Programme Director Clinical Lead	Mon, Tue, Wed	<a href="mailto:fblume@essex.ac.uk">fblume@essex.ac.uk</a> ☎ 01206 873125
Dr Danny Taggart	Clinical Tutor Academic Lead	Mon, Tue, Wed, Thu, Friday	<a href="mailto:dtaggart@essex.ac.uk">dtaggart@essex.ac.uk</a> ☎ 01206 874100
Ben Donner	Clinical Tutor 2016 Cohort Year Tutor	Mon, Tue, Fri	<a href="mailto:b.donner@essex.ac.uk">b.donner@essex.ac.uk</a> ☎ 01206 876367
Dr Susan McPherson	Research Tutor Admissions Lead	Mon, Tue, Wed, Thu, Fri	<a href="mailto:smcpher@essex.ac.uk">smcpher@essex.ac.uk</a> ☎ 01206 874143
Dr Alison Spencer	Clinical Tutor 2017 Cohort Year Tutor	Tue	<a href="mailto:as1608@essex.ac.uk">as1608@essex.ac.uk</a> ☎ 01206 873203
Dr Lisa Wood	Clinical Tutor 2015 Cohort Year Tutor	Mon, Tue, Fri AM	<a href="mailto:Ljwoodm@essex.ac.uk">Ljwoodm@essex.ac.uk</a> ☎ 01206 874143
Caroline Shuttleworth	Course Administrator	Mon, Tue, Thu	<a href="mailto:chuxter@essex.ac.uk">chuxter@essex.ac.uk</a> ☎ 01206 873910

### 1.1. Quick guide to placement standards and processes

This quick guide gives a brief outline of the tasks involved in providing a clinical placement and some useful strategies for ensuring that the placement runs smoothly.

#### Prior to the placement

- It is helpful to have your own ideas about preferences and strengths as a supervisor.
- Familiarise yourself with the supervisor handbook and assessment requirements.
- Trainees should contact supervisors prior to the placement to discuss initial plans or particular issues relating to the placement (e.g. planned leave for either trainee or supervisor).
- Review the waiting list to identify suitable clients for the trainee's caseload.
- Identify (in your caseload) ongoing work that the trainee can sit in on and observe.
- Identify opportunities for trainees to observe and develop assessment skills.
- Prepare colleagues and the team within which the trainee will work for the placement.
- Consider the practicalities of the placement and familiarise the trainee with these, for example desk and computer access, tea/coffee provisions, administrative support, record keeping, time keeping etc.
- Arrange and pre-book the trainee into any induction training sessions.
- Pre-book time for the initial placement contract session and regular supervision sessions.

- Identify possible Service related project (SRP) opportunities (especially for 1<sup>st</sup> year trainees).

#### **The Placement**

- Agree a regular supervision time (60-90 minutes per week).
- Complete the placement contract within 2 weeks of the placement starting.
- Trainees should have a clear induction period to familiarise themselves with the service, the team and relevant policies and procedures, in particular in relation to health and safety issues (e.g. challenging clients, home visits etc.).
- Trainees should be engaged in **6-8 pieces** of ongoing direct client work at any point in time, with approximately **12 pieces** of work (including clinical and nonclinical work) over each six-month placement stage. All referrals need to come to the trainee through the supervisor.
- Supervisors should monitor the balance of time spent on different types of placement activity (e.g. direct client work, indirect work, work with another supervisor and organisational work). This balance will vary according to the stage of training and the type of placement. It is important that there is enough work, without the trainee being overburdened.
- Trainees must keep an up-to-date log of all the work they undertake on placement. Supervisors should review the trainee's logbook with them, to identify any areas requiring further development and to plan their workload.
- Monitor the trainee's caseload throughout the placement in order to ensure a range of work is being undertaken to include assessment and intervention work, work with other professionals and individual work, trainee observation of other professionals and of the supervisor, and opportunities to observe the trainee or to listen to recordings of sessions.
- The trainee will discuss with you fairly early on in the placement, to set up a mid-placement review (MPR) with themselves and their clinical tutor.
- If you have any concerns about the trainee at any point during the placements, please do not hesitate to contact the trainee's personal tutor. Their details appear above or they can be reached via the course office on 01206 873910.
- Discuss annual leave dates with the trainee. Please note that the trainee's annual leave whilst on placement must be coordinated with you as their supervisor, unless the time has been approved prior to coming on placement to accommodate an important event.
- Where there are concerns at any point in the placement about the trainee's performance and / or there is a danger of placement failure, the clinical tutor will discuss with the supervisor a plan to address the concerns and record this in 'potential for placement failure' paperwork.

#### **End of Placement**

- Ensure that a suitable end of placement review date has been set up. This is normally conducted between the trainee and the supervisor, but the clinical tutor may be present at this meeting if there were difficulties on placement.
- Complete the end of placement forms (See Appendix 5).
- Review the trainee logbook.
- Review the 'Potential for placement failure' paperwork if applicable.
- Remind the trainee that they need to allow enough time to complete all paperwork.

The table on the next page summarises the major standards and tasks for placements.

**Table 2. Core programme team**

	Pre-placement	Early placement	Mid-placement	End of placement	Throughout
Trainee	<ul style="list-style-type: none"> <li><input type="checkbox"/> Review previous placement(-s) and formulate action plan</li> <li><input type="checkbox"/> Review course guidance</li> <li><input type="checkbox"/> Contact placement supervisor at least 2 weeks prior to placement</li> <li><input type="checkbox"/> Inform supervisor of any personal/professional issues that may impact on placement.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Return complete placement contract</li> <li><input type="checkbox"/> Keep written record of supervision sessions</li> <li><input type="checkbox"/> Use logbook to monitor progress</li> <li><input type="checkbox"/> Discuss progress, caseload, cases, PPD, workload &amp; impact, SRP, CAR &amp; CRP with supervisor</li> <li><input type="checkbox"/> Arrange observation opportunities – supervisor takes lead?</li> <li><input type="checkbox"/> Obtain consent etc. for recording sessions</li> <li><input type="checkbox"/> Monitor workload &amp; impact</li> <li><input type="checkbox"/> Prepare for cases (reading etc.)</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Arrange and participate in MPR</li> <li><input type="checkbox"/> Address any issues identified in MPR</li> <li><input type="checkbox"/> Optional use of “MP” (=mid placement) section on ECC recommended</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Ensure proper closure / handover of cases</li> <li><input type="checkbox"/> Complete any reports / letters etc. requiring completion</li> <li><input type="checkbox"/> Discuss SRP progress if relevant</li> <li><input type="checkbox"/> Provide ECC sections 3 and 4 to staff / service user</li> <li><input type="checkbox"/> Obtain supervisor's signature for any CAR / CPR requirement</li> <li><input type="checkbox"/> Complete ECC section 5 and discuss with supervisor</li> <li><input type="checkbox"/> Complete Trainee Placement Audit</li> </ul>	<p>Responsible for ensuring all paperwork up to date and that supervisor is kept informed of their needs. Take an active role in supervision and own skills development.</p>
Supervisor	<ul style="list-style-type: none"> <li><input type="checkbox"/> Plan trainee induction (to include health and safety, practical and guidance issues)</li> <li><input type="checkbox"/> Arrange access to resources (IT, desk etc.)</li> <li><input type="checkbox"/> Identify suitable pieces of work / referrals / potential service-related project(-s) (SRP)</li> <li><input type="checkbox"/> Plan availability (at least 1 hour formal supervision per week (see guidance) and three hours informal contact time per week.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Ensure completion of placement contract</li> <li><input type="checkbox"/> Discuss cases prior to allocation to trainee</li> <li><input type="checkbox"/> Ensure trainee's induction, access &amp; adherence to policies and procedures</li> <li><input type="checkbox"/> Observe trainee at least twice (directly / indirectly via recording)</li> <li><input type="checkbox"/> supervisor make themselves available to be observed too.</li> <li><input type="checkbox"/> Keep written record of supervision</li> <li><input type="checkbox"/> Refer to logbook / ECC forms to monitor development of core competencies</li> <li><input type="checkbox"/> Discuss progress, caseload, cases, PPD, workload &amp; impact, SRP, CAR &amp; CPR with trainee</li> <li><input type="checkbox"/> Suggest literature etc. supporting practice</li> <li><input type="checkbox"/> Monitor notes / communication (written etc.)</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Participate in MPR</li> <li><input type="checkbox"/> Address any issues identified in MPR</li> <li><input type="checkbox"/> Optional use of “MP” (=mid placement) section on ECC recommended</li> <li><input type="checkbox"/> Raise any concerns re. patient failure using PPF form if required</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Ensure proper closure / handover of cases</li> <li><input type="checkbox"/> Review any reports / letters requiring completion</li> <li><input type="checkbox"/> Discuss SRP progress etc. if relevant</li> <li><input type="checkbox"/> Complete ECC sections 1,2 and facilitate completion of sections 3 &amp; 4.</li> </ul>	<p>Take a lead in ensuring trainee has access to clinical work, supervision and appropriate support.</p>

Placement	<p>Provides Access to:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> (Shared) office, desk and clinical space (and parking if possible)</li> <li><input type="checkbox"/> Phone, IT (and photocopier)</li> <li><input type="checkbox"/> Administrative support &amp; secure filing</li> <li><input type="checkbox"/> Psychological tests &amp; resources</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Integration into multidisciplinary team</li> <li><input type="checkbox"/> Observation opportunities</li> <li><input type="checkbox"/> Learning / teaching / research opportunities where appropriate</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> MPR</li> <li><input type="checkbox"/> Address any issues identified in MPR (e.g. opportunities for teaching etc. as appropriate)</li> </ul>		
Course		<ul style="list-style-type: none"> <li> Placement contract received by course team within 2 weeks of placement start</li> </ul>	<ul style="list-style-type: none"> <li> MPR Summary within 2 weeks</li> <li> PPF / PPF Review in case of Potential for Placement Failure</li> </ul>	<ul style="list-style-type: none"> <li> Trainee Placement audit</li> <li> ECC sections 1-6</li> <li> Feed into audit database</li> </ul>	
UE Personal Tutor	<ul style="list-style-type: none"> <li><input type="checkbox"/> Review placement database</li> <li><input type="checkbox"/> Allocate placements</li> <li><input type="checkbox"/> At least 2 weeks prior to placement:</li> </ul> <p>Arrange initial placement meeting (IPM) for new supervisors.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Review completed placement contract</li> <li><input type="checkbox"/> Contact supervisor &amp; trainee within 1 month to discuss contract / any issues</li> <li><input type="checkbox"/> Facilitate SRP planning if relevant</li> <li><input type="checkbox"/> Arrange Mid-placement Review</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Facilitate Mid Placement Review (MPR)</li> <li><input type="checkbox"/> Share written summary of MPR within 2 weeks with supervisor and trainee</li> <li><input type="checkbox"/> Monitor SPR progress (if relevant)</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Discuss ECC sections 1-5 with trainee (and with supervisor if required) and review all ECC forms on submission</li> <li><input type="checkbox"/> Complete ECC section 6 based on ALL available information</li> </ul>	<p>Main point of contact for trainee and supervisor for any issues arising.</p>

**Table 3. Summary of placement monitoring forms**

**All forms to be completed and submitted every 6 months (i.e. at the end of a placement or halfway through a year-long placement).**

<b>Form</b>	<b>Comments</b>	<b>Completed / Signed by:</b>
<b>ECC Section 1: Placement Supervisor Summary Report</b>	The supervisor completes this overall summary of the trainee's competencies as developed in the course of the placement.	Trainee, supervisor and course tutor.
<b>ECC Section 2: Placement Supervisor Rating of Competencies</b>	Section 2a asks for qualitative feedback from the supervisor and section 2b asks for ratings of competency level. Trainees value qualitative feedback and can assist their supervisors in typing any such comments on their final ECC forms.	Trainee, supervisor and course tutor.
<b>ECC Section 3: Client / Carer Feedback Form</b>	This form needs to be given to a client/carer whom the trainee has worked with on the placement, to complete. It must be returned with the rest of the ECC forms. Note that these forms should always be completed and that trainees can ask more than one client or carer to provide such feedback. Again, trainees should invite qualitative feedback from clients and carers.	No one
<b>ECC Section 4: Interdisciplinary Evaluation Form</b>	The trainee needs to give this form to another professional (non-psychologist whenever possible) from their placement to complete. It must be returned with the rest of the ECC forms.	No one
<b>ECC Section 5: Self-Appraisal by Trainee</b>	This form provides the trainee with an opportunity to reflect on the placement and the accompanying feedback. It is returned with the rest of the ECC paperwork.	Trainee and course tutor.
<b>ECC Section 6: Confidential Report</b>	This form is completed by the relevant course tutor, in liaison with the course team. It can only be completed once all ECC forms (sections 1-5) and clinical logs have been returned and reviewed. The clinical team has the final authority for determining the final grade of the placement, based on a supervisor's recommendations. This form summarises that final outcome, for ratification at the next Exam Board.	Course tutor
<b>Trainee Placement Audit Form</b>	Summarises trainee's feedback on different aspects of the placement. This information is used for the course's annual audit of placements.	Trainee.
<b>Trainee Caseload tracker and placement log</b>	Trainees have an excel workbook in which the document all placement activity across their training. This electronic database on placement activity also logs supervision sessions and provides an at-a-glance summary of the nature of all placement activity. We recommend that trainees periodically review their workload and placement activity using this electronic log.	Trainee.



## Section 2. Programme Overview

### 2.1 Introduction

The University of Essex Doctorate in Clinical Psychology commenced in October 2005 and was developed in partnership with commissioners from the East of England Strategic Health Authority, the University of Essex, the Tavistock and Portman NHS Foundation Trust, and NHS Trusts based in the Essex region.

### 2.2 The programme in context

#### 2.2.1. Programme philosophy and values

The School of Health and Social Care (SHSC) is committed to embedding the NHS Constitution values (which are reflected in the University values) and behaviour into all we do. There is recognition that not all students and staff will work within the NHS, however these values are applicable to many areas of work and activities.

The aspiration for those within SHSC to involve students, patients, service users, carers and NHS /non NHS professionals in the delivery of all programmes should be the norm. All staff within SHSC will demonstrate respect for persons; property and life choices and students are expected to do the same. All staff have a commitment to excellence in education and teaching which invites and acts on student and our partners' feedback. We expect high levels of professionalism from staff and students at all times. The full NHS England Constitution can be viewed at:

<https://www.gov.uk/government/publications/the-nhs-constitution-for-england>

#### 2.2.2. The University Values

The university strategy requires that the stated behaviours and values of the university are exhibited throughout the training programme – these values are similar to the guiding NHS constitution values.

The full Strategy can be viewed at: <http://www.essex.ac.uk/about/strategy/documents/strategic-plan.pdf>

#### 2.2.3. Essex Partnership University NHS Trust and other services

Trainees on the DClinPsych programme are employed by Essex Partnership University NHS Foundation Trust (EPUT) – the host trust – which also provides professional line management. Trainees may be on clinical placements within EPUT or within other organisations and Trusts. There is a schedule two agreement between the University and the local trusts that means honorary contracts are not needed for frequently used placements. Less frequently used / out of area placements may still require an honorary contract.

#### 2.2.4. Statutory, regulatory and professional context

As with other doctoral training courses in clinical psychology in the UK, the University of Essex Doctorate in Clinical Psychology is **approved by the Health and Care Professions Council (HCPC)**, the statutory regulator for practitioner psychologists in the UK. As such, the course is required to demonstrate how the training programme enables trainees to meet the Standards of Proficiency (SOP's) for Clinical Psychology. Additionally, the training programme has to demonstrate how it meets the Standards for Education and Training (SET's) set out by the HCPC. This training programme was successfully approved by the HCPC in 2011. It is legally required 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. Successful completion of the course confers eligibility to apply for registration with the HCPC as clinical psychologist. In addition to this handbook, trainees are required to be familiar with information provided on the HCPC-website ([www.HCPC-uk.org](http://www.HCPC-uk.org)). Trainees are provided with key HCPC documents, updates and links to such documents throughout training. Trainees need to familiarise themselves with / comply with the following key HCPC-documents:

**Table 4. Key HCPC documentation**

Documents
Guidance on ethics and conduct and ethics for students
Guidance on health and character
Confidentiality – guidance for registrants
Managing Fitness to practise
Continuous professional development and your registration
Your guide to our standards for continuing professional development
Standards of proficiency – Practitioner Psychologists

The programme is **accredited by the British Psychological Society (BPS)**, the professional body responsible for developing and supporting the discipline of psychology and disseminating psychological knowledge to the public and policy makers. The programme was successfully re-accredited by the BPS in the course of 2011. The BPS is the key professional body for psychology and psychologists, with numerous benefits of membership. 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 full membership of the Division of Clinical Psychology. Trainees need to be familiar with a number of BPS documents. Detailed listings and links to such documents appear in the Module guides. Trainees are provided with a full list of references to key BPS documentation in the course of their training. Selected BPS documentation include:

**Table 5. Selected BPS documentation**

Documents
Generic professional practice guidelines
Record Keeping: Guidance on good practice
Accreditation through partnership – see <b>Error! Reference source not found.</b>
Code of Ethics and conduct
Good Practice Guidelines for UK Clinical Psychology Training Providers
Training and consolidation of clinical practice in relation to:
<ul style="list-style-type: none"> <li>• Children and young people</li> <li>• Older People</li> <li>• People with Learning Disabilities</li> <li>• Forensic clinical psychology</li> </ul>

Please note that additional materials and resources are made available on our placement web page:

<https://www.essex.ac.uk/departments/health-and-social-care/placements/clinical-psychology-placements>.

### 1.1. Programme philosophy and values

Our Programme has a number of distinctive features:

- As a programme with a relatively small number of trainees in each cohort, the programme offers trainees the opportunity to work very closely with the programme team and with one another. Such close working relationships, combined with robust and holistic support systems for trainees' personal and professional development, provide an optimal training experience and foundation for trainees' career-long personal and professional development.
- The programme is particularly well integrated with local research and clinical networks. Clinicians working in the region (and often within EPUT) contribute directly to the course through teaching, supervision (on placements and as field research supervisors) and other aspects of the programme. This close collaboration provides many opportunities for ensuring strong theory-practice integration through a training programme that provides strong support for concurrent supervised clinical practice on placements.
- The programme is grounded in an integrative approach to therapeutic approaches. The link with the Tavistock further contributes to the integrative nature of the course and contributes to the research and clinical excellence of the course.
- The programme aims to hone the critical and reflective competencies of trainees and to produce competent clinicians who are able to function as autonomous applied psychologists / scientist-practitioners in a fast-changing health service context. We provide learning

opportunities for developing flexibility, leadership skills and reflective practice that are required to meet the challenges faced by the profession of clinical psychology and by health services.

The programme is further underpinned by the following values and principles:

- Training is a collaborative enterprise that can only succeed with the involvement, input and consultation of all stakeholders including trainees, clients, carers, NHS services and Trusts, local clinicians and professional / regulatory bodies. The programme continues to develop ways of including all stakeholders in the on-going development of the programme in order to remain grounded in and responsive to local mental health needs.
- The training programme equips trainee clinical psychologists with the full set of competencies required of clinical psychologists by the HCPC and the BPS. However, the competent clinical psychologist is more than the sum total of a number of competencies; throughout, the reflective and integrative focus of the course enables trainees to develop all competencies required of clinical psychologists but also to develop meta-competencies required for reflective, integrative, ethical, autonomous research and evidence-based practice.
- As an integrative course, the programme does not focus narrowly on any particular model or approach, instead drawing on a number of different models and approaches including behavioural, cognitive-behavioural, psychodynamic, systemic and integrative approaches alongside developmental, socio-political, critical and other perspectives.
- The programme equips trainees to apply psychological knowledge and theory to research and practice in the service of reducing psychological distress and promoting / enhancing psychological wellbeing.
- Trainees are adult learners and junior colleagues who co-contribute to the overall training programme and one another's training experience. The programme team places a premium on clear communication and consultation in decision making; incorporating the views of trainees, service users and other stakeholders in the effective delivery of the training programme.
- The programme is committed to recognising, accommodating and embracing diversity. This is reflected in the recruitment / selection of trainees and throughout the training, which emphasises the importance of developing cultural and diversity-related competence in research and clinical practice.
- The programme places a premium on developing trainees' engagement in all aspects of training and fostering trainees' responsiveness to their clients and colleagues. It is imperative that trainees demonstrate an active learning style, characterised by taking responsibility for their own learning. The University of Essex Doctorate in Clinical Psychology Programme further develops trainees' capacity for critical reflection, openness and curiosity and capacity to demonstrate interest and passion for clinical psychology practice.

#### **2.4. Aims and objectives of the programme**

The programme has the following aims (as stated in the programme specification):

- To provide training and education designed to produce competent and capable clinical psychologists who are eligible to apply for registration with the Health and Care Professions Council (HCPC) and to apply for Chartered membership with the British Psychological Society (BPS) on successful completion of the programme.
- To produce clinical psychologists who possess the skills, knowledge and values required for working as safe, ethical, autonomous scientist-practitioners able to apply a range of evidence-based psychological models and therapies in direct and indirect work with a range of clients and systems relevant to clients including families, carers, teams, services and organisations. This includes proficiency in communication, fostering productive therapeutic and professional relationships, assessment, formulation, intervention, evaluation and inter-disciplinary work.
- To produce reflective clinical psychologists able to monitor, audit, evaluate and improve their own practice and that of others and to manage their continued professional development and Fitness to practise.

- To produce clinical psychologists with the skills, knowledge and values required for appraising, conducting and disseminating research relevant to the profession of clinical psychology and the provision of psychological services.
- To produce clinical psychologists able to contribute to service development and improvement in direct and indirect ways such as consultancy, supervision and the application of leadership theories and models in the context of collaborative, inter-professional and inter-organisational service delivery systems.

### **Learning outcomes**

The learning outcomes for the DClinPsych are stated in the programme specification and are based on the Standards of Proficiency (SOPs) specified by the HCPC and the learning outcomes expected of all courses accredited by the BPS. Programme learning outcomes and module learning outcomes have been mapped onto HCPC SOPs and BPS accreditation criteria.

## **2.5. Programme Structure**

### **2.5.1. Introduction**

Teaching on the three-year full time Doctorate in Clinical Psychology is delivered primarily at the University of Essex. Trainees spend about 50% of their time on placement and at least 10% of their time is dedicated to personal study time. Trainees are eligible for at least 27 days of annual leave (with additional annual leave entitlement depending on length of service in the NHS). International trainees are entitled to 27 days of unpaid annual leave. Assessments are designed to assess the breadth of competencies that trainees must demonstrate, but also a depth of understanding of both theory and its practical application at Doctorate level. Trainees are required to demonstrate originality in academic, clinical and particularly research components. Trainees are required to successfully complete all modules comprising the programme and no degree is awarded for partial completion of the course.

### **2.5.2. Academic Component**

The teaching programme covers the entire three years and is synchronised as far as possible, with the clinical and research elements of the training in order to integrate academic and practical elements. Generally, in the first 2 years of training, academic teaching days are on Mondays and Tuesdays (with study days on alternate Tuesdays). In the third year, teaching is on Tuesdays only, until the official submission date of the thesis. Formal teaching takes place over three terms (broadly following the university terms) with additional teaching blocks as follows:

1<sup>st</sup> Year: 1-month induction block at the beginning of the academic year

2<sup>nd</sup> Year: 2-week block at the beginning of 2<sup>nd</sup> Year

3<sup>rd</sup> Year: 2-week block at the beginning and end of the 3<sup>rd</sup> year

Attendance of teaching components of the course is mandatory. Teaching is delivered by the programme team, local clinicians / supervisors and other lecturers.

### **2.5.3. Clinical Component**

Clinical placement days are Wednesdays, Thursdays and Fridays throughout the programme, including most of the third year. Outside of term-time, trainees have two study days each week. Trainees are required to gain experience across a range of clinical placements that will enable them to meet the competencies set out in the BPS and HCPC Standards of Proficiency. The clinical experience provides the opportunity to gain substantial clinical experience with a range of clients, working within different service contexts. Trainees are required to apply theoretical knowledge from a range of models of evidence-based formal psychological therapy (behavioural, cognitive, psychodynamic and systemic). As per the HCPC SOPs for clinical psychologists, all trainees are required to become proficient in cognitive-behaviour therapy in addition to other models of evidence-based formal psychological therapy. In addition, they are required to take account of social and organisational issues in this process and demonstrate a high level of professional practice. Trainees are also required to acquire a high level understanding of the evidence for each theoretical model and its practical application.

Placements are generally 6 months long and the programme therefore is conceptualised as comprising 6 placements in the course of three years. In some cases trainees complete yearlong placements and such placements are conceptualised as comprising two 6-month long placements. In the third year of training, trainees have an opportunity to choose their placements, enabling them to shape their own training experience - providing that they gain experience in working with the client groups and contexts specified in the HCPC's SOPs for clinical psychologists encompassing placements in the areas of adult mental health, children, young people and families, people with learning disabilities and older people. As training progresses, trainees may express preferences for developing particular clinical competencies. These requests will be considered by the course team, taking into account the availability of supervision and the training needs of the trainee. Trainees may request to attend short courses and workshops related to the further development of clinical competencies where appropriate. The progression in the clinical experience and curriculum involves developing trainees' knowledge and experience in the following sequence.

**Year 1:** The theme of this stage is the building of initial skills and understanding in different models (e.g. behavioural, cognitive, psychodynamic, and systemic) of assessment and intervention, a critical appreciation of these models and an initial understanding of the contexts of professional practice. The primary focus for this stage is on adult work including older adults across a broad spectrum of presenting difficulties.

**Year 2:** The focus during this stage involves both the individual and the family/group. Experience is also gained through clinical work with people with learning disabilities and within child and family services, integrating theory with practice.

**Year 3:** The theme underlying stage three is the consolidation and application of the models and skills to working with individuals with increasingly specialist needs and the further development of transferable skills to unique and complex situations, whilst working at a more autonomous level. Emphasis is also placed on an integrative approach to psychological models.

#### **2.5.4. Research Component**

Research training proceeds over the entire three years. Trainees are provided with a solid foundation in research design and qualitative / quantitative research methodologies. The course is particularly strong in providing trainees with an understanding of epistemological and ethical issues relating to research. In the first 2 years, trainees design, implement and submit a service-related project. In addition, the course team supports trainees to design and plan a research dissertation, which is submitted in the 3<sup>rd</sup> year. Trainees benefit from excellent research supervision by research tutors and other course staff. In addition trainees generally have field supervisors who provide further research-related supervision.

### **2.6. Trainee Development and Support**

#### **2.6.1. Introduction**

Trainee support and personal development are key elements of training and the programme provides a range of support mechanisms, discussed below. Trainees' discussions with Personal Tutors and supervisors are confidential, although information may need to be shared if necessary.

#### **2.6.2. Student Wellbeing and Inclusivity Service (SWIS)**

The University provides a comprehensive support service. Further information on various services are available online at:

<https://www1.essex.ac.uk/students/health-and-wellbeing/default.aspx>

<https://www1.essex.ac.uk/students/contact/default.aspx>

#### **2.6.3. Supporting Trainees with Disabilities**

The programme encourages all trainees to discuss any disabilities or needs with Personal Tutors to ensure that the programme team can offer appropriate support. Additionally, the SWIS team offers comprehensive support for trainees with various disabilities ([include@essex.ac.uk](mailto:include@essex.ac.uk), Tel. 01206 872 365, <https://www1.essex.ac.uk/students/disability/default.aspx>).

#### **2.6.4. Personal Tutor**

All trainees are assigned a Personal Tutor from the start of the training who would generally remain their Personal Tutor for the duration of the programme. Trainees have the opportunity of discussing any difficulties with their Personal Tutor on an individual basis. This can occur at the regular meetings, once a term, at mid-placement visits or on an “as required” basis. Personal Tutors monitor placements and progress throughout the course. Supervisors will be made aware of which member of staff is acting as a particular trainee’s personal tutor.

#### **2.6.5. Year Tutor**

Each year group has an allocated Year Tutor who remains the Year Tutor for the duration of the academic year. The year tutor provides additional support to trainees and facilitates communication between the course staff and a particular year group.

#### **2.6.6. Supervisors on Placement**

Placement supervision is arranged in accordance with BPS and HCPC requirements. Trainees have a clinical placement supervisor in each placement throughout the course of their training. In accordance with BPS and HCPC requirements, trainees will therefore receive supervision from HCPC-registered clinical psychologists for the majority of their training, although supervision by other professionals may be arranged providing that the requirements of the BPS and HCPC are met. Issues that arise on placement connected to their clinical work or that have an impact on their clinical work should be brought to the attention of the clinical supervisor. These issues need to be addressed during the course of supervision and their successful resolution provides a crucial source of support and learning. Supervisor training is, therefore, essential and is given priority by the programme.

#### **2.6.7. Buddy System**

All trainees are assigned a second year trainee (“buddy”), who provides informal help, support and advice.

#### **2.6.8. The Reflective Practitioner Group**

Trainees attend a fortnightly reflective practitioner group, which provides a forum for reflective discussion and dialogue throughout the experience of training.

#### **2.6.9. Consultation and personal therapy services**

The programme is supportive of trainees pursuing their personal therapy, but it is unable except in very exceptional circumstances to provide financial support for this. The trainee handbook provides further details on services and professional bodies.

#### **2.6.10. Support for attendance of short courses, workshops and conferences**

Trainees need to seek permission for attending short courses, conferences and workshops from their Personal Tutor and their current Placement Supervisor, who are required to countersign the trainee’s written application. Permission will normally be granted if a trainee’s Placement Supervisor and Personal Tutor agree that the learning opportunity is relevant to the trainee’s personal and professional development and that attendance will not unduly interfere with academic or clinical training.

## Section 3. Guidance for placement supervision

### 3.1. Overview of the Placement Structure

Clinical placements are largely provided within NHS Trusts in the eastern, central and southern areas of Essex County. Some placements are offered within independent and voluntary sector services. It is also possible to apply in the second year of training for a third year placement with the Tavistock and Portman NHS Foundation Trust (based in North London). Interested trainees will compete nationally for these placements.

Placements are organised in order to ensure that trainees gain a breadth of experience by working with a range of clients across the age span, and in a variety of contexts. Accordingly, during the first year of training trainees will normally work within Adult, Older Adult and Mental Health services. It is important to note that placements in year one encompass a range of adult specialties (including health psychology and forensic services). In the second year of training, trainees work within Child and Family, and Learning Disabilities services. In the final year of training placements are, as far as possible, tailored to the interests and development needs of trainees to ensure further opportunities to fill outstanding training gaps, competency needs, or to pursue particular interests. In this way the placement experience is organised to enable trainees to achieve the core competencies relating to clinical practice in a balanced and progressive way over the duration of the training.

Placement provision is organised as far as possible in parallel to the academic curriculum. The taught curriculum focuses on Adult and Older Adult teaching in the first year, and on Child and Learning Disabilities teaching in the second year. Teaching days are on Mondays and Tuesdays and the remaining three days of the week are placement days (Wednesday, Thursday and Friday). This close interweaving of the clinical and academic elements of the training enables optimal integration of clinical, academic and research competencies.

Please note that in each training year, placements may be either six-months or twelve-months long. Year-long placements are conceptualised as two six-month placements for the purposes of evaluating trainees' performance on such placements.

The training and practice of Clinical Psychologists in the NHS is regulated by the HCPC. Requirements for trainees, trainers, supervisors and placements are outlined within the relevant HCPC documentation, which can be found and downloaded from the HCPC website ([www.hcpc-uk.org](http://www.hcpc-uk.org)). The BPS provides professional guidance on training, and works with the HCPC to support the quality of training. Additionally, all placements will have associated clinical and procedural guidance and policies and trainees need to be familiarised fully with such documentation.

### 3.2. Availability and Allocation of Placements

The setting-up of clinical placements involves close collaboration between the Clinical Team and placement providers (including local NHS Trusts, voluntary and independent service providers) – as well as with neighbouring courses and colleagues within the School of Health and Social Care (SHSC). The Clinical Lead (Frances Blumenfeld) takes an overall lead on this process. **Trainees should not approach supervisors themselves to broker potential placements.**

All supervisors **should be eligible for registration as a Clinical Psychologist with the Health Professions Council (HCPC)**, and will normally have been qualified **for at least two years** before offering a placement to a trainee. More recently qualified psychologists, or other applied psychologists / therapists, can be involved in offering some limited supervision to supplement the main supervision, at the discretion of the main supervisor (and with the agreement of the Clinical Lead). Clinical Psychologists who have been trained abroad are eligible to supervise trainees once they are approved and appropriately registered with the HCPC and fulfil the core requirements. New Supervisor training is provided by the course, in conjunction with Hertfordshire University, and attendance on part one of this training is mandatory for new supervisors prior to taking on a Lead Supervisor role. Part two should also be undertaken as soon as possible.

Once the availability of placement resources is established, placements are allocated to trainees. This process is usually completed over the summer months, in time for the beginning of the academic year

in October. Allocations are based on consideration of general training requirements as well as the individual training needs and interests of the trainee. The course team make every effort to be as equitable as possible, whilst giving consideration to specific needs that may arise as a result of disabilities or having carer responsibilities.

### **3.3. Monitoring of Placements**

#### **3.3.1. Placement Contract**

A 'placement contract' needs to be drawn up at the outset of each placement and trainees **must return completed, typed and signed contracts to the course administrator within the first two weeks of the placement**. The contract sets out goals for the placement and specifies the work the trainee will undertake on placement. It provides a benchmark for monitoring the quality of the placement and the trainee's experience. In drawing up the contract it is helpful to review the trainee's progress (e.g. through looking at clinical logs and previous placement feedback) in order to develop relevant learning goals. For the first placement it is helpful to take into account the trainee's prior work experience when setting up the contract. For a template contract please refer to Appendix 4. Where there is more than one supervisor involved, a 'lead supervisor' is clearly identified and this is the person who takes overall responsibility for the placement (including liaison with the course team). The placement contract should also be reviewed and made available at the mid-placement review and end of placement reviews.

#### **3.3.2. Mid Placement Review (MPR) Procedure**

Each year of training is conceptualised as consisting of two six-month 'stages' – the training therefore comprises stages 1A, 1B, 2A, 2B, 3A and 3B. A year-long placement therefore comprises two 'stages' (e.g. 1A and 1B), and a six-month placement just one 'stage'. Monitoring of placements follows this six-monthly cycle. Halfway through each six-month stage, 'mid-placement reviews' (MPRs) are conducted. This means that trainees on year-long placements will receive two MPR reviews for that placement (one half-way through the first half, and one half-way through the second half). Some trainees may have further review(-s) due to particular circumstances. Trainees on six-month long placements will receive one visit for that placement.

During the MPR, the trainee's Personal Tutor visits the placement in order to help the trainee and supervisor to review the placement, and to set goals for the remainder of the placement. Topics discussed include a review of the contract, a review of the work undertaken, trainee performance and progress and the overall quality of the placement. Normally the tutor will meet individually first with the trainee and then individually with the supervisor in order to facilitate feedback. A joint meeting is then held to summarise the feedback, and develop goals for the remainder of the placement, as needed. A formal record of this meeting is made by the Personal Tutor, and a copy circulated to all present. See Appendix 10 for a copy of the MPR-form. Where there is more than one supervisor involved, the lead supervisor should represent feedback from the other supervisors at the meeting. It is expected that any major concerns will have been raised with the Clinical Tutor prior to the placement visit.

If there is any danger of placement failure, the 'Potential for Placement Failure' paperwork will be completed (Appendix 7). The supervisor, clinical tutor and trainee will need to have a frank conversation about the concerns and the objectives to be achieved for the remainder of the placement in order to prevent placement failure. The situation will be reviewed at a date set at the MPR, and the review form (Appendix 8) will be completed.

#### **3.4. Assessment of Trainee Performance**

At the end of each six-month stage of training a formal evaluation of the trainee's level of competency is carried out, which results in a recommendation being made by the supervisor to either 'pass' or 'fail' the placement. The Clinical Team considers the recommendation and has the final decision as to whether the trainee has passed the placement or not. For year-long placements this process will be repeated twice during the year and each six-month placement needs to be passed. For those involved in six-month placements this evaluation will take place at the end of the placement. The end of placement evaluation ideally needs to be a collaborative process between the trainee and supervisor, with additional support from the trainee's personal tutor, as required.

By the end of training, trainees need to have demonstrated competence in the core competences. These are skills they will gain from working with clients in different services across the six placement



stages. The level of competence evaluated at the end of each placement is defined relative to the stage of training that the trainee is at. However by the end of the third year placement all trainees should be at the level expected from a newly qualified Clinical Psychologist. Please see Appendix 5 for a copy of the Evaluation of Clinical Competence form (ECC-Form). This form also allows for charting competencies at mid-placement (although this is optional). The table below summarises the 10 competences that are evaluated in the ECC form together with the rating scale used:

**Table 6. Competences assessed in ECC-form**

	Not assessed in this placement	Significantly below expected level (= major concerns)	Requires further development (= minor concerns)	Appropriate to stage of training (= satisfactory)	Exceeds expected level
<b>COMPETENCIES</b>	1. Therapeutic relationships				
	2. Assessment				
	- 2.1. Assessment - general				
	- 2.2. Assessment - Psychometric / Neuropsychology				
	3. Psychological formulation and reformulation				
	4. Psychological interventions				
	5. Communication and teaching				
	- 5.1. Written communication				
	- 5.2. Verbal communication				
	- 5.3. Teaching				
	6. Personal and professional standards				
	7. Research and evaluation				
	8. Reflective practice and use of supervision				
	9. Inter-professional / indirect work and consultancy				
	10. Service Delivery and service improvement				

*Note that the words minor / major concerns and satisfactory do not appear in the actual ECC form but are presented here for guidance purposes.*

The following guidance should be taken into account when completing the ECC form and recommending whether a trainee has passed or failed a placement. Placement supervisors should consider recommending placement failure if **2** or more of the above 10 competencies assessed on placement receive an overall rating of “Significantly below expected level” (major concerns). Otherwise, where **4** or more of the competencies assessed on placement are rated as “Requires further development” (minor concerns), placement failure may also be recommended. Note that the “Requires further development” category implies that the trainee did not demonstrate a particular competency *at the appropriate level for their stage of training* and that their performance with regards to such a competency is unsatisfactory. Note that placement failure may also result from a number of other factors (including professional conduct issues, days on placement and general developmental level of competencies).

### **3.5. Guidance on Trainee Development of Clinical Competences**

As a course team, we recognise that judgments about the clinical competence of trainees need to take into account the trajectory of developing clinical competence over the 3 years of training. Benchmarking such competences is a challenge for the course and for trainees’ supervisors. We therefore provide first a broad, global description of proficiency benchmarks for each of the 3 years of training, followed by a more detailed specification of development within the 10 competencies assessed on the ECC form. These guidelines need to be applied flexibly, taking into account the individual developmental needs and experience of a trainee as well as service context (including case complexity and clinical risk).

#### **A. Global benchmarks:**

**Year 1:** Trainees will demonstrate basic knowledge of psychological models, generic competences (such as assessment and engagement skills) and emergent specific intervention skills relevant to particular placements. Trainees will show an increasing understanding of their professional role, demonstrating effective communication skills with colleagues and clients. They will evidence an awareness of ethical issues and recognition of the impact of diversity on clinical practice. They will demonstrate flexibility, the ability to learn from feedback and an awareness of their learning needs.

Trainees generally require detailed guidance and structure from supervisors, but take an increasingly active role in supervision.

**Year 2:** Trainees will be able to draw on a reasonably broad knowledge of a range of psychological models, consolidating their repertoire of core skills (e.g. engagement and relationship skills) and extending formulation and intervention skills to additional client groups. Trainees will evidence a growing capacity to identify theory-practice links. Although trainees still require structured guidance, they will be able to select, structure and organize material presented in increasingly collaborative supervision. Trainees will demonstrate a reflective understanding of their professional role and that of others and of clinical contexts and systems in which they operate.

**Year 3:** Trainees will evidence proficiency in most of the competencies listed on the ECC form with the exception of highly complex issues and contexts. They should be able to reflect critically and draw reflectively on a range of psychological theories and models, possessing a broad repertoire of clinical skills (including proficiency in two therapeutic approaches including CBT). Trainees should demonstrate increasing capacity for autonomous practice and the ability to make a professional contribution to service provision and service development (for example through providing teaching, supervision and consultation). They will demonstrate an ongoing commitment to professional development and ethical practice, and supervision should be increasingly facilitated by a collaborative, collegiate style.

Benchmarks for the 10 specific competencies rated on the ECC-form appear in the table below.

**Table 7. Competency-specific benchmarks**

	Year 1	Additionally, in Year 2	Additionally, in Year 3
1. Therapeutic relationships	Establish consent and co-operation, facilitate therapeutic relationships through empathy and respect; demonstrate good practice in terms of confidentiality, boundaries, endings and challenging situations.	Establish consent and collaboration; maintain complex alliances; address boundaries, process and ending; manage further complexity and risk.	Collaborative engagement and maintenance of alliances in diverse contexts; proficiently managing ruptures, boundaries, endings, complexity and risk.
2. Assessment	Conduct basic clinical interviews, select and administer standard psychometric measures, awareness of risk assessment, theory-driven information gathering and integration from various sources.	Conduct assessments in complex, challenging settings; administer more complex psychometric measures, integrate and interpret information; greater awareness of different assessment methods	Demonstrate flexibility in adapting assessments as required and proficiency at conducting, interpreting and reporting assessments in complex / high risk situations.
3. Formulation and reformulation	Create and communicate formulations for presenting problems, drawing on psychological frameworks and reformulating as required in the light of feedback.	Greater proficiency, flexibility and creativity in developing and communicating more complex formulations.	Able to collaborate with clients in developing formulations and reformulations of complex problems, contexts and systems, drawing on a range of models and methods.
4. Psychological interventions	Able to draw on at least one evidence-based intervention, demonstrating an understanding of lifespan / contextual issues and monitoring / adapting the intervention based on feedback.	Increasingly able to take a critical, reflective stance and show greater flexibility and creativity in using and monitoring various evidence-based models (including CBT) for interventions with more complex presentations / contexts.	Demonstrate proficiency, creativity and flexibility in implementing, monitoring and adapting evidence-based interventions for complex presentations and contexts. Greater capacity for reflective and integrative practice.

5. Communication and teaching	Provide clear, concise and sensitive verbal and timely written communication tailored to the recipient / audience.	Broaden repertoire of communication skills with different clients / stakeholders; better able to tailor communication and teaching to recipients.	Showing sophistication in using a broad range of communication styles, responsively tailored to the requirements of recipients in clinical practice, teaching and organisational contexts.
6. Personal and professional standards	Demonstrate professional attitudes and behaviour, evidencing flexibility, appropriate autonomy and familiarity with relevant ethical, professional and statutory guidance. Manage own workload and learning, seeking guidance where required. Explores and addresses issues relating to diversity and power imbalance.	Manage own learning needs and demonstrate increasing independence and autonomy within limits of own competence. Increasing proficiency in practices that address impact of diversity on service delivery and service development.	Demonstrates clear sense of professional identity, accepting increasing autonomy and accountability. Evidences strategies to meet own learning needs with a commitment to post-qualification CPD.
7. Research and evaluation	Plan and conduct basic service-related audit and service evaluation with an understanding of research governance and ethics issues.	Able to plan, design, conduct and report service-related research and evaluation within governance and research ethics frameworks.	Plan, conduct and report service-related and theoretical research with a sophisticated understanding of research ethics and able to explore implications for service-delivery and practice.
8. Reflective practice and use of supervision	Active participation in and effective use of supervision and feedback to meet own learning needs, with open, reflective stance and awareness of boundaries.	Increasing initiative and collaborative engagement with supervision, demonstrating reflexivity and exploration of different approaches and models.	Collegiate approach to supervision, reflecting on own practice and related contextual, professional and ethical issues. Draws on / integrates multiple therapeutic models.
9. Inter-professional / indirect work and consultancy	Understand the roles of colleagues and other agencies, maintaining professional and effective relationships with other practitioners. Contribute psychological perspectives and work collaboratively.	Work effectively with colleagues and other agencies, provide psychological perspectives (e.g. through support and guidance within multidisciplinary teams); able to reflect on team, service dynamics.	Work constructively with colleagues and other agencies, providing appropriate psychological advice, consultancy and supervision. Able to manage conflict appropriately and able to develop a sophisticated understanding, formulation of service and team dynamics.
10. Service delivery and service improvement	Emerging understanding of service delivery systems and organisational structures, dynamics and processes; developing facilitation of client and service user involvement in service improvement; developing understanding of leadership models, change processes and service improvement methodologies.	Increasing understanding of service delivery and organisational systems, dynamics and processes; greater capacity for involvement of various stakeholders in service delivery and improvement; application of change process and service improvement; some application of leadership models to practice.	Able to make substantial contribution to service delivery and service improvement through collaboration with a range of stakeholders and agencies; able to inform local implementation of national guidance and frameworks; able to take on leadership role where appropriate.

### 3.6. Placement Monitoring and Audit Forms

In addition to the Evaluation of Clinical Competence form (ECC form) there are a number of other monitoring forms that need to be submitted at the end of each placement phase. All end of placement

paperwork needs to be received by the course administrator within two weeks of the end of the placement. Trainees must also complete a feedback form and an audit form for each actual placement. All forms are available on Moodle; also see Section 6 for copies of the forms. A summary table of all these forms appear in Section 1 of this supervisor handbook.

### **3.7. Risk of / Actual Placement Failure**

Any significant difficulties or concerns regarding the trainee's performance on placement (including personal or professional conduct) must be communicated to the Personal Tutor as soon as possible. Where there are concerns arising from the work on placement, or that might lead to placement failure if not rectified, then this needs to be clearly documented. Clear objectives for what the trainee is required to do in order to pass the placement and a date to review progress will then need to be clearly established between the trainee, placement supervisor and Personal Tutor. For this purpose the Potential for Placement Failure (PPF) forms are used (Appendix 7). In addition, where significant concerns are raised, the Personal Tutor will convene a 'placement review meeting' (See Appendix 8 for the associated form used). This meeting will comprise members of the clinical course team who meet to review the circumstances of the concern and to consider what additional support might be needed by the trainee, and contribute to setting objectives to address the concerns raised. This objective setting and review process can be triggered at any point during the placement that concerns emerge.

If the issues of concern have not been satisfactorily remedied by the end of the placement, then the supervisor can recommend a 'fail' grade. The recommendation is then considered by the Clinical Team, which has final authority for determining the final grade for the placement. The Exam Board ratifies all placement evaluations. In the event of a placement being failed, a trainee will normally be required to do another placement of the same kind. This normally requires an extension to their minimum period of training. If the additional placement is subsequently failed, the trainee would normally be required to leave the programme.

### **3.8. Clinical Supervision**

#### **3.8.1. Qualifications of Supervisors**

Clinical supervision is provided by qualified clinical psychologists or, occasionally, other applied psychologists with input from of an appropriately qualified clinical psychologist. Supervisors should have at least two years' experience post qualification, be HCPC registered and have completed an introductory supervisor training course like the one offered by the University of Essex in conjunction with University of Hertfordshire.

More recently qualified clinical psychologists or other applied psychologists participating in team or shared supervision may be involved in supplementing this supervision in limited areas, at the discretion of the main supervisor and with agreement of the Clinical Lead. Where a trainee works in an educational, social services or other setting, it is preferable that supervision be provided by a clinical psychologist who has a full service involvement in the setting concerned. Where this is not possible, day-to-day supervision may be provided by an experienced applied psychologist working on-site with formal supervision provided by a clinical psychologist as designated above. Where a placement makes use of more than one supervisor, there will be a designated 'lead' supervisor.

Experienced Clinical Psychologists who have trained abroad are eligible to supervise trainees from the date of gaining registration from the HCPC. It is important that supervisors consider their competencies in relation to providing supervision, using frameworks such as [https://www.ucl.ac.uk/pals/research/cehp/research-groups/core/competence-frameworks/Supervision\\_of\\_Psychological\\_Therapies](https://www.ucl.ac.uk/pals/research/cehp/research-groups/core/competence-frameworks/Supervision_of_Psychological_Therapies)

### 3.8.2. Supervision Requirements

Supervision should consist of **at least** one hour of protected supervision time each week (normally longer than this would be offered in a first year placement). In addition to this it is expected that supervisors will be available for extra 'informal' contact time (three hours per week) with the trainee. This can be by attendance at joint meetings, informal discussion time or shared clinical work. Overall supervisors are expected to be available to trainees for no less than three hours of contact time per week. It is important to include supervision arrangements explicitly in the placement contract from the outset (See Appendix 4).

It is expected that supervision will help trainees to link theory to practice in their clinical work (including suggesting suitable reading), and to develop their core clinical skills (e.g. assessment, formulation, intervention, evaluation, ending). In addition, it will include discussions on personal and professional development issues, including the resolution of any difficulties that might impede the trainee's capacity to fulfil his/her training contract. Trainees are expected to participate actively in the supervision process by being prepared for supervision (e.g. coming with supervision questions) and using and giving feedback constructively.

As part of the process of supervision facilitated learning, **it is essential that the trainees and supervisors have opportunities to observe each other's work. A minimum of three observations are required each way within a six-month placement.** Methods of observation might include direct observation, joint clinical work – or audio/videotaping work. Trainees must keep a log on any observations of their work or any observation of them of others' work. We advise that trainees are observed directly (e.g. in the course of joint work) by their supervisors. Trainees should additionally make recordings of their sessions routinely (in line with policies and procedures and only after obtaining signed informed consent from clients and / or their carers). Supervision with trainees should involve reviewing or reflecting on direct or indirectly observed work on at least 3 occasions, although we would recommend more regular review, e.g. of selections from recordings of sessions. Individual supervision must provide opportunities to discuss personal issues, professional development, overall work load and organizational difficulties as well as on-going casework.

### 3.9. Supervisors Workshops and Meetings

The programme offers a BPS-accredited programme of initial supervisor training to new supervisors in conjunction with the University of Hertfordshire's Clinical Psychology training programme. The programme starts with two initial training days, after which new supervisors are required to take on some supervisory responsibilities (such as supervising a trainee on one or two cases and / or supervising a member of staff from another discipline). Two follow-up training days are scheduled six months after the initial training. These four training days are followed by a fifth day later on, after the new supervisor has started supervising properly, to consolidate supervision skills.

In addition the course organizes regular supervisor workshops to train supervisors in methods of supervision. These workshops are designed to meet the needs of new and experienced supervisors. Supervisors are expected to attend workshops on a regular basis. The course keeps a register of those who attend workshops in accordance with HCPC requirements. Supervisors should attend such workshops at least once every two years.

## 3.10 Clinical placement practicalities

### 3.10.1. Facilities on Placement

Trainees need to have access to a desk (at least in a shared office) and a telephone on placement days. There need to be adequate arrangements for secretarial and IT support that is in keeping with what other members of the clinical team can expect.

### 3.10.2. Induction and Orientation

Trainees should have an induction and orientation period when starting placements, including opportunities for observing supervisor's work (as well as observing other members from the clinical team) and awareness of relevant work-related policies. The placement contract includes a plan for induction and orientation. A checklist for what to include in the induction is given below (and repeated in the supervision contract):

- ☐ Introduce trainee to administrative and other key staff.
- ☐ Ensure trainee is shown around the building and finds photocopier, canteen etc.
- ☐ Ensure that the system for filing, responding to referrals, making appointments etc. is explained.
- ☐ Ensure Health and Safety information, including arrangements for community visits and out-of-hours working are explained.
- ☐ Explain expectations on dress code in the service.
- ☐ Inform trainee of any regular meetings that should be attended.
- ☐ Establish supervision times and dates, with at least an hour per week for formal supervision.
- ☐ Explain any idiosyncrasies that you have about report writing. Establish how you would like reports to be signed.
- ☐ Be clear about the degree of independence you expect from the trainees.
- ☐ If you are due to take any annual leave ensure that there is someone else available to provide support.
- ☐ Explain how available you are between formal supervision times.
- ☐ Establish what previous experience the trainee has in your specialty.

### **3.10.3. Workload Expectations**

Please note that all referrals need to come to the trainee through the supervisor.

It is expected that trainees be engaged in 6-8 pieces of direct client work at any one point in time, with approximately 12 pieces of work (including clinical and non-clinical work) over each six-month placement stage. Supervisors are expected to monitor the balance of time spent on work at different levels (e.g. direct client work, indirect work, work with another supervisor and organisational work). This balance will vary according to the stage of training and the type of placement. It is important that there is enough work, without the trainee being overburdened. On the other hand – regardless of the above rule of thumb – trainees must have sufficient direct client and carer contact to develop competencies, so that it is important to keep monitoring the total amount of direct contact with clients and carers in supervisions. The trainee caseload log keeps a tally of total number of direct and indirect contact hours with clients.

### **3.10.4. Keeping Records**

Trainees should keep contemporaneous notes of every contact with clients file these with the Health Records of that client. Systems will vary locally and trainees will need to become quickly familiar with the systems and practice in place on their placements. It is expected that supervisors will give clear guidance to trainees on local practice, and any conventions or requirements that exist in the setting, including policies regarding completion, management, movement and storage of records. All patient records are the property of the Health Service, and under the Access to Health Records Act (1989), clients are entitled to see their file and all note keeping and correspondence needs to be done with this in mind.

Trainees are expected to sign official correspondence using the title **Trainee Clinical Psychologist**. Trainees should show supervisors all written work before it is sent out. Supervisors will countersign all trainee reports and some trusts require that notes be countersigned too. Trainees are encouraged to write reports, which are appropriate to the recipient (whether this is a professional colleague or a client), avoid jargon, distinguish clearly between fact and opinion, and provide consistent clarity of expression.

### **3.10.5. Client Consent and confidentiality**

Trainees need to obtain the informed, written consent from colleagues, clients, caregivers or any other stakeholders for any use of material obtained, for instance for the purpose of discussion groups, case reports and clinical process reports. Additionally, trainees receive detailed guidance on the need to fully anonymise every aspect of academic assignments (including the name and location of a service as well as any patient identifiable data) and to follow guidance including:

- The host trust (EPUT) and any other service setting's guidance on confidentiality, consent and secure data handling

- HCPC guidance on confidentiality
- SHSC guidance as set out in the SHSC Postgraduate Students' Handbook (See Appendix 11)

Trainees should obtain informed consent from each client to be seen by a psychologist in training. The trainee should clarify with clients that they will be at times discussing their work on placements, including anonymously discussing client work, with their supervisor, clinical tutor, other University staff and other trainees. Additionally, it is necessary to obtain signed consent from each client whose experiences may be used for educational purposes (for instance in writing up a clinical activity report). For an example of a generic consent form, please see example provided in Appendix 2. ***The format of this form will need to be modified according to need (e.g. depending on the client group and service).*** Additional consent forms are also available on the University of Essex website at <https://www.essex.ac.uk/departments/health-and-social-care/placements/clinical-psychology-placements>. The signed form will need to be filed in the client's Health Records. It is good practice to sign a form like this for all client work. Where a client's case is being written up for an academic assignment, we also ask that the supervisor sign the Case Report Consent form. This confirms both that the case is suitable to be written up and that the supervisor has seen and countersigned the original client consent form. This form is found in Appendix 3.

### 3.11. Advice and Support

Supervisors and trainees are encouraged to contact the trainee's Personal Tutor (or other members of the course team) at times outside the scheduled placement visits if they have difficulties or issues they wish to discuss regarding the placement.

### 3.12. Insurance, Liability and Court Reports

In respect of NHS work, any claim by a patient or their family arising from the work – e.g. for negligence – will normally be made against the employer of the psychologist concerned, i.e. Essex Partnership University NHS Foundation Trust in the case of trainees. Where the work is carried out under the supervision of a qualified psychologist (as it always should be) then that psychologist, their employer and insurer may also carry a liability. The course recommends that trainees consider acquiring their own insurance to provide legal cover in the case of a dispute because the supervisor's insurance does not cover a trainee, and the employer's legal representations will not be aimed at protecting the interest of employees (e.g. trainees). The professional indemnity insurance cover arranged by the BPS has discounts for trainees. The costs should also be tax deductible.

It is inappropriate for trainees to take on referrals from solicitors to appear as expert witnesses. Trainees should only ever contribute to aspects of court reports with prior approval and strict supervision from their supervisors. It is permissible to refuse to accept referrals from outside the NHS, e.g. from solicitors, for such work. Trainees are advised that employers' liability only covers work done under the contract of employment and that they would not be indemnified or covered for any work done that is not part of their contract of employment. Where a trainee had seen a patient on a training placement and the patient subsequently becomes the subject of court proceedings, a judge may order a report and this should generally be provided (but always seek advice on any such matter). The programme deems this to be the only situation in which trainees might become involved in producing court reports, i.e. where it was a retrospective matter concerning a patient they had already seen in supervised clinical practice. In such (relatively rare) cases, trainees are normally insured / covered by their employer. Any such reports should be written jointly with the supervisor and the programme team would need to be notified of this matter. Union membership may be useful, appropriate and helpful and trainees are generally encouraged to join appropriate units, such as Unite (<http://www.unitetheunion.org>).

### 3.13. Health and Personal Safety at Work

Employers have a duty under law to ensure, as far as is reasonably practical, people's health, safety and welfare at work. Employees have a responsibility to look after themselves and others by taking reasonable care, reporting potential risks or incidents and co-operating with all relevant policies and procedures. As employees of Essex Partnership University NHS Foundation Trust, trainees should abide by the Trust's Health and Safety Policy. However, as trainees often spend some of their working time within other trusts and also at the University of Essex, they also need to be aware of and abide by the specific health and safety arrangements that apply locally. On placement it is the trainee's responsibility to familiarise themselves as much as possible with all relevant policies,

procedures and local practices. In addition trainees should be clear about reporting arrangements in the event of identifying a risk, or for any kind of accident or incident that might occur.

It is obviously particularly important to consider issues concerning personal safety while on placement, as trainees will constantly be working in new environments with differing requirements regarding specific practice. If uncertain about the safety of any course of action, it is vital that trainees seek guidance on it from their supervisor. General guidance and principles will be provided on personal safety at work in one of the early teaching sessions in the Programme. The following factors should be considered by trainees on each placement to ensure personal safety and professional responsibilities to others, including clients:

- Fire safety arrangements/procedures
- Environmental safety – e.g. waiting arrangements, consulting areas, car parks, lighting, potential hazards, calling for assistance
- Safety when moving or handling (e.g. heavy test materials)
- Risks and management of potential violence or aggression
- Working out of hours or in unoccupied/isolated buildings
- Conducting home visits.

As a rule, trainees should not work in buildings on their own, conduct visits to unknown clients on their own, or go on visits without informing people of their whereabouts and expected time of return. Trainees should make sure they are familiar with all local arrangements for fire safety and evacuation and other potential physical risks.



## Section 4. Academic Assignments and Research Information

Placement supervisors have an important contribution to make in collaborating with the course on research projects and in providing some input (whether directly or indirectly) on various assignments, including:

**Clinical Activity Report (CAR):** This is a 5000-word assignment, describing a piece of clinical work aimed at demonstrating the trainee's ability to make theory-practice links.

**Clinical Process Report (CPR):** This is a 5000-word assignment, which analyses a transcript of a 10-minute segment of clinical work (not a role play) aimed at demonstrating the trainee's clinical competence and their ability to reflect on their own clinical work. Trainees also submit a digital recording of the entire session from which the transcript is taken; such recordings should be routinely made and will typically be reviewed in placement supervision wherever possible. Clients must be made aware that that the recording and commentary will be treated as confidential by the course tutors and if appropriate, an external examiner. **Additionally, the recording must be accompanied by a signed form from the supervisor giving confirmation that she/he has had sight of the consent form from the client agreeing to the release of the recording for supervision and educational assessment.**

**Clinical Case Presentation (Oral):** Trainees do a clinical presentation (oral) in the second and third year towards the end of their second placement. This involves preparing three clinical cases (all anonymised), from which one is chosen for clinical case presentation to the staff team.

*For the CPR, CAR and Clinical Case Presentation: The fully anonymised client consent form, evidencing that the form was signed by all relevant parties including the placement supervisor, should be provided in an appendix to the report. **Note that a copy of the completed, signed consent form should be kept in the client's case notes and that the placement supervisor should be provided with a copy of the completed form.***

Where a client's case is being written up for an academic assignment, the supervisor should sign the Case Report Consent form. This confirms both that the case is suitable to be written up and that the supervisor has seen and countersigned the original client consent form. This form is found in Appendix 3. Additional consent forms are also available on the University of Essex website at <https://www.essex.ac.uk/departments/health-and-social-care/placements/clinical-psychology-placements>.

**Service Related Project (SRP):** This 5000-word assignment focuses on aspects of service delivery / improvement. Placement supervisors may commission or contribute to the development of the SRP. Trainees are allocated a maximum of the equivalent of half a day a week from one placement over the course of the first two years of their training to work on this project. Trainees may conduct an SRP in a different service than the one in which they're on placement. Therefore trainees need to negotiate time for SRP-related activities with their supervisor and record this using the placement contract.

**Research Thesis:** The 40 000-word thesis needs to demonstrate the trainee's ability to contribute to the field of clinical psychology. Some placement supervisors act as external thesis supervisors and supervisors may similarly have ideas for possible research projects suitable for research theses.

Details of all academic assignments can be found on the Moodle pages for the relevant cohort. Moodle access can be arranged by contacting the Programme Administrator.

## **Section 5. Employment and Administration**

### **5.1. Employment Contracts**

All trainees are funded by the NHS, and employment contracts are formally held by Essex Partnership University NHS Foundation Trust (the “Host Trust”). On commencement, a trainee will be allocated a Personal Tutor from the Programme Team, and this member of staff will manage the trainee throughout the three-year training contract. Trainees who fail to complete the training programme within the three-year fixed term contract and are granted a deferment by the Board of Examiners will be required to pay further university fees. In some circumstances (e.g. illness or maternity leave) the commissioners of training will provide the fee. Some placements require trainees to possess an honorary contract within the trust within which the placement occurs. Course staff are usually aware of this requirement and will organize the contract before the placement starts.

### **5.2. Salary**

Trainees are full time employees of the NHS on the clinical psychologists’ salary scale and their terms and conditions are in accordance with national agreements concerning the profession. The salary scale is on Band 6 of the Agenda for Change pay scales.

### **5.3. Employment Guidelines**

At all times, trainees are expected to abide by the HCPC and BPS Codes of Conduct and by the codes of practice in operation at Essex Partnership University NHS Foundation Trust, University of Essex and the Placement Trust. Some of the key expectations have been extracted from these codes and are detailed below. Full versions of these documents are available from the Administration Office and the Placement Trust.

#### **5.3.1. Attendance**

Trainees are required to attend regularly and punctually for duty for the hours stated in their contracts or as agreed with their manager. All un-notified absence will be investigated. This includes days at the university and study days.

#### **5.3.2. Appraisals**

All trainees have annual appraisals as part of EPUT’s appraisal process. These appraisals are required for progression to the next spine point in second and third year of training. Trainees are required to familiarise themselves with the EPUT policies and documentation relevant to appraisals.

#### **5.3.3. Fitness for Duty**

Trainees should be fit for work and should not present themselves in an unfit state through, for example, drink, drugs, and lack of sleep.

#### **5.3.4. Health, Safety and Security**

Trainees are required to co-operate with health, safety, fire and security procedures. Each trainee is responsible for his/her own behaviour in respect of ensuring there are no negligent acts or omissions which result in a threat or potential threat to the health, safety or security of another person. Trainees are required to wear their identity badges at all times on placement if required by the Trust.

#### **5.3.5. Unauthorised Use of Computer Equipment**

Trainees must not commit offences connected with data security, e.g. unauthorised access, disclosure of passwords and unauthorised entry to restricted areas.

#### **5.3.6. Observance of Employment Policies & Procedures**

All employees are expected to comply with EPUT’s employment policies, procedures or collective agreements, which directly form part of employees’ conditions of employment.

### **5.3.7. Equal Opportunities**

Essex Partnership University NHS Foundation Trust and the University of Essex are committed to a policy of equality of opportunity in employment practices and aim to ensure that no job applicant or employee receives less favourable treatment on the grounds of race, colour, nationality, ethnic or national origin, or on the grounds of gender, sexual orientation, disability, age, marital status, dependent relatives, religion, trade union activity or political beliefs. A copy of EPUT's Policy Statement will be included in your Induction Pack from the Trust. The Programme additionally believes that the profession of clinical psychology should be committed to equality of opportunity of access to services for all who might benefit from receiving such services. It is suggested that trainees consider these issues together with their supervisors when being inducted to clinical placements and, in particular, acquaint themselves with whatever local policies and procedures are in operation in that service.

### **5.4. Professional Membership**

We recommend that all trainees join the British Psychological Society and Division of Clinical Psychology and a union, Unite or Unison are the ones that people usually join.

### **5.5. Fitness to practise Procedures and Protocols**

#### **5.5.1. Fitness to practise**

Trainees are provided with a range of references to core texts from the HCPC, BPS, EPUT and the University of Essex in relation to issues concerning fitness to practise. The HCPC (2010, p.2) defines Fitness to Practise as follows:

When we say that someone is 'fit to practise' we mean that they have the skills, knowledge and character to practise their profession safely and effectively. However, fitness to practise is not just about professional performance. It also includes acts by a registrant which may affect public protection, or confidence in the profession or the regulatory process. This may include matters not directly related to professional practice.

Furthermore, according to the HCPC (2015, p. 2), registrants' Fitness to Practise would be deemed to be impaired if the evidence shows that the registrants:

- were dishonest, committed fraud or abused someone's trust;
- exploited a vulnerable person;
- failed to respect service users' rights to make choices about their own care;
- have health problems which they have not dealt with, and which may affect the safety of service users
- hid mistakes or tried to block [an HCPC] investigation;
- had an improper relationship with a service user;
- carried out reckless or deliberately harmful acts;
- seriously or persistently failed to meet standards;
- were involved in sexual misconduct or indecency (including any involvement in child pornography);
- have a substance abuse or misuse problem;
- have been violent or displayed threatening behaviour; or
- carried out other, equally serious, activities which affect public confidence in their profession.

As is evident from the above, Fitness to Practise should not be narrowly defined for the purpose of ensuring safe, ethical, responsible and capable practice. Therefore, the DClinPsych programme provides the following guidance, which includes in scope matters relating to issues including:

- misconduct and disciplinary matters
- academic offences
- issues relating to health which impact on Fitness to Practise (see above)
- issues relating to competence (in the case of training, this will be understood to refer to issues relating to a persisting, relative, significant lack of competence in comparison to the expected standard for a particular phase of training).

### **5.5.2. Overview of fitness to practise processes**

1. Trainee clinical psychologists are registered with the University of Essex Graduate School, and it is because of this registration that they are also employed on NHS staff contracts with the EPUT.
2. Trainees are currently line-managed by the identified psychology lead in EPUT, Jo Willson. In parallel, their progress through the requirements of the doctorate is monitored and assessed by staff working for the Doctorate in Clinical Psychology, under the direction of the Programme Director, Frances Blumenfeld.
3. With regard to professional conduct, trainees are governed by EPUT employment policies, including the EPUT disciplinary policy. Although not registered with the Health and Care Professions Council (HCPC) whilst in training, trainees are expected to conform to HCPC guidance on conduct and ethics. As clinical psychologists in training they are also expected to abide by the British Psychological Society's (BPS) code of ethics and conduct. As registered students of the University they are expected to comply with university regulations concerning academic conduct (including academic offenses) and general conduct.
4. In cases of alleged misconduct that indicates that a student may be in breach of professional codes of conduct, they may be dealt with through the university's "breach of professional conduct, Fitness to practise and termination of training procedure" and/or through the EPUT's disciplinary procedure. Trainees have the right of appeal as part of both of these processes.
5. Trainees also have recourse to the University's complaints procedure, and the EPUT's grievance policy.

### **5.5.3. Guiding Principles**

1. A duty of care to the public is paramount.
2. Both parties are committed to maintaining professional standards.
3. There is a commitment to due process. This includes trainees' recourse to the relevant appeals processes (outlined in the University's "breach of professional conduct, Fitness to practise and termination of training procedure" and the EPUT disciplinary policy).
4. It is recognised that confidentiality issues need to be sensitively managed, given that information needs to be shared across institutions (between the line-manager and Programme Director).
5. There is a commitment to transparency of information sharing, and timely communication, between the programme director for the Doctorate in Clinical Psychology, and the EPUT line-manager in managing matters relating to Fitness to practise, effectively.
6. Although duplication of processes is to be avoided, it is likely for both EPUT and University of Essex disciplinary processes to be triggered at the same time.
7. It is expected that Trust disciplinary procedures will normally take precedence over University professional conduct procedures in cases of suspected serious misconduct, while trainees are under contract with the NHS.
8. The Professional suitability group (PSP) of the School of Health and Social Care (SHSC), is convened in order to monitor the Fitness to practise of pre-registration students enrolled within the School of Health and Social Care (SHSC) at the University of Essex. It considers issues of both conduct and capability. After consideration of Fitness to Practise matters, it can take no further action, or refer cases on to the Head of School. The Head of School then instigates an investigation, after which he/she can either take no further action, or refer the matter on to the University's Professional Practice and Conduct Committee (PPCC). Also see SHSC Postgraduate Students' Handbook.
9. The Professional Practice and conduct committee (PPCC) is a University Committee that is appointed by the Pro-vice-Chancellor (learning and teaching). It takes referrals from Heads of School/ Departments. The Committee has the power to impose penalties (including terminating a student's training) as deemed appropriate. It can also decide to take no further action. The student has the right to appeal against the decision. For more detailed information please refer to the University regulations on 'Breach of professional conduct, Fitness to Practise and termination of training procedure'.
10. Trainees should also be aware of the University of Essex regulations on academic and general conduct (<http://www1.essex.ac.uk/academic/docs/regs/conduct.shtm>).

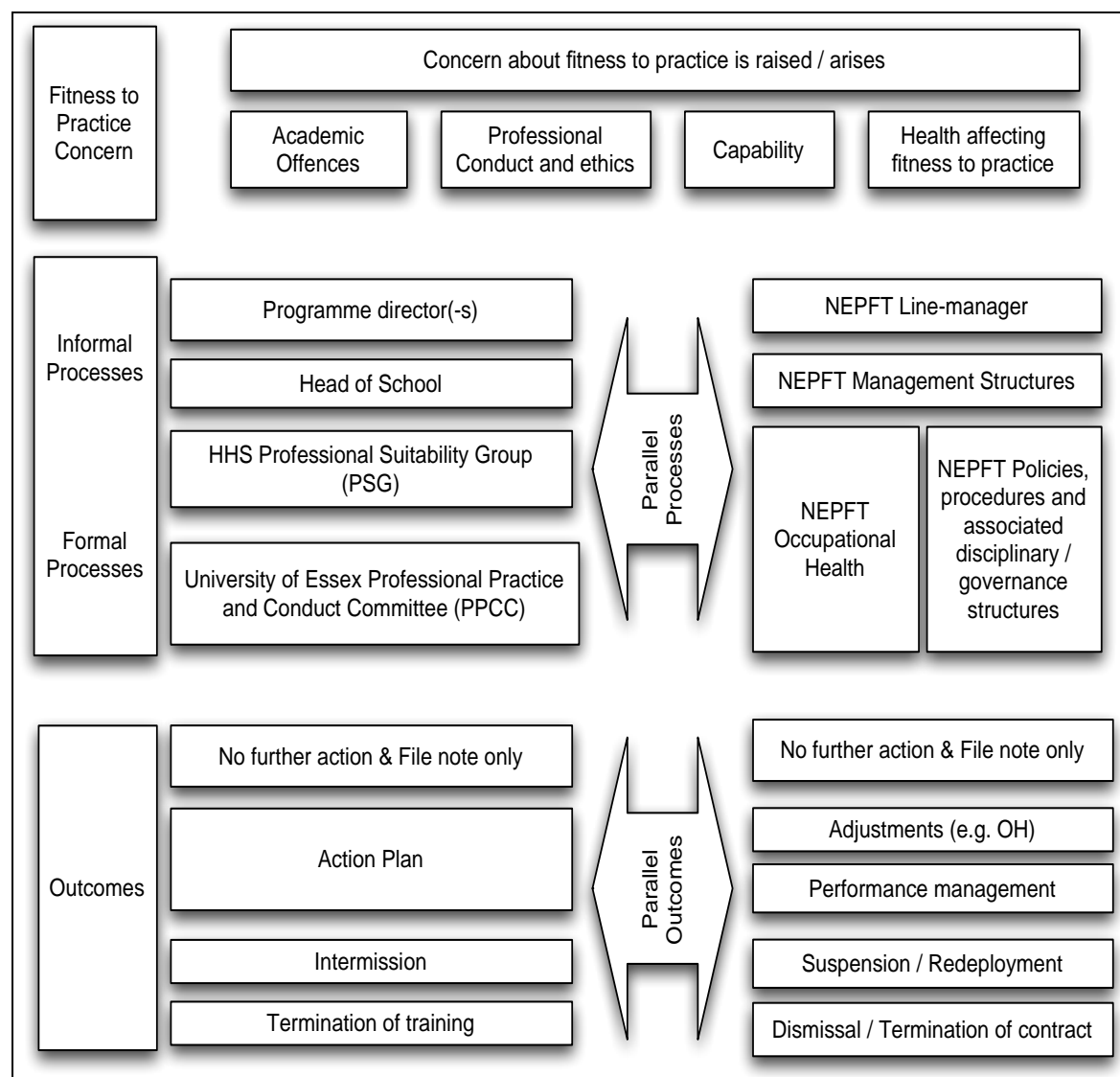
### **5.5.4. Application of Protocol**

1. In the first instance, concerns or allegations regarding trainees' professional conduct or fitness to practise may be communicated to either the Programme Director at the University of Essex, or the line-manager in EPUT.

2. Whichever party is informed first, will liaise with the other.
3. With regard to minor concerns, the Programme Director will have delegated responsibility from the Trust Line Manager to implement *Informal Action* as outlined in **section 7** of the Trust's Disciplinary Policy. Such action will be part of the day-to-day supervision of the Trainee's performance while registered with the Programme, as performed by the Programme Team (and their supervisory partners when Trainees are on placement or conducting research).
4. The recording of *Informal Action* by the Programme Team will be copied to the Trust Line Manager for placement on the Trainee's Personnel File. This will serve to demonstrate what support has been provided to assist the individual to meet the required standards.
6. Whenever a matter that cannot be covered by *Informal Action* comes to the attention of the Programme Director or the Trust Line Manager, liaison needs to take place at the earliest opportunity in order to determine the most appropriate course of action – and which institutional procedure to pursue in the first instance.
7. It is understood that in order to decide on the best course of action the programme director will be expected to liaise in confidence with the Head of School – and that the NEPFT line-manager will need to liaise confidentially with the NEPFT Human Resources department.
8. The results of any disciplinary proceedings undertaken by the Trust will be communicated in a timely manner, and in writing, to the Programme Director.
9. The results of any disciplinary proceedings undertaken by the University will be communicated in a timely manner, and in writing, to the Trust line-manager.
10. In the event that a trainee is investigated and given a warning but does not have their contract terminated, the Programme Director may still refer them for consideration by the University's *Breach of Professional Conduct and Termination of Training Procedure*.
11. In normal circumstances if the trainee is de-registered by the University (subject to appeals processes being completed) then their contract of employment with NEPFT will also be terminated.
12. In normal circumstances, if the trainee's NEPFT contract is terminated as a result of disciplinary measures (and subject to appeals processes being completed), then the trainee will be de-registered with the university.
13. Significant breaches of professional conduct will be reported to the HCPC.
14. Sickness absence will be monitored by the Programme Team. Any additional health concerns of trainees that may impact on Fitness to practise will be communicated to the Trust Line Manager by the Programme Director. In either case, where there is an ongoing concern, the Trust Line Manager may refer the Trainee to the Trust Occupational Health Advisory Service as per the Trust Sickness Absence Policy. Health and sickness issues impacting on Fitness to Practise will be managed according to this policy. This protocol shall not preclude or limit a Trainee's right of appeal, grievance or complaint.

The diagram below shows key processes and components of the Fitness to Practise protocol described above.

**Figure 1. Fitness to Practise processes and components**



### **5.5. Complaints procedures**

Trainee clinical psychologists are employed by a host NHS Trust (EPUT) whilst enrolled as full time students at the University of Essex. Therefore, if trainees need to make a complaint or grievance, they can access two routes as set out in

- 1) EPUT's Grievance Policy and Procedure (REF: HRP/GRIEVANCE/08/09) and
- 2) The University of Essex Complaints Procedure for Students.

In the event that a Trainee wishes to make a complaint they should follow the appropriate process with reference to the related policy and procedure document(-s). It is unlikely that both routes will be accessed simultaneously. To clarify further:

- EPUT's Grievance Policy and Procedure should be accessed when a Trainee has a grievance relating to his/her work placement e.g. the nature of duties, interpersonal working relationships, bias or discrimination.
- The University of Essex Complaints Procedure for Students should be accessed when a Trainee has a complaint relating to his/her teaching and studying at the University e.g. feeling unfairly treated/discriminated against; provision of a service/teaching; an aspect of University policy.

Trainees may have grievances / complaints relating to placements that are not based within the host trust (EPUT). Such organisations will have their own policies and procedures (including those relating to complaints and grievances). The DClinPsych course advises that any issues relating to these organisations be raised at the earliest possible opportunity with the trainee's personal tutor. It would generally be helpful for the trainee to provide an up to date copy of the relevant policies of the particular organisation to the personal tutors.

### **5.6. Trainees and Social media**

We advise trainees against using social media in relation to either their clinical work or their research unless they first consult with their supervisor(-s), personal tutors and / or research supervisors and comply fully with the latest trust and university policies and HCPC / BPS guidance. We similarly caution trainees about the use of e-mail or SKYPE (or similar) for tele-practice / tele-supervision and likewise caution full consultation with supervisor(-s), personal tutors etc.

### **5.7. Completion of the course and employment**

On successful completion of all coursework and the thesis (including the viva and any resulting corrections to the thesis), the programme will provide the HCPC with a pass list. Trainees are then eligible to apply for registration with the HCPC.

## Section 6. Appendices, forms and additional information

### Appendix 1 Course Calendar

<b>2018</b>	
1 October	Submission date 2016 cohort: Draft Results Chapter
9 October	Submission date 2016 cohorts: ECC and Logbook
12 October	End of placement 1b (2017 cohort) and 2b (2016 cohort)
<b>16 October</b>	<b>Submission date 2017 cohorts: ECC and Logbook</b>
<b>17 October</b>	<b>Start of placements 2a (2017) Placement 3a (2016)</b>
<b>2019</b>	
28 January	Submission date 2016 Cohort: Draft Discussion Chapter
<b>19 March</b>	<b>Submission date 2017 Cohort: Draft Introduction Chapter</b>
<b>29 March</b>	<b>End 2a placement 2017 Cohort</b>
<b>2 April</b>	<b>Practical examination 2017 Cohort: HS772 Clinical Activity Report 2</b>
<b>3 April</b>	<b>Start 2b placement 2017 cohort</b>
9 April	Submission date 2016 cohort: Thesis
12 April	End 3a placement 2016 cohort
<b>16 April</b>	<b>Submission date 2017 cohort: HS771 ECC and Logbook</b>
15 April	Start 3b placement 2016 cohort
23 April	Submission date 2016 cohort: ECC and Logbook
<b>16 July</b>	<b>Submission date 2017 cohort: HS773 SRP</b>
16 July	Submission date 2016 cohort: Clinical Activity Report Three
6 August	Submission date 2016 cohort: Professional Development Portfolio
<b>13 August</b>	<b>Submission date 2017 Cohort: Clinical Oral Presentations</b>
27 August	Practical examination 2016 cohort: Clinical Oral Presentations
<b>03 September</b>	<b>Submission date 2017 cohort: Professional Development Portfolio</b>
10 September	Submission date 2016 Cohort: ECC and Logbook
13 September	End 3b Placement 2016 Cohort
<b>1 October</b>	<b>Submission date 2017 cohort: Draft Results Chapter</b>
<b>8 October</b>	<b>Submission date 2017 Cohort: HS771 ECC and logbook</b>
<b>11 October</b>	<b>End 2b placement 2017 Cohort</b>
<b>16 October</b>	<b>Start 3a placement 2017 Cohort</b>
<b>2020</b>	
28 January	Submission date 2017 Cohort: Draft Discussion Chapter
<b>7 April</b>	<b>Submission date 2017 Cohort: HS783 Thesis</b>
<b>10 April</b>	<b>End 3a placement 2017 Cohort</b>
<b>14 April</b>	<b>Start 3b placement 2017 Cohort</b>
<b>21 April</b>	<b>Submission date 2017 Cohort: HS781 ECC and logbook</b>
<b>14 July</b>	<b>Submission date 2017 Cohort: HS783 Clinical activity report 3</b>
<b>25 August</b>	<b>Practical examination: Clinical Oral Presentations 2017 Cohort</b>
<b>01 September</b>	<b>Submission date 2017 Cohort: Professional Development Portfolio</b>
<b>18 September</b>	<b>End 3b placement 2017 Cohort</b>
<b>22 September</b>	<b>Submission date 2017 Cohort: HS781 ECC and Logbook</b>



## Appendix 2 Template Client Consent Form

### Consent for Treatment

I ..... give consent to be treated by [*Trainee Name*], Trainee Clinical Psychologist.

- 1) I understand that as part of her training, it may be necessary for [*Trainee Name*], to audio record some or all of our therapy sessions, for the purpose of reflection and supervision. This recording will be listened to only by [*Trainee Name*] and her Supervisor. The recordings will be stored in a secure, locked cupboard. Following the completion of therapy the audio recording(-s) will be erased.

At any point in therapy I understand that I can withdraw my consent and request that the audio recordings be erased.

- 2) I understand that as a Trainee, [*Trainee Name*], may choose to review the clinical process of my treatment in an anonymous academic report upon which she will be examined. This report constitutes part of the written analysis submitted to the University of Essex solely for the purposes of this Clinical Psychology training programme.
- 3) I understand that as part of his/her training, [*Trainee Name*], may use part of the audio recording of our session as a piece of assessed work. If s/he intends to do this, s/he will notify me specifically.

I also understand that the giving or refusal of consent will not have any impact on the service I receive.

Signed:..... Age: ..... Date: .....  
(Young Person/Client)

Signed:..... Date: .....  
(Parent/Guardian)

Signed:..... Date: .....  
(Clinician)

### **Appendix 3 Case Report Consent Form**

#### **Supervisor Approval Consent for Writing up a Case Report**

I ..... (supervisor name) confirm that .....(trainee name) has obtained signed consent from the client agreeing for their case to be presented in a Clinical Activity Report. I also agree that this is a suitable case to be used.

Signed:..... Date: .....  
(Supervisor)

## Appendix 4 Placement Contract

### UNIVERSITY OF ESSEX DOCTORATE IN CLINICAL PSYCHOLOGY (DClinPsych) PLACEMENT CONTRACT (PF1)

#### Guidance

Placement supervisors are responsible for taking the lead in drawing up a placement contract in collaboration with the trainee, at the outset of the placement. The purpose of the contract is to set out goals for the placement and to document the work the trainee will undertake. The contract provides a benchmark for monitoring the quality of the placement and the trainee's performance. It is helpful to look at the cumulative competency and placement logs of the trainee when setting up the contract. The contract makes it possible to review and monitor the progress made on placement at the placement visit and at the end of the placement. This should alert the trainee, the placement supervisor, and the trainee's personal tutor of any significant gaps and discrepancies between the planned and actual experience (and competency development on placement), and identify and actions that may need to be undertaken to rectify these. When drawing up the contract, consideration needs to be given to the trainee's prior work or placement experience, their specific training needs, and opportunities that are available on the specific placement. The trainee's personal tutor, the clinical tutor or programme director should be consulted where there may areas of uncertainty. Trainees are responsible for returning a completed and signed copy of the placement contract must be returned to the course administrator within the first two weeks of the placement. The trainee is responsible for this part of the process. The placement contract should also be reviewed and made available at the placement visits. **The Trainee placement audit form** provides additional, detailed guidance on placement requirements.

#### Placement Details

Lead Supervisor:

Trainee:

Lead Supervisor HCPC Registration No.:

Has the Lead Supervisor completed a supervisor workshop for the DClinPsych Course?

If so, please state date:

Additional Supervisor(-s):

Start date:

End date:

Placement stage:            1A   1B   2A   2B   3A   3B

Type of Placement:

Location of placement:

## Practical Arrangements

State day and time of regular formal supervision with lead supervisor (please note minimum of 1 hour formal supervision and at least 3 hours of informal contact time per week between trainee and supervisor is required by the BPS and HCPC) State time and amount of formal supervision. Give details of supervision that will be provided by other colleagues (e.g. family therapy team supervision, specialist supervision for specific client work such as for psychotherapy or CAT, team clinical discussions or case presentations).

Day and time for regular supervision	
Arrangements for contacting supervisor in the event of a difficulty arising in between scheduled supervision times	
Arrangement for additional supervision (if applicable)	
Arrangements for supervisor absence (e.g. during periods of annual leave)	
Arrangements for office space and secretarial support	

### Plans for induction and orientation – give details of

<ul style="list-style-type: none"><li>• Arrangements that will be made for orientation to the service.</li><li>• Orientation of the trainee to the placement.</li><li>• Service philosophy and context.</li><li>• Any service organisational or system issues that the trainee will need to understand.</li><li>• Any special induction that will be required</li><li>• Specify the background knowledge that the trainee to be required acquire prior to having client contact.</li></ul>	
--	--

### Methods of learning available

Observation of supervisor	Yes / No
Supervisor observation of trainee	Yes / No
Joint Work	Yes / No
Audiotape	Yes / No
Videotape	Yes / No
Observation room	Yes / No
Library	Yes / No

### **Strengths, Limitations and placement goals**

Please note any perceived strengths or limitations of the trainee, supervisor and placement that should be considered in planning the placement.

	<i><b>Trainee</b></i>	<i><b>Supervisor</b></i>	<i><b>Placement</b></i>
<i><b>Strengths</b></i>			
<i><b>Learning Needs or limitations</b></i>			
<i><b>Goals to address trainee's learning needs</b></i>			

### **Competencies Development and Specific Training Needs**

These should be based on a consideration of specific competencies that need to be developed as well as experiences that need to be acquired

<ul style="list-style-type: none"><li>• State experiences and opportunities that will be available on placement.</li><li>• Identify the core competencies that will be developed on placement (e.g. engagement, assessment, formulation, intervention, evaluation, research skills related to service related project, communication, teaching, inter-professional working, professional practice, reflective practice)</li><li>• Identify approach or specific competencies that will be developed on placement (i.e. therapeutic approach or approaches).</li></ul>	
---	--

### **Clinical Skills and Models**

<ul style="list-style-type: none"><li>• Give details of core clinical skills that trainee will develop in placement (e.g. generic interview, testing).</li><li>• Give details of assessment methods used on placement (e.g. clinical interviews, psychometric assessments, observation, semi-structured interviews, risk assessment, functional analysis, and psychotherapy assessment).</li><li>• Give details of the therapeutic models and approaches that trainee will be exposed to and apply on placement (e.g. CBT, Systemic, groups, psychodynamic, CAT).</li><li>• Are care planning systems used on placement (it is essential that the trainee gain experience of care planning systems, either directly or through observation -contributing to community care assessments, the care programming approach, etc).</li></ul>	
--	--

**Direct Client work: Trainees will normally be expected to work with 6-8 clients at any one time.**

Give details of:	
------------------	--

<ul style="list-style-type: none"> <li>• Range of clients</li> <li>• Group work</li> <li>• Diversity of client work and client backgrounds</li> <li>• Work with family carers</li> </ul>	
--	--

### ***Indirect Client work***

<p>Give details of:</p> <ul style="list-style-type: none"> <li>• Work with family carers</li> <li>• Work with 'professional' carers</li> <li>• Work with other professionals</li> <li>• Experience of MDT.</li> </ul>	
---	--

### **Work within systems and organisations**

<p>Give details of placement experience that will lead to a trainee gaining experience in:</p> <ul style="list-style-type: none"> <li>• Team Meetings: State team meetings that will be attended by the trainee.</li> <li>• Knowledge of service organisation – Trainees need to gain knowledge of the role of the psychologist at the level of the service organisation e.g.: local service development, implementing community care legislation.</li> <li>• Indirect work/consultation</li> <li>• Teaching - It is very desirable for the trainee to undertake some teaching or a formal presentation (e.g. a workshop, a "journal club", teaching other professionals, a staff team).</li> <li>• Research (Service Related Project or larger research project if applicable) Give details of supervision and practical arrangements for the research if this is being carried out on placement.</li> <li>• Evaluating Treatment Outcome - (e.g. Service user feedback, standardized measures, self-report).</li> </ul>	
---	--

### ***Expectations re: report writing and correspondence***

<ul style="list-style-type: none"> <li>• The aim should be to specify your expectations about the ways in which trainees document their work, whether it is in clinical notes, clinical reports or letters to referrers.</li> <li>• It is general policy for all letters and reports to be countersigned by the supervisor.</li> <li>• In order to avoid any misrepresentation trainees should always sign themselves as "Trainee Clinical Psychologist".</li> </ul>	
--	--

**Arrangements for ending the placement**

- Give details about the procedures or practical steps that will be followed when ending the placement.
- There should be a formal end of placement review before the end of placement at which the completed supervisor feedback form and trainee evaluation form are complete. The trainee should also then fill in the log book with the supervisor to review progress over the year.

**OPTIONAL****Learning Goals**

Competency	Goal	Activity where this goal will be achieved
Critical Appraisal of Knowledge		
Reflexivity		
Integration of Theoretical Models		
Professional Conduct		
Clinical Competence		
Creative and Critical Practice		
Contextual Understanding		
User Involvement		
Communication		
Multi-professional working		
Personal Care		
Continuing Professional Development		
Diversity		
Accessing IT		
Critiquing Research Findings		

**Both trainee and supervisor should sign the contract and return a copy to the University within the first two weeks of the start of the placement.**

**Other Relevant Information (A/L, conferences)**

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Lead Supervisor	Other supervisor(-s)	Trainee	Course Tutor
<b>Name:</b>			
<b>Signature:</b>			

Appendix 5 ECC Forms: Section 1-6

<b>UNIVERSITY OF ESSEX DOCTORATE IN CLINICAL PSYCHOLOGY (DClinPsych)</b> <b>EVALUATION OF CLINICAL COMPETENCE (ECC)</b> <b>ECC SECTION 1: CLINICAL SUPERVISOR SUMMARY REPORT</b>							
<i>The clinical supervisor should complete Section 1 based on ECC Section 2 evaluation. See guidance.</i>							
<b>TRAINEE:</b>				<b>YEAR OF INTAKE:</b> <b>PLACEMENT NO (Circle):</b> 1A 1B 2A 2B 3A 3B			
<b>LEAD SUPERVISOR(-s):</b>				<b>Other Supervisor(-s):</b>			
<b>LOCATION:</b>				<b>CLIENT GROUP:</b>			
<b>Attendance</b>							
	On placement	Annual Leave	Sickness / Other leave	Total Absent			
No. of days							
<b>Activity (specify as far as possible)</b>							
	Treatment (sole worker)	Treatment (joint work)	Service-related research / audit, etc.		Other pieces of work (Assessments etc.)		
No. patients / pieces of work							
<b>Observations etc. on which this evaluation is based</b>							
	Direct Observation of trainee	Joint Assessment with trainee	Other Joint Work	Indirect Observation (Audio / video)	Meetings / team context	Teaching	Other
No. of occasions							
<b>Note – all comment boxes can be expanded in electronic version of document</b>							
<b>Summary of learning objectives to be addressed in future placements:</b>							
<b>Further comments / Actions:</b>							
<b>Self-appraisal (by supervisor) of quality of learning environment of placement and of support from programme team for placement</b>							
<b>Overall recommended mark (Circle)</b>						<b>PASS / FAIL</b>	
<b>Lead Supervisor</b>		<b>Other supervisor(-s)</b>		<b>Trainee</b>		<b>Course Tutor</b>	
<b>Name:</b>							
<b>Signature:</b>							



## ECC Section 2: Clinical supervisor rating of competencies

### Part 2A: Qualitative descriptions of individual competencies (Optional)

Please provide any qualitative feedback / comments relating to the 10 competencies evaluated in Part 2B of this form. We recommend first completing part 2B and then writing your qualitative feedback in the columns below, should you wish to do so.

- Note that comment boxes can be expanded in electronic format and a larger size comment box format is available for handwritten feedback

Competency	Qualitative Feedback / Comments
1. Therapeutic relationships	
2. Assessment	
3. Psychological formulation and reformulation	
4. Psychological interventions	
5. Communication and teaching	
6. Personal and professional standards	
7. Research and evaluation	
8. Reflective practice and use of supervision	
9. Inter-professional / indirect work and consultancy	
10. Service Delivery and service improvement	

## Part 2B: Ratings of individual competencies (Mandatory)

Note: The aim of this matrix is to help clinical supervisors determine overall ratings for the 10 competencies described qualitatively in Section 1

COMPETENCIES	Not assessed in placement	Significantly below expected level	Somewhat below expected level	Appropriate to stage of training	Exceeds expected level
<b>1. Therapeutic relationships</b>					
The trainee: Appropriately engages clients, establishing and maintaining collaborative therapeutic relationships					
- Manages threats and challenges to the working relationship					
- Maintains sensitivity, empathy and openness to clients' communication					
- Maintains professional boundaries and manages termination issues					
<b>OVERALL COMPETENCE IN ESTABLISHING THERAPEUTIC RELATIONSHIPS</b>					
<b>2. Assessment</b>					
2.1. The trainee is able to:					
- Select, conduct and interpret a range of assessment methods appropriate to clients and service context					
- Conduct appropriate risk assessments					
- Gather and integrate information within a coherent theoretical framework					
- Adapt assessments to clients' needs, stage of life, ability and cultural & ethnic backgrounds					
- Communicate findings of assessments appropriately					
<b>OVERALL COMPETENCE IN ASSESSMENT</b>					
2.2. IF PART OF PLACEMENT - For neuropsychological / psychometric testing,					
The trainee is able to: Select, administer, score and interpret tests in accordance with protocols, guidelines and norms, adjusting test procedures where required					
- Communicate findings appropriately					
<b>OVERALL COMPETENCE IN PSYCHOMETRIC / NEUROPSYCHOLOGICAL ASSESSMENT</b>					
<b>3. Psychological formulation and reformulation</b>					
The trainee is able to: Generate hypotheses and formulations which incorporate psychological, social, cultural and biological factors					
- Use formulations to identify goals and develop specific treatment plans					
- Communicate formulations to clients, carers and other professionals / stakeholders to assist their understanding of their experience and facilitate treatment					
- Revise hypotheses and formulations in the light of emerging information					
<b>OVERALL COMPETENCE IN CLINICAL FORMULATION</b>					
<b>4. Psychological Interventions</b>					
The trainee is able to: Collaborate with clients and others on the basis of therapeutic contracts and treatment plans					
- Follow established treatment guidelines and procedures					
- Adapt therapy to clients' needs, presentations and factors such as social or cultural background					
- Overcome challenges to implementing interventions					
- Determine the appropriateness of initiating or continuing interventions, managing any issues or risks					
- Apply different approaches flexibly, critically and appropriately , making explicit theory-practice links					
<b>OVERALL COMPETENCE IN CLINICAL INTERVENTIONS (Used in placement)</b>					
Behaviour therapy					
Cognitive therapy					
Cognitive analytic therapy					
Psychodynamic therapy					
Systemic (Family) Therapy					
Other (Specify):					

COMPETENCIES	Not assessed in placement	Significantly below expected level	Somewhat below expected level	Appropriate to stage of training	Exceeds expected level
<b>5. Communication and teaching</b>					
5.1. The trainee is able to maintain clinical records and prepare reports, letters and other written communications that are:					
- Appropriate to their audience					
- Accurate, clear, psychologically informed and timely					
5.2. The trainee's verbal communication is:					
- Professional, clear, respectful and timely					
- Appropriate to their audience					
5.3 The trainee's teaching (whether formal / informal presentations):					
- Are appropriately, effectively and accessibly presented					
- Are adapted to the audience and based on their learning needs and objectives					
- Support others' learning in the application of psychological theory and practice					
- Elicits and reflects on feedback from the audience					
<b>OVERALL COMPETENCE IN COMMUNICATION AND TEACHING</b>					
<b>6. Personal and professional standards</b>					
The trainee: Is reliable, responsible and has good time keeping skills					
- Maintains appropriate professional boundaries					
- Maintains confidentiality and obtains informed consent					
- Consistently conducts themselves in a manner which is congruent with ethical and professional standards					
- Manages their workload and schedule effectively					
- Works effectively and autonomously within the scope of their competence, recognizing when to seek further assistance					
- Works effectively with other colleagues and within contexts such as multidisciplinary teams					
- Is aware of and skilled in working with issues of diversity, discrimination and equal opportunities					
- Is aware of the power imbalance inherent to therapeutic relationships and works towards minimising this					
<b>OVERALL COMPETENCE IN PERSONAL AND PROFESSIONAL STANDARDS</b>					
<b>7. Research and evaluation</b>					
The trainee: Selects and applies appropriate qualitative / quantitative methods to the implementation of audit and evaluation of clinical practice					
- Collects, organises, analyses, interprets and communicates findings of audit and evaluation of clinical practice					
- Seeks informed consent and appropriate ethics approval					
If service-related research was carried out in this placement, did the trainee demonstrate an ability to:					
- Conduct the research in a way which ensured that any findings would be meaningful and answer questions of relevance to the service					
- Analyse and interpret findings					
- Disseminate findings appropriately to relevant stakeholders					
<b>OVERALL COMPETENCE IN SERVICE EVALUATION AND RESEARCH</b>					
<b>8. Reflective practice and use of supervision</b>					
The trainee: Uses supervision flexibly and effectively to meet training needs					
- Is open to and makes effective use of feedback, advice and constructive criticism					
- Engages with and contributes to supervision (e.g. prepare, prioritise and use time appropriately in supervision etc.)					
- Reflects constructively on their assumptions, values and judgements					
- Recognises their response to clinical material and the impact this may have on therapy					
- Establishes a self directed, positive learning agenda					
<b>OVERALL COMPETENCE IN REFLECTIVE PRACTICE AND USE OF SUPERVISION</b>					

COMPETENCIES	Not assessed in placement	Significantly below expected level	Somewhat below expected level	Appropriate to stage of training	Exceeds expected level
<b>9. Inter-professional / indirect work and consultancy</b>					
The trainee:					
- Understands roles within a multidisciplinary team and works effectively within this context					
- Deals effectively with conflicts or difficulties arising in professional relationships					
- Provides effective and appropriate support, guidance, consultation and supervision to other practitioners					
- Is able to develop and maintain professional and effective relationships with other practitioners					
- Communicates effectively with other practitioners and professionals					
- Works effectively in clinical contexts where responsibilities and tasks are shared with other practitioners					
<b>OVERALL COMPETENCE IN INTER-PROFESSIONAL / INDIRECT WORK AND CONSULTANCY</b>					
<b>10. Service delivery and service improvement</b>					
The trainee: Demonstrates an understanding of organisational structure(-s), dynamics and processes related to service delivery					
- Is able to apply knowledge of change processes in service delivery systems to contribute to service improvement where appropriate					
- Can adapt their practice to the requirements of particular organisational contexts and associated professional roles					
- Is able to facilitate the involvement of clients and carers in service delivery and improvement					
- Demonstrates the ability to apply leadership theories and models in service delivery and improvement					
- Implements relevant local and national policies / legislation in their practice					
- Applies quality assurance principles and processes (clinical governance) to service delivery and improvement within a particular clinical context					
- Demonstrates an understanding of the interface with other professionals, services and agencies					
<b>OVERALL COMPETENCE IN SERVICE DELIVERY AND IMPROVEMENT</b>					

Lead Supervisor	Other supervisor(-s)	Trainee	Course Tutor
Name:			
Signature:			

**UNIVERSITY OF ESSEX**  
**DOCTORATE IN CLINICAL PSYCHOLOGY**  
**ECC Section 3: Client / Carer Feedback form**

We would be grateful if you could answer the following questions to give us an impression as to how helpful you have found the psychological service you have received. For each question, please tick the box that applies to you. Thank you.

<b>Name of Trainee:</b>		<b>Date:</b>		
	<b>More than 15 minutes</b>	<b>5 to 15 Minutes</b>	<b>0 to 5 Minutes</b>	
How long on average did you have to wait before being seen after you had arrived for your appointment?				
	<b>Not at all</b>	<b>Somewhat</b>	<b>Definitely</b>	<b>Very Much So</b>
At your first appointment, were you received in a way that made you feel welcome and helped set you at ease?				
Were you happy with the information that you were given about the work undertaken with you?				
Did the psychologist understand your problem and how you felt about it?				
Do you feel you were treated in a confidential and respectful way?				
How satisfied were you with the help you received?				
Have the psychological services you received helped you to deal more effectively with your problems?				
If you needed help again, would you feel able to return to this service?				
If you had a friend who had similar problems, would you recommend that she/he seeks psychological help?				
Any further comments (Please continue on back of page if required) Please do not include your name to maintain confidentiality.				

**UNIVERSITY OF ESSEX**  
**DOCTORATE IN CLINICAL PSYCHOLOGY**  
**ECC Section 4: INTERDISCIPLINARY EVALUATION FORM: Ratings by a non-psychologist practitioner**

**Instructions:** Thank you for evaluating the trainee on their performance / competence according to your direct experience of them. Please use the following rating scale, placing a tick mark in the boxes of your choice.

- **N/A** indicates that you are unable to rate this competence
- **Significantly below expected level** indicates that there are significant issues in need of remedial action.
- **Requires further development** indicates that the trainee needs to continue developing this area but has shown openness to address and develop it.
- **Appropriate to stage of training** suggests that the trainee's performance meets the level expected from a professional at this stage of their development / training.
- **Exceeds expected level** indicates that the trainee has a high level of competence, exceeding what would be expected from them at this stage of their development / training.

Name of Trainee:	Date:				
	N/A / Unable to rate	Significantly below expected level	Requires further development	Appropriate to stage of training	Exceeds expected level
1. Communication Skills (Clear, concise verbal/written skills, appropriate language and manner)					
2. Punctuality (Usually on time for meetings/appointments/committees)					
3. Reliability (Available when needed; work carried out promptly without errors or unnecessary delays)					
4. Interest and Enthusiasm (Active interest in clinical work)					
5. Contribution (Offers original suggestions, critical in a constructive manner, generally helpful)					
6. Relationships with Service Users and carers (Sensitive to needs and expectations; awareness of feelings and rights, respectful of differences, able to establish and maintain therapeutic relationships)					
7. Relationships with other practitioners and staff (Gets on well with other staff; aware of attitudes and expectations of staff, maintains appropriate boundaries)					
8. Adherence to professional standards					
9. Autonomous, reflective practice (Able to practice autonomously within their level of competence, asking for support where required; Reflects critically on own practice)					
10. Contributes to providing supervision, teaching, consultancy to others as appropriate					
<b>Please provide any further comments here and continue on back of page if required:</b> <b>Please do not include your name to maintain confidentiality.</b>					

**UNIVERSITY OF ESSEX**  
**DOCTORATE IN CLINICAL PSYCHOLOGY**  
**ECC Section 5: SELF-APPRAISAL BY TRAINEE ON ECC Feedback**

*Please comment on the ECC Feedback (Sections 1-4) if you wish:*

**Note: Comment box can be expanded in electronic version and expanded boxes provided in version available to trainees.**

*Please give your own views about your learning on this placement, the areas that you feel have been challenging and the areas that you feel it is important for you to continue to work on and develop.*

**Strengths / competencies in which you've demonstrated significant development:**

**Note: Comment box can be expanded in electronic version and expanded boxes provided in version available to trainees.**

**Difficulties / Areas or competencies that you found challenging:**

**Note: Comment box can be expanded in electronic version and expanded boxes provided in version available to trainees.**

**Action plan to address gaps in experience / development needs:**

**Note: Comment box can be expanded in electronic version and expanded boxes provided in version available to trainees.**

	Trainee	Course Tutor
Name:		
Signature:		
Date:		

**UNIVERSITY OF ESSEX  
DOCTORATE IN CLINICAL PSYCHOLOGY**

**BOARD OF EXAMINERS ECC (SUPERVISED CLINICAL PRACTICE) - CONFIDENTIAL REPORT - still to be approved by the university  
Teaching and learning quality enhancement committee**

<b>UNIVERSITY OF ESSEX DOCTORATE IN CLINICAL PSYCHOLOGY BOARD OF EXAMINERS ECC (SUPERVISED CLINICAL PRACTICE) - CONFIDENTIAL REPORT</b>							
<b>TRAINEE:</b>		<b>COHORT</b>	<b>PLACEMENT STAGE</b>				
<b>LOCATION:</b>			<b>CLIENT GROUP:</b>				
<b>LEAD SUPERVISOR(-s)</b>			<b>Other Supervisor(-s)</b>				
<b>Attendance:</b>	<b>On placement</b>	<b>Annual Leave</b>	<b>Sickness / Other leave</b>		<b>Total Absent</b>		
<b>No. of days</b>							
<b>SUMMARY OF ECC Sections 1 &amp; 2</b>							
			<b>N/A</b>	<b>Significantly below expected level</b>	<b>Requires further development</b>	<b>Competence appropriate to stage of training</b>	<b>Exceeds expected level</b>
1. Therapeutic relationships							
2. Assessment							
3. Psychological formulation and reformulation							
4. Psychological interventions							
5. Communication and teaching							
6. Personal and professional standards							
7. Research and evaluation							
8. Reflective practice and use of supervision							
9. Inter-professional / indirect work / consultancy							
10. Service Delivery /service improvement							
<b>OVERALL RECOMMENDATION BY PLACEMENT SUPERVISOR (X)</b>							
<b>PASS</b>			<b>FAIL</b>				
<b>COURSE TEAM OVERALL PLACEMENT OUTCOME (X)</b>							
<b>PASS</b>		<b>FAIL</b>		<b>FURTHER DAYS ON PLACEMENT REQUIRED</b>			
<b>COURSE TUTOR COMMENTS:</b>							
<b>Trainee's overall performance / general comments:</b>							
<b>Areas requiring further development / Action plan for future placement:</b>							
<b>Course tutor (Name)</b>			<b>Other (Name)</b>				



## Appendix 6 Logbook came here

The “logbook” is an Excel workbook with many sheets and macros that calculate various metrics relating to placements. Trainees can print off summaries of activities or share the workbook directly with their supervisors (e.g. prior to MPR or prior to the end of the placement).

The electronic trainee logbook has a number of sections including:

Sections	Description
Caseload tracker	Provides an anonymised description of all placement work
Work summary	Breaks down in table form all work undertaken in all placements to date
Work summary graphs	Provides a very useful graphic overview of all clinical activity on all placements to date
Competency tracker	Provides trainees’ ratings of their competencies
Supervision log	Logs all supervision sessions and links to client numbers in caseload tracker
Courses attended	Lists additional courses supplemental to core training
Teaching	Lists teaching of others on placement (e.g. staff etc.)
Service context	Lists service development and related activities (e.g. shadowing / attending business meetings etc.)
Leave	Lists leave in course of placements
Mandatory training	Provides an up to date listing of completed mandatory training

## Appendix 7 Notification of Potential for Placement Failure (PPF)

### UNIVERSITY OF ESSEX DOCTORATE IN CLINICAL PSYCHOLOGY Potential for Placement Failure - Report Form

This form is to be completed by the Clinical Tutor in discussion with the trainee and the placement supervisor/s. This form is to be used whenever concerns are raised about a trainee's performances, which, if not addressed, are likely to result in the trainee failing the placement.

<b>Trainee</b>			
<b>Placement Stage</b> 1A 1B 2A 2B 3A 3B		<b>Placement Type</b> (Child, LD, etc.)	
<b>Trust/ Organisation</b>			
<b>Placement Supervisor</b>		<b>Clinical Tutor</b>	
<b>Date of This Report</b>		<b>Set Date to review progress</b>	

#### Indicators of Poor Performance

(Please complete this section with reference to the placement evaluation forms (ECC forms). Be as precise as possible, and back up any judgements with clear examples)

**Note: Comment box can be expanded in electronic version.**

#### Objectives to be achieved

(Please ensure that these are 'SMART' i.e. specific, measurable, attainable, realistic and timely)

**Note: Comment box can be expanded in electronic version.**

Lead Supervisor	Trainee	Course Tutor
<b>Name:</b>		
<b>Signature:</b>		
<b>Date:</b>		

## Appendix 8 Potential for Placement Failure (PPF) review form

### UNIVERSITY OF ESSEX DOCTORATE IN CLINICAL PSYCHOLOGY Potential for Placement Failure - Review Form

This form is to be completed by the Clinical Tutor in discussion with the trainee and the placement supervisor(-s). This is an official record of the review of the performance of a student at risk of failing a placement.

<b>PLACEMENT STAGE:</b> 1A 1B 2A 2B 3A 3B		<b>Placement Type</b> (Child, LD, AMH, OA etc)			
<b>Trust/ Organisation</b>					
<b>Placement Supervisor Name:</b>					
<b>Trainee Name:</b>					
<b>Clinical Tutor</b>					
<b>Training Year</b> 1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup>		<b>Trainee Cohort</b>		<b>Date of This Review</b>	

Objectives identified	Indicators of level of performance

#### Recommended Further Action

*Note: Comment box can be expanded in electronic version.*

Lead Supervisor	Trainee	Course Tutor
<b>Name:</b>		
<b>Signature:</b>		
<b>Date:</b>		

## Appendix 9 Trainee Placement Audit Form

<b>UNIVERSITY OF ESSEX DOCTORATE IN CLINICAL PSYCHOLOGY (DClinPsych)</b> <b>TRAINEE PLACEMENT AUDIT FORM</b>					
<b>Confidential report on placement by trainee</b>					
This form is to be completed electronically by trainees and handed directly to personal tutors.					
<b>Trainee</b>			<b>Placement Supervisor</b>		
<b>PLACEMENT STAGE:</b> 1A 1B 2A 2B 3A 3B		<b>Training Year</b>		<b>Trainee Cohort</b>	
<b>Trust/ Organisation</b>					
<b>Placement Dates:</b>	<b>From:</b>	<b>To:</b>	<b>No. of Days on Placement:</b>		
<b>Placement Description</b> (Child, LD etc.)					
<b>Please note : All comment boxes can be expanded in electronic version.</b>					
Rate each item by making a tick mark (✓) to indicate your choice					
			<b>Unsatisfactory</b>	<b>Minor issues</b>	<b>Satisfactory</b>
			<b>Good</b>	<b>Not Applicable</b>	
<b>Physical resources on placement (Access to):</b>					
- shared office & desk space					
- telephone					
- administrative support					
- secure filing/storage					
- IT facilities					
- Photocopier					
- Test materials if required					
- Adequate clinical space (consulting rooms etc.)					
<b>Placement Induction</b>					
- Planned introduction to placement					
- Provision of adequate induction and other written materials					
- Guidance on service policies/procedures					
- Guidance on local health and safety procedures					
- Introduction to key people and their roles					
- Orientation to available facilities					
- Orientation to service setting, service users and local community					
- Completion of placement contract within first two weeks					
<b>General Placement Activity</b>					
- Progressive introduction to clinical and service activity					
- Appropriate workload for time/period on placement					
- Appropriate caseload re. diversity & variety of presenting problems					
<b>Supervision arrangements and processes</b>					
- Adequate supervision time (1 to 1 ½ hour direct supervision)					
- At least 1 hour individual supervision if group supervision used					
- Supervision times reasonably regular and consistent					
- Opportunity for observing supervisor's work					
- Directly observed by supervisor					
- Indirectly observed by supervisor – audio/video					

- Observed or joint work with other professionals					
- Supervision meetings appropriately negotiated, structured and facilitated					
- Adequate support for reflection practice					
- Personal & professional development needs discussed & reviewed					
- Issues concerning difference and power acknowledged/addressed					
- Workload discussed and monitored					
- Guidance on theory-practice links provided by supervisor					
- Advice on suitable reading / learning opportunities					
- Provision of positive feedback & support					
- Provision of constructive critical feedback					
- Process issues considered within supervision					
- Assistance given with selection of Clinical Process Report / Clinical Activity Report					
<b>Practice learning</b>					
- Guidance on therapeutic interventions (by supervisor etc.)					
- Guidance on formal assessment techniques (by supervisor etc.)					
- Guidance on formulation and re-formulation (by supervisor etc.)					
<b>Indirect work &amp; research</b>					
- Opportunities and support for developing clinical leadership					
- Opportunities for teaching / training other staff					
- Opportunities for consultation / supervision of other staff by trainee					
- Opportunities & support for conductive service-related research					
<b>Practice Evaluation &amp; Monitoring</b>					
- Placement visited by course staff member					
- Placement reviewed and log book updated prior to placement visits					
- Outcome of placement visit used to inform rest of placement					
- ECC form completed and discussed prior to end of placement					
- User evaluation form completed prior to end of placement					
- Inter-Professional evaluation form completed prior to end of placement					
- Placement learning log book completed/signed by end of placement					
- Placement feedback form completed and discussed with supervisor					
- Adequate support available from course staff during placement					
<b>Section 2:</b>					
<b>2.1. Trainee's comments on Practice Learning Experience:</b>					
What features of the placement have you valued / benefited most from?					
What were the major limitations / shortcomings / challenges of the placement?					
How could this placement (including induction to placement, resources etc.) be developed or improved?					
<b>2.2. Trainee's comments on Supervision:</b>					
Please comment on your experience of supervision on this placement, with reference to the structure, content and process of supervision.					
What aspects of supervision have you valued / found most helpful?					

Please comment on the appropriateness of the supervision to your particular placement goals and developmental / training needs.	
How could supervision on this placement be developed or improved?	
<b>Trainee Name:</b> <b>Date:</b>	<b>Signature:</b>

## Appendix 10 Mid Placement Review Summary Form

### UNIVERSITY OF ESSEX DOCTORATE IN CLINICAL PSYCHOLOGY Mid Placement Review (MPR) Summary form

<b>TRAINEE:</b>			<b>YEAR OF INTAKE:</b>		
<b>LOCATION:</b>			<b>PLACEMENT STAGE</b> (Circle): 1A 1B 2A 2B 3A 3B		
<b>CLIENT GROUP:</b>					
<b>Attendance to date:</b>	<b>On placement</b>	<b>Annual Leave</b>	<b>Sickness / Other leave</b>		<b>Total Absent</b>
<b>No. of days</b>					
<b>LEAD SUPERVISOR(-s):</b>			<b>Other Supervisor(-s):</b>		
<b>SUMMARY OF TRAINEE COMPETENCIES AT MID-PLACEMENT REVIEW</b>					
	N/A	Significantly below expected level	Requires further development	Competence appropriate to stage of training	Exceeds expected level
1. Therapeutic relationships					
2. Assessment					
3. Psychological formulation and reformulation					
4. Psychological interventions					
5. Communication and teaching					
6. Personal and professional standards					
7. Research and evaluation					
8. Reflective practice and use of supervision					
9. Inter-professional / indirect work and consultancy					
10. Service Delivery and service improvement					
<b>CLINICAL TUTOR COMMENTS</b>					
1. Trainee's overall performance / achievement of placement goals / general comments:					
2. Areas requiring further development in course of placement:					
3. Action plan (if appropriate) for remainder of placement from MPR:					
4. Trainee feedback on placement:					
<b>Lead Supervisor</b>		<b>Trainee</b>		<b>Course Tutor</b>	
<b>Name:</b>					
<b>Signature:</b>					
<b>Date:</b>					

## **Appendix 11 Maintaining Confidentiality in Your Work: Confidentiality Policy of The School of Health and Human Sciences**

\* Note that in the context of this document, “supervisor” refers to research supervisor rather than placement supervisor, unless otherwise indicated.

### **Maintaining Confidentiality in Your Work: Confidentiality Policy of the School of Health and Human Sciences**

#### **1.1 Scope**

*This policy of the School of Health and Human Sciences applies to the complete range of educational provision with the exception of work that specifically explores an aspect of service activity where it is necessary to identify a location and associated documentation including policies and protocols or where personal information has been provided for the express purpose of the assignment.*

#### **1.2 Introduction**

*The maintenance, and management, of confidentiality is the responsibility of the individual student. The student must seek guidance from their supervisor on the effective discharge of this responsibility.*

*As a student of the School of Health and Human Sciences you will note that modules use different forms of assessment. The common component of the assessment strategies is the requirement for you to present work that accurately portrays the environments in which you practice/seek to practice. Consequently, information contained in submitted work is often detailed and specific. In presenting work of a suitably high standard, you must be constantly aware of the necessity to maintain confidentiality for all concerned.*

#### **1.3 What can I include?**

##### **1.3.1 Pseudonyms.**

*We suggest that you use pseudonyms throughout; using ‘Patient X in Hospital Y’ does not aid the readability of your work.*

##### **1.3.2 Public information**

*As a general rule you may include any data that is already within the “public domain”. This means any document that a Trust, Social Service Department or Organisation has made available to the general public. Your line manager/mentor will be able to confirm whether this is the case for a specific document.*

#### **1.4 What must I not include?**

*Any information that would breach confidentiality for service users, carers, staff, students or anyone else involved in the scenario that you are describing including the organisation.*

##### **1.4.1 For the service user, you must not include:**

- ☐ Any personal details from which the identity of a service user could be deduced
- ☐ Any dates significant to a service user’s episode of care
- ☐ Any specific location details of hospitals, clinics, services etc relating to the service users episode of care

##### **1.4.2 For colleagues, you must not include:**

- ☐ Any personal details from which the identity of staff mentioned in the work could be deduced
- ☐ Any specific location details of hospitals, clinics, services etc in which the staff are work

##### **1.4.3 For provider organisations, you must not include:**

- ☐ The name of the Trust or organisation referred to in the work

#### **1.5 Specific Assessments**

##### **1.5.1 Portfolio**

*Where portfolios form part of the assessment it is the recommendation of the School of Health and Human Sciences that you do not submit reflective diaries maintained throughout your period of studies as part of your portfolio evidence. The exception to this is where your module leader specifically requests such a document. In such circumstances you will be given information as to how confidentiality will be maintained.*

##### **1.5.2 Extended Projects**

*Some modules require students to undertake long term projects of specific work from which the relevant Trust may be perceived as identifiable. Regardless of this, the student remains responsible for presenting work that protects the confidentiality of those concerned. The student should consult and seek guidance from his/her supervisor if he/she is unclear about how to maintain confidentiality.*

##### **1.5.3 Dissertations**



Dissertations require students to undertake specific work from which the relevant Trust may be perceived as identifiable. Regardless of this, the student remains responsible for presenting work that protects the confidentiality of individuals concerned. The student should consult and seek guidance from his/her supervisor if he/she is unclear about how to maintain confidentiality.

#### 1.6 Using multimedia recording

There are some instances where you may feel that it is essential to include an audiovisual record in your work. The following procedures can support such an audiovisual record, but must first be explored with your supervisor. Where you wish to include audiovisual record, photographs etc. of an episode of care, which will inevitably compromise confidentiality, the following points must be addressed.

- ☐ The student must obtain written consent from the module leader if this form of evidence is to be included.
- ☐ The student must confirm with his/her line manager whether an organisation policy on the use of educational videotape, or similar, currently exists.
- ☐ The student must seek written consent from each service user/participant involved. If the employing organisation has a Medical Illustration Department, this department will provide a pro forma consent form.
- ☐ The completed consent forms must be provided to the student's line manager. The line manager will write a statement to the effect that they have seen the consent form and approve of the evidence being included in the portfolio. The completed consent forms must not be included in the portfolio.

#### 1.7 Consent of colleagues

Colleagues have the same rights to confidentiality as service users. Where details by which colleagues may be identified are included in the work the student is obliged to seek consent and provide written evidence of such within the portfolio.

- ☐ The student must obtain written consent from the module leader if this form of evidence is to be included.
- ☐ The student must seek written consent from each colleague involved.
- ☐ The completed consent forms must be provided to the student's line manager. The line manager will write a statement to the effect that they have seen the consent form and approve of the evidence being included in the portfolio. The completed consent forms must not be included in the portfolio.

#### 1.8 Commercially sensitive material

Students are reminded that confidentiality may extend beyond people involved in a caring environment. Issues of confidentiality may extend to products of, and information concerning, employing organisations. Products and information may be commercially sensitive and each student must consider his/her responsibilities in relation to such items. Student's judgement should be based upon systematic reflection on his/her role as:

- ☐ Student of the University
- ☐ Professional practitioner
- ☐ Organisation employee

If a student is concerned about inclusion of material that may be commercially sensitive (e.g. information concerning the organisation that is not already in the public domain) he/she should seek guidance from his/her academic supervisor and/or line manager.

#### 1.9 Assessment at the School of Health and Human Sciences

The University of Essex regards all work produced by students as confidential. Staff do not engage in discussion concerning students' work except with fellow assessors. The School of Health and Human Sciences retains:

- ☐ All coursework for one calendar year after the student has completed the programme
- ☐ Undergraduate and Graduate dissertations are retained for five calendar years after the student has completed the programme
- ☐ Doctoral dissertations are retained within the Albert Sloman Library

Information about student progress may be shared, within clearly defined parameters, with the student's employer/sponsor. However, student work is not disseminated outside the School of Health and Human Sciences without prior consent from the relevant student.

#### 1.10 Other Considerations

Students should also consider the following guidance and legislation in relation to their work:

- ☐ Human Rights Act 1998, ☐ Data Protection Act 1998, ☐ Professional guidance on confidentiality, record keeping and conduct (as issued by regulatory bodies relevant to your professional programme), ☐ Freedom of Information Act 2004, ☐ Mental Capacity Act 2008

#### 2. Penalty

Student submissions that breach our School's Confidentiality Policy, explicitly or implicitly, in the view of the internal assessor/moderator will be penalised. A breach of confidentiality as outlined above is an offence that will be referred to the Head of School for investigation.